Executive Report

2016 PRC Child & Adolescent Health Needs Assessment

Brevard, Orange, Osceola & Seminole Counties, Florida

Prepared for:

Nemours Children's Hospital, Orlando

By:

Professional Research Consultants, Inc.
11326 P Street Omaha, NE 68136-2316
www.PRCCustomResearch.com

2015-1051-02

Professional Research Consultants, Inc.

Table of Contents

Introduction

Professional Research Consultants, Inc.

Project Overview

Project Goals

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

Methodology

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

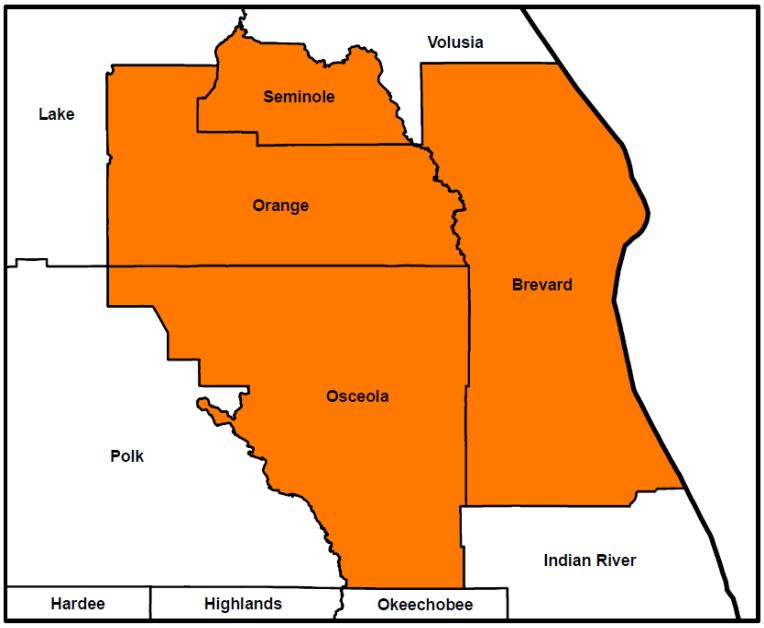
PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

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



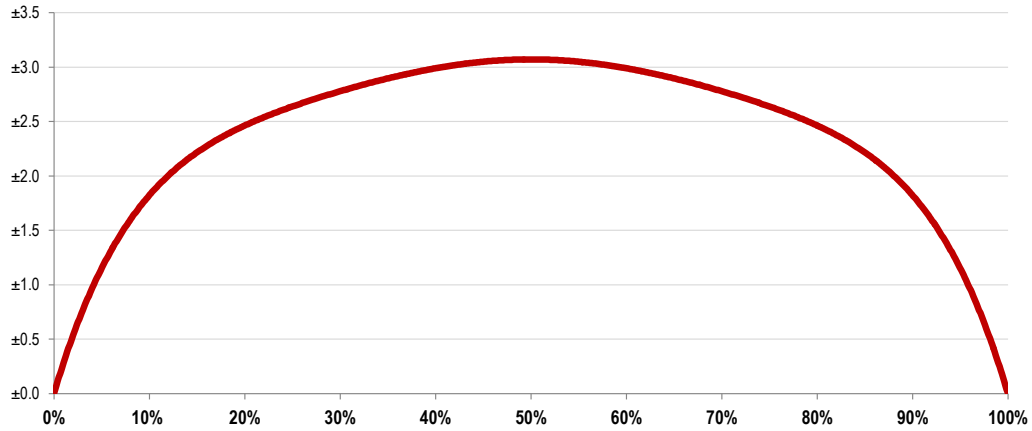
Sample Approach & Design

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

The sample design used for this effort consisted of a stratified random sample of 1,031 parents of children under 18 in the Total Service Area, including 209 in Brevard County, 426 in Orange County, 195 in Osceola County and 201 in Seminole County. Once the interviews were completed, these were weighted in proportion to the actual child population distribution so as to appropriately represent the Total Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 1,031 respondents is ±3.1% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 1,031 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 1,018 respondents answered a certain question with a "yes," it can be asserted that between 8.2% and 11.8% (10% ± 1.8%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.9% and 53.1% (50% ± 3.1%) of the total population would respond "yes" if asked this question.

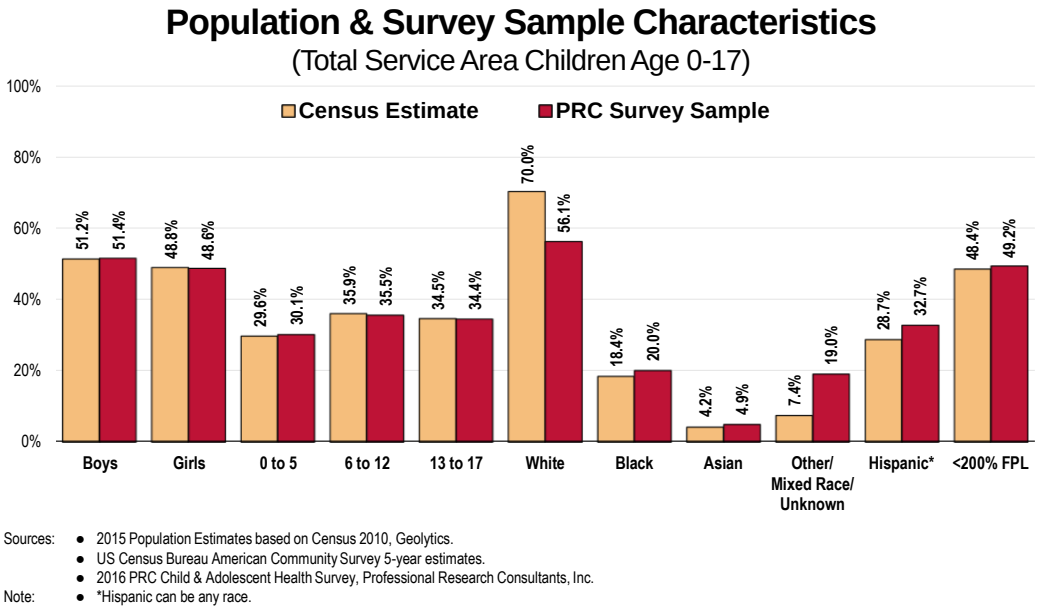
Respondent Selection

Survey respondents were adults age 18 and older who 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 methodology. And, while this produces a highly representative sample of 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 child's demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

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



Sources:
- 2015 Population Estimates based on Census 2010, Geolytics.
- US Census Bureau American Community Survey 5-year estimates.
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Note:
- *Hispanic can be any race.

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 2015 guidelines place the poverty threshold for a family of four at $24,250 annual household income or lower)*. In sample segmentation: "**very low income**" refers to community members living in a household with defined poverty status; "**low income**" refers to households with incomes just above the poverty level, earning up to twice the poverty threshold; and "**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 child and adolescent population in the defined area with a high degree of confidence.

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 99 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Community/Business Leader	154	44
Other Health Provider	43	14
Physician	2	0
Public Health Representative	19	7
Social Service Provider	84	34

Final participation included representatives of the organizations outlined below.

- Aspire Health Partners
- Brevard Cares
- Brevard County
- Brevard County Board of County Commissioners
- Central Florida Foundation
- Central Florida Regional Transportation Authority
- Children's Home Society
- City of Palm Bay
- Children's Medical Services
- Community Based Care of Central Florida
- Community Health Centers
- Congressman
- Department of Health Seminole County
- Down Syndrome Association of Central Florida
- Early Learning Coalition of Orange County
- Early Learning Coalition of Seminole
- East Orlando Chamber of Commerce
- Emergency Management
- Experience Kissimmee
- Florida Department of Health in Orange County
- Florida Department of Health in Seminole County
- Goodwill Industries of Central Florida
- Grace Medical Home
- Health Care Center for the Homeless, Inc.
- Health Council of East Central Florida
- Healthy Start Coalition of Brevard County
- Healthy Start Coalition of Orange County
- Impower
- J. Douglas Williams YMCA
- Manpower Florida
- Mental Health Association of

- Central Florida
- Nemours Children's Hospital
- Orange County Drug Free Office
- Orange County Government
- Orange County Head Start
- Orange County Public Schools
- Osceola County Public Schools
- Osceola County School Board
- Parrish Medical Center
- Primary Care Access Network
- Rollins College Edyth Bush Institute of Philanthropy
- Second Harvest Food Bank of Central Florida
- Seminole County Leisure Services
- Seminole County Public Schools
- Senior Resource Alliance, Inc.
- Shepherd's Hope
- St. Cloud Government
- State University
- The Assistance Fund
- The Children's Center, Parrish Medical Center
- U.S. House of Representatives
- UCP of Central Florida
- University of Central Florida
- Valencia College
- Walt Disney World Resort
- WellConnect, LLC
- Winter Park Health Foundation
- YMCA of Central Florida

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

Minority populations represented:

> *African-Americans, Arabs, Asians, Brazilians, Cubans, Haitians, Hispanics, Middle Easterners, multi-cultural individuals, Native Americans*

Medically underserved populations represented:

> *abused/neglected individuals, autistic individuals, those with cancer, children with disabilities, those with cystic fibrosis, English as a second language residents, foster children, the homeless, immigrants, those with juvenile rheumatoid arthritis, LGBT individuals, low income, Medicare/Medicaid recipients, the mentally ill, rural residents, pregnant teens, single parents, undocumented individuals, the uninsured/underinsured*

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

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

Public Health, Vital Statistics & Other Data

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

- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division for Adolescent and School Health
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- Florida Department of Health, Vital Statistics Annual Reports
- Geolytics Demographic Estimates & Projections
- OpenStreetMap (OSM)
- US Census Bureau, Decennial Census
- US Department of Health & Human Services

Benchmark Data

Trending

A similar survey was administered in the Total Service Area in 2013 by PRC on behalf of the Nemours Children's Hospital, Orlando. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

National Data

National survey data, which are provided in comparison charts, are taken from the *2014 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

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

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

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

Determining Significance

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

Information Gaps

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

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

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

Summary of Findings

Significant Health Needs of the Community

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

Areas of Opportunity Identified Through This Assessment	

Access to Healthcare Services	• Difficulty Accessing Children's Healthcare
	• Barriers to Access
	  ○ Finding a Physician
	  ○ Appointment Availability
	  ○ Cost of Physician Visits
	  ○ Lack of Transportation
	  ○ Cost of Prescriptions
	  ○ Culture/Language Differences
	• Insurance Instability
	• Specific Source of Ongoing Medical Care
	• Outmigration
	• Utilization of ER
	• Children Needing Specialty Care
	• Access to Specialty Care

Asthma & Other Respiratory Conditions	• Prevalence of Asthma
	• ER/Urgent Care Visits for Asthma
	• Hospitalizations Due to Asthma
	• Loss of Productivity Due to Asthma
	  ○ Child Missed School
	  ○ Parent Missed Work

Diabetes	• Diabetes
Infant & Child Health	• Mortality (Infant, Age 1-4) • Acceptance of Recommended Childhood Vaccines
Injury & Safety	• Safety Seat/Seat Belt Usage • Children Feeling Unsafe at School or Going To/From School
Mental Health	• "Fair" or "Poor" Mental Health • Diagnosed Depression • Difficulty Sleeping • Parental Awareness of Local Resources • Children Needing Mental Health Services • *Mental and Emotional Health ranked as a top concern in the Online Key Informant Survey.* • ADD/ADHD • Learning Disabilities • Developmental Delays • Autism Prevalence

— continued on next page —

Areas of Opportunity (continued)	
Nutrition, Physical Activity & Weight	• Physical Activity Levels • Screen Time • Childhood Obesity • *Nutrition, Physical Activity, and Weight ranked as a top concern in the Online Key Informant Survey.*
Oral Health	• Regular Dental Care • Children Receiving Dental Sealants
Potentially Disabling Conditions	• Activity Limitations • Respiratory Allergies • Eczema/Skin Allergies • Food/Digestive Allergies • Bone/Joint/Muscle Conditions • Epilepsy/Seizure Disorders
Sexual Health	• Use of Birth Control [Orange Co. High Schoolers]
Vison, Hearing & Speech Conditions	• Speech/Language Problems • Hearing Problems • Vision Problems • Recent Eye Exams • Hearing Tests

Community Feedback – Combined Schedule for Central Florida

Nemours Children's Health System is pleased to present the results of our 2016-2019 Community Health Needs Assessment (CHNA), according to the guidelines laid out by the Federal Register-United States Government Publishing Office, *"members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations…"* must be solicited for feedback to prioritize the focus areas that resulted from the 2016 CHNA.

Our process for soliciting community feedback included attending 30 minute in-person meetings and conducting surveys from May 17 - June 6, 2016, with the following organizations/community coalitions/committees that represent communities in Central Florida:

- **May 18, 2016** – Orange County Public School Health Wellness Advisory Council
- **May 24, 2016** – **Osceola County Schools' Business Partners**
- **May 27, 2016** – **Seminole County School Nurse Educational Training**
- **June 1, 2016x** – **Osceola County School Nurse Educational Training**
- **June 9, 2016** – **Winter Park Health Foundation – Child Care Directors**
- **June 9, 2016** – **Early Learning Coalitions in Central Florida**
- **June 14, 2016** – **Family Advisory Council Nemours Children's Hospital**
- **June 15, 2016** – **Food Security Task Force For the Early Learning Coalition of Orange County**

External Feedback Process

Participants were presented with the 11 health needs found by the CHNA, which were the following:

- Access to Health Care Services
- Mental Health
- Asthma & Other Respiratory Conditions
- Prenatal, Infant, & Child Health
- Diabetes
- Nutrition, Physical Activity, & Weight
- Injury & Safety
- Vision, Hearing, & Speech Conditions
- Oral Health
- Potentially Disabling Conditions
- Sexual Health

The 11 health needs were identified through a local child and adolescent health survey, focus groups, public health data and other benchmark data on the health of children in Central Florida, conducted on behalf of Nemours

We asked members of our communities to prioritize the identified health needs. By ranking the following 11 health needs from 1-11 by placing their rank number on the line next to the health need: **1=highest priority and 11=lowest priority**

The participants considered the following criteria when ranking the focus areas:

- **Feasibility/Timeline** – consider available resources and time frame (three years)
- **Consequences of Inaction** – making the problem worse by not addressing at the earliest opportunity
- **Magnitude** – the number of children and families affected

Final Top 3 areas

Using the participant feedback for all organizations/coalitions contacted and engaging our Nemours Leadership's input, we have chosen the Top 3 focus areas for Nemours Children's Hospital for our Implementation Plan:

1. Access to Health Care Services
2. Prenatal, Infant, & Child Health
3. Injury & Safety

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of child and adolescent health indicators in the Total Service Area, including comparisons among the individual counties, as well as trend data.

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 4 counties, identifying differences for each as "better than" (), "worse than" (), or "similar to" () the combined opposing areas.

The columns to the right of the Total Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the service area compares favorably (), unfavorably (), or comparably () to these external data.

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

TREND SUMMARY (Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2013.

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

Social Determinants	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
Linguistically Isolated Population (Percent)	1.5	6.9	8.9	2.9	5.2	6.6	4.7		
Children Below 200% FPL (Percent)	45.5	50.8	58.6	37.0	48.4	49.2	44.2		

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

better similar worse

Overall Health	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% [Age 0-17] Child's Overall Health Is "Fair/Poor"	3.2	4.6	7.2	6.2	4.9		2.3		4.0
% [Age 0-17] Child's Activities/Abilities Limited Due to Health Condition	9.9	9.2	10.6	12.2	10.0		6.9		8.8
% [Age 0-17] Child Has Special Health Needs	59.2	68.0	58.4	68.8	65.1		64.3		63.1
% [Age 0-17] Chronic Condition Requiring Meds or Special Therapy	27.5	24.8	23.8	22.3	24.8		28.1		26.5

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

better similar worse

Access to Health Services	Each County vs. Others				Total Service Area	Total Service Area vs. Benchmarks			
	Brevard County	Orange County	Osceola County	Seminole County		vs. FL	vs. US	vs. HP2020	TREND
% [Age 0-17] Child Is Uninsured	6.7	7.5	7.3	4.7	6.9		6.5	0.0	6.2
% [Insured Child] Child Went Without Insurance in Past Year	7.5	13.0	13.1	14.4	12.2		7.1		11.5
% [Age 0-17] Difficulties Accessing Child's Healthcare (Composite)	32.7	37.1	43.3	32.1	36.3		29.4		32.3
% [Age 0-17] Difficulty Finding Physician for Child in Past Year	12.8	11.0	19.2	11.1	12.5		5.7		10.3
% [Age 0-17] Difficulty Getting Appointment for Child in Past Year	17.9	13.1	29.0	15.1	16.6		11.5		14.6
% [Age 0-17] Cost Prevented Child's Dr Visit in Past Year	7.4	9.3	12.9	8.7	9.4		6.3		9.6
% [Age 0-17] Transportation Hindered Child's Dr Visit in Past Year	7.5	10.4	12.8	5.1	9.4		4.1		5.9
% [Age 0-17] Inconvenient Hrs Prevented Child's Dr Visit in Past Year	14.0	16.7	17.0	13.1	15.7		14.2		17.2
% [Age 0-17] Cost Prevented Getting Child's Prescription in Past Year	8.3	10.7	10.2	6.2	9.5		5.5		7.0
% [Age 0-17] Culture Difference Prevented Child's Dr Visit in Past Year	1.0	7.1	6.8	2.4	5.2		0.8		2.1
% Child Needed to See a Specialist in the Past Year	40.5	35.8	42.2	33.4	37.2		24.2		29.6

Access to Health Services (continued)	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% [Child Needing Care] "Major/Moderate" Problem Getting Specialty Care	48.6	46.0	41.3	40.8	45.0		32.3		35.6
% [Parents] Feel Need to Leave the Area for Children's Health Svcs	26.4	11.4	29.5	13.8	17.2		27.2		13.4
% [Age 0-17] Child Has a Specific Source of Ongoing Care	93.5	89.9	80.6	89.8	89.2		93.5	100.0	87.3
% [Age 0-17] Child Has Had Routine Checkup in Past Year	90.2	89.9	90.4	86.9	89.5		85.3		86.6
% [Age 0-17] Child Has Had 2+ ER Visits in Past Year	11.8	13.4	18.2	13.0	13.7		7.1		9.2

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

better similar worse

Allergies	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% [Age 0-17] Child Has Respiratory Allergies	16.3	26.5	18.9	20.6	22.6		17.8		19.1
% [Age 0-17] Child Has Eczema/Skin Allergies	19.7	25.6	20.1	21.4	23.0		22.5		18.2

Allergies (continued)	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% [Age 0-17] Child Has Food/Digestive Allergies	16.2	14.2	7.7	12.1	13.3		8.8		10.8

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

better similar worse

Asthma	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% [Age 0-17] Child Currently Has Asthma	5.4	14.7	10.5	12.6	12.0		11.6		8.8
% [Age 0-17 With Asthma] ER/Urgent Care for Child's Asthma in Past Year					58.7		27.0		40.4
% [Age 0-17 With Asthma] Child Hospitalized for Asthma in Past Year					30.5		0.6		8.4
% [Age 5-17 With Asthma] Child Missed School Due to Asthma in Past Year					62.8		39.2		64.9
% [Age 0-17 With Asthma] Parent Missed Work Due to Child's Asthma in Past Year					55.0		29.4		41.9

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

better similar worse

Bone, Joint & Muscle Disorders	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% [Age 0-17] Child Has Bone/Joint/Muscle Problems	12.1	8.0	6.5	10.0	8.9		6.0		5.8

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

better similar worse

Cognitive & Behavioral Disorders	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% [Age 0-17] Child Has ADD/ADHD	12.3	12.9	12.8	14.1	13.0		8.7		12.1
% [Age 0-17] Child Has Learning Disability	12.9	11.3	9.1	13.2	11.6		8.0		9.6
% [Age 0-17] Child Has Developmental Delays	13.2	8.8	8.3	12.3	10.2		6.8		7.7
% [Age 5-17] Child Has Behavioral/Conduct Problems	6.2	3.3	2.9	6.8	4.4		3.7		4.2
% [Age 5-17] Child Has Autism	3.7	6.0	5.9	3.6	5.1		1.4		3.7

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

better similar worse

Diabetes	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% [Age 0-17] Child Has Diabetes/High Blood Sugar	3.0	3.3	2.1	1.5	2.8		0.7		1.3

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

better similar worse

Health Education	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% Rely on the Internet for Healthcare Information	14.3	16.6	16.4	15.2	15.9		9.6		15.1
% [Age 0-17] Parent Aware of Local Parenting Education Programs	52.2	41.4	31.9	31.1	40.4				42.3
% [Age 0-17] Parent Has Used a Local Parenting Education Program	13.7	15.4	11.8	11.6	13.9				13.1

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

better similar worse

Injury & Safety	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% [Age 0-17] Child Has Sustained Injury Requiring Treatment in Past Year	16.8	12.4	12.9	12.3	13.3		10.6		11.9
% [Age 0-17] Child "Always" Uses Seat Belt/Car Seat	91.8	89.5	96.1	95.0	91.8		95.7		94.1
% [Age 5-17] Child "Always" Wear a Bike Helmet	46.4	56.0	42.7	53.6	51.7		46.5		50.2
% [Age 5-17] Child "Always" Wear a Skateboard/Scooter/Rollerblade Helmet	38.5	50.5	32.9	34.0	42.8		37.4		35.5
% [Age 0-17] Neighborhood Is "Slightly" or "Not At All" Safe	12.8	15.4	17.4	17.1	15.5		14.2		
% [Age 5-17] Child Missed School in Past Year Because Felt Unsafe	4.2	7.2	7.2	11.9	7.5		5.0		
% [Age 5-17] Bullied on School Property in the Past Year	19.1	15.8	19.0	17.8	17.3		16.1		
% [Age 5-17] Child Electronically Bullied in Past Year	6.2	5.6	1.7	3.8	4.8		7.5		

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

better similar worse

Mental & Emotional Health	Each County vs. Others				Total Service Area	Total Service Area vs. Benchmarks			
	Brevard County	Orange County	Osceola County	Seminole County		vs. FL	vs. US	vs. HP2020	TREND
% [Age 5-17] Child's Mental Health Is "Fair/Poor"	12.6	9.1	15.0	13.4	11.3		5.5		7.7
% [Age 5-17] Child Has Depression	6.3	6.4	9.4	5.2	6.6		2.6		5.4
% [Age 5-17] Child Had Symptoms of Depression in Past Year	5.0	6.9	9.5	5.3	6.6		4.9		6.5
% [High Schoolers] Attempted Suicide in Past Year (Orange Co.)					9.1	7.7	8.0		
% [Age 5-17] Child Has Anxiety	12.6	9.0	13.7	6.9	10.0		7.9		8.2
% [Age 5-17] Child Worries A Lot	29.3	27.0	25.8	25.2	27.0		23.0		23.0
% [Age 5-17] Child Has Difficulty Sleeping	19.4	18.9	19.8	16.3	18.7		13.2		16.1
% [Age 5-17] Parent Aware of Community Mental Health Resources	59.7	53.1	57.9	49.1	54.4		65.0		54.8
% [Age 5-17] Needed Mental Health Svcs in the Past Yr	16.3	15.5	12.9	12.8	14.8		10.8		13.0
% [Age 5-17] Child Has Ever Taken Rx for Mental Health	10.4	7.3	8.6	8.3	8.3		6.9		9.7

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

better similar worse

Mortality	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
[Age 1-4] Mortality Rate per 100,000					31.6	29.2	25.3	25.7	
[Age 5-9] Mortality Rate per 100,000					11.6	12.1	11.6	12.3	
[Age 10-14] Mortality Rate per 100,000					13.4	13.7	14.0	15.2	
[Age 15-19] Mortality Rate per 100,000					43.9	47.5	45.8	55.7	

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

better similar worse

Neurological Disorders	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% [Age 0-17] Child Has Migraines/Severe Headaches	7.6	7.4	9.2	4.2	7.2		6.7		6.4
% [Age 0-17] Child Has Brain Injury/Concussion	4.7	3.5	4.0	3.0	3.7		3.9		2.8
% [Age 0-17] Child Has Epilepsy/Seizure Disorder	1.7	5.0	2.3	2.7	3.6		0.8		1.1

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

better similar worse

Nutrition, Physical Activity & Weight	Each County vs. Others				Total Service Area	Total Service Area vs. Benchmarks			
	Brevard County	Orange County	Osceola County	Seminole County		vs. FL	vs. US	vs. HP2020	TREND
% [Age 2-17] Child Has 5+ Servings of Fruits/Vegetables per Day	40.9	40.2	29.1	37.0	38.2		41.8		38.8
% [Age 2-17] Child Ate 3+ Fast Food Meals in Past Week	21.0	23.9	19.8	17.8	21.7		22.0		19.7
% [Age 2-17] Child Was Physically Active One Hour/Day in Past Week	42.5	39.3	46.0	36.9	40.5		43.2		45.8
% [Age 2-17] Participates in Moderate Physical Activity	48.5	45.3	44.8	41.2	45.2		49.3		48.2
% [Age 2-17] Participates in Vigorous Physical Activity	65.3	62.7	68.2	64.7	64.3		69.1		65.8
% [Age 5-17] Child Watches 3+ Hours of TV per Day	26.5	26.8	27.3	25.2	26.5		30.1		20.0
% [Age 5-17] Child Has 3+ Hours of Computer Use per Day	30.6	26.1	28.2	25.1	27.1				20.8
% [Age 5-17] Child Has 3+ Hours of Total Screen Time per Day	64.8	55.7	55.9	60.0	58.2				54.2
% [Age 5-17] Child Has a TV in Bedroom	47.6	43.2	55.5	47.2	46.5		41.3		49.3
% [Age 5-17] Has Computer in the Bedroom	46.9	42.7	37.9	37.7	42.0				43.6

Nutrition, Physical Activity & Weight (continued)	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% [Age 5-17] Child Is Overweight or Obese	23.2	33.9	31.9	32.0	31.2		31.1		27.5
% [Age 5-17] Child Is Obese	14.4	21.3	18.7	19.8	19.3		14.4	14.5	14.0
% [Overweight Kids 5-17] Perceive Child "About the Right Weight"					56.1		57.3		52.7
% [Parents] Have Been Told That Overwt Child [5-17] Is Overweight					15.4		16.3		26.8

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

better similar worse

Oral Health	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% [Age 2-17] Child Has Had a Dental Visit in Past Year	76.3	80.7	82.3	71.2	78.5		84.9	49.0	75.4
% [Age 6-17] Child Has Had Dental Sealants	39.1	43.9	44.8	39.0	42.2		46.8		47.8

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

better similar worse

Prenatal, Infant & Child Health	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% No Prenatal Care in First Trimester	19.3	16.1	20.7	13.9	16.9	20.0		22.1	17.3
% of Low Birthweight Births	8.0	8.4	8.4	7.7	8.2	8.6		7.8	8.7
% [Age 0-17] Child Was Ever Breastfed	71.5	75.9	73.2	69.8	73.7		69.4	81.9	71.7
Infant Death Rate	6.4	6.7	4.9	5.7	6.3	6.1	5.9	6.0	8.3
% Would Not Want New Baby to Have All Recommended Vaccines	16.4	12.5	9.9	11.0	12.6		11.6		9.8

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

better similar worse

Sexual Activity	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% Births to Teenagers (Under Age 20)	6.7	7.2	8.6	5.4	7.0	7.6			9.3
[All Ages] Gonorrhea Incidence per 100,000	92.2	141.0	58.7	84.2	110.6	102.1	107.5		

Sexual Activity (continued)	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
[All Ages] Chlamydia Incidence per 100,000	323.4	544.1	430.2	339.7	445.4	407.4	456.7		
% [High Schoolers] Currently Sexually Active (Orange Co.)					25.0	30.6	34.0		
% [Sexually Active High Schoolers] Did Not Use Condom (Orange Co.)					37.4		40.9		
% [Sexually Active High Schoolers] Did Not Use Any Birth Control (Orange Co.)					21.3		13.7		

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

better similar worse

Substance Abuse	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% [High Schoolers] Drank Alcohol in Past Month (Orange Co.)					32.1	34.8	34.9		
% [High Schoolers] Drove When Drinking in Past Month (Orange Co.)					7.9	9.9	10.0		
% [High Schoolers] Ever Used Marijuana (Orange Co.)					34.5		40.7		

Substance Abuse (continued)	Each County vs. Others: Brevard County	Orange County	Osceola County	Seminole County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% [High Schoolers] Ever Used Inhalants (Orange Co.)					8.8		8.9		
% [High Schoolers] Ever Used Ecstasy (Orange Co.)					6.8		6.6		
% [High Schoolers] Ever Used Cocaine (Any Form) (Orange Co.)					4.7		5.5		
% [High Schoolers] Ever Used Steroids (Not Rx) (Orange Co.)					2.6		3.2		
% [High Schoolers] Ever Used Methamphetamines (Orange Co.)					2.9		3.2		
% [High Schoolers] Ever Used Heroin (Orange Co.)					2.8		2.2		
% [High Schoolers] Ever Used Injection Drugs (Orange Co.)					2.0		1.7		
% [High Schoolers] Used Marijuana in Past Month (Orange Co.)					18.9	22.0	23.4		

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

better similar worse

Technology Access	Each County vs. Others				Total Service Area	Total Service Area vs. Benchmarks			
	Brevard County	Orange County	Osceola County	Seminole County		vs. FL	vs. US	vs. HP2020	TREND
% Have Access to the Internet	98.7	98.7	98.2	95.6	98.2		97.2		98.6
% Have Access to Child's Electronic Health Record	41.5	40.2	40.2	38.5	40.1				23.2

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

better similar worse

Tobacco	Each County vs. Others				Total Service Area	Total Service Area vs. Benchmarks			
	Brevard County	Orange County	Osceola County	Seminole County		vs. FL	vs. US	vs. HP2020	TREND
% [Age 0-17] Household Member Smokes Inside the Home	10.5	5.1	1.7	2.5	5.2		3.7		3.6
% [Age 0-17] Household Member Smokes Outside the Home	29.3	19.1	20.3	14.9	20.5				17.3
% [High Schoolers] Smoked Cigarettes in Past Month (Orange Co.)					6.4	10.8	15.7		

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

better similar worse

Vision, Hearing & Speech	Each County vs. Others				Total Service Area	Total Service Area vs. Benchmarks			
	Brevard County	Orange County	Osceola County	Seminole County		vs. FL	vs. US	vs. HP2020	TREND
% [Age 0-17] Child Has Had 3+ Ear Infections (Ever)	17.6	16.9	16.4	13.4	16.4		23.5		23.5
% [Age 0-17] Child Has Speech/Language Problems	17.2	17.0	16.1	14.2	16.5		11.9		13.9
% [Age 0-17] Child Has Hearing Problems	7.7	8.8	4.5	3.7	7.2		4.9		4.6
% [Age 0-17] Child Has Vision Problems	7.1	7.2	4.9	9.1	7.2		2.5		4.2
% [Age 0-17] Child Has Had an Eye Exam in the Past 3 Years	86.7	79.9	81.4	80.8	81.6		78.8		87.7
% [Age 0-17] Child Has Had Hearing Tested in the Past 5 Years	85.5	82.6	79.8	86.8	83.5		84.9		89.1

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

better similar worse

Community Description

Professional Research Consultants, Inc.

Population Size

Child Population

By latest census estimates, a total of 551,203 children age 0-17 live in the four-county Total Service Area.

- These children represent 22.3% of the total population of the area.

Child Population
(Age 0-17, 2010-2014)

	Total Population	Population Age 0-17	Percent Population Age 0-17
Brevard County	548,891	104,949	19.1%
Orange County	1,200,241	276,829	23.1%
Osceola County	289,449	74,003	25.6%
Seminole County	432,135	95,422	22.1%
Total Service Area	**2,470,716**	**551,203**	**22.3%**
Florida	19,361,792	4,020,977	20.8%
United States	314,107,080	73,777,656	23.5%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Households with Children

In the Total Service Area, there are 271,848 family households with a child under the age of 18; this represents 30.8% of all households in the defined service area.

Households With Children
(2010-2014)

	Total Households	Total Family Households	Families With Children (<18)	Families With Children (<18), Percent of Total Households
Brevard County	221,582	141,708	55,656	25.1%
Orange County	423,609	272,230	137,240	32.4%
Osceola County	90,414	67,289	35,891	39.7%
Seminole County	147,932	98,345	43,061	29.1%
Total Service Area	**883,537**	**579,572**	**271,848**	**30.8%**
Florida	7,217,508	4,650,162	2,019,121	28.0%
United States	116,211,088	76,958,064	37,554,348	32.3%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Population Characteristics

Race/Ethnicity

A total of 70.0% of children in the Total Service Area are White, while 18.4% are Black/African American, 4.2% are Asian, and 7.4% are other or multiple races.

- Note that 28.7% of children are Hispanic or Latino (can be of any race).

Family Households With Children by Race

(Percent, 2010-2014)

	White	Black/ African American	Native American/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	Multiple Race	Hispanic or Latino (see note)
Brevard County	80.2%	13.3%	0.3%	2.4%	0.2%	1.9%	1.7%	11.0%
Orange County	62.1%	23.8%	0.2%	5.0%	0.1%	6.5%	2.3%	32.7%
Osceola County	73.4%	14.4%	0.3%	2.2%	0.1%	7.2%	2.5%	52.2%
Seminole County	78.7%	11.3%	0.3%	5.6%	0.1%	1.8%	2.2%	19.1%
Total Service Area	**70.0%**	**18.4%**	**0.3%**	**4.2%**	**0.1%**	**4.9%**	**2.2%**	**28.7%**
Florida	72.3%	19.4%	0.3%	2.9%	0.1%	3.1%	1.9%	27.5%
United States	71.8%	13.9%	0.9%	5.3%	0.2%	5.8%	2.2%	19.5%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- Hispanic/Latino can be of any race.

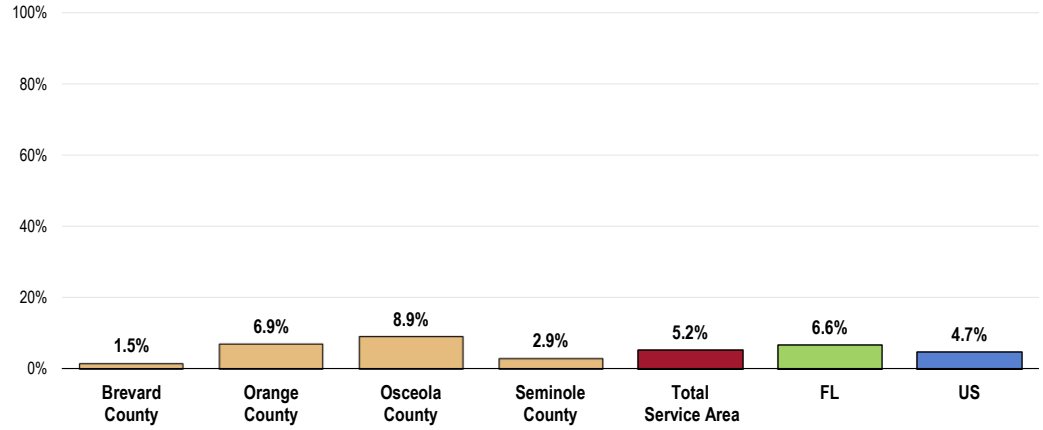
Linguistic Isolation

A total of 5.2% of the Total Service Area population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English "very well").

- More favorable than Florida findings.
- Statistically less favorable than found nationally.
- Greater proportions of linguistically isolated persons are located in Orange and Osceola counties.

Linguistically Isolated Population

(2010-2014)

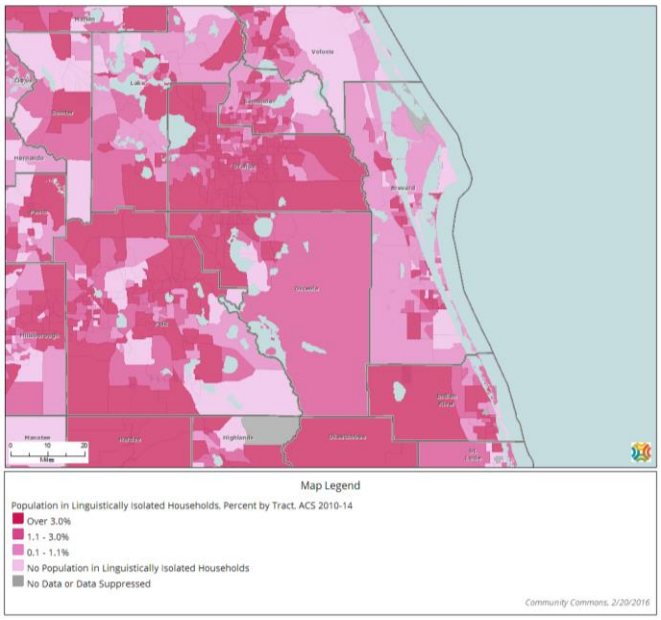


Sources:
- US Census Bureau American Community Survey 5-year estimates (2010-2014).
- Retrieved February 2016 from Community Commons at http://www.chna.org.

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

- Note the following map illustrating linguistic isolation in the Total Service Area.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2010-2014



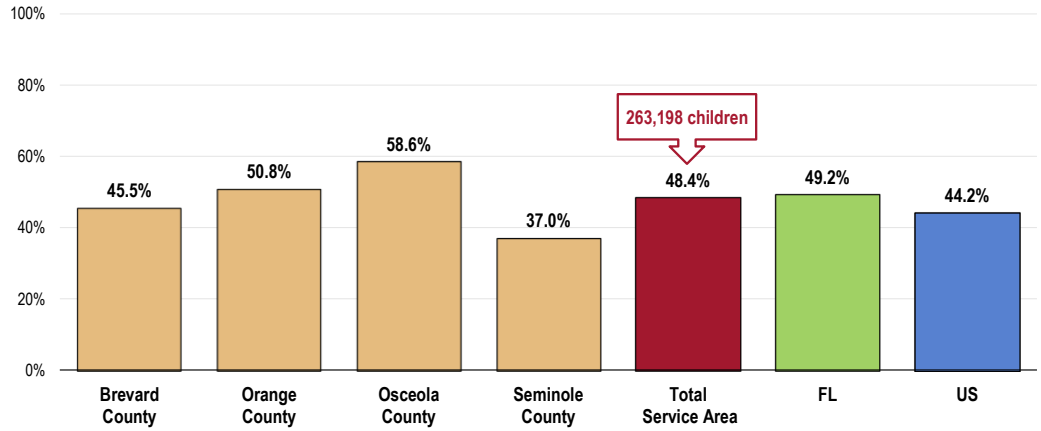
Children in Low-Income Households

Nearly one-half of Total Service Area children (48.4%) age 0-17 (representing an estimated 263,198 children) live below the 200% poverty threshold.

- Similar to the proportion found throughout Florida.
- Above the US proportion.
- Child poverty is highest in Orange and Osceola counties.

Percent of Children in Low-Income Households

(Children 0-17 Living Below 200% of the Poverty Level, 2010-2014)

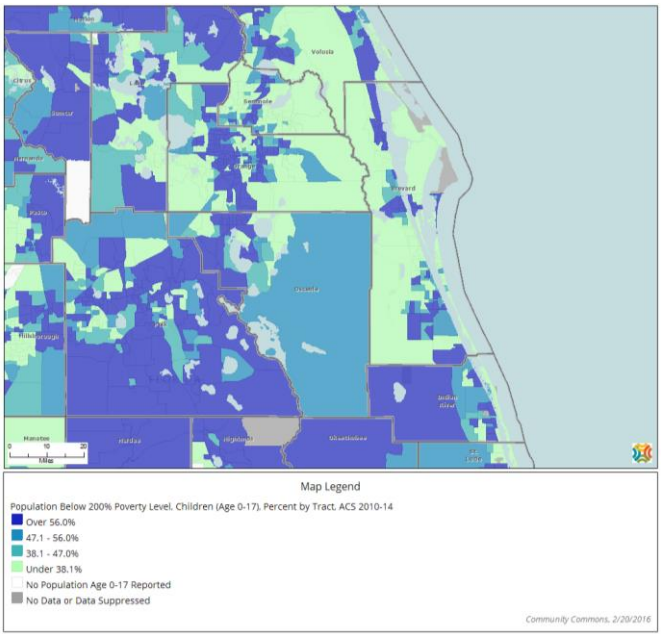


Sources:
- US Census Bureau American Community Survey 5-year estimates (2010-2014).
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Dark blue shading in the following graph shows the areas within the Total Service Area in which over 50% of children are living in low income households.

Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2010-2014



Perceptions of Top Health Issues

Professional Research Consultants, Inc.

Child Health

Perceived Top Health Issues

The interrelated issues of obesity, nutrition and exercise received the largest share of responses (30.3%) as the perceived number-one health issue for children under the age of 12 among parents of children in that age group. Colds/flu was second with 23.6% of responses.

- Respondents also frequently identified **allergies** (8.4%), **asthma** (5.8%), **ADD/ADHD** (3.3%), **access to care** (3.3%), and **vaccinations** (2.9%).
- Note that 14.8% of parents were uncertain or could not identify a children's health issue and are not included in the following chart.

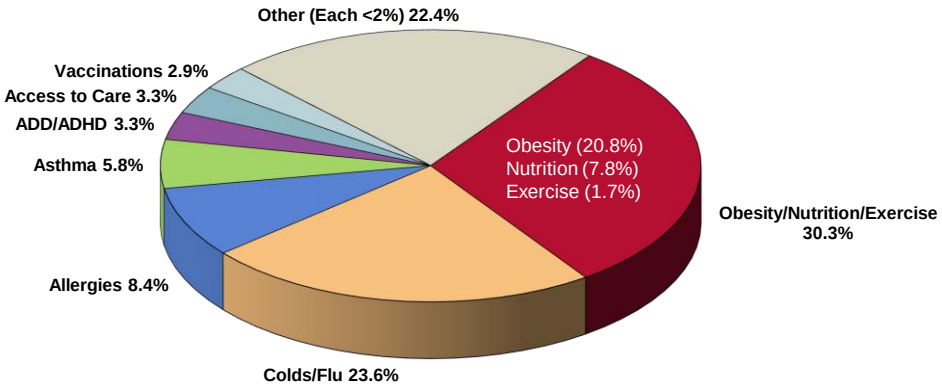
The initial inquiry of the PRC Child & Adolescent Health Survey asked respondents the following:

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

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

Perceived Number-One Health Issue Affecting Children Under 12 in the Community

(Among Total Service Area Parents With a Child Age 0-11, 2016)



Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 7]
Notes: ● Reflects respondents with a child under age 12 in the household. Excludes respondents who were uncertain or could not give an answer.

Perceived Availability of Resources

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

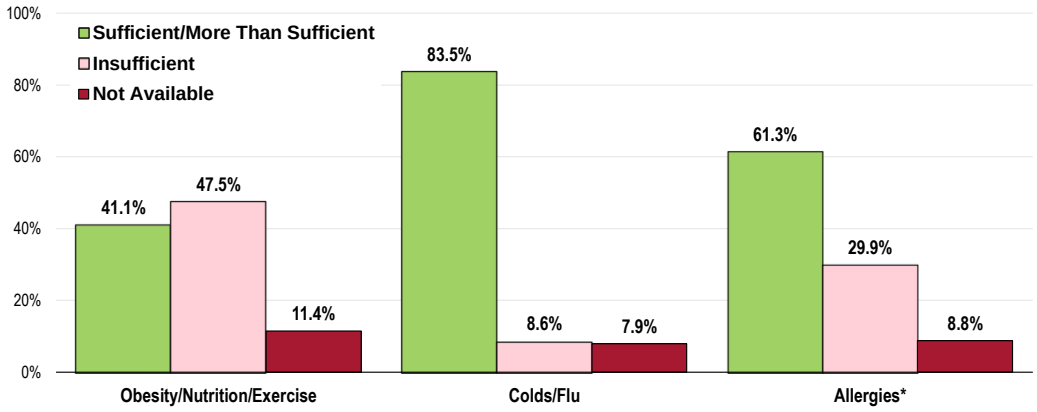
A majority of those who mentioned obesity, nutrition or exercise as the top children's health issue see community resources as insufficient (or non-existent) to address these problems.

In contrast, the community resources that are available for cold/flu issues are seen as sufficient or more than sufficient by 83.5% of the respondents who chose cold/flu as the number-one health issue for children.

Although based on a small sample size, **allergy** resources are mostly seen as sufficient or more than sufficient.

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

(By Perceived Primary Health Issue; Total Service Area, 2016)



Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 8]
Notes: ● Among respondents with children under age 12 who identified a top health concern.
● *Based on relatively small sample sizes (<50).

Adolescent Health

Perceived Top Health Issues

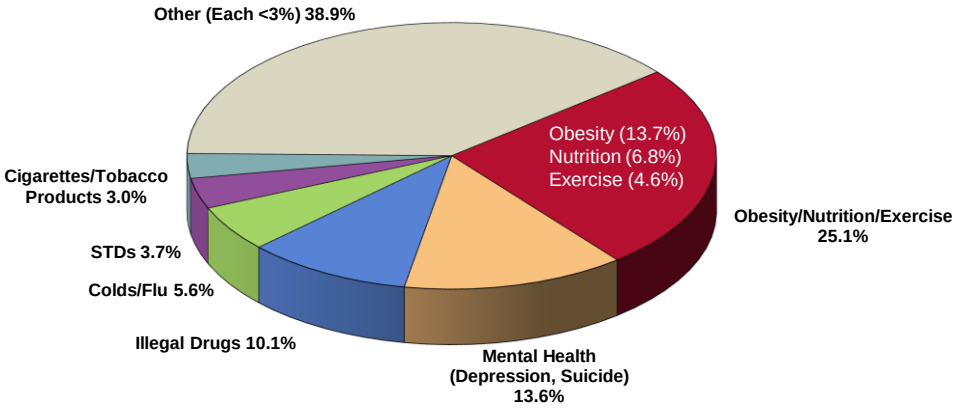
"In general, what do you feel is the number-one health issue affecting adolescents age 12-17 in your community today?"

Combined, <u>obesity, nutrition and exercise</u> received the largest share of responses (25.1%) when parents of children age 12-17 were asked to name the number-one health issue for adolescents.

- Other frequent responses included **mental health issues** (mentioned by 13.6%), **illegal drugs** (10.1%), **colds/flu** (5.6%), **sexually transmitted diseases** (3.7%), and **cigarettes or other tobacco products** (3.0%).
- Note that 12.3% of parents were uncertain or could not identify a health issue and are not included in the following chart.

Perceived Number-One Health Issue Affecting Adolescents (12-17) in the Community

(Among Total Service Area Parents With an Adolescent Age 12-17, 2016)



Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 9]
Notes: ● Reflects respondents with an adolescent age 12-17 in the household. Excludes respondents who were uncertain or could not give an answer.

Perceived Availability of Resources

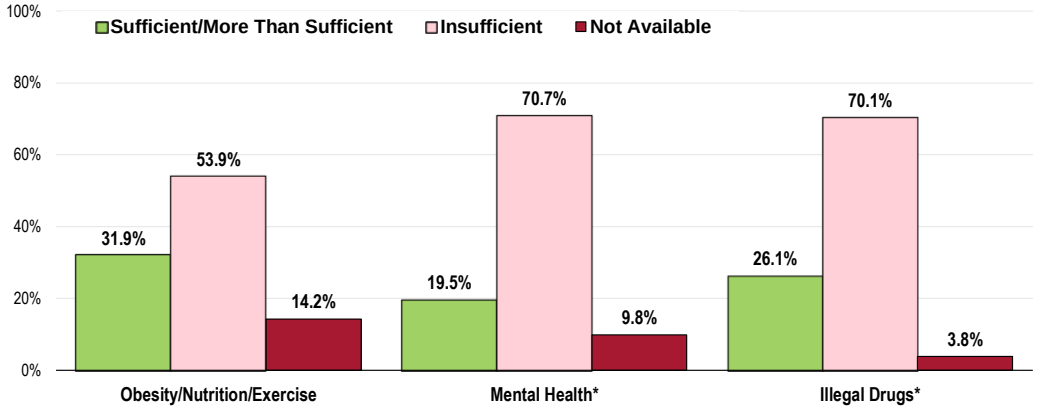
Respondents were further asked to identify their perceptions of the availability of resources in the community to address that issue that they identified as the number-one concern.

Those identifying obesity/nutrition/exercise as their top concern for adolescents largely view community resources as insufficient (or nonexistent) to address these needs.

Although based on relatively small samples, findings suggest the same for those identifying **mental health** or **illegal drugs** as their top concern.

Perception of Existing Community Resources or Services for Number-One Health Issue Affecting Adolescents

(By Perceived Primary Health Issue; Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 10]

Notes:
- Among respondents with children age 12-17 who identified a top health concern.
- *Based on relatively small sample sizes (<50).

Health Status

Professional Research Consultants, Inc.

Overall Health Status

Evaluations of Child's Overall Health

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

More than three-fourths of Total Service Area parents rate their child's overall health as "excellent" (47.0%) or "very good" (30.8%).

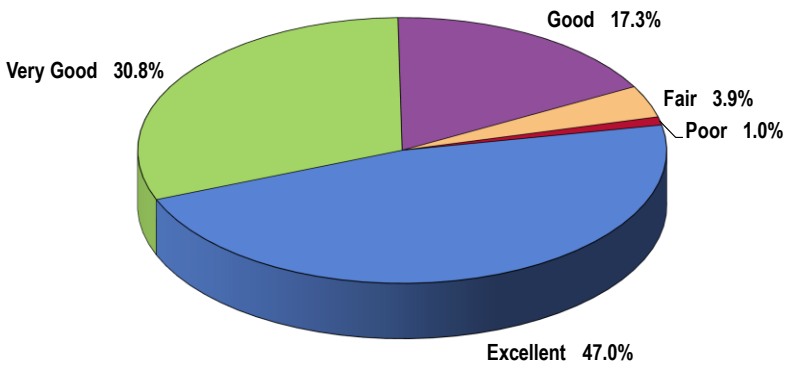
- Another 17.3% gave "good" ratings of their child's overall health.

NOTE:

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

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

Child's Health Status
(Total Service Area, 2016)



Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 18]
Notes: ● Asked of all respondents about a randomly selected child in the household.

However, 4.9% of Total Service Area adults believe that their child's overall health is "fair" or "poor."

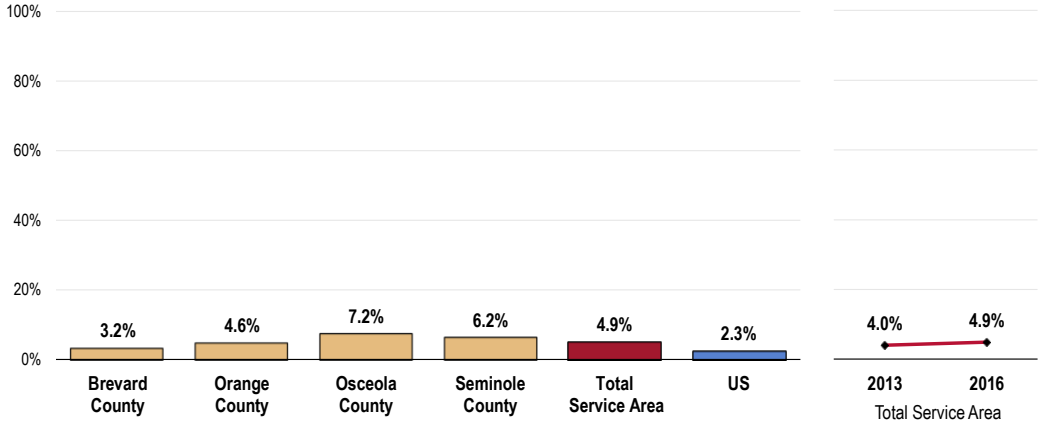
- Less favorable than the national proportion.
- Statistically similar findings when viewed by county.
- TREND: There is no statistical difference when comparing "fair/poor" overall health reports to previous survey results.

NOTE:

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

Where sample sizes permit, county data are provided.

Child Experiences "Fair" or "Poor" Overall Health



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 18]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

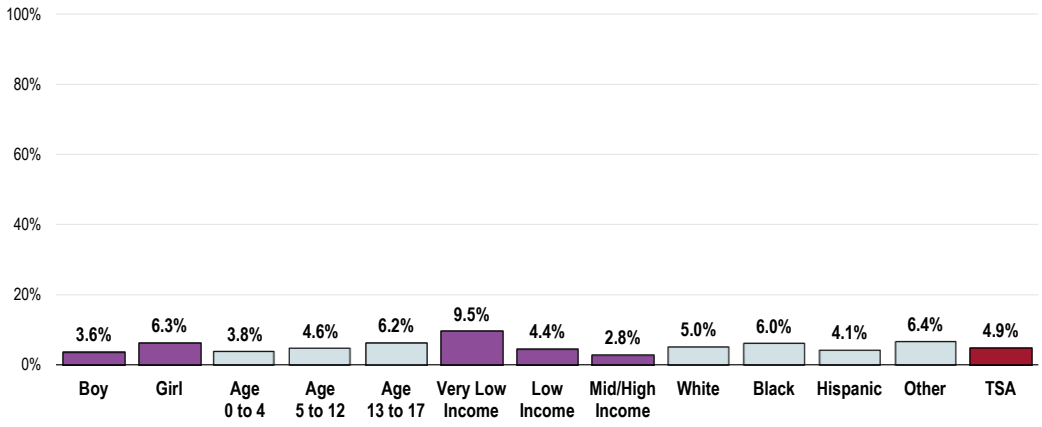
Children more likely to report experiencing "fair" or "poor" overall health include:

- Girls.
- Teens (positive correlation with age).
- Children in low-income households.
- Differences by race/ethnicity, as illustrated in the following chart, are not statistically significant.

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

Experience "Fair" or "Poor" Overall Health

(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 18]

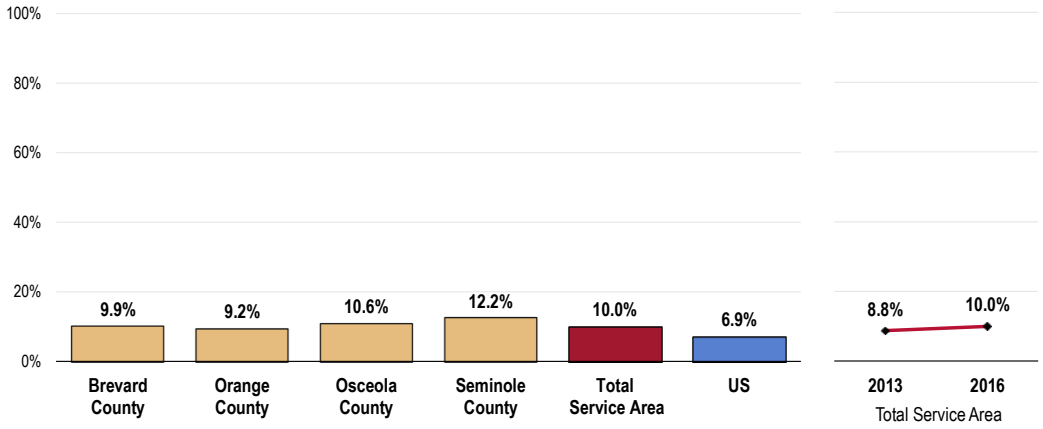
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the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

Activity Limitations

One in 10 Total Service Area children is 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.

- Less favorable than the US figure.
- No statistical difference by county.
- TREND: Statistically unchanged since 2013.

Prevalence of Activity Limitations

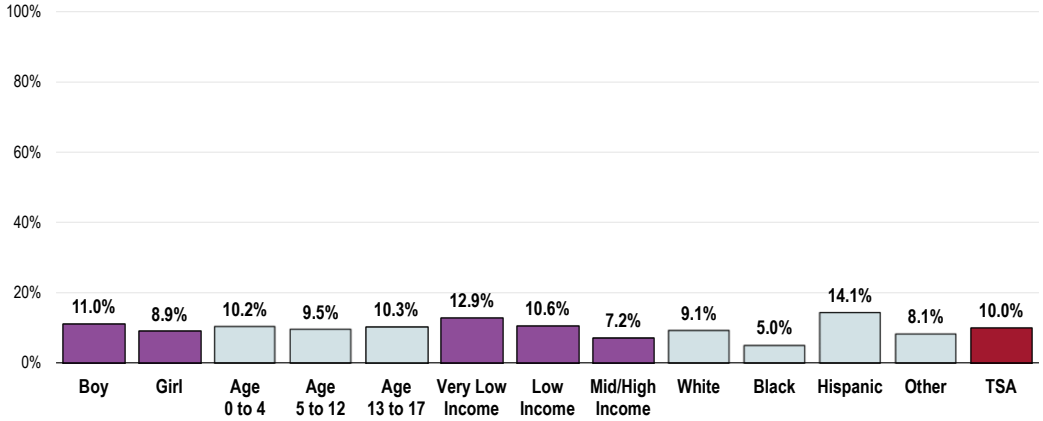


Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 75]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Note that Hispanic children report a significantly higher prevalence of activity limitations.

Prevalence of Activity Limitations
(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 75]

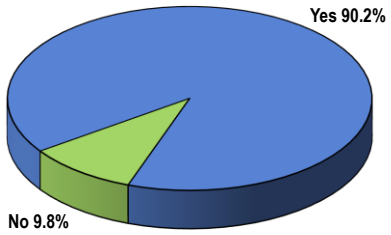
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the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

For children with activity limitations, the vast majority (90.2%) is living with a condition that is expected to last 12 months or more.

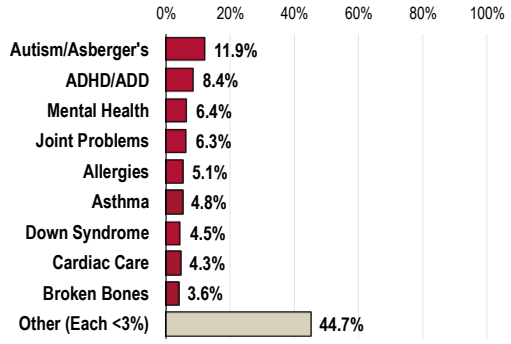
Activity limitations among Total Service Area children are most often attributed to conditions such as **autism/Asperger's syndrome** (mentioned by 11.9% of parents of children with activity limitations), **ADD/ADHD** (8.4%), **mental health issues** (6.4%) and **joint problems** (6.3%).

Description of Activity Limitations

(Among Children With Activity Limitations; Total Service Area, 2016)



Activity Limitation Is the Result of a Long-Term Condition



Type of Problem that Limits Activities Most

Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 76-77]
Notes: • Asked of respondents for whom the randomly selected child in the household has some type of activity limitation.

Mental Health

About Mental Health & Mental Disorders

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

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

- Healthy People 2020 (www.healthypeople.gov)

Evaluation of Child's Mental Health

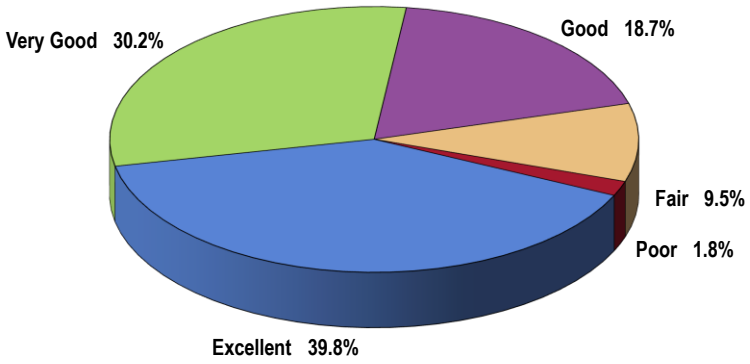
"Now thinking about your child's emotional or mental health, which includes stress, depression and problems with emotions, would you say that, in general, your child's emotional or mental health is: excellent, very good, good, fair or poor?"

Most Total Service Area parents of children age 5-17 rate their child's emotional or mental health — which includes stress, depression, and problems with emotions — as "excellent" (39.8%) or "very good" (30.2%).

- Another 18.7% gave "good" ratings of their child's mental health status.

Child's Mental Health Status

(Total Service Area Children Age 5-17, 2016)



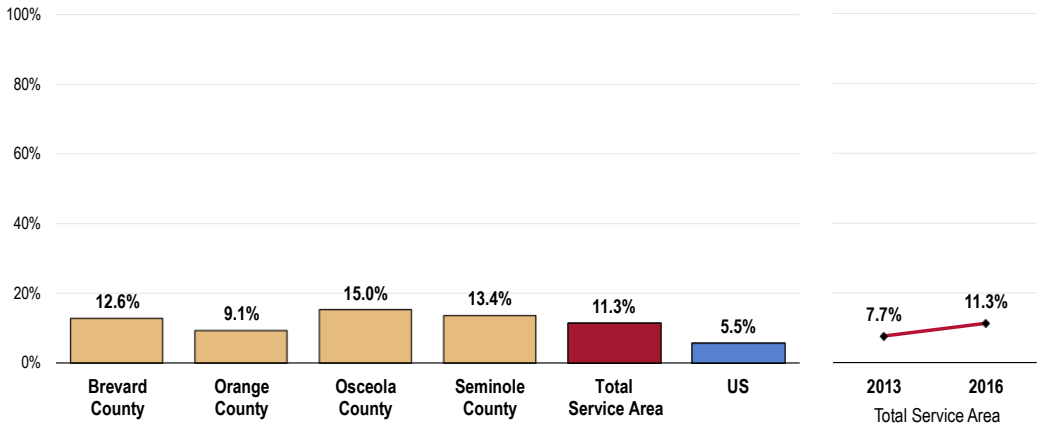
Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 90]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

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

- More than twice the US figure.
- Lower in Orange County.
- TREND: Has increased significantly in the past three years.

Child Experiences "Fair" or "Poor" Mental Health

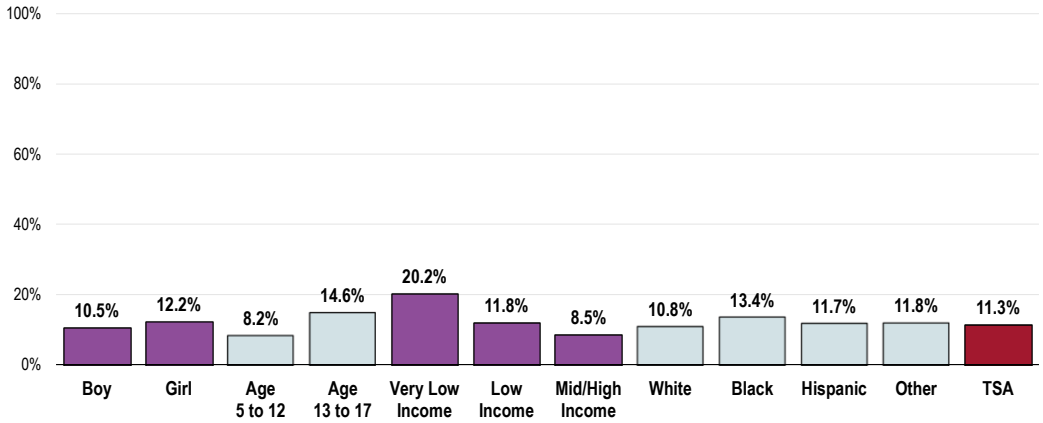
(Total Service Area Children Age 5-17, 2016)



Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 90]
● 2014 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" emotional or mental health status among children age 5-17 is more often noted for teens and children in very low income households (negative correlation with income).

Child Experiences "Fair" or "Poor" Mental Health
(Total Service Area Children Age 5-17, 2016)



Sources: ● 2016 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).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Depression

Diagnosed Depression

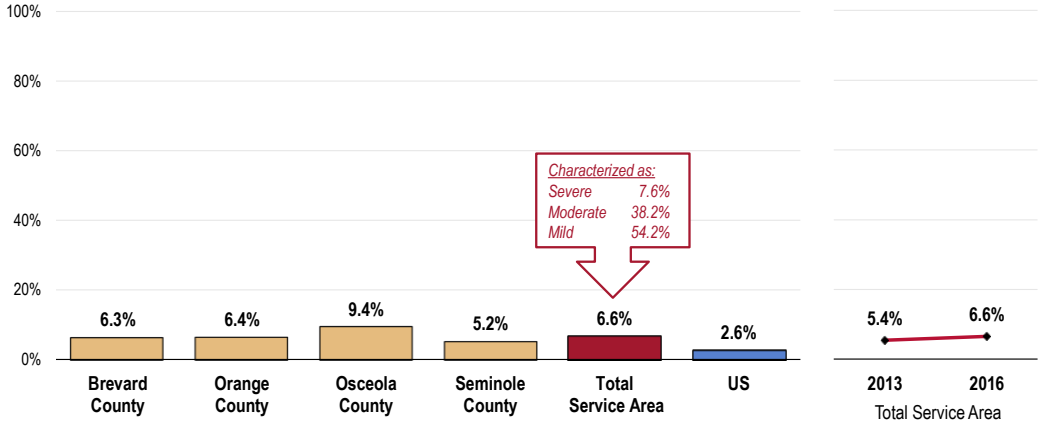
A total of 6.6% of Total Service Area parents report that they have been told by a doctor or other healthcare provider that their school-age child had depression.

- Higher than found across the US.
- Statistically comparable findings among the counties.
- TREND: Statistically comparable to the previous survey findings.

Note that 7.6% of these respondents characterize their child's depression as "severe."

Child Has Been Diagnosed with Depression

(Total Service Area Children Age 5-17, 2016)



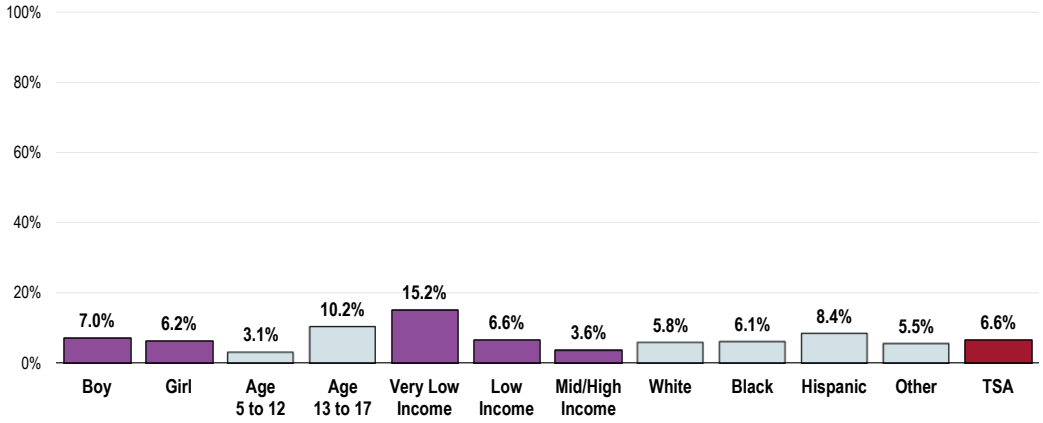
Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 99-100]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Teens and children in very low income households are statistically more likely to have diagnosed depression than their demographic counterparts (negative correlation with income).

Child Has Been Diagnosed with Depression

(Total Service Area Children Age 5-17, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 99]

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

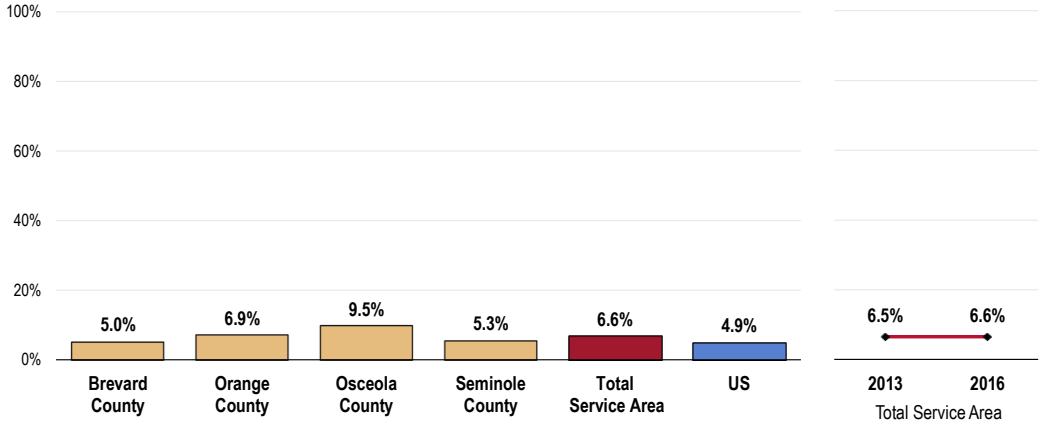
Signs of Depression

A total of 6.6% 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 US percentage.
- Statistically similar percentages found by county.
- TREND: Nearly identical to 2013 findings.

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, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 97]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

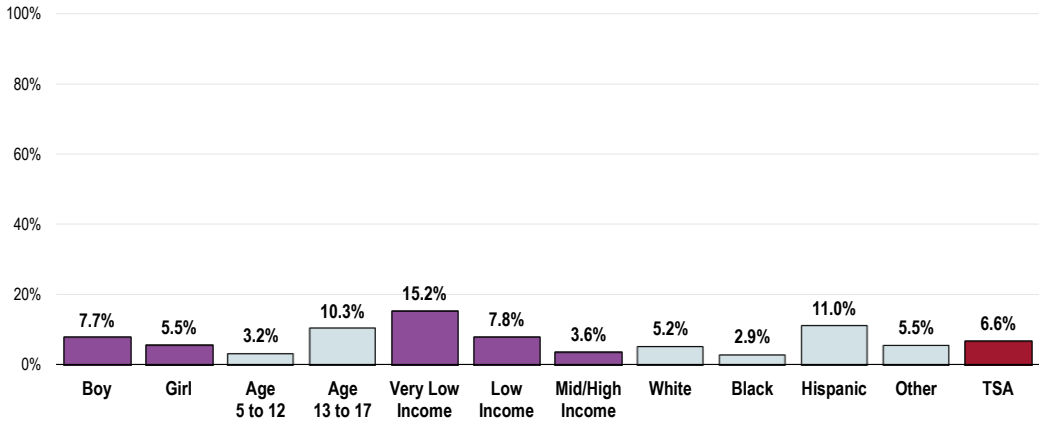
Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

Such signs of depression are more prevalent among:

- Teens.
- Children living in lower income households (negative correlation with income).
- 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, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 97]

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

Further note that, of the 43 surveyed parents reporting signs of depression in their child, 64.0% sought treatment for their child's feelings of sadness or hopelessness; 36.0% did not.

Suicide Attempts (Adolescents)

Among Orange County high school students, 9.1% report attempting suicide in the past year (2013 Youth Risk Behavior Survey).

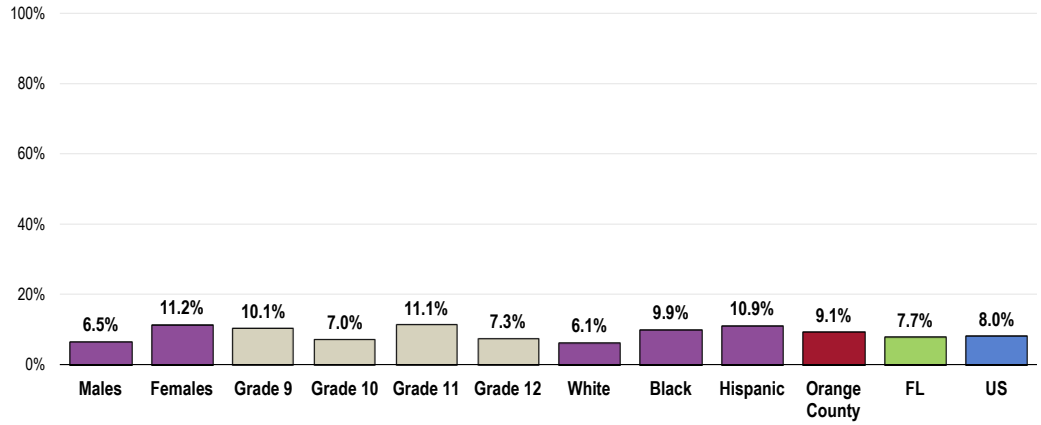
- Similar to Florida and national YRBS findings.
- Significantly higher in high school girls than boys.
- No statistical difference by grade level.
- Higher among Hispanic students.

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

For more information, visit: www.cdc.gov/healthyyouth/yrbs.

Attempted Suicide in the Past Year

(Among High School Students; Orange County Youth Risk Behavior Survey, 2013)



Sources: ● Centers for Disease Control and Prevention (CDC). 2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2016.

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

Anxiety

Anxiety Disorders

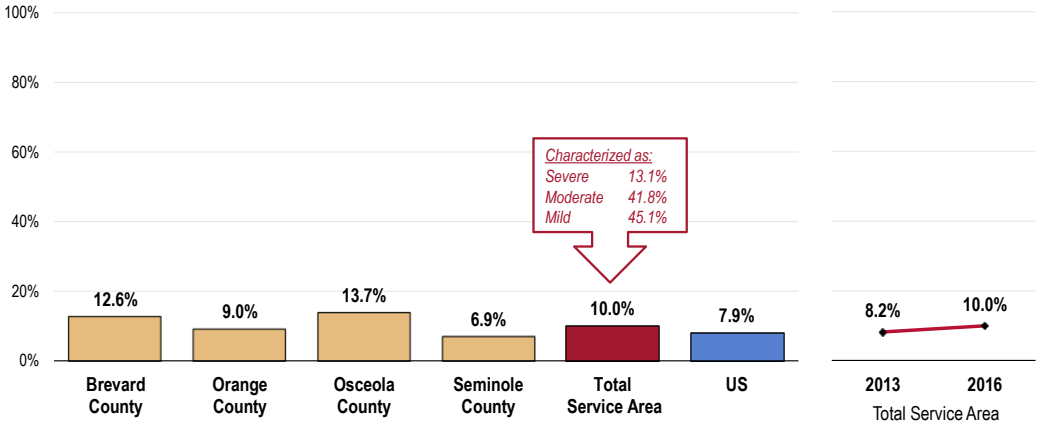
A total of 10.0% of Total Service Area parents report that they have been told by a doctor or other health care provider that their school-age child had anxiety.

- Statistically comparable to US findings.
- Statistically comparable by county.
- TREND: Childhood anxiety in the service area has not changed significantly over time.

Note also that 13.1% of these respondents characterize their child's anxiety as "severe."

Child Has Been Diagnosed with Anxiety

(Total Service Area Children Age 5-17, 2016)



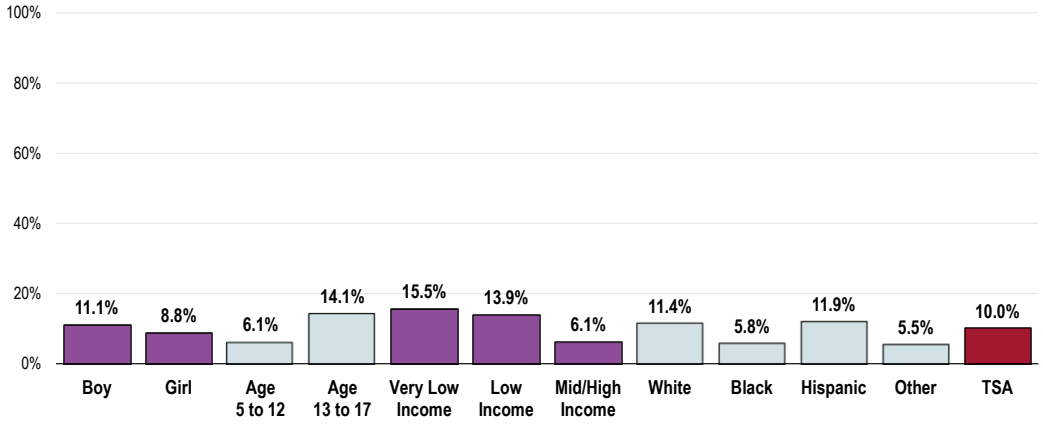
Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [105-106]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Teens and children in households with lower incomes are statistically more likely to have an anxiety diagnosis (negative correlation with income).

Child Has Been Diagnosed with Anxiety

(Total Service Area Children Age 5-17, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 105]

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

Worry

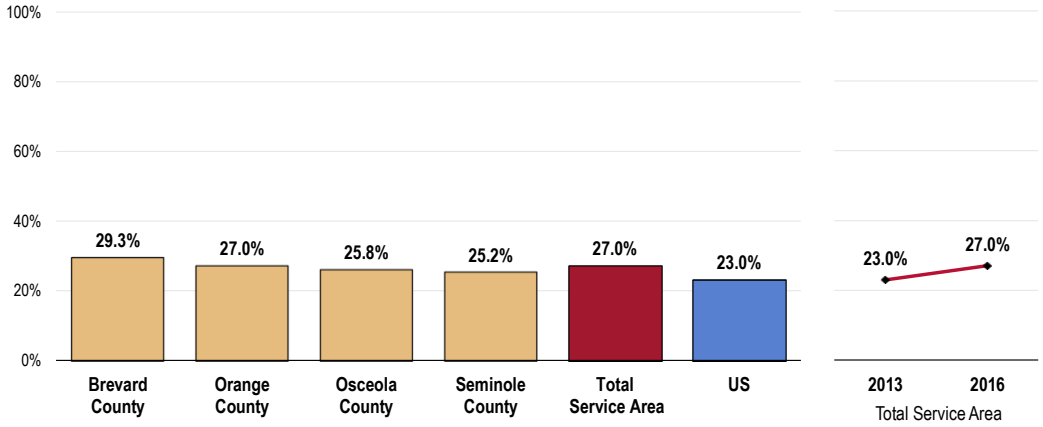
"Would you say that this child worries a lot?"

A total of 27.0% of Total Service Area parents indicate that their school-age child worries a lot.

- Statistically similar to the national proportion for school-age children.
- Statistically similar by county.
- TREND: Has not changed significantly from prior survey findings.

Child Worries a Lot

(Total Service Area Children Age 5-17, 2016)



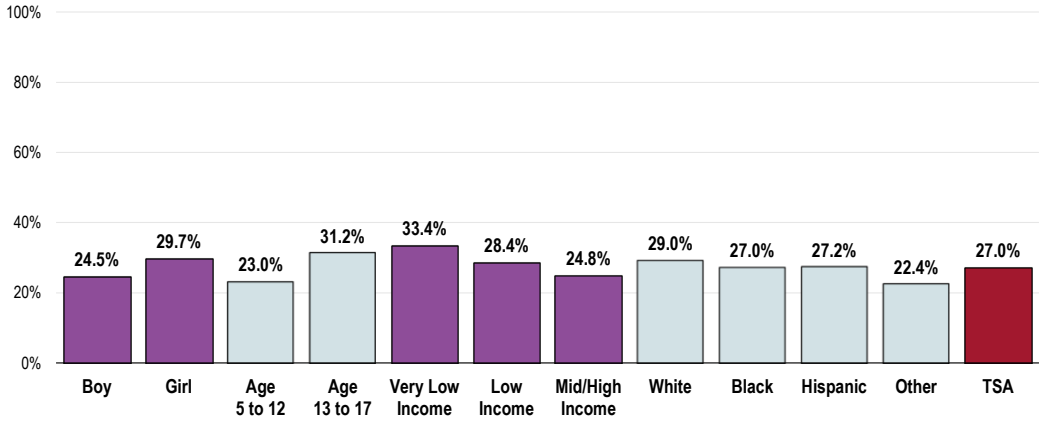
Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 95]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Frequent worry is more often noted among teens than younger children.

Child Worries a Lot

(Total Service Area Children Age 5-17, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 95]

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

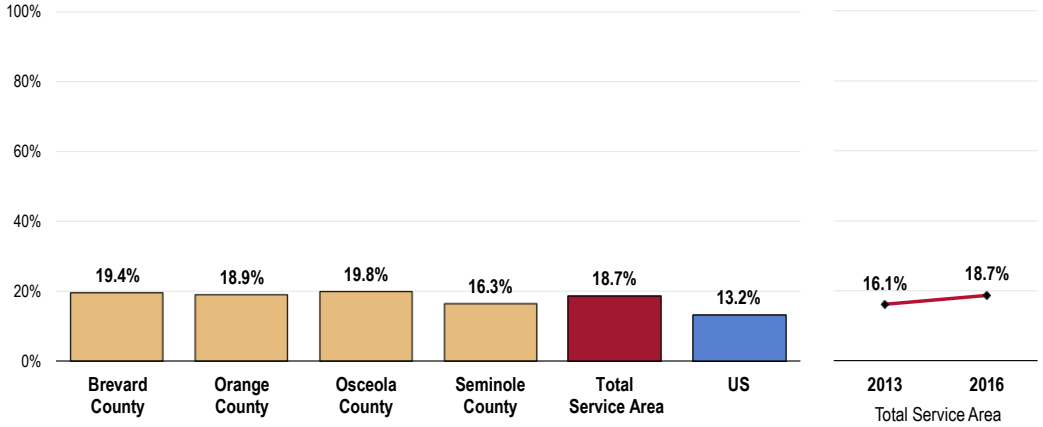
Sleep Difficulties

A total of 18.7% of Total Service Area parents indicate that their school-age child has difficulty falling asleep and/or sleeping through the night.

- Less favorable than reported nationwide.
- Similar results by county.
- TREND: Statistically unchanged over time.

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

(Total Service Area Children Age 5-17, 2016)



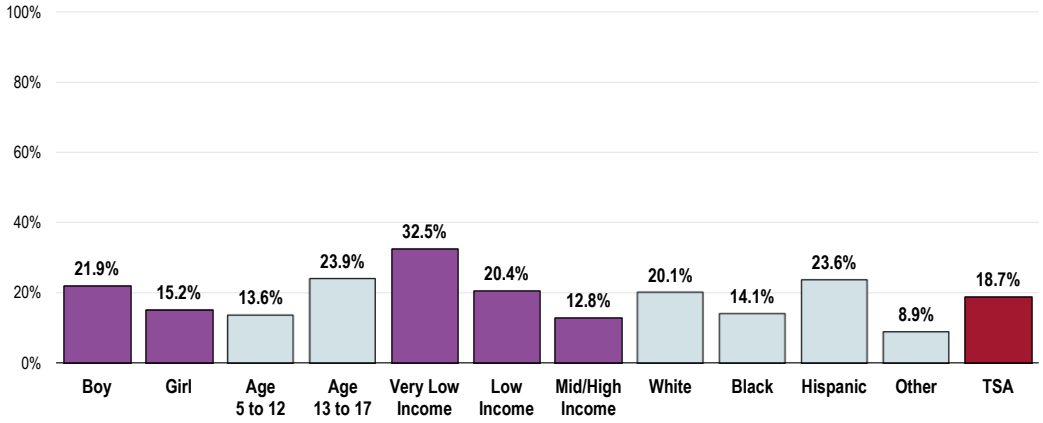
Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 96]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

Sleep difficulties are higher among:

- Boys.
- Teens.
- Children in low or very low income households (negative correlation with income).
- White children and Hispanic children.

Child Has Difficulties Falling Asleep and/or Sleeping Through the Night
(Total Service Area Children Age 5-17, 2016)



Sources: ● 2016 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cognitive & Behavioral Disorders

Attention Deficit Hyperactivity Disorder (ADHD)

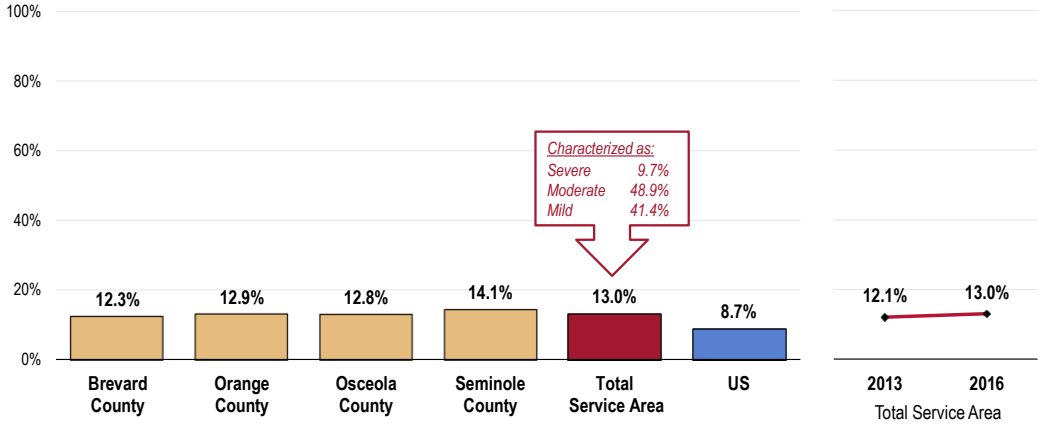
A total of 13.0% of Total Service Area children are reported to have ever suffered from or been diagnosed with ADHD (also sometimes referred to as attention deficit disorder, or ADD).

- Higher than the US figure.
- Similar by county.
- TREND: ADHD diagnoses have remained statistically unchanged since 2013.

Note that 9.7% of these parents characterize their child's ADD/ADHD as "severe."

Child Has ADD/ADHD

(Total Service Area, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 71-72]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

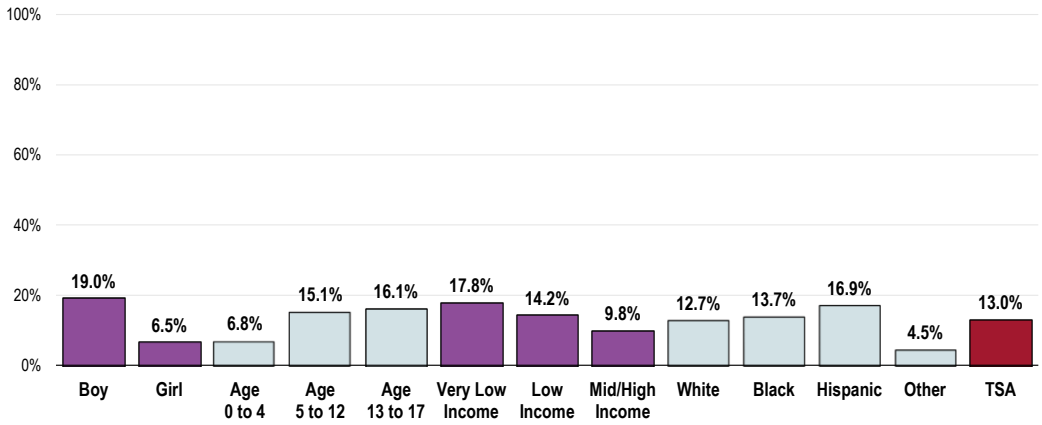
Notes:
- Asked of all respondents about a randomly selected child in the household.

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

- Boys.
- Children age 5 and older (positive correlation with age).
- White, Black, or Hispanic children.

Child Has ADD/ADHD

(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 71]

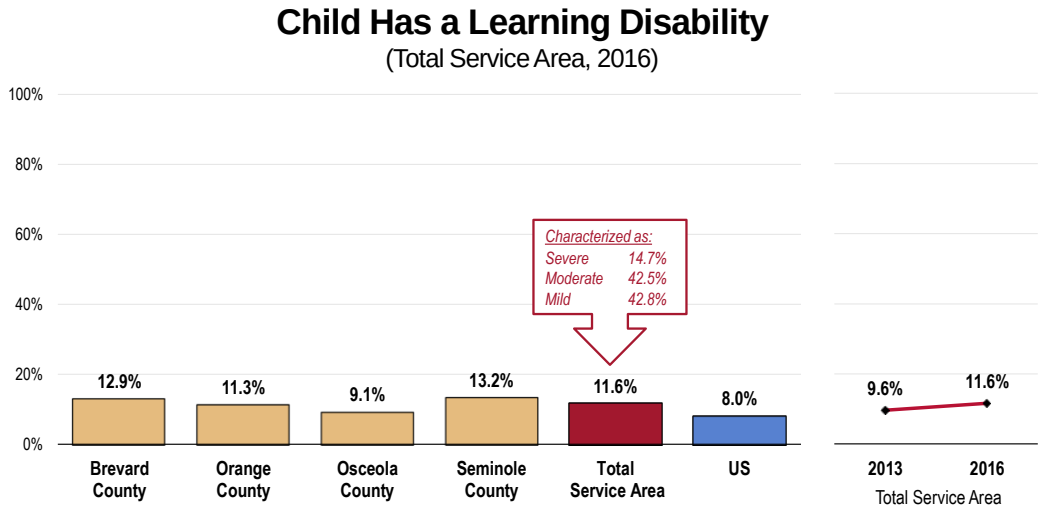
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the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

Learning Disabilities

A total of 11.6% of Total Service Area children are reported to have some type of learning disability.

- Higher than the US percentage.
- No statistical difference found by county.
- TREND: Has not changed significantly since 2013.

Note that 14.7% of these parents characterize their child's learning disability as "severe."

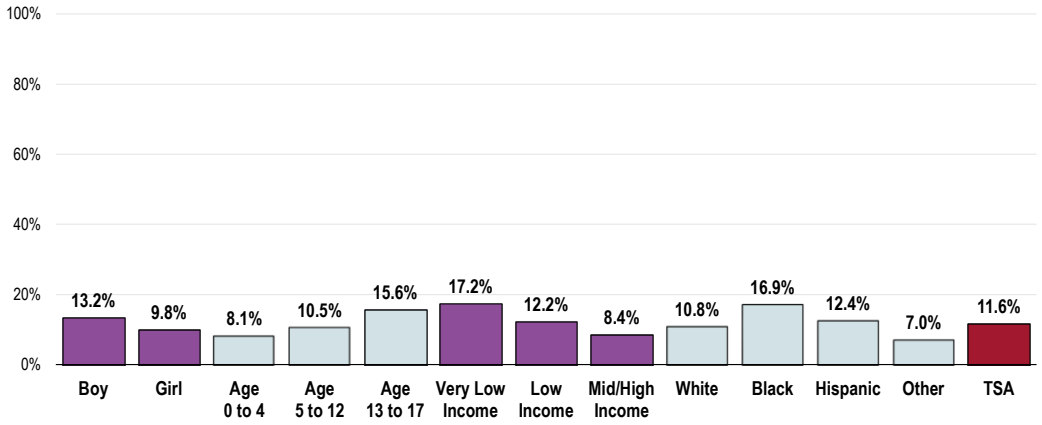


Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 65-66]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

- Having a learning disability is positively correlated with age and negatively correlated with household income.
- Black children are also more likely to present with a learning disability.

Child Has a Learning Disability

(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 65]

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

Developmental Delays

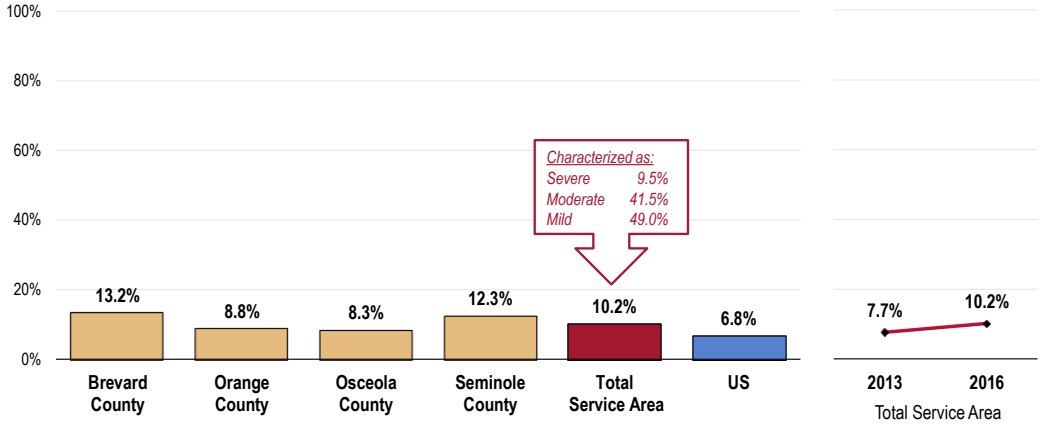
A total of 10.2% of Total Service Area children have been diagnosed with some type of developmental delay that affects his/her ability to learn.

- Less favorable than the US prevalence.
- Statistically similar among individual counties.
- TREND: Denotes a statistically significant increase since 2013.

Note that 9.5% of these parents characterize their child's developmental delay as "severe."

Child Has a Developmental Delay

(Total Service Area, 2016)

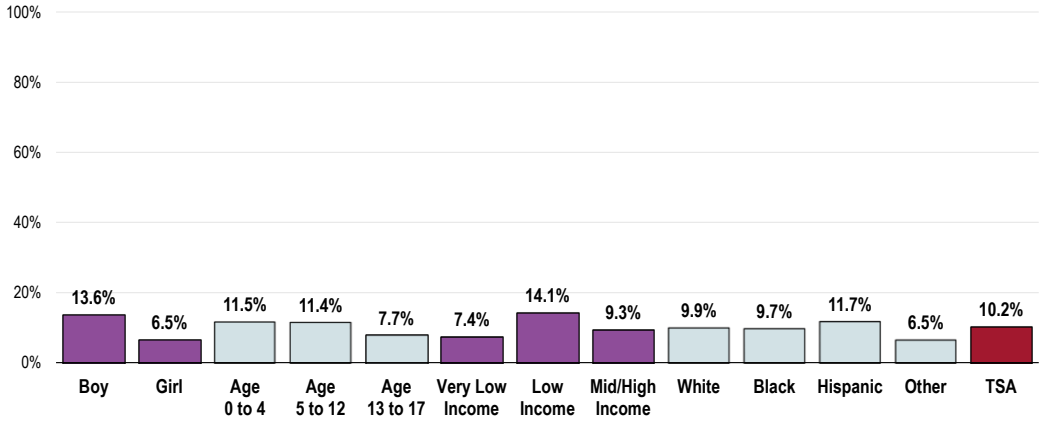


Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 67-68]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Boys are more likely than girls to have a developmental delay.

Child Has a Developmental Delay
(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 67]

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

Behavioral/Conduct Disorders

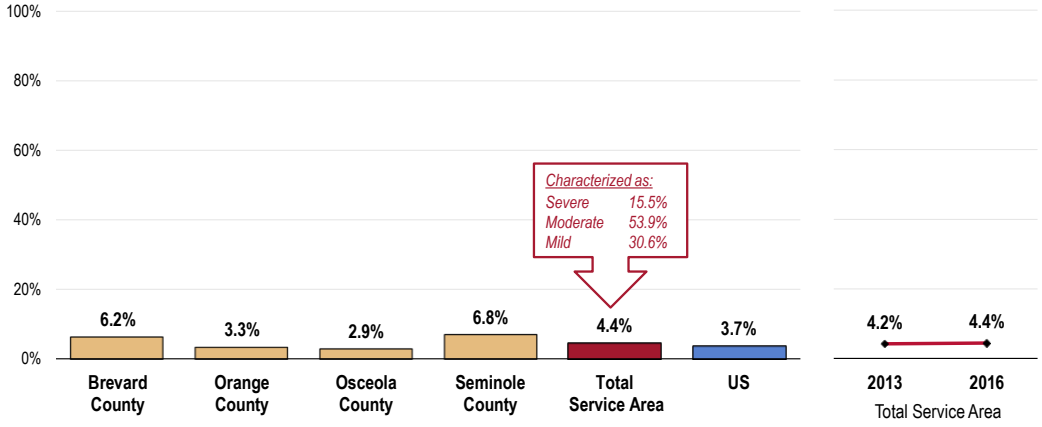
Among Total Service Area parents of children age 5-17, 4.4% indicate that a doctor or other health care provider has ever told them that their child has some type of behavioral or conduct disorder, such as oppositional defiant disorder or conduct disorder.

- Similar to US findings.
- Statistically similar by county.
- TREND: The current prevalence is nearly identical to prior survey findings.

Note that 15.5% of these parents characterize their child's behavioral/conduct problems as "severe."

Child Has a Behavioral/Conduct Disorder

(Total Service Area Children Age 5-17, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 101-102]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

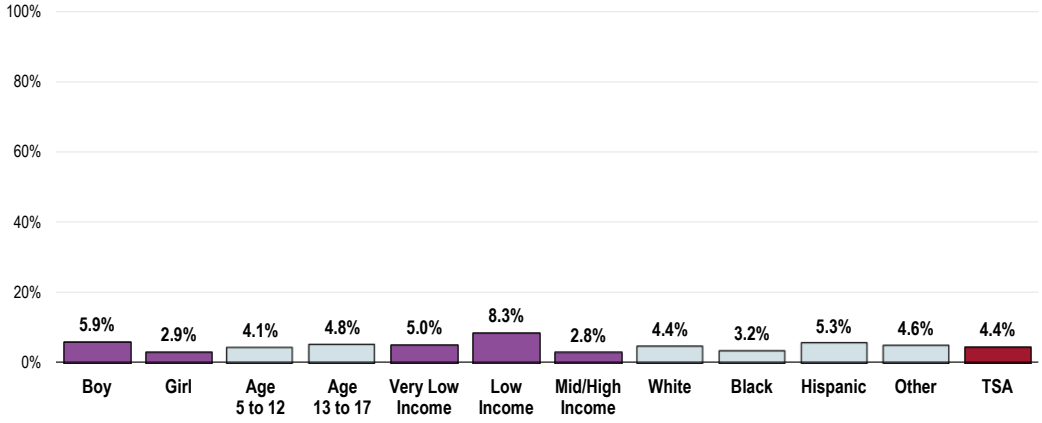
Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

Behavioral/conduct disorders are more prevalent among the following:

- Boys.
- Children living right above the federal poverty level.

Child Has a Behavioral/Conduct Disorder

(Total Service Area Children Age 5-17, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 101]

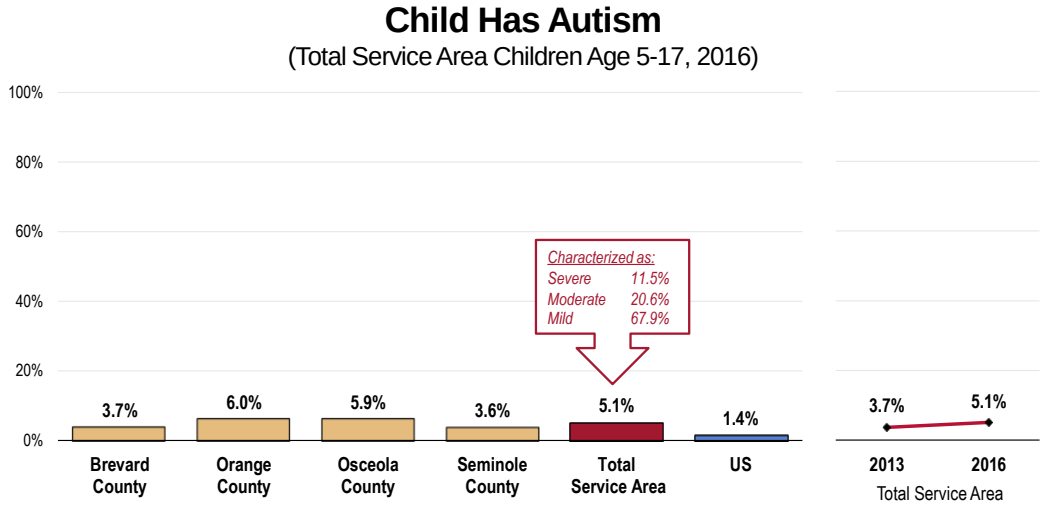
Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's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

Autism

Among Total Service Area parents of children age 5-17, 5.1% indicate that their child has been diagnosed with autism.

- Less favorable than national reports.
- Comparable by county.
- TREND: Comparable to the prevalence noted in 2013.

Note also that 11.5% of these parents characterize their child's autism as "severe."

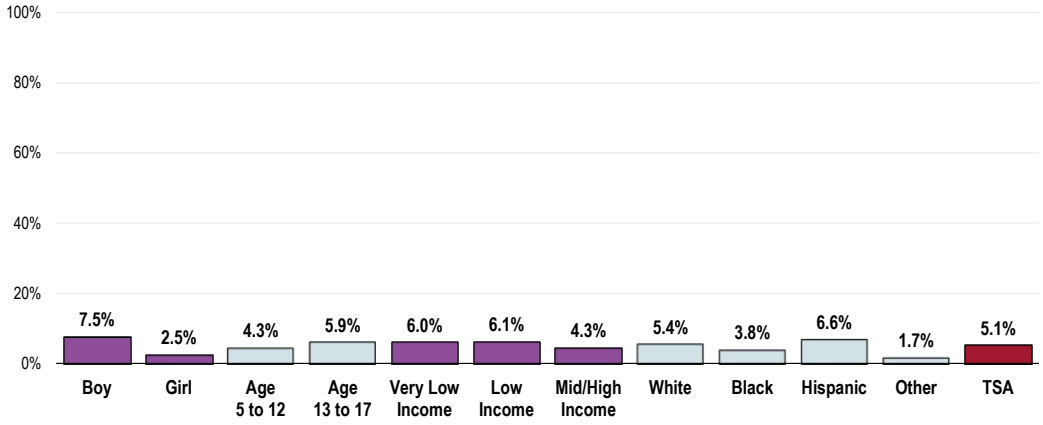


Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 103-104]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- Among school-age children in the Total Service Area, boys and Hispanic children are more likely to have autism.

Child Has Autism

(Total Service Area Children Age 5-17, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 103]

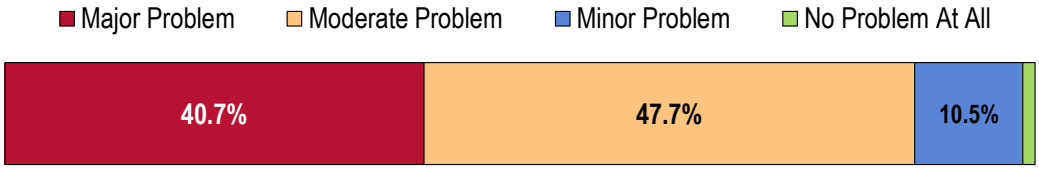
Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's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

Key Informant Input: Cognitive and Behavioral Conditions

The largest share of key informants taking part in an online survey characterized *Cognitive & Behavioral Conditions* as a "moderate problem" for children/adolescents in the community.

Perceptions of Cognitive and Behavioral Conditions as a Problem for Children/Adolescents in the Community

(Key Informants, 2016)



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

Notes:
- Asked of all respondents.

Top Concerns

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

Prevalence/Incidence

> *ESE Program enrollment rates. Parental commentary. - Community/Business Leader*
>
> *It is evident in nearly every public school classroom. - Community/Business Leader*
>
> *We are seeing a huge increase in autism diagnosis and ADHD continues to be prevalent. - Social Services Provider*

Our demographics reoccurrence of these conditions is similar/proportionate to other communities but I feel like there is a lack of capacity/knowledge in serving the health needs of children with ADHD, Down Syndrome, autism, etc. - Social Services Provider

Autism outbreak. - Social Services Provider

Each year more and more children are being diagnosed with neurological disorders and/or behavioral conditions. I believe that researchers and educators need to look at some of the possible root causes for these illnesses. - Social Services Provider

There is an increasing number of children and adolescents on behavioral related medications. There are more and more children and adolescents needing mental health counseling. Suicide rates and substance abuse increasing. - Public Health Representative

I have seen more children with autism than when I was growing up. Also, feel that educators are quick to pre diagnose unruly kids instead of finding root of problem, then send them to a specialist/doctor for treatment or medication. - Community/Business Leader

Affordable Care/Services

There is next to no behavioral care services available to children whose families do not have health insurance or are under-insured. There is also a critical lack of child/adolescent behavioral care providers. - Other Health Provider

Behavioral Health is a serious concern, there are few to no Medicaid providers who can assist families in need of Behavior Management services in Brevard County. Families in general cannot afford to self-pay for these services. - Social Services Provider

Families are having trouble paying for services to address these conditions. - Social Services Provider

The stress for families due to the economy in Osceola County. The hormonal changes for the children of middle school age. - Other Health Provider

Behavioral conditions are not deemed as dire enough in some cases and I have seen insurance deny treatment for conditions made clear by a physician a patient has. I think it all comes down to funding. - Community/Business Leader

Access to Providers

Very few options for behavioral health treatment, especially for chronic problems. - Community/Business Leader

Almost no access to psychiatry and psychology. - Social Services Provider

There are not enough developmental pediatricians in the area. The few that there are take restricted insurance. For example, there is only one that accepts Medicaid and those that accept private insurance don't take Medicaid. - Community/Business Leader

Difficult to find professionals trained in these areas. Lack of information re proper growth and development in these areas. - Social Services Provider

Access to pediatric physician specialists is difficult and requires travelling distances. Only Parrish Medical Center offers any form of coordinated care through its Children's Center. - Other Health Provider

Providers to treat children with autism. - Public Health Representative

Diagnosis/Treatment

Too often youth are self-diagnosed or improperly diagnosed with ADD/ADHD and unfortunately parents are uneducated about what to do and what resources of support are available to them to better support positive behavior of their children. - Social Services Provider

Not being diagnosed early on or knowing that it is ADD/ADHD, testing is costly. Being able to afford the proper medications. Poor nutritional health can aggravate these issues. Children may be doing poorly in school due to these issues. - Community/Business Leader

Access to Care/Services

One consistent problem I see is parents trying to find resources for their children and are unable to access or unaware of the current systems in place to support their children. School systems are supposed to offer testing and services. - Social Services Provider

Lack of supports or current data of need. - Other Health Provider

Children with special or unique needs/abilities having trouble fitting in to regular programs/services offered by community. - Social Services Provider

Co-Occurrences

Fragmented families, social media, external pressures, recognition, follow up care and education. - Other Health Provider

Poverty, nutrition, early and ongoing medical care and intervention, early diagnosis, lack of or little preventative care. Mental health still has a major stigma attached. - Social Services Provider

Health Education

Early education is not a priority and some of our children begin school behind other students. Their ability to catch us makes them frustrated and unable to cope. - Community/Business Leader

Physical Activity

Lack of recess in schools. All teachers are female and don't understand how boys learn differently. Too much focus on test taking. - Social Services Provider

Consequences of Inaction

These conditions can negatively impact a student in the educational setting. - Community/Business Leader

Mental Health Services & Treatment

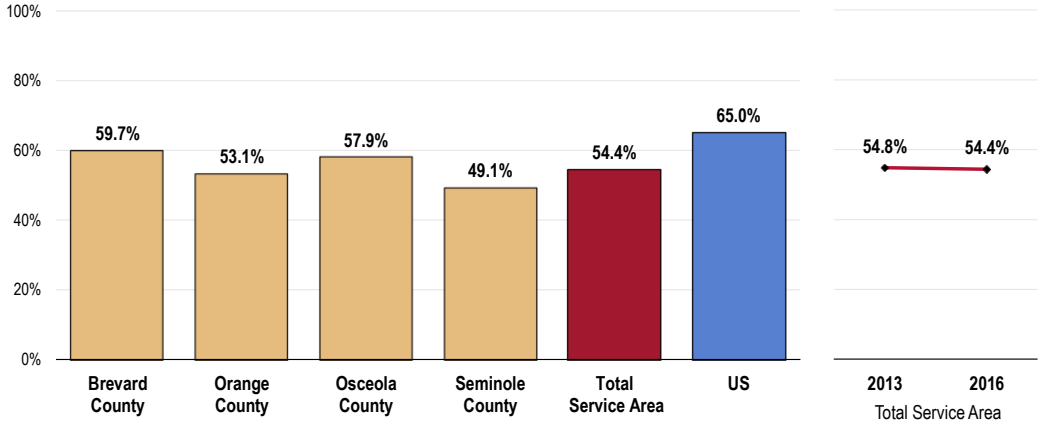
Awareness of Mental Health Services

A majority of Total Service Area parents (54.4%) say that they are aware of local community resources for mental health.

- Notably less favorable national findings.
- Statistically comparable by county.
- TREND: Awareness of mental health resources has remained statistically constant over time.

Aware of Mental Health Resources in the Community

(Among Parents of Total Service Area Children Age 5-17, 2016)



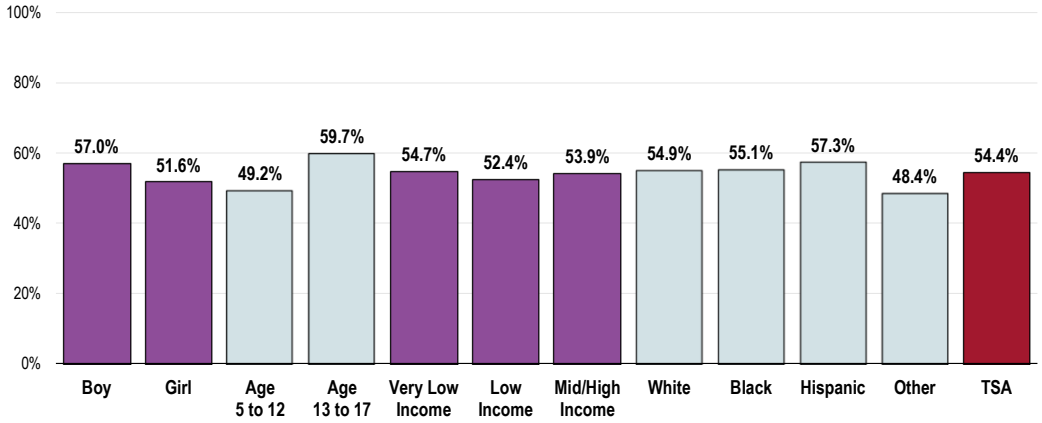
Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 107]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Parents of teens are less likely to be aware of these services.

Aware of Mental Health Resources in the Community

(Among Parents of Total Service Area Children Age 5-17, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 107]

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

Among parents who are aware of mental health resources in the area, 19.3% report that their child has used these services.

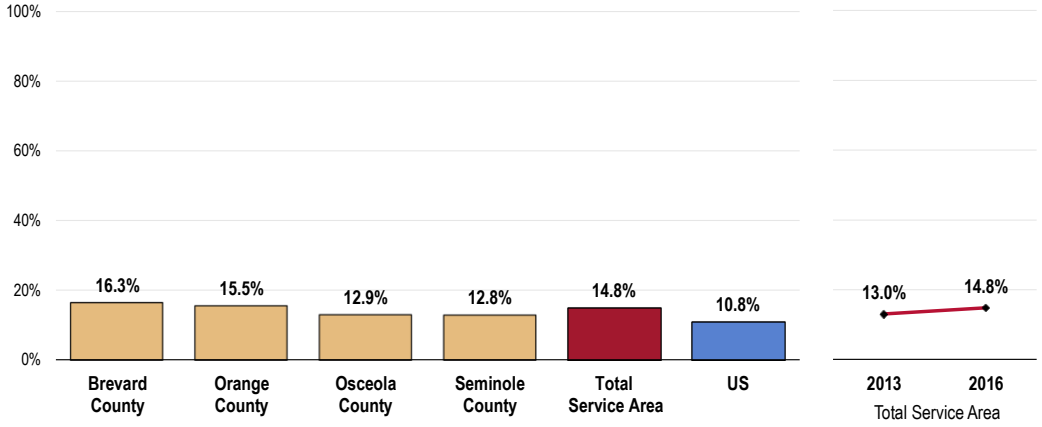
Need for Mental Health Services

A total of 14.8% of Total Service Area parents report that their child (age 5-17) has needed emotional or mental health services in the past year.

- Higher than the US proportion.
- Statistically similar among the four counties.
- TREND: The demand for children's mental health services is statistically similar to 2013 findings.

Child Needed Mental Health Services in the Past Year

(Total Service Area Children Age 5-17, 2016)

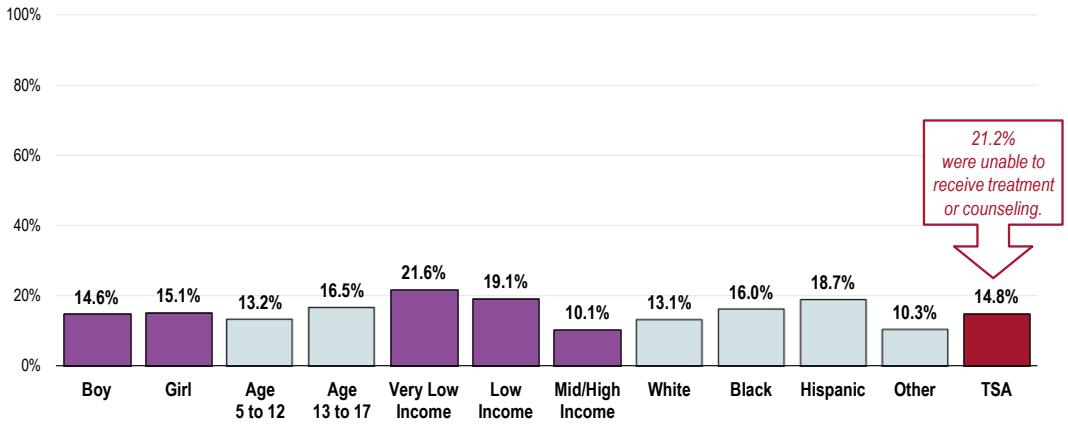


Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 91]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Children in lower income households are more likely to have needed such services.

Child Needed Mental Health Services in the Past Year
(Total Service Area Children Age 5-17, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 91-92]

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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

*Among these parents with children needing services, 21.2% report that their child did not receive any type of mental health treatment or counseling — reasons primarily related to **lack of trying** or **insurance issues.***

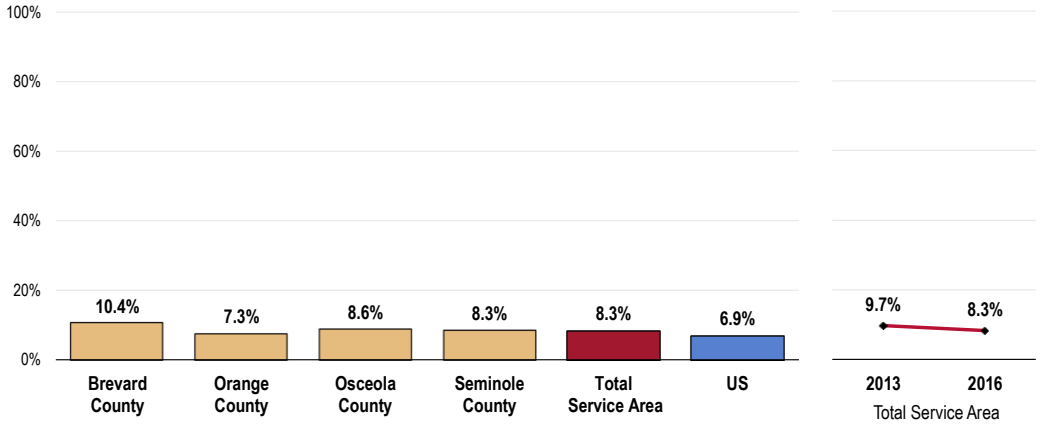
Prescriptions for Mental Health

A total of 8.3% of Total Service Area parents report that their child (age 5-17) has ever taken prescribed medication for their mental health.

- Comparable to US reports.
- Comparable by county.
- TREND: No statistically significant change has occurred over time.

Child Has Ever Taken Prescription Medication for Mental Health

(Total Service Area Children Age 5-17, 2016)



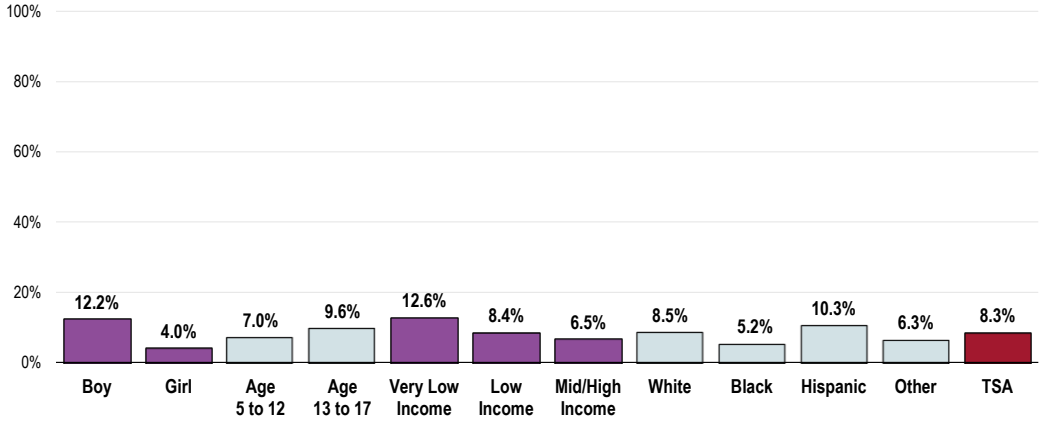
Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 94]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- In the Total Service Area, boys are more likely to have taken prescription medication for their mental health.

Child Has Ever Taken Prescription Medication for Mental Health

(Total Service Area Children Age 5-17, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 94]

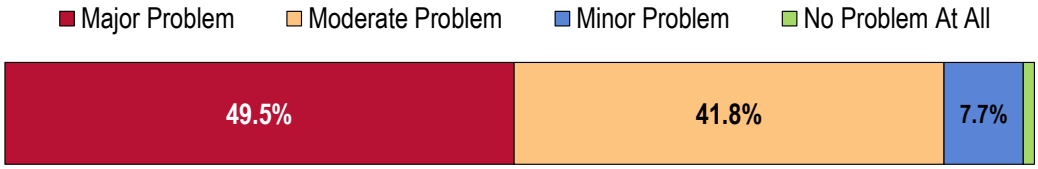
Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's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

Key Informant Input: Mental and Emotional Health

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

Perceptions of Mental and Emotional Health as a Problem for Children/Adolescents in the Community

(Key Informants, 2016)



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

Top Concerns

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

Access to Care/Services

Funders of these sources are very siloed. Needs to be a no wrong door coordinated entry process for mental and emotional health needs. Additionally, many children are falling through the gap because of stigma and lack of knowledge about identifying. - Community/Business Leader

Very few services available on an ongoing basis, primarily only for emergencies versus prevention/counseling. Treatment is not affordable. Uncontrolled stress is rampant in schools and among parents too. - Other Health Provider

There is no good resource for mental health in this area. - Community/Business Leader

Mental health issues such as depression and anxiety often interfere with attendance and academic performance. Many parents do not know where to turn for help for these issues and it seems as though care is not as easy to access. - Community/Business Leader

Because Florida funds mental health services poorly. - Social Services Provider

Lack of funding. Many people who need mental healthcare either can't afford it or can't access it. It needs to be readily available to everyone in our state who may need it, this is a public health issue that affects all of society. - Social Services Provider

Socio-emotional health in children and adolescent is absolutely critical to their well-being and development. Florida ranks 49 out of 50 in the amount of dollars invested in funding viable programs and intervention services despite. - Other Health Provider

Brevard County is a very long county with poor transportation options, families often need services offered in the home as transportation is an issue. However, providers of in home services are often on long wait lists. - Social Services Provider

Access to Providers

Our county has limited amount of professionals trained for mental health. The professionals have too long of a wait list to get in. Recipients have too little funding to seek assistance. - Community/Business Leader

Lack of access to child psychiatry in Brevard County. Limited access to adolescent psychiatry requiring patient to travel to Orlando. - Other Health Provider

We have very few places to refer for counseling if they are not fully insured and even then it can be a high copay. Often primary doctors are reticent to refer right away for mental health due to stigma, so problem is worse than if they had referred sooner. - Social Services Provider

Referrals go nowhere and come back worse. I have to try to be a psychiatrist. - Social Services Provider

There is minimal access to providers for those who cannot afford to pay for it. - Community/Business Leader

There are not enough mental health folks that see children. - Social Services Provider

Our org has run into multiple times where a child has needed psychiatric support and all adolescent providers have backlogs of months for initial/new patient appointments, result mental/emotional health is only addressed when it reaches full blown. - Social Services Provider

Prevalence/Incidence

The number one provider of mental health services is still the Orange County jail. The hospital systems should be organizing mental health care for kids at the same level they would cardiac wellness for adults or diabetes wellness for children. - Social Services Provider

Many sources, school records, parents, community and etc. - Community/Business Leader

Due to the number of enrolled children in the program who have been diagnosed with mental health issues. More and more children are suffering from some type of stress related issue, anger, trauma, behavior challenges, etc. - Social Services Provider

Consistently, administrators, teachers and students identify emotional health as a leading health challenge for academic performance. This is the result of many factors including stress, increased digital technology, over parenting, lawn mower parents. - Social Services Provider

Preschools with behavior issues, children under 12 being arrested. - Social Services Provider

Home Life

All of the reasons I have stated previously, there is a lot on these children's minds. They may be homeless, have a language barrier low or no access to health care. No means of being diagnosed or their parents may not know where to find the resources. - Community/Business Leader

Many children live in stressful environments which affect their mental and emotional wellbeing. This is a major concern because it can result in many health conditions. - Public Health Representative

Parenting and mentors are void in their lives. - Community/Business Leader

Fragmented families. Social stressors. - Other Health Provider

Children and adolescents living in crisis, or in low income community are faced with certain challenges that are prevalent in those communities that are historically financially secure. Based on these variables, children are challenged with issues. - Social Services Provider

Diagnosis/Treatment

Many other issues that affect families and individuals start as undiagnosed mental health issues. - Other Health Provider

Mental and emotional health conditions are often missed or not diagnosed on time. Also, stigma and not knowing where to access resources impacts early diagnosis and access to care. - Public Health Representative

Emotional health is not as clearly focused on as mental health. Even mental health is usually only looked at especially in schools, when the youth has a problem. Emotional health requires more proactive screening and it is not regularly incorporated. - Social Services Provider

Co-Occurrences

Poverty, homelessness, hunger, under and unemployment of parents and hopelessness. - Public Health Representative

Too many violence in schools, bullying, weakness, no direction, depression and crazy thoughts. - Community/Business Leader

Denial/Stigma

> *Stigma attached, lack of early screening and intervention. Siloed system of payment for services for providers limits how and who to treat. No parity with Medicaid and private insurances on coverage. Medicaid is actually better. System very hard. - Social Services Provider*

Technology

> *Kids are becoming more disconnected from society due to electronics. - Social Services Provider*

Chronic Disease & Special Health Needs

Professional Research Consultants, Inc.

Prevalence of Selected Medical Conditions

Speech & Language Problems

Chronic Ear Infections

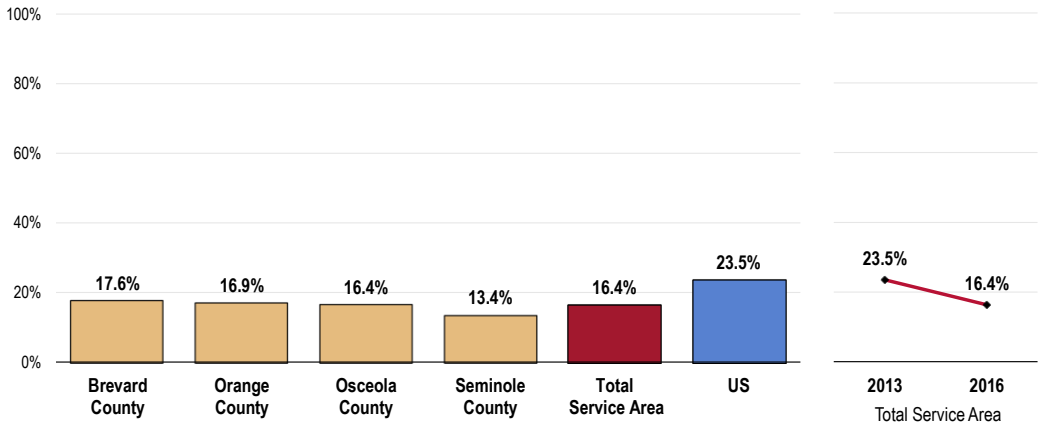
Respondents were asked to report on the prevalence of a number of different chronic conditions and illnesses afflicting children.

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

Among Total Service Area parents of children under the age of 18, 16.4% indicate that their child has had three or more ear infections in his/her life.

- Lower than US findings.
- Statistically similar among the counties.
- TREND: Marks a statistically significant decrease in ear infections since 2013.

Child Has Had 3+ Ear Infections
(Total Service Area, 2016)



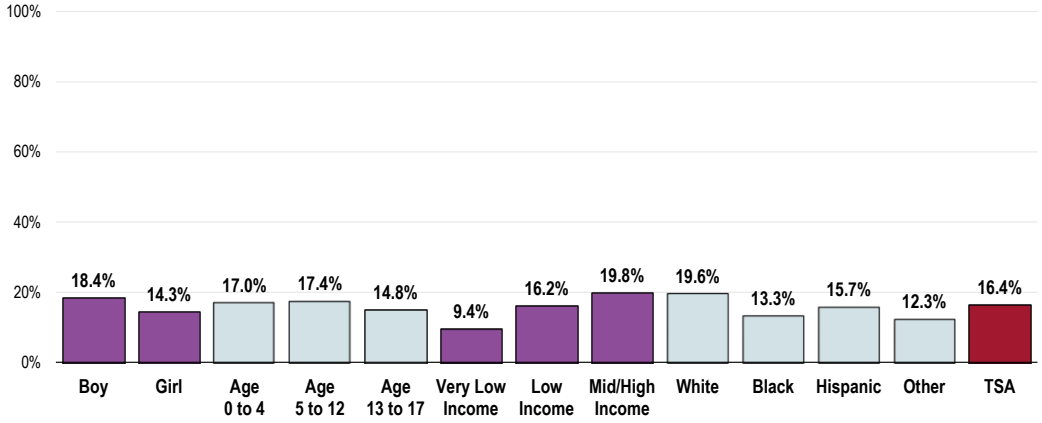
Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 62]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Children in mid/high income households are more likely to have chronic ear infections (positive correlation with income).

Child Has Had 3+ Ear Infections

(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 62]

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

Speech/Language Issues

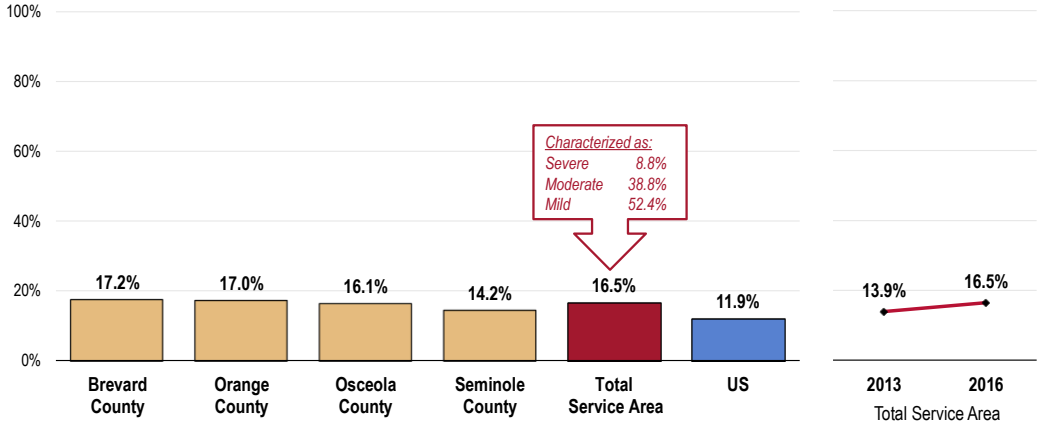
A total of 16.5% of Total Service Area children have some type of speech or language problem.

- Above the national proportion.
- Similar proportions among the counties.
- TREND: Since 2013, the prevalence of speech and language problems has remained statistically constant.

Note that 8.8% of these parents characterize their child's speech or language problem as "severe."

Child Has Speech/Language Problems

(Total Service Area, 2016)



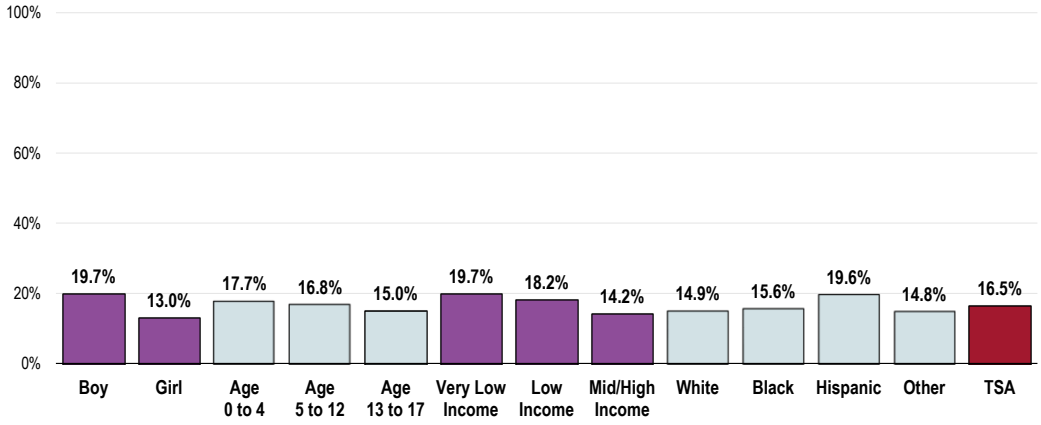
Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 69-70]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- In the Total Service Area, boys are more likely than girls to experience speech or language problems.

Child Has Speech/Language Problems

(Total Service Area, 2016)



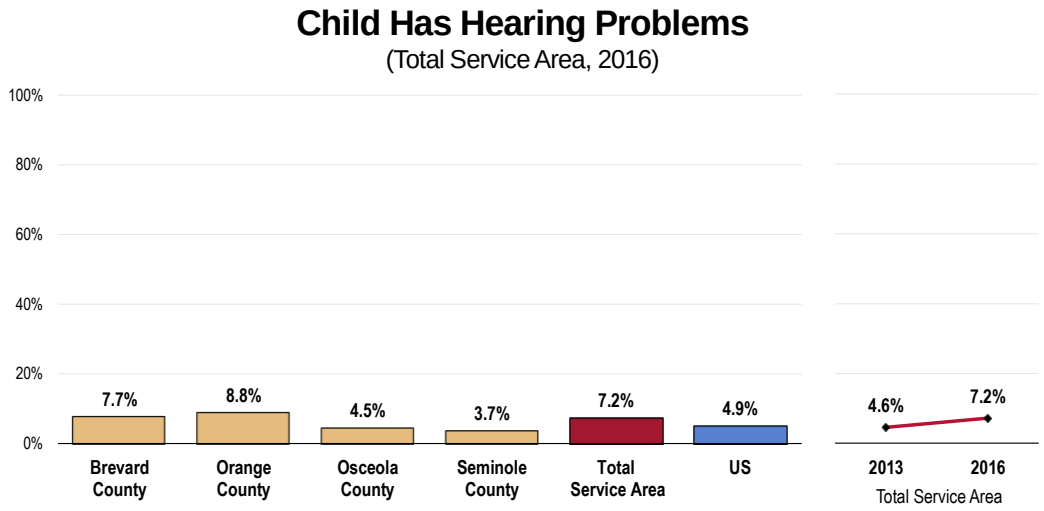
Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 69]

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

Hearing Problems

A total of 7.2% of Total Service Area children have been diagnosed with hearing problems.

- Higher than national findings.
- Highest in Orange County; lowest in Seminole County.
- TREND: Over time, the proportion of children with hearing problems has significantly increased.



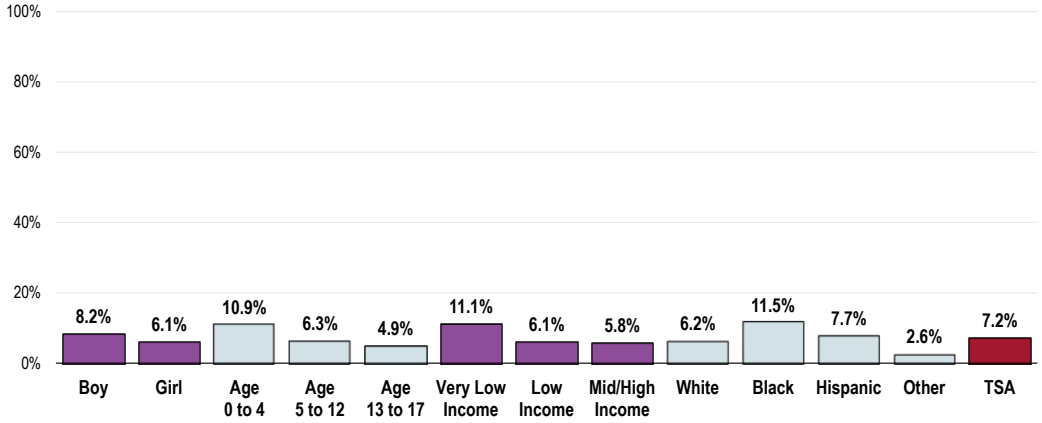
Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 39]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

In the Total Service Area, children more likely to have been diagnosed with hearing problems include:

- Those age 0 to 4 (negative correlation with age).
- Children in very low-income households.
- Black children and Hispanic children.

Child Has Hearing Problems

(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 39]

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

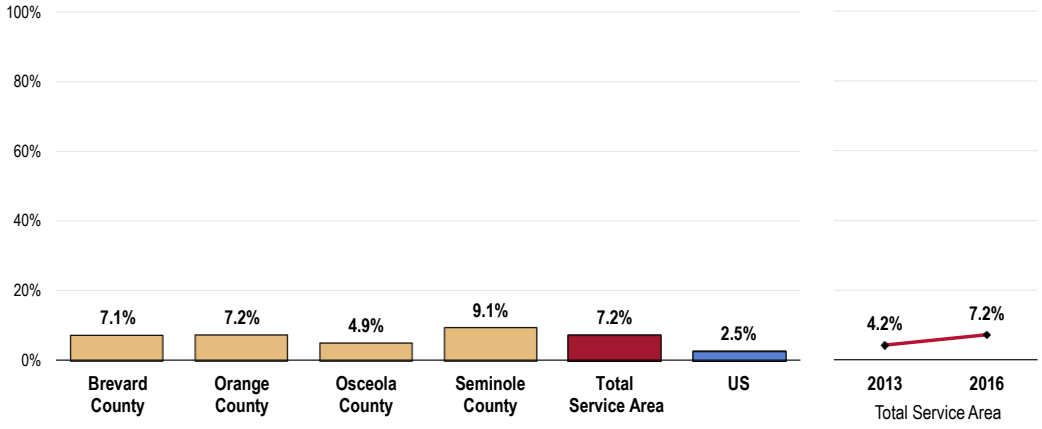
Vision Problems

A total of 7.2% of Total Service Area children have vision problems that cannot be corrected with glasses or contact lenses.

- Less favorable than the national prevalence.
- Statistically similar by county.
- TREND: Vision problems have statistically increased over time.

Child Has Uncorrectable Vision Problems

(Total Service Area, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 37]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

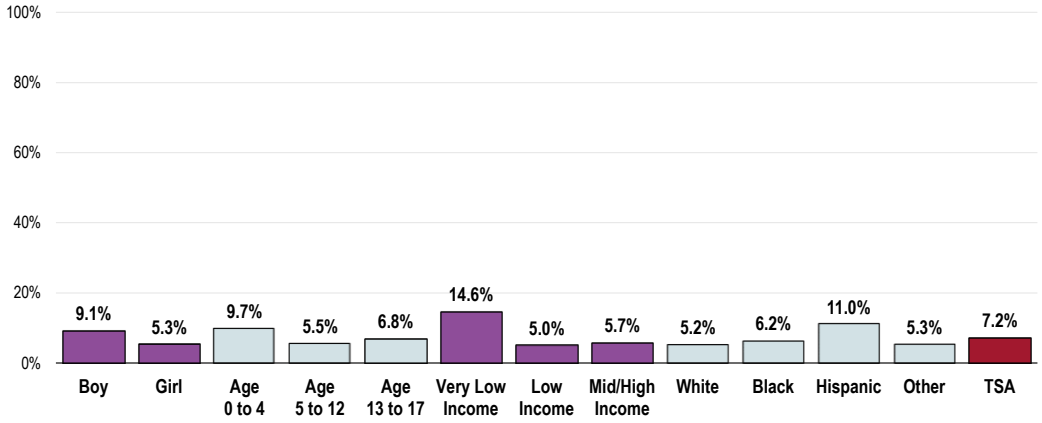
Notes:
- Asked of all respondents about a randomly selected child in the household.

Uncorrectable vision problems are more prevalent among:

- Boys.
- Children living in poverty.
- Hispanic children

Child Has Uncorrectable Vision Problems

(Total Service Area, 2016)



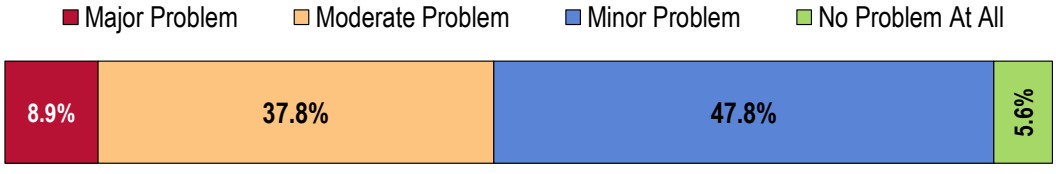
Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 37]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Vision, Hearing & Speech Problems

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

Perceptions of Vision, Hearing, & Speech Conditions as a Problem for Children/Adolescents in the Community

(Key Informants, 2016)



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

Top Concerns

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

Access to Care/Services

> *Access to vision screenings, glasses and subsequently speech/language services is exceptionally hard for children living in families that are uninsured or under insured. There are very limited resources available for early childhood intervention services. - Other Health Provider*

Preventative Care

> *These are the last things people take care of. We are a reactive society not a preventive society. We go to the doctor when we are sick not to stay well. If you have limited dollars, these are the last things you think. Glasses can be very expensive. - Community/Business Leader*

Affordable Care/Services

> *Families are having difficulty paying for these services. - Social Services Provider*

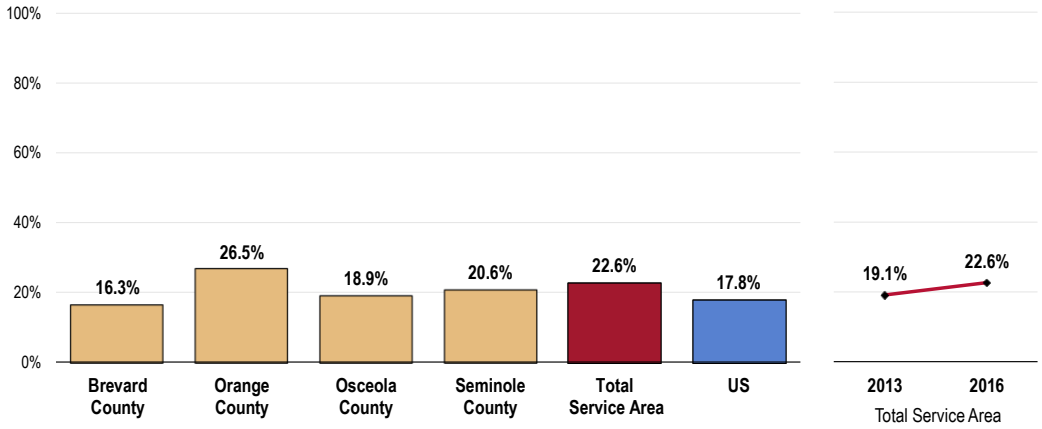
Allergies

Respiratory Allergies

A total of 22.6% of Total Service Area children suffer from respiratory allergies.

- Higher than the US percentage.
- Highest in Orange County; lowest in Brevard County.
- TREND: Remains statistically unchanged since 2013.

Child Has Respiratory Allergies
(Total Service Area, 2016)

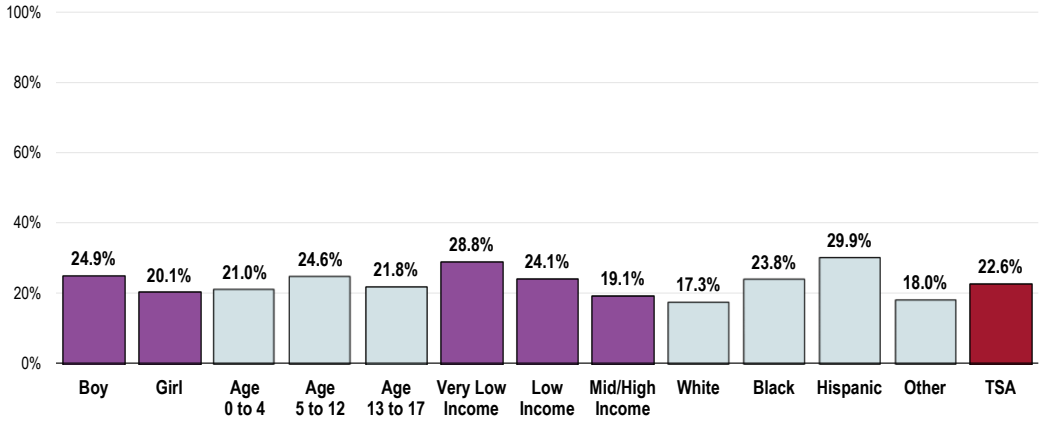


Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 55]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Note that Hispanic children are most likely to suffer from respiratory allergies.

Child Has Respiratory Allergies
(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 55]

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

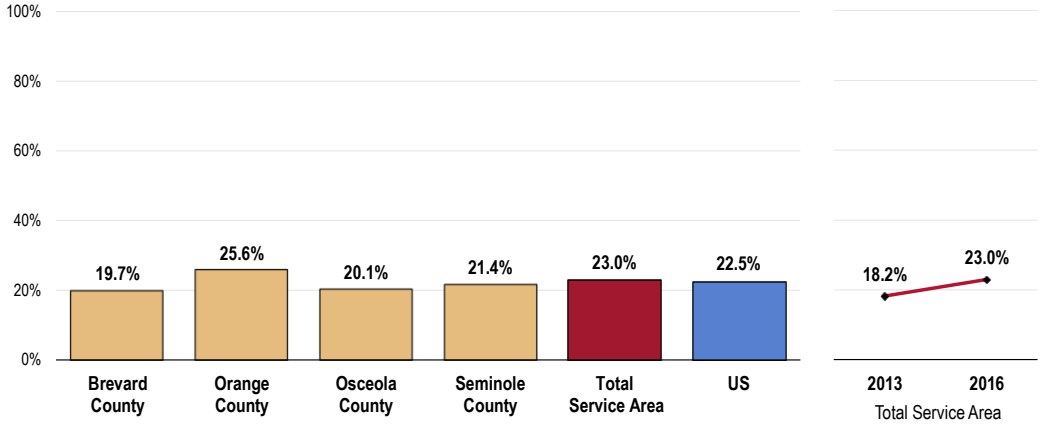
Eczema/Skin Allergies

A total of 23.0% of Total Service Area children have eczema or another skin allergy.

- Similar to national findings.
- Statistically comparable by county.
- TREND: A statistically greater proportion of children has eczema or skin allergies than previously found.

Child Has Eczema/Skin Allergies

(Total Service Area, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 57]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

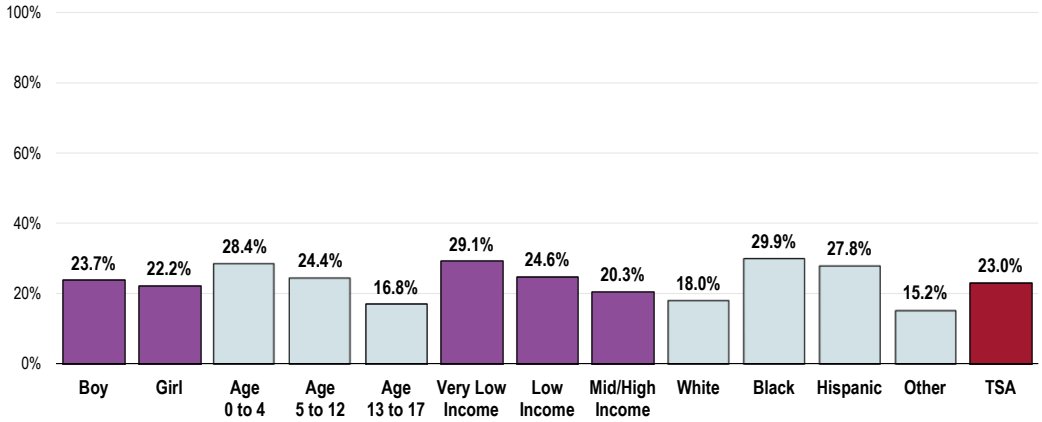
Notes:
- Asked of all respondents about a randomly selected child in the household.

Those more likely to experience eczema/skin allergies include:

- Children under age 13 (note the negative correlation with age).
- Black children and Hispanic children.

Child Has Eczema/Skin Allergies

(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 57]

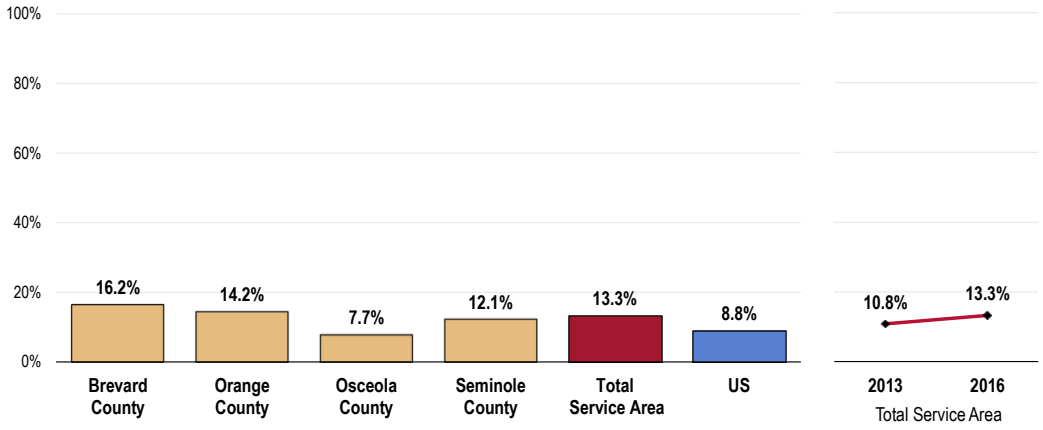
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the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

Food/Digestive Allergies

A total of 13.3% of Total Service Area children have some type of food or digestive allergy.

- Less favorable than the national rate.
- Most favorable in Osceola County.
- TREND: Statistically similar to 2013 findings.

Child Has Food/Digestive Allergies
(Total Service Area, 2016)

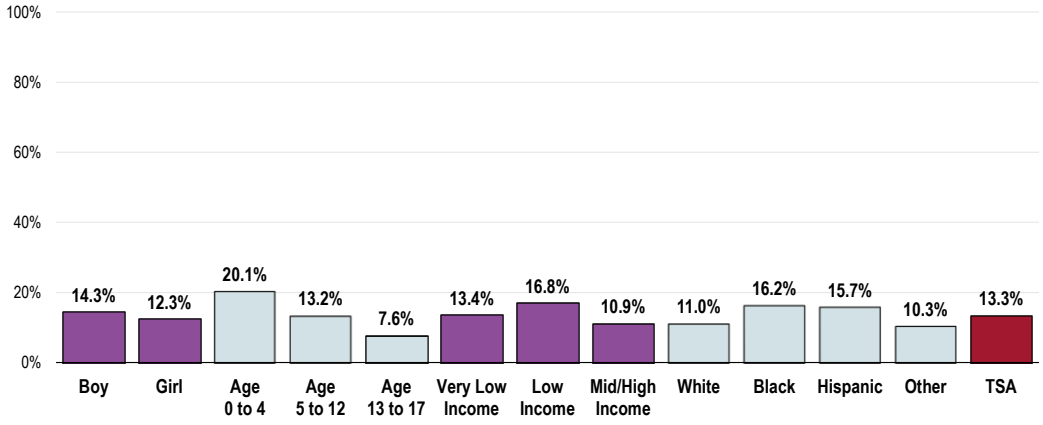


Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 56]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Food or digestive allergies are more prevalent among younger children and those living just above the federal poverty level (negative correlation with age).

Child Has Food/Digestive Allergies
(Total Service Area, 2016)

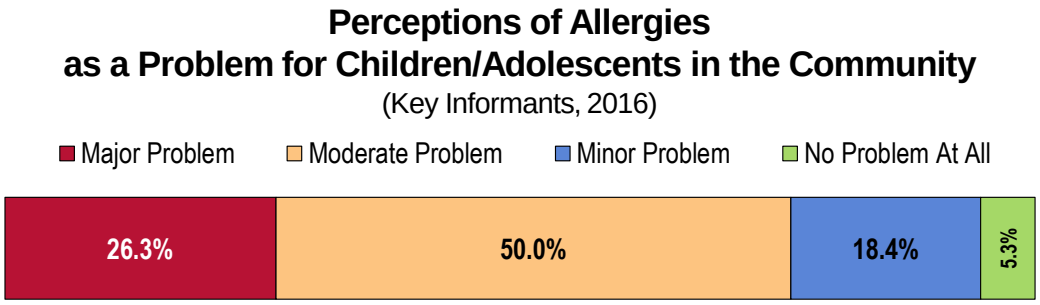


Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 56]

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

Key Informant Input: Allergies

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



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

Top Concerns

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

Environmental Contributors

High pollen counts, poor home environments, high rate of asthma. - Community/Business Leader

The change in our environment, climate is causing more allergies. The allergen counts is rising, this week it was 8.2 out of 10 causing those with even mild allergies issues. I believe poor nutrition and limited access to allergy testing. - Community/Business Leader

Multiple environmental triggers. - Other Health Provider

The weather in Florida is a major factor in our population health, lack of prevention, education and self-help allows the population to get sicker. We do not look at these issues in a holistic approach. - Public Health Representative

For the many children living in food deserts, having access to healthy food options lends to greater occurrences of the development of food allergies. In addition, skin allergies and respiratory conditions are also linked to environmental conditions. - Social Services Provider

Prevalence/Incidence

More children appear to have allergies now than ever before and the general public has to be sensitive to this. - Community/Business Leader

From what I read in the paper, hear on the radio and from physicians as well as my grandchildren's health, allergies appear to be a major problem. - Social Services Provider

Of reported student health conditions in schools for 2014-2015, allergies and asthma accounted for over 13,000 of approx. 20,000 reported. I think understanding these conditions and its management can help parents and children avoid episodes. - Public Health Representative

Respiratory. - Community/Business Leader

Increase In Food Allergies

Each year more and more children are developing severe food allergies and I believe that researchers and educators need to look at some of the possible root causes for these illnesses environmental factors, toxic overload from medications and foods. - Social Services Provider

Food allergies are on the rise; I hear of more people with issues than ever before. I'm not sure if it's because we have identified the causes or it's due to food modifications or antibiotics. My family has experienced higher respiratory allergies. - Community/Business Leader

Access to Specialists

> *We have only one allergist in North Brevard. While there are some community resources available, there is a constant challenge of making the community aware of their existence. - Other Health Provider*

Consequences of Allergies

> *Keeps them out of school. - Social Services Provider*

Neurological Conditions

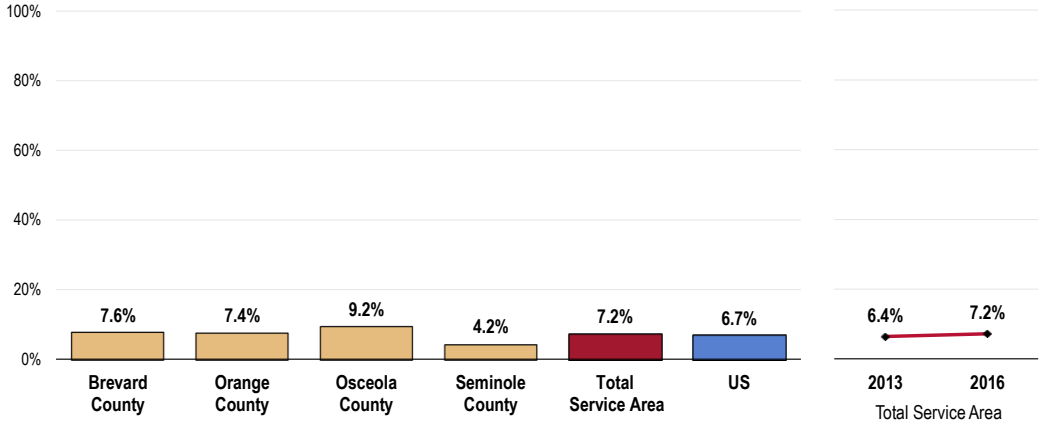
Migraines/Severe Headaches

A total of 7.2% of Total Service Area children suffer from migraines or severe headaches.

- Similar to the US percentage.
- Lowest in Seminole County.
- TREND: Has not varied significantly over time.

Child Has Migraines/Severe Headaches

(Total Service Area, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 61]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

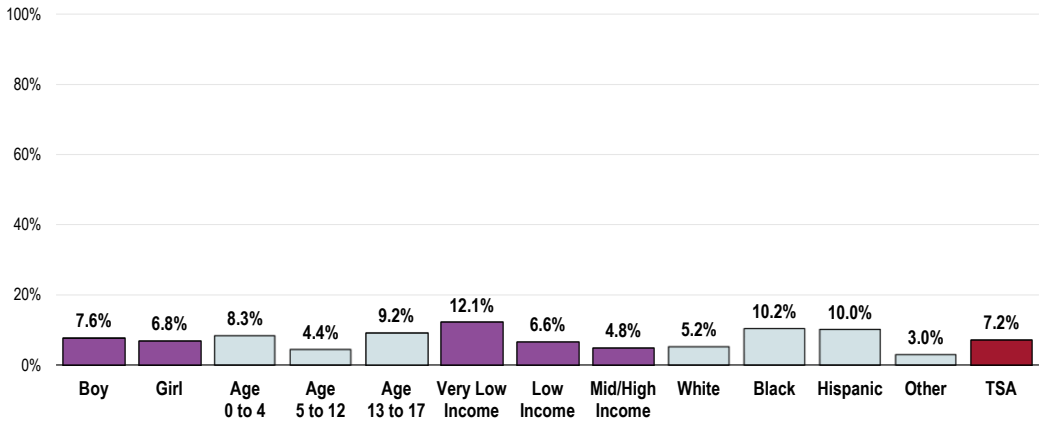
Notes:
- Asked of all respondents about a randomly selected child in the household.

The following children are more likely to suffer from migraines or severe headaches:

- Teens.
- Those in very low income households (negative correlation with income).
- Black children and Hispanic children.

Child Has Migraines/Severe Headaches

(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 61]

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

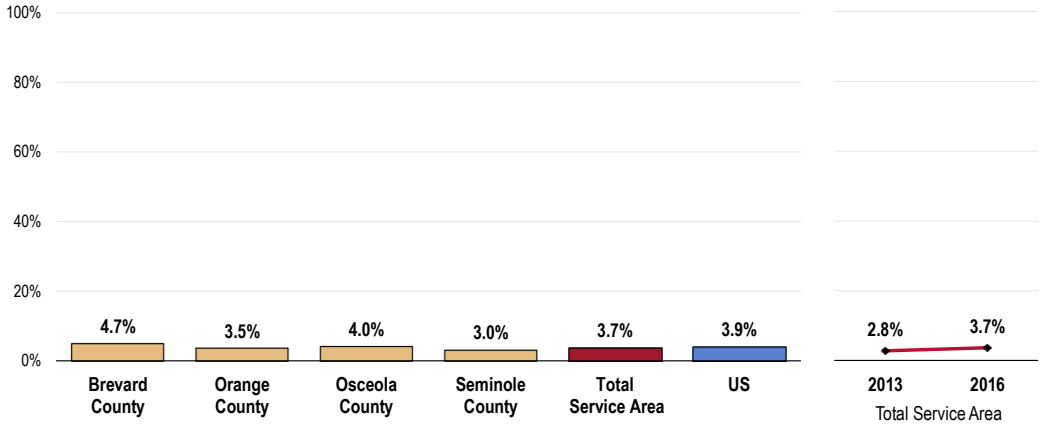
Brain Injury/Concussion

A total of 3.7% of Total Service Area children have suffered a brain injury or concussion.

- Nearly identical to the US figure.
- Similar among the four counties.
- TREND: The prevalence of brain injuries in the Total Service Area has barely changed over the past three years.

Child Has Had a Brain Injury/Concussion

(Total Service Area, 2016)



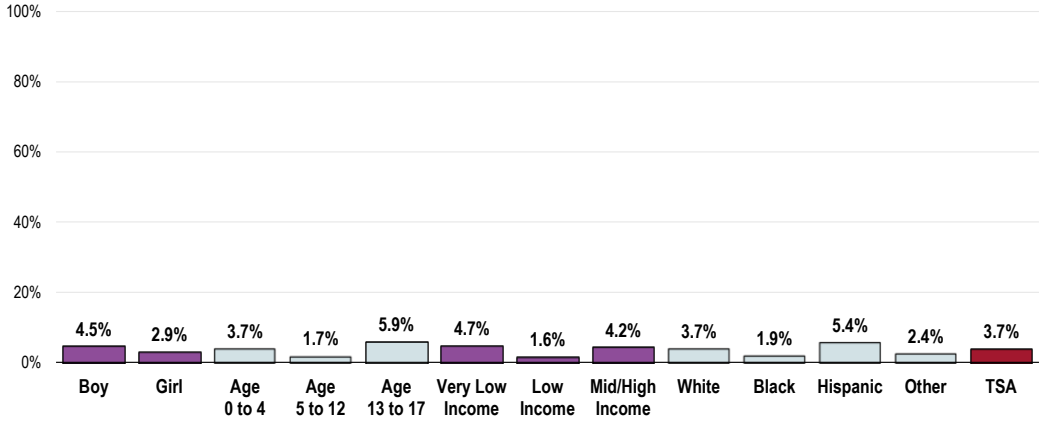
Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 60]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Brain injuries are predominantly noted among teens and children at living at each end of the income spectrum.

Child Has Had a Brain Injury/Concussion

(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 60]

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

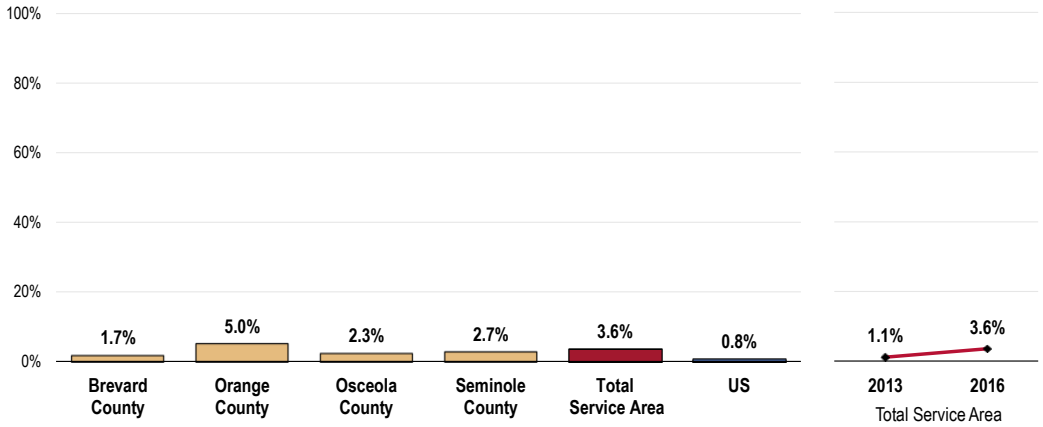
Seizure Disorder/Epilepsy

A total of 3.6% of Total Service Area children have epilepsy or a seizure disorder.

- Higher than the US rate.
- Highest in Orange County; lowest in Brevard County.
- TREND: The prevalence of seizure disorders has significantly increased since 2013.

Child Has Seizure Disorder/Epilepsy

(Total Service Area, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 58]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

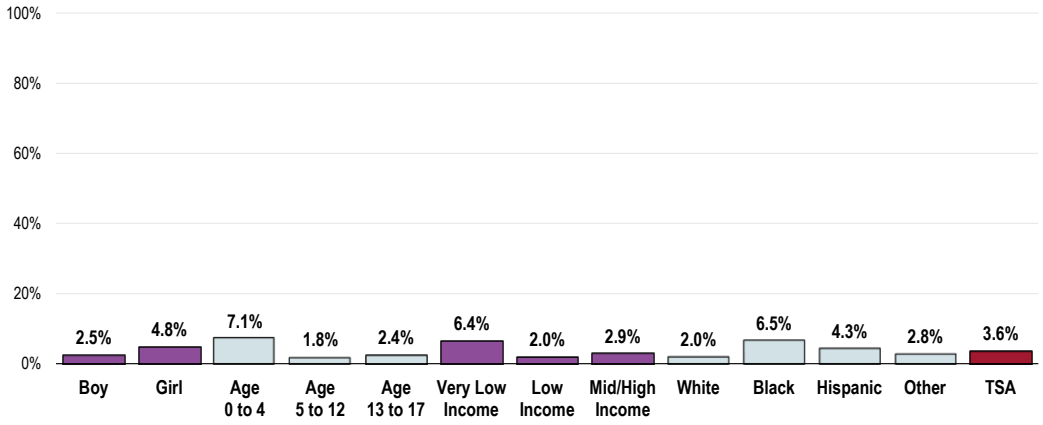
Notes:
- Asked of all respondents about a randomly selected child in the household.

Children more at risk for seizure disorders/epilepsy include:

- Girls.
- Children age 0 to 4.

Child Has Seizure Disorder/Epilepsy

(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 58]

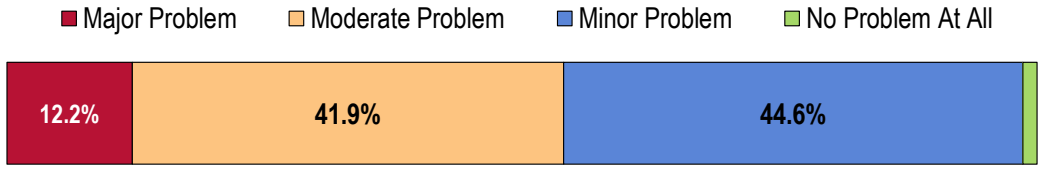
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the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

Key Informant Input: Neurological Conditions

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

Perceptions of Neurological Conditions as a Problem for Children/Adolescents in the Community

(Key Informants, 2016)



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

Notes:
- Asked of all respondents.

Top Concerns

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

Comorbidities

> *Those on autism spectrum or head injury or other neurological conditions are faced with providers with limited availability. - Social Services Provider*
>
> *Too many kids with tremor. Too many diagnosed with attention deficit disorders and nervous. - Community/Business Leader*

Insurance Issues

> *Lack of insurance as well as resources in the community. - Other Health Provider*

Bone, Joint & Muscle Problems

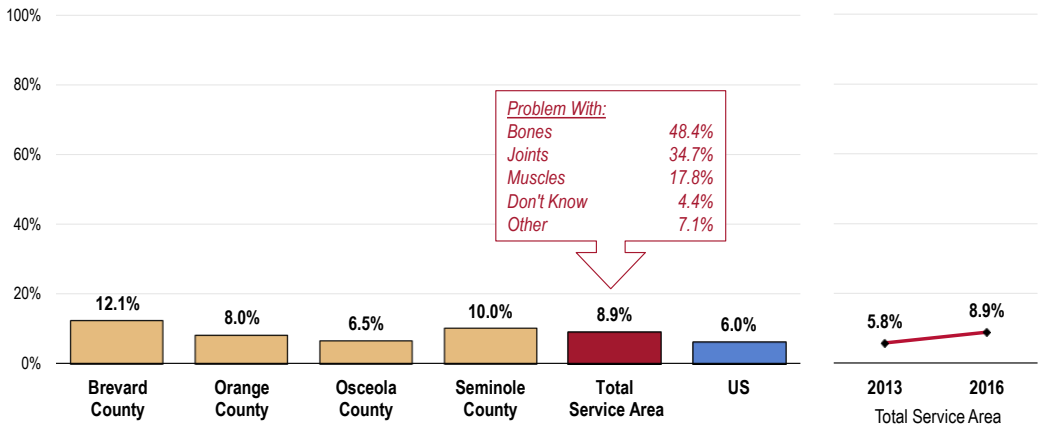
A total of 8.9% of Total Service Area parents report that their child experiences bone, joint or muscle problems.

- Less favorable than the nationwide proportion.
- No statistical difference among the individual counties.
- TREND: Marks a statistically significant increase over time.

Among these, the largest share (48.4%) reported that the condition affects their child's **bones**, followed by **joints** (34.7%), and **muscles** (17.8%).

Child Has Bone, Joint, or Muscle Problems

(Total Service Area, 2016)

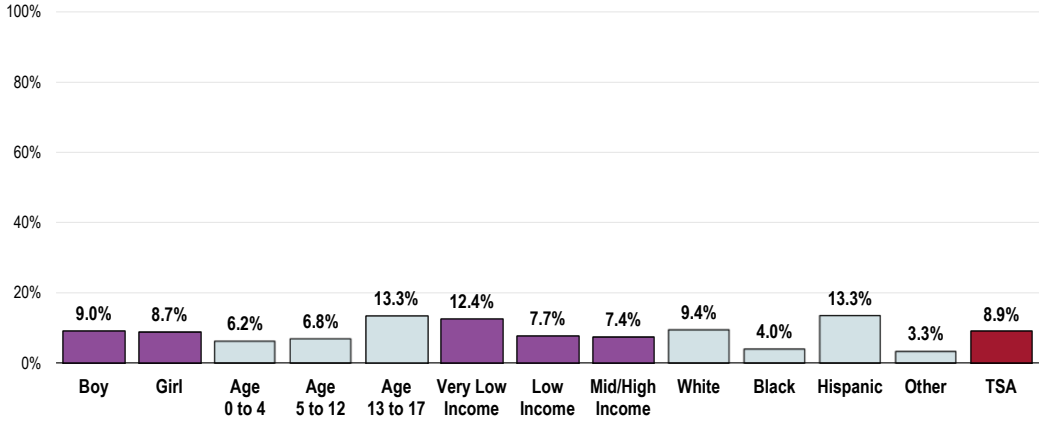


Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 63-64]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

- Teens, White children and Hispanic children are much more likely to suffer from bone, joint or muscle problems (positive correlation with age).

Child Has Bone, Joint, or Muscle Problems

(Total Service Area, 2016)



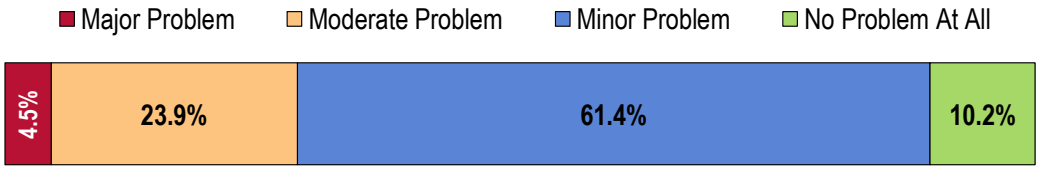
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 63]
Notes: • Asked of all respondents about a randomly selected child in the household.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Bone, Joint, and Muscle Conditions

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

Perceptions of Bone, Joint, and Muscle Conditions as a Problem for Children/Adolescents in the Community

(Key Informants, 2016)



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

Top Concerns

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

Access to Care/Services

> *Wait times to access providers for treatment. - Other Health Provider*
>
> *Sometimes refer to juvenile arthritis a specialty disease without many resources. - Social Services Provider*

Asthma

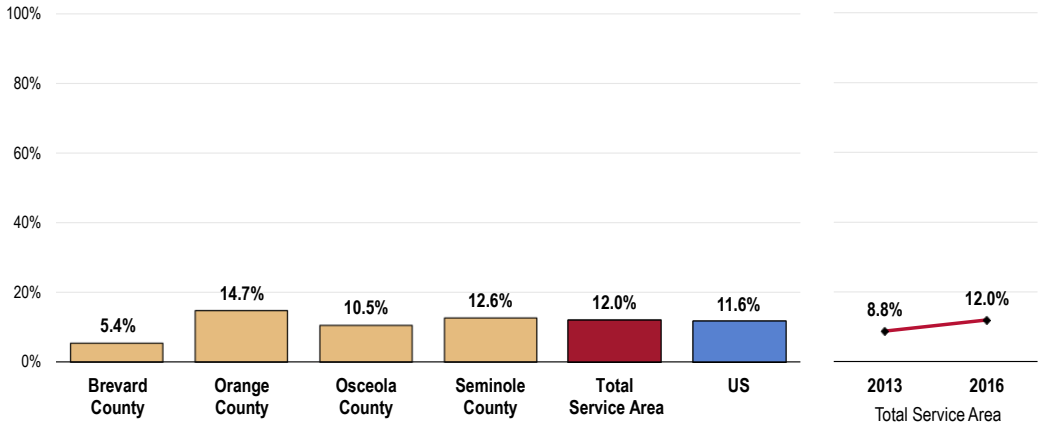
Prevalence of Asthma

A total of 12.0% of Total Service Area children age 0 to 17 currently have asthma.

- Similar to the US rate.
- Less favorable in Orange County; more favorable in Brevard County.
- TREND: There has been a statistically significant increase in childhood asthma since 2013.

Child Currently Has Asthma

(Total Service Area, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 150]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

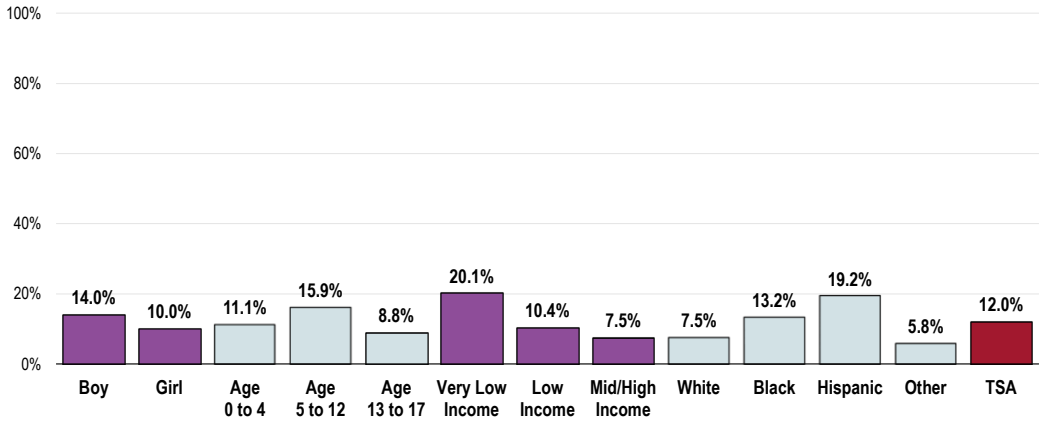
Notes:
- Asked of all respondents about a randomly selected child in the household.

Childhood asthma in the Total Service Area is higher among:

- Boys.
- Children age 5 to 12.
- Children living in very low income households (negative correlation with income).
- Hispanic children.

Child Currently Has Asthma

(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 150]

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

Asthma-Related Care

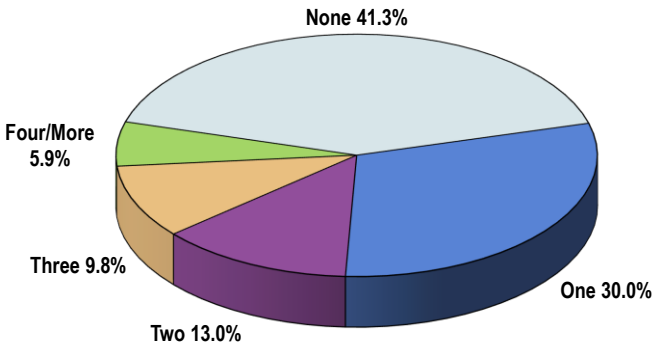
Emergent/Urgent Care

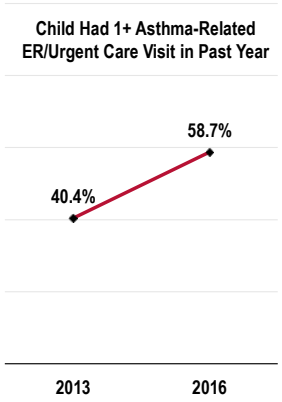
Among Total Service Area children with asthma, over half (58.7%) have had at least one emergency room or urgent care visit due to their asthma in the past year.

- More than twice the national findings (not shown).
- TREND: Significantly higher than 2013 findings.

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

(Total Service Area Children with Asthma, 2016)





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

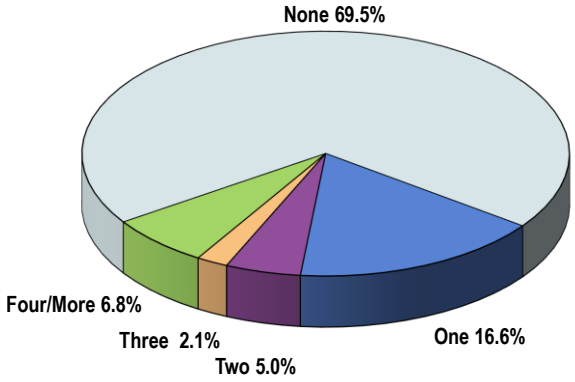
Notes:
- Asked of respondents with a child who currently has asthma.

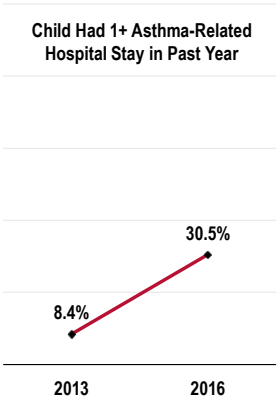
Hospitalization

Among Total Service Area children with asthma, 3 in 10 (30.5%) were hospitalized overnight in the past year because of asthma.

- Much higher than national findings (not shown).
- TREND: Well above 2013 findings.

Number of Asthma-Related Hospital Stays in the Past Year
(Total Service Area Children with Asthma, 2016)





Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 52]
Notes: ● Asked of respondents with a child who currently has asthma.

Loss of Productivity

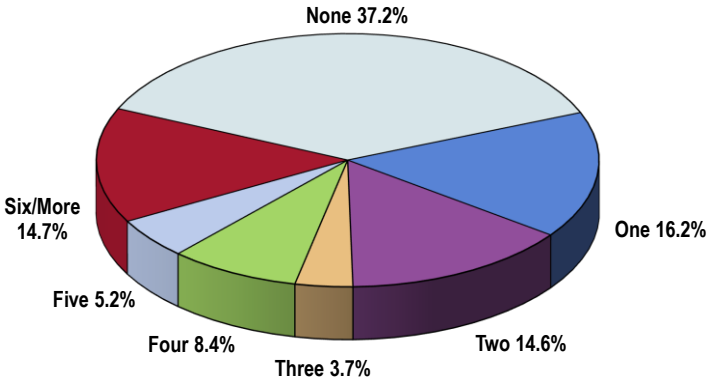
Missed School Days

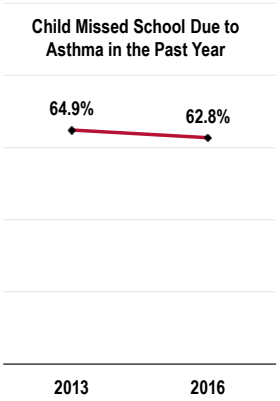
Among Total Service Area school-aged children with asthma, 62.8% missed school on one or more days in the past year because of asthma-related problems.

- In fact, nearly 20% missed **5+ school days** because of their asthma in the past year.
- Considerably less favorable than national findings (not shown).
- TREND: Statistically unchanged since 2013.

Number of School Days Missed Due to Asthma in the Past Year

(Total Service Area Children Age 5-17 with Asthma, 2016)





Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 53]
Notes: ● Asked of respondents with a child who currently has asthma.

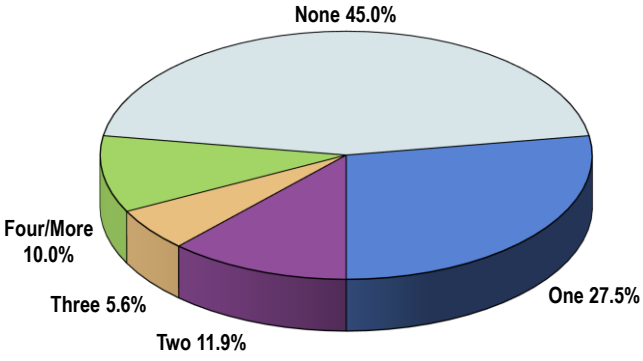
Parents' Missed Workdays

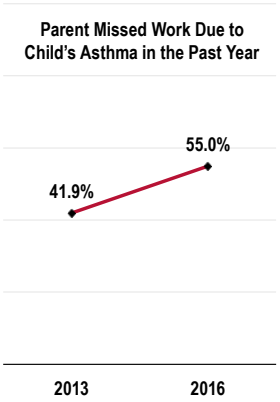
Further, 55.0% of Total Service Area parents with asthmatic children missed at least one day of work in the past year because of their child's asthma.

- The prevalence includes 10.0% of parents who missed **4+ workdays** in the past year due to their child's asthma.
- Notably higher than the proportion found nationally (not shown).
- TREND: The change in prevalence (although it appears sizable) is not statistically significant.

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

(Total Service Area Parents of Children with Asthma, 2016)





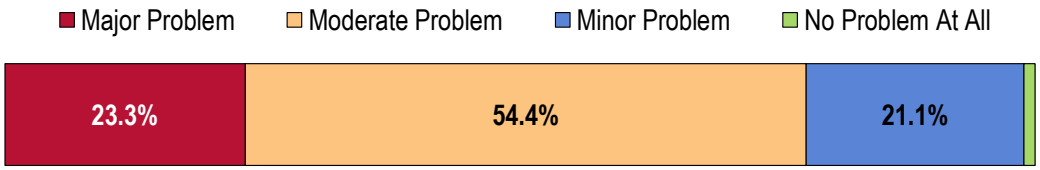
Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 54]
Notes: ● Asked of respondents with a child who currently has asthma.

Key Informant Input: Asthma and Other Respiratory Conditions

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

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

(Key Informants, 2016)



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

Top Concerns

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

Prevalence/Incidence

It seems as though there are many families who indicate their children are asthmatic. Plus, we have an asthma friendly school program offered by the FL DOH, but it's very difficult to get schools to apply, they're not willing to make asthma prevention. - Social Services Provider

Asthma number one reason for missed school days in children so many adults state that they have asthma as well. Many medical providers are looking at treating symptoms, controlling the patient's asthma, prescription relief medication via inhaler. - Social Services Provider

Based on the number of enrolled children in our program. At least 15% of the enrolled children have been diagnosed with asthma and other respiratory conditions. - Social Services Provider

From what I hear and read in the media. - Social Services Provider

More inhalers in use than ever. More upper respiratory issues as a result of the combination of asthma and other issues. - Community/Business Leader

Asthma accounted for approximately 5,000 of approximately 20,000 the reported student health conditions in 2014-2015 in Seminole County schools. - Public Health Representative

Statistically the area has a high incident of asthma patients because of the ethnicity of the population. - Community/Business Leader

There are a large number of children with asthma in Osceola County. Many are living in hotel rooms or overcrowded, poorly maintained apartments. - Other Health Provider

Environmental Contributors

Environmental and genetic. - Other Health Provider

Weather in Florida. - Social Services Provider

Many kids in our communities are living in harsh environments and living in living conditions which may raise their anxiety levels. Exposure to second and third hand smoke are also triggering respiratory conditions in our youth. - Public Health Representative

The conditions of homes and the environment in which a portion of children in the community live are unhealthy and trigger chronic respiratory problems which lead to missed school and work for the parents. Socio-economic status is a driving force. - Public Health Representative

We see many children with allergies, asthma and other respiratory illnesses. We often have a high pollen count which triggers allergies and food allergies are more prevalent now. - Social Services Provider

Access to Specialists

> *Access to pediatric specialists requires travelling outside Brevard County. - Other Health Provider*
>
> *The children of the homeless, low wage earners have no access to doctors for treatment. Parents cannot afford to take them to specialist for diagnosis or treatment. Specialist aren't commonly known; health is not at the top of the list of these parents. - Community/Business Leader*

Access to Care/Services

> *Lack of preventive care allows people to get sick and accept that having asthma is the norm, they do not understand the ramifications of this illness and the potential side effects of the current treatment options. - Public Health Representative*

Disease Management

> *Poor management of asthma among adolescents. Poor environmental conditions for low income children. Uncontrolled seasonal allergies. - Other Health Provider*

Diabetes

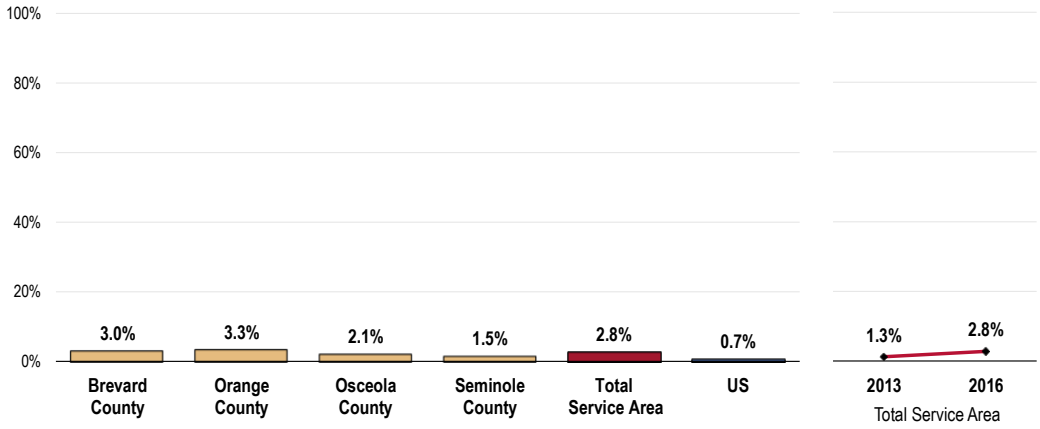
Prevalence of Diabetes

A total of 2.8% of Total Service Area children age 0 to 17 have been diagnosed with diabetes by a doctor or other health care provider.

- Higher than the US prevalence.
- No statistical difference among individual counties.
- TREND: Since 2013, childhood diabetes has significantly increased.

Child Has Diabetes

(Total Service Area, 2016)



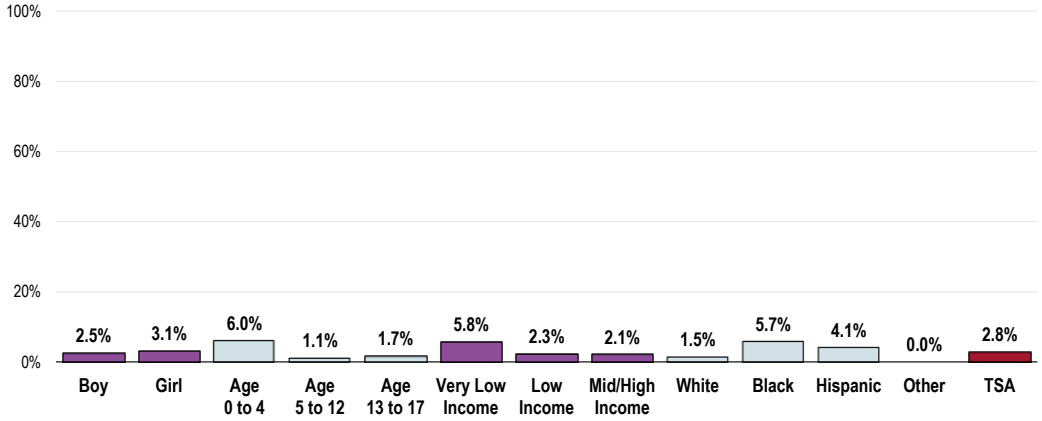
Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 59]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

The following are more likely to have been diagnosed with diabetes:

- Children age 0 to 4.
- Black children and Hispanic children.

Child Has Diabetes
(Total Service Area, 2016)



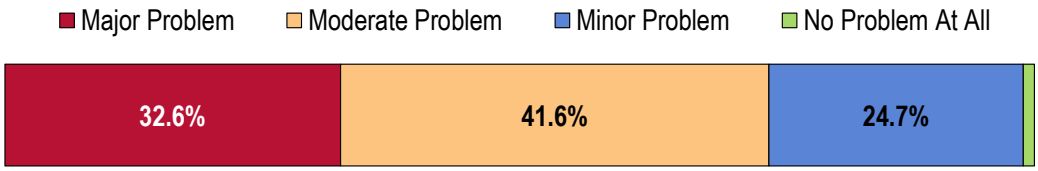
Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 59]

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

Key Informant Input: Diabetes

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

Perceptions of Diabetes as a Problem for Children/Adolescents in the Community
(Key Informants, 2016)



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

Notes:
- Asked of all respondents.

Top Concerns

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

Obesity

> *Due to the high number of children overweight or obese, diabetes is being diagnosed at early ages. - Social Services Provider*
>
> *Our agency operates the ROCK program and so we have been addressing and tracking childhood obesity since 2008. Obesity is a major contributor to a growing incidence of diabetes in the local population. - Community/Business Leader*
>
> *The incidence of diabetes in among students is relatively low compared to other conditions, management of diabetes is very resource intense. In Seminole about 30% of screened students are either obese or overweight, placing them at risk. - Public Health Representative*

Nutrition

Way too many sugary treats, including food labeled healthy. Many processed foods have high sugar content or high fructose, even juices have lots of sugar. Unfortunately, kids want to eat what tastes good, sugar makes you feel good and want more. - Community/Business Leader

Too many children aren't eating right and are not getting enough exercise. - Social Services Provider

Poor nutritional health and poor diets. Low income children tend to eat fast food. It is quick, cheaper. Easier to access. Go undetected, not screened for it. - Community/Business Leader

Because it is a result of poor choices and bad habits. - Social Services Provider

Lifestyle

Fast food availability, low cost and sedentary lifestyles. - Public Health Representative

Lack of mobility, obesity and genetics. - Community/Business Leader

Lack of non-organized play and or recess. Too much junk food at home and in the schools. - Social Services Provider

Prevalence/Incidence

Statistics show a high prevalence. - Social Services Provider

Rise in type 2 diabetes. - Other Health Provider

Demographics. - Community/Business Leader

Disease Management

Parrish Medical offers Brevard County's only organized diabetes program; it's detecting earlier onset of disease. Compliance with preventive care and maintenance. - Other Health Provider

Comorbidities

Diabetes is gateway to many other health conditions. Many kids are lacking healthy diets and more physical activity. Screen times are making kids more sedentary. Many health conditions can be prevented if a child's weight was monitored. - Public Health Representative

Health Education

Effective community programs need to be in place to address diabetes, healthy weights and active healthy lifestyles. - Other Health Provider

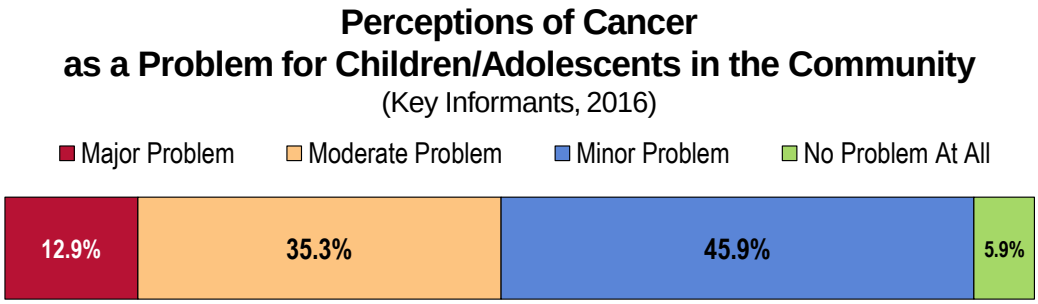
Access to Care/Services

Limited resources. Families need to travel out of county for specialists. - Other Health Provider

Cancer

Key Informant Input: Cancer

Key informants taking part in an online survey most often characterized *Cancer* as a "minor problem" for children/adolescents in the community.



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

Top Concerns

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

Affordable Care/Services

> *Our community has a lot of residents that come from other countries and the families do not have health insurance. - Social Services Provider*
>
> *Accessing affordable treatment options. - Other Health Provider*

Environmental Contributors

> *Air and water pollution from development. Development without health impact assessments being conducted. - Public Health Representative*
>
> *More children have been diagnosed with different types of cancer. Environment is a major factor. - Social Services Provider*

Leading Cause of Death

> *Cancer is one the leading causes of death in many communities. I believe it's important to focus on ways to preventing cancer at a young age in homes to decrease the prevalence of cancer causing deaths. - Public Health Representative*

Access to Providers

> *There are few pediatricians in Palm Bay to begin with, and I know of only one pediatric internal medicine and oncologists within the area. - Community/Business Leader*

Condition Requiring Prescriptions or Special Therapy

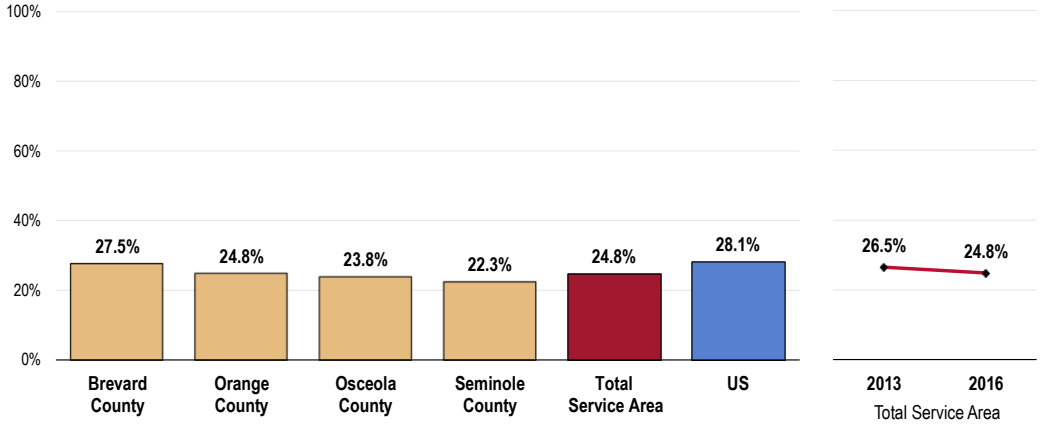
Special therapy might include physical, occupational or speech therapy.

Specifically, nearly one-fourth of Total Service Area children (24.8%) has a chronic condition that requires prescription medication (not counting vitamins) or special therapy.

- Statistically similar to the prevalence nationwide.
- Statistically similar by county.
- TREND: Statistically unchanged from the prevalence reported in 2013.

Child Has a Chronic Condition That Requires Prescription(s) and/or Special Therapy

(Total Service Area, 2016)



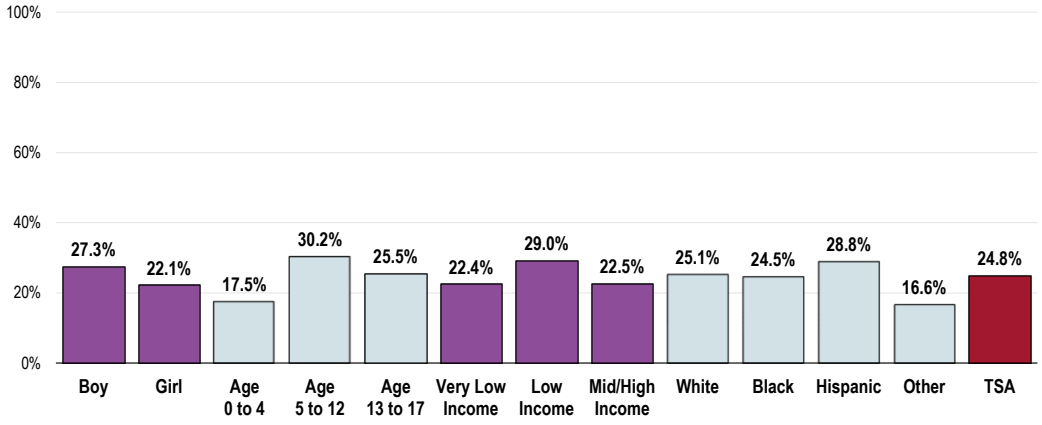
Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 174]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.
- In this case, "chronic conditions" are defined as conditions that have lasted (or are expected to last) 12 months or longer.

- Children over age 4 and Hispanic children are more likely to have a chronic condition that requires prescription medication or special therapy.

Child Has a Chronic Condition That Requires Prescription(s) and/or Special Therapy

(Total Service Area, 2016)



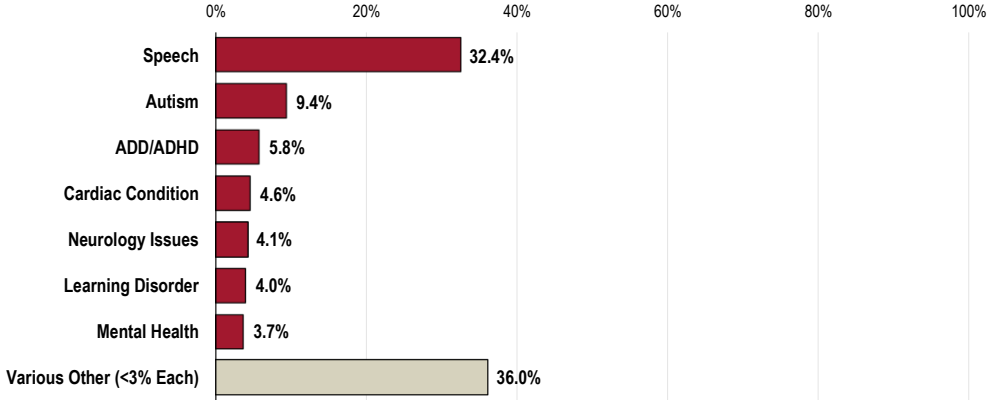
Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 174]

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

When these parents were asked to specify the chronic condition requiring special therapy, ***speech difficulties*** *was the most frequent response (32.4%), followed by* ***autism*** *(9.4%),* ***ADD/ADHD*** *(5.8%),* ***cardiac conditions*** *(4.6%), and a variety of lesser-mentioned conditions.*

Type of Chronic Condition Requiring Therapy

(Children Who Need Therapy For a Chronic Condition; Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 35-36]

Notes:
- Asked of all respondents whose child has a chronic condition which requires special therapy.

Special Health Needs

Prevalence of Special Health Needs

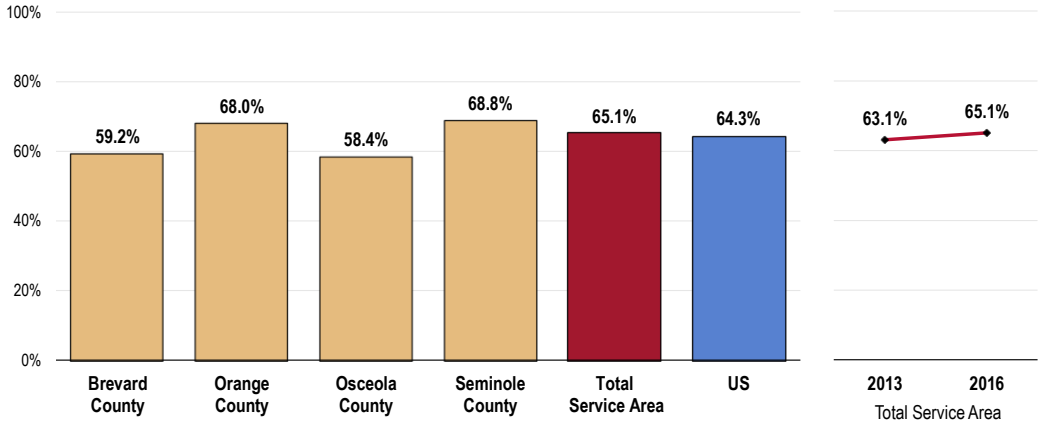
Here, children with special health needs include those reported to have one or more of the chronic disease conditions tested in the survey or another chronic condition not specifically tested.

In all, just under two-thirds (65.1%) of Total Service Area children (age 0-17) are found to have special health needs.

- Comparable to the US figure.
- More favorable in Osceola County.
- TREND: Has remained statistically constant over time.

Child Has a Special Health Need

(Total Service Area, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 178]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

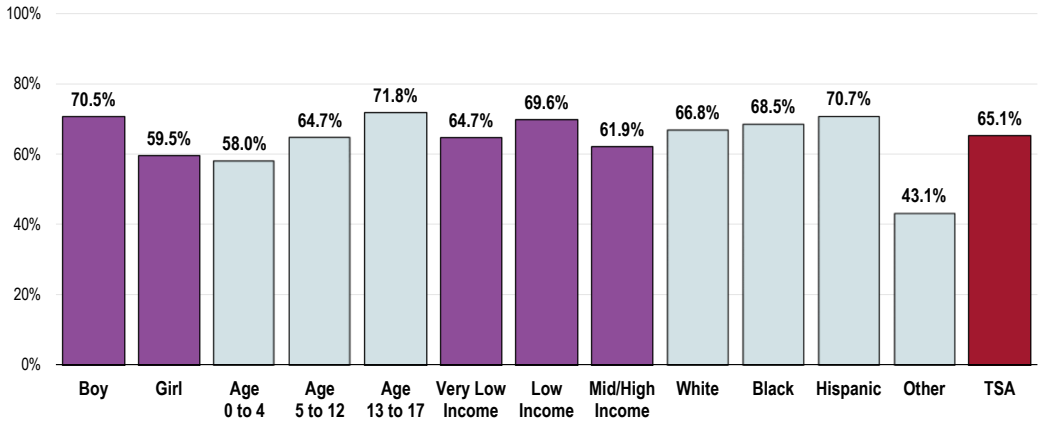
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Includes respondents reporting a child's diagnosis of any medical condition specifically measured in the survey, as well as any other not specifically addressed.

The prevalence of special health needs is higher among:

- Boys.
- Teens (positive correlation with age).
- Children living just above the federal poverty level.
- Whites, Blacks and Hispanics.

Child Has a Special Health Need

(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 178]

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

Managing Children's Special Health Needs

Parents' Greatest Needs for Child

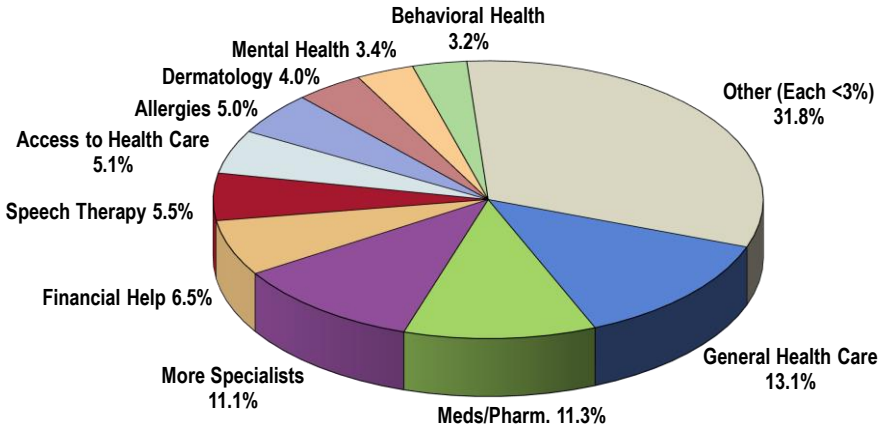
"What type of help to care for this child do you need most?"

Of Total Service Area parents of children with special health needs 13.1% identified general health care as their greatest need for this child.

- Other common needs mentioned by parents included: **medication/pharmaceutical supplies** (11.3%); **more specialists** (11.1%); and **financial help** (6.5%, including references to "affordable care" and "insurance").
- Note that these data exclude the 61.8% of respondents who were uncertain or said "nothing."

Respondents' Greatest Need for Child with Special Need

(Total Service Area Parents of Children w/ Special Needs, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 73]

Notes:
- Asked of all respondents whose child has a medical condition specifically measured in the survey, excludes those not respondent or unable to provide a response.

Parents' Greatest Needs for Self

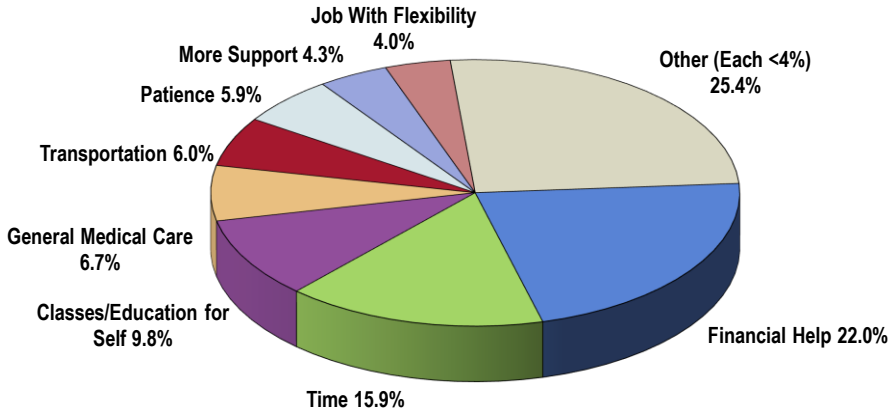
"What is your greatest need for yourself in helping to take care of your child with special needs?"

With regard to the needs of *parents themselves* in taking care of their child with special health needs, the largest share of responses was for financial help (22.0%, including references to "insurance" and "affordable care").

- Other needs often mentioned included **more time** (15.9%), **classes/education for self** (9.8%), **general medical care** (6.7%), and **transportation** (6.0%).
- Note that these data exclude the 35.5% of respondents who were uncertain or said "nothing."

Respondents' Greatest Need for Self in Caring for Child with Special Need

(Total Service Area Parents of Children w/ Special Needs, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 74]
Notes: • Asked of all respondents whose child has a medical condition specifically measured in the survey; does not include those who were uncertain or unable to provide a response.

Prenatal & Postnatal Care

Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

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

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

- Healthy People 2020 (www.healthypeople.gov)

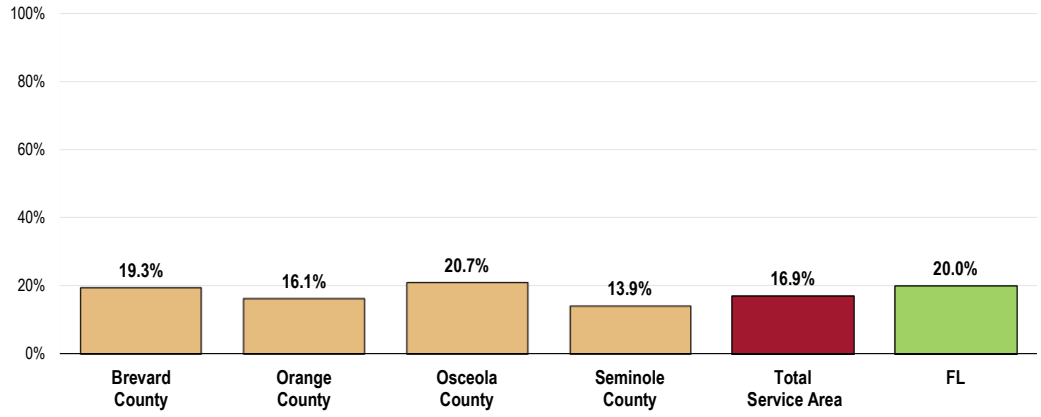
In 2012, 16.9% of all Total Service Area births did <u>not</u> receive prenatal care in the first trimester of pregnancy.

- More favorable than the Florida proportion.
- Satisfies the Healthy People 2020 target (22.1% or lower).
- More favorable in Orange and Seminole counties.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2012)

Healthy People 2020 Target = 22.1% or Lower



Sources:
- Florida Vital Statistics Annual Report 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

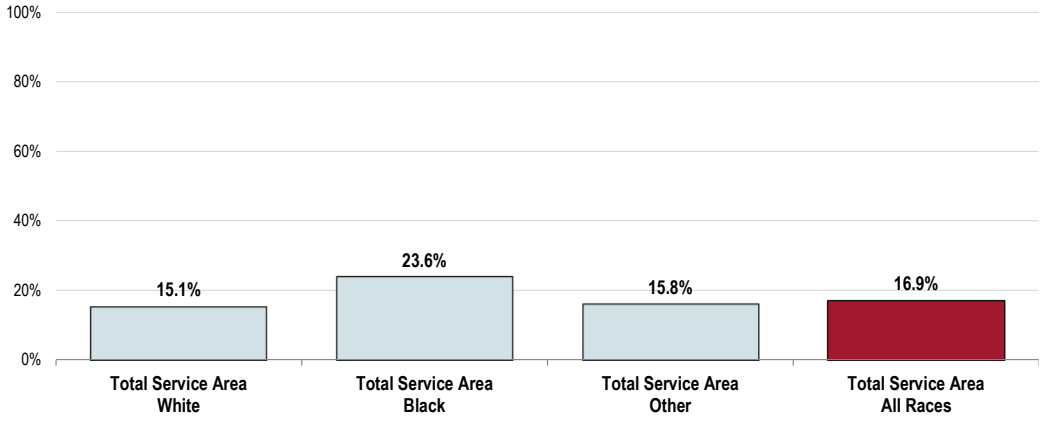
Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access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

- Lack of prenatal care is notably more prevalent among births to Black mothers in the Total Service Area.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2012)

Healthy People 2020 Target = 22.1% or Lower



Sources:
- Florida Vital Statistics Annual Report 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

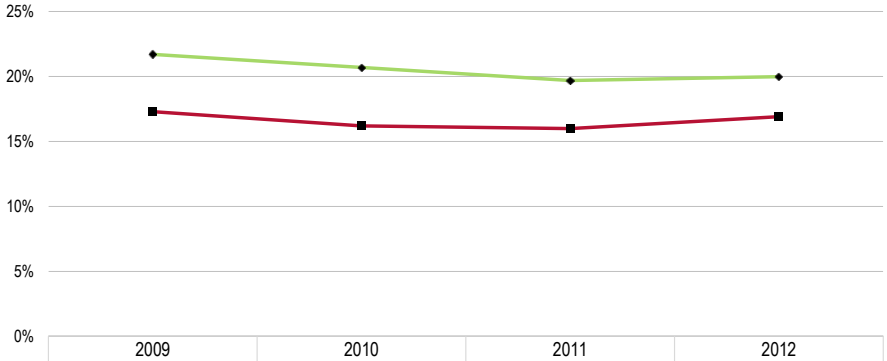
Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access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

- TREND: Since 2009, the prevalence of prenatal care in the first trimester has not changed significantly in the Total Service Area, although it has improved statewide.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2009-2012)

Healthy People 2020 Target = 22.1% or Lower



	2009	2010	2011	2012
Total Service Area	17.3%	16.2%	16.0%	16.9%
FL	21.7%	20.7%	19.7%	20.0%

Sources:
- Florida Vital Statistics Annual Reports.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

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

Births to Teen Mothers

About Teen Births

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

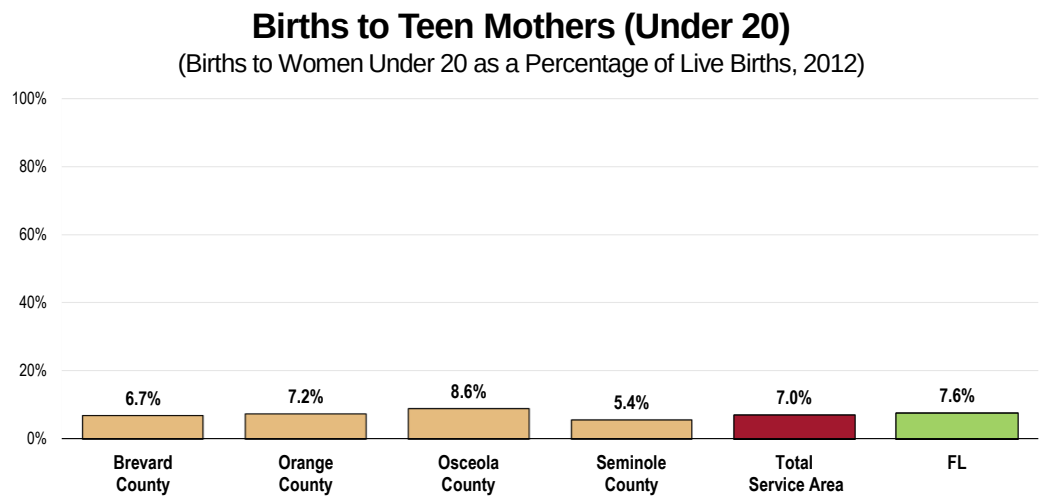
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

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

- Healthy People 2020 (www.healthypeople.gov)

During 2012, 7.0% of all Total Service Area live births were to a mother under the age of 20.

- Lower than the Florida proportion.
- Highest in Osceola County; lowest in Seminole County.

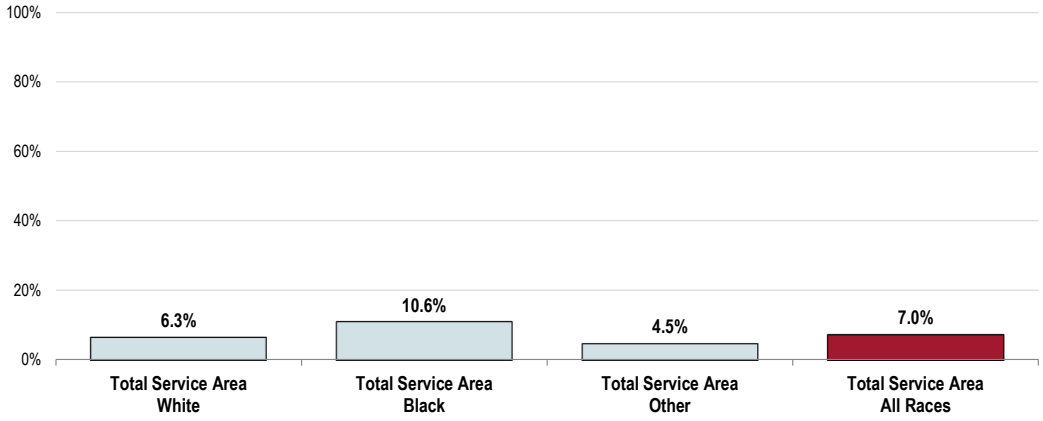


Sources: • Florida Vital Statistics Annual Report 2012.
Note: • Numbers are a percentage of all live births within each population.

- By race, Blacks exhibit the highest rate of teen births in the Total Service Area followed by Whites.

Births to Teen Mothers (Under 20) by Race

(Births to Women Under 20 as a Percentage of Live Births, 2012)

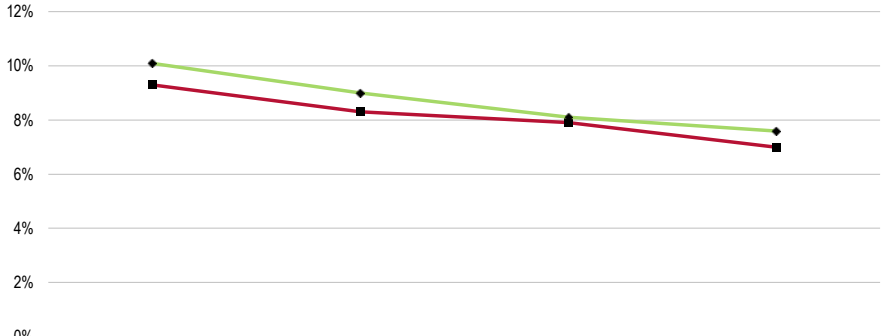


Sources: ● Florida Vital Statistics Annual Report 2012.
Note: ● Numbers are a percentage of all live births within each population.

- TREND: The teen birth rate in the Total Service Area appears to have trended downward from 2009 to 2012, echoing the state trend.

Teen Birth Trends

(Births to Women Under Age 20 as a Percentage of Life Births)



	2009	2010	2011	2012
Total Service Area	9.3%	8.3%	7.9%	7.0%
FL	10.1%	9.0%	8.1%	7.6%

Sources: ● Florida Vital Statistics Annual Reports.
● Commonwealth of Pennsylvania - Department of Health, Division of Health Informatics.
Notes: ● This indicator reports the percentage of total births to women under the age of 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

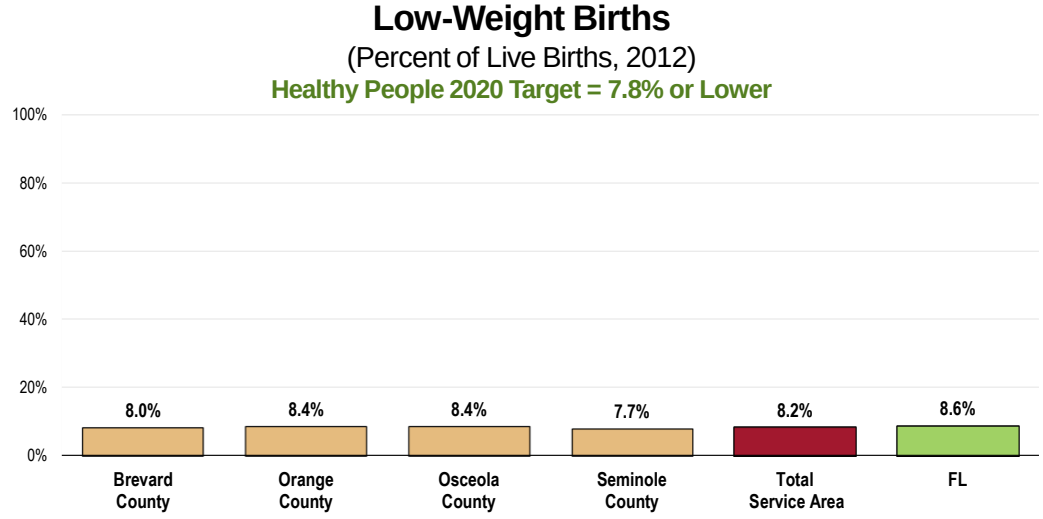
Low-Weight Births

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 8.2% of 2012 Total Service Area births were low-weight.

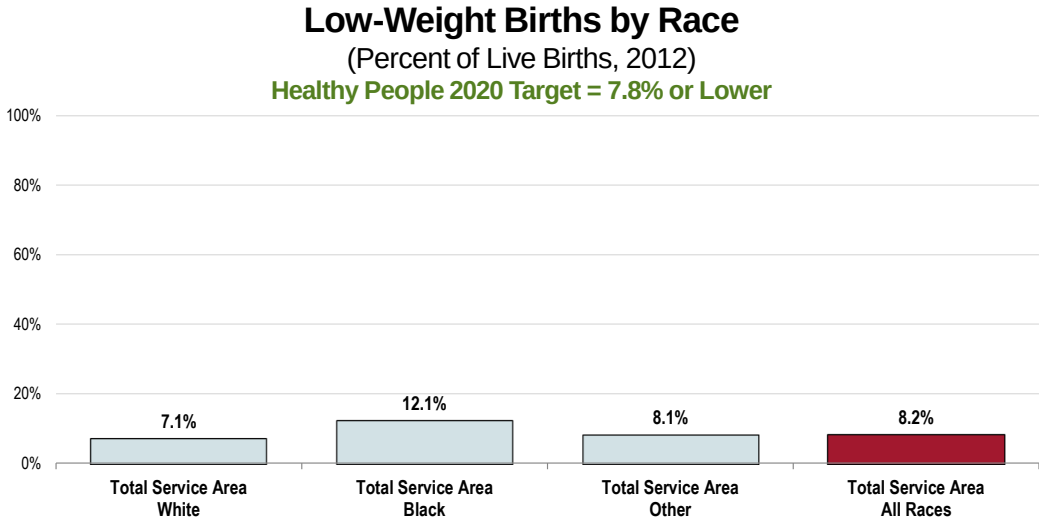
- Similar to the Florida proportion.
- Statistically similar to the Healthy People 2020 target (7.8% or lower).
- More favorable in Seminole County.



Sources:
- Florida Vital Statistics Annual Report 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

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

- Low-weight births are most prevalent among Black mothers in the Total Service Area. "Other" race women also show a higher prevalence than Whites.



Sources:
- Florida Vital Statistics Annual Report 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

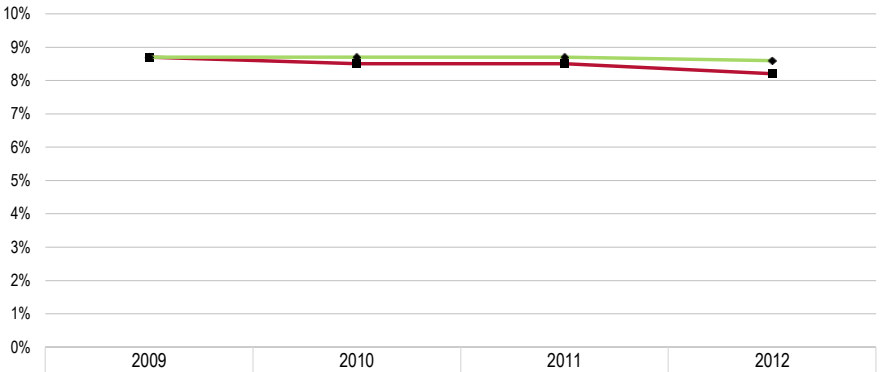
Note:
- This indicator reports the percentage of total births that are low birthweight (Under 2500g). This indicator is relevant because low-birthweight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- TREND: The proportion of low-weight births in the Total Service Area has improved slightly since 2007, while the Florida rate has remained constant.

Low-Weight Births

(Percent of Live Births, 2011-2013)

Healthy People 2020 Target = 7.8% or Lower



	2009	2010	2011	2012
Total Service Area	8.7%	8.5%	8.5%	8.2%
FL	8.7%	8.7%	8.7%	8.6%

Sources:
- Florida Vital Statistics Annual Reports.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

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

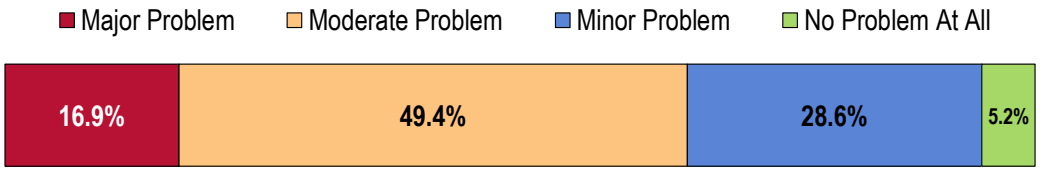
Prenatal, Infant & Child Health

Key Informant Input: Prenatal, Infant & Child Health

Nearly one-half of key informants taking part in an online survey characterized *Prenatal, Infant & Child Health* as a "moderate problem" in the community.

Perceptions of Prenatal, Infant & Child Health as a Problem for Children/Adolescents in the Community

(Key Informants, 2016)



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

Top Concerns

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

Infant Mortality Rates

The infant mortality rate in certain zip codes in Seminole County is higher than State and National Average. The black fetal death rate is 9.4 compared to 5.8. The black infant death rate is 14.2 compared to 4.3 state average. - Public Health Representative

Infant mortality rate too high due to prematurity. Lack of family planning to prevent unwanted pregnancies. - Social Services Provider

Infant mortality is alarmingly high in our community compared to the socioeconomic levels present. Prenatal care has disappeared from the Health Departments and severe cuts to Healthy Start make accessing services for the working poor all but impossible - Other Health Provider

Access to Care/Services

There is not enough good clinics here for people without insurance and the health department clinic is terrible. - Social Services Provider

There is no Maternity Ward or birthing center in Palm Bay, a city of over 110,000 people and 100 square miles! Members of the community have begun reaching out to existing healthcare providers like Health First and potential new providers. - Community/Business Leader

Prenatal Care

Late entry into prenatal care, substance abuse, teen parents, education and nutrition. - Other Health Provider

The homeless and low income have little or no prenatal care. They go without. They also provide fast foods and food with low nutritional value to their children because that is what they have access to. - Community/Business Leader

Statistics

Based on the Pine Hills community specifically, birth rates for black babies is low compared to statistics of white babies. Black women are historically least likely to be given the option to initiate breast feeding after delivery. - Social Services Provider

Access to Providers

> *Not enough pediatricians for severe care locally. - Social Services Provider*

Socioeconomics

> *Lack of access to care based on socioeconomics of population. - Community/Business Leader*

Parenting Education

> *There is a lack for free or reasonable parenting education other than court ordered or specific program based. - Social Services Provider*

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?"

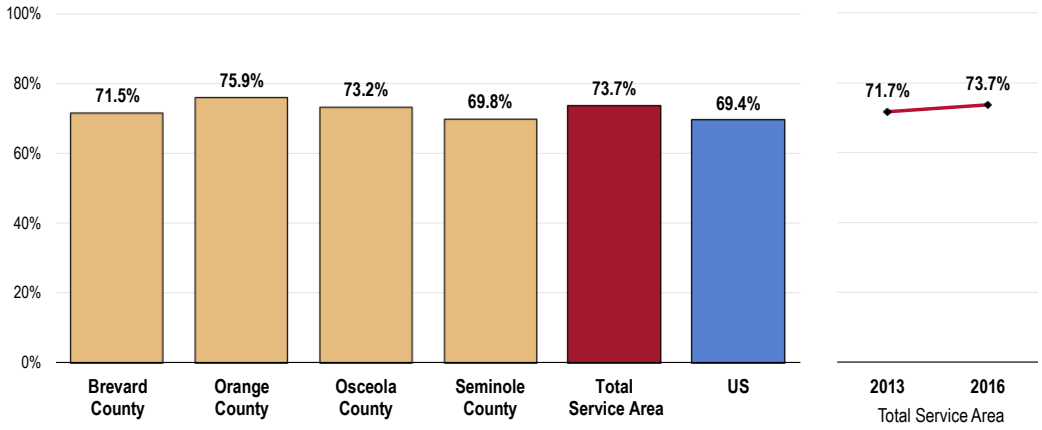
Nearly three-fourths of Total Service Area children age 0 to 17 (73.7%) were ever breastfed or fed using breast milk (regardless of duration).

- Better than US findings.
- Fails to satisfy the Healthy People 2020 objective (81.9% or higher).
- Statistically similar by county.
- TREND: Statistically similar to the 2013 findings.

Child Was Ever Fed Breast Milk as an Infant

(Total Service Area, 2016)

Healthy People 2020 Target = 81.9% or Higher



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 134]
- 2014 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-21.1]

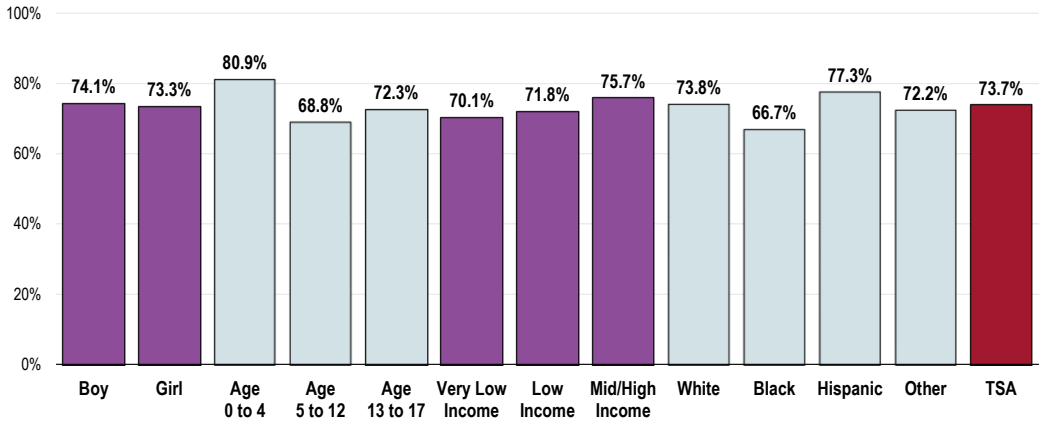
Notes:
- Asked of all respondents about a randomly selected child in the household.

- Breastfeeding in the Total Service Area is more common among new mothers than among those whose children were infants 5 to 17 years ago.

Child Was Ever Fed Breast Milk as an Infant

(Total Service Area, 2016)

Healthy People 2020 Target = 81.9% or Higher



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 134]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-21.1]

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

Mortality

Professional Research Consultants, Inc.

Infant Mortality

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

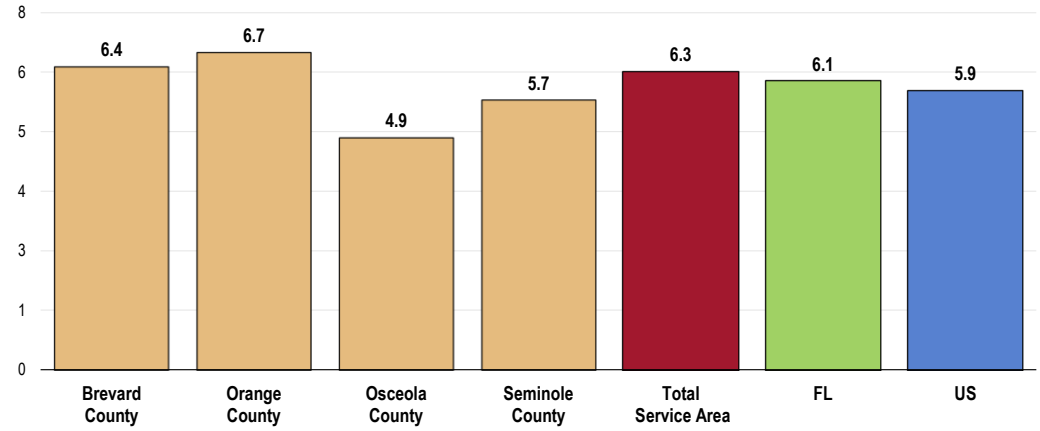
Between 2012 and 2014, there was an annual average of 6.3 infant deaths per 1,000 live births in the Total Service Area.

- Similar to the Florida rate.
- Less favorable than the national rate.
- Statistically similar to the Healthy People 2020 target of 6.0 per 1,000 live births.
- More favorable in Osceola and Seminole counties.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2012-2014)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

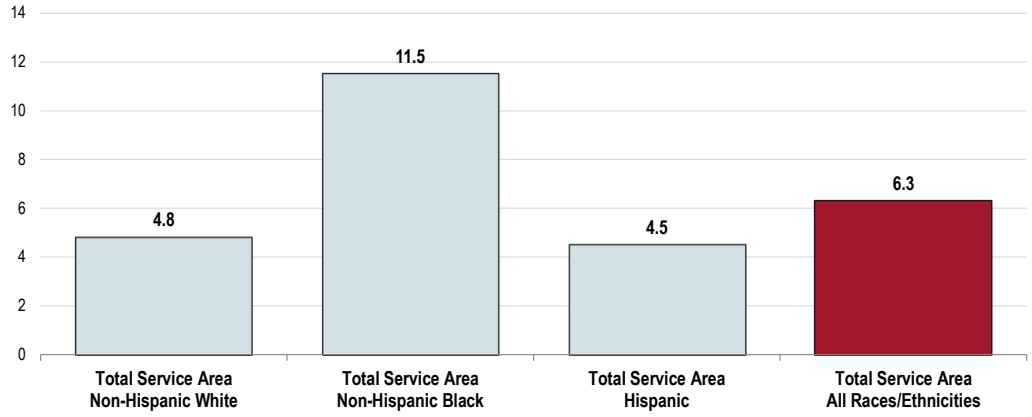
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- The infant mortality rate is more than two times higher among births to Non-Hispanic Black mothers than Non-Hispanic White mothers or Hispanic mothers.

Infant Mortality by Race/Ethnicity

(Annual Average Infant Deaths per 1,000 Live Births, 2012-2014)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

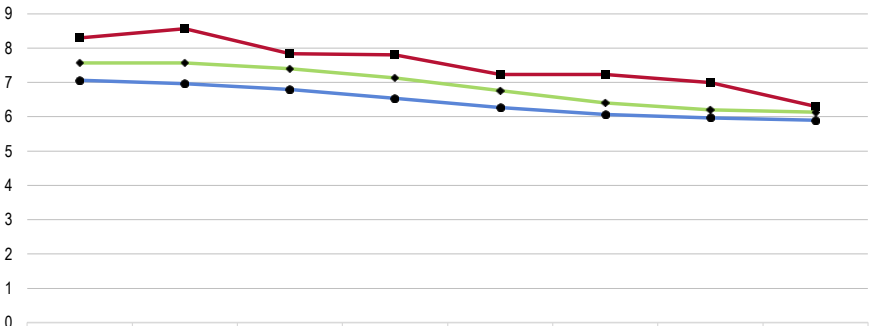
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- TREND: The Total Service Area infant mortality rate has trended downward in recent years, echoing the state and national trends.

Infant Mortality Rate

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

Healthy People 2020 Target = 6.0 or Lower



	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
Total Service Area	8.3	8.6	7.8	7.8	7.2	7.2	7.0	6.3
Florida	7.6	7.6	7.4	7.1	6.8	6.4	6.2	6.1
United States	7.1	7.0	6.8	6.5	6.3	6.1	6.0	5.9

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 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

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

Child & Adolescent Deaths

Mortality Rates

Between 2012-2014, the Total Service Area reported an annual average of 31.6 child deaths (age 1 to 4) per 100,000 population.

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

With regard to children age 5 to 9, the Total Service Area crude death rate was 11.6 per 100,000 population (2012-2014 data).

- Similar to both the Florida and national rates.
- Satisfies the Healthy People 2020 goal of 12.3 deaths per 100,000 population.

Among Total Service Area youth age 10 to 14, the 2012-2014 crude death rate was 13.4 per 100,000 population.

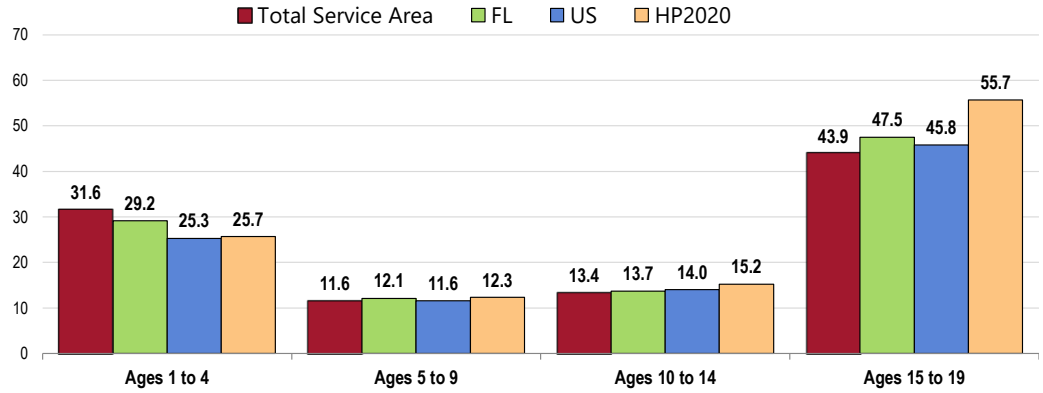
- More favorable than the Florida and national rates.
- Satisfies the related Healthy People 2020 goal of 15.2 deaths per 100,000 population.

Among Total Service Area teens (age 15 to 19), the 2012-2014 crude death rate was 43.9 per 100,000 population.

- More favorable than the Florida rate.
- Comparable to 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; 2012-2014)



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 2016.
- 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 2005-2014 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).

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

Accidents were the number-one leading cause of death for all other children (ages 1-19) in the Total Service Area.

- Other leading causes of death for infants included congenital conditions and accidents (mostly suffocation).
- Among children aged 1-4, congenital conditions and homicide followed accidents (mostly drowning and motor vehicle) as the leading causes of death.
- For children aged 5-9, cancer and congenital conditions followed accidents (mostly motor vehicle and drowning) as the leading causes of death.
- After Accidents (mostly motor vehicle), cancer was the second-leading cause of death for Total Service Area children 10-14, followed by suicide (mostly suffocation).
- Homicide (mostly firearms) and suicide (mostly firearms or suffocation) followed accidents (mostly motor vehicle or poisoning) as the leading causes of death for Total Service Area teens (15-19).

Leading Causes of Child Deaths by Age Group

(Total Service Area, 2005-2014)

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

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 2016.

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.
- Information in parentheses name majority types reported, if available, in order--but not necessarily all types.

Modifiable Health Risks

Professional Research Consultants, Inc.

Nutrition

About Healthful Diet & Healthy Weight

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

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

Americans with a healthful diet:

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

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

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

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

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

Social factors thought to influence diet include:

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Fruits & Vegetables

Fruit & Vegetable Consumption

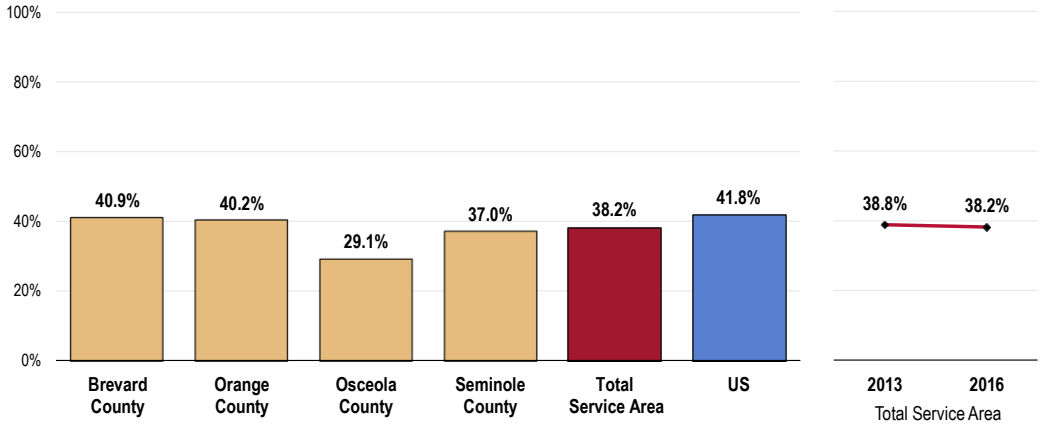
A total of 38.2% of Total Service Area parents report that their child eats five or more servings of fruits and/or vegetables per day.

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

- Statistically similar to national reports.
- Lower in Osceola County.
- TREND: Overall, child fruit/vegetable consumption has not changed significantly since 2013.

Child Has Five or More Servings of Fruits/Vegetables per Day

(Total Service Area Children Age 2-17, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 173]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

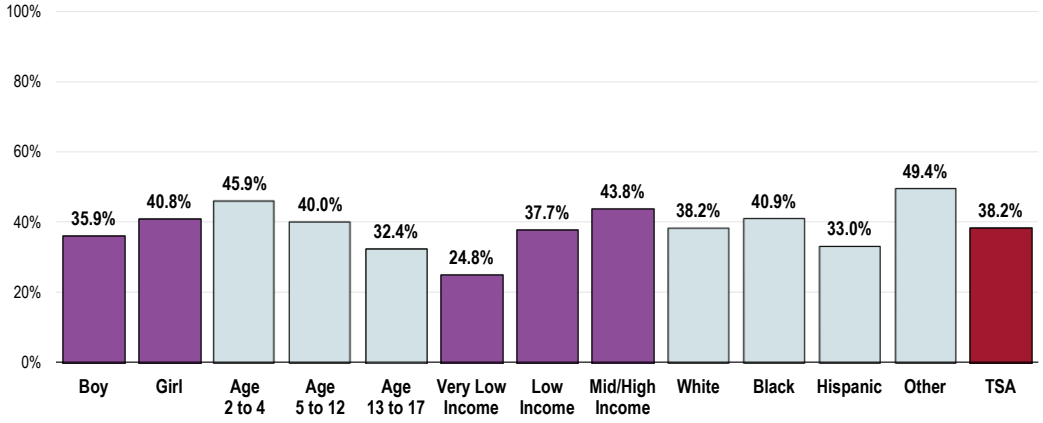
Notes:
- Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

The following are more likely to <u>not</u> get the daily recommended servings of fruits and vegetables:

- Teens (note the negative correlation between fruit/vegetable consumption and age).
- Children living in very low income households (positive correlation with income).
- Hispanic children.

Child Has 5+ Fruits/Vegetables per Day

(Total Service Area Children Age 2-17, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 173]

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

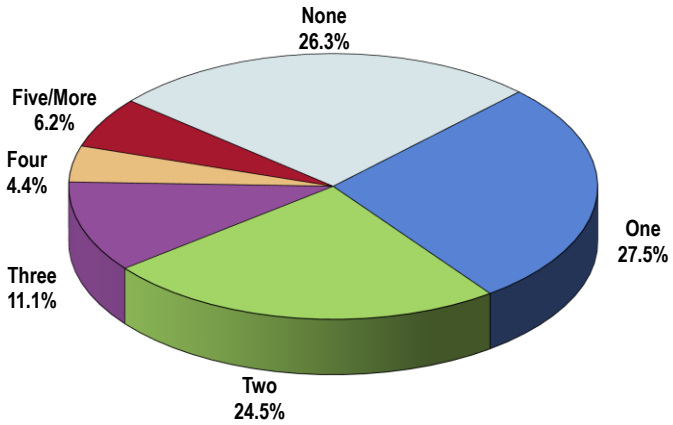
Fast Food

A total of 73.7% of Total Service Area children age 2-17 have had at least one "fast food" meal in the past week.

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

Number of Fast Food Meals for Child in the Past Week

(Total Service Area Children Age 2-17, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 127]

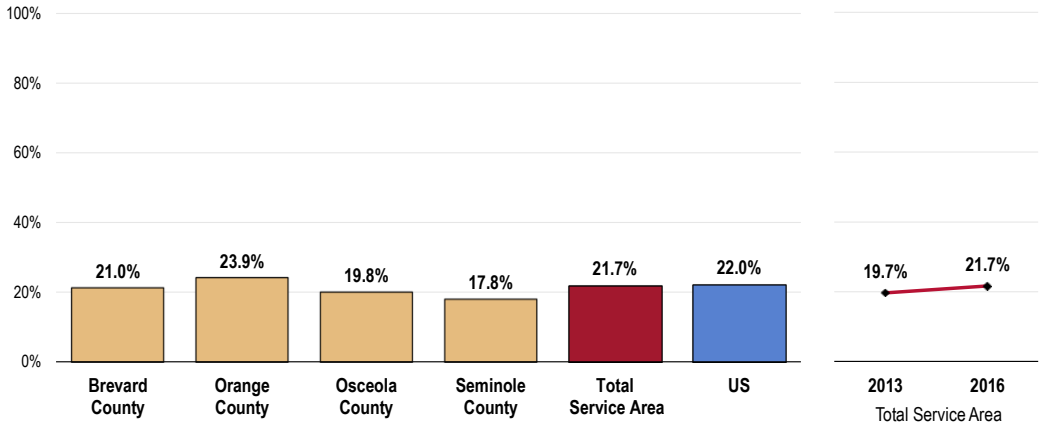
Notes:
- Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

In fact, 21.7% report that their child has had three or more meals from "fast food" restaurants in the past week.

- Similar to US findings.
- Statistically similar findings in each county.
- TREND: Fast food consumption remains statistically unchanged over time.

Child Had Three or More Fast Food Meals in the Past Week

(Total Service Area Children Age 2-17, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 127]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

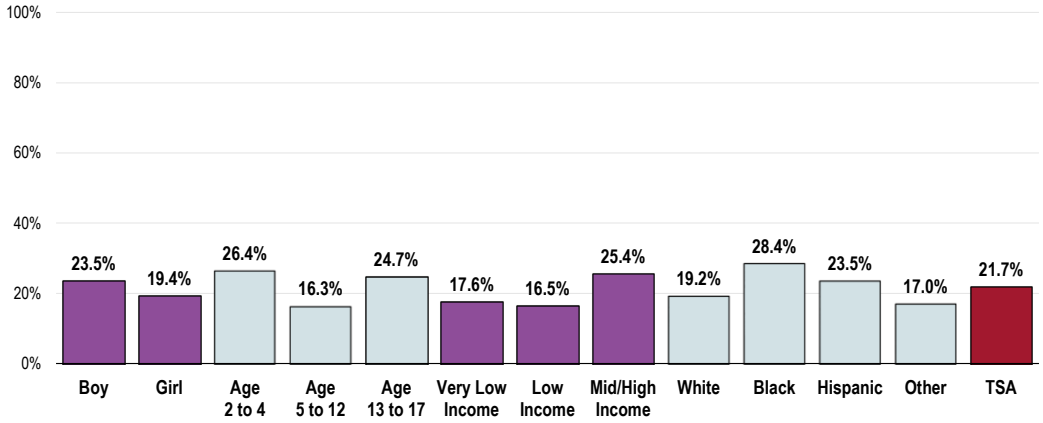
Notes:
- Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

Fast food consumption is more prevalent among:

- Children age 2 to 4 and teens.
- Children in mid/high income households.

Child Has Three or More Fast Food Meals in the Past Week

(Total Service Area Children 2-17, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 127]

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

Physical Activity

About Physical Activity

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

- Centers for Disease Control & Prevention (CDC)

Recommended Physical Activity

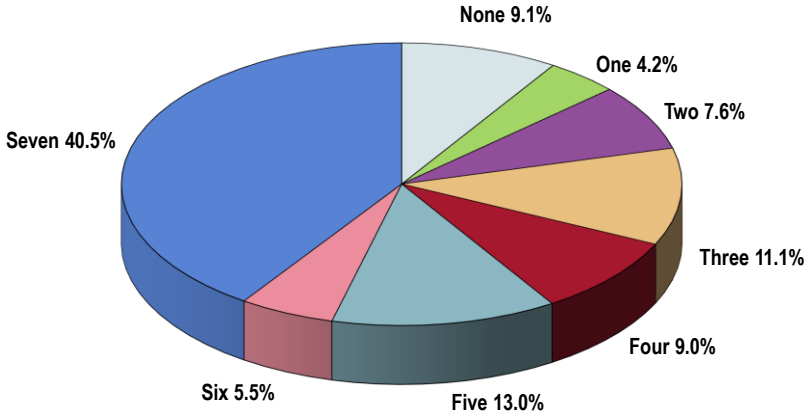
"The next questions are about physical activity. During the past 7 days, on how many days was the child physically active for a total of at least 60 minutes per day?"

A total of 40.5% of Total Service Area children age 2 to 17 had 60 or more minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Note, however, that one-fifth (20.9%) had two or fewer days in the past week with adequate physical activity.

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

(Total Service Area Children Age 2-17, 2016)



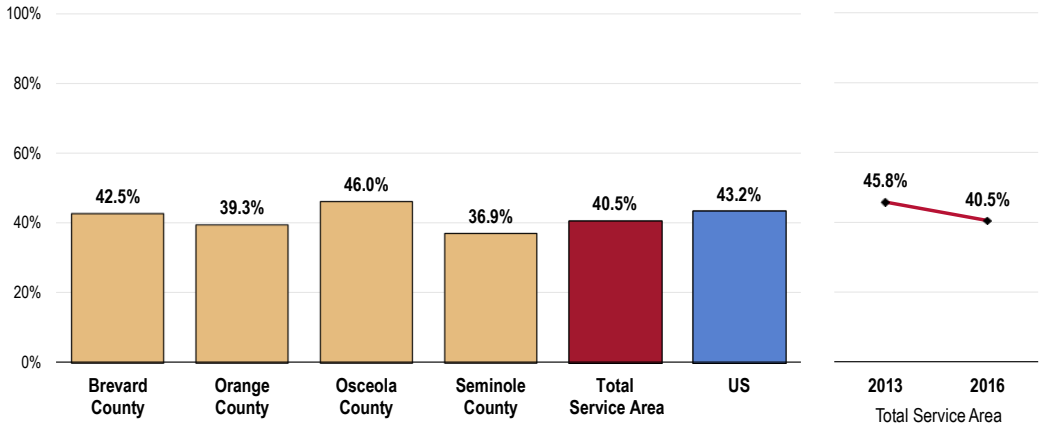
Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes: ● Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

The proportion of children getting recommended physical activity is:

- Comparable to the proportion reported nationally.
- Statistically similar by county.
- TREND: A lower proportion of children are getting adequate physical activity each day than seen in previous survey findings.

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

(Total Service Area Children Age 2-17, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 124]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

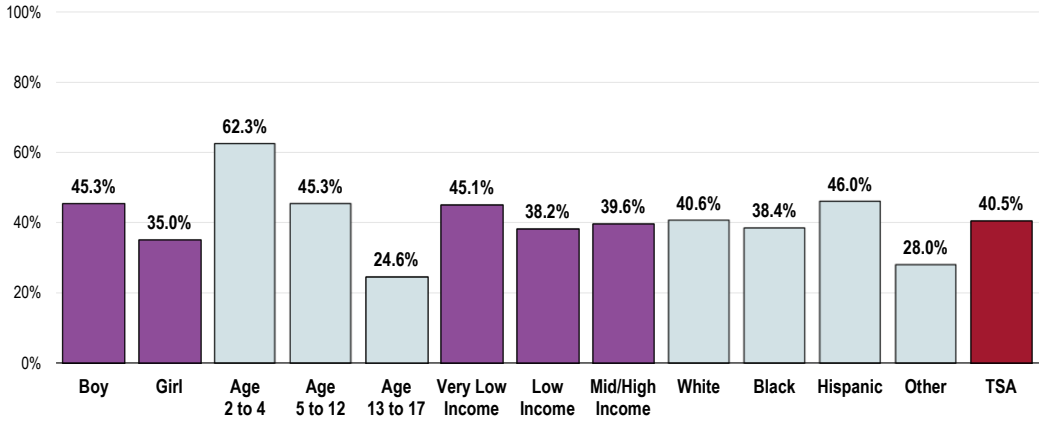
Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

Those <u>less</u> likely to meet recommended levels of physical activity include:

- Girls.
- Older children (strong negative correlation with age).
- "Other" race children.

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

(Total Service Area Children Age 2-17, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 124]

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

Physical Activity Frequency & Duration

Note:

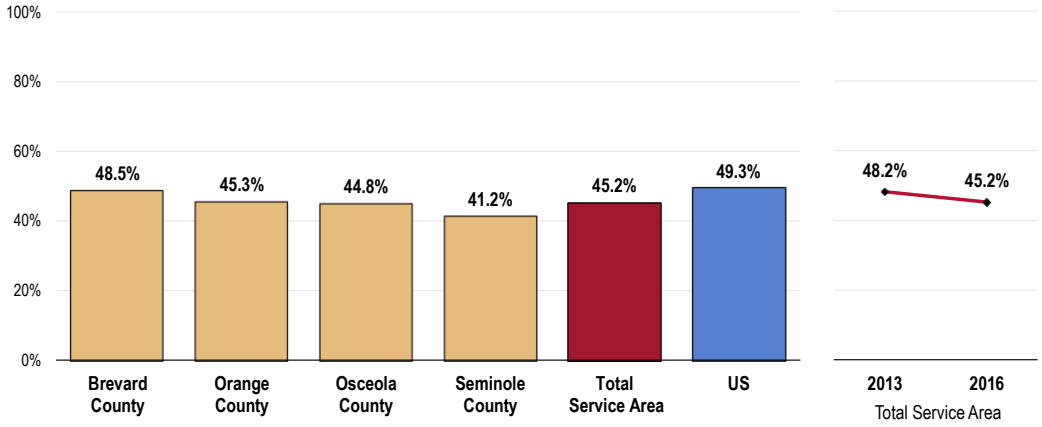
- The term "moderate physical activity" includes 30 minutes of activity that does not make a child breathe hard, such as fast walking, slow bicycling, skating, or pushing a lawn mower.
- The term "vigorous physical activity," includes exercise for 20 minutes that makes a child breathe hard, such as basketball,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

In the past month, 45.2% of Total Service Area children age 2 to 17 participated in *moderate* physical activity five or more times per week, for at least 30 minutes at a time.

- Comparable to the US figure.
- No statistical difference by county.
- TREND: Statistically unchanged since 2013.

Child Participates in Moderate Physical Activity

(Total Service Area Children Age 2-17, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 176]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

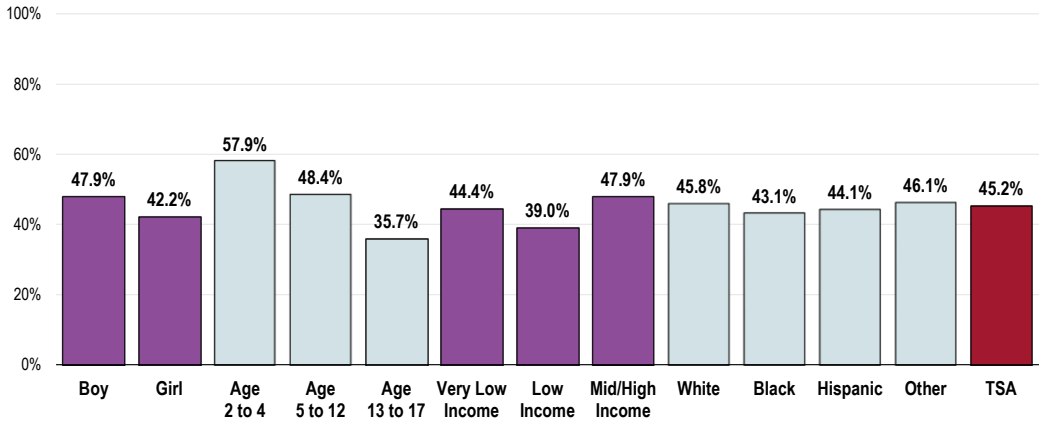
Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- Includes exercising at least 5 times per week for 30+ minutes at a time, doing activities which do not make the child breathe hard, such as fast walking, slow bicycling, skating, or pushing a lawnmower.

Note the following:

- Participation in moderate physical activity appears to decrease as age increases.
- Children living in mid/high income households have a higher prevalence of moderate physical activity than those in low income households.

Child Participates in Moderate Physical Activity

(Total Service Area Children Age 2-17, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 176]

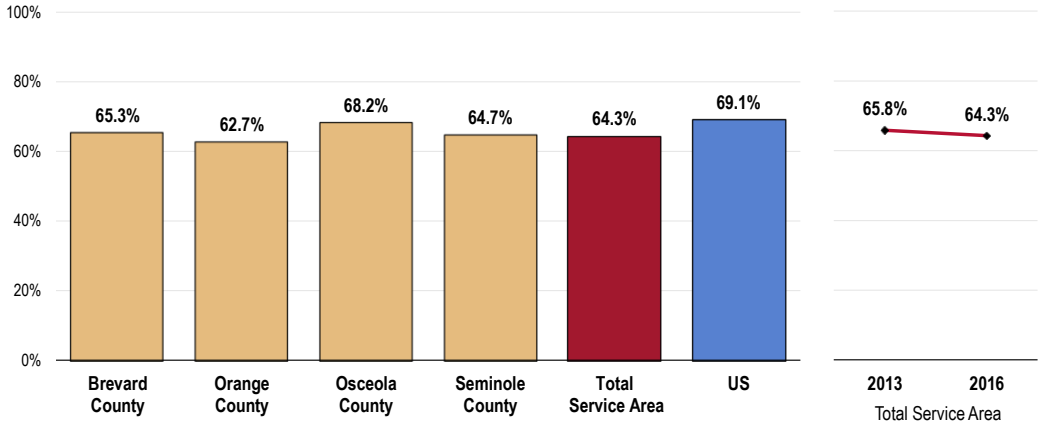
Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- Includes exercising at least 5 times per week for 30+ minutes at a time, doing activities which do not make the child breathe hard, such as fast walking, slow bicycling, skating,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

In the past month, 64.3% of Total Service Area children age 2 to 17 participated in *vigorous* physical activity three or more times a week, for at least 20 minutes at a time.

- Less favorable than US findings.
- Comparable findings by county.
- TREND: Participation in vigorous activity has remained constant over time.

Child Participates in Vigorous Physical Activity

(Total Service Area Children Age 2-17, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 177]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

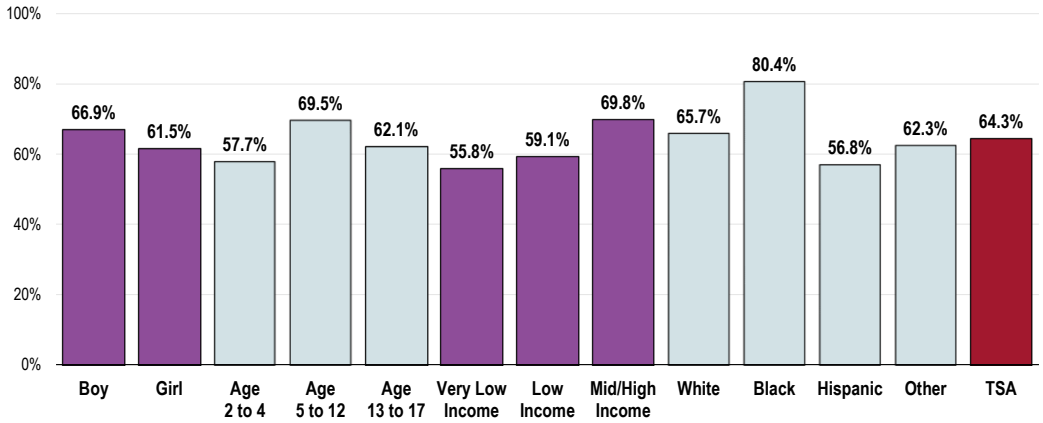
Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- Includes exercising at least 3 times per week for 20+ minutes each time, doing exercise which causes the child to breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.

Children less likely to participate in vigorous physical activity include:

- Those ages 2 to 4 and teens.
- Children living in low or very low income households (positive correlation with income).
- Whites, Hispanics and "Other" race children.

Child Participates in Vigorous Physical Activity

(Total Service Area Children Age 2-17, 2016)



Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 177]

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

Screen Time

Television Watching & Other Screen Time

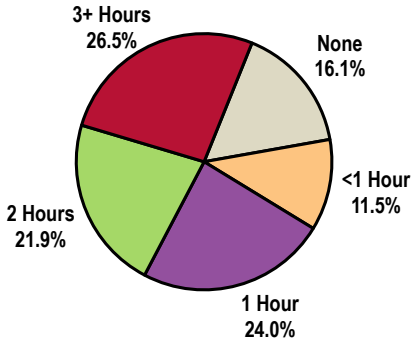
"On an average week day, how many hours or minutes does this child spend watching TV, watching videos, or playing video games on the TV?"

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

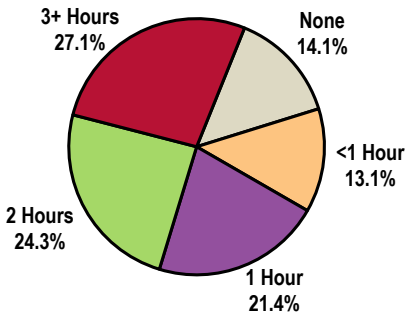
Among children aged 5 through 17, 26.5% are reported to watch three or more hours of television on an average week day; 27.1% are reported to spend three or more hours on a computer for purposes other than schoolwork.

Children's Screen Time

(Total Service Area Children Age 5-17, 2016)



Hours per Day of TV/Videos or Video Games



Hours per Day on a Computer, Laptop, Tablet etc.

Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 120, 153, 154, 305]
Notes: ● Asked of respondents for whom the randomly selected child in the household is age 5 to 17.
● For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
● "Three or more hours" includes reported screen time of 180 minutes or more per day.
● Note that time spent on the computer for schoolwork is excluded.

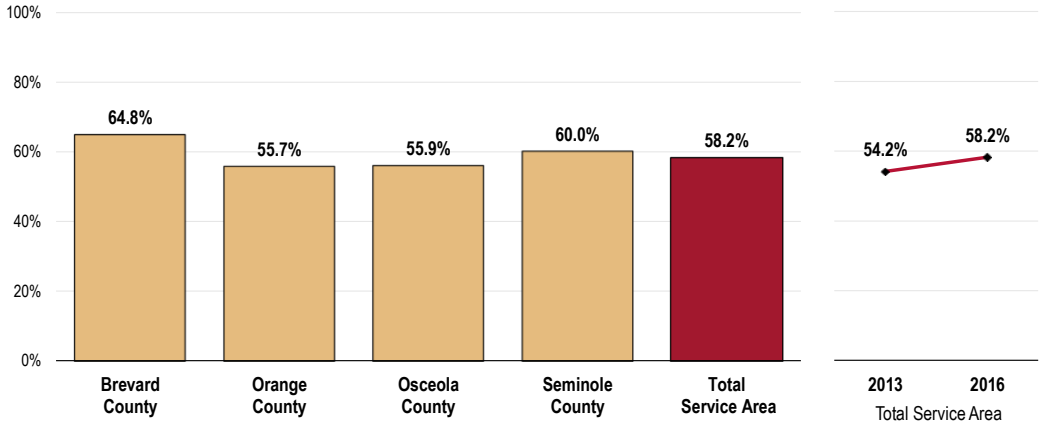
Total Screen Time

When combined, a total of 58.2% of Total Service Area school-age children spend three or more hours per day on screen time (whether television, computer, video games, tablet etc.).

- Less favorable in Brevard County.
- TREND: Total screen time has not changed significantly since 2013.

Children With 3+ Hours per School Day of Total Screen Time (TV, Computer, Video Games, etc.)

(Total Service Area Children Age 5-17, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 155]

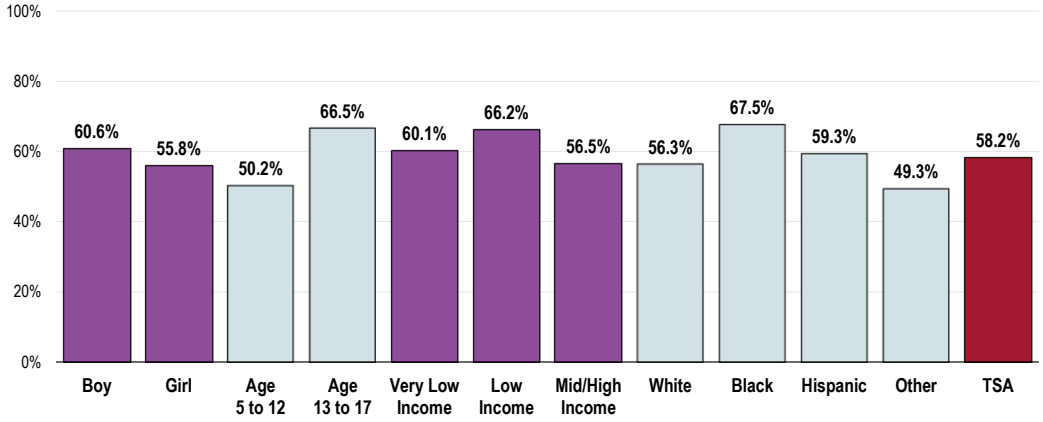
Notes:
- Asked of respondents for whom the randomly selected child in the household is age 5 to 17.
- For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
- "Three or more hours" includes reported screen time of 180 minutes or more per day.
- Excludes time spent on the computer for schoolwork.

The following are more likely to spend 3+ hours per day on screen time:

- Teens.
- Children living just above the federal poverty level.
- Black children.

Children With 3+ Hours per School Day of Total Screen Time (TV, Computer, Video Games, etc.)

(Total Service Area Children Age 5-17, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 155]

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

Electronic Media in Children's Bedrooms

A total of 46.5% of Total Service Area school-age children have a television in their bedrooms.

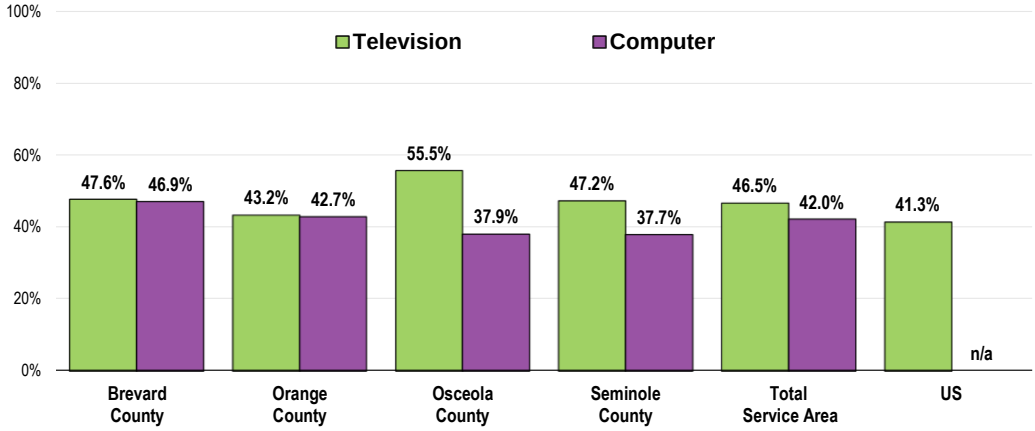
- Higher than the national proportion.
- Notably high in Osceola County.
- TREND: Statistically similar to 2013 findings (not shown).

Further, 42.0% of Total Service Area school-age children have access to computers, including any laptops or tablets in their bedrooms.

- Statistically comparable by county.
- TREND: Remains statistically consistent over time (not shown).

Access to Electronic Media in Children's Bedrooms

(Total Service Area Children Age 5-17, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 121, 306]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

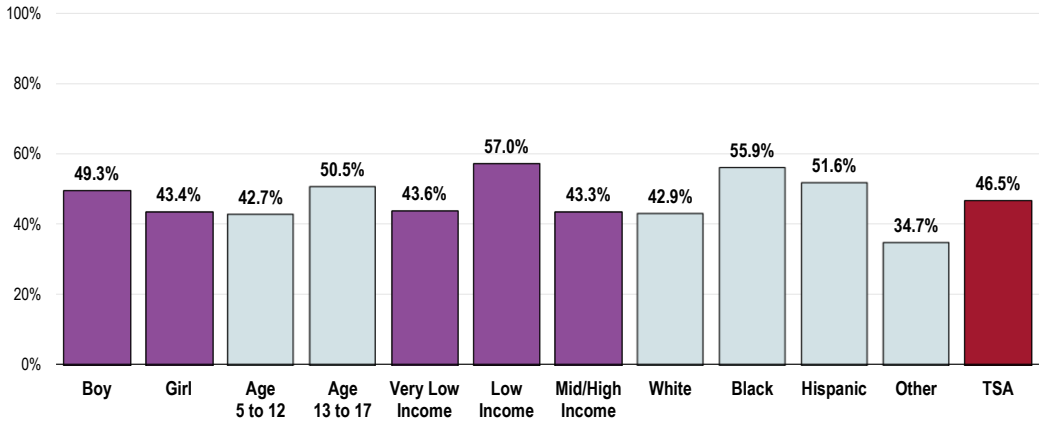
Notes:
- Asked of those respondents for whom the randomly selected child in the household is age 5 to 17.
- In this context, "computer" includes any laptops or tablets that the child may use in his/her bedroom.
- US data not available for computer access.

Those more likely to have a **television** in his/her bedroom include:

- Teens.
- Children living at low incomes.
- Black children and Hispanic children.

Child Has a Television in His/Her Bedroom

(Total Service Area Children Age 5-17, 2016)



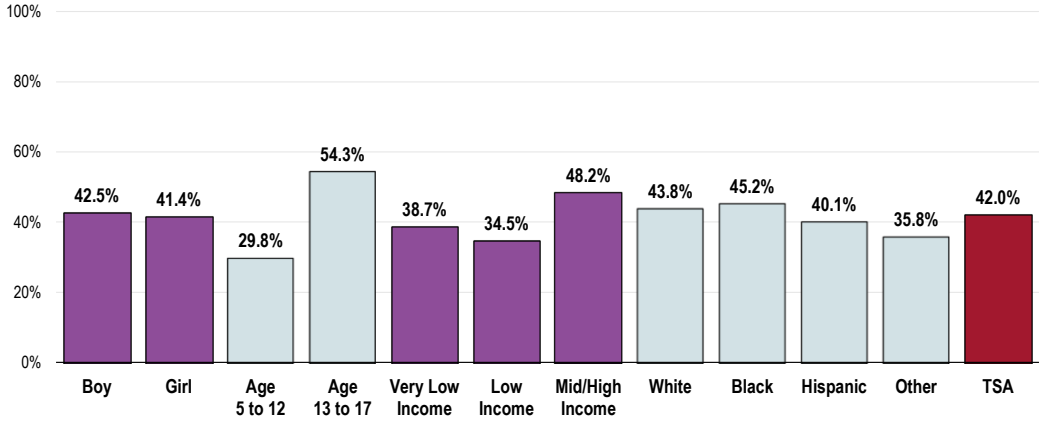
Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 121]

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

- Teens and children in mid/high income households are more likely than their demographic counterparts to have access to some type of computer in his/her bedroom.

Child Has a Computer in His/Her Bedroom

(Total Service Area Children Age 5-17, 2016)



Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 306]

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

Weight Status

Childhood Overweight & Obesity

About Weight Status in Children & Teens

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

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

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

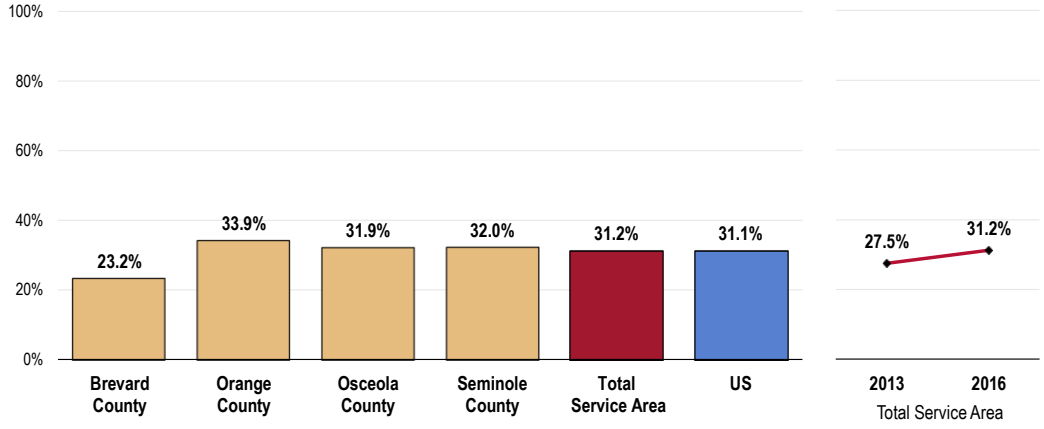
- Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 31.2% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Nearly identical to the prevalence reported nationwide.
- More favorable in Brevard County.
- TREND: Statistically unchanged over time.

Child Is Overweight or Obese

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



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 157]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

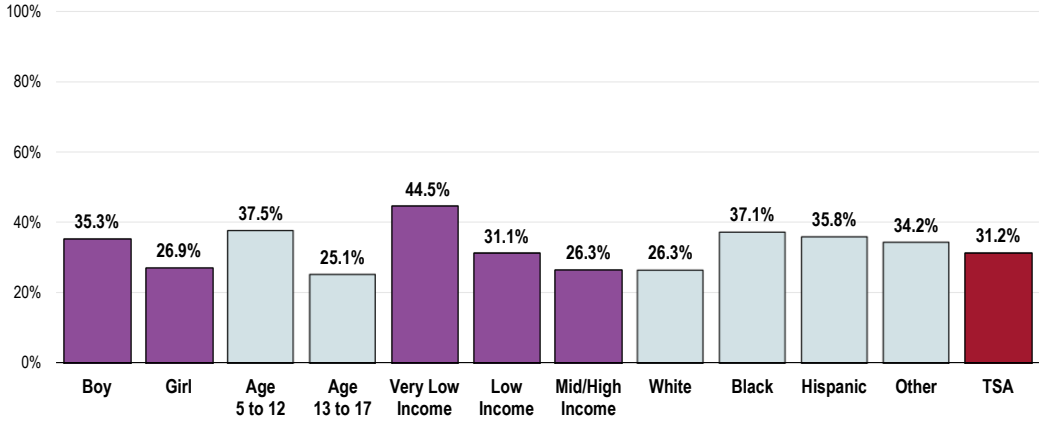
Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Overweight among children 5-17 is determined by child's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Note the following among school-age children:

- Boys, children age 5 to 12, and children living in poverty are more likely to be overweight or obese (negative correlation with income).
- By race/ethnicity, the prevalence of overweight and obese children is lower among Whites.

Child Is Overweight or Obese

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



Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 157]
Notes: ● Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Overweight among children is determined by children's Body Mass Index status equal to or above the 85th percentile of US growth charts by gender and age.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Further, 19.3% of Total Service Area children age 5 to 17 are obese (≥95th percentile).

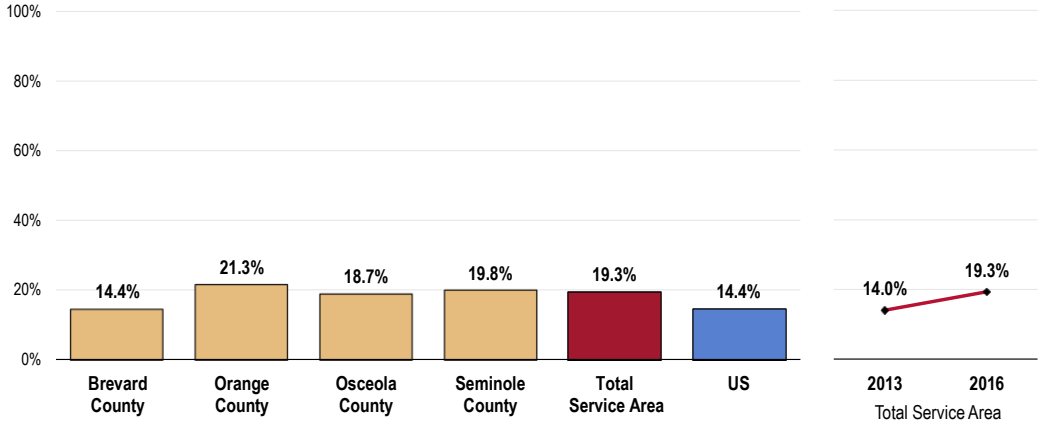
Note that this proportion is included in the "overweight or obese" percentage reported above.

- Less favorable than the US findings.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower).
- More favorable in Brevard County.
- TREND: Over time, child obesity in the Total Service Area has significantly increased.

Child Obesity Prevalence

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

Healthy People 2020 Target = 14.5% or Lower



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 157]
- 2014 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 those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

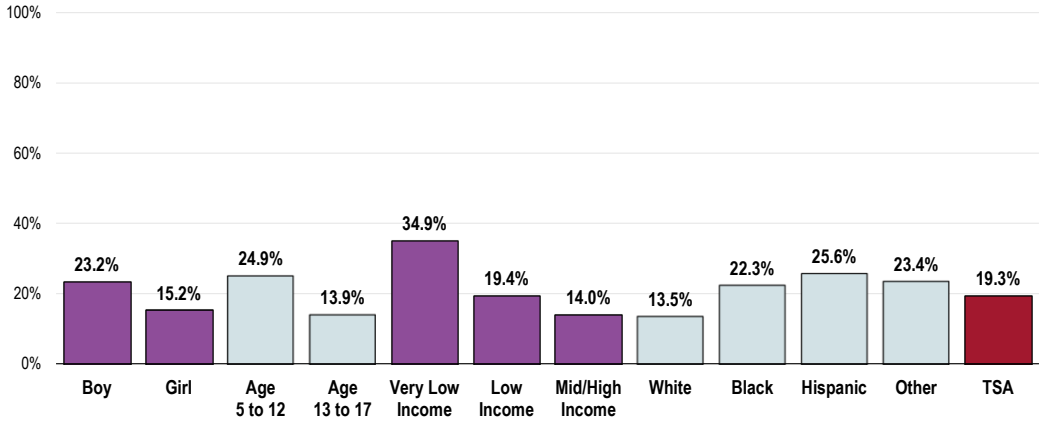
Obesity is higher in the Total Service Area among:

- Boys.
- Children age 5 to12.
- Children in very low income households (negative correlation with income).
- Hispanic children when compared with White children.

Child Obesity Prevalence

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

Healthy People 2020 Target = 14.5% or Lower



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 157]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

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

Perceptions of Overweight

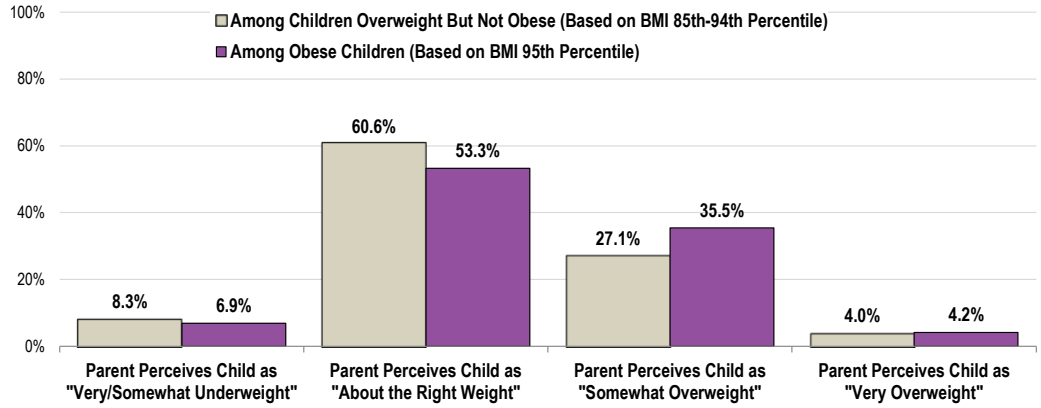
Actual vs. Perceived Body Weight

Interestingly, among parents of children age 5-17 who are overweight or obese (based on BMI), the majority sees their child as being at "about the right weight."

- Only 31.1% of parents with an overweight (not obese) child perceive their child as "somewhat overweight" or "very overweight."
- Only 4.2% of parents with an obese child consider that child to be "very overweight."

Child's Actual vs. Perceived Weight Status

(Total Service Area Children Age 5-17 Who Are Overweight/Obese Based on BMI, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 132]
Notes: • Asked of those respondents for whom the randomly selected child at home is age 5 to 17.
• Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.

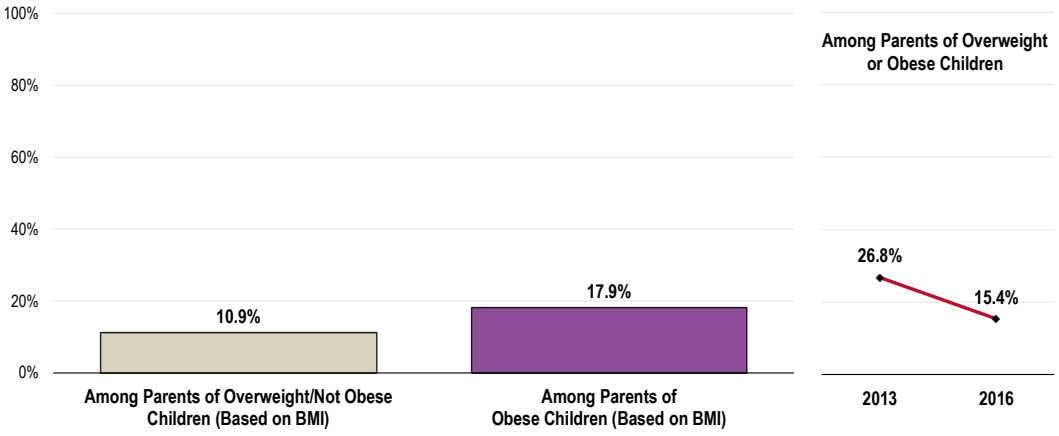
Notification of Overweight Status

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

- Similar to US findings (not shown).
- TREND: The prevalence of these notifications has <u>decreased</u> considerably within the past three years.

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

(Total Service Area Children Age 5-17 Who Are Overweight/Obese Based on BMI, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 133]

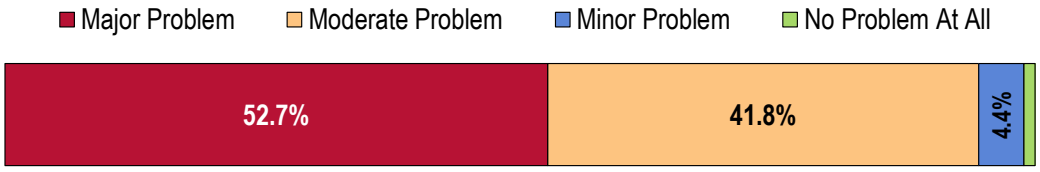
Notes:
- Asked of those respondents for whom the randomly selected child at home is age 5 to 17.
- Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.

Key Informant Input: Nutrition, Physical Activity, and Weight

A majority of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a "major problem" for children/adolescents in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem for Children/Adolescents in the Community

(Key Informants, 2016)



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

Notes:
- Asked of all respondents.

Top Concerns

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

Obesity

> *I see lots of kids who are overweight. When you see their parents it seems to be a family issue. Not every family can afford to put their children in sporting or physical activity classes. Schools have reduced the number of PE days, I had PE every day. - Community/Business Leader*

About 30% of students screened are found to be obese/overweight. Although schools have made an effort to bring recess back into schools, physical activity time is very limited, often time children may not have opportunities to have safe environment. - Public Health Representative

In order to reduce our health care costs, we need to focus on living healthier not who insures our health. Obesity is becoming almost an epidemic. Which also accounts for the increase in diabetes. - Social Services Provider

Obesity has skyrocketed as a national epidemic since 1990. It will soon surpass smoking as the leading cause of preventable death. Quality of school lunches is a direct result of lack of available funding for schools. Cafeterias spend less than $2. - Social Services Provider

Childhood obesity is considered to be a major issue in Brevard County. There have been several county wide summits to seek to address the issue. - Other Health Provider

Weight is a big problem in our community. - Social Services Provider

Adolescent obesity on the rise. - Community/Business Leader

Too many children are significantly overweight. - Community/Business Leader

Increase in BMI, weight and sedentary lifestyle which leads to major health complications. - Other Health Provider

I see that more and more of our children are obese, not getting enough exercise, and developing all the accompanying health risks associated with poor nutrition and unhealthy weight. - Community/Business Leader

Many children are overweight and don't have access or enough funds for healthy whole foods or information on the importance of physical activities. - Community/Business Leader

Obesity in children and adolescent lays the groundwork for the development of an assortment of chronic diseases. Nutrition deficits, especially for children living at or below federal poverty guidelines, supported by food deserts in low income community. - Other Health Provider

Nutrition

Lack of nutrition, physical activity and weight are factors that contribute too many health conditions, premature and preventable deaths. Important to always keep these factors as a priority to improve the health of growing and developing children. - Public Health Representative

Lack of exercise and healthy eating. - Community/Business Leader

Our children are not eating nutritional meals and are not physically active. - Community/Business Leader

Parents with limited time tend to feed children processed and fast foods. Additionally, with homework and electronic devices taking up time during non-school hours, ensuring that children have time for physical activity often falls only on weekends. - Community/Business Leader

This is a country wide problem. We are eating fast food, food that has low or no nutritional value. No play time or activity at school. Mainly lesson/test taking is the focus. No recess. Kids have electronics now so they don't go outside and play. - Community/Business Leader

Many low income communities are also food deserts, therefore the only access to healthy food options might be that which are offered by their local school. Physical activity may pose an issue in high crime areas, which again causes problems for children. - Social Services Provider

Because people make poor choices and have bad habits. Parents often don't have the knowledge or resources to care for childhood nutrition properly. While we have had some improvement nationally, there is a long way to go. Children are too sedentary. - Social Services Provider

Parents are too busy and don't often take time to prepare nutritious meals. They keep the kids so busy, no time to shop or cook. Kids are glued to their technology devices and not often given other alternatives. - Social Services Provider

Children are eating less nutritious meals and more junk food. The physical activity is limited, concentrating on video games. - Social Services Provider

Nemours Nutrition Clinic is overrun and still does not achieve much success. Nutrition consults alone do not work well. Whole families are obese and the parents don't want to be lectured. - Social Services Provider

Access to Healthy Foods

Junk food is cheaper and more convenient that healthy food. Soda and fast food have become staples for meals. - Social Services Provider

Access to affordable nutrition and limitation of physical activity while in school are why I believe these issues are major problems. - Community/Business Leader

Sedentary lifestyles and convenience of fast food. - Public Health Representative

Food access, cost for healthy foods. Peer pressure. Fast food availability. Cultural. - Other Health Provider

Packaged foods are easy to get, cheap and have a long shelf life. - Community/Business Leader

Lack of access to fresh, raw and ripe fruits and vegetables and lack of education on how to purchase, store or use these items. - Social Services Provider

Lack of access to healthy foods. Lack of appropriate food for infants and toddlers in food pantries. Blessings in a backpack type programs not available in all schools and child care centers in low income neighborhoods. - Social Services Provider

Lack of Physical Activity

In working with Orange County Health Department and area schools and faith leaders lack of physical activity at a young age leads to unhealthy weight. We also have concerns in areas of the county where health fruits and vegetables are not available. - Social Services Provider

Limited physical activity in schools. - Other Health Provider

Electronics-cell phones, social media, connectivity leads to inactivity. - Community/Business Leader

Built Environment

Lack of opportunities. - Community/Business Leader

Demographics

Demographics and other sources. - Community/Business Leader

Impact on Quality of Life

Impacts lifelong health. - Other Health Provider

Prevalence/Incidence

Statistics on children's health. - Community/Business Leader

Tobacco

Exposure to Environmental Tobacco Smoke

About Tobacco Exposure

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

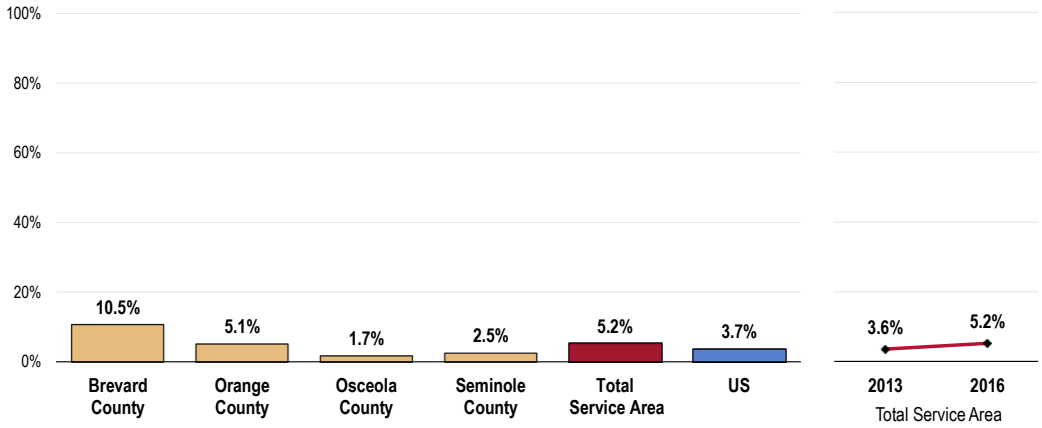
- Healthy People 2020 (www.healthypeople.gov)

A total of 5.2% of Total Service Area parents report that someone in the household smokes inside the home.

- Similar to the US proportion.
- Least favorable in Brevard County; most favorable in Osceola and Seminole counties.
- TREND: The proportion of children affected by tobacco smoke inside the home has not changed significantly over time.

Someone Smokes Tobacco Inside the House

(Total Service Area, 2016)



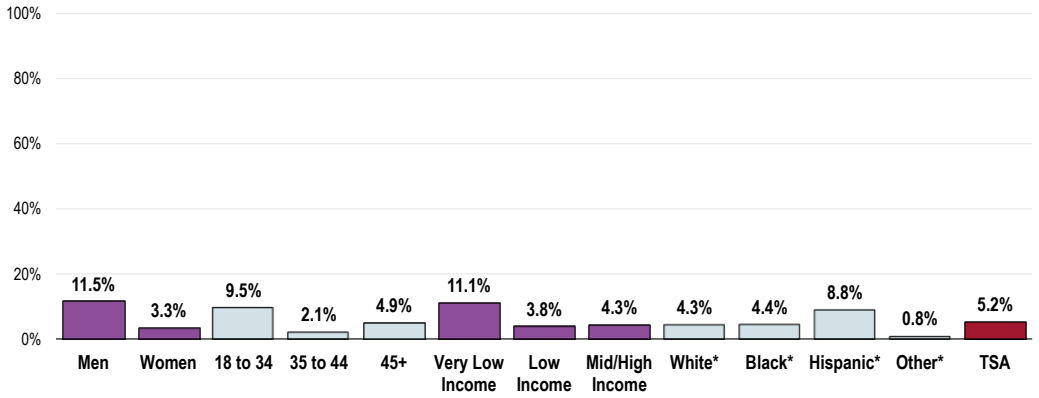
Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 119]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Note that reports of smoking inside the home are higher among:

- Men
- Parents age 18 to 34 followed by those age 45+.
- Very low income households.
- Parents of Hispanic children.

Someone Smokes Tobacco Inside the House

(By Adults Respondents' Demographic Characteristics*; Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 119]

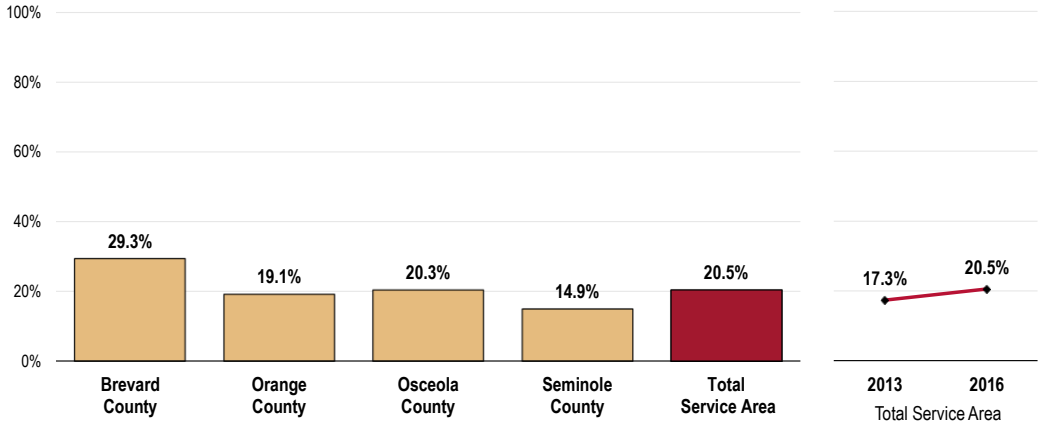
Notes:
- Asked of all respondents.
- *Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Further, one-fifth of Total Service Area parents (20.5%) report that a member of their household smokes <u>outside</u> the home.

- Much less favorable in Brevard County; more favorable in Seminole County.
- TREND: Statistically similar to the 2013 findings.

Someone Smokes Tobacco Outside the House

(Total Service Area, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 304]

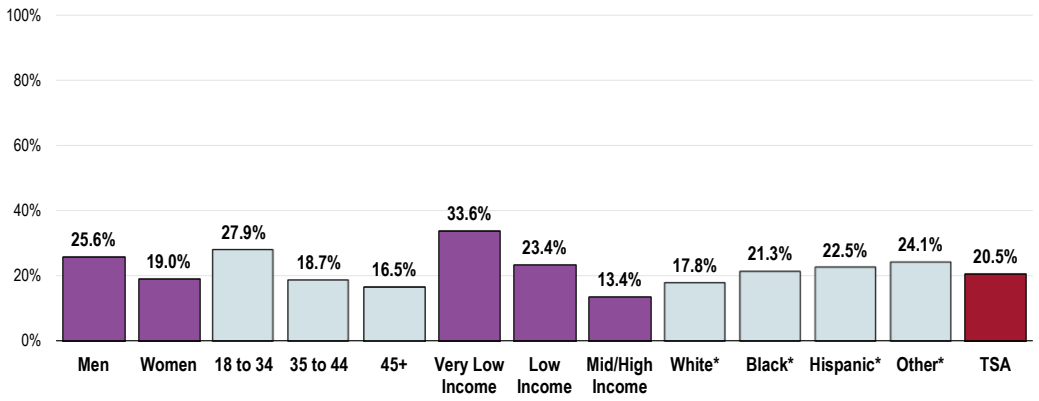
Notes:
- Asked of all respondents.

Note that smoking outside the home:

- Is more frequently reported by men and parents age 18 to 34.
- Increases in prevalence as household income decreases.

Someone Smokes Tobacco Outside the House

(By Adults Respondents' Demographic Characteristics*; Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 304]

Notes:
- Asked of all respondents.
- *Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Current Tobacco Use (Adolescents)

Among Orange County high school students, 6.4% report smoking at least one cigarette on at least one day during the 30 days preceding the administration of the 2013 Youth Risk Behavior Survey.

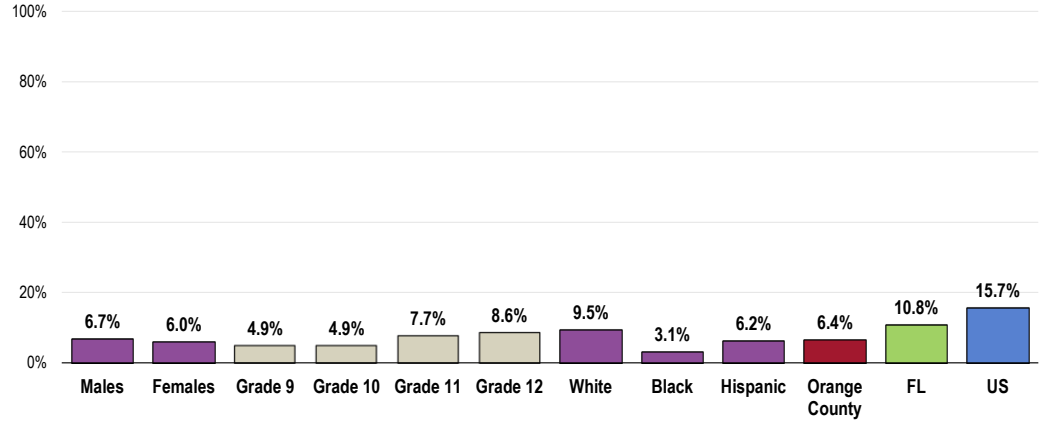
- Much lower than Florida and US findings.
- No statistical difference by gender or grade level.
- Higher among White and Hispanic students.

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

For more information, visit: www.cdc.gov/healthyyouth/yrbs.

Smoked Cigarettes in Past Month

(Among High School Students; Orange County Youth Risk Behavior Survey, 2013)



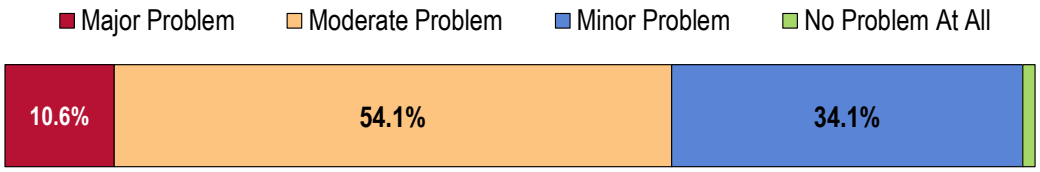
Sources:
- Centers for Disease Control and Prevention (CDC). 2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2016.

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

Key Informant Input: Tobacco Use

Most key informants taking part in an online survey characterized *Tobacco Use* as a "moderate problem" for children/adolescents in the community.

Perceptions of Tobacco Use as a Problem for Children/Adolescents in the Community
(Key Informants, 2016)



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

Top Concerns

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

Youth Experimentation

I just see them starting earlier and earlier. It's becoming cool again. - Social Services Provider

Even though campaigns have been developed, more children and adolescents start early to experiment with tobacco. More important secondhand smoking, which is affecting a great number of the population. - Social Services Provider

The imagery of tobacco use is a tool that attracts youth to take part in active use. - Social Services Provider

Too available, still considered cool in some circles, a real problem. - Community/Business Leader

E-Cigarettes

Tobacco products like electronic cigarettes and hookah are on the rise and are targeting youth. Teens are more likely to initiate the use of tobacco products due to the variety of tobacco flavors which are attracting. More policies need to take place. - Public Health Representative

Substance Abuse

Alcohol (Adolescents)

Current Alcohol Use

A total of 32.1% of Orange County high school students report having at least one drink of alcohol on at least one day during the 30 days preceding the administration of the 2013 Youth Risk Behavior Survey.

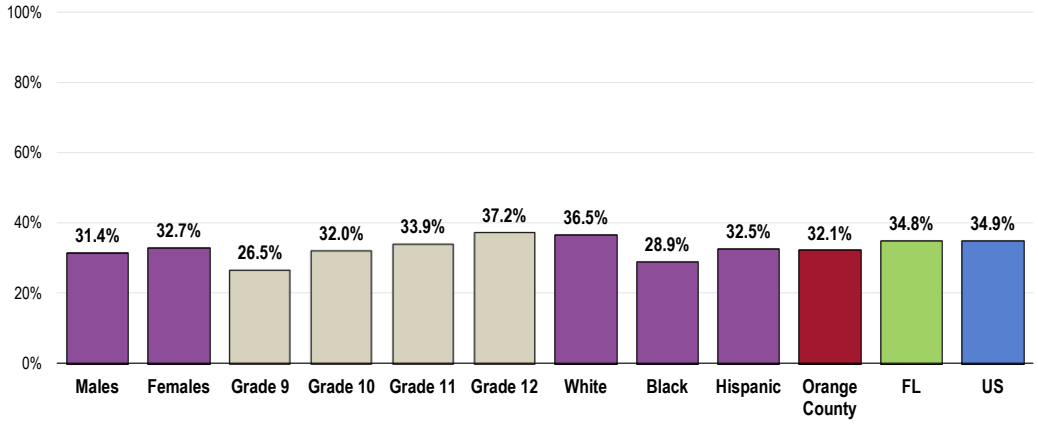
- Slightly more favorable than statewide and national findings.
- Similar by gender.
- Increases with grade level.
- Less favorable among White students.

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

For more information, visit: www.cdc.gov/healthyyouth/yrbs.

Drank Alcohol in Past Month

(Among High School Students; Orange County Youth Risk Behavior Survey, 2013)



Sources: • Centers for Disease Control and Prevention (CDC). 2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2016.

Notes: • Had at least one drink of alcohol on at least one day during the 30 days before the survey.

Current Drinking & Driving

Among Orange County high school students, 7.9% report having driven a car or other vehicle when drinking alcohol on one or more occasions during the 30 days preceding the administration of the 2013 Youth Risk Behavior Survey.

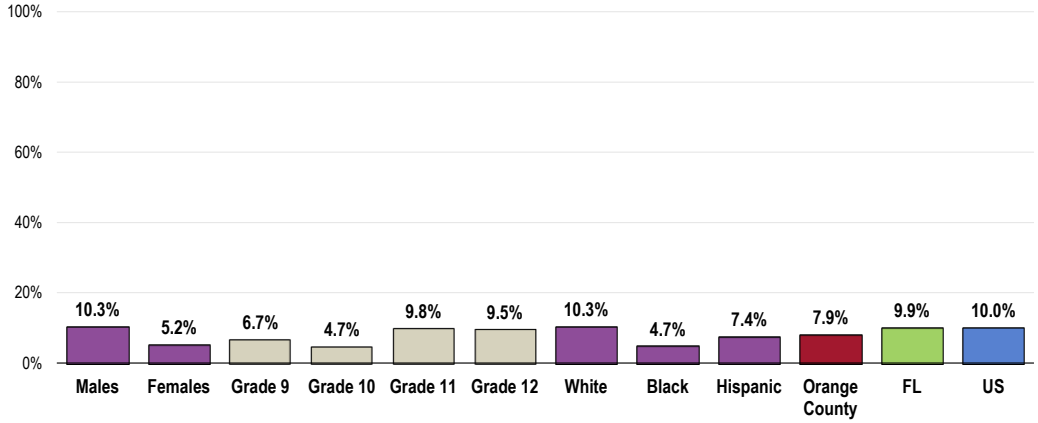
- Statistically comparable to the Florida prevalence.
- Lower than the US figure.
- Higher among boys, 11th graders, and White students.

Drove When Drinking Alcohol in the Past Month

(Among High School Students; Orange County Youth Risk Behavior Survey, 2013)

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

For more information, visit: www.cdc.gov/healthyyouth/yrbs.



Sources:
- Centers for Disease Control and Prevention (CDC). 2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2016.

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

Orange County high school students report the highest lifetime usage for marijuana (34.5% have ever used), followed by prescription drugs (13.8% have ever used drugs not prescribed to them), and inhalants (8.8% have ever used).

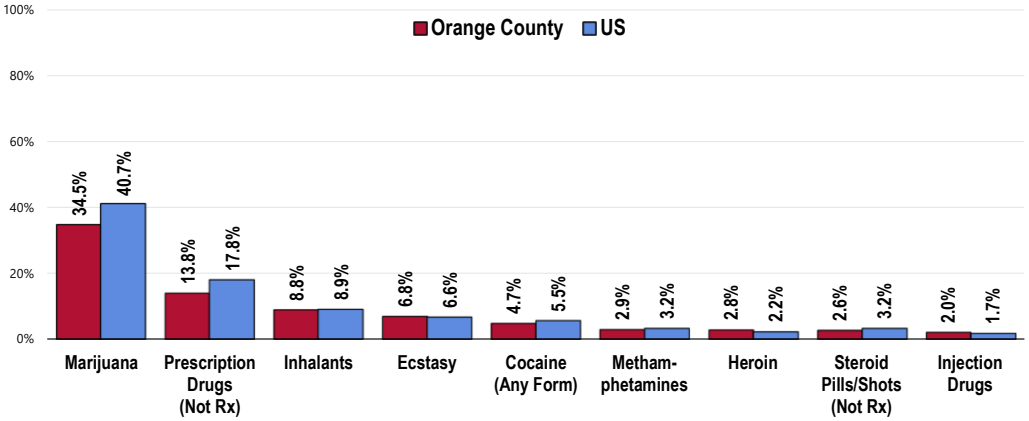
- Percentages are significantly below national findings for lifetime usage of marijuana and prescription drugs. Lifetime usage is similar to national findings for all other drugs.

Ever Used Specific Drugs

(Among High School Students; Orange County Youth Risk Behavior Surveys, 2013)

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

For more information, visit: www.cdc.gov/healthyyouth/yrbs.



Sources:
- Centers for Disease Control and Prevention (CDC). 2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2016.

Notes:
- Prescription drugs include drugs such as Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax.
- Inhalants include sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays to get high.
- Ecstasy is also called "MDMA."
- Cocaine includes powder, crack or freebase forms of cocaine.
- Methamphetamine is also called "speed," "crystal," "crank," or "ice."
- Heroin also called "smack," "junk," or "China white."

Current Marijuana Use

In Orange County, 18.9% of high school students report having used marijuana one or more times during the 30 days preceding the administration of the 2013 Youth Risk Behavior Survey.

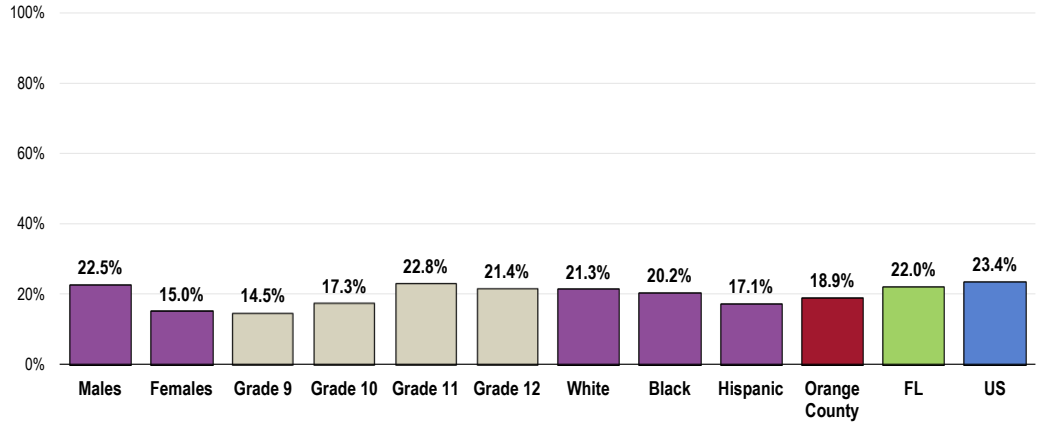
- Lower than statewide and national findings.
- Higher among boys and students in 11th or 12th grade.
- Statistically similar by race/ethnicity.

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

For more information, visit: www.cdc.gov/healthyyouth/yrbs.

Used Marijuana in Past Month

(Among High School Students; Orange County Youth Risk Behavior Survey, 2013)



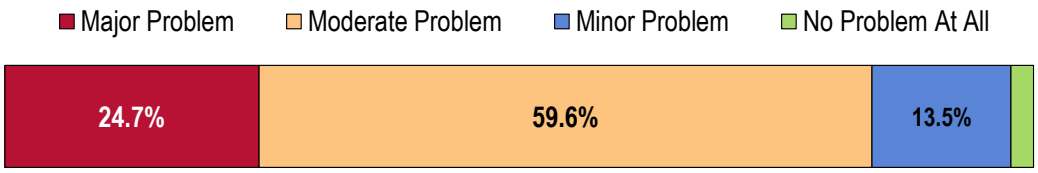
Sources: • Centers for Disease Control and Prevention (CDC). 2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2016.
Notes: • Used marijuana one or more times during the 30 days before the survey.

Key Informant Input: Substance Abuse

Nearly six in 10 key informants taking part in an online survey characterized *Substance Abuse* as a "moderate problem" for children/adolescents in the community.

Perceptions of Substance Abuse as a Problem for Children/Adolescents in the Community

(Key Informants, 2016)



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

Barriers to Treatment

Among those rating this issue as a "major problem," the greatest barriers to accessing substance abuse treatment are viewed as:

Denial/Stigma

Recognizing that they have a problem or admitting. Lack of financial resources. Lack of knowledge on where or who to go for help. - Social Services Provider

Accept there is a need for treatment and denial. - Social Services Provider

Willingness to speak to their parents or friends when they have a problem. Fear of punishment. - Social Services Provider

Denial that a problem exists. Not knowing where to go for assistance, not wanting assistance and prefer to be on substance. - Public Health Representative

Stigma, they don't know where to go, too easy to get the bad stuff, parents themselves are the enablers. - Community/Business Leader

Peer pressure, stigma and usage by other family members. - Other Health Provider

Prevalence/Incidence

Drug diversion is the number one law enforcement issue in Brevard County. There is limited access to substance abuse programs for children. - Other Health Provider

Increase in hard, addictive drugs appears to be on the rise in the country and in Florida. - Social Services Provider

Growing issue with heroin replacing pills in the area of substance abuse. Alcohol remains an issue as well as it is legally available and many parents are not home to supervise their adolescents after school. - Community/Business Leader

Parental Involvement

Fear of parental involvement or disinterested parents. - Social Services Provider

Recognition by a caring adult that there is a problem. - Community/Business Leader

Parents need to be involved in their child's lives. Need to look for changes in behavior and be able to have trusting, open conversations with their kids. We are in a society where both parents work, send their kids to school. - Community/Business Leader

Affordable Care/Services

Funding and available care. - Social Services Provider

Cost and lack of insurance. - Social Services Provider

Health Education

In my opinion, lack of knowledge of the parent or caregiver that the child needs early intervention/substance abuse treatment. Recognizing signs and symptoms early can better detect needed treatment resources for those that are uninsured/underinsured. - Social Services Provider

Access to Care/Services

Access to help. I believe that some addicts want to heal and become sober, but they may not know where to go or have insurance to pay for said care. I also believe that different systematic issues, cycle of poverty, need to be identified and addressed. - Social Services Provider

Most Problematic Substances

Key informants (who rated this as a "major problem") most often identified alcohol, prescription medications, and heroin/other opioids as the most problematic substances abused by youth in the community.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	28.6%	14.3%	21.4%	9
Prescription Medications	28.6%	0.0%	21.4%	7
Heroin or Other Opioids	14.3%	21.4%	7.1%	6
Marijuana	0.0%	28.6%	7.1%	5
Cocaine or Crack	0.0%	14.3%	21.4%	5
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	21.4%	0.0%	7.1%	4
Over-The-Counter Medications	0.0%	14.3%	7.1%	3
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	7.1%	7.1%	0.0%	2
Inhalants	0.0%	0.0%	7.1%	1

Injury & Safety

About Injury & Safety

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

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

- Healthy People 2020 (www.healthypeople.gov)

Prevalence of Injuries

"In the past two years, has this child been injured seriously enough to need treatment from a doctor or a nurse?"

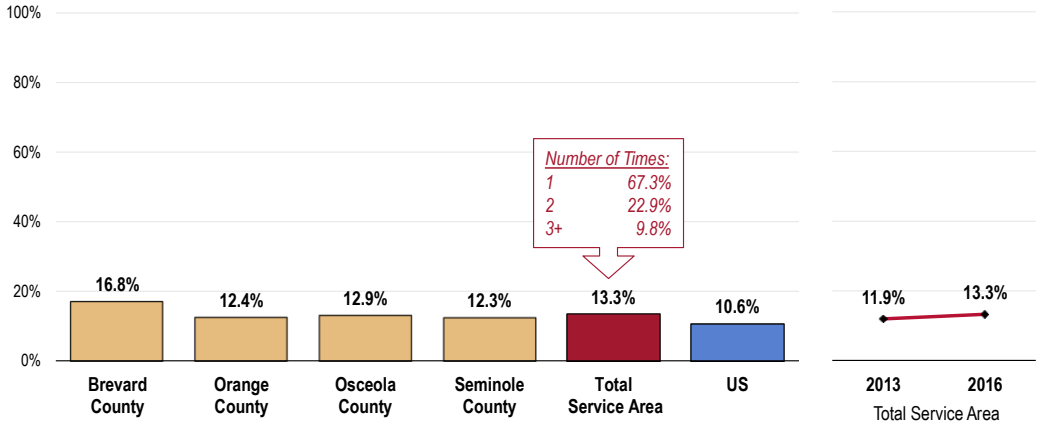
Injuries Requiring Treatment

While most Total Service Area children were not injured seriously in the past year, 13.3% sustained injuries serious enough to require medical treatment.

- Statistically similar to US findings.
- Statistically similar among individual counties.
- TREND: Statistically unchanged from previous survey findings.

Child Was Injured Seriously Enough to Need Medical Treatment in the Past Year

(Total Service Area, 2016)



Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 78-79]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

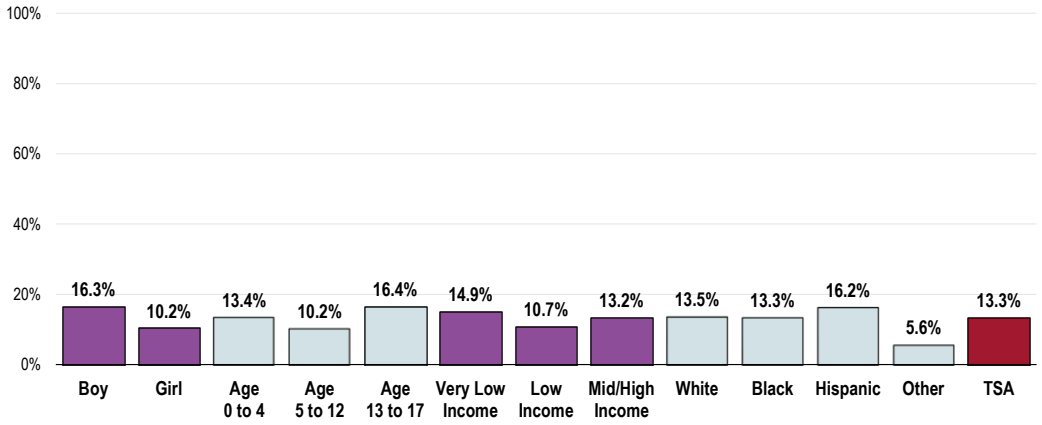
More than two-thirds of parents (67.3%) reported that their child was seriously injured just **once** in the past year. However, 22.9% reported **two incidents** and 9.8% said their child needed medical treatment for an injury **three or more times** in the past twelve months.

The prevalence of serious injury among Total Service Area children is highest among:

- Boys.
- Teens.
- White children and Hispanic children.

Child Was Injured Seriously Enough to Need Medical Treatment in the Past Year

(Total Service Area, 2016)



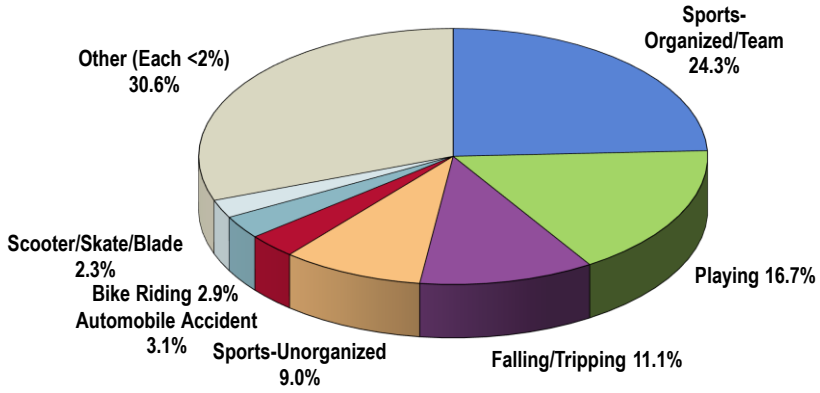
Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 78]

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

When asked what the child was doing when the injury occurred, parents mentioned activities like **organized sports** (24.3%), **playing** (16.7%), and **falling or tripping** (11.1%). Other activities included **unorganized sports, automobile accident**, **bike riding**, and **scootering/roller skating/roller blading.**

Child's Activity When Most Seriously Injured in Past Year

(Total Service Area Children Seriously Injured in the Past Year, 2016)



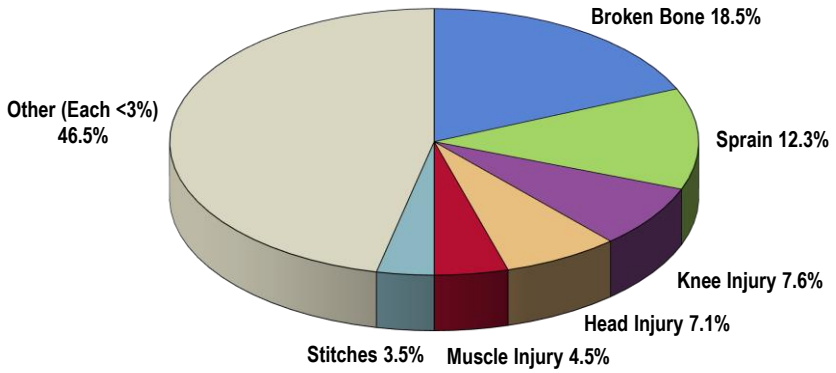
Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 80]

Notes:
- Asked of all respondents for whom the randomly selected child in the household was seriously injured in the past year.

When asked about the type of injury sustained, these parents frequently mentioned **broken bones** (18.5%), **sprains** (12.3%), and **knee** (7.6%)**, head** (7.1%) **or muscle** (4.5%) **injuries**. Injuries requiring **stitches** were mentioned by 3.5%, while various others were each reported by less than 3.0%.

Type of Injury Sustained

(Total Service Area Children Seriously Injured in the Past Year, 2016)

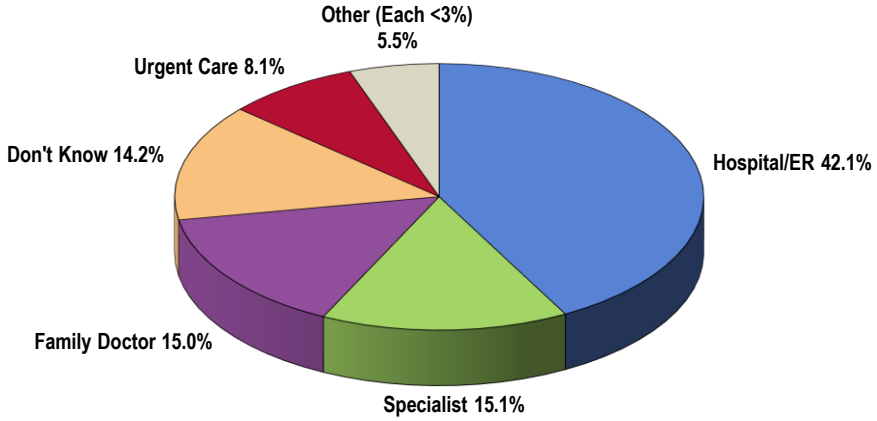


Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 81]
Notes: ● Asked of all respondents for whom the randomly selected child in the household was seriously injured in the past year.

When asked where they sought help for the child's injury, 42.1% of parents mentioned a **hospital emergency room,** followed by a **specialist** (15.1%), a **family physician** (15.0%), and an **urgent care center** (8.1%).

Source for Help After the Injury

(Total Service Area Children Seriously Injured in the Past Year, 2016)



Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 82]
Notes: ● Asked of all respondents for whom the randomly selected child in the household was seriously injured in the past year.

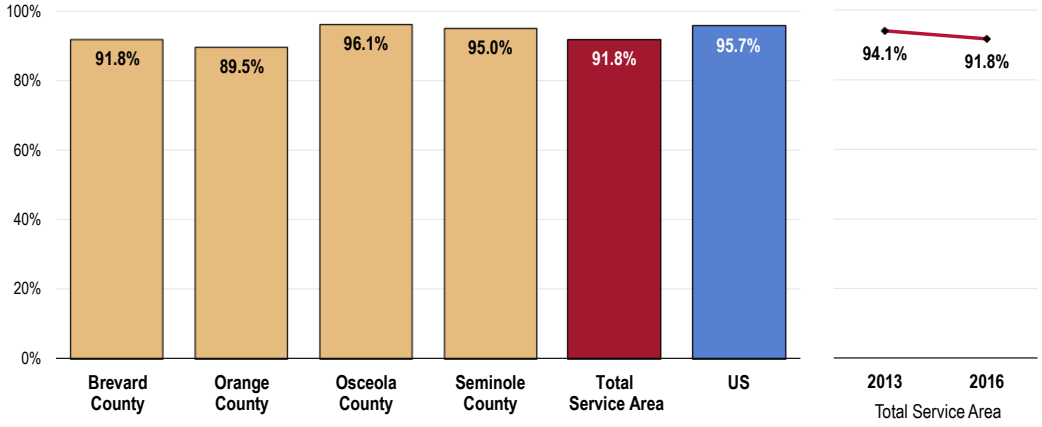
Injury Control

Car Seats & Seat Belts

A full 91.8% 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 motor vehicle.

- Less favorable than the US percentage.
- More favorable in Osceola and Seminole counties; less favorable in Orange County.
- TREND: Denotes a statistically significant decrease in seatbelt usage since 2013.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle
(Total Service Area, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 83]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

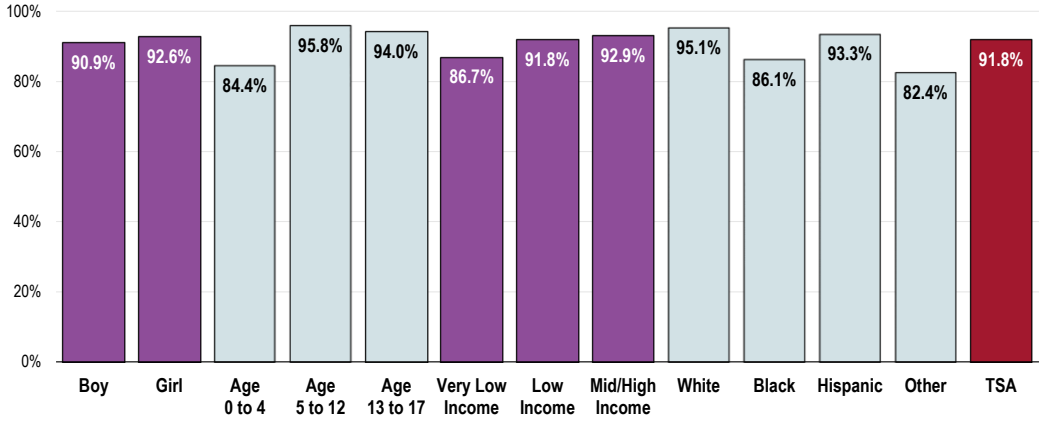
Notes:
- Asked of all respondents about a randomly selected child in the household.

Usage is higher among:

- Children age 5 to 17.
- White children and Hispanic children.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 83]

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

Helmet Use

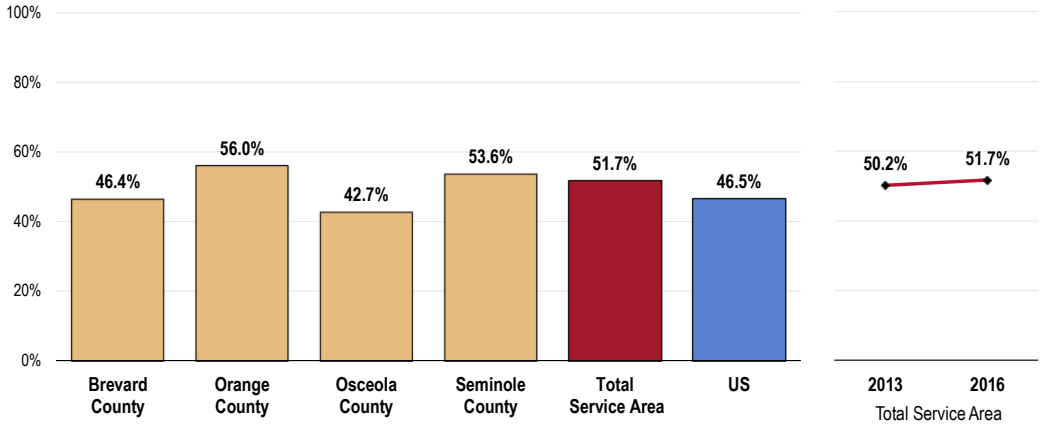
Bicycles

Just over one-half of Total Service Area children (51. 7%) age 5 to 17 are reported to "always" wear a helmet when riding a bicycle.

- Statistically comparable to the US proportion.
- Higher in Orange County; notably low in Osceola County.
- TREND: Consistent helmet usage has barely changed since 2013.

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

(Total Service Area Children Age 5-17 Who Rode a Bike in the Past Year, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 88]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

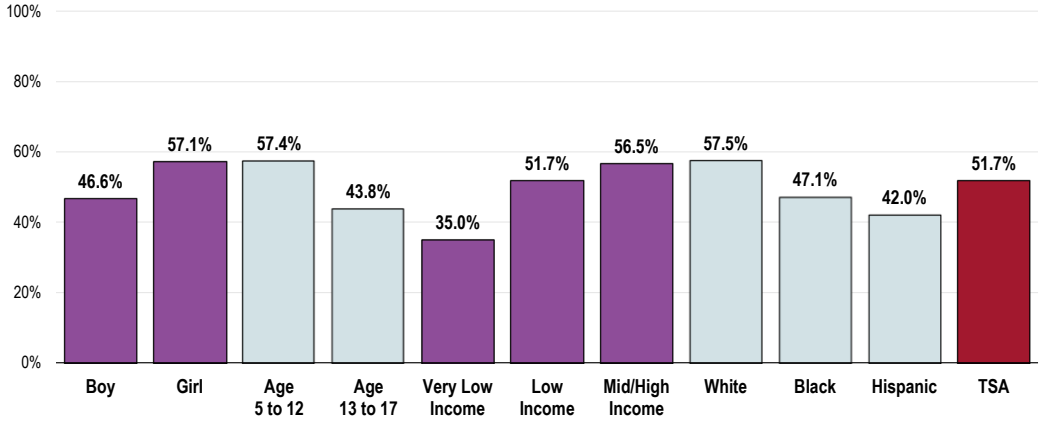
Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17 and who rode a bike in the past year.

Children (age 5-17) less likely to "always" wear a bike helmet include:

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

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

(Total Service Area Children Age 5-17 Who Rode a Bike in the Past Year, 2016)



Sources: 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 88]

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

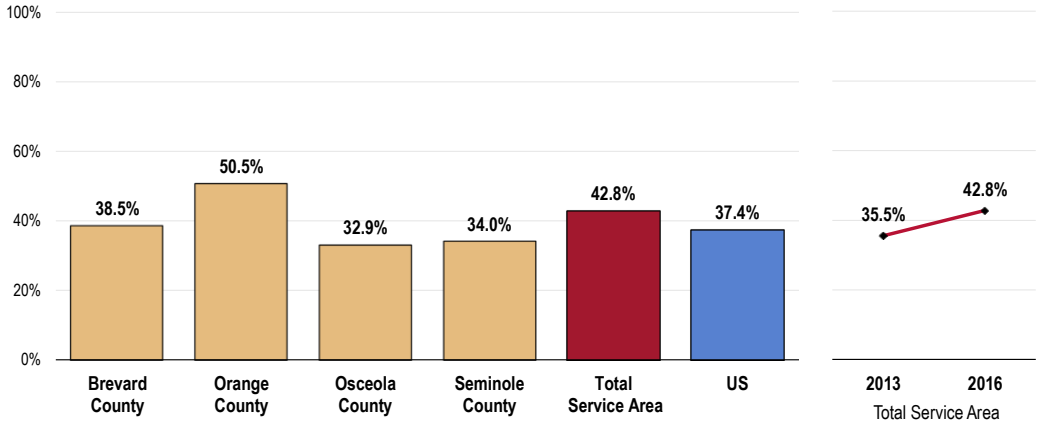
Skateboards, Scooters, Skates & Rollerblades

A total of 42.8% of Total Service Area children age 5 to 17 are reported to "always" wear a helmet when riding a skateboard, scooter, skates, or rollerblades (denominator reflects only those who engage in these activities)**.**

- Statistically comparable to national findings.
- Favorably high in Orange County; much lower in Osceola County.
- TREND: Marks a statistically significant increase over time.

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

(Total Service Area Children Age 5-17 Who Engaged in These Activities in the Past Year, 2016)



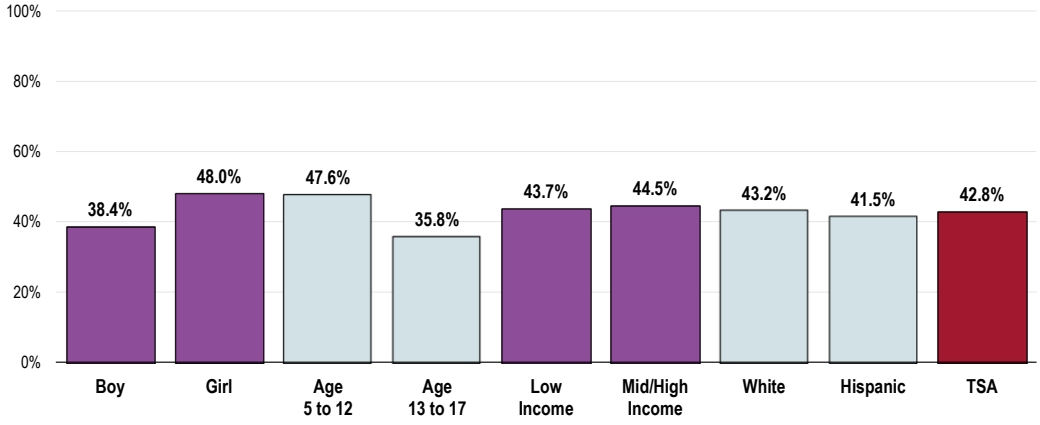
Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 89]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17 and who rode a skateboard, scooter, skates or rollerblades in the past year; excludes the 36.4% of children who did not engage in these activities.

- This is notably lower among boys and teens.

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

(Total Service Area Children Age 5-17 Who Engaged in These Activities in the Past Year, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 89]

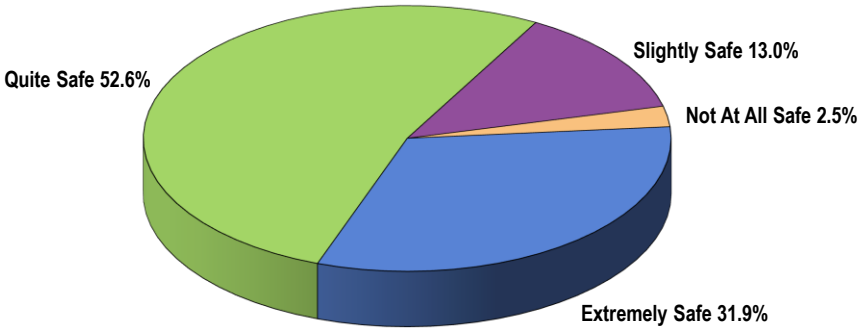
Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17 and who rode a skateboard, scooter, skates or rollerblades in the past year.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic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

Injury & Safety

Neighborhood Safety

While most Total Service Area families live in "extremely safe" or "quite safe" neighborhoods, 15.5% of parents live in neighborhoods they consider only "slightly safe" or "not at all safe."

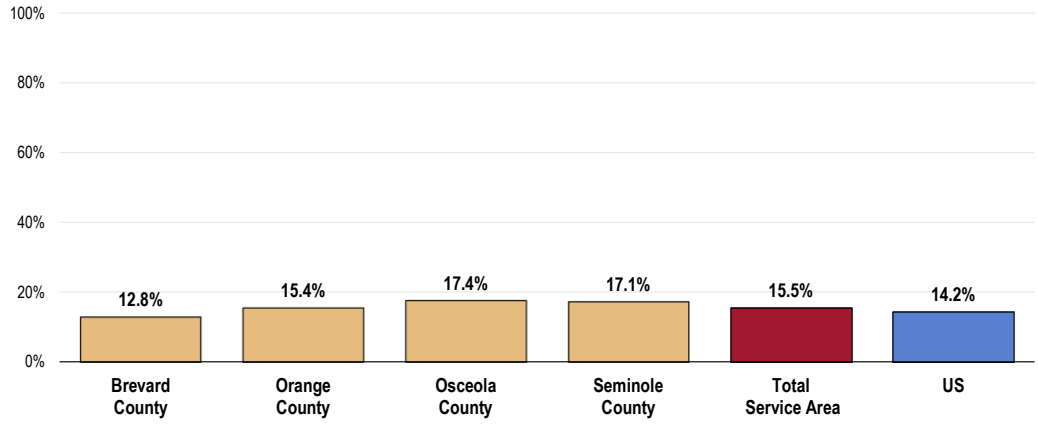
Perceived Safety of Neighborhood
(Total Service Area, 2016)



Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 87]
Notes: ● Asked of all respondents.

- The prevalence of "slightly/not at all safe" responses is similar to national reports.
- Statistically similar among the four counties.

Neighborhood Perceived to be "Slightly/Not At All" Safe
(Total Service Area, 2016)

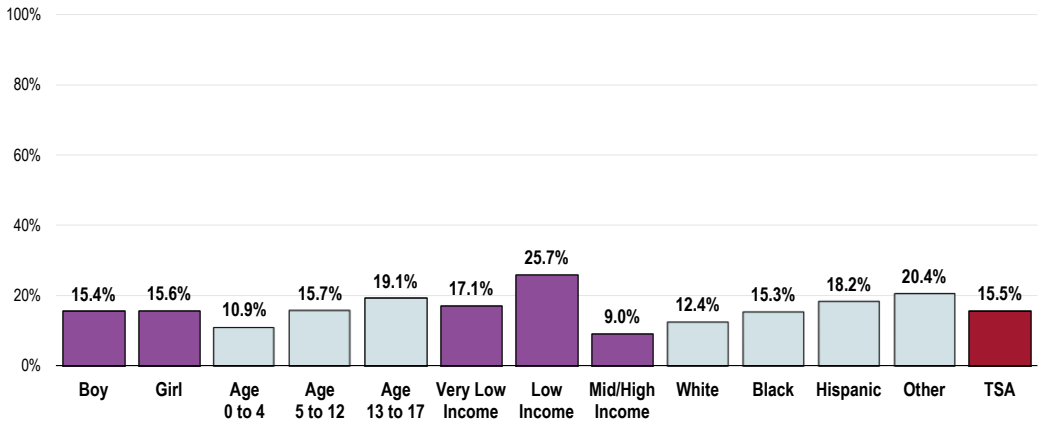


Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 87]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Perceptions of poor neighborhood safety are higher among parents of teens and parents with low or very low incomes.
- Parents of White children are less likely to rate their neighborhood as slightly or not at all safe.

Neighborhood Perceived to be "Slightly/Not At All" Safe

(Total Service Area, 2016)



Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 87]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

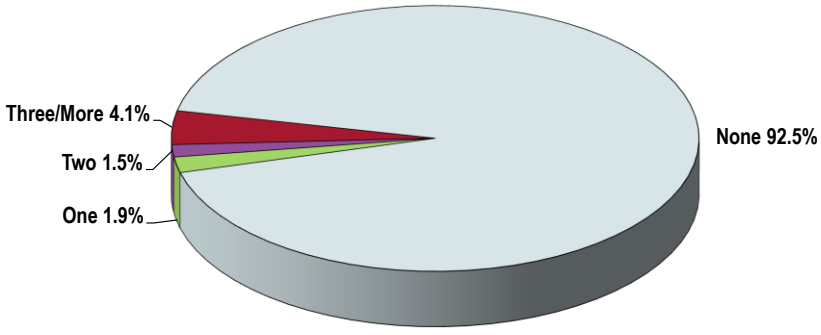
Feeling Safe at School or Going to/From School

"During the past year, how many days did this child not go to school because he/she felt unsafe at school or on the way to or from school?"

A total of 7.5% of Total Service Area children age 5-17 missed school at least once in the past year because he/she felt unsafe either at school or on the way to/from school.

School Days Missed in the Past Year Because Child Felt Unsafe at School or on the Way to/From School

(Total Service Area Children Age 5-17, 2016)

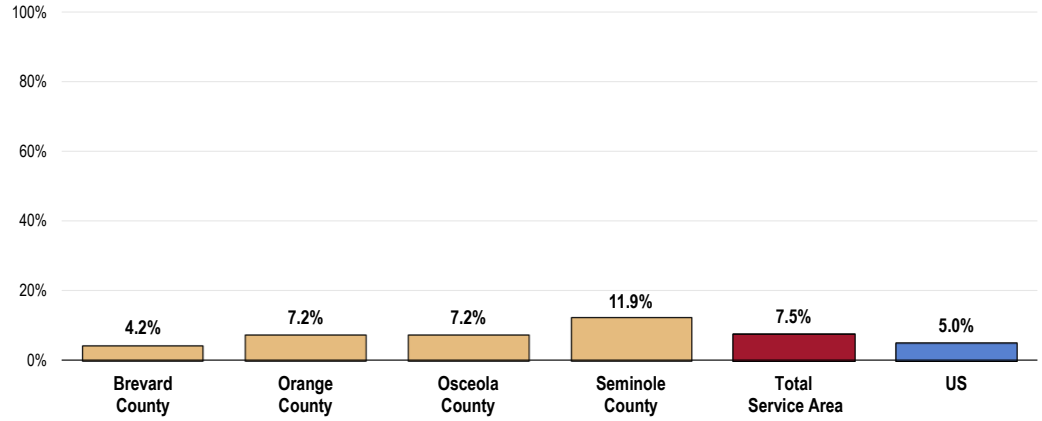


Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 84]
Notes: ● Asked of all respondents for whom the randomly selected child in the household is age 5-17.

- Statistically higher than the national proportion.
- Lowest in Brevard County.

Child Missed School in the Past Year Due to Feeling Unsafe

(Total Service Area Children Age 5-17, 2016)



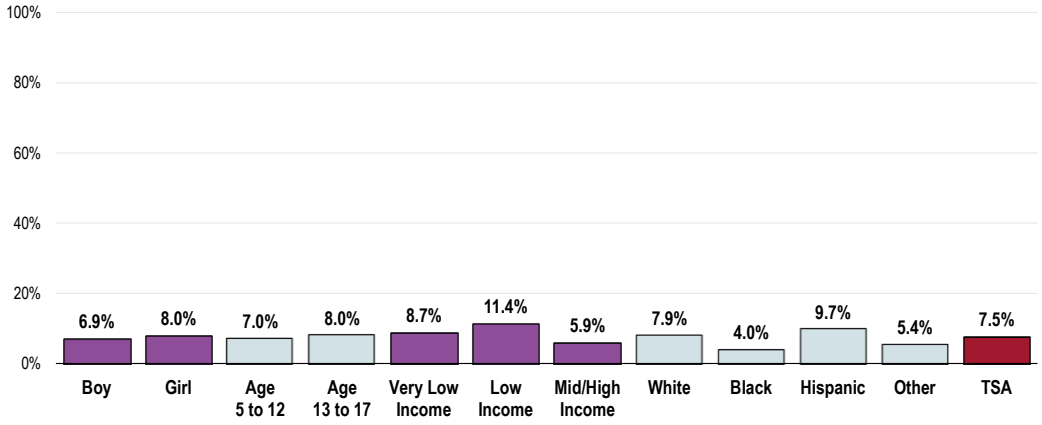
Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 84]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17.

- Children living in low income households are more likely to have missed school due to safety reasons.

Child Missed School in the Past Year Due to Feeling Unsafe

(Total Service Area Children Age 5-17, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 84]

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

Bullying

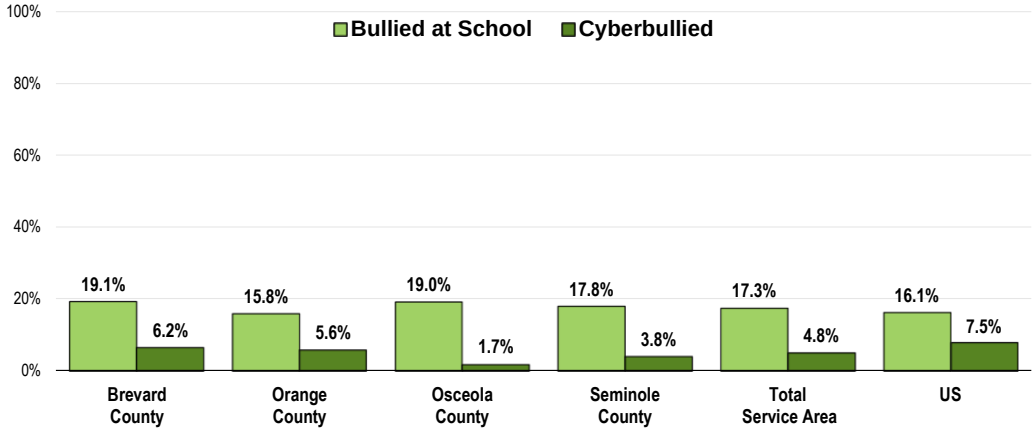
Among parents of school-age children (age 5-17), 17.3% report that their child has been bullied in the past year on school property; another 4.8% report that their child has been cyber-bullied *(these percentages are not mutually-exclusive)*.

Cyberbullying includes electronic bullying such as through email, chat rooms, instant messaging, websites, or texting.

- Bullying on school property occurs in the Total Service Area at a similar rate as seen nationwide. (Similar findings by county.).
- Cyber-bullying is lower in the Total Service Area than found nationally. (Lowest in Osceola County.)

NOTE: It is important to recognize that these measures are reported by parents and are limited to incidents of which parents are aware; it is reasonable to presume that the true incidence for these measures is potentially quite a bit higher.

Child Was Bullied in the Past Year
(Total Service Area Children Age 5-17, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 85, 86]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

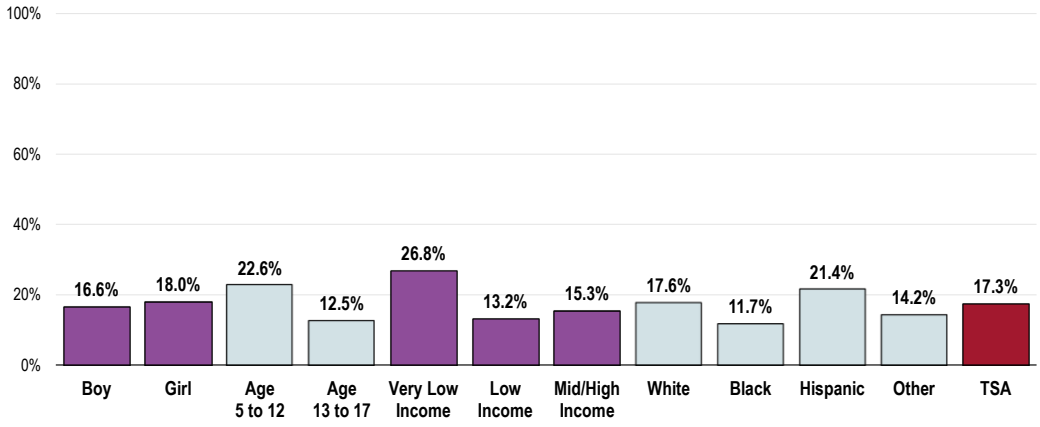
Notes:
- Asked of those respondents for whom the randomly selected child in the household is age 5 to 17.
- Cyberbullying includes electronic bullying such as through email, chat rooms, instant messaging, websites, or texting.

According to parents, being bullied on school property is more common among:

- Children age 5 to 12.
- Children from very low income households.
- Hispanic children.

Child Was Bullied on School Property in the Past Year

(Total Service Area Children Age 5-17, 2016)



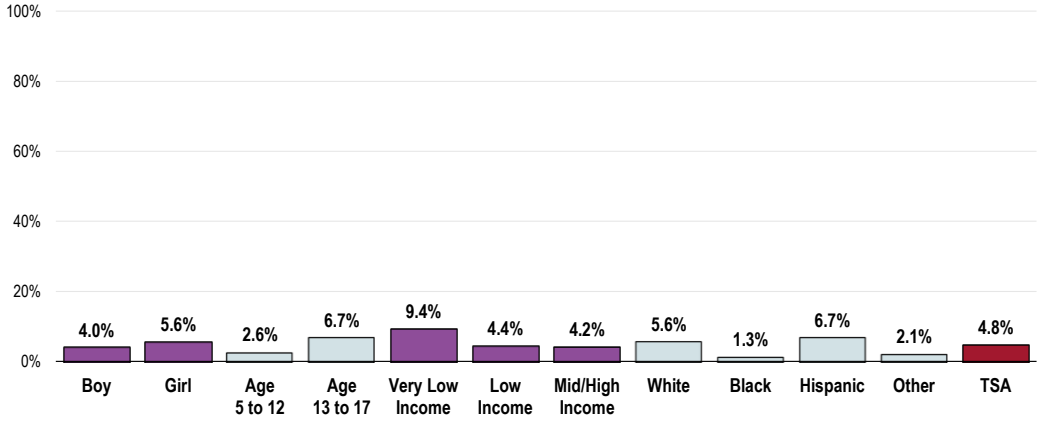
Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 85]

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

- Parents' reports of cyberbullying are highest among teens, Whites, and Hispanics.

Child Was Cyberbullied in the Past Year

(Total Service Area Children Age 5-17, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 86]

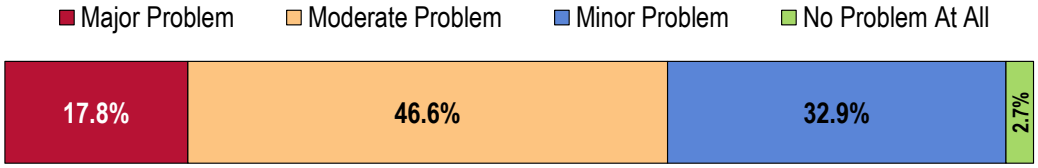
Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Cyberbullying includes electronic bullying such as through email, chat rooms, instant messaging, websites, or texting.
- Hispanics can be of any race. Other race categories are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

Key Informant Input: Injury and Safety

A high percentage of key informants taking part in an online survey characterized *Injury & Safety* as a "moderate problem" for children/adolescents in the community.

Perceptions of Injury and Safety as a Problem for Children/Adolescents in the Community

(Key Informants, 2016)



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

Top Concerns

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

Prevalence/Incidence

High crime rate in certain areas. - Other Health Provider

Crime is driven by income and our economy is tourist based with low wage jobs, therefore, the murder and violent crimes rate are increasing in our community and as our traffic gets worse, traffic injuries are on the rise, as well. - Social Services Provider

Statistics regarding child abuse, domestic violence, sexual trauma and human trafficking. - Community/Business Leader

It feels like our area has had an escalation of violence resulting in more fatal and critical injuries than in the previous five years. - Social Services Provider

With the high rates of bullying in schools, violence is definitely a concern. Motor vehicle and pedestrian accidents are also affecting kids/adolescents. Injury/violence are also a leading cause of death for Americans, and a leading cause of disabilities. - Public Health Representative

Contributing Factors

Transient community. - Other Health Provider

Domestic violence. Lack of supervision due to working or non-attentive parents. High crime rates and unemployment. - Public Health Representative

Demographics. - Community/Business Leader

An absence of family and leadership in their daily life. Mentors and role models are absent. - Community/Business Leader

Physical and mental injury - denial of civil rights - Community/Business Leader

Abuse

We are a center for human trafficking. Harbor House has grown substantially and addresses domestic violence issues. People do bad things. - Social Services Provider

Domestic violence and drug abuse are major issues that go hand in hand. With that comes mental health issues, child abuse and neglect. Poverty plays a large role also. - Social Services Provider

Abuse and neglect of children, along with domestic violence occurrences are at epidemic levels in our community in my opinion. - Other Health Provider

Health Education

> *Lack of education and appropriate guidance. Injury prevention focuses on educating the public about ways to stay safe, but society has to actually model this behavior for the next generation in order to stop the cycle of violence from occurring. - Social Services Provider*

Sexual Activity

Chlamydia & Gonorrhea

In 2012, there were 445.4 diagnosed chlamydia infections per 100,000 population in the Total Service Area.

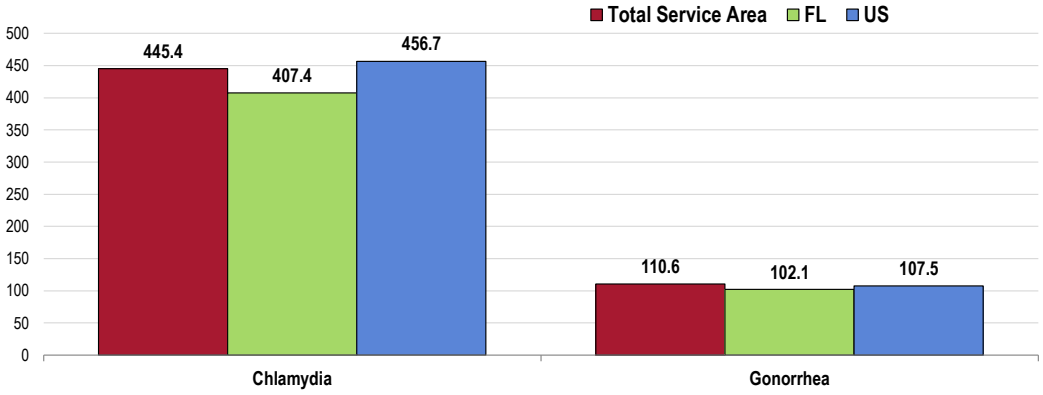
- Less favorable than the Florida rate.
- Similar to national findings.
- Less favorable in Osceola County and especially Orange County.

In 2012, there were 110.6 diagnosed gonorrhea infections per 100,000 population in the Total Service Area.

- Statistically less favorable than the Florida rate.
- Similar to the US rate.
- Least favorable in Orange County; most favorable in Osceola County.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2012)

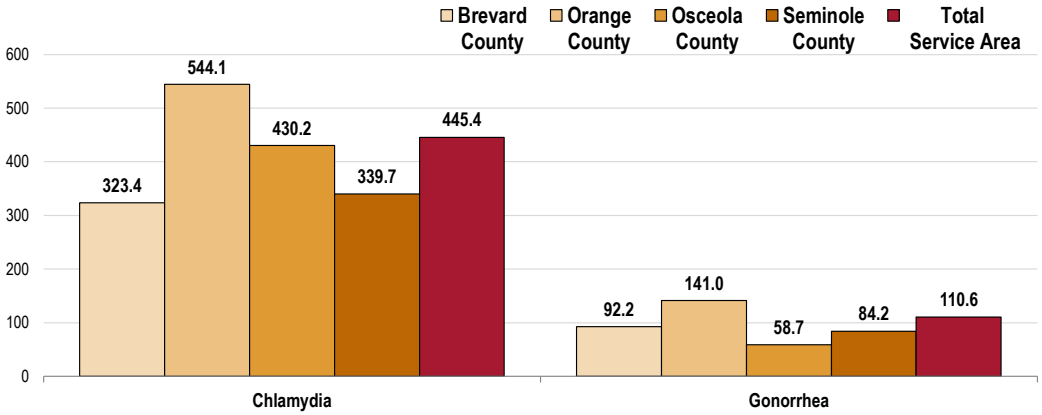


Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2012)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Sexual Activity (Adolescents)

One-fourth of Orange County high school students (25.0%) report having had sexual intercourse with at least one person during the three months preceding the administration of the 2013 Youth Risk Behavior Survey.

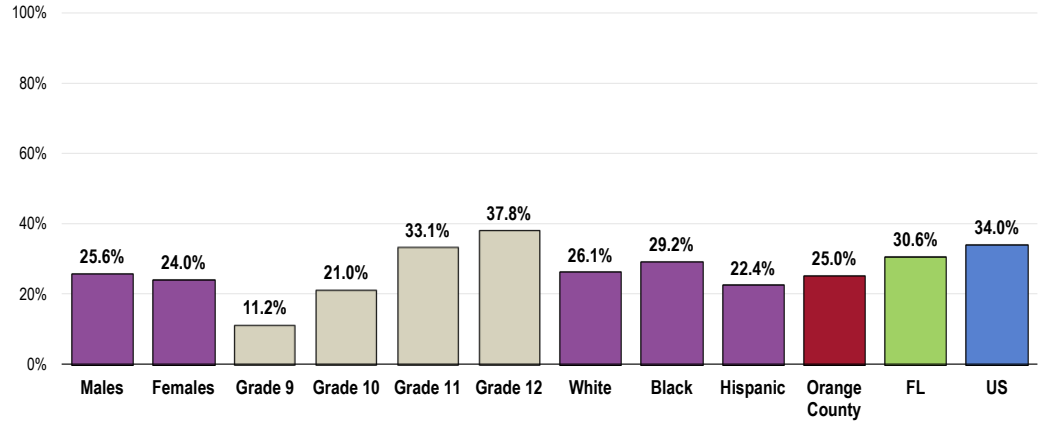
- Lower than Florida and national findings.
- Similar findings by gender.
- Higher among 11th and 12th graders as well as Black students.

Had Sexual Intercourse in Past Three Months

(Among High School Students; Orange County Youth Risk Behavior Survey, 2013)

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

For more information, visit: www.cdc.gov/healthyyouth/yrbs.



Sources:
- Centers for Disease Control and Prevention (CDC). 2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2016.

Notes:
- Have had sexual intercourse with at least one person during the three months before the survey.

Risky Sexual Behaviors

Among Orange County high school students who are sexually active, 37.4% report not using a condom during their last sexual intercourse, and 21.3% report not using any method to prevent pregnancy.

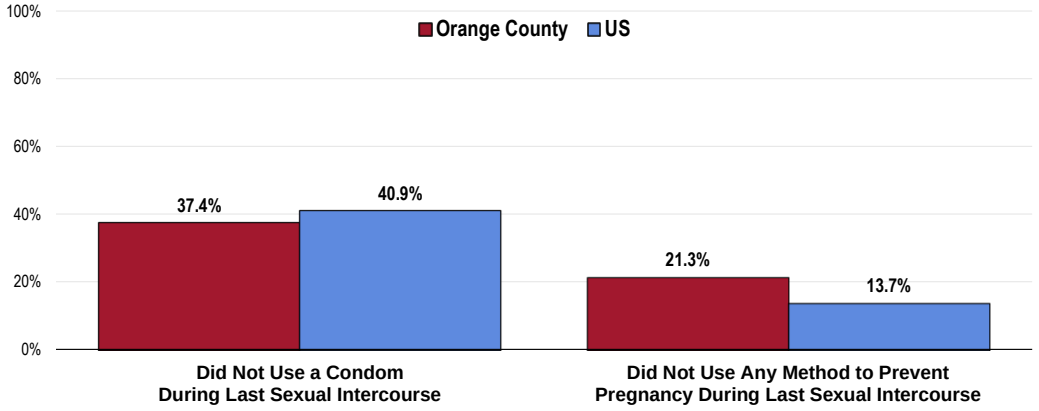
- Condom use is comparable to US findings.
- Usage of pregnancy prevention methods is less favorable than found nationally.

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

For more information, visit: www.cdc.gov/healthyyouth/yrbs.

Risky Sexual Behavior

(Among Sexually Active High School Students; Orange County Youth Risk Behavior Survey, 2013)



Sources:
- Centers for Disease Control and Prevention (CDC). 2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2016.

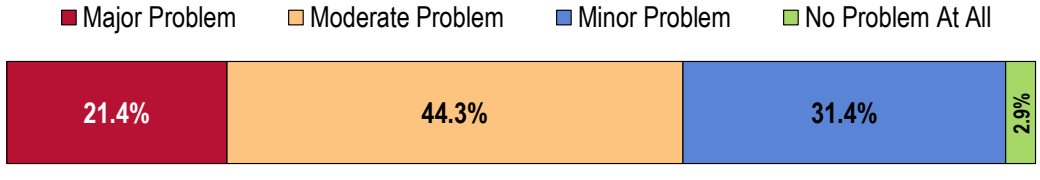
Notes:
- Among high school students who have had sexual intercourse with at least one person during the three months before the survey.
- "Any method" includes condoms, birth control pills or Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), implanon (or any implant),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

Key Informant Input: Sexual Health

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

Perceptions of Sexual Health as a Problem for Children/Adolescents in the Community

(Key Informants, 2016)



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

Notes:
- Asked of all respondents.

Top Concerns

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

Teen Pregnancies

Sexual activity, teen pregnancies and STD are at all-time high in Seminole and Florida as a state. Rate of repeat birth to teenage mothers is 16.9% higher than the state at 16.6. Newly diagnosed HIV and STD cases are rapidly growing in Seminole County. - Public Health Representative

High numbers of teen pregnancies, high number of second teen pregnancy following initial birth. Teens don't seem to know about birth control or where to get it. - Social Services Provider

More teen pregnancy and STD's than ever. The stigma is gone. It has become the way of the world. It happens, there is a program or solution readily available, so it happens more. Unfortunately, the young parents don't get to see their full potential. - Community/Business Leader

Health Education

Education is not happening in the classroom and rarely happens at home. - Community/Business Leader

It is important for youth to be educated to reduce increase of STD's and other problems that could occur. - Social Services Provider

Media Exposure

Children and teens are being exposed at a much earlier time to sex via the media and all too often parents assume that the children know enough to never talk to them about safe sex practices. I believe that the stigma attached to Health Departments. - Social Services Provider

Everything nowadays is highly sexual: Girls want to be sexy, and boys want to have sex. Television and music lyrics are killing the beauty of love. - Community/Business Leader

Access to Health Services

Professional Research Consultants, Inc.

Health Insurance Coverage

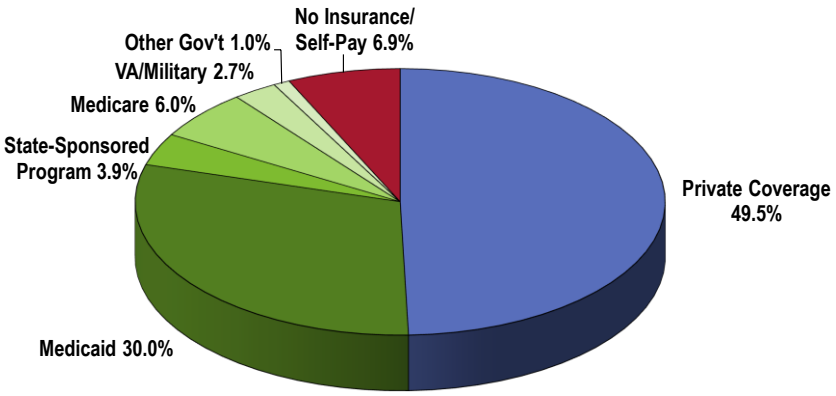
Type of Health Insurance Coverage

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.

Nearly one-half of parents (49.5%) report having healthcare coverage for their child through private insurance. Another 43.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, state-sponsored CHIP, military benefits).

Healthcare Insurance Coverage for Child

(Total Service Area, 2016)



Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 160]
Notes: ● Asked of all respondents.

Lack of Health Insurance Coverage

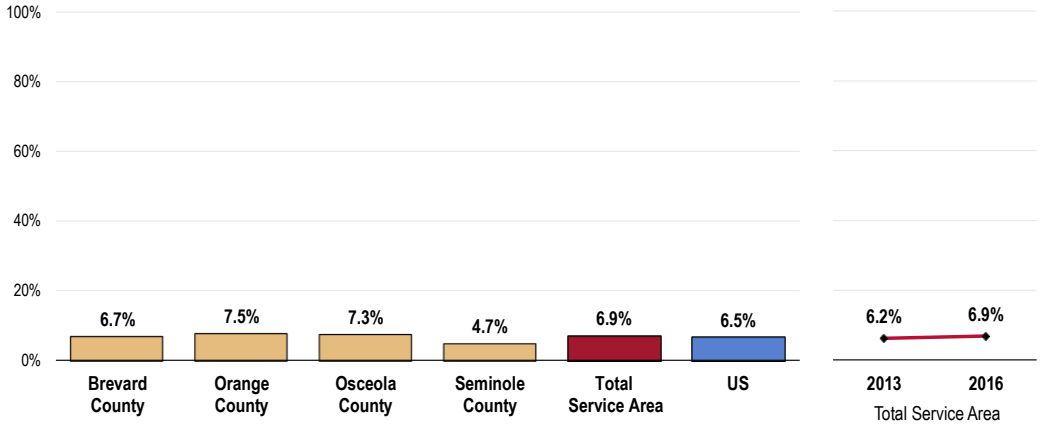
On the other hand, 6.9% of Total Service Area parents report having no insurance coverage for their child's healthcare expenses, through either private or public sources.

- Comparable to the US figure.
- The Healthy People 2020 target is universal coverage (100% insured).
- Statistically comparable by county.
- TREND: Children's uninsured prevalence has not changed significantly since 2013.

Lack Healthcare Insurance Coverage for Child

(Total Service Area, 2016)

Healthy People 2020 Target = 0% (Universal Coverage)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 160]
- 2014 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]

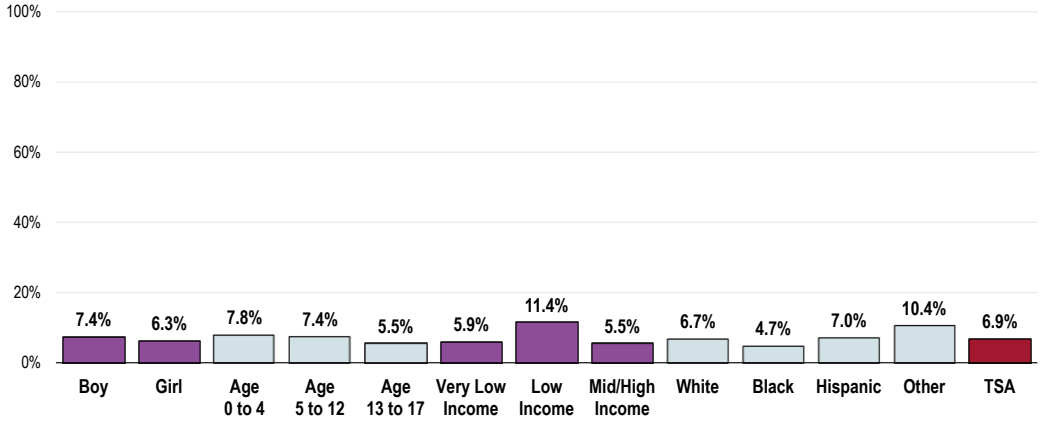
Notes:
- Asked of all respondents.

- Children living just above the federal poverty level are more likely to lack healthcare coverage.

Lack Healthcare Insurance Coverage for Child

(Total Service Area, 2016)

Healthy People 2020 Target = 0% (Universal Coverage)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 160]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

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

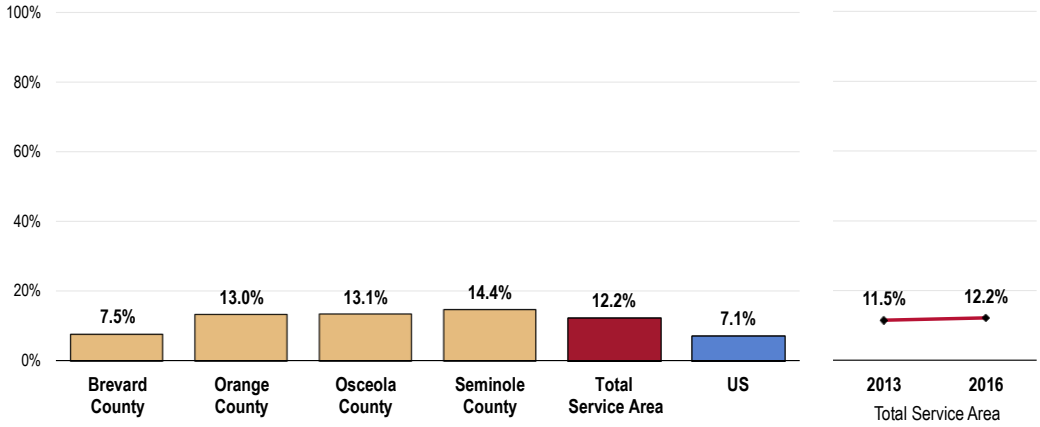
Recent Lack of Coverage

Among parents with insurance for their child, 12.2% report that their child was without healthcare coverage at some point in the past year.

- Higher than the US proportion.
- Lower in Brevard County.
- TREND: Insurance stability is statistically similar to 2013 findings.

Insured Child Went Without Coverage at Some Point in the Past Year

(Total Service Area Children with Insurance, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 118]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

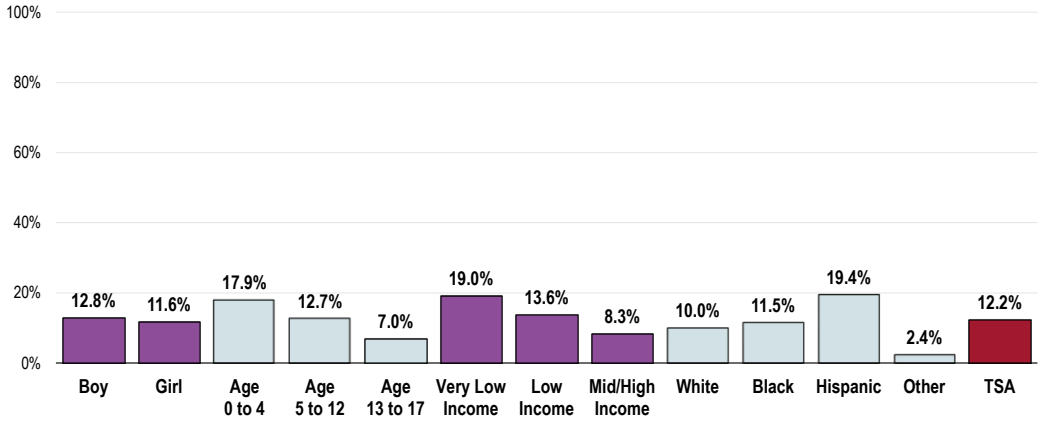
Notes:
- Asked of all respondents for whom the randomly selected child in the household has healthcare insurance coverage.

Among insured children, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Children age 0 to 12 (negative correlation with age).
- Those in very low income households (negative correlation with income).
- Hispanic children.
- Note that "Other" race children are less likely to have gone without coverage.

Insured Child Went Without Coverage at Some Point in the Past Year

(Total Service Area Children with Insurance, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 118]

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

Difficulties Accessing Healthcare

About Access to Healthcare

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

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

- Healthy People 2020 (www.healthypeople.gov)

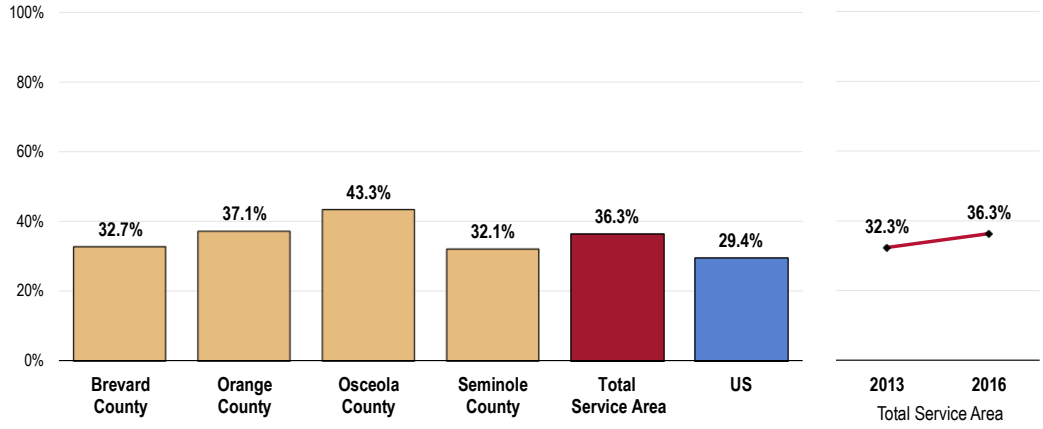
This indicator reflects the percentage of parents experiencing problems accessing healthcare for their child in the past year, regardless of whether they needed or sought care.

More than one-third of Total Service Area parents (36.3%) report some type of difficulty or delay in obtaining healthcare services for their child in the past year.

- Less favorable than the national percentage.
- Least favorable in Osceola County.
- TREND: Has not varied significantly over time.

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

(Total Service Area, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 175]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

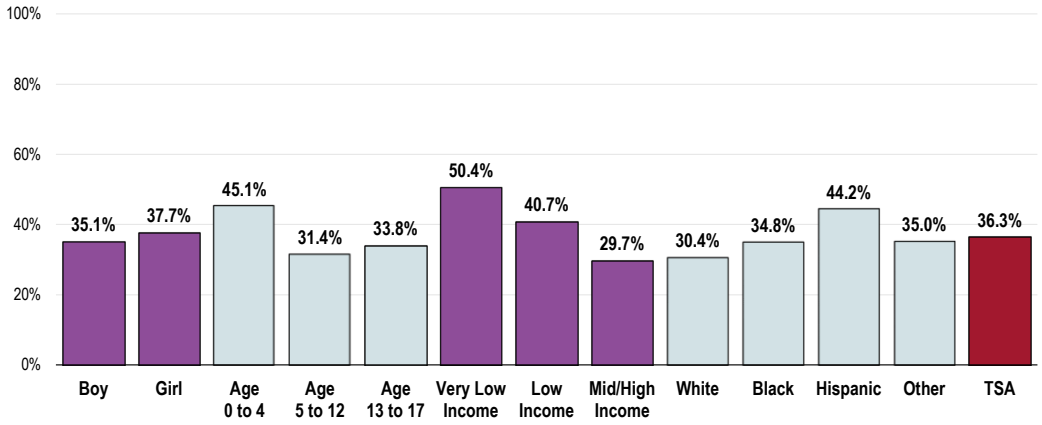
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Represents the percentage of respondents experiencing one or more barriers to accessing their child's healthcare in the past 12 months.

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

- Parents of children age 0 to 4.
- Residents in low or very low income households (negative correlation with income).
- Parents of Hispanic children.

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

(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 175]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Represents the percentage of respondents experiencing one or more barriers to accessing their child's healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

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

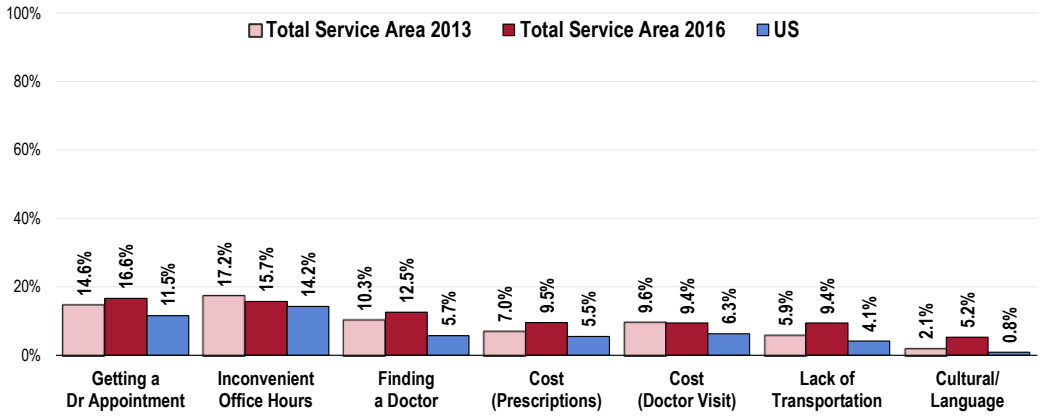
Again, these percentages reflect all children, regardless of whether medical care was needed or sought.

Of the tested access barriers, difficulty getting an appointment impacted the greatest share of Total Service Area children (16.6% of parents say that lack of appointment availability prevented them from obtaining a visit to a physician for their child in the past year).

- The proportion of Total Service Area children impacted was statistically higher than nationwide findings for all of the tested barriers except **inconvenient office hours** which was similar to the national figure.
- TREND: For most of the tested barriers, the proportion of Total Service Area children impacted remained statistically unchanged over time; however, **cost of prescriptions, lack of transportation,** and **cultural/language differences** affected a greater proportion of children than found previously.

Barriers to Access Have Prevented Child's Medical Care in the Past Year

(Total Service Area, 2016)



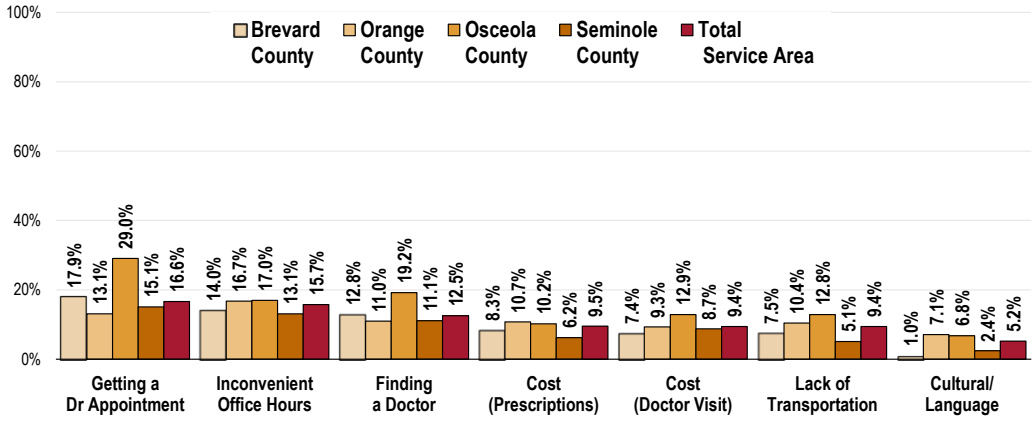
Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 19-25]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Note that difficulty **getting an appointment** and difficulty **finding a physician** were highest in Osceola County.
- In Orange County, parents reported the highest prevalence of difficulties due to **culture or language differences.**

Barriers to Access Have Prevented Child's Medical Care in the Past Year

(By County, 2016)



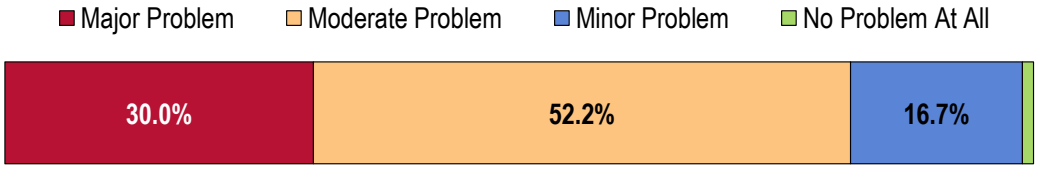
Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 19-25]

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

Key Informant Input: Access to Healthcare Services

A majority of key informants taking part in an online survey characterized *Access to Healthcare Services* as a "moderate problem" for children/adolescents in the community.

Perceptions of Access to Healthcare Services as a Problem for Children/Adolescents in the Community
(Key Informants, 2016)



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

Top Concerns

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

Affordable Care/Services

Affordability. - Community/Business Leader

Physical ability to access care. Parents' ability to pay. Parents lack of understanding and ability to acquire and maintain insurance. - Other Health Provider

Helping to pay for their medications. - Social Services Provider

Cost is the biggest issue. Providers that are willing to offer the necessary treatment at affordable costs are either not available, constantly booked or out of reach. Dealing with Medicare/Medicaid restrictions and loopholes makes it difficult. - Community/Business Leader

Biggest challenge related to accessing health care in central Florida is related to obtaining actual health coverage and then utilizing said coverage for services. Many people have coverage, but can't afford the premiums to then be seen for services. - Social Services Provider

People with employee provided health insurance who cannot afford to have other family members on their plans. - Community/Business Leader

Fewer doctors are accepting government health plans making it difficult for parents to find doctors that will provide medical attention for their children. - Community/Business Leader

For the Medicaid/uninsured or underinsured there are minimal providers willing to take the insurance. If they do, there is often a waiting list or no availability. Many go without care as there aren't resources without coverage. - Social Services Provider

The vast number of children not covered by health insurance because of the state's refusal to expand coverage. - Social Services Provider

Our communities' health departments have discontinued providing health care related services to children. This has severely constricted the ability for families with no insurance to find medical providers and resources for care. - Other Health Provider

Access to Care/Services

We don't have a children's hospital in the area to meet the need of the community. - Community/Business Leader

Lack of resources, lack of transportation, ability of low income families to have the time to take off work to have preventive services. - Social Services Provider

Accessible and affordable health care. - Social Services Provider

An extremely mobile community with extended families, multigenerational, maybe one head of household, and low income and difficult access the health care system. - Community/Business Leader

Continuity of high quality, comprehensive care for the low income and medically illiterate. - Other Health Provider

Transportation is an issue in Osceola County - Social Services Provider

Poverty

Have a large segment of the population that is homeless, living in cars, hotels. We also have a transient population that moves from apartment to apartment. They not only don't know where to go to get healthcare but they have no money or transportation. - Community/Business Leader

In Osceola it is poverty. One fourth of our kids are living in poverty and because Medicaid wasn't expanded more in our community fell through the cracks. Too poor to afford marketplace insurance. - Social Services Provider

Orlando has an 18% poverty rate and 1 in 17 children are homeless. Orlando has the lowest wages of any major city in the US. Florida has chosen not to expand Medicaid so the number of uninsured is still very high even with the ACA. - Social Services Provider

Access to Providers

Not enough primary care doctors and hard to get appointment. Also, lack of information about how insurance works. - Social Services Provider

We are medically underserved for pediatric care. Patients are travelling up to 30 or more miles to access primary care pediatricians. We have little or no access to pediatric specialty and subspecialty care locally in Brevard County. - Other Health Provider

Long wait for doctor appointments, clog up the Emergency Room. - Community/Business Leader

School Funding

General School Health (Coordinated School Health). There is a lack of understanding of the relationship between health and academic performance. This results in decreased/no funding for school nurses, mental health counselors, school food service, etc. - Social Services Provider

Prevention

Lack of motivation for adults to take advantage of low cost and free preventive measures aimed at keeping children and adolescents healthy. Diet and nutrition, exercise, fresh air, rest, spiritual renewal, healthy relationships and making right choices. - Public Health Representative

Young children are not major contributors to the community yet so their health sometimes takes a back seat. - Social Services Provider

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified mental health care, specialty care, primary care, dental care, and chronic disease care as the most difficult to access in the community.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Mental Health Care	42.9%	28.6%	9.5%	17
Specialty Care	14.3%	33.3%	4.8%	11
Primary Care	9.5%	9.5%	33.3%	11
Dental Care	14.3%	14.3%	19.0%	10
Chronic Disease Care	14.3%	14.3%	14.3%	9
Substance Abuse Treatment	4.8%	0.0%	14.3%	4
Urgent Care	0.0%	0.0%	4.8%	1

Access to Specialty Care

A total of 37.2% of Total Service Area children are reported to have needed to see a specialist at some point in the past year.

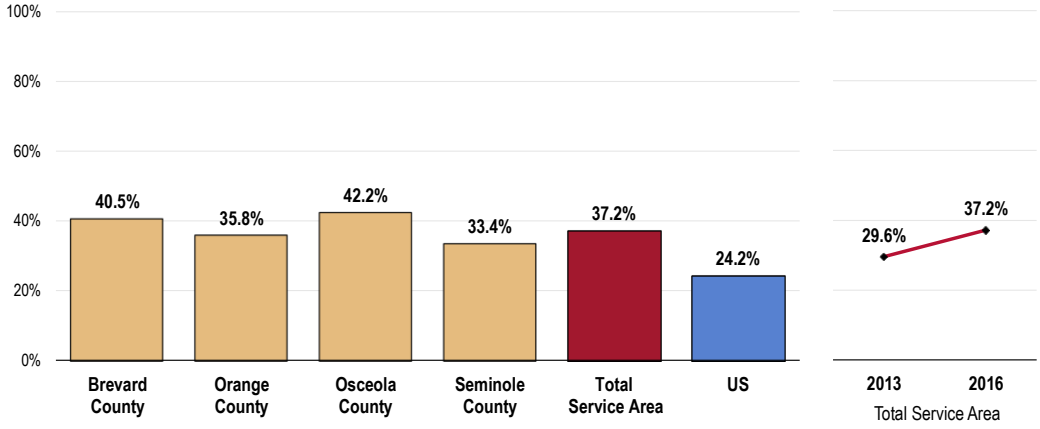
Respondents were told:

Specialists are doctors like surgeons, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

- Well above the US proportion.
- No statistical difference by county.
- TREND: Denotes a statistically significant increase within the past three years.

Child Needed a Specialist in the Past Year

(Total Service Area, 2016)



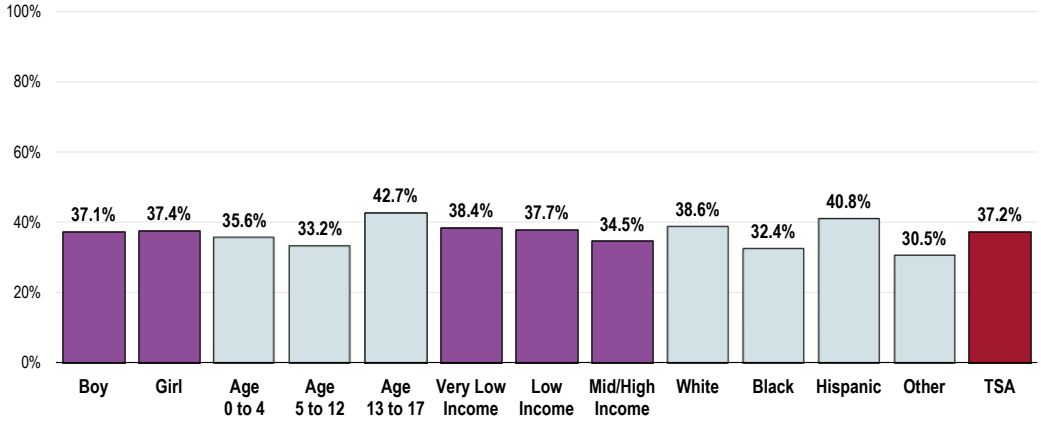
Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 30]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Teens are more likely to have needed to see a specialist in the past year.

Child Needed a Specialist in the Past Year

(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 30]

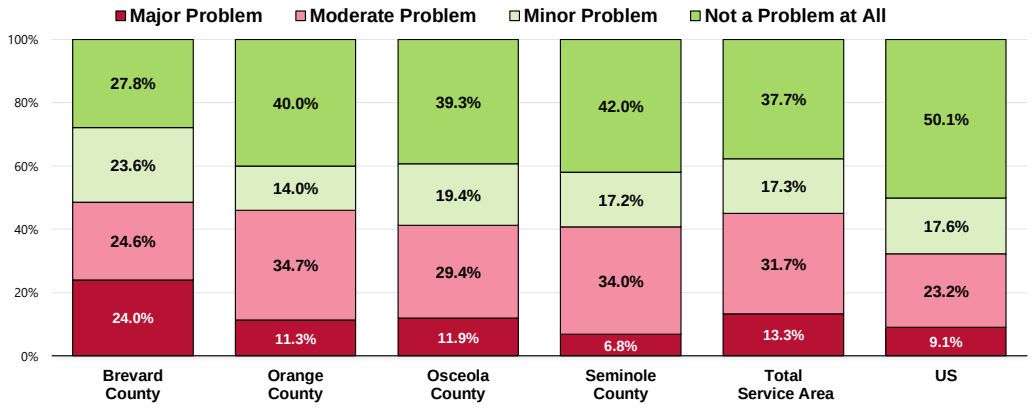
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the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

Parents of children needing specialty medical care in the past year were further asked to evaluate the difficulty of getting the needed care; most (62.3%) expressed some level of difficulty, characterizing it as a "major," "moderate" or "minor problem."

- In particular, 31.7% of these parents had "moderate problems" getting their child's specialty care, and 13.3% had "major problems."
- "Major/moderate problem" responses in the Total Service Area are much higher than US findings.
- No statistical difference by county.
- TREND: Since 2013, "major/moderate problem" ratings have increased significantly (not shown).

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

(Total Service Area Parents of Children Needing to See a Specialist in the Past Year, 2016)



Source: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 31]
● 2014 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, 10.4% of parents with children in need of a specialist mentioned having **no wait at all**, while 51.2% waited a **week or less** for their appointment. In contrast, 17.5% waited **at least 30 days** for their child's specialist appointment.*

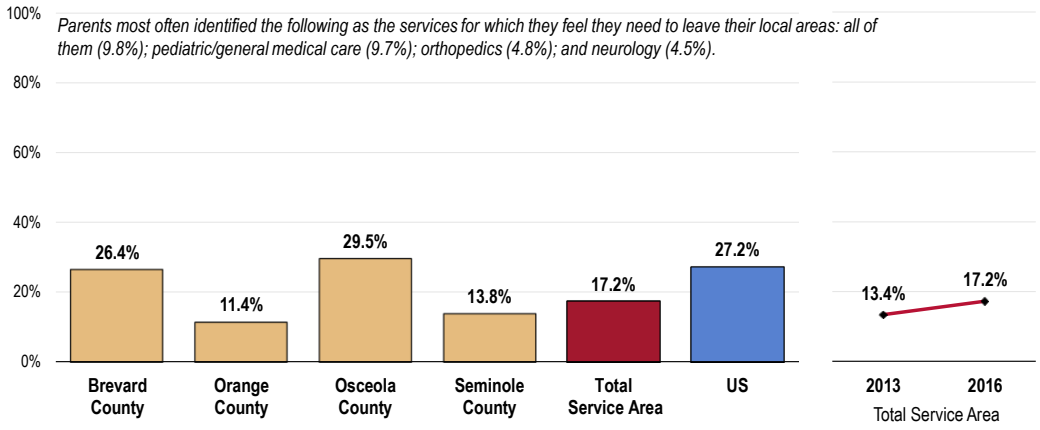
Outmigration for Children's Healthcare

A total of 17.2% of Total Service Area parents report that they feel the need to leave their local areas in order to get certain children's healthcare services.

- Much more favorable than the national proportion.
- Notably less favorable in Brevard and Osceola counties; most favorable in Orange County.
- TREND: A statistically significant increase in outmigration is apparent over the past three years.

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

(Total Service Area, 2016)



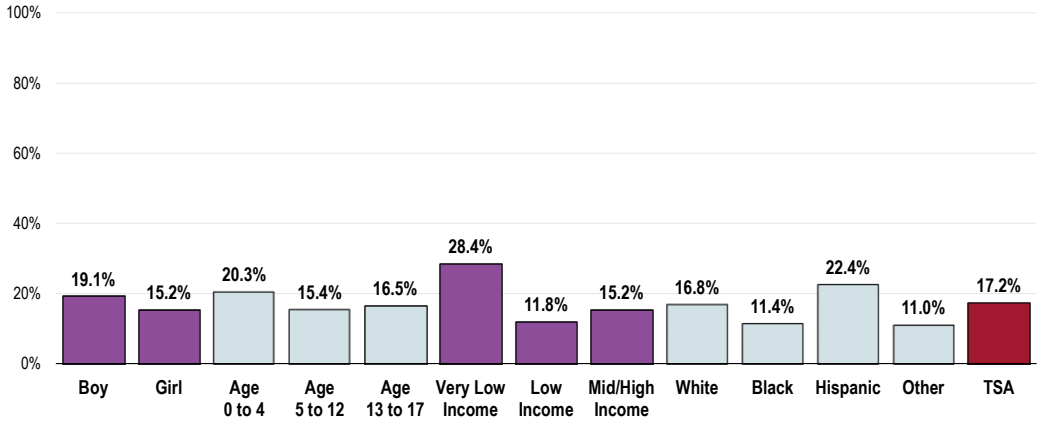
Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 11-12]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.]

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

- Parents with very low incomes and Hispanic residents are more likely to feel the need to leave their areas for children's health services.

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

(Total Service Area, 2016)



Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 11]

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

Asked to specify the services for which they feel they need to leave their areas to receive care, the greatest share of respondents (9.8%) mentioned **all services**. Other responses were for **pediatric/general medical care** (9.7%); **orthopedics** (4.8%); **neurology** (4.5%); and **emergency services** (4.4%)**.** A wide variety of other responses was given, none individually mentioned by more than 4%.

Their reasons for feeling the need to leave their areas primarily related to perceptions that **services are not available locally** (37.0%), or that **better care is available elsewhere** (25.0%), followed by **other access-related reasons** (18.5%), **doctor's recommendation** (6.4%), and **experience/preference** (2.6%).

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

A total of 89.2% of Total Service Area children were determined to have a specific source of ongoing medical care, such as a specific doctor's office or clinic they regularly use.

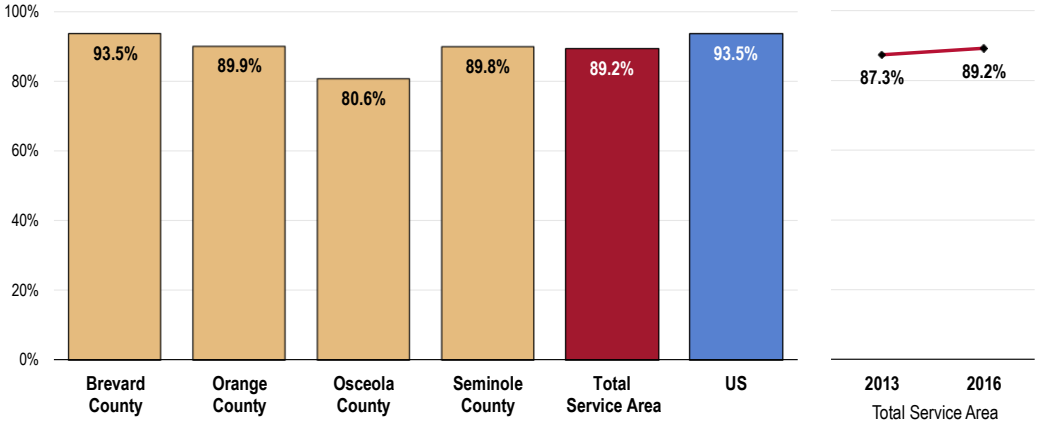
- Lower than the US percentage.
- Fails to satisfy the Healthy People 2020 objective (100%).
- Highest in Brevard County; particularly low in Osceola County.
- TREND: Statistically comparable to the 2013 percentage.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, or some other kind of place to go if the child is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Child Has a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 100%



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 172]
- 2014 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 about a randomly selected child in the household.
- Having a specific source of ongoing care for a child includes having a doctor's office, clinic, urgent care center, health department clinic, or some other kind of place to go if the child is sick or needs advice about his or her health. A hospital emergency room is not considered a specific source of ongoing care in this instance.

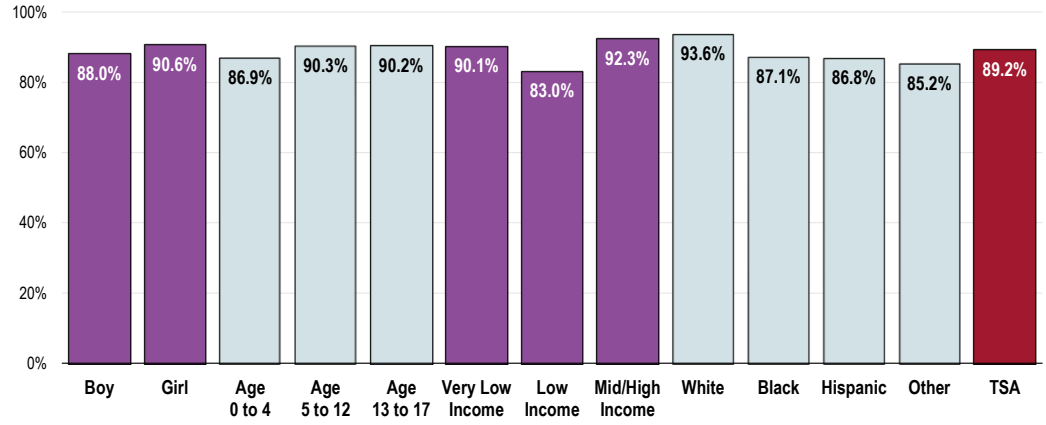
When viewed by demographic characteristics, the following children are less likely to have a specific source of care:

- Children in low-income households.
- Hispanic children and "Other" race children.

Child Has a Specific Source of Ongoing Medical Care

(Total Service Area, 2016)

Healthy People 2020 Target = 100%



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 172]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.2]

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

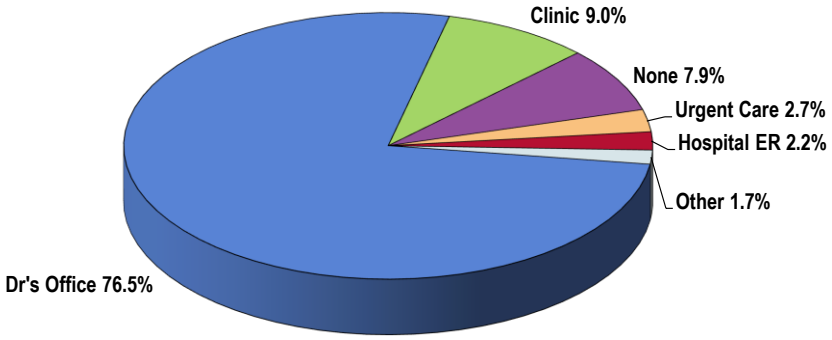
Type of Place Used for Medical Care

When asked where they take their child if they are sick or need advice about their health, over three-fourths of respondents (76.5%) identified a particular doctor's office.

- A total of 9.0% say they usually go to some type of clinic, while 2.7% use an urgent care center, and 2.2% rely on a hospital emergency room for their child's medical care.

Particular Place Utilized for Child's Medical Care

(Total Service Area, 2016)



Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 27-28]
Notes: ● Asked of all respondents about a randomly selected child in the household.

Receipt of Routine Medical Care

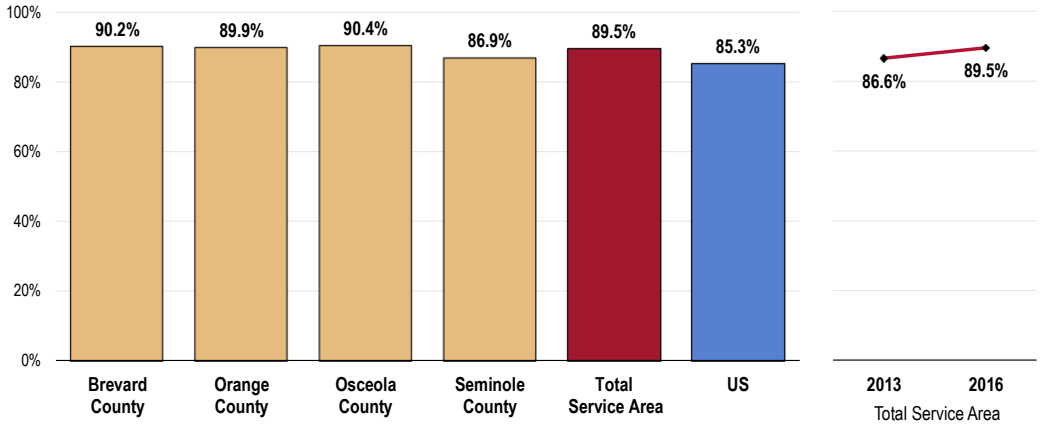
A routine checkup can include a well-child checkup or general physical exam, but does not include exams for a sports physical or visits for a specific injury, illness, or condition.

Nearly 9 in 10 Total Service Area children (89.5%) have had a routine checkup in the past year.

- Better than US findings.
- Statistically, no difference among the counties.
- TREND: Routine checkups have statistically increased since 2013.

Child Visited a Physician for a Routine Checkup in the Past Year

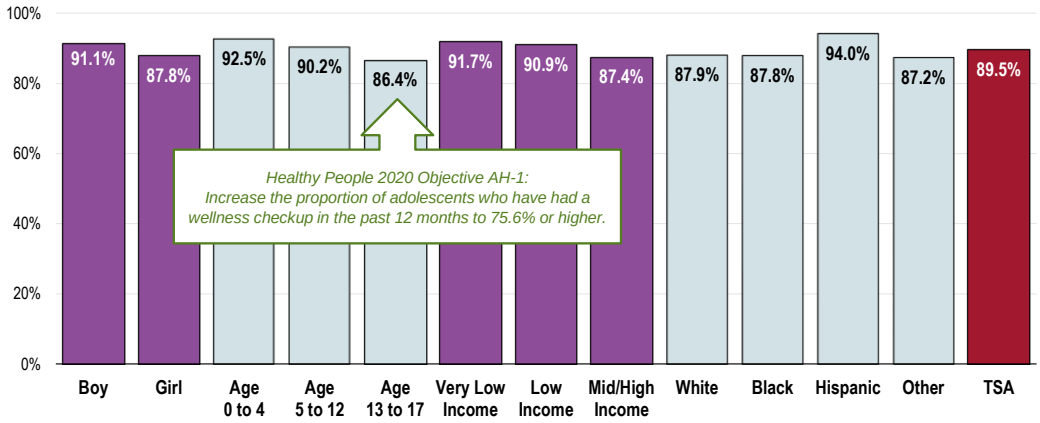
(Total Service Area, 2016)



Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 29]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

- Routine checkups are highest among children age 0 to 4 and Hispanic children (negative correlation with age).
- Note that Total Service Area adolescents satisfy the Healthy People 2020 target (75.6% or higher) for their age group.

Child Visited a Physician for a Routine Checkup in the Past Year
(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 29]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AH-1]

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

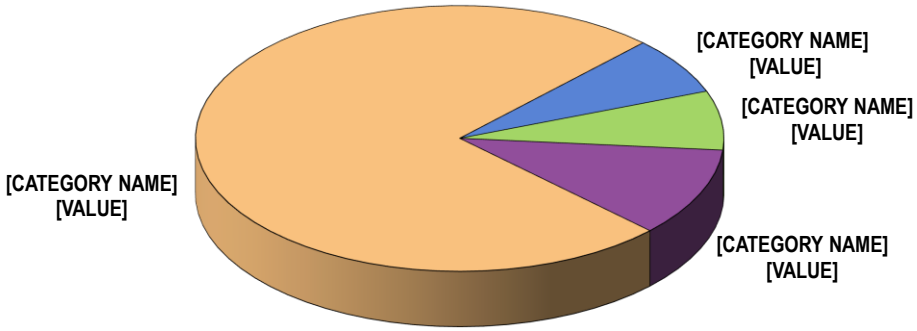
Vaccinations

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 (85.8%) gave rankings between 7 and 10 regarding the importance of childhood vaccinations.

Perceived Importance of Childhood Vaccinations

(Total Service Area Parents, 2016)



(1 = Not At All Important → 10 = Extremely Important)

Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 311]
Notes: ● Asked of all respondents.

Vaccination is a primary defense against some of the most deadly and debilitating diseases known.

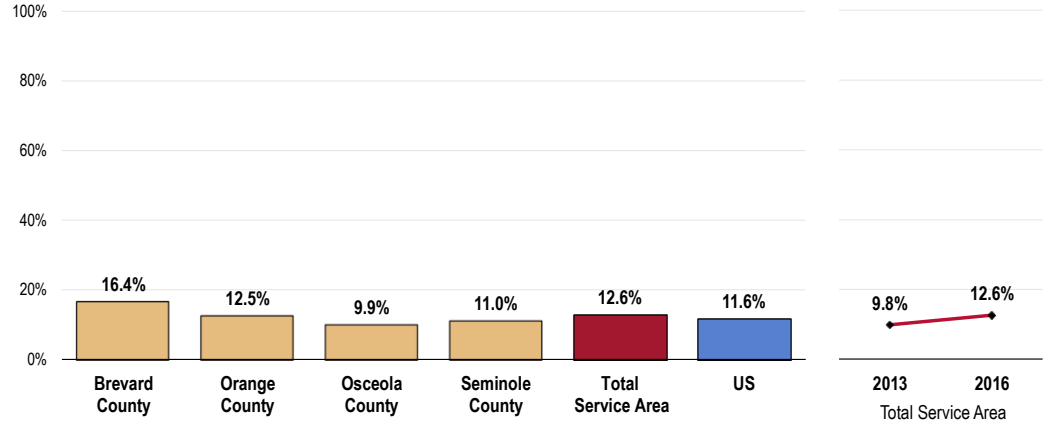
Vaccinating Newborns

While most of the surveyed Total Service Area parents say they would want their (hypothetical) newborn to receive all recommended vaccinations, a total of 12.6% would not.

- Similar to the percentage reported nationwide.
- Statistically similar findings by county.
- TREND: Acceptance of recommended infant vaccinations has shown a statistically significant decrease since 2013.

If Respondent Had a Newborn, Would Not Want Him/Her to Get All Recommended Vaccinations

(Total Service Area Parents, 2016)



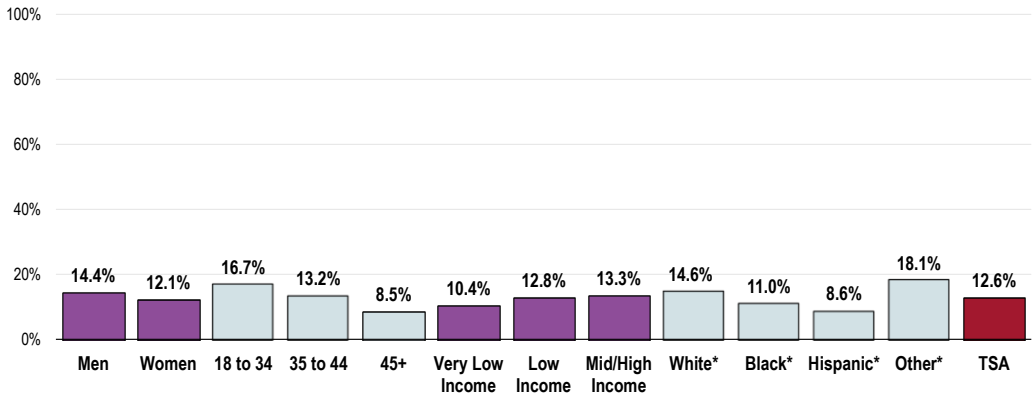
Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 136]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

The following appear to be less in favor of infant immunization.

- Parents age 18 to 44 (negative correlation with age).
- Whites and "Other" race parents.

If Respondent Had a Newborn, Would Not Want Him/Her to Get All Recommended Vaccinations

(By Adults Respondents' Demographic Characteristics*; Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 136]

Notes:
- Asked of all respondents.
- *Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Care

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

- Healthy People 2020 (www.healthypeople.gov)

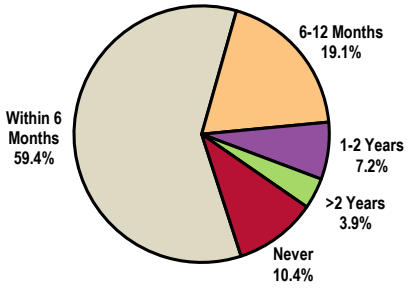
Receipt of Dental Care

Nearly three-fifths of Total Service Area children age 2-17 (59.4%) have received dental care (for any reason) in the past 6 months.

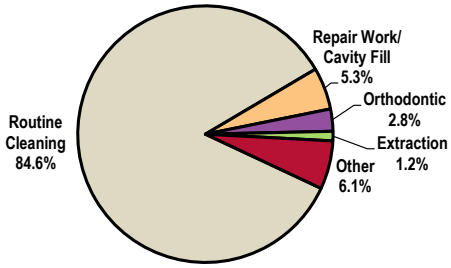
- Asked to specify the reason for their child's most recent dental visit, 84.6% of parents mentioned a **routine cleaning or checkup**, while 5.3% described **repair work or a cavity fill**, 2.8% referenced an **orthodontic appointment**, and 1.2% indicated a **tooth extraction**.

Characteristics of Child's Most Recent Dental Visit

(Total Service Area Children Age 2-17, 2016)



Length of Time Since Child's Most Recent Dental Visit



Reason for Child's Last Dental Visit

(Among Children 2-17 Who Have Visited a Dentist)

Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 46-47]
Notes: ● Asked of those respondents for whom the randomly selected child in the household is age 2 to 17.

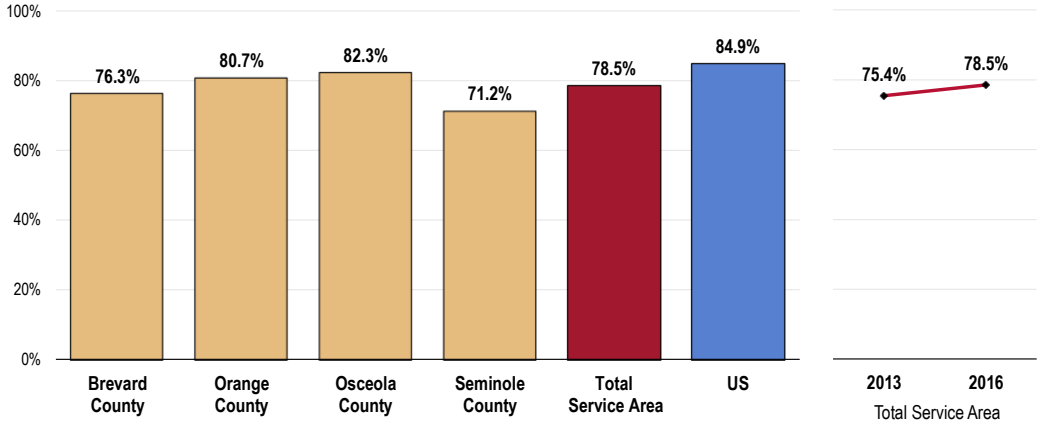
In all, 78.5% of Total Service Area children age 2-17 have visited a dentist or dental clinic (for any reason) in the past year.

- Lower than the US prevalence.
- Satisfies the Healthy People 2020 target of 49.0% or higher.
- Lowest in Seminole County.
- TREND: Statistically similar to 2013 findings.

Child Visited a Dentist or Dental Clinic Within the Past Year

(Total Service Area Children Age 2-17, 2016)

Healthy People 2020 Target = 49.0% or Higher



Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 46]
● 2014 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 those respondents for whom the randomly selected child in the household is age 2 to 17.

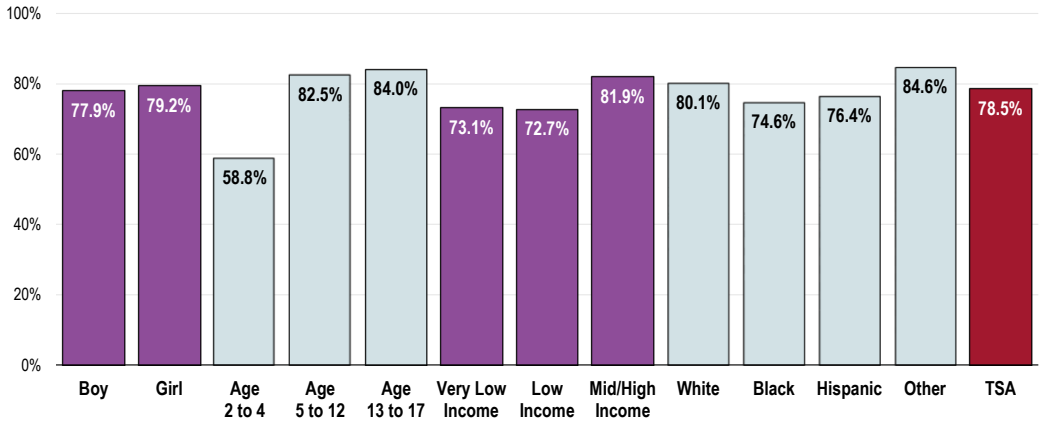
These children are less likely to have visited a dentist or dental clinic in the past year:

- Children age 2 to 4 (positive correlation with age).
- Children in low or very low income households.

Child Visited a Dentist or Dental Clinic Within the Past Year

(Total Service Area Children Age 2-17, 2016)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 46]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-2.1]

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

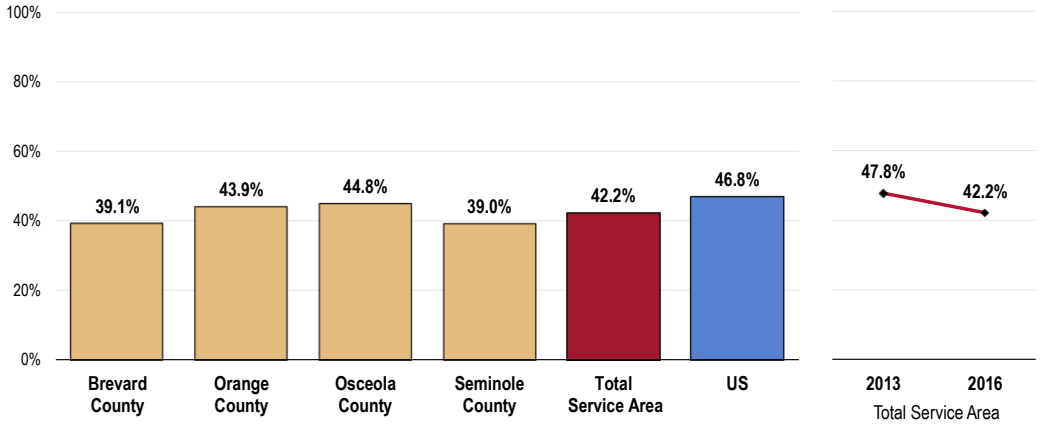
Dental Sealants

A total of 42.2% of parents report that their child (age 6 to 17) has had sealants put on their molars.

- Statistically comparable to the US proportion.
- Statistically comparable findings when viewed by county.
- TREND: Denotes a statistically significant decrease since 2013.

Child Has Received Dental Sealants on His or Her Molars

(Total Service Area Children Age 6-17, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 48]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

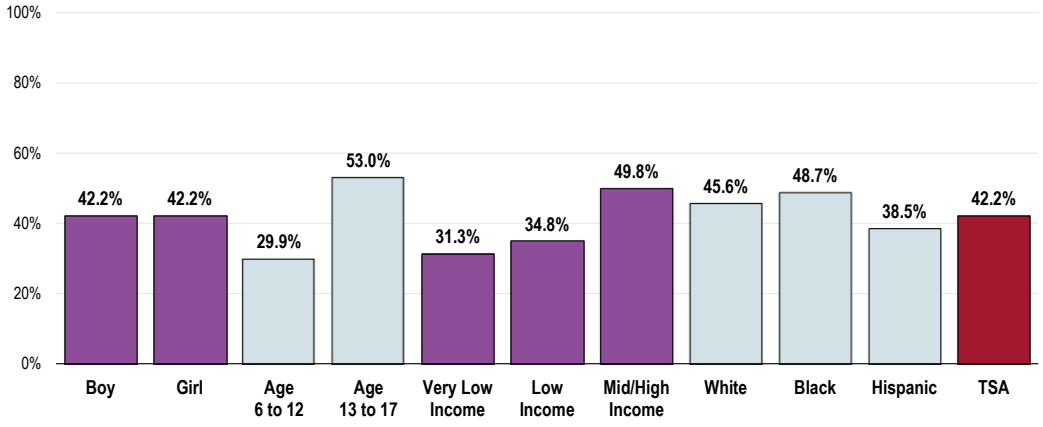
Notes:
- Asked of those respondents for whom the randomly selected child in the household is age 6 to 17.

The prevalence of dental sealants is lower among:

- Children age 6 to 12.
- Children in low or very low income households (positive correlation with income).

Child Has Received Dental Sealants on His or Her Molars

(Total Service Area Children Age 6-17, 2016)

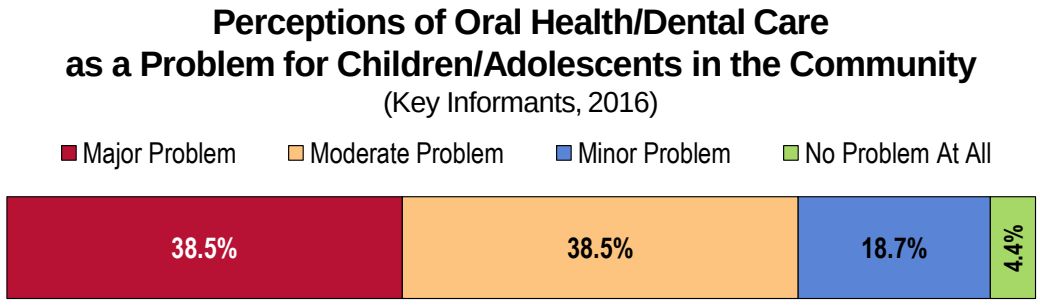


Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 48]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is age 6 to 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Oral Health

Key informants taking part in an online survey characterized *Oral Health/Dental Health* as a "major problem" equally as often as a "moderate problem" for children/adolescents in the community.



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

Top Concerns

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

Affordable Care/Insurance Issues

Financial constraints on the parents. - Social Services Provider

People can barely pay for rent and most have no dental insurance. - Community/Business Leader

Oral health can get overlooked in children due to other health priorities and cost of dental services. Access to affordable dental services is still a challenge. - Public Health Representative

Lack of health insurance and unhealthy diets. - Public Health Representative

Children and adolescents in families that are either uninsured or under insured almost never have access to dental health care. This coupled with inadequate nutrition and access to fresh foods lays the groundwork for devastating oral health. - Other Health Provider

Without insurance, too expensive for most families. Very few to no dentists that accept Medicaid. Medicaid does not cover braces. - Social Services Provider

Unfortunately, we are seeing tooth decay in children as early as 4, 5, and 6 years of age. Also there is a lack of dentist who accept Medicaid, so far too often children covered by Medicaid do not get the necessary preventative services. - Other Health Provider

Lack of insurance and financial resources. - Community/Business Leader

Often not covered by insurance and expensive to access. - Other Health Provider

Lack of dental healthcare coverage. Many people, even pregnant women received prenatal Medicaid don't have oral health care coverage. This isn't acceptable. Oral health is linked to the health status of the entire body and if we want people to be well. - Social Services Provider

I've seen way too many children with rotten teeth who have never been seen by a dentist. Some are the result of lack of insurance or being underinsured. - Community/Business Leader

No dental access for any low income children who cannot cooperate well with the exam. - Social Services Provider

Medicare does not help with dental costs therefore we continue to see increasing number of seniors with dental issues. - Social Services Provider

Access to Providers

Limited resources for children. - Other Health Provider

Families describe long delays in getting dental appointments for Medicaid dental providers and having to drive out of county for specialists. - Social Services Provider

Access to a dentist is just as, if not more, difficult than access to a medical doctor. - Community/Business Leader

Access to dentists continues to be a county wide issue as not all dentists are enrolled as Medicaid providers. - Other Health Provider

Lack of dentists and oral surgeons that will see children with special health care needs or children that are 200% or less of the federal poverty guidelines. - Public Health Representative

Health Education

Parents do not understand the importance of oral health for infants. - Social Services Provider

Just personal opinion, I don't believe dental care is as prioritized as it should be. - Community/Business Leader

Early cavities. Bottle cavities, prolonged use, decreased breast feeding rates, and poor prevention. - Other Health Provider

Hygiene and life skills education for young people. Young people are having to take charge of their health earlier in life and oftentimes they don't have the knowledge to do this or know where to find the information. - Public Health Representative

Access to Care/Services

Dental care for students with needs is difficult to find. - Other Health Provider

Access to care. - Community/Business Leader

Although children and adolescent have access to medical care, parents do not often seek dental care support being that it is not a requirement of the school system such as immunizations. - Social Services Provider

Socioeconomics

Low socio economics. - Community/Business Leader

Because children in poverty get inadequate dental care. Many eat too much sugar. - Social Services Provider

Prevalence/Incidence

Children with dental issues in child care sites, observations of personnel doing intake at 4C. - Social Services Provider

Vision & Hearing

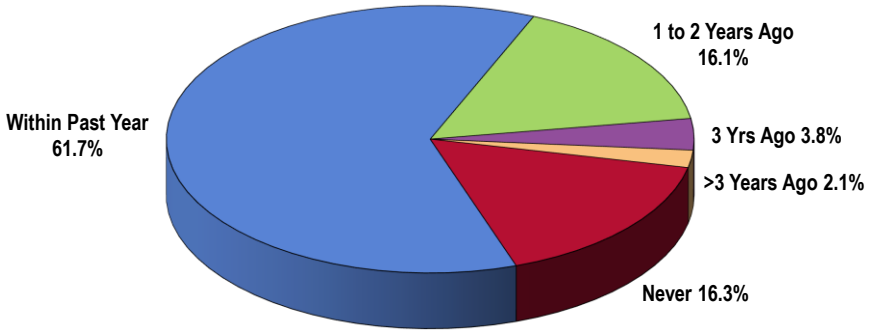
Recent Eye Exams

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, 16.3% of Total Service Area children have never had an eye exam.

Child's Most Recent Eye Exam

(Total Service Area, 2016)



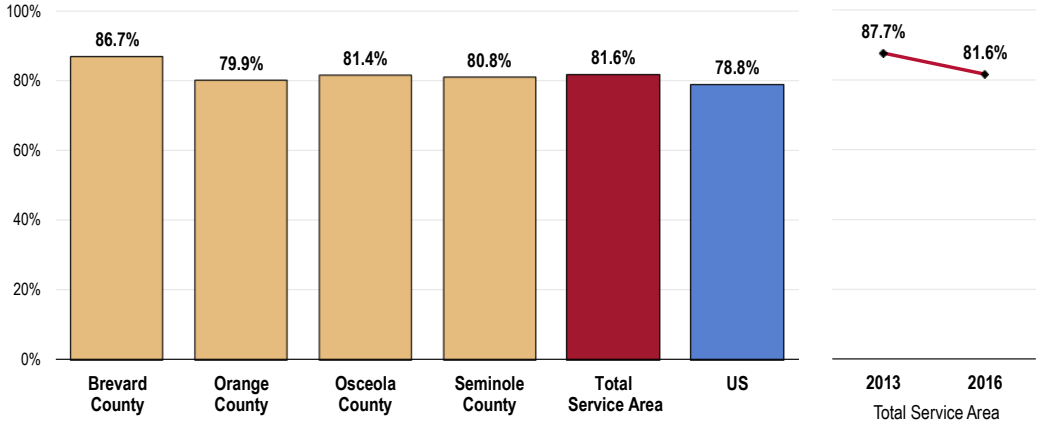
Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 38]
Notes: ● Asked of all respondents about a randomly selected child in the household.

On the other hand, a total of 81.6% of Total Service Area parents indicate that their child has had an eye exam within the past three years.

- Statistically similar to the US prevalence.
- Most favorable in Brevard County.
- TREND: The proportion of children receiving eye exams has decreased significantly over time.

Child Had an Eye Exam in the Past Three Years

(Total Service Area, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 38]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

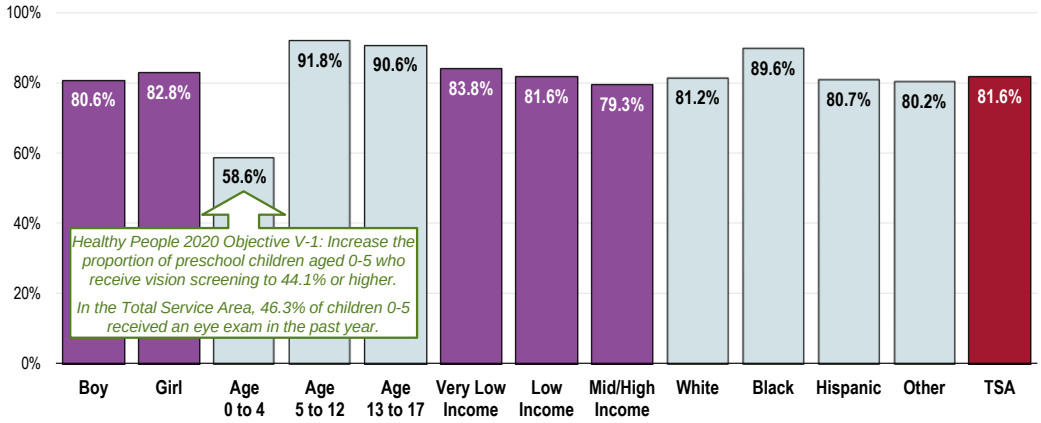
Recent eye exams (within the past three years) are lower among:

- Children age 0 to 4 (positive correlation with age).
- White, Hispanic, or "Other" race children

However, the prevalence of Total Service Area children age 0 to 5 who have had an eye exam in the past year (46.3%) is statistically similar to the Healthy People 2020 target (44.1% or higher) for their age group.

Child Had an Eye Exam in the Past Three Years

(Total Service Area, 2016)



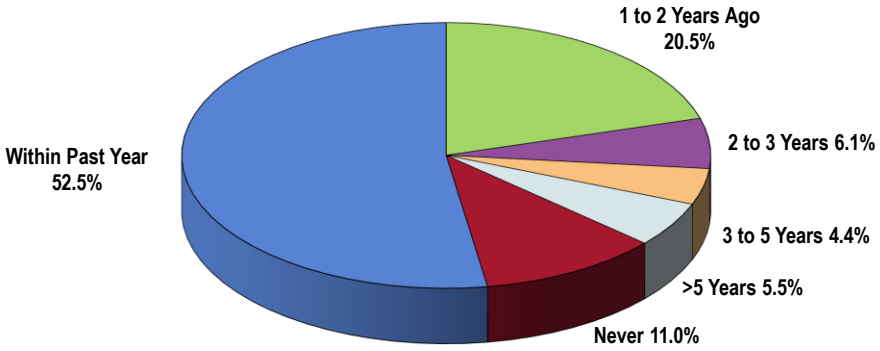
Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 38]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective V-1]

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

Hearing Tests

Note that 11.0% of Total Service Area parents indicate that their child has never had a hearing test.

Child's Most Recent Hearing Test
(Total Service Area, 2016)

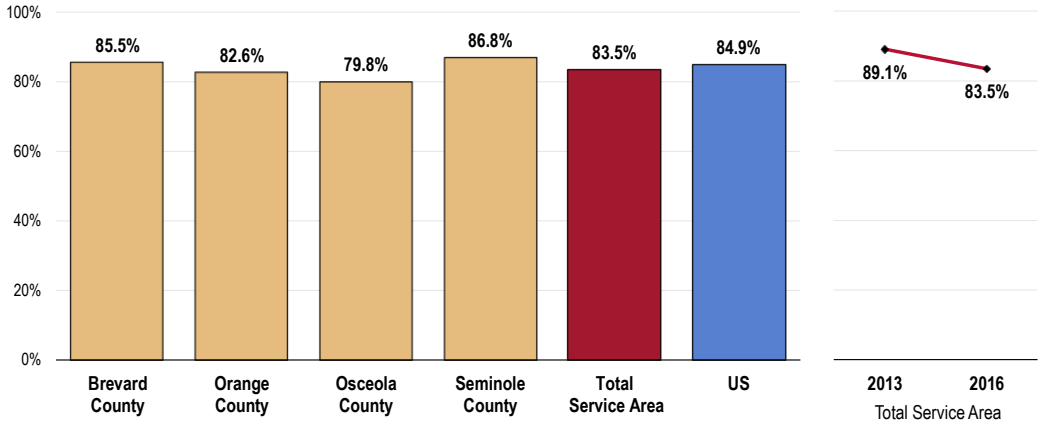


Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 40]
Notes: ● Asked of all respondents about a randomly selected child in the household.

On the other hand, 83.5% of Total Service Area children have had a hearing test within the past five years.

- Similar to US findings.
- Statistically similar by county.
- TREND: Has decreased in prevalence over time.

Child Had a Hearing Test in the Past Five Years
(Total Service Area, 2016)



Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 40]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

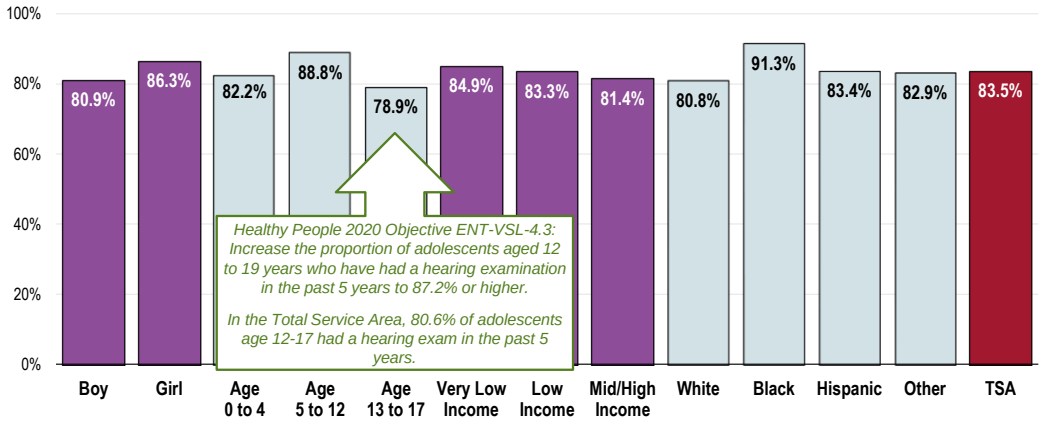
Those less likely to have received a hearing test in the past 5 years include:

- Boys.
- Children age 0 to 4 and teens (13-17).
- White, Hispanic, or "Other" race children.

Note that the prevalence of hearing tests among Total Service Area adolescents age 12 to 17 (80.6%) fails to satisfy the Healthy People 2020 target (87.2% or higher) set for those age 12 to 19.

Child Had a Hearing Test in the Past Five Years

(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 40]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective ENT-VSL-4.3]

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

Emergency Room Utilization

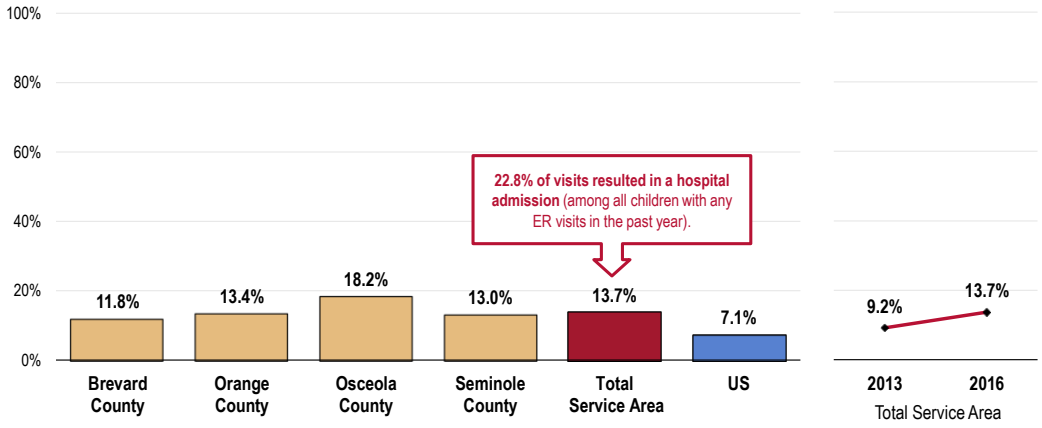
A total of 13.7% of Total Service Area parents report taking their child to a hospital emergency room (ER) more than once in the past year.

- Less favorable than the US figure.
- Statistically similar by county.
- TREND: Over time, ER usage in the Total Service Area has increased significantly.

Of those whose child used a hospital ER, 22.8% say the visit resulted in a hospital admission.

Child Used a Hospital Emergency Room More Than Once in the Past Year

(Total Service Area, 2016)



Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 41-42]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

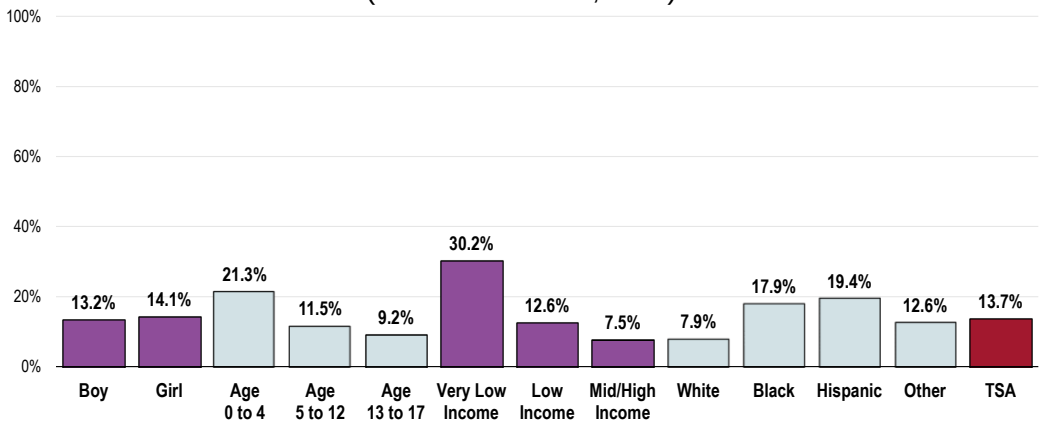
Notes:
- Asked of all respondents about a randomly selected child in the household.

Children more likely to have used a hospital emergency room for care more than once in the past year include:

- Those age 0 to 4 (negative correlation with age).
- Those in lower-income households (negative correlation with income).
- Black children and Hispanic children.

Child Used a Hospital Emergency Room More Than Once in the Past Year

(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 41]

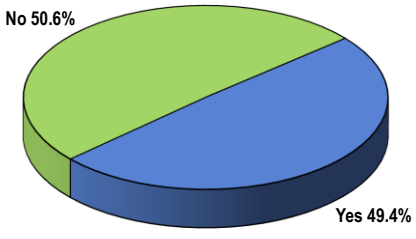
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the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

Among Total Service Area parents of children with any ER visit in the past year, nearly half (49.4%) say the visit was for something that might have been treated in a doctor's office.

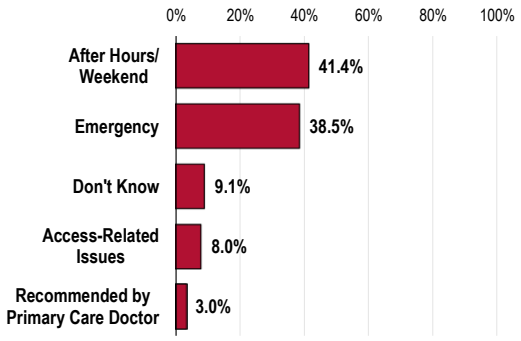
- Asked why they used a hospital ER for their child's care, 41.4% indicated that they needed the care **after hours or on the weekend** and 38.5% said the visit was to treat an actual **emergency situation**.
- Another 8.0% of Total Service Area parents took their child to a hospital ER in the past year because of **access-related issues**, and 3.0% were **recommended to use the ER by the child's primary care physician**.

Emergency Room Visits

(Among Total Service Area Children With Any ER Visits in the Past Year, 2016)



ER Visit Was for Something That Might Have Been Treated in a Doctor's Office



Reason for Using the Hospital ER Instead of a Doctor's Office or Clinic
(Among Those Responding "Yes" at Left)

Sources:
- 2016 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 used a hospital ER in the past year.

Health Education & Outreach

Professional Research Consultants, Inc.

Health Education

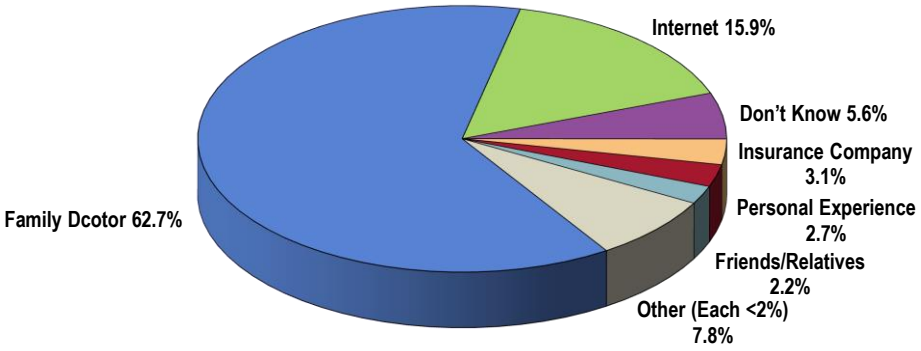
Primary Source of Healthcare Information

"Where do you get most of your healthcare information for this child?"

Family physicians are the primary source of children's healthcare information for 62.7% of Total Service Area parents.

- The **Internet** received the second-highest response, with 15.9%.

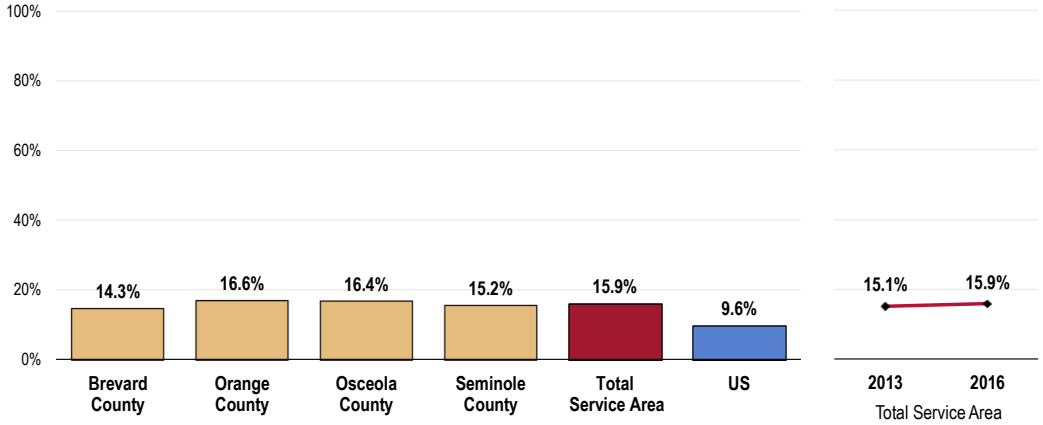
Primary Source of Healthcare Information for Child
(Total Service Area, 2016)



Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 138]
Notes: ● Asked of all respondents.

- The prevalence of Total Service Area parents who rely on the Internet as their primary source of healthcare information for their child is higher than US findings.
- Similar by county.
- TREND: Statistically no different from 2013 findings.

Internet Is the Primary Source of Healthcare Information
(Total Service Area, 2016)

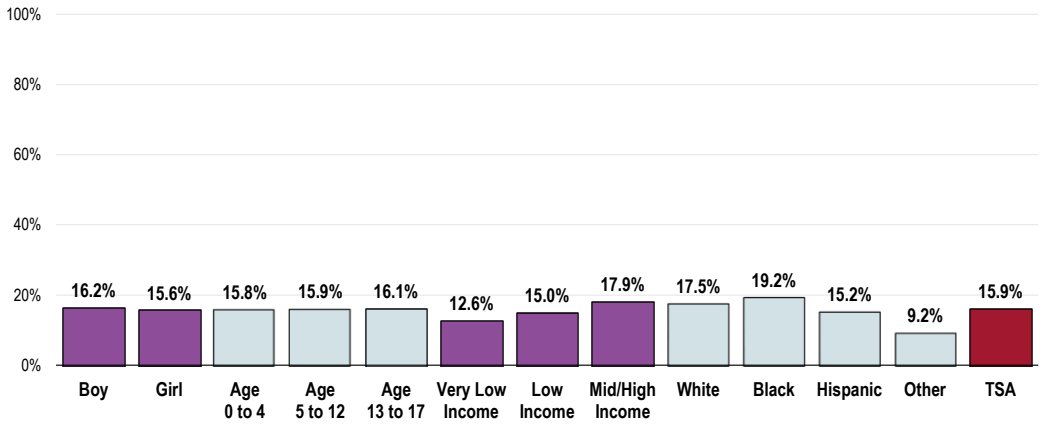


Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 138]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- The proportion of parents who rely on the Internet for healthcare information is lower among those with "Other" race children.

Internet Is the Primary Source of Healthcare Information

(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 138]

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

Parenting Education

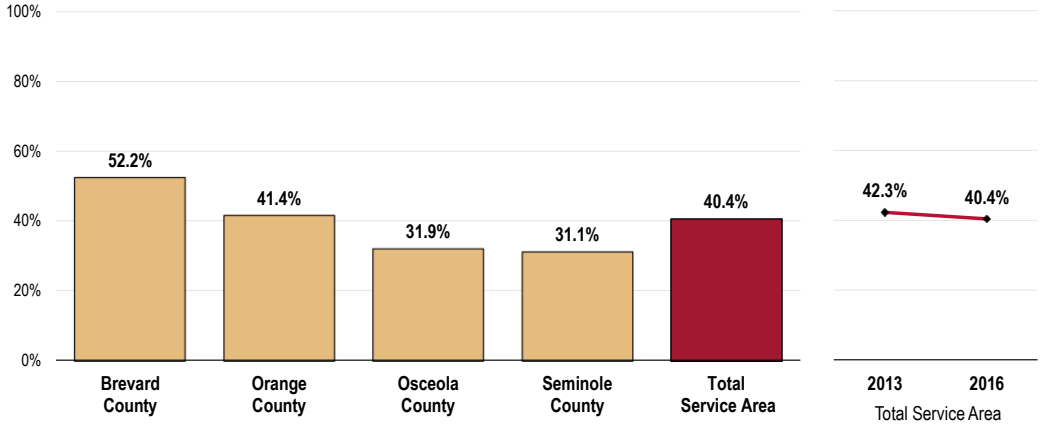
"Are you aware of any parenting education programs offered in your community?"

Among Total Service Area survey respondents, two-fifths (40.4%) are aware of parenting education programs offered in the community.

- Notably more favorable in Brevard County; much less favorable in Osceola and Seminole counties.
- TREND: Awareness has not changed significantly within the last three years.

Aware of Local Parenting Education Programs

(Total Service Area Parents, 2016)



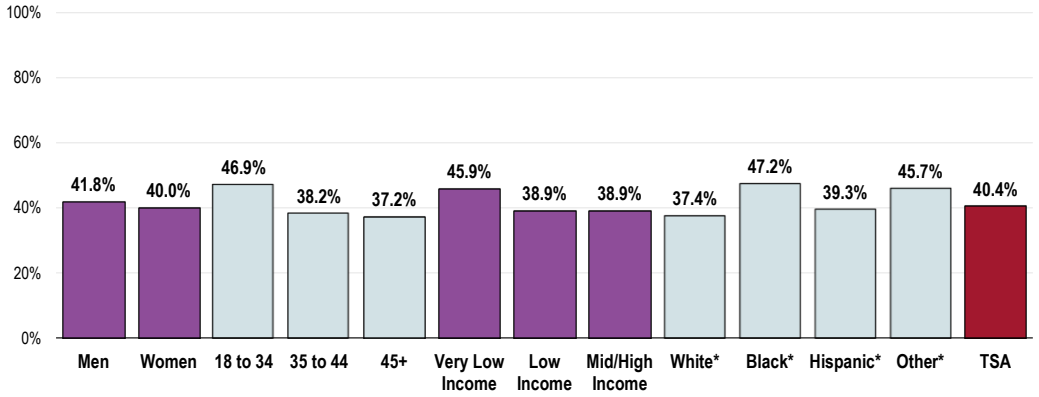
Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 308]

Notes:
- Asked of all respondents.

- Total Service Area parents age 35+ are less likely to report awareness of these programs.

Aware of Local Parenting Education Programs

(By Adults Respondents' Demographic Characteristics*; Total Service Area, 2016)



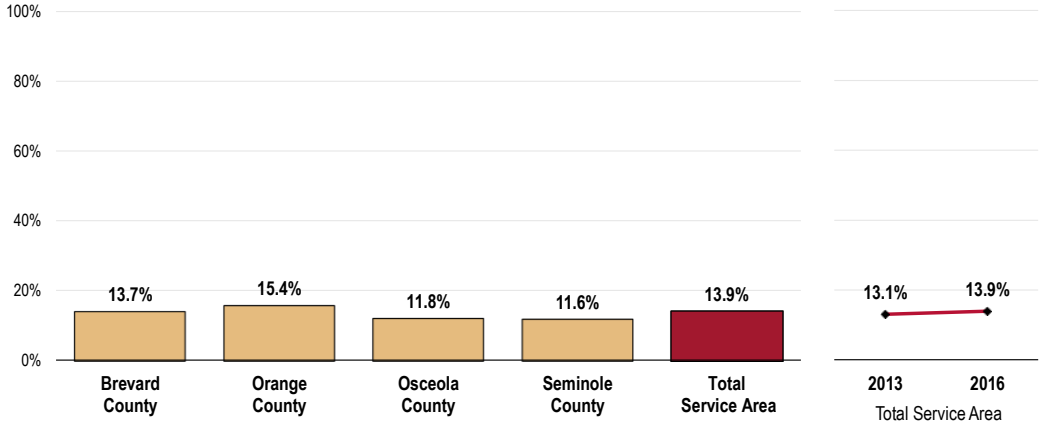
Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 308]
Notes: ● Asked of all respondents.
● *Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Further, 13.9% of all Total Service Area parents have used a local parenting education program.

- Statistically comparable among the four counties.
- TREND: Statistically unchanged over time.

Have Used a Local Parenting Education Program

(Total Service Area Parents, 2016)



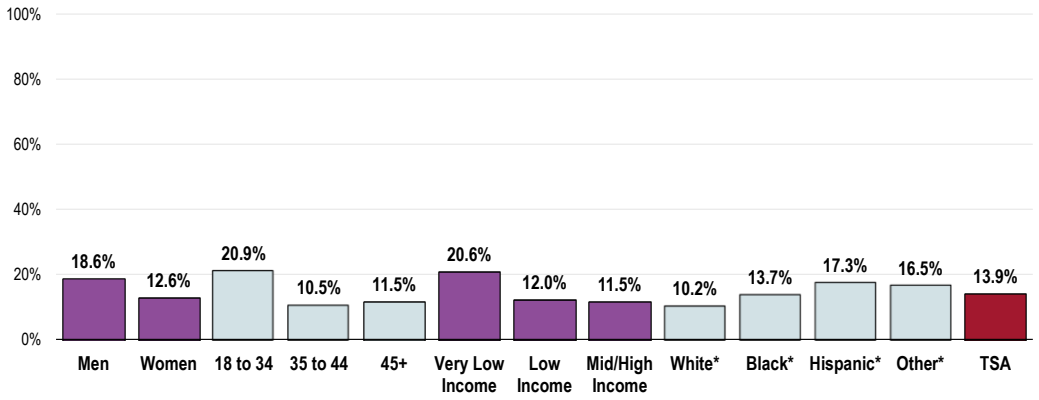
Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 309]
Notes: ● Asked of all respondents.

Note that usage of these programs is higher among:

- Men.
- Parents age 18 to 34.
- Parents with very low incomes.
- Hispanics.

Have Used a Local Parenting Education Program

(By Adults Respondents' Demographic Characteristics*; Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 309]

Notes:
- Asked of all respondents.
- *Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

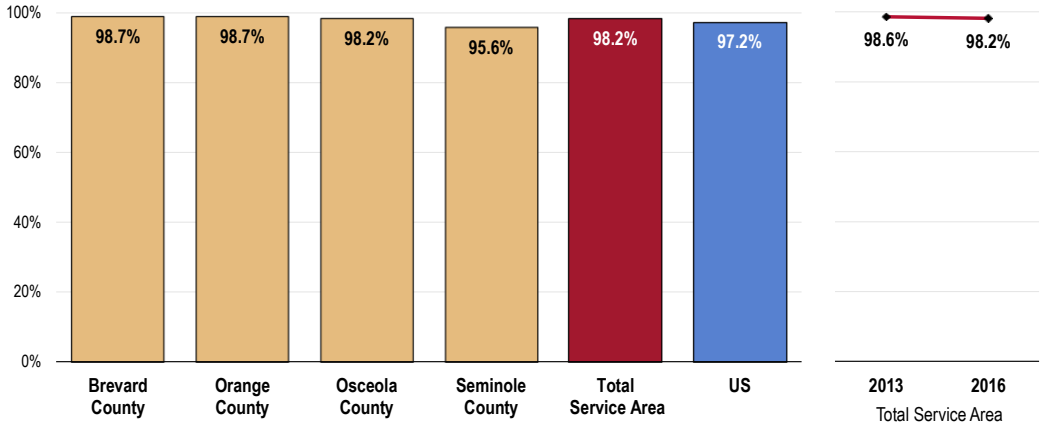
Access to Technology

Internet Access

Nearly all respondents (98.2%) have access to the Internet.

- Similar to the proportion found nationwide.
- Lowest in Seminole County.
- TREND: Internet access remains statistically unchanged over time.

Have Access to the Internet
(Total Service Area Parents, 2016)

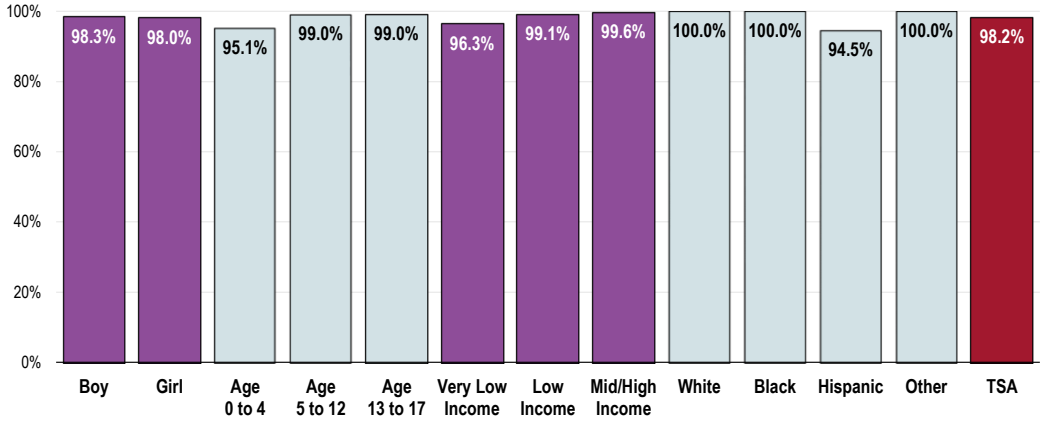


Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 144]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Households with children age 0 to 4 and Hispanics are less likely to have access to the Internet.

Have Access to the Internet
(Total Service Area, 2016)



Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 144]

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

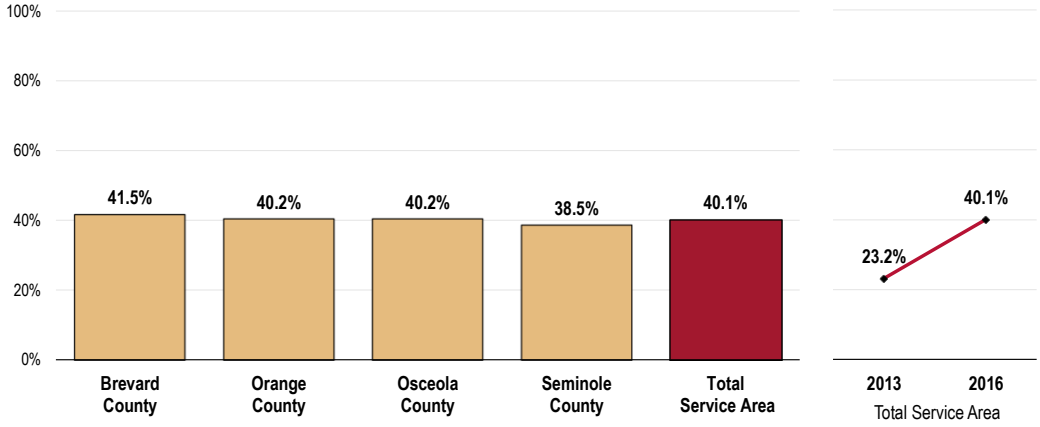
Electronic Health Records

Respondents were told that an electronic health record is a record of a patient's health information that is usually stored and retrieved with the use of a computer. It may include health information, such as vaccinations, test results, medications, and past medical history, gathered from many locations or sources.

A total of 40.1% of area parents report having access to their child's electronic medical record.

- Similar findings when viewed by county.
- TREND: Well above 2013 findings.

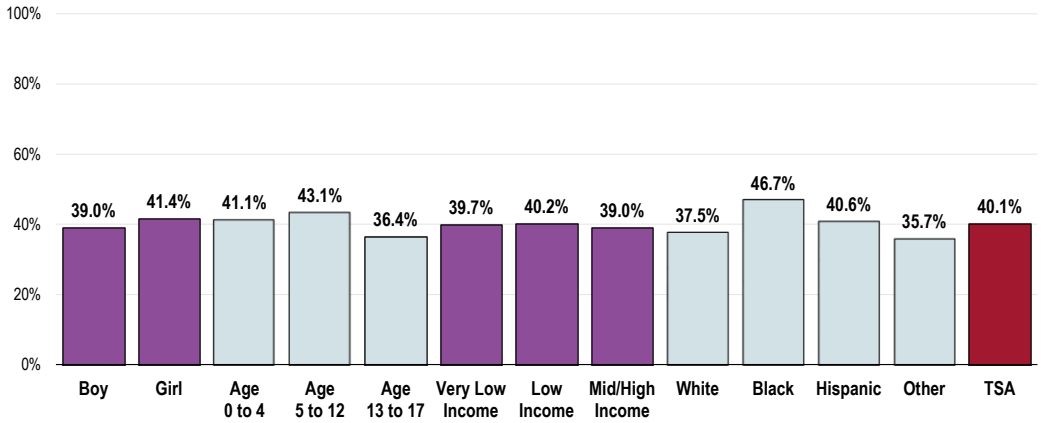
Have Access to Child's Electronic Health Record
(Total Service Area, 2016)



Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 310]
Notes: ● Asked of all respondents.

- Parental access to child's electronic medical record is lower among teens.

Have Access to Child's Electronic Health Record
(Total Service Area, 2016)



Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 310]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Resources

Professional Research Consultants, Inc.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Child & Adolescent Health Needs Assessment.

Access to Healthcare Services

211
Arnold Palmer Hospital
Brevard CARES
Celebration Foundation
Celebration Rotary Club
Church
Community Health Centers
Community Outreach Center
County School Boards
Dental Care Access Foundation
Doctor's Offices
Emergency Room
Federally Qualified Health Centers
Florida Department of Health
Florida Hospital for Children
Free Clinics
Free Drug Programs From the Manufacturers
Grace Medical Home
Healing the Children
Health Care Center for the Homeless
Healthy 100 Kids
Healthy Start Coalition
Hope Center
Hospitals
Human Services Department
Lynx
Medicaid Providers
Mental Health Providers
Navigators
Neighborhood Center for Families
Nemours Children's Hospital
Non Profit Sliding Scale Clinics
Obamacare
Orange Blossom Family Health
Osceola County Health Department
Osceola Regional Hospital
Parks and Recreation
Primary Care Access Network
Public Health Department
SCAT
School System
Shepherd's Hope
Social Services
Sports
The Assistance Fund
True Health
United Way
Urgent Care
Van Pool
Winnie Palmer Children's Hospital
YMCA

Allergies

211
American Lung Association
Center for Change
Doctor's Offices
Evans Wellness Cottage
Federally Qualified Health Centers
Health Department
Hospitals
Neighborhood Family Services
Nemours Children's Hospital
Pharmacy
Pine Hills Community Center
School System
Universities
Urgent Care

Asthma & Other Respiratory Conditions

211
American Lung Association
Apopka Community Lung Clinic
Arnold Palmer Hospital

Celebration Health Florida Hospital
Childhood Lead Prevention Programs
Clean Indoor Air Programs
Day Care Centers
Doctor's Offices
Early Learning Coalition
Federally Qualified Health Centers
Florida Department of Health in Osceola County
Florida Hospital
Free Clinics
Health Department
Hospitals
Nemours Children's Hospital
Orange County Health Department
Pharmacy
School System
Sleep Studies
Social Services
Universities
Urgent Care

Bone, Joint & Muscle Conditions

Arthritis Foundation
Doctor's Offices
Hospitals
United Way

Cancer

American Cancer Society
Arnold Palmer Hospital
Community Gardens
Doctor's Offices
Florida Hospital
Florida Hospital for Children
Florida Pediatric Group
Healing the Children
Hebni Nutrition Consultants
Holmes Regional Medical Center
HPV Vaccine Programs
Nemours Children's Hospital
Orlando Health, Mid-Anderson Hospital
Palm Bay Community Hospital
WIC Program
YMCA

Cognitive & Behavioral Conditions

211
504 and IEP
Applied Behavior Center for Autism
Aspire
Autism Society of Greater Orlando
Behavioral Support Services
Boys and Girls Club
Brevard Behavioral Consultants
Brevard Health Alliance
Center for Autism and Related Disorders
Center for Change
Child Life
Children's Home Society of Florida
Children's Medical Services
Church
Circles of Care
Coastal Behavioral Therapy
Community Health Centers
Contracted Carve Out With no Access
Devereux
Doctor's Offices
Down Syndrome Association of Central Florida
Early Learning Coalition
Early Steps
Employee Assistance Programs
Evans Community School
Exceptional Student Support Services
Expanding Horizons
Family Network on Disabilities of Florida
Federation of Families
Florida Hospital
FSPT
Head Start
Hospitals
Impower
Interventions Unlimited
Kinder Konsulting
Lakeside Behavioral Health
Medications
Mental Health Providers
Mobile Crisis Units
Nemours Children's Hospital
Online Resources
Orange County Public Schools
Orlando Health
Osceola Regional Hospital

- *Park Place*
- *Parramore Kidz Zone*
- *Parrish Medical Center*
- *Puzzlebox*
- *Quest*
- *School System*
- *Scott's Autism Center*
- *Seminole County Public Schools*
- *Social Services*
- *Turning Point*
- *United Cerebral Palsy*
- *Urban League of Central Florida*
- *Wraparound Orange County*
- *YMCA*

Diabetes

- *211*
- *After School Programs*
- *American Diabetes Association*
- *Arnold Palmer Hospital*
- *CDC*
- *Central Florida YMCA*
- *Doctor's Offices*
- *Florida Department of Health*
- *Florida Hospital*
- *Florida Hospital East*
- *Fuel up to Play 360*
- *Grace Medical Home*
- *Health Care Center for the Homeless*
- *Health Department*
- *HealthSpan*
- *Hospitals*
- *Infra*
- *Nemours Children's Hospital*
- *Orlando Health*
- *Parks and Recreation*
- *Parrish Medical Center*
- *Reduce Obesity in Central Florida Kids*
- *Sanford Burnham*
- *School System*
- *Shepherd's Hope*
- *Sports*
- *UF County Extension*
- *United Health Group*
- *YMCA*

Infant Health

- *Children's Cabinet*
- *Community Health Centers*
- *Doctor's Offices*
- *Health Department*
- *Healthy Start Coalition*
- *Holmes Regional Medical Center*
- *Hospitals*
- *Nemours Children's Hospital*
- *Parenting Classes*
- *Pine Hills Wellness Program*
- *The Birth Place*
- *True Health*
- *Well Family*
- *WIC Program*
- *Winnie Palmer Children's Hospital*

Injury & Safety

- *Arnold Palmer Hospital*
- *Aspire*
- *Boys and Girls Club*
- *Church*
- *Community Based Care of Central Florida*
- *Community Health Centers*
- *Compact*
- *Corrections*
- *Department of Children and Families*
- *Department of Juvenile Justice/Juvenile Assessment Centers*
- *Doctor's Offices*
- *Dr. Phillips Center for Children and Families*
- *Florida Department of Health*
- *Florida Hospital*
- *Harbor House*
- *Hospitals*
- *Infra*
- *Justice System*
- *Kids House of Seminole*
- *Nemours Children's Hospital*
- *Orange County Public Schools*
- *Orlando Police Department*
- *Police Department*
- *Public Health Department*
- *Samaritan Village*
- *Support Groups*
- *Take Stock in Children*
- *Urban League of Central Florida*
- *WRAP*
- *YMCA*

Mental & Emotional Health

33rd Street Jail
Aspire
BHA
Boys and Girls Club
Boys Town
Brevard CARES
CDC
Central Florida Cares
Central Florida Partnership
Central Florida Urban League
Changes
CHILL Counseling Program
Circles of Care
CMS
Commission on Homelessness
Common Sense Media
Community Health Centers
Counseling Center
Devereux
Doctor's Offices
Dr. Phillips Center for Children and Families
Evans Community School
FDLR
Federation of Families
Happy Ambassadors
Impower
Infra
Intelligent Emotional Courses
Kinder Konsulting
Lakeside
Mayor Jacob's Mental Commission
Mental Health Providers
NAMI
NAMIGO
Nemours Children's Hospital
Orange County Neighborhood Centers
Osceola County Health Department
Park Place
Private Services
School System
South Seminole Hospital
Support Groups
The Grove
Urban League of Central Florida
Wayne Densch YMCA Family Center
Workforce Central Florida
WRAP
Wraparound Orange County
Yellow Umbrella

Neurological Conditions

Yoga, Meditation Fibrofit Orlando

Nutrition, Physical Activity & Weight

Big Brothers and Big Sisters
Blessings in a Backpack
Boys and Girls Club
Brevard Public Schools
CDC
Celebration Health Assessments
Central Florida YMCA
Charities
Church
Community Gardens
Community Health Centers
Community Outreach Center
Early Learning Coalition
Fitness Centers/Gyms
Florida Blue
Florida Department of Health
Florida Hospital
Food Banks
Health Department
Health First Healthplex
Hospitals
Infra
Jewish Family Services
Nemours Children's Hospital
Orange County Health Department
Orange County Neighborhood Centers
Orange County Public Schools
Parks and Recreation
Parrish Medical Center
Public Schools
ROCK
Sanford Burnham
School System
Second Harvest Food Bank
SNAP
Sports
St. Cloud Hospital
UF County Extension
Wayne Densch YMCA Family Center
Weight Watchers

WIC Program
YMCA

Oral Health/Dental Care

Brevard County Health Department
Brevard County PATH Clinic
Brevard Health Alliance
Central Florida Family Health
CMS
Community Health Centers
Dental Care Access Foundation
Doctor's Offices
Evans Wellness Cottage
Federally Qualified Health Centers
Florida Department of Health
Harvest Time International
Health Care Center for the Homeless
Health Department
OBT Medical Center
Orange Blossom Family Health
Orange County Health Department
Osceola County Health Department
Primary Care Access Network
Prophylactic Fluoride
School System
Seminole County Health Department
True Health
United Way
Valencia College of Dentistry
Volunteers in Medicine

Sexual Health

Doctor's Offices
Evans Wellness Cottage
Federally Qualified Health Centers
Harvest Time International
Health Department
Healthy Start Coalition
Ignite Youth Program
Pharmacy
Planned Parenthood
Sports

Substance Abuse

12 Step Programs
AA
Aspire
BOAT
CDC
Central Florida Cares
Circles of Care
Drug Rehabilitation Centers
Emergency Room
Hospitals
Mental Health Providers
Nemours Children's Hospital
Orange County Drug Free Coalition
Orange County Health Department
Park Place
Recovery House of Central Florida
School System
Screening, Brief Intervention and Recovery
Serenity Now Counseling Center
The Grove
UBC
Wraparound Orange County

Tobacco Use

American Cancer Society
American Heart Association
American Lung Association
CDC
Center for Drug Free Living
Health Department
Hospitals
Stop Smoking Aids
Students Working Against Tobacco
Television Ads
Tobacco Free Florida

Vision, Hearing & Speech Conditions

Central Florida Therapy Solutions
Dr. Phillips Center for Children and Families
Early Steps
Exceptional Student Support Services
Lighthouse Central Florida
Nemours Children's Hospital
Pediatric Potentials
Speak Easy Solutions

Appendices:
Evaluations of Past Activities
2014 & 2015 Progress Reports

Professional Research Consultants, Inc.

Nemours Children's Hospital

2014 Progress Report

Nemours® Children's Hospital

Orlando, Fla.

Table of Contents

Introduction

Nemours Children's Health System is an internationally recognized, integrated children's health system that owns and operates Nemours/Alfred I. duPont Hospital for Children in Wilmington, Del., and Nemours Children's Hospital (NCH) in Orlando, as well as pediatric specialty, primary and urgent care offices in Delaware, Florida, Pennsylvania, Maryland and New Jersey.

Nemours has grown significantly in Central Florida since NCH opened in October 2012. The health system now owns and operates 13 Nemours Children's Primary Care, six Nemours Children's Urgent Care and three Nemours Children's Specialty Care offices conveniently located throughout the region. Nemours is putting its expertise to work in improving pediatric care in Florida through coordinated patient- and family-centered care that includes medical services, biomedical research and graduate medical education, dedicated to a high standard of quality and safety outcomes.

During 2013, Nemours engaged Professional Research Consultants (PRC), Inc. to conduct a Child & Adolescent Health Needs Assessment with the goal of gathering data to assist in determining the health status, behaviors, and needs of children and adolescents in the service area which has been defined as households with children in Brevard, Orange, Osceola and Seminole counties in Florida.

The assessment was comprised of both qualitative and quantitative data including a customized local Child and Adolescent Health Survey, Key Informant Focus Groups, Public Health data, Vital Statistical data and other benchmark data. The following areas of opportunity represent the significant health needs of children and adolescents in the community, based on the information gathered through this study:

Areas of Opportunity

- Access to Health Services
- Nutrition, Physical Activity & Weight
- Prenatal & Infant Health
- Health Education
- Injury & Safety
- Mental & Emotional Health
- Vision, Hearing & Speech

After reviewing this Community Health Needs Assessment report, Nemours leaders met to evaluate and prioritize the top health needs for children in the community using the following criteria:

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

After careful analysis, the top three areas of opportunity identified included Access to Health Services; Nutrition, Physical Activity & Weight; and Prenatal & Infant Health. The focus of our implementation plan was on these top three areas of opportunity, however Nemours developed implementation strategies for all seven opportunities identified. This document identifies the activities and programs developed and executed during 2014 as a result of the implementation plan objectives and strategies developed from the 2013 Community Health Needs Assessment.

Access to Health Services

Overview

According to the needs assessment, the Total Service Area (TSA) experienced higher than the national average levels of children who went without insurance coverage at some point in 2013 at 11.5 percent, and significantly higher among low-income and Hispanic populations at 21 percent and 15.8 percent respectively. In addition to insurance instability experienced in our TSA, families also experienced difficulties in obtaining medical care in 2013.

The three greatest barriers to access reported were inconvenient office hours, getting a doctor's appointment and finding a doctor, all statistically similar to the U.S. survey except for finding a doctor, of which our TSA fared far worse. Among the 29.6 percent of children who needed to see a specialist in 2013, 35.6 percent had a major or moderate problem obtaining specialty care for the child. In addition, 25.5 percent reported that it took 20 or more days to get an appointment.

Objectives:
1. To provide coordinated, comprehensive and culturally appropriate care to children and families of Central Florida.
2. To increase access to primary, specialty and subspecialty health care for children in Central Florida.
Implementation Strategies:
A. Create **Programs and Initiatives** to increase access to specialty care.
B. Maintain **Satellite Operations** to extend specialty care into the community.
C. Provide **Unique Service Offerings and Subspecialty Care** that is not otherwise accessible in the Central Florida community.
Evaluation:
1. Track programs, initiatives, unique service offerings and specialty care brought to the community.

Programs and Initiatives

- **Nemours KidsTRACK** – Coordinated Care and Access to Community Health Services

  By the numbers in 2014:

  - 596 attendees participated in programs/workshops such as the following: Nemours Reading BrightStart!, Sickle Cell Comprehensive, Healthy Choices, Healthy Lifestyles, Diabetes Education, Spanish classes, Safety Event, Carb Counting and Food Allergy Forum
  - 946 referrals to community services

- 921 internal referrals (785 unique patients)
- 528 telephone and walk-in consults

- **Language/Interpreter Services**

  By the numbers in 2014:

  - 2,467 calls and video remote services with an interpreter
  - 40 in-person visits with an interpreter
  - 92 American sign language visits with an interpreter

- **Ronald McDonald House** at NCH is scheduled to open in spring of 2016. The house was designed to complement the modern look of the hospital. With 15 private bedrooms and baths, a community kitchen and dining room, laundry and children's playroom, the 21,900-square-foot house will become a home-away-from-home for families with children receiving treatment at NCH. The home will feature an outdoor healing garden and a pilot art therapy program sponsored by Dr. Phillips Charities. Once the first phase of the house is complete, plans call for a 7,300-square-foot expansion that would increase the total number of bedrooms to 40. When the new house is completed, Orlando will be one of only six U.S. cities to have three Ronald McDonald Houses.

Transition Programs

- **KidsTRACK** continues to work on establishing a formal Transition Program at Nemours for our medically complex patients going into adulthood.

Satellite Operations

- **Nemours Satellite Clinics**

  By the numbers in 2014:

  Patient visits

  - Lake Mary – 6,761
  - Downtown Orlando – 17,206
  - Brevard County (Viera Clinic moved to Melbourne) – 2,353
  - NCH Outpatient Clinic – 62,705

- **Primary Care**

  - Pediatric & Adolescent Medicine of Seminole in association with Nemours has been certified as a Medical Home by the American Academy of Pediatrics (AAP). The medical home model of primary care emphasizes care coordination and communication particularly for families of children with complex medical needs, leading to higher quality care at a lower cost – improving the experience for both patients and providers. This Nemours practice is one of only 35 in Florida participating in this rigorous statewide demonstration project and granted this designation by the AAP.
  - Nemours doctors volunteered their time to provide 115 free back-to-school physicals for low-income children at Shepherd's Hope locations in Central Florida.

By the numbers in 2014:

- Children's Health Alliance (CHA) added five primary care offices in the Central Florida market: Oviedo, Clermont, Maitland, Palm Bay and Winter Haven for a total of 12 primary care offices.
- In Central Florida, Nemours acquired five pediatric urgent care centers called Nemours Children's Urgent Care in Altamonte, Dr. Phillips, Hunters Creek, Sanford and Waterford Lakes. These urgent care centers saw a total of 23,869 patients in 2014. A new urgent care center was also opened in Melbourne in 2014.

Rotating Specialists

- Nemours Children's Hospital formed partnerships with the following community hospitals in Central Florida: Heart of Florida Regional Medical Center, Indian River Medical Center and Wuestoff Medical Center.

Unique Service Offerings and Subspecialty Care

- HUG ME Center for HIV/AIDS
  - 360 patients through September 2014
  - Will be tracked by hours starting in 2015
- Multidisciplinary Muscular Dystrophy Clinic, Early Autism Clinic, Behavioral Analysis Clinic and Cystic Fibrosis Clinic
- Specialties added in 2014: Limb Lengthening Program, ENT evening appointments, Black & Blue Clinic hours on Saturday, dedicated Hematology/Oncology Inpatient Unit, Pediatric Stone Center, cochlear implants
- Nemours CareConnect Program: A proven virtual platform equipped with high-definition video and audio connections that allows "virtual visits" to identify if the patient needs to be transferred to Nemours Children's Hospital or if recommendations from Nemours' specialists can be provided to keep the patient in their community
- Patient Direct Scheduling available at family's convenience through My Nemours portal

Nutrition, Physical Activity & Weight

Overview:

Obesity and Nutrition was identified by families surveyed in our Total Service Area (TSA) as the number one perceived health issue for children and teens. More than 50 percent of those surveyed believe community resources are insufficient and/or not available for Obesity and Nutrition. Of those surveyed, 8.8 percent perceive limitations to physical activity, with 89.9 percent as a result of a long-term health condition such as ADHD, autism or asthma. While the prevalence of overweight and obese for the total TSA is less than the national average, it is significantly higher in Osceola County at 40.7 percent, and higher among the low-income population (40.9 percent) and ethnic minorities (Hispanic: 32.7 percent; other races excluding Black, White, & Hispanic: 35.2 percent). The TSA also reports less than the national average on consumption of fruits and vegetables and daily physical activity.

Objectives:
1. To reduce the number of children in Central Florida who are overweight or obese.
2. To increase education and awareness of lifestyle habits that contribute to being overweight and obese, and resources that are available in the community to children and families to live healthier lifestyles.
Implementation Strategies:
A. Build **Wide Dissemination and Targeted Saturation Community Prevention Programs** that target obesity prevention in early childhood.
B. Facilitate **National Prevention Programs** that spread best practices in obesity prevention.
C. Provide **Educational Classes and Resources** to teach families how to plan and prepare balanced, healthier meals and incorporate physical activity into their lives.
D. **Leverage Community Partnerships** to disseminate messaging around healthy eating and active living.
E. Conduct **Clinical Programs and Research** to find effective tools to treat children with obesity.
Evaluation:
1. Track community participation in programs and events and dissemination of healthy messaging collateral.

- ### Wide Dissemination and Target Situation Community Prevention Programs

  By the numbers in 2014:

  - 99 child care providers have been trained to help children grow up healthy and ready to learn for kindergarten
  - 2,469 children and their families have been impacted by Nemours healthy messaging
  - FPI partnered with the Second Harvest Food Bank, Early Learning Coalition of Orange County, Little Angels and Pine Hills Preschools and Nemours Associates to pack 2,700 meals to make 900 weekend food packs for 100 preschoolers at risk for food insecurity and obesity in two Pine Hills child care sites. The weekend food packs were distributed over five Fridays to the preschoolers.

- ### National Prevention Programs

  - Early Care and Education Learning Collaboratives in Central Florida served 5,000 children in 2014
  - *Let's Move!* Child Care, Tools and Resources to Promote Healthy Eating and Physical Activity

Educational Classes and Resources

- 75 families attended our Nemours Healthy Lifestyle Class in 2014
- Florida Prevention Initiative Resources
- Florida Chronic Disease Prevention Summit
- *Helping Children Achieve a Healthy Weight,* Osceola County Public School Health Services
- *Helping Children Achieve a Healthy Weight. What communities can do to combat childhood obesity?* At Good Food Central Florida and Rollins College Global Speaker Series.
- All Together Better Educational Lecture Series: *Healthy Habits Start with 5-2-1 Almost None,* Lake Nona YMCA
- *Infant/toddler nutrition, hunger & obesity,* Early Learning Coalition, Orange County
- *Creating a Healthy Learning Environment to Grow Healthy Children,* National Association of Family Child Care Annual Meeting
- Seminole County Department of Health Back-to-School Event
- Orange County's Mayor Teresa Jacobs' Health Summit
- *Healthy Habits for Life: Helping Children Grow Up Healthy & Ready to Learn,* Department of Health in Osceola County
- *Innovations in Prevention: Perspectives from an Integrated Health System*
- *The Food Bank's Role in Community Health: Making the Connection*
- Providers Helping Children Grow Up Healthy and Ready to Learn, 10th Annual Osceola County Early Educators Conference
- 14th Annual Conference on Obesity – Making Sense of Treatment Guidelines for Obesity
- Diabetes and Obesity: America's Epidemic, Rollins College Health Forum
- Reduce Obesity in Central Florida KIDS (ROCK), Florida Chronic Disease Prevention Coalition Third Annual Summit
- Nemours Health Promotion – School Health Advisory Council – Seminole

By the numbers in 2014:

- 4,210 Nemours healthy eating, active living-related materials have been disseminated to the community through trainings, partnerships and events.

Leverage Community Partnerships

- Second Harvest Food Bank
- Early Learning Coalition of Orange County
- Little Angels and Pine Hills Preschools
- City of Orlando's District Five Coalition – Health Advisory Council
- The University of Florida's Food and Nutrition Program was trained in August on Nemours' *Healthy for Life* training along with *Let's Move! Child Care* and will be spreading our training and resources across the state in 16 counties in 2016, helping expand our reach to areas that would typically not be in FPI's geographic scope.
- *Nemours Healthy Habits for Life: A Child Care Obesity Prevention Initiative*, Dr. Wei keynote speaker – June 16
- Presenter and content expert for at least 20 local or statewide conferences and symposiums around obesity and early childhood, school health and food security.
- Provided *Nemours 5-2-1 Almost None* education for a healthy lifestyle and other resources around healthy eating and physical activity at a half dozen community health fairs and events annually.

- **Clinical Programs and Research**
  - The Nemours Healthy Choice Clinic, an outpatient pediatric weight management program, provided multidisciplinary care to children in the Central Florida community with over 1,500 visits in 2014.
  - Biomedical Research – Dr. Lang is working on the *Lifestyle Intervention For Asthma (LIFA)* study.

Prenatal & Infant Health

Overview:

The infant mortality rate in our TSA is higher than both the Florida and national averages at 7.8 per 1,000 live births and significantly higher in Orange and Osceola counties at 8.3 and 8.6 per 1,000 live births, respectively. In the non-Hispanic Black population, this increases to 15.6 per 1,000 live births.

Objectives:
1. Positively impact the infant mortality rate in the four-county TSA.
2. Increase education and awareness of prenatal and infant health issues among health care providers in Central Florida.
Implementation Strategies:
A. Provide **Prenatal Education** to moms, families and providers that promotes healthy pregnancies and safe deliveries.
B. Create **Infant Health Programs and Outreach** that provide services, education and support to families and providers.
Evaluation:
1. Track participation and feedback in prenatal and infant health education programs.

▪ Prenatal Education

- In 2014, Children's Health Alliance (CHA) *Mommy to Be* classes have been attended by 215 expectant parents. These classes are held at Babies R Us® locations throughout Central Florida.
- Representatives from Nemours participated in the Floppy Hat and Flip Flop Baby Shower and Educational Seminar at the Lake Mary Events Center on March 20, 2014. More than 200 mothers and expectant parents in Seminole County attended this outreach event that was designed to teach families the importance of good health and safety. Carol Quick, director of education for Nemours Reading BrightStart! presented developing early literacy and oral language skills in young children; Dr. Andrea Burns, physician at Nemours Children's Primary Care, Oviedo, spoke on the basics of care for newborns; Kelly Rogers, program and policy analyst for Nemours Florida Prevention Initiative, addressed health habits for life; and Dr. Cristy Wong, physician at Pediatric & Adolescent Medicine of Seminole,in association with Nemours, spoke on outdoor safety information.
- Dr. Jordan Smallwood, *SCID and the Newborn Screen: An ounce of prevention*, Newborn Screening in Florida Pediatric Seminar
- Two talks at the Newborn Screening in Florida Pediatric Seminar on September 27, 2014: *Nuts and Bolts of Newborn Screening* and *Newborn Screening for Cystic Fibrosis: One mutation, Two mutations, No mutations*
- Dr. Victoria Niklas, Grand Rounds, June 11, 2014, *Balancing Intestinal Health in the Prevention of Necrotizing Enterocolitis in the Preterm Newborn*
- Dr. Julie Wei, *Systematic Evaluation of Otolaryngology Issues in Tracheostomy and Ventilator Dependent Infants*

Infant Health Programs and Outreach

- Rapid Access Program
- Nemours provides rapid access (<1 day) to infants presenting with neuromuscular symptoms to provide care and treatment during this critical window.
- Milk Bank of Florida
- Layne Petrino, Neonatal Nurse Practitioner, MSN, ARNP-BC, CLC, is the vice chair of the board of Mothers' Milk Bank of Florida.
- All Associates working in our Neonatal Intensive Care Unit are certified in the Neonatal Resuscitation Program and S.T.A.B.L.E.
  (Sugar, Temperature, Airway, Blood pressure, Lab work, and Emotional support).

Secondary Health Concerns:
Health Education

Overview:

In the TSA, parents report significantly less awareness than the national average of local parenting education programs, at 42.3 percent, and significantly lower in Osceola County at 29.2 percent.

Objective:
1. Increase awareness of and participation in community health education programs for children, families and community health care providers.
Implementation Strategies:
A. Provide **Health Education for Patients and Families** both within our walls and in the community.
B. Extend content expertise through **Community Health Care Provider Education** programs.
C. Foster the **Education of Future Health Care Leaders**.
Evaluation:
1. Track participation in health education programs and dissemination in educational materials.

- **Health Education for Patients and Families**
  - KidsHealth.org
    - We had 675,569 views accessed in the Central Florida area in 2014
  - KidsTRACK
    - 596 attendees participated in programs/workshops such as the following: Nemours Reading BrightStart!, Sickle Cell Comprehensive, Healthy Choices, Healthy Lifestyles, Diabetes Education, Spanish classes, Safety Event, Carb Counting and Food Allergy Forum
  - Nemours Reading BrightStart! Early Literacy Screenings in 2014
    - 243 children screened in the Central Florida area
    - 21 parent workshops
    - 19 community events
    - UCF Book Fair event had 115 children complete crafts and over 200 families visited our Nemours Reading BrightStart! booth
  - Condition-Specific Support Sessions and Education
    - Nemours provides condition-specific support and education sessions, many held in KidsTRACK, to serve patients and families including:

By the numbers in 2014:

- Biweekly Type I Diabetes Support Sessions – 65 attendees
- Sickle Cell Comprehensive Sessions – 104 attendees
- Food Allergy Cooking Demonstration – 7 attendees
- Early Literacy Parent Education Series – 146 attendees
- Doc Talks hosted at Nemours Children's Hospital's Auditorium in 2014:
  - Jason Lang, MD
  - Nemours primary care doctors
  - Julie Wei, MD
  - Kenneth Alexander, MD
  - Todd Maugans, MD

Community Health Care Provider Education

- Community Continuing Medical Education
  - *Pediatric Emergency Medicine: Advances and Controversies,* Todd Maugans, MD
  - Newborn Screening in Florida Pediatric Seminar 2014: *Nuts and Bolts of Newborn Screening*
  - *Early Autism Intervention: Autism Spectrum Disorders...The more you know,* Laufey Sigurdardottir, MD

- Osceola School Nurse Continuing Education Program
  - Lloyd Werk, MD, *Helping Children Achieve a Healthy Weight*
  - Jamie Ikeda, MD, *Common Eye Problems*
  - Judy Wall, MD and Monica Nebel, *Blood Disorders and Oncology*
  - Laufey Yr Sigurdardottir, MD, *Children with Epilepsy and Improving Recognition of School-Aged Children with Autistic Disorders*
  - John Rendle, *Asthma*
  - Christopher Borillo, MD, Beth Long, MD and Cristy Russo, MD, *Common Psychological Disorders*

- Asthma Education
  - *Asthma 101 Training* – Nemours trained the entire staff of Boggy Creek Elementary School since the school has 139 students with asthma.
  - Trained Osceola County school nurses
  - Camp Easy 2 Breathe – With support from Nemours and a staff of UCF nursing students, Gibson-Young launched Camp Easy 2 Breathe based on the American Lung Association's curriculum for children ages 6 to 12. The four-day camp offers activities including:
    - scavenger hunts highlighting attack triggers and similar activities to help get kids thinking about how their illness works
    - making lung puppets out of paper sacks and construction paper and learning lung strengthening exercises
    - participating in physical activities that teach them how to recognize their limits and avoid an attack that may lead them to an emergency department
- Community Diabetes education sessions were conducted for the following:

- Lake County school nurses
- Volusia County school nurses
- JDRF Family Outreach Event
- Florida's Department of Children and Families' case managers and child protective services officers

– Florida Down Syndrome Conference
In 2014, 285 families attended the conference at the University of Central Florida. Airaj Fasiuddin, MD, *Common Eye Findings in Children with Down Syndrome*, Julie Wei, MD, *ENT AND AUDIOLOGY issues relevant to DOWN children*, and Julie Denham, MD, *Celiac Disease*, presented at this conference on behalf of Nemours.

– PULSE Conference
Nemours sponsored and participated in Orange County Public School's 2015 PULSE (Parents United with Leaders, Students, and Educators). The focus of the PULSE conference is to provide awareness and strategies to inform, promote and support the achievement of students with disabilities and their families. Parents, educators, administrators, advocates, self-advocates, professionals and many others may participate in this conference to gain skills and information vital to their success. Monica Nebel, KidsTRACK Programs Manager, Laufey Sigurdardottir, MD and Betsy Burgos presented at the PULSE Conference.

– Early Learning Coalition – Osceola's 10th Annual Early Learning Conference

– Kelly Rogers presented *Providers Helping Children Grow Up Healthy* to 40 child care providers.

– Orange County Public School's Nurse Trainings
Sarah Gibson, MD, *Concussion*, and Jami Kessel, RN, *After the Fight*, conducted four training sessions throughout the school district for RNs, LPNs and school health assistants who worked in the district's school clinics in 2014.

– School Health Association Conference – Julie Wei, MD, presented on *Common ENT Disorders seen by school health professionals*

– Central Florida Health Summit – Over 100 Orange, Seminole and Osceola county community leaders met in Maitland on May 15 to participate in a regional health summit. This event brought together leaders from transportation, government, education, environment, social service agencies, health care, public safety and business to examine community health issues. Martha Santoni from Nemours presented *Nemours Children's Health Needs Assessments in Central Florida* with a focus on access to health services; prenatal and infant health; and nutrition, physical activity and weight. After the summit's presentations on the region's health, breakout groups created strategies addressing health literacy, obesity and chronic disease. A summary of these strategies will help guide the creation of action plans by the counties' health collaborations with the support of public health departments and the local hospital systems.

– In June, Nemours partnered with United Cerebral Palsy (UCP) of Central Florida and the University of Central Florida to host *Connecting the Dots in Central Florida*, an education event to address heath care coordination for special needs children. The conference highlighted fragmentation of services for these families. Representatives from all three organizations presented on a variety of topics relating to these issues, including early identification, roles of care team members, communications strategies and coordinated care across the continuum.

– Lecture at Florida Institute of Technology, June 18, 2014, *The VB-MAPP assessment and intervention*

– Effective Assessment and Collaboration in the Management of Diabetes, participant in training program, Central Florida Learning Circle

– Adalberto Torres, MD, Patient IPV Round Table Discussion, Space Coast Cardiopulmonary Conference

– Shayan Vyas, MD, *Sepsis Lecture*, Central Florida Health Care, Polk County

– Shiva Kalidindi, MD and Khan, MD, Seminole State College, *Pediatric Education for Prehospital Professionals*

– Jen Setlik, MD, *Child Advocacy and Injury Prevention Advocacy Course – Teen Suicide Prevention*

– Presentation, *Medical Exam in Child Advocacy Cases*, Florida Institute of Technology, September 2014, Vi Ngo, MD

– Presentation, *Recognizing and Reporting Child Abuse*, Palm Bay Brevard Health Alliance, April 2014, Vi Ngo, MD

– Ngoc Du, MD, *Heart Rhythms*, Heart of Florida Regional Medical Center

– Ngoc Du, MD, *Hypo-Plastic Left Heart*, Heart of Florida Regional Medical Center

– Laufey Sigurdardottir, MD, *Lyrics of High Functioning Autism*, Orange County Public School System annual PULSE conference

- Laufey Sigurdardottir, MD: 6/12/14: Scott Center for Autism – panel discussion on recent developments in autism
- Laufey Sigurdardottir, MD: 6/7/14: Enzian Theater – *Science on Screen*: talk and Q/A coordinated with movie on autism
- Laufey Sigurdardottir, MD: 6/20/14 – UCP Program at NCH on *Connecting the Dots – autism and multihandicapped children*
- Richard Finkel, MD: 8/22/2014: Roundtable speaker invited by U.S. Congressman Gus Bilarikus, to discuss health care and medical research topics relevant to Central Florida and Nemours, Tampa, Fla.
- Lloyd Werk, MD partnered with Lisa Barkley, MD, Mertalaine Mulatre, MD, Xin Yan, MD and Michael Campbell, MD of UCF, *Racial Differences in Physical Activity and Environmental Behavior Goals in Adolescents in a Multidisciplinary Clinic*. Poster Presentation in Orlando, Fla., May 27-31 at the 2014 Annual Meeting, World Congress on Exercise is Medicine and World Congress on the Role of Inflammation in Exercise, Health and Disease of the American College of Sports Medicine
- N.W. Boris, MD, with Judge Lynn Tepper, *The Trauma-Informed Courtroom: Rationale to Results*, Florida Conference of Circuit Court Judges
- N.W. Boris, MD, with Kimberly Renk, MD, *Attachment: Key Principles in Child Welfare*, (4-hour seminar), Child Protection Summit
- N.W. Boris, MD, conducted a three-hour workshop on *Principles of Therapy* with counseling and social work interns at Beta Center
- NCH The Muscular Dystrophy support group, *Talking with your child about Muscular Dystrophy to improve coping and confidence in living with a chronic illness*
- Nicole Johnson, RN, MSN, MBA, NE-BC,CPEN, *Parenting Children with Alternative Lifestyles*, You're Not Alone Conference, Campus Crusade for Christ
- Leslie Gavin, MD, Nemours Children's Hospital, and Kimberly Grabert, MPA, CPM, Dept. of Children and Families, Orlando Roundtable presentation on Human Trafficking at 2014
- N.W. Boris, MD, *Technology for Children: How much is too much?*, 5th Annual State of Early Care and Education Breakfast Forum Panelist
- Shiva Kalidindi, MD: 05/2014: *ABCs of Pediatric EMS*, Orlando. Workshop: Pediatric Code Simulation (skills station)
- Bibi Nazeema Khan, MD: May 2014: *Pediatric Seizures – ABCs of Pediatric EMS*
  Pediatric Emergency Medicine: Advances and Controversies for the Clinician; Workshop: Pediatric Emergencies Simulation
- Richard Finkel, MD: 4/2014: Florida Society of Genetic Counselors annual meeting, Orlando, *Overview of Heritable Neuromuscular Disorders and Why Genetic Counselors are Mission Critical*
- Richard Finkel, MD, *Overview of New Treatments in Pediatric Neuromuscular Disorders*, Muscular Dystrophy Association annual Central Florida Workshop

Education of Future Health Care Leaders

- Nemours hosted the Osceola Medical Pipeline's Health Leaders Academy for an interactive tour and panelist discussion.
- In September 2014, Nemours Children's Hospital hosted our first Annual Career Exploration Day for area high school students from health academies/magnet programs from Orange, Osceola, Volusia, Brevard and Seminole county schools to NCH. Various presenters discussed their career paths in diverse medical fields.
- Nemours hosted 158 students from medical schools for casual student observations in 2014.
- Nemours Children's Hospital had 298 undergraduate and graduate-level interns from disciplines such as nursing, social work, public health and health administration.
- Florida Institute of Technology, The Scott Center for Autism Treatment signed a Memorandum of Understanding with Nemours Behavior Health to train Applied Behavioral Analysis Therapy students and provide CEU training at FIT.
- NCH has a very strong relationship with the University of Central Florida's College of Medicine. Nemours invites the students to attend the Grand Rounds every week and has physicians giving lectures often to the medical students.

Injury & Safety

Overview:

Child and adolescent mortality rates in our TSA are, on average, lower than the national rates with the exception of the 14-year-old age group which is significantly higher at 35.7 per 100,000. The number one leading cause of death among children ages 1-19 is accidents, primarily drowning in ages 1-4 and motor vehicle accidents in ages 15-19. Additionally, seat belt safety and safety seat use among children is slightly below the national average in our region.

Objective:
1. Increase awareness of and participation in community safety and injury initiatives and programs.
Implementation Strategies:
A. Provide **Safety/Injury Education** to patients and families.
B. Create targeted **Safety/Injury Initiatives** to serve the needs of the community.
Evaluation:
1. Track participation in and feedback of community safety and injury initiatives and programs.

- **Safety/Injury Education**
  - Safe Kids Safety Expo
    In 2014, 30 families participated in our Safety Expo for patients and families in the surrounding area to provide car safety checks, fingerprinting, swim safety and other demonstrations to provide education surrounding the safety of children.
  - Car Seat Installation
    Nemours Associates continue to teach patient families on how to properly install car seats and plan to train additional Nemours Associates in 2015 to expand services.

- **Safety/Injury Initiatives**
  - Concussion Treatment and Prevention Program
    - Orange County school nurses
    - White House Healthy Kids
    - Safe Sports Concussion Summit
    - Conducted Melbourne training – 250 parents
    - News Channel 13 – Concussion and Toolkit
    - Aspen Institute Project Play Initiative
    - Doc Talks on Concussions
    - *Pediatric Head Injury and Concussion*, Florida Association of Physician Assistants Winter Symposium

- Asthma Camp Osceola had 33 participants in 2014. Approximately 22 percent of Osceola County Children under the age of 18 have had at least one asthma attack. With support from Nemours and a staff of UCF nursing students, Gibson-Young launched Camp Easy 2 Breathe based on the American Lung Association's curriculum for children ages six to 12. The four-day camp offers activities including:
  - scavenger hunts highlighting attack triggers and similar activities to help get kids thinking about how their illness works
  - making lung puppets out of paper sacks and construction paper and learning lung strengthening exercises
  - participating in physical activities that teach them how to recognize their limits and avoid an attack that may lead them to an emergency department

Mental & Emotional Health

Overview:

While the majority of our TSA in total reports Excellent/Very Good mental health, 14.7 percent of low-income and 12 percent of Hispanic children report experiencing Fair or Poor mental health, which is significantly higher than the national average. Parents report that 17.8 percent of teens, 18.5 percent of low-income and 17.1 percent of Hispanic children have needed mental health services in the past year, compared to 13 percent in the TSA and 13.1 percent in the U.S. However, parent awareness of mental health services in the TSA is lower than the national average of 68.8 percent at 54.8 percent, and significantly lower in Orange County at 50.3 percent.

Objective:
1. Increase access to outpatient and community mental health services.
Implementation Strategies:
A. Develop **Outpatient Mental Health Programs** to expand mental health services.
B. Develop **Community Mental Health Programs** to extend services into the community.
Evaluation:
1. Track usage and feedback of outpatient and community mental health services.

- **Outpatient Mental Health Programs**
  - Early Autism Clinic
    Nemours Children's Hospital received $667,000 in 2014 from the State of Florida to improve early identification and treatment of children with autism. The funds from the State will enable NCH to:
    - Educate primary care physicians, residents and medical students to increase their awareness of early signs of autism, and provide them with appropriate screening tools and referral channels for autism evaluations.
    - Continue to build our Nemours team to be able to provide comprehensive diagnostic evaluations and provide families with a roadmap of necessary therapies.
    - Train applied behavior analysts (in partnership with the Florida Institute of Technology) and psychologists to increase the number of professionals with specialty training in treating children with autism spectrum disorders in Florida.

By the numbers in 2014:

- 76 children screened
- 89 children participated in community mobile screenings
- 9 behavioral techs in training
- 2 psychology externs

- **Community Mental Health Programs**
  - BETA House
    - The Nemours Division of Behavioral Pediatrics extended their resources to bring a Mental Health Clinic to Beta House to treat 21 patients in 2014.

- Upstander Program
  - N.W. Boris, MD, participated in the Orlando Bully Prevention effort, along with Mayor Buddy Dyer.
  - Amanda Montgomery, LCSW, conducted a Community talk, *Bullying and Cyberbullying: What Every Parent Needs to Know* with the Upstanders Program at the Holocaust Memorial Center, Maitland, Fla.
  - Nemours Children's Hospital sponsored the City of Orlando's Stand Up to Bullying Project in 2014 in partnership with the Zebra Coalition and Upstander Program.
  - Amanda Montgomery, LCSW, presented at Cheerleader Conference regarding "Bullying" in partnership with the Upstander Program.
  - Chris Borrillo, MD, presented *Bullying 101: Helping Kids Help Themselves*, Boys & Girls Club.

Vision, Hearing & Screening

Overview:

In the TSA, 4.2 percent of children have uncorrectable vision problems, which is higher than the national average of 1.9 percent. Children in Orange and Seminole counties have a significantly higher prevalence, both at five percent.

Objective:
1. Increase early vision screenings in community settings, specifically in early childhood.
Implementation Strategies:
A. Provide **Community Screenings** in early childhood settings.
Evaluation:
1. Track screenings provided to children in preschools and elementary schools.

- ### Community Screenings

  – Spot Vision Screenings

  By the numbers in 2014:

  – Nemours Primary Care Grand Opening – Oviedo – Airaj Fasiuddin, MD – 40 children screened

  – Nemours Primary Care Grand Opening – Clermont – Jamie Ikeda, MD – approximately 25 children screened

- ### Our Healthy Eyes

  – A proof of concept pilot project sponsored by NCH and Nemours Florida Prevention Initiative (FPI) in partnership with NCH Ophthalmology and Nemours Reading BrightStart!, demonstrated in its evaluation that an early childhood education and group vision screening program for preschoolers is feasible, potentially scalable and could possibly serve as a model for other health conditions.

  – Nearly 200 preschoolers and their families at six centers received educational programming with 143 receiving a vision screen and 10 identified with an abnormal screen (one knew of existing condition) including two obtaining glasses and one receiving follow-up with NCH.

Additional Efforts to Benefit and Support the Health of Our Communities

Boards and Leadership

American Lung Association

Asian-American Chamber of Commerce

Beta Center Board

Boy Scouts of Central Florida

Brevard Child Protection Team

Brevard Heart Alliance

Central Florida Disaster Medical Board

Central Florida Disaster Medical Coalition

Central Florida Health Leadership Council

Central Florida Regional Health Planning Committee

Central Florida Regional Partnership

Children's Home Society Early Head Start Policy Council

Crohns & Colitis Foundation of America, Florida Chapter

Cystic Fibrosis Foundation

Cystic Fibrosis Foundation's Patient Engagement Advisory Committee

Down Syndrome Association of Central Florida Board

Down Syndrome Association of Central Florida – Medical Advisory Board

Early Learning Coalition's Orange Food Security Task Force

Early Learning Coalition – Osceola County

Early Learning Coalition – Seminole County

East Orlando Chamber of Commerce

Economic Development Council of Metro Orlando

Get Active Orlando Board

Greater Orlando Human Trafficking Task Force

Healthy Orange Coalition

Healthy Seminole Collaboration

Heavenly Hooves

Hispanic Chamber of Commerce of Central Florida

Juvenile Diabetes Research Foundation

Kissimmee/Osceola County Chamber of Commerce

March of Dimes

Mayor's Youth Mental Health Commission Implementation

Mayor's Youth Mental Health Commission – Recommendations

Medical School Interviewer, University of Central Florida's College of Medicine

Milk Bank of Florida

Orange County Healthy Start Coalition

Orange County Mayor's Youth Mental Health Commission

Osceola County Fetal and Infant Mortality Case Review Team

Oviedo Winter Springs Chamber of Commerce

Pediatric Emergency Preparedness for Paramedics Instructor

Primary Care Access Network Board

Reduce Obesity in Central Florida Kids (ROCK) Board

Ronald McDonald House Charities

Runway to Hope

School Health Advisory Council – Seminole & Orange counties

Second Harvest Food Bank Nutrition Committee

Seminole County – Raising of America Planning Committee

Seminole County Regional Chamber of Commerce

Shepherd's Hope

Special Olympics Florida

Spina Bifida Association of Central Florida

Statewide Human Trafficking Work Group

Success With Therapies Research Consortium

Thornebrooke Elementary School Parent-Teacher Organization

United Arts Council of Central Florida

West Orange Chamber of Commerce

Community Events and Sponsorships:

100 Black Men

Alpha Kappa Alpha Sorority Scholarship

American Heart Association

Autism Speaks

Beta Center Diamonds and Denim

Camp Boggy Creek

Cattle Barons (American Cancer)

Christmas Bikes for Kids

Community Based Care of Central FL

Crohns and Colitis

Cystic Fibrosis Foundation

Give Kids the World

Holocaust Memorial Anti-Bullying Campaign

Juvenile Diabetes Research Foundation

Kids House Gala

Lakeland Little League Buddy Ball

MDA: Muscular Dystrophy Association

Mennello Gala

Nathaniel's Hope

Orange County Public Schools' Pulse Conference

Ride for Ronald

Reduce Obesity of Central Florida Kids (ROCK) Conference

Run Nona

Runway to Hope Fall Event

Runway to Hope Spring Event

Shepherd's Hope

Spina Bifida Walk and Roll

United Cerebral Palsy

United Way Children's Summit

Nemours Children's Hospital

2015 Progress Report

Nemours® Children's Hospital

Orlando, Fla.

Table of Contents

Introduction

Nemours Children's Health System is an internationally recognized, integrated children's health system that owns and operates Nemours/Alfred I. duPont Hospital for Children in Wilmington, Del., and Nemours Children's Hospital (NCH) in Orlando, as well as pediatric specialty, primary and urgent care offices in Delaware, Florida, Pennsylvania, Maryland and New Jersey.

Nemours has grown significantly in Central Florida since NCH opened in October 2012. The health system now owns and operates 14 Nemours Children's Primary Care, six Nemours Children's Urgent Care and three Nemours Children's Specialty Care offices conveniently located throughout the region. Nemours is putting its expertise to work in improving pediatric care in Florida through coordinated patient- and family-centered care that includes medical services, biomedical research and graduate medical education, dedicated to a high standard of quality and safety outcomes.

During 2013, Nemours engaged Professional Research Consultants, Inc., to conduct a Child & Adolescent Health Needs Assessment (CHNA) with the goal of gathering data to assist in determining the health status, behaviors, and needs of children and adolescents in the service area which has been defined as households with children in Brevard, Orange, Osceola and Seminole counties in Florida.

The assessment was comprised of both qualitative and quantitative data including a customized local child and adolescent health survey, key informant focus groups, public health data, Vital Statistical data and other benchmark data. The following areas of opportunity represent the significant health needs of children and adolescents in the community based on the information gathered through this study:

Areas of Opportunity

- Access to Health Services
- Nutrition, Physical Activity and Weight
- Prenatal and Infant Health
- Health Education
- Injury and Safety
- Mental and Emotional Health
- Vision, Hearing & Speech

After reviewing this Community Health Needs Assessment report, Nemours leaders met to evaluate and prioritize the top health needs for children in the community using the following criteria:

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

After careful analysis, the top three areas of opportunity identified included Access to Health Services; Nutrition, Physical Activity and Weight; and Prenatal and Infant Health. The focus of our implementation plan was on these top three areas of opportunity. However, Nemours developed implementation strategies for all seven opportunities identified. This document identifies the activities and programs developed and executed during 2015 as a result of the implementation plan objectives and strategies developed from the 2013 Community Health Needs Assessment.

Access to Health Services

Overview

According to the needs assessment, the Total Service Area (TSA) experienced higher than the national average levels of children who went without insurance coverage at some point in 2013 at 11.5 percent, and significantly higher among low-income and Hispanic populations at 21 percent and 15.8 percent respectively. In addition to insurance instability experienced in our TSA, families also experienced difficulties in obtaining medical care in 2013.

The three greatest barriers to access reported were inconvenient office hours, getting a doctor's appointment and finding a doctor, all statistically similar to the U.S. survey except for finding a doctor, of which our TSA fared far worse. Among the 29.6 percent of children who needed to see a specialist in 2013, 35.6 percent had a major or moderate problem obtaining specialty care for the child. In addition, 25.5 percent reported that it took 20 or more days to get an appointment.

Objectives:
1. To provide coordinated, comprehensive and culturally appropriate care to children and families of Central Florida.
2. To increase access to primary, specialty and subspecialty health care for children in Central Florida.
Implementation Strategies:
A. Create **Programs and Initiatives** to increase access to specialty care.
B. Maintain **Satellite Operations** to extend specialty care into the community.
C. Provide **Unique Service Offerings and Subspecialty Care** that is not otherwise accessible in the Central Florida community.
Evaluation:
1. Track programs, initiatives, unique service offerings and specialty care brought to the community to address needs.

Programs and Initiatives

- **Nemours KidsTRACK** – Coordinated Care and Access to Community Health Services

  By the numbers in 2015:

  – 606 attendees participated in programs/workshops including Nemours BrightStart! (NBS!), Sickle Cell Comprehensive, Healthy Choices, Healthy Lifestyles, Diabetes Education, Spanish classes, Safety Events, Carb Counting and the Food Allergy Forum.

Satellite Operations

- ### Specialty Clinic Operations

  By the numbers in 2015:

  Patient visits

  - Lake Mary – 13,833
  - Downtown Orlando – 28,878
  - Brevard County (Viera Clinic moved to Melbourne) – 6,432
  - NCH Outpatient Clinic – 71,819

- ### Primary Care

  - Ten Nemours doctors volunteered their time over four days to provide 230 free back-to-school physicals for low-income children at Shepherd's Hope locations in Central Florida.
  - Our Children's Health Alliance (CHA) added one primary care office in the Central Florida market in Sanford for a total of 13 primary care offices.
  - Nemours Urgent Care Center moved to a new location in Kissimmee.
  - Nemours CareConnect, a telehealth service, launched in November 2015. Using Nemours CareConnect, families can access Nemours pediatric care through their smart phone, tablet or computer 24 hours a day, seven days a week.
  - Four Nemours doctors volunteered their time at the Down Syndrome Association of Central Florida's Saturday's Clinic.

- ### Unique Service Offerings and Subspecialty Care

  - HUG ME Center for HIV/AIDS
  - Multidisciplinary Muscular Dystrophy Clinic
  - Early Autism Clinic
  - Behavioral Analysis Clinic
  - Cystic Fibrosis Clinic
  - Pediatric Interventional Radiology

Nutrition, Physical Activity & Weight

Overview:

Obesity and Nutrition was identified by families surveyed in our Total Service Area (TSA) as the number one perceived health issue for children and teens. More than 50 percent of those surveyed believe community resources are insufficient and/or not available for Obesity and Nutrition. Of those surveyed, 8.8 percent perceive limitations to physical activity, with 89.9 percent as a result of a long-term health condition such as ADHD, autism or asthma. While the prevalence of overweight and obese for the total TSA is less than the national average, it is significantly higher in Osceola County at 40.7 percent, and higher among the low-income population at 40.9 percent and ethnic minorities – Hispanic: 32.7 percent; other races excluding Black, White, and Hispanic: 35.2 percent. The TSA also reports less than the national average on consumption of fruits and vegetables and daily physical activity.

Objectives:
1. To reduce the number of children in Central Florida who are overweight or obese.
2. To increase education and awareness of lifestyle habits that contribute to being overweight and obese, and resources that are available in the community to children and families to live healthier lifestyles.
Implementation Strategies:
A. Build **Wide Dissemination and Targeted Saturation Community Prevention Programs** that target obesity prevention in early childhood.
B. Facilitate **National Prevention Programs** that spread best practices in obesity prevention.
C. Provide **Educational Classes and Resources** to teach families how to plan and prepare balanced, healthier meals and incorporate physical activity into their lives.
D. **Leverage Community Partnerships** to disseminate messaging around healthy eating and active living.
E. Conduct **Clinical Programs and Research** to find effective tools to treat children with obesity.
Evaluation:
1. Track community participation in programs and events and dissemination of healthy messaging collateral.

- ### Wide Dissemination and Target Situation Community Prevention Programs

  By the numbers in 2015:

  - 129 child care providers have been trained to help children grow up healthy and ready to learn for kindergarten
  - 2,333 children and their families have been impacted by Nemours healthy messaging
  - Nemours Florida Prevention Initiative (FPI) partnered with the Second Harvest Food Bank, Early Learning Coalition of Orange County, Little Angels and Pine Hills Preschools and Nemours Associates to pack 2,700 meals to make 900 weekend food packs for 100 preschoolers at risk for food insecurity and obesity in two Pine Hills child care sites. The weekend food packs were distributed over five Fridays to the preschoolers.

- ### National Prevention Programs

  - Early Care and Education Learning Collaboratives in Central Florida served 5,000 children in 2015

Educational Classes and Resources

- Nemours Healthy Lifestyle Class served 50 families in 2015
- Florida Prevention Initiative Resources
- Central Florida Pediatric Society
- Leadership Orlando Workshop
- Heart of Florida's Back-to-School Event
- Winter Park Community Awareness Fair & Family Event
- Seminole County Department of Health Back-to-School Event
- Healthy Eating and Physical Activity Summit hosted by Florida Recreation & Parks Association
- Hunger Relief Forum
- Learning Circle Training
- Osceola County Family Connect Event
- Nemours Career Exploration Lunch Roundtable
- Physical Activity and Wellness for Children With/Without Disabilities
- YMCA's Alliance Leadership Conference
- Nemours Health Promotion – School Health Advisory Council – Seminole County
- Annual Osceola County Early Educator's Conference
- UCF College of Medicine
- Orange County Public Schools' Annual Exceptional Student Education (ESE) Family Conference
- Kinder Care Learning Center
- All Saints School
- Osceola County Library
- 8,000+ Nemours' healthy eating, active living related materials have been disseminated to the community through trainings, partnerships and events.

Leverage Community Partnerships

- Osceola Department of Health
- Early Learning Coalition of Orange County
- Winter Park Health Foundation
- Early Learning Coalition of Osceola County

Clinical Programs and Research

- Healthy Choices Clinic – The Nemours Healthy Choice Clinic, an outpatient pediatric weight management program, provided multidisciplinary care to children in the Central Florida community
- Biomedical Research – Jason E. Lang, MD, MPH, is working on the *Lifestyle Intervention For Asthma (LIFA)* study.
- Nemours Weight Management Division launched a pilot study to engage families in treatment with activity trackers

Prenatal & Infant Health

Overview:

The infant mortality rate in our TSA is higher than both the Florida and national averages at 7.8 per 1,000 live births and significantly higher in Orange and Osceola counties at 8.3 and 8.6 per 1,000 live births, respectively. In the non-Hispanic black population, this increases to 15.6 per 1,000 live births.

Objectives:
1. Positively impact the infant mortality rate in the four-county TSA.
2. Increase education and awareness of prenatal and infant health issues among health care providers in Central Florida.
Implementation Strategies:
A. Provide **Prenatal Education** to moms, families and providers that promotes healthy pregnancies and safe deliveries.
B. Create **Infant Health Programs and Outreach** that provide services, education and support to families and providers.
Evaluation:
1. Track participation and feedback in prenatal and infant health education programs.

Community Education/Awareness

- Nemours Primary Care doctors conducted Baby Basic classes for expectant parents at Babies R Us locations throughout Central Florida.
- Thomas A. Lacy, MD, and Kenneth A. Alexander, MD, PhD, spoke at the Healthy Start Annual Baby Shower 2015 for Seminole County. Nemours Primary Care doctors were present to answer questions at this event as well.
- Nemours Primary Care doctors participated in the Kit & Kaboodles Event, Clermont Baby Fair and Baby Expo Extravaganza for first-time expectant parents in the Central Florida area.
- Nemours was involved in establishing the Mother's Milk Bank of Florida in Orlando.
- Nemours Children's Hospital hosted a Certification Lactation Counselor (CLC) week-long training course. The CLC training had a total of 43 participants of which seven were Nemours Associates (four NCH RNs, one NCH DTR, one TLC ARNP and one FPI manager). Of the 43 participants, 42 took the exam through the Academy of Lactation Policy and Practice. Of the 42, three were retakes, and 36 total passed the exam and became certified CLCs.
- Nemours was a sponsor and had a booth at the *Miles For Milk 5K*.
- Hubert Swana, MD, presented a lecture on Spinal Bifida at the Spina Bifida Central Florida Association conference.
- In partnership with the Osceola County Health Department, Healthy Start and Osceola County Library, Caroline Chua, MD, created a series of discussions on issues important to the health of moms and babies called *Building Healthy Families*. The series was held at Hart Memorial Library and had the following Nemours speakers: Kenneth Alexander, MD, PhD – Immunizations, Yahdira Rodriguez Prado, MD – Breastfeeding and Caroline Chua, MD – Keeping Babies Safe.
- Layne Petrino, ARNP, neonatal nurse practitioner organized *Health and Cost Outcomes of Human Milk Feeding* in the NICU presentation.
- Layne Petrino, ARNP, neonatal nurse practitioner, is the chair for the Mother's Milk Bank of Central Florida, and Yahdira Rodriguez Prado, MD, is on the board of the Mother's Milk Bank of Central Florida.
- Caroline Chua, MD, was the speaker at the *March of Dimes: Babies, Business, and the Bottom Line* Breakfast.
- The Florida Neonatal Neurologic Network Annual Meeting was held at Nemours Children's Hospital.
- Eva Nunlist, DO, conducted a lecture on *Newborn Screening for Congenital Heart Disease* for UCF Medical Students.

Secondary Health Concerns:
Health Education

Overview:

In the TSA, parents report significantly less awareness than the national average of local parenting education programs, at 42.3 percent, and significantly lower in Osceola County at 29.2 percent.

Objective:
1. Increase awareness of and participation in community health education programs for children, families and community health care providers.
Implementation Strategies:
A. Provide **Health Education for Patients and Families** both within our walls and in the community.
B. Extend content expertise through **Community Health Care Provider Education** programs.
C. Foster the **Education of Future Health Care Leaders**.
Evaluation:
1. Track participation in health education programs and dissemination in educational materials.

Health Education for Patients and Families

- KidsHealth.org
  - In 2015, 736,499 visits to our widely acclaimed Nemours Center for Children's Health Media (KidsHealth) education website came from the Central Florida area.

- KidsTRACK
  - 606 attendees participated in programs/workshops such as the following: Nemours BrightStart!, Sickle Cell Comprehensive, Healthy Choices, Healthy Lifestyles, Diabetes Education, Spanish classes, Safety Event, Carb Counting and the Food Allergy Forum

- Nemours BrightStart! (NBS!) Early Literacy Screenings in 2015
  - NBS! conducted 139 child reading readiness screenings in the Central Florida area.
  - NBS! attended community events and held workshops at events such as Central Florida Farm Share Festival, Orange County Public Schools (OCPS) Parent Academy, Orange County Public Schools Annual ESE Conference called *Parents United with Leaders, Students, and Educators (PULSE)*, and the Osceola School Health Advisory Council.
  - NBS! conducted literacy screenings at the UCF Book Fair event for 300 children.

- Condition-Specific Support Sessions and Education
  - On May 6, 2015, Nemours launched the Cancer Center on Nemours.org
  - Nemours provides condition-specific support and educational events, many held in KidsTRACK, to serve patients and families including:

By the numbers in 2015:

- Bi-weekly Type I Diabetes Support Sessions – 37 attendees
- Sickle Cell Comprehensive Sessions – 140 attendees
- Food Allergy Research & Education (FARE) Forum – 30 attendees
- Early Literacy Parent Education Series – 212 attendees
- Florida Down Syndrome Conference – 200 attendees

Community Continuing Medical Education

- *Adolescent Depression and Suicide: Screening, Assessment and Treatment in Primary Care* – 4/8 and 4/9, 2015, – Twenty four participants were engaged in the topic using lectures, interactive discussion and simulation provided through standardized patients by using actors to portray adolescents coming in for an office visit to teach pediatricians how to assess for and treat adolescent depression.
- *Hot Topics in Pediatrics at Disney's Boardwalk Resort at Walt Disney World Resort®* – 7/15 – 7/18/2015. With attendance of more than 207 participants, this new annual conference covered topics including concussion, cardiology, genomics, gastroenterology and infectious diseases. Hands-on training was provided in office procedures and concussion. There was also an entire day devoted to quality improvement.

First Annual Nemours School Health Conference

- In August, Nemours welcomed over 100 school nurses from school districts across Central Florida for a complimentary health conference. The day included workshops on child mental health, life support, seizures, diabetic care, asthma and caring for children with special needs. The program was facilitated by Nemours pediatric specialists to share the best practical applications to manage these critical health needs in a school environment. The conference topics and workshops addressed the most common diagnoses that are typically seen in Central Florida school districts clinics based on each county's school health reports.

Osceola School Nurse Continuing Education Program

- Lori Alturo, respiratory therapist – Trach Training
- Kenneth Alexander, MD, PhD – Infectious Disease
- Shiva Kalidindi, MD – Emergency Situations
- Brenda Montane, MD – Kidney Disorders
- Michael Kirk, medical simulation specialist – Triage Training
- Tomislav Ivsic, MD – Common Cardiac Disease

Asthma Education

- Kathleen Adragna, ARNP – Brevard School Nurse Training Session
- John Rendle, respiratory therapist – Nemours School Health Conference Workshop

Community Diabetes Education was conducted for the following:

- Kim Rossi, diabetes educator, presented at the *Seminole High School & Nemours School Health Conference*.
- Kim Rossi worked with Volusia, Lake, Seminole, and Orange counties' public schools to revise the Central Florida Diabetes Medical Management Plan

- **Florida Down Syndrome Conference**

  – Some of the nation's most widely recognized authorities, speakers and self-advocates in the Down Syndrome community came together at Nemours Children's Hospital in February for the *2015 Florida Down Syndrome Conference*. A group of respected experts, including several Nemours specialists ((Julie Wei, MD, Roberto Gomez Suarez, MD, Tomislav Ivsic, MD, Eva Nunlist, DO, Eva Nunlist, DO, and Floyd Livingston, MD), addressed topics and best practices for treating children and adults with Down syndrome. Over 200 families participated in the event.

- **PULSE Conference**

  Nemours sponsored and participated in the OCPS 2015 *Parents United with Leaders, Students, and Educators (PULSE)* event. The focus of the PULSE conference is to provide awareness and strategies to inform, promote and support the achievement of students with disabilities and their families. Parents, educators, administrators, advocates, self-advocates, professionals and many others may participate in this conference to gain skills and information vital to their success. Carol Quick, EdD, Margie Natera, MPH, Mandy Layman, MS, RD, LD/N, CDE, Amanda Montgomery, RD, LD/N, LCSW, Mike Campbell, PhD, LCSW and Monica Nebel, BSN, RN, from Nemours presented at the PULSE Conference.

  – Amanda Montgomery, RD, LD/N, LCSW – "Bullying and Special Needs Kids" at the 2015 Pulse Conference at UCF Education Building, Teaching Academy, and Morgride International Reading Center (MRIC)sponsored by OCPS Parent Support Team at University High School.

  – Jessica Pierce, PhD, and Sara Jordan, PhD – "Relations between Age, Diabetes-Specific Routines, and Adherence in Adolescents with Type 1 Diabetes." (Poster presented at the 2015 Society for Pediatric Psychology Annual Conference.)

  – Jessica Pierce, PhD, Johanna Carpenter, PhD, Jennifer Shroff-Pendley, PhD, Alan Delamater, PhD, and Dennis Drotar, PhD – "Developmental Relations between Age, Metacognition, and Diabetes Responsibility among Children and Adolescents with Type 1 Diabetes." Poster presented at the 2015 Society for Pediatric Psychology Annual Conference.

  – "Children with Autism Spectrum Disorder." Poster Session at Focused Inquiry Research Experience (FIRE) Conference, University of Central Florida College of Medicine (March 2015), Orlando, Fla.

  – Kimberly Renk, PhD, and Neil W. Boris, MD, (March 2015) – "Creating a Circle of Security for Substance-Involved Mothers and Their Parenting." Poster presented at the Bi-Annual Convention of the Society for Research in Child Development, Philadelphia, Pa.

  – Neil W. Boris, MD – "The Promise of Baby Courts: Helping Families Change," Opening Plenary, Florida Early Childhood Court Summit, Tampa, Fla., April 2015.

  – Kimberly Renk, PhD, and Neil W. Boris, MD – "Embedding Circle of Security Parenting Into Community," June 2015.

  – "The Case for the Central Role of Parenting Intervention in the Care of Substance-Abusing Adults," Department of Child Welfare/Family Intensive Treatment Statewide Retreat, Daytona, Fla., October 2015.

  – Beth Long, PsyD, Chris Borrillo, MD, and Neil Boris, MD: Grand Rounds Presentation @ NCH – "High Utilizers and Frequent Flyers," Nov 11, 2015.

  – Beth Long, PsyD, Krisann Draves, ARNP, and Paula Bowers, LCSW – "Utility of Psychology in dealing with IBD," Saturday, Dec. 12, 2015, at Nemours Children's Hospital.

  – Lloyd Werk, MD, MPH, Lunch & Learn, UCF COM – "Caring for Children With Obesity; December 15, 2015.

  – Margie Natera, MPH – "Breastfeeding and Your Child," Breastfeeding Lecture at the Osceola Health Department, Kissimmee, Fla., Oct. 29, 2015.

  – Lloyd Werk, MD, MPH – Address to UCF COM Jewish Students Association, University of Central Florida College of Medicine, Orlando, Fla., "Whoever Saves One Life," Sept. 8, 2015.

  – Margie Natera, MPH, and Mandy Layman, RD, LD/N – "Healthy Habits for Life Starts with 5-2-1-Almost None;" presentation to PULSE Conference, Annual ESE (Exceptional Student Education) Family Conference, Orange County Public Schools, Feb. 21, 2015.

- Lloyd Werk, MD, MPH – UCF MS lecture – "Cycling through the Model for Improvement & Childhood Obesity."
- Margie Natera, MPH – "Providers Helping Children Grow Up Healthy and Ready to Learn." Kids Prep School. Feb. 24, 2015.
- Kelly Rogers, MPH – "Helping Children Grow Happy, Healthy and Ready to Learn." Kinder Care Learning Center, March 18, 2015.
- Carla Holder, MD – "It's Time for a Healthier Me;" presentation to Valencia College students in partnership with Osceola County Department of Health, Fetal and Infant Mortality Review (FIMR), Community Action Team. April 30, 2015.
- Lloyd Werk, MD, MPH – "Disconnect to Reconnect: Screen Time & Your Family," All Saints School, Sept. 24, 2015.
- Jane Benton, MD – "Clinical Approaches to Childhood Weight Management." YMCA Leadership Conference, Orlando, Fla., Oct. 29, 2015.
- Kenneth Alexander, MD, PhD – "An Adolescent Immunization Program in the Chicago Public Schools," PITCH Grant Stakeholder Meeting, Moffitt Cancer Center, Tampa, Fla., Jan. 14, 2015.
- Kenneth Alexander, MD, PhD– "Sorting Out Antibiotics, Prevention and Treatment of Fungal Infections in the NICU, Culture-Negative Sepsis: What Is It, and What Can We Do About It?"; and "Problem Infections in the Nursery," IPOKRaTES Continuing Medical Education Seminar, Neonatal Infections and Immunity, Yogyakarta, Indonesia, Jan. 22-24, 2015.
- Kenneth Alexander, MD, PhD – "Successful Vaccination: Manufacturers, Government, and Immunizers Working Together; Why adolescent HPV vaccination, and why pediatric providers?" (Keynote); and "Creating a Large-scale HPV Immunization Program: Each of Us Has a Role to Play," Russian Pediatric Society Annual Meeting, Moscow, Russia, Feb. 13-14, 2015.
- Kenneth Alexander, MD, PhD– "Measles? In 2015? What Gives?" Annual town hall meeting keynote address, Seminole County Health Department, Lake Mary, Fla., March 26, 2015.
- Kenneth Alexander, MD, PhD – "Vaccinating Your Baby: Starting the Life-long Health Journey," with Thomas Lacy, MD, Seminole County Baby Shower, Seminole County Health Department, Lake Mary, Fla., April 9, 2015.
- Kenneth Alexander, MD, PhD – Online CME presentation, Medscape Pediatrics, "Overcoming Challenges to Adolescent Immunization," http://www.medscape.org/viewarticle/846385, July 2015.
- Kenneth Alexander, MD, PhD –"An Update on HPV Cancer Prevention," PriMed CME Conference, with Rachel Caskey, MD, MAPP, Boston, MA, Sept. 9, 2015.
- Kenneth Alexander, MD, PhD – "An Update on HPV Cancer Prevention," PriMed CME Conference, with Rachel Caskey, MD, MAPP, Rosemont, IL, Oct. 16, 2015.
- Caroline Chua, MD – March of Dimes: "Babies, Business, and the Bottom Line," Breakfast Meeting, Feb. 26, 2015; Orlando, Fla.
- Caroline Chua, MD – Florida Neonatal Neurologic Network Annual Meeting/Conference held at Nemours Children's Hospital on Aug. 1, 2015.
- Bahram Kakavand, MD, Roberto Gomez Suarez, MD, and Kelsey Childress, BS – "Increased Incidence of Celiac Artery Stenosis in Patients with Postural Orthostatic Tachycardia Syndrome," Poster presentation in Washington, D.C., Oct. 7-11, 2015, at NASPGHAN (North American Society for Pediatric Gastroenterology, Hepatology and Nutrition) Annual Meeting.
- Eva Nunlist, DO, and Tomislav Ivsic, MD, "Cardiac Issues in Children with Down Syndrome" presentation at the Florida Down Syndrome Conference 2015, Nemours Children's Hospital, Orlando, Fla., Feb. 28, 2015.
- Jordan Smallwood, MD –"Hives: Are We Just Scratching the Surface?" at the noon lecture for medical students at Nemours Children's Hospital on Aug. 6, 2015.
- Jordan Smallwood, MD – "Hives: Are We Just Scratching the Surface?" at the noon lecture for medical students at Nemours Children's Hospital on Oct. 22, 2015.
- Jordan Smallwood, MD – "Primary Immunodeficiency" at the noon lecture for medical students at Nemours Children's Hospital on Nov. 19, 2015.
- Ansley Hodges, BCBA, and A. Bennett "Using Pairing Approach to Improve Social Interactions in Children with Autism Spectrum Disorder." Poster Session at FIRE Conference University of Central Florida College of Medicine, Orlando, Fla., 2015.

- Neil W. Boris, MD – Instructor at Circle of Security Training, 3/2-3/5 Broward County.
- Ansley Hodges, BCBA – March 31, 2015: Presentation at Rollins College, "Applied Behavior Analysis and Nemours."
- Jessica Pierce, PhD – Presented two lectures to the counseling and targeted case management staff at Children's Home Society regarding psychosocial aspects of Type 1 diabetes.
- Beth Long, PsyD – Organized multidisciplinary conference with Feeding Team from Wisconsin Children's Hospital as Planning, Grants, And Research (PGR) speakers with breakout sessions that followed on nutrition, behavioral health and speech therapy.
- Ansley Hodges, BCBA, Alison Betz, PhD, and L.M. Hurtado – "The Effect of Hierarchical Presentation of Steps on Food Acceptance," Paper presented at the Annual Conference of the Florida Association for Behavior Analysis, Sept. 30-Oct. 3, 2015, Daytona, Fla.
- Ansley Hodges, BCBA, Alison Betz, PhD, and Lianne M. Hurtado, BCABA – "Assessing the Number of High-Probability Requests to One Low-Probability Request in the High-Probability Command Sequence." Paper presented at the Annual Conference of the Florida Association for Behavior Analysis Sept. 30-Oct. 3, 2015, Daytona, Fla.
- Ansley Hodges, BCBA, Alison Betz, PhD, and Lianne M. Hurtado, BCABA – "The Effects of Hierarchical Presentation of Steps and Modeling on Food Acceptance," symposium presented at the 35th Annual Meeting for the Florida Association for Behavior Analysis Sept. 30-Oct. 3, 2015, Daytona Beach, Fla.
- Shayan Vyas, MD – "Pediatric Direct to Consumer Telemedicine" at *Taking on Tomorrow, Boston Children's Hospital's Global Pediatric Innovation Summit + Awards 2015*, Nov. 10, 2015.
- Heather Fagan, MD – "Inferior Vena Cava Collapsibility and Vascular Reactivity in Pediatric Patients," SCCM Congress, 2015.
- Shayan Vyas, MD – Sepsis Lecture at Central Florida Health Centers in Winter Haven, Fla., June 2015.
- Heather Fagan, MD – "Pediatric Critical Care, Poisoning and Environmental Exposure, Pharmacology and Pain Management," General Pediatrics Board Review course hosted by the American Physician Institute in Chicago on Aug. 22, 2015.
- Shiva Kalidindi, MD – Global Health Conference, University of Central Florida College of Medicine, Orlando, Fla.
- Shiva Kalidindi, MD – Pediatric EM Case Presentation Webinar Series, EMS Providers, Florida.
- Shiva Kalidindi, MD and Michael Kirk, EMTP, medical simulation specialist – "Utilizing Simulation for Pediatric Patient and Family Education: The New Frontier in Patient- and Family-Centered Care."
- Lori Alturo, BS, RRT-NPS, respiratory therapist, Daniel Franceschini, MSN, RN, EMT, and Shiva Kalidindi, MD –"Mock Code for Real Changes: A Program Designed to Identify and Address Operational Deficiencies."
- Eric Cohen, MD, Jennifer Setlik, MD, and Mike Campbell, PhD, LCSW — "Reducing Pediatric Emergency Department Utilization and Barriers to Care: An Interprofessional Approach Using Care Coordination," presented at IHI, Orlando, Dec. 8, 2015.
- Bibi Nazeema Khan-Assad, MD – "Pediatric Pearls," Winter Symposium Florida Association of Physician Assistants, a one-hour presentation, Feb. 14, 2015, Orlando, Fla.
- Bibi Nazeema Khan-Assad, MD –"Pediatric Head Injury and Concussion," Webinar presentation for EMLRC, April 23, 2015.
- Bibi Nazeema Khan-Assad, MD –"ABCs of Pediatrics for EMS," May 28, 2015, Conference Chair.
- Roberto Gomez Suarez, MD – 2015 Health Care Design Conference—Educational Session Agreement.
- Roberto Gomez Suarez, MD, James P. Franciosi, MD, Richard Sandler, MD, Jolanda Denham, MD, Cartland Burns, MD, Tamarah Westmoreland, MD, PhD, Fabiola Weber-Guzman, MD, and Craig Johnson, DO – "Wirsungorrhagia From a Pseudoaneurysm Rupture of the Pancreatoduodenal Artery in a 6-Year Old Girl With Pancreatic Pseudocyst From Recurrent Pancreatitis" Poster presentation in Washington, D.C., Oct. 7-11, 2015, at NASPGHAN (North American Society for Pediatric Gastroenterology, Hepatology and Nutrition) Annual Meeting.
- Lloyd Werd, MD, Angela Fals, MD, Devendra Mehta, MD, Robert Miles, MD – "Resources in Central Florida for Management and Prevention of Obesity in Children and Adolescents," Central Florida Pediatric Society; Speaker and Panelist, Dec. 2, 2015.

- Lorie Ingraham, ME, Lorie Ingraham, ME, Crutchfield J., Marks Y., Tim Wysocki, PhD, Maria Carmen Diaz, MD, James P. Franciosi, MD, – "A Structured Approach for Selection of Interventions to Improve Physician Knowledge Retention," Poster presentation in Orlando, Fla., Nov. 30 – Dec. 4, 2015, at the Interservice/Industry Training, Simulation, and Education Conference (I/ITSEC).
- Kelly Rogers, MPH – "Helping Children Grow Up Health and Ready to Learn," the 11th Annual Osceola County Early Educator's Conference, Kissimmee Fla., March 14, 2015.
- Lloyd Werd, MD – "The Nemours Promise Project; presented in the Cross Sector Partnerships Panel: Ensuring Food Security for Our Community's Youngest Children," 9th Annual UCF Public Administration Research Conference; Hunger in a Land of Plenty: Policies, Programs and Solutions to Promote Food Security, University of Central Florida, Orlando, Fla., Orange County in Action; March 27, 2015.
- Margie Natera, MPH, Sarah Kirchner, MS – "Theory to Practice: Practical Applications and Evaluation of Child."
- Kenneth Alexander, MD, PhD –"Fevers 2015, Mosquito-borne Diseases," OMED15, American Osteopathic Association national meeting, Orlando, Fla., October 20, 2015.
- Karen Pierce, RN, CNE and Caroline Chua, MD – "Successful Use of the Vacuum Immobilizer for Brain MRI Beyond the Neonatal Intensive Care Unit, Poster Presentation" at the 15th National Neonatal Nursing Conference Orlando, Fla., Sept. 17, 2015.

Education of Future Health Care Leaders

- Nemours hosted the Osceola Medical Pipeline's Health Leaders Academy for an interactive tour and panelist discussion.
- In October 2015, Nemours Children's Hospital hosted our Career Exploration Day and invited 200 high school students from health academies/magnet programs from Orange, Osceola, Volusia, Brevard and Seminole counties public schools to NCH. The attendees listened to various presenters discuss their career paths in their medical field. During the Career Luncheon, Nemours Associates from diverse medical fields rotated through the student tables to discuss their career paths.
- Nemours hosted 219 students from medical schools for casual student observations in 2015.
- Nemours Children's Hospital had 513 undergraduate and graduate level interns from disciplines including nursing, social work, public health and health administration.

Injury & Safety

Overview:

Child and adolescent mortality rates in our TSA are, on average, lower than the national rates with the exception of the 14-year-old age group which is significantly higher at 35.7 per 100,000. The number one leading cause of death among children ages 1-19 is accidents, primarily drowning in ages 1-4 and motor vehicle accidents in ages 15-19. Additionally, seat belt safety and safety seat use among children is slightly below the national average in our region.

Objective:
1. Increase awareness of and participation in community safety and injury initiatives and programs.
Implementation Strategies:
A. Provide **Safety/Injury Education** to patients and families.
B. Create targeted **Safety/Injury Initiatives** to serve the needs of the community.
Evaluation:
1. Track participation in and feedback of community safety and injury initiatives and programs.

- **Safety/Injury Education**
  - Car Seat Installation
    Nemours Associates continue to educate patient families on how to properly install car seats and plan to train additional Nemours Associates in 2015 to expand services.
  - ABC's of Pediatric EMS
    This course educates EMS professionals on how to assess a pediatric patient in the field by using simulation-based skills refinement and critical thinking.
- **Safety/Injury Initiatives**
  - Concussion Treatment and Prevention Program
    - Research by Nemours' Todd Glass, MD, cautiions parents and providers about unnecessary CT Scans in treating kids with sports-related head trauma.

Mental & Emotional Health

Overview:

While the majority of our TSA in total reports Excellent/Very Good mental health, 14.7 percent of low-income and 12 percent of Hispanic children report experiencing Fair or Poor mental health, which is significantly higher than the national average. Parents report that 17.8 percent of teens, 18.5 percent of low-income and 17.1 percent of Hispanic children have needed mental health services in the past year, compared to 13 percent in the TSA and 13.1 percent in the U.S. However, parent awareness of mental health services in the TSA is lower than the national average of 68.8 percent at 54.8 percent, and significantly lower in Orange County at 50.3 percent.

Objective:
1. Increase access to outpatient and community mental health services.
Implementation Strategies:
A. Develop **Outpatient Mental Health Programs** to expand mental health services.
B. Develop **Community Mental Health Programs** to extend services into the community.
Evaluation:
1. Track usage and feedback of outpatient and community mental health services.

- **Autism**
  - At Nemours Children's Hospital (NCH) Emergency Department (ED), the recently enacted REACH (Respecting Each Awesome Child Here) program identifies children who have autism when they enter the ED. The family is then offered the option of a more soothing, quieter waiting area stocked with sensory toys, headphones and iPads.
  - 290 children were screened for autism by our Nemours team at NCH and at community events in Central Florida.
- **Community Mental Health Programs**
  - BETA House: The Nemours Division of Behavioral Pediatrics extended their resources to bring a Mental Health Clinic to Beta House to treat 21 patients in 2015.
  - Upstander Program: Amanda Montgomery, RN, RD/LN, LCSW, held various community talks/sessions regarding bullying in the adolescent population.

Vision, Hearing & Screening

Overview:

In the TSA, 4.2 percent of children have uncorrectable vision problems, which is higher than the national average of 1.9 percent. Children in Orange and Seminole counties have a significantly higher prevalence, both at five percent.

Objective:
1. Increase early vision screenings in community settings, specifically in early childhood.
Implementation Strategies:
A. Provide **Community Screenings** in early childhood settings.
Evaluation:
1. Track screenings provided to children in preschools and elementary schools.

- **Heart of Florida Community Event** – Vision screening for 100 children
- **Down Syndrome of Central Florida's Community Clinic** – Vision screening for 12 children
- **Our Healthy Eyes**
  - 29 child care sites participated
  - 88 classrooms
  - 1,436 children educated
  - 876 children received vision screenings

Boards & Leadership

American Heart Association

American Lung Association (National)

Boy Scouts of American Central Florida Council

Children's Home Society

Crohn's & Colitis Foundation of America, Central & Northeastern Florida Chapter

Cystic Fibrosis Foundation

Down Syndrome Association of Central Florida

Early Learning Coalition of Orange County

Early Learning Coalition of Osceola County

Early Learning Coalition of Seminole County

East Orlando Chamber of Commerce

Get Active Orlando!

Give Kids the World

Healthy Orange Coalition

Heavenly Hooves

Mother's Milk Bank of Florida

Orange County Healthy Start Coalition

Orange County Public Schools School Health and Wellness Advisory Committee

Orlando Philharmonic Orchestra

Primary Care Access Network

Reduce Obesity in Central Florida Kids (ROCK)

Ronald McDonald House Charities of Central Florida

Runway to Hope

Shepherd's Hope

Special Olympics Florida

Spina Bifida Association of Central Florida

UCF Longitudinal Curriculum

United Arts

Community Events & Sponsorships

100 Black Men Scholarship Dinner

11th Annual Diamonds & Denim Gala

3rd Annual Miles for Milk 5k

8th Annual Fit-n-Fun Fest

An Evening with Fabulous Friends

Appetite for the Arches

Black and White gala

Boys Town 5K

CCFA Education Conf at NCH

Celebrate the Children

Corporate Kick-Off Luncheon for the JDRF One Walk

Crystal Ball

Dance, Dream, Inspire

Fall Fashion Give Back

Famous Faces

FARE Symposium

FARE Walk for Food Allergy Orlando

Give Kids the World

Golden Eagle Dinner, Brevard County

Golden Eagle Dinner, Orlando

Golden Eagle Dinner, Seminole County

Great Strides Walk

Heart Ball

Heart Walk – Central FL

Heart Walk – Osceola County

Heart Walk – Pensacola

Indian River Healthy Start Coalition

JDRF One Walk (formally JDRF Walk to Cure Diabetes)

Kidsfest

LUNG FORCE Run/Walk

Make ‘m Smile

March for Babies

March for Babies CEO kick-off

March for Babies Walk

MDA Muscle Walk

MUDD Volleyball

Orlando Epilepsy Walk

Polar Plunge

PULSE Conference

Ride4Ronald

Riverside Dash

Run Nona

Runway to Hope Fall Collection

Runway to Hope Spring Fashion Soiree

Special Olympics Gala 2015

Sponsor Reception for The Heart of Fashion

Take Steps Walking Towards a Cure walk

The Family Café annual conference

The Heart of Fashion Luncheon

The Holocaust Center’s Annual Dinner of Tribute

The Springs 2015

Tour de Cure

UCP’s Evening at the Palace

VIP Party for Heart Ball

Walk-N-Roll for Spina Bifida

Walk Now for Autism Speaks

Wishmaker’s Ball

Additional Community Events

Avalon Park Health & Wellness Fair

Baby Expo Extravaganza

Boo N Brew

Boutique for a Week

City of Oviedo Family Fun Day

City of Palm Bay Employee Health & Wellness Fair

Clermont Baby Fair

Clermont National Night Out

Eagle Creek Elementary School Teach In

Florida Kids & Family Expo

Heart Healthy Community Fair

Holy Family Catholic School's 18th Annual Auction

HSCSC Annual Baby Shower

IEC Christian Academy Orientation

JOJ Baby Expo

Kit & Kaboodle

Lake Whitney Dolphin Dash 5K

Lake Whitney Elementary Meet Your Teacher

Lakeland City Baseball Opening Day

Local 6 Healthy Living Expo

Maitland Community Preschool Touch-A-Truck

Maitland Little League Opening Day

NCPC Palm Bay Meet & Greet Week

Palm Bay East Little League Opening Day

PLAYGROUND Magazine Back-to-School Bash

Sanford National Night Out

Soarin' Eagles 5K

South Lake Little League Opening Day

Stork's Nest New Arrival Community Baby Shower