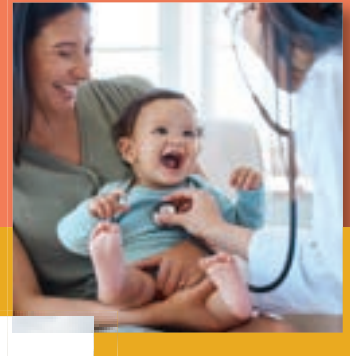


2025 Community Health Needs Assessment



OSCEOLA



Rooted in Community

AdventHealth is represented in the Collaborative by the following:

- AdventHealth Altamonte Springs
- AdventHealth Apopka
- AdventHealth Celebration
- AdventHealth East Orlando
- AdventHealth Kissimmee
- AdventHealth Orlando
- AdventHealth Waterman
- AdventHealth Winter Garden
- AdventHealth Winter Park

Orlando Health is represented in the Collaborative by the following:

- Orlando Health Arnold Palmer Hospital for Children
- Orlando Health Dr. P. Phillips Hospital
- Orlando Health – Health Central Hospital
- Orlando Health Horizon West Hospital
- Orlando Health Lake Mary Hospital
- Orlando Health Orlando Regional Medical Center
- Orlando Health South Lake Hospital
- Orlando Health St. Cloud Hospital
- Orlando Health Winnie Palmer Hospital for Women and Babies

Aspire Health Partners is represented in the Collaborative by the following:

- Aspire Health Partners – Princeton Plaza Hospital, Orlando



CHNA

The Central Florida Collaborative includes several federally qualified health centers within larger, multi-site health systems and the Florida Department of Health in Lake, Orange, Osceola, and Seminole counties.



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The Central Florida Collaborative Community Health Needs Assessment is a unified effort by the following organizations serving the Lake, Orange, Osceola, and Seminole Counties:

AdventHealth Central Florida Division



Aspire Health Partners



Community Health Centers, Inc.



Orange Blossom Family Health



Orlando Health



Osceola Community Health Services



True Health



A special thanks to the Florida Department of Health in each of the four counties comprising the Central Florida Collaborative: Lake, Orange, Osceola and Seminole.

The following document provides an overview of the Osceola County service area. It includes a summary of key county-level demographics and health profile, qualitative analysis, community survey analysis and the top needs for Osceola County.



Executive Summary

The Central Florida Collaborative (CFC) Community Health Needs Assessment (CHNA) reflects the dedication, compassion and insight of a highly diverse set of organizations. Collectively (and individually), CFC organizations focus on embracing the community, learning their stories and working diligently to meet a broad set of health and community needs. As its name implies, collaboration is a central operating principle of the Central Florida Collaborative (CFC). In public health, the collaborative approach has been decades in the making and organizations have identified a number of activities common to successful collaboratives.

Key collaborative process components include:

- Creating a vision that is broadly understood.
- Working across organizational boundaries.
- Utilizing those most affected by health challenges in solution creation.
- Including ongoing planning and joint accountability to measure change.

The CFC has used these principles and others to implement the 2025 Community Health Needs Assessment (CHNA).

Purpose

The CHNA serves as a critical phase in the overall effort to improve community health and ensure all residents have the opportunity to achieve optimal well-being. It is a process that provides a means of identifying and collecting community data while engaging community members in both the data collection and the implementation of prioritized efforts for improving the well-being of all Central Florida residents. This resulting document creates a frame of reference for community members to discuss the health status of the community. The process itself has been a collaborative effort to identify health issues, barriers, assets and to prioritize the implementation activities needed to address the identified issues. Please note that the following report is a synopsis of the larger Regional Central Florida Collaborative report. The Regional report includes much more extensive data sets, CFC organizational profiles, qualitative research analysis and more. To meet the objective of improving community health and community well-being, the CHNA process has included the following goals:

- Identifying resources, strengths and barriers to improving health outcomes.
- Developing a deeper understanding of community access to care challenges, including those faced by medically underserved populations.
- Enabling partners to collaborate around the opportunities for population health improvement.



The CHNA results will be used on local and regional levels to inform and guide Implementation Strategy Plans (ISP), Community Health Improvement Plans (CHIP) and other strategic initiatives.



Methodology Overview

The CFC CHNA had a comprehensive methodology that included a mixed method approach consisting of the following components:

- **Data Analysis:** In-depth review of dozens of validated data sources. Information was tabulated and parsed to identify disparities and other insights whenever possible.
- **Primary Qualitative Research:** This component included **9** focus group discussions and **51** key stakeholder interviews.
- **Survey Research:** The community survey engaged **498** respondents and provided insights by county on a breadth of key CHNA issues.
- **Access Audit:** **Nine** “mystery shopper” calls were conducted during the Access Audit to illuminate real-life customer service and access to care issues.
- **Prioritization Process:** The CFC leadership and approximately 12 to 15 stakeholders in each county participated in a modified Hanlon Method¹, an evidence-based approach which objectively takes into consideration explicitly defined criteria and feasibility factors. The needs prioritization process was conducted at the regional level and at the county level.

Osceola County Secondary Data Profile

The secondary data profile highlights sociodemographic factors, social drivers of health, behavioral health risk factors and other key indicators to guide the development of effective strategies further to meet evolving needs. Throughout this report, changes in the data over time will be represented by the symbols outlined in the table below.

¹ NACCHO. Guide to Prioritization Techniques. <https://www.naccho.org/uploads/downloadable-resources/Guide-to-Prioritization-Techniques.pdf>

+/- shows changes in the indicator over time	
→	The health issue or problem is improving compared to the previous data set
←	The health issue or problem is worsening compared to the previous data set
=	There is no change compared to the previous data set
–	No comparison available for the baseline year

Qualitative Analysis

The qualitative research efforts sought to better understand the needs of the community and how these needs impact health and well-being. Qualitative activities included both one on one stakeholder interviews and focus groups. Stakeholder interviews were conducted with individuals who work closely with populations that may have unique or significant health needs. Focus groups were conducted with individuals living and receiving services in the community. Stakeholder interviews were conducted virtually and focus groups were held virtually, in person or hybrid. The qualitative data was analyzed to extrapolate the strengths, themes and needs of the community. Quotes from participants have been selected as a representation of the strengths, themes and needs identified throughout the data in the report.

Strengths can serve as resources to address the needs identified.

Themes are conceptual considerations that provide context so that needs are addressed in a way that is responsive to the culture and identity of the community.

Needs are actionable areas that participants highlighted as the most pressing challenges, barriers and concerns they face in their community.

Strengths	Themes	Needs
<ul style="list-style-type: none"> • Cultural Considerations and Adaptations • Collaborative and Community-Oriented • Dedicated Organizations 	<ul style="list-style-type: none"> • Growing Population • Collaboration 	<ul style="list-style-type: none"> • Access to Healthcare • Behavioral and Mental Health • Financial Stress • Housing • Transportation

Community Survey Highlights

The community survey was made available online and via print copies in English, Spanish, Haitian Creole, Portuguese and Chinese. The questionnaire included demographic questions and closed-ended, need-specific questions. Invitations to participate were distributed to the



community by partners through channels including CFC partners, social media, flyers and email listservs among other methods.

There were 498 responses from Osceola County out of 2,376 total responses from the four-county region.

Prioritization Process Summary

Community needs were identified at the regional and county-level after the analysis of the primary and secondary quantitative and qualitative data. For Osceola County, 30 community needs were identified. A modified Hanlon Method was used to conduct the needs prioritization process for each of the counties and the CFC region. The Hanlon Method is an evidence-based technique which objectively takes into consideration explicitly defined criteria and feasibility factors. **A detailed description of the method is outlined in Appendix G.**

Top 15 Community Needs

1. Affordable housing for all
2. Affordable prescription medications
3. Food security
4. Jobs with livable wages
5. Programs for chronic disease prevention and education
6. Affordable childcare services
7. Transportation, including public transportation
8. Better communication between healthcare organizations and nonprofits
9. Social and health services for special populations
10. Emergency shelter for people experiencing homelessness
11. Transitional housing for people experiencing homelessness
12. General awareness of resources²
13. Primary care provider shortage
14. Substance use treatment services
15. Increased access to specialty care services, including dermatology, speech therapy and trauma beds

² General awareness of resources spans multiple social drivers of health domains.





Introduction

CHAPTER I

About the Central Florida Collaborative Members



Introduction

About the Central Florida Collaborative Members

The Central Florida Collaborative (CFC) Community Health Needs Assessment (CHNA) reflects the dedication, compassion and insight of a highly diverse set of organizations. Collectively (and individually) CFC organizations focus on embracing the community, learning their stories and working diligently to meet a broad set of health and community needs.

The number and the quality of partners involved is a key measure of an effective collaborative. The Central Florida Collaborative includes a robust number of partners outside of the traditional healthcare providers, such as hospitals and clinics. The individuals represent community populations that can speak about health challenges from personal and professional perspectives.

Throughout the process, there were regular meetings and communications with partners and the final priorities of the assessment utilized the community's input. Central Florida Collaborative members include the following:

- AdventHealth
- Aspire Health Partners
- Community Health Centers
- Florida Department of Health in Lake County
- Florida Department of Health in Orange County
- Florida Department of Health in Osceola County
- Florida Department of Health in Seminole County
- Orange Blossom Family Health
- Orlando Health
- Osceola Community Health Services
- True Health



Please note that the following report is a synopsis of the larger Regional Central Florida Collaborative report. The Regional report includes much more extensive data sets, CFC organizational profiles, qualitative research analysis and more.

This report document includes the following categories of information:

- Secondary data summary
- Qualitative analysis
- Community survey analysis
- Needs prioritization and top community needs



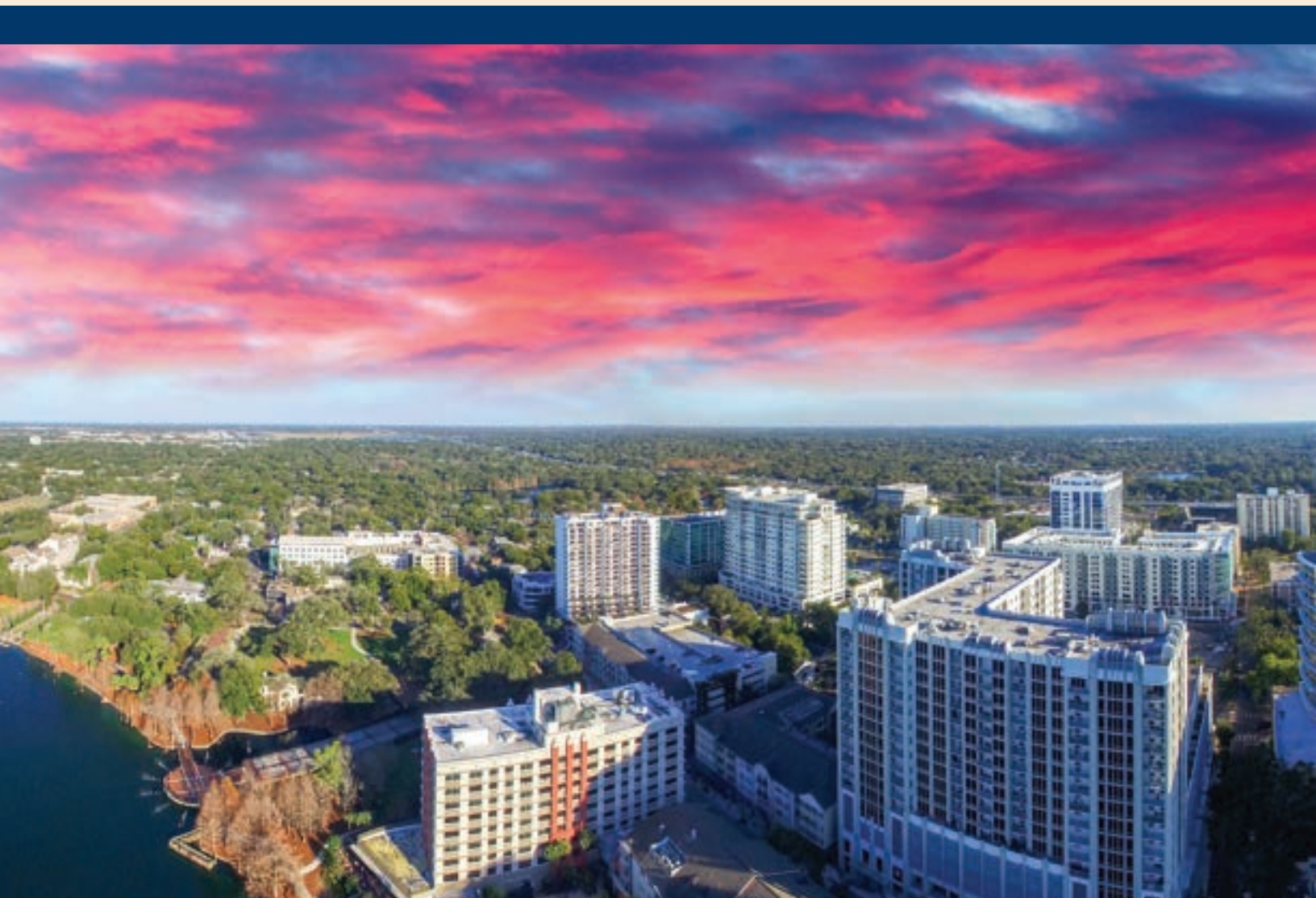




CHNA Process

CHAPTER 2

About the Central Florida Collaborative



CHNA Process

About the Central Florida Collaborative Approach

As its name implies, collaboration is a central operating principle of the Central Florida Collaborative (CFC). In public health, the collaborative approach has been decades in the making and organizations have identified a number of activities common to successful collaboratives. Key collaborative process components include:

- Creating a vision that is broadly understood.
- Working across organizational boundaries.
- Including those most affected by health challenges in solution creation.
- Utilizing ongoing planning and joint accountability to measure change.

The CFC has used these principles and others to implement the 2025 Community Health Needs Assessment (CHNA).

Purpose

The CHNA serves as a critical phase in the overall effort to improve community health and ensure all residents have the opportunity to achieve optimal well-being. It is a process that provides a means of identifying and collecting community data while engaging community members in both the data collection and the implementation of prioritized efforts for improving the well-being of all Central Florida residents.

This resulting document creates a frame of reference for community members to discuss the health status of the community. The process itself has been a collaborative effort to identify health issues, barriers, assets and to prioritize the implementation activities needed to address the identified issues.





Community Liasons

A first step in nearly every new community health improvement plan is to recognize the need to address differences in health outcomes and to increase representation at the leadership and governance levels of healthcare and other local organizations. The second step to improving community well-being is to collect and use data about race, ethnicity and language preference to develop a shared understanding of the challenges in the community. Education about cultural humility and competency³ is also needed to provide person-centered care. The CFC took a unique approach to working on all these steps simultaneously by creating a team of Community Liaisons - nine individuals or organizations who represented lived experiences from a variety of communities. They assisted the CFC with the following objectives:

- Reviewing research instruments for cultural appropriateness
- Participating in stakeholder interviews
- Participating in the prioritization process and strategy development discussions
- Providing guidance regarding the most effective ways to engage unique community members (e.g., via interviews, surveys or other methods)

Recruitment included outreach to individuals in the following categories:

Racial/Ethnic

- Black/African American
- Hispanic/Latino/Spanish language speakers

Other Community Strength

- Members of the community of people living with disabilities
- New Americans/migrant workers
- Members of faith-based communities
- Members of social service organizations, including social justice and food insecurity
- Members of the veteran community

³ Lekas et al. *Rethinking Cultural Competence: Shifting to Cultural Humility*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7756036/>

Community Health Needs Assessment Goals

To meet the objective of improving community health and community well-being, the CHNA process has included the following goals:

- Identifying resources, strengths and barriers to improving health outcomes
- Developing a deeper understanding of community access to care challenges, including those faced by medically underserved populations
- Enabling partners to collaborate around the opportunities for population health improvement

Ultimately, the group is working toward an ongoing process that monitors, refreshes, adds data and analyzes community health to improve the quality of life for people throughout the service area.

Dissemination of the information in this document in different forms is a critical step in communications that informs partners, stakeholders, community agencies and the public about the availability of the Community Health Needs Assessment and what community members can do to make a difference. The CHNA results will be used on local and regional levels to inform and guide Implementation Strategy Plans (ISP), Community Health Improvement Plans (CHIP) and other strategic initiatives.





Methodology Overview

The CFC CHNA had a comprehensive methodology that included a mixed method approach consisting of the following components:

- **Data Analysis:** In-depth review of dozens of validated data sources. Information was tabulated and parsed to identify disparities and other insights whenever possible.
- **Primary Qualitative Research:** This component included **9** focus group discussions and **51** key stakeholder interviews.
- **Survey Research:** The community survey engaged **498** respondents and provided insights by county on a breadth of key CHNA issues.
- **Access Audit:** **Nine** “mystery shopper” calls were conducted during the Access Audit to illuminate real-life customer service and access to care issues.
- **Prioritization Process:** The CFC leadership and approximately 12 to 15 stakeholders in each county participated in a modified Hanlon Method⁴, an evidence-based approach which objectively takes into consideration explicitly defined criteria and feasibility factors. The needs prioritization process was conducted at the regional level and at the county level.

Data Limitations and Details

A Community Health Needs Assessment is a systematic assessment of the community using both primary and secondary quantitative and qualitative data. CFC partners and Crescendo aimed to be inclusive and intentional with community engagement to ensure the voices of the communities CFC partners serve have the opportunity to participate in whatever form they felt comfortable and have their voices heard.

Additionally, while Crescendo included the most current secondary data sources within the report, several data sources may be slightly outdated and no new data updates were available at the publication of this report. Many secondary data measures that were available by demographic groups published in the 2022 CHNA were not available for this report.

⁴ NACCHO. *Guide to Prioritization Techniques*. <https://www.naccho.org/uploads/downloadable-resources/Guide-to-Prioritization-Techniques.pdf>

Community Engagement

51

**Stakeholder
Interviews**

9

**Focus Groups
with 71
participants**

498

**Community
Survey
Responses**

6

**Access
Audits**



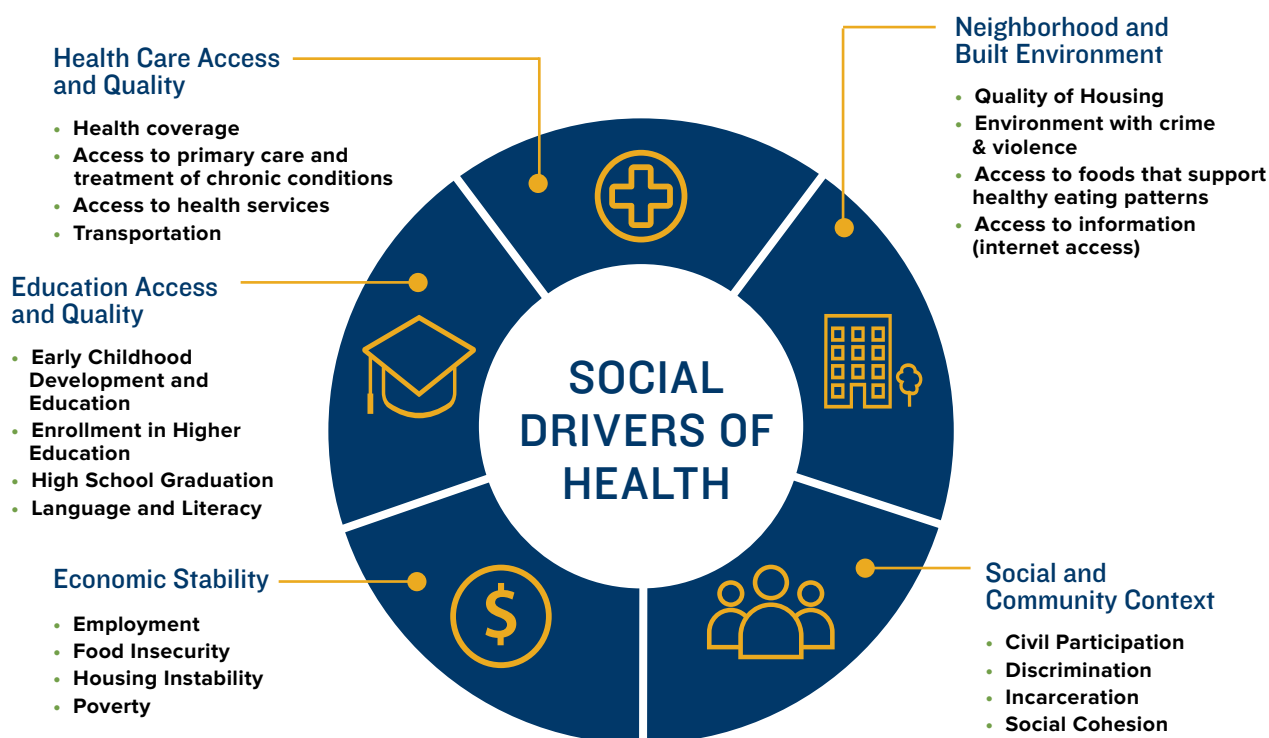
Social Drivers of Health

Social Drivers of Health (SDoH) refer to the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. They also contribute to wide health disparities and inequities.

The framework has been championed by the US Centers for Disease Control and Prevention (CDC) and other governmental agencies and is integrated into the Healthy People 2030 goal.⁵

The following report highlights the impact that Social Drivers of Health have on access to services and resources and the health outcomes of people at the individual and community level. A study published in the American Journal of Preventive Medicine⁶ estimates that social drivers of health impact nearly 80.0% of our health outcomes while clinical care only impacts 20.0%.

SOCIAL DRIVERS OF HEALTH FRAMEWORK



Source: Healthy People 2030

⁵ Healthy People 2030. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>

⁶ Hood et al. County Health Rankings: Relationships Between Determinant Factors and Health Outcomes. <https://www.sciencedirect.com/science/article/abs/pii/S0749379715005140>





Data

CHAPTER 3

Secondary Data Profiles: Osceola County



Secondary Data Profiles: Osceola County

Introduction

The following report section contains the high-level secondary data findings for Osceola County. Additional secondary data tables and graphics are located in Appendix A. The Regional Community Health Needs Assessment contains all county data, however, whenever relevant, this report does indicate if Osceola County data differs widely from the other counties in the region.

Secondary data provides an essential framework for better understanding the fabric of the community. This analysis highlights sociodemographic factors, social drivers of health, behavioral health risk factors and other key indicators to further guide the development of effective strategies to meet evolving needs. The following data was primarily gathered from the United States Census Bureau American Community Survey Five-year Estimates, Centers for Disease Control and Prevention, Florida Department of Health Division of Public Health Statistics and Performance Management, among others.

Please note: All secondary data for the CFC Community Health Needs Assessments were pulled from its original sources prior to January 31, 2025. All data is cited for readers to view the original data in its source if they choose. However, not all data included in this report may be publicly available.

American Community Survey: Five-year Estimates

There is an intentional purpose in using five-year data estimates compared to one-year data estimates.

Five-year estimates are derived from data samples gathered over several subsequent years and provide a more accurate estimate of measures, especially among numerically smaller high-risk populations or subgroups, compared to one-year estimates, which are based on more limited samples with greater variance.

Source: <https://www.census.gov/data/developers/data-sets/acs-5year.html>



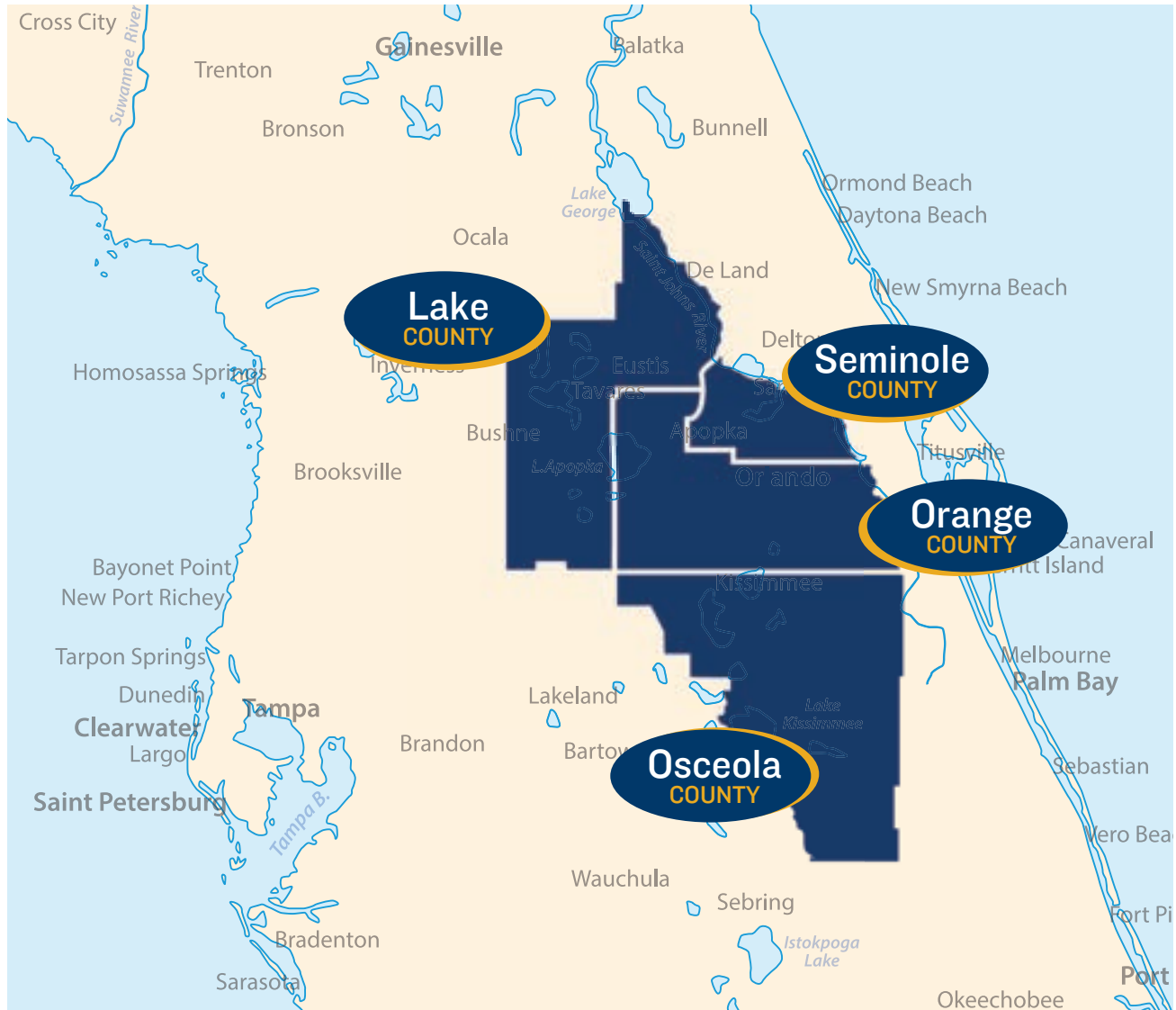
Throughout this report, changes in the data over time will be represented by the symbols outlined in the table below.

+/- shows changes in the indicator over time	
→	The health issue or problem is improving compared to the previous data set
←	The health issue or problem is worsening compared to the previous data set
=	There is no change compared to the previous data set
—	No comparison available for the baseline year



CFC Service Area

The Central Florida Collaborative service area encompasses all of Lake, Orange, Osceola and Seminole counties. Each county is individually identifiable. The service area was determined by analyzing where individuals who participated in hospital and CFC partner programs live and seek care, based on patient origin patterns. Please see the map below.



The data in the infographics on the following pages comes from the U.S. Census Bureau's American Community Survey (ACS) 2019-2023 five-year estimates.



Demographics

Osceola County, Florida Demographic Overview

Total
Population
406,943

Population by Age



Age Under 18
24.0%



Age 18-64
62.6%



Age 65+
13.4%



Median Age
37.0

Population Change



2010
268,683

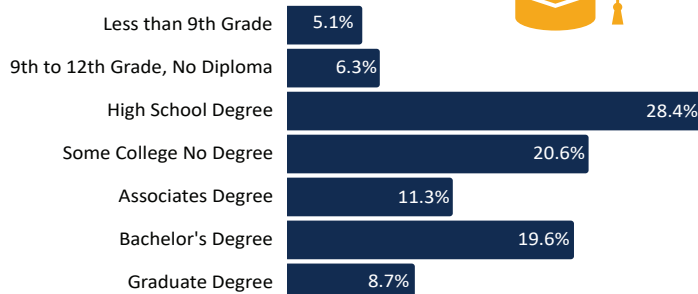
+51.5%

2023
406,943

+24.6%

2032
507,034

Education



39.6% of Osceola County residents have earned a higher education degree.

Race / Ethnicity



43.4%
White

55.0%
Hispanic /
Latino

19.5%
Two or
More Races

11.0%
Black /
African
American

53.6%
Speak a Language
Other than English
at Home

Economic Wellbeing



Median Household
Income
\$68,711



Households Below
Poverty Level
12.5%

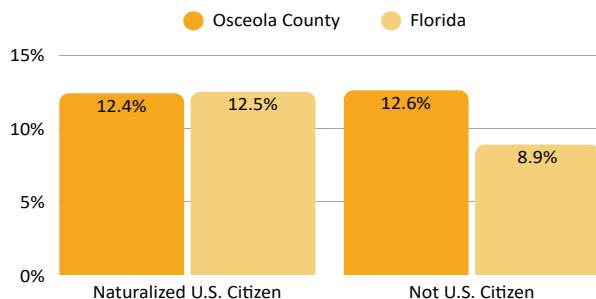


Unemployment Rate
5.2%



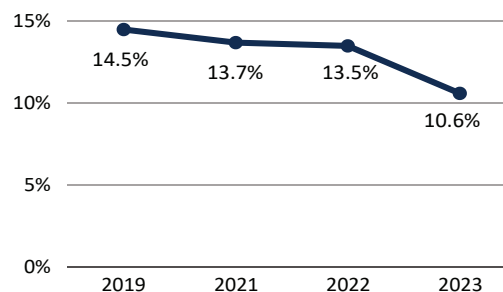
Households Receiving
SNAP Benefits
17.4%

Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Trend of Population Living in Poverty



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Demographic Characteristics

Florida's population grew by 365,000 in 2023, the second-largest numeric growth behind Texas and the second-largest percentage of growth behind South Carolina (1.7% and 1.6%, respectively).⁷ By 2032, the state is projected to grow by 14.0%, adding 3.1 million people to its population. Rising population density pressures infrastructure like schools and transportation, potentially worsening health outcomes without proactive planning and resource allocation. Florida's rapid population growth also has the potential to strain the healthcare system by increasing demand for medical services, exacerbating provider shortages and limiting access to care.

The Osceola County population increased by nearly 52.0% between 2010 and 2023 and is expected to increase by at least 25.0% by 2032.

TOTAL POPULATION GROWTH AND PROJECTIONS

	United States	Florida	Osceola County
2023	332,387,540	21,928,881	406,943
2010	308,745,538	18,801,310	268,683
2010-2023 Percent Change	+7.7%	+16.6%	+51.5%
2032	364,066,358	25,075,386	507,034
2023-2032 Percent Change	+9.5%	+14.3%	+24.6%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

An estimated 33.0% of Florida's population will be 60 and older by 2030.⁸ Access to quality healthcare is essential across the lifespan but needs become more complex with age. Older adults face a higher risk of chronic conditions like dementia, heart disease, type two diabetes and arthritis, often requiring specialized care. Barriers such as provider shortages in rural areas, transitioning to Medicare and high out-of-pocket costs can delay care and lead to preventable emergencies.⁹ Over 13.0% of the Osceola County population is aged 65 and older and is expected to grow in the coming decade.

YOUTH AND OLDER ADULT POPULATION

	Florida		Osceola County	
	2019	2023	2019	2023
Under 5	5.4%	5.1%	6.4%	6.0%
Under 18	20.0%	22.2%	24.6%	24.0%
65 and Older	20.1%	21.1%	13.0%	13.4%

Source: U.S. Census Bureau American Community Survey 2015-2019 and 2019-2023 Five-year Estimates

⁷ U.S. Census Bureau. U.S. Population Trends Return to Pre-Pandemic Norms as More States Gain Population, December 2023. <https://www.census.gov/newsroom/press-releases/2023/population-trends-return-to-pre-pandemic-norms.html>

⁸ U.S. Census Bureau. <https://acl.gov/sites/default/files/programs/2016-11/Florida%20Epi%20Profile%20Final.pdf>

⁹ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion, Social Determinants of Health and Older Adults. <https://odphp.health.gov/our-work/national-health-initiatives/healthy-aging/social-determinants-health-and-older-adults#health>



POPULATION BY RACE¹⁰

	United States	Florida	Osceola County
American Indian and Alaska Native	0.9%	0.3%	0.3%
Asian	5.8%	2.9%	2.9%
Black/African American	12.4%	15.3%	11.0%
Native Hawaiian and Other Pacific Islander	0.2%	0.1%	0.1%
Some Other Race	6.6%	5.6%	22.8%
Two or More Races	10.7%	15.9%	19.5%
White	63.4%	59.9%	43.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

POPULATION BY ETHNICITY

	United States	Florida	Osceola County
Hispanic/Latino of any race	19.0%	26.7%	55.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

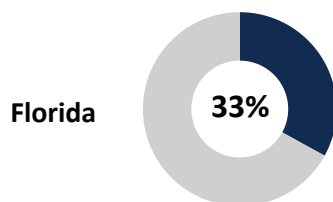
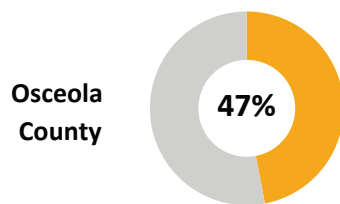
The data in the infographic on the following page comes from the U.S. Census Bureau's American Community Survey (ACS) 2019–2023 five-year estimates.

¹⁰ Race alone are those "people who responded to the question on race by indicating only one race are referred to as the race alone population or the group who reported only one race. <https://www.census.gov/glossary/?term=Race+alone>

Social Drivers

Osceola County, Florida Social Drivers Profile

Households Living Above Federal
Poverty Level but Below ALICE
Threshold of Financial Survival



Total Housing Units	164,195	
Median Household Income	\$68,711	
Median Home Rent	\$1,651	
Housing Costs >30% of Income	41.2%	
No Vehicle Available	4.4%	

Source: United Way, United for ALICE (2022)

National Low Income Housing Coalition Data

2-Bedroom Fair Market Rent (FMR): \$1,857



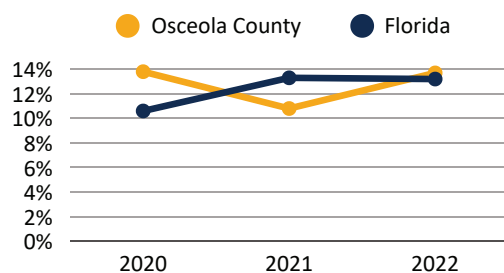
Hourly Wage Necessary
to Afford 2-Bedroom
FMR:
\$35.71

Annual Income
Necessary to Afford 2-
Bedroom FMR:
\$74,280

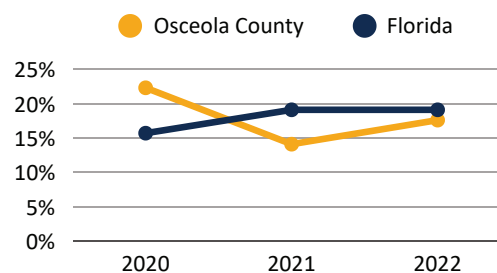
Full Time Jobs Needed
at Min. Wage to Afford
2-Bedroom FMR:
3.0

Source: National Low Income Housing Coalition. Florida Out of Reach Report, 2024

Food Insecurity (Total Population)



Food Insecurity (Children)



Source: Feeding America, Map the Meal Gap



Food Insecurity

Statewide, the food insecurity rate increased by nearly 25.0% between 2021 and 2022, due to rising food prices and the end of the COVID-19 pandemic assistance programs.¹¹ Florida's food insecurity crisis is compounded by severe economic challenges, including disaster relief, as hundreds of thousands of Floridians still suffer the impacts of the country's deadliest hurricane season in two decades. Additionally, rents have surged by 12.0% in the past year. Approximately 35.0% of renters spend more than half their income on housing and over half of Florida's jobs pay less than \$15/hour, which leaves families struggling to cover basic expenses, such as food. Low-income families spend nearly 20.0% of their household budgets on medical care, forcing trade-offs with food and other essentials.¹²

Between 2019 and 2022, the rate of food insecurity in Osceola County increased by 23.4%. During this time, the child food insecurity rate grew by 11.4%. Nearly 18.0% of children are considered food insecure as of 2022.

FOOD INSECURITY

	Florida						
	2019	2020	+/-	2021	+/-	2022	+/-
Total Population	12.0%	10.6%	→	13.3%	←	13.2%	=
Children	16.8%	15.7%	→	19.1%	←	19.1%	=
50-59	ND	ND	—	6.7%	—	9.0%	←
60 and Older	ND	ND	—	8.5%	—	10.0%	←

	Osceola County						
	2019	2020	+/-	2021	+/-	2022	+/-
Total Population	11.1%	13.8%	←	10.8%	→	13.7%	←
Children	15.8%	22.3%	←	14.1%	→	17.6%	←
50-59	ND	ND	—	ND	—	11.9%	—
60 and Older	ND	ND	—	ND	—	ND	—

Source: Feeding America, Map the Meal Gap

¹¹ Second Harvest Food Bank of Central Florida, *The Hunger Picture in Central Florida*. https://www.feedhopenow.org/site/SPageServer/?NONCE_TOKEN=35213F957BCF6336886699F370BF0167&pagename=about_hunger

¹² UnidosUS, *Advocacy Groups Urge Florida Legislature to Address State's Food Insecurity Crisis With \$259 Million in Federal Summer EBT Funds*, January 2025. <https://unidosus.org/press-releases/advocacy-groups-urge-florida-legislature-to-address-states-food-insecurity-crisis-with-259-million-in-federal-summer-ebt-funds/#:~:text=During%20the%20COVID%2D19%20pandemic,were%20closed%20or%20operating%20remotely.>

¹³ ND = No data available.

To align with the national standards, the USDA defines a food desert as a census tract that meets both of the following criteria:¹³

- Low-income: a poverty rate of 20.0% or greater or a median family income at or below 80.0% of the statewide or metropolitan area median family income.
- Low access: at least 500 people and/or at least 33.0% of the population lives more than 1 mile from a supermarket or large grocery store (10 miles, in the case of rural census tracts).

The data below reflects the percentage of census tracts where 33.0% or more of the population is considered to have low access. One in five census tracts in Osceola County are considered food deserts (22 out of 89 census tracts)

FOOD DESERTS

	Osceola County
Number of census tracts	22
Percentage of census tracts	24.7%

Source: USDA, Food Access Research Atlas



¹³ USDA, Mapping Food Deserts in the United States. <https://www.ers.usda.gov/amber-waves/2011/december/data-feature-mapping-food-deserts-in-the-u-s>



Housing

Fair Market Rents (FMRs) are used to determine a number of things, including the payment standard amounts for the Housing Choice Voucher program, the initial renewal rents for some expiring project-based Section 8 contracts and the initial rents for housing assistance payment contracts in the Moderate Rehabilitation Single Room Occupancy program (Mod Rehab). FMRs also determine rent ceilings for rental units in both the HOME Investment Partnerships program and the Emergency Solution Grants program, the calculation of maximum award amounts for Continuum of Care recipients and the maximum amount of rent a recipient may pay for property leased with Continuum of Care funds. FMRs are also used to calculate flat rents in Public Housing units.¹⁴

FAIR MARKET RENT

	Osceola County
1 Bedroom	\$1,638
2 Bedrooms	\$1,857
3 Bedrooms	\$2,362
4 Bedrooms	\$2,849
5 Bedrooms	\$3,276
6 Bedrooms	\$3,704

Source: U.S. Department of Housing and Urban Development HOME Rent and Income Limits

To afford a two-bedroom home at FMR in Osceola County, an individual would need to make at least \$35.71 per hour, yet the hourly minimum wage in Florida is just \$13.00. At minimum wage, an individual would need at least three full-time jobs. An individual would also need to make \$74,280 per year, while the annual median household income is approximately \$68,711 according to the latest ACS five-year estimates from the U.S Census Bureau.

NATIONAL LOW-INCOME HOUSING COALITION: HOUSING COSTS

	Florida	Osceola County
Hourly wage necessary to afford a 2-bedroom Fair Market Rate	\$35.24	\$35.71
Annual income needs to afford a 2-bedroom at Fair Market Rate	\$73,308	\$74,280
Full-time jobs at minimum wage to afford a 2-bedroom at Fair Market Rate	2.9	3.0

Source: National Low Income Housing Coalition. Florida Out of Reach Report, 2024

¹⁴ Fair Market Rents represent the 40th percentile Gross Rental Housing Costs for a given area, including the contract cost of rent as well as utilities

In 2024, Florida ranked fourth in the nation for the number of homeless individuals, with recent counts indicating tens of thousands without a permanent residence. The state's warm climate makes it a common destination for the homeless, but this also means the issue is more visible and pressing here than in colder regions.

The annual point-in-time count, which aims to gather a fairly accurate number of people experiencing unsheltered homelessness at a given point in time in a region, shows an increase in housing insecurity, increasing by nearly 51.0% between 2020 and 2024 in Osceola County.

TREND OF ANNUAL POINT-IN-TIME COUNTS

	Florida	+/-	Osceola County	+/-
2024	31,462	←	353	→
2023	30,756	←	358	←
2022	25,959	←	339	←
2021 ¹⁵	21,141	→	173	→
2020	27,679	→	234	←
2019	28,590	→	214	→
2018	29,717	—	226	—

Source: Florida's Council on Homelessness 2024 Annual Report

Students experiencing homelessness face unique barriers beyond poverty, such as frequent school transfers, lack of transportation, lack of a fixed address for enrollment and the stigma and fear of homelessness. Homelessness disrupts the lives of children and youth in rural, suburban and urban communities, but is more hidden in rural and suburban communities. Schools are often the only source of support for homeless students in rural and suburban areas.¹⁶

Over 800 more students were considered homeless in Osceola County.

DEPARTMENT OF EDUCATION HOMELESS STUDENT COUNT

School Year	Florida	+/-	Osceola County	+/-
2022-2023	94,902	←	3,777	←
2021-2022	78,277	—	2,943	—

Source: Florida's Council on Homelessness 2022 and 2024 Annual Report

¹⁵ The 2021 Point in Time Count numbers are not comparable to the previous or current years' counts. Typically, CoCs conduct a PIT Count of both sheltered and unsheltered households. In 2021, due to COVID-19 related safety concerns, only six of the 27 CoCs conducted such a count; 10 CoCs did not conduct an unsheltered count; and others conducted a modified form of the unsheltered count. All CoCs conducted a sheltered PIT count. For those that did not conduct an unsheltered count, the CoCs reported zero unsheltered persons, resulting in an undercount of homelessness.

¹⁶ SchoolHouse Connection, 2025 Fact Sheet: Educating Children and Youth Experiencing Homelessness. <https://schoolhouseconnection.org/article/2025-fact-sheet-educating-children-and-youth-experiencing-homelessness>



Health Profile

Osceola County, Florida Health Profile

Life Expectancy
77.8

Chronic Disease Among Adults



Obesity
31.3%



Depression
19.3%



Diabetes
13.4%



Heart Disease
6.6%

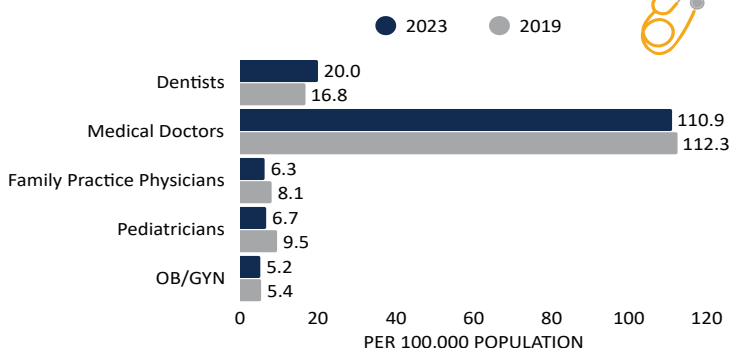


10.9%
Uninsured Population

39.9%
People with Public Health Insurance

69.8%
People with Private Health Insurance

Rate of Licensed Healthcare Providers



Health Risk Behaviors (2022)



Current Tobacco Use
13.3%
2019: 15.8%



Binge Drinking
16.7%
2019: 16.2%



No Leisure-Time for Physical Activity
28.6%
2019: 31.4%

Quality of Life (2022)



Mental Health Not Good (for 14+ Days)
17.1% ↑
2019: 15.1%

Physical Health Not Good (for 14+ Days)
13.6% ↓
2019: 14.9%

Fair or Poor Self-Related Health Status
20.9% ↓
2019: 25.2%

Causes of Death

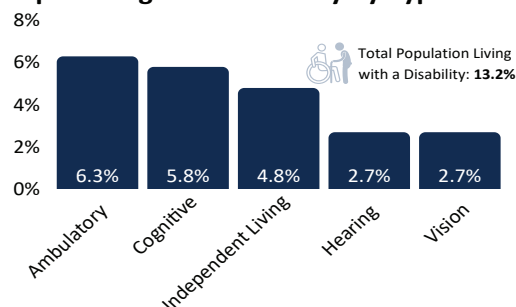
Top Causes (per 100,000 people)

Heart Disease	162.5
Cancer	139.5
Stroke	58.0

Routine Checkup Visit to Doctor within Past Year
75.1%

Visit to Dentist or Dental Clinic within Past Year
54.5%

People Living With Disability by Type



Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates | Florida Behavioral Risk Factor Surveillance System | Florida Department of Health, Division of Public Health Statistics & Performance Management. Florida HealthCHARTS, CountyHealth Dashboard Health Resource Availability

Significant racial and ethnic disparities in health, well-being and life expectancy have persisted in the United States for decades. These differences are particularly pronounced for Black/African American and Hispanic/Latino populations, who, on average, experience worse outcomes compared to white individuals. These populations are more likely to die from treatable conditions, more likely to die during or after pregnancy and suffer serious pregnancy-related complications, more likely to lose children in infancy and are at higher risk for many chronic health conditions, from diabetes to hypertension.¹⁷

In Osceola County, the Black/African American population has the highest median life expectancy. The Black/African American population makes up approximately 11.0% of the county population.

MEDIAN LIFE EXPECTANCY BY RACE AND ETHNICITY

	Osceola County	Florida
White	77.4	78.5
Black/African American	79.6	74.9
Other	ND	ND

	Osceola County	Florida
Hispanic/Latino	79.3	81.4
Non-Hispanic/Latino	76.6	77.2

Source: Florida Department of Health, Bureau of Vital Statistics 2020-2022

The top three leading causes of death in Osceola County include heart disease, cancer and stroke.

AGE-ADJUSTED MORTALITY RATES FOR LEADING CAUSES OF DEATH

Per 100,000 Population	Florida	Osceola County
Heart Disease	145.5	162.5
Cancer	138.3	139.5
Unintentional Injury	69.9	57.8
Stroke	45.2	58.0
Chronic Lower Respiratory Disease	32.2	31.7
Diabetes	23.4	25.5
Alzheimer's Disease	18.9	23.1
Suicide	13.6	8.6

Source: Florida Department of Health. Bureau of Vital Statistics, 2020-2022

¹⁷ The Commonwealth Fund. Advancing Racial Equity in U.S. Health Care, April 2024. <https://www.commonwealthfund.org/publications/fund-reports/2024/apr/advancing-racial-equity-us-health-care>



Urban areas may have more options for healthcare providers and insurance plans, while rural areas could face challenges with limited access to medical facilities and specialists. This difference in healthcare resources can impact the availability and affordability of health insurance for residents across the state.¹⁸ In Osceola County, there were 39,642 uninsured people in 2023, 9.1% of the county's population compared to 10.7% of the state population being uninsured. Approximately 12.0% of the Hispanic population does not have health insurance.

TREND OF POPULATION WITHOUT HEALTH INSURANCE¹⁹

	Florida	+/-	Osceola County	+/-
2023	10.7%	→	9.1%	→
2022	11.2%	→	10.0%	→
2021	12.1%	→	11.7%	→
2019	13.2%	—	13.3%	—

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

POPULATION WITHOUT HEALTH INSURANCE BY RACE²⁰

	United States	Florida	Osceola County
American Indian and Alaska Native	19.2%	30.4%	6.3%
Asian	5.9%	9.2%	8.0%
Black/African American	9.5%	13.8%	10.3%
Native Hawaiian and Other Pacific Islander	11.6%	20.6%	5.5%
Some Other Race	19.7%	20.8%	12.4%
Two or More Races	13.0%	15.0%	11.1%
White	6.6%	9.8%	10.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

POPULATION WITHOUT HEALTH INSURANCE BY ETHNICITY

	United States	Florida	Osceola County
Hispanic/Latino	17.5%	17.1%	12.1%
White, Non-Hispanic/Latino	5.7%	8.7%	9.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

¹⁸ Primary Care Access Network, Covering Central Florida. The Impact of Having No Health Insurance in Florida, August 2024. <https://www.coveringcfl.net/the-impact-of-having-no-health-insurance-in-florida/>

¹⁹ 2020 One-Year Estimates Not Available.

²⁰ The percentage of the civilian noninstitutionalized population of selected race without health insurance. The civilian noninstitutionalized population is the group of people who are not in institutions and are not active-duty military members. It includes people who are 16 years of age or older and live in the United States.

Florida hospitals and healthcare systems continue to face critical workforce shortages and exponential growth in labor costs. Based on a 2021 Florida Hospital Association analysis, the state faces an overall shortage of 59,100 nurses by 2035. After more than three years of responding to an unprecedented public health crisis, Florida's hospitals experienced one of the worst workforce shortages in decades. This shortage and associated increases in labor costs occurred at the same time as stagnant reimbursement rates, reductions in reserves due to stock market declines and other inflationary cost increases. A sufficient number of qualified healthcare workers is critical for meeting the needs of Floridians and with a growing and aging population, this must be considered when planning healthcare capacity. The pandemic exacerbated an already significant imbalance between the supply of and the need for nurses, physicians and allied health professionals. Building the workforce pipeline, recruiting new clinicians and retaining current talent is essential for meeting the future needs of Florida's population.²¹

Between 2019 and 2023, the greatest percentage increase of the licensed healthcare providers included in the data below in Osceola County was dentists (31.0%). The largest decrease was for pediatricians (-29.5%) and family practice physicians (-22.2%).

RATE OF LICENSED HEALTHCARE PROVIDERS

Per 100,000 Population	Florida			Osceola County		
	2019	2023	+/-	2019	2023	+/-
Medical doctors	250.8	261.2	→	112.3	110.9	←
Physician assistants	41.0	51.0	→	16.8	20.0	→
Family practice physicians	18.5	13.3	←	8.1	6.3	←
Pediatricians	21.6	16.5	←	9.5	6.7	←
Registered nurses	1,299.5	1,441.2	→	994.9	1,163.2	→
Licensed practical nurses	307.1	278.9	←	246.6	228.4	←
Certified nursing assistants	688.5	628.6	←	498.8	427.5	←
Dentists	57.8	61.5	→	16.8	22.0	→
Paramedics	144.1	145.4	→	108.2	94.9	←
Emergency medical technicians	162.7	166.0	→	121.8	115.0	←
OB/GYNs	9.2	8.6	←	5.4	5.2	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, County Health Dashboard Health Resource Availability

²¹ The Florida Hospital Association, 2023 Workforce Report. <https://fha.org/common/Uploaded%20files/FHA/Health%20Care%20Issues/Growing%20the%20Health%20Care%20Workforce/2023%20FHA%20Workforce%20Report-Final.pdf>

Chronic Disease

Populations affected by the high prevalence of multiple chronic diseases face a variety of socioeconomic and environmental barriers to achieving good health. Many risk factors for chronic disease are likely beyond the individual's control and require large-scale policy change.²²

Between 2019 and 2022, the rate of nearly all select chronic diseases in Osceola County increased, except for obesity and diagnosed diabetes. Rates of arthritis, asthma and cancer increased by 14.0% to 19.0%.

CHRONIC DISEASE INCIDENCE SUMMARY

Per 100,000 Population	Florida			Osceola County		
	2019	2022	+/-	2019	2022	+/-
Arthritis	24.8	28.2	←	20.0	23.7	←
Asthma	8.7	9.8	←	8.1	9.3	←
Cancer (except skin)	7.3	9.2	←	5.4	6.2	→
COPD	8.4	8.2	→	6.5	6.6	←
Coronary Heart Disease	6.8	8.1	←	6.1	6.6	←
Diagnosed Diabetes	12.0	13.2	←	14.2	13.4	→
Obesity	30.3	32.4	←	36.2	31.3	→

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health



²² National Center for Chronic Disease Prevention and Health Promotion. Chronic Disease Prevalence in the US: Sociodemographic and Geographic Variations by Zip Code Tabulation Area, February 2024. https://www.cdc.gov/pcd/issues/2024/23_0267.htm#:~:text=Areas%20affected%20by%20a%20high,require%20large%2Dscale%20policy%20change.

The overall age-adjusted cancer incidence rate in Osceola County decreased by 13.0% between 2018 and 2021, while Florida's cancer incidence rate increased by nearly 4.0%. The rate of colorectal cancer (8.0%) and lung (11.0%) cancer also decreased in Osceola County.

AGE-ADJUSTED CANCER INCIDENCE BY TYPE

Per 100,000 Population	Florida			Osceola County		
	2018	2021	+/-	2018	2021	+/-
All Cancer	454.3	471.0	←	559.6	484.4	→
Breast Cancer	123.4	134.4	←	141.1	141.5	←
Lung Cancer	55.9	51.4	→	54.6	50.1	→
Skin Cancer	25.3	26.0	←	17.1	18.6	←
Colorectal Cancer	35.1	36.3	←	48.6	43.3	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, University of Miami Medical School, Florida Cancer Data System

CANCER INCIDENCE BY RACE AND ETHNICITY

Per 100,000 Population	Osceola County	White	Black/ African American	Other Race	Hispanic/ Latino	Non-Hispanic/ Latino
Total Incidence Rate	473.2	451.5	395.3	875.3	376.0	557.7
Cervical Cancer	13.3	12.8	9.5	28.5	10.3	17.6
Prostate Cancer	109.3	94.6	145.9	227.6	105.4	111.9
Breast Cancer	139.0	127.2	111.0	320.0	116.7	158.2
Colorectal Cancer	40.3	39.1	35.5	61.6	32.3	48.0
Lung Cancer	49.7	49.8	37.9	68.6	27.4	67.6

Source: Florida Department of Health, Bureau of Vital Statistics, 2019-2021



Maternal Health

In Florida, the differences between Black/African American and white in pregnancy-related mortality doubled from 2010 to 2020.²³ In 2020, severe maternal morbidity rates were nearly twice as high for Black/African American individuals (31 per 1,000 deliveries) compared to white individuals (17 per 1,000). By 2023, these rates increased to approximately 35 per 1,000 for Black/African American individuals and 20 per 1,000 for white individuals, highlighting a persistent and worsening difference.

Severe Maternal Morbidity is the presence of a complication during a delivery hospitalization. Complications during pregnancy or delivery can lead to negative outcomes for the woman and the infant. Monitoring the trend and disparities in severe maternal morbidity allows public health and medical professionals to take steps to improve the health of women and children.

In Osceola County, Black/African American women experience more complications leading to hospitalizations than all other races and ethnicities, nearly twice the rate of white women.

SEVERE MATERNAL MORBIDITY BY RACE AND ETHNICITY²⁴

	Osceola County	White	Black/ African American	Other Race	Hispanic/ Latino	Non-Hispanic/ Latino
Per 100,000 Live Births	21.4	16.8	30.9	24.7	20.9	22.0

Source: Florida Department of Health, Bureau of Vital Statistics 2021-2023

Black/African American women are the least likely to receive prenatal care. Hispanic/Latino women are the most likely to have received prenatal care in the first-trimester.

PRENATAL CARE BY RACE AND ETHNICITY

	Osceola County	White	Black/ African American	Other Race	Hispanic/ Latino	Non-Hispanic/ Latino
Births to Mothers with First-Trimester Prenatal Care	73.5%	74.6%	69.9%	69.2%	75.0%	71.2%
Births to Mothers with No Prenatal Care	1.7%	1.5%	2.6%	1.8%	1.3%	2.3%

Source: Florida Department of Health, Bureau of Vital Statistics 2021-2023

²³ Florida Department of Health. Florida's Maternal Mortality Review Committee, 2020. <https://www.floridahealth.gov/statistics-and-data/PAMR/FLMMRC-2020-update.pdf>

²⁴ Severe Maternal Morbidity is calculated using codes specified by the Alliance for Innovation on Maternal Health among delivery hospital inpatient records for females aged 12-55. Includes acute myocardial infarction, aneurysm, acute renal failure, adult respiratory distress syndrome, amniotic fluid embolism, cardiac arrest/ventricular fibrillation, conversion of cardiac rhythm, disseminated intravascular fibrillation, eclampsia, heart failure/arrest during surgery or procedure, puerperal cerebrovascular disorders, pulmonary edema/acute heart failure, severe anesthesia complications, sepsis, shock, sickle cell disease with crisis, air and thrombotic embolism, blood products transfusion, hysterectomy, temporary tracheostomy or ventilation. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalInd.Dataviewer&cid=0867>

Infant health and mortality vary depending on race and ethnicity, not just in Florida, but on a national level. In 2022, the infant mortality rate for non-Hispanic Black/African Americans was 2.4 times the rate for non-Hispanic whites, while non-Hispanic Black/African Americans had the highest infant mortality rate among all racial and ethnic groups. Non-Hispanic Black/African American infants were 3.6 times more likely to die from causes related to low birth weight and 3.2 times more likely to die from sudden infant death syndrome or impacts from maternal complications of pregnancy than non-Hispanic white infants.²⁵

In Osceola County, the highest rates of fetal deaths as well as infant mortality were among Black/African Americans. Sudden unexpected infant deaths were also highest among Black/African American infants.

FETAL AND INFANT FATALITIES BY RACE AND ETHNICITY

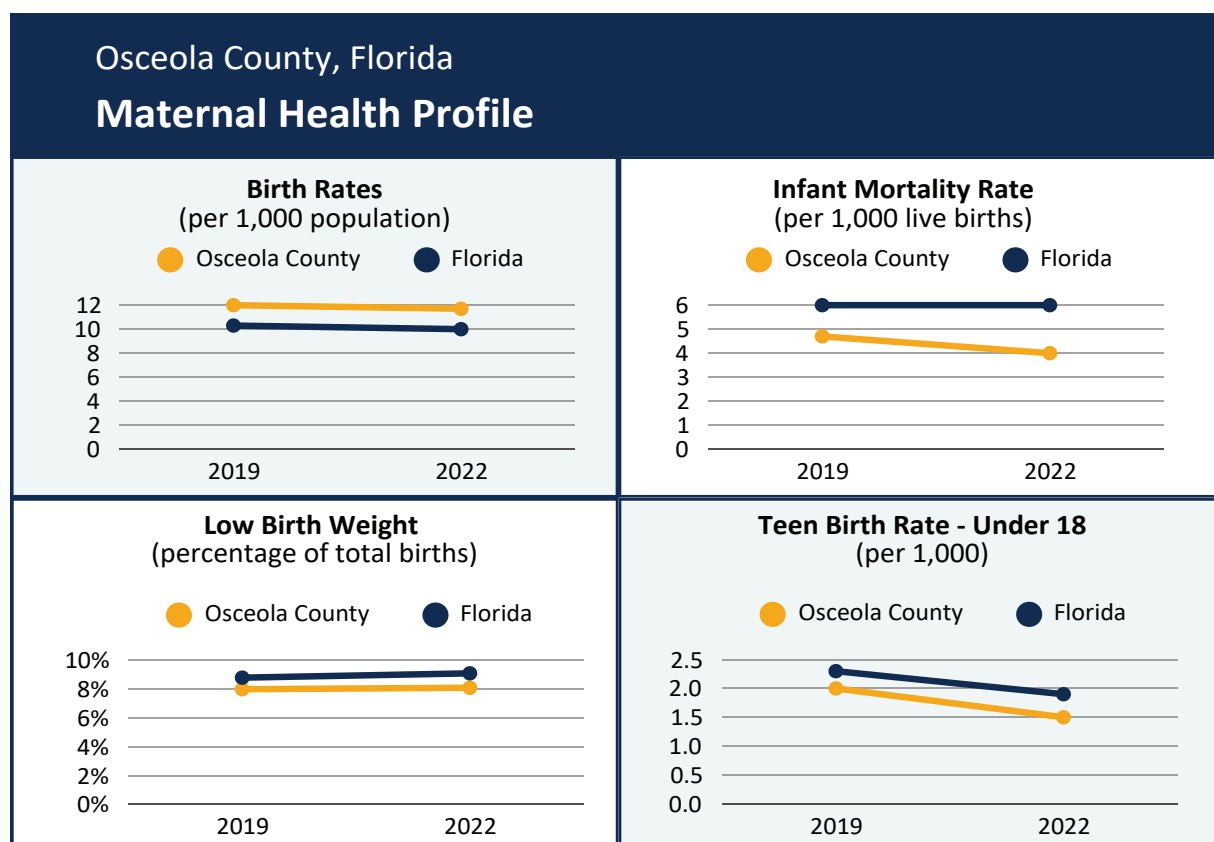
	Osceola County	White	Black/ African American	Other Race	Hispanic/ Latino	Non-Hispanic/ Latino
Fetal Deaths Per 1,000 Deliveries	7.3	7.4	9.2	3.2	6.9	7.1
Infant Mortality (0-364 Days) Per 1,000 Live Births	4.6	3.7	10.4	4.8	3.8	5.5
Sudden Unexpected Infant Deaths Per 1,000 Live Births	0.3	0.2	1.6	0.0	0.2	0.5

Source: Florida Department of Health, Bureau of Vital Statistics 2021-2023

²⁵ U.S. Department of Health and Human Services. Office of Minority Health, Infant Health and Mortality and Black/African Americans. <https://minorityhealth.hhs.gov/infant-health-and-mortality-and-blackafrican-americans>



Maternal Health



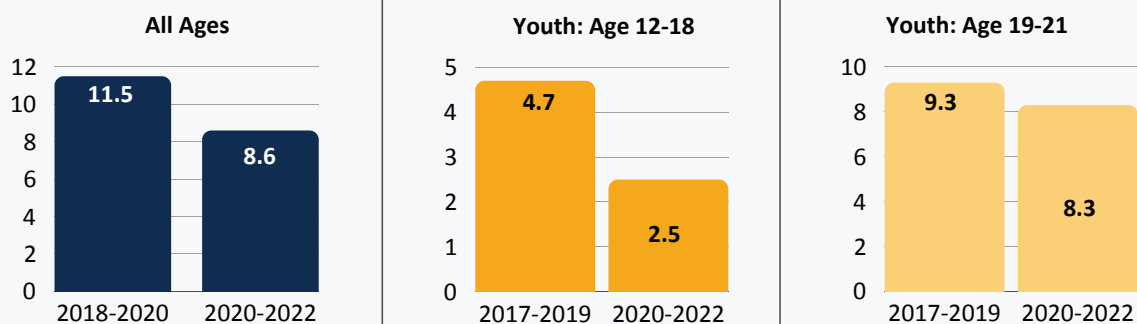
Maternal Characteristics

	Osceola County			Florida		
	2019	2022	Year-Over Year Change	2019	2022	Year-Over Year Change
Births to Unwed Mothers	48.2%	45.9%	↓	46.6%	46.1%	↓
Repeat Births to Mothers Aged 15-17	0.0%	10.0%	↑	6.3%	6.2%	↓
Births to Obese Mothers at Time Pregnancy Occurred	27.8%	30.8%	↑	27.1%	29.5%	↑
Births to Mothers with First Trimester Prenatal Care	81.4%	74.2%	↓	75.9%	71.6%	↓
Births Covered by Medicaid	55.9%	47.7%	↓	46.9%	43.9%	↓

Sources: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics | Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Pregnancy and Young Child Profile

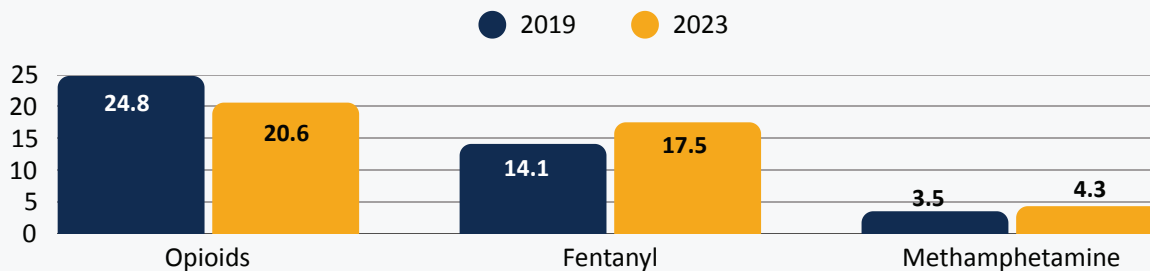
Osceola County, Florida Behavioral Health Profile

Suicide Rates (per 100,000 population)



Source: Florida Department of Health, Division of Public Health Statistics & Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics

Overdose Deaths (per 100,000 population)



Source: University of Florida Health, Florida Drug-Related Outcomes Surveillance & Tracking System, Summary of Drug Occurrences in Decedents



The Centers for Disease Control and Prevention define mental health as emotional, psychological and social well-being. It is a crucial part of overall health and affects how people think, feel and act. Poor mental health can impact physical health and mental health conditions, like depression and can increase the risk for other health problems like diabetes and heart disease.²⁶ The pandemic is considered a major factor contributing to the rise in anxiety and depression cases across Florida. Additionally, research shows that following disasters, mental health problems increase, both among people with no history of mental illness and those at risk. It is a phenomenon known as common reactions to abnormal events. These reactions may be short-lived or long-lasting.²⁷

The percentage of adults in Florida and Osceola County who reported having poor mental health on 14 or more of the past 30 days has increased over time. The percentage of adults ever being told they have depressive disorder has also increased in Osceola County.

SELF-REPORTED POOR MENTAL HEALTH DAYS BY ADULTS²⁸

	Florida	+/-	Osceola County	+/-
2022	16.8%	←	17.1%	←
2020	15.3%	→	15.0%	→
2019	15.8%	—	15.1%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

ADULTS WHO HAVE EVER BEEN TOLD THEY HAD A DEPRESSIVE DISORDER

	Florida	+/-	Osceola County	+/-
2022	19.7%	←	19.3%	←
2020	18.3%	→	17.7%	←
2019	19.3%	—	17.4%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

SUICIDE RATE (ALL AGES)

	Florida			Osceola County		
	2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-
Per 100,000 Population	14.3	13.6	→	11.5	8.6	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics

²⁶ U.S Centers for Disease Control and Prevention. About Mental Health, 2024 https://www.cdc.gov/mental-health/about/?CDC_AAref_Val=https://www.cdc.gov/mentalhealth/learn/index.htm

²⁷ Centers for Disease Control and Prevention. Mental Health and Stress-Related Disorders, March 2024. <https://www.cdc.gov/climate-health/php/effects/mental-health-disorders.html#:~:text=Effect%20of%20extreme%20weather&text=Following%20disasters%2C%20mental%20health%20problems,%2Dlived%20or%20long%2Dlasting.>

²⁸ Estimated annual prevalence rate of adults aged 18 and over who report 14 or more days during the past 30 days during which their mental health was not good. <https://www.cdc.gov/places/measure-definitions/health-status/index.html>

In Osceola County, overdose death rates for cocaine, fentanyl and methamphetamine increased by over 17.0%.

OVERDOSE DEATH RATES²⁹

Per 100,000 Population	Osceola County	
	2019	2023
Benzodiazepine	8.5	5.2
Cocaine	11.7	13.7
Fentanyl	14.1	17.5
Heroin	4.8	1.2
Methamphetamine	3.5	4.3
Opioids	24.8	20.6

Source: University of Florida Health, Florida Drug-Related Outcomes Surveillance and Tracking System, Summary of Drug Occurrences in Decedents

PERCENT CHANGE OF OVERDOSE DEATHS

2019-2023	Osceola County
Benzodiazepine	-38.8%
Cocaine	+17.1%
Fentanyl	+24.1%
Heroin	-75.0%
Methamphetamine	+22.9%
Opioids	-16.9%

Source: Florida Drug-Related Outcomes Surveillance and Tracking (FROST) System

²⁹ Heroin overdoses data is from 2022 due to lack of 2023 data.



With more people realizing the importance of mental health, the demand for licensed mental health therapists has skyrocketed in recent years, especially since the COVID-19 pandemic began. Unfortunately, the United States is facing a critical shortage of these professionals, leaving many individuals and families in distress without the help they need. This shortage is creating a ripple effect throughout the healthcare system, with it becoming increasingly difficult for people with mental health issues to access the care they need. Mental health providers are often not adequately reimbursed by insurance companies or government programs leading to low provider reimbursement rates, which can deter providers from entering the field or remaining in it. The increased demand for mental health services is outpacing the supply of providers. In addition, clients, especially those in rural areas, often have limited access to care because of a lack of public transportation or proximity to a mental health facility. Mental health providers often choose not to work in rural areas because of poor reimbursement rates and low pay. These factors can prevent people from getting the treatment they need.³⁰

Despite the behavioral healthcare workforce shortage, the rate of behavioral healthcare professions in Osceola County increased between 2020 and 2022, as well as mental health counselors, psychologists and clinical social workers.

RATE OF LICENSED BEHAVIORAL HEALTHCARE PROVIDERS

Per 100,000 Population	Florida			Osceola County		
	2020	2022	+/-	2020	2022	+/-
Behavioral or mental health professionals ³¹	117.1	130.4	→	54.6	61.9	→
Mental health counselors	57.3	64.0	→	30.9	35.9	→
Psychologists	23.4	23.0	←	5.2	6.6	→
Clinical social workers	49.7	55.2	→	21.1	22.3	→

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management's Suicide and Behavioral Health Profile

RATE OF PSYCHIATRIC BEDS

Per 100,000 Population	Florida			Osceola County		
	2020	2022	+/-	2020	2022	+/-
Adult psychiatric beds	20.6	31.4	→	19.3	17.6	←
Child and adolescent psychiatric beds	3.0	3.1	→	0.0	0.0	=

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management's Suicide and Behavioral Health Profile

³⁰ American Counseling Association. A closer look at the mental health provider shortage, 2023. <https://www.counseling.org/publications/counseling-today-magazine/article-archive/article/legacy/a-closer-look-at-the-mental-health-provider-shortage#:~:text=An%20aging%20workforce:%20Many%20of,a%20shortage%20in%20the%20field.>

³¹ Includes marriage and family therapists, clinical social workers and mental health counselors with active licenses in Florida. Other behavioral healthcare professionals, such as psychologists or school psychologists, are not included in this measure.





Qualitative

CHAPTER 4

Qualitative Analysis



Qualitative Analysis

The qualitative research efforts sought to better understand the needs of the community and how these needs impact the health and well-being of community members. Qualitative activities included both one-on-one stakeholder interviews and focus groups. Stakeholder interviews were conducted with individuals who work closely with populations that may have unique or significant health needs. Focus groups were conducted with individuals living and receiving services in the community. Stakeholder interviews were conducted virtually and focus groups were held virtually, in-person or hybrid.

Both interviews and focus groups followed a similar question format that centered the conversation on the strengths, resources, gaps and barriers present in the community and their impact on residents' well-being. The one-on-one stakeholder interviews provided an opportunity for in-depth discussions on the community's health. Focus groups allowed participants to provide their first-hand experience and to identify areas of consensus and discordance with other community members. The qualitative data was analyzed to extrapolate the community's strengths, themes and needs.

Strengths can serve as resources to address the needs identified.

Themes are conceptual considerations that provide context to better understand the needs of the community. They provide insight that allows the needs to be addressed in a way that is responsive to the community's culture and identity.

Needs are actionable areas that participants highlighted as the most pressing challenges, barriers and concerns they face in their community.

These three concepts are intertwined and must be considered holistically to better understand and utilize the data collected to make positive changes. Quotes from participants have been provided to represent the strengths, themes and needs identified throughout the data.



Strengths and Needs by Social Driver of Health

Social Driver of Health	Key Strengths	Key Needs
Healthcare Access & Quality	<ul style="list-style-type: none"> - Community-based organizations provide resources that improve access to healthcare and behavioral healthcare - Telehealth opportunities have helped bridge patients to services 	<ul style="list-style-type: none"> - Inadequate funding limits the amount of mental healthcare in the area - Inadequate reimbursement for mental health services limits accessibility - Mental health is a growing need and requires more resources in the community to adequately care for community members - Substance use prevention, specifically for youth, is needed - Insurance status and type create obstacles to finding timely, quality care - Long wait times, inconvenient hours and high costs prevent members from being able to access healthcare and mental health services - Insurance-funded transportation does not consistently connect members with the necessary healthcare services - Navigating the healthcare and insurance system is a challenge for older adults and those who are unfamiliar with the US healthcare system
Education Access & Quality	<ul style="list-style-type: none"> - Focus has been placed on educating healthcare providers in culturally appropriate care 	<ul style="list-style-type: none"> - Schools are noting an increased need in mental health concerns among students and decreasing funding to meet these needs

Social Driver of Health	Key Strengths	Key Needs
Social & Community Context	<ul style="list-style-type: none"> - Efforts to improve culturally appropriateness of care have allowed providers to meet the needs of the community - Organizations thrive when working together to meet the needs of the community 	<ul style="list-style-type: none"> - The COVID-19 pandemic negatively impacted collaboration - Differences in health outcomes are present in the community - Social media is having a negative impact on children's mental well-being - More resources targeting youth and seniors' mental health are needed - The political climate is impacting mental health and resources for mental health
Economic Stability	<ul style="list-style-type: none"> - Local organizations focus on providing resources to low-income individuals and families 	<ul style="list-style-type: none"> - Those living on a fixed income, such as seniors, are impacted by the rising cost of living - Inadequate job opportunities in the area limit economic growth; individuals working multiple jobs face employment insecurity - Housing is unaffordable for many community members
Neighborhood & Built Environment	<ul style="list-style-type: none"> - Community collaborations have been formed to address the need for affordable housing 	<ul style="list-style-type: none"> - Food deserts and limited access to nutrient-dense food are barrier to maintaining health - Local infrastructure cannot support the area's population growth



Strengths

Stakeholders and focus group participants in Osceola County emphasized that there is a strong sense of community, that organizations are dedicated to the residents they serve and that community members have adapted to providing culturally appropriate services to meet the changing demographics of the area. While these are noted as strengths, community members shared that there is still room for improvement in these areas.

Collaborative and Community-Oriented

Stakeholders discussed the effective collaboration that has contributed to making Osceola County more resilient. Evidence indicates that strong collaboration across community members and organizations is a distinguishing factor that impacts the success of interventions leading to sustained improved health outcomes.” Participants shared how they see collaboration benefiting their community:

- “In Osceola, we work really well with community partners to ensure the doors aren’t closed but rather open. Now the doors are open, but there aren’t enough services.” - Stakeholder Interview Participant
- “There’s a big benefit to statewide screening that assesses risk factors for infant mortality. At the state level, we’d love to complete those risk factor screenings so they can be referred to home visiting services. It exists and is in place and could positively affect outcomes.” - Stakeholder Interview Participant
- “Osceola is a smaller county compared to Orange and more tight-knit and I see more collaboration and partnerships, especially in the non-profit sector. There’s a willingness to find ways to work together.” -Stakeholder Interview Participant

Focus group and stakeholder interview participants echoed the sentiment that the “community feel” of Osceola County is a benefit to the social well-being of its residents:

- “I would also say that it helps that you then get to know your neighbors, which then leads you to other resources and other people, so then you’re kind of very familiar with the people in your area. I think it helps a lot.” - Focus Group Participant
- “We are a community with strong relationships across non-profit organizations with a desire to collaborate.” - Stakeholder Interview Participant

Dedicated Organizations

While stakeholders and focus group participants acknowledged the need for more resources in the community, they also recognized the impactful work in which the organizations are engaging. The medical community, in particular, was commended for being at the forefront of addressing community challenges as well as for providing excellent care in different settings:

- “Housing needs to be at the top; it’s still a major issue. My gratitude for [local health systems] for being willing to address these issues.” - Stakeholder Interview Participant
- “Osceola County providers are doing a great job.” - Stakeholder Interview Participant
- Our hospitals have engaged in addressing the community needs more so than other communities. [Local Health system], especially, is a great partner and they see how housing insecurity can impact the community. [Local corporate partners] have both stepped in to be better partners.” - Stakeholder Interview Participant
- “I went to [local organization]. They taught me how to take care of myself. They are a great resource. I mean, they teach you out there.” - Focus Group Participant

“One thing that we do is attend different meetings like coalition meetings and that helps us network and then as a foundation we make a community affairs day. Last time, we had 12 non-profits that came and shared their resources, but networking among ourselves is what got us there, so that was key for us.”

—Stakeholder Interview Participant

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Central Florida Collaborative strives to ensure that community needs are at the forefront of everything they do.

—Stakeholder Interview Participant

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Themes

Growing Population

The fast rate of population growth, specifically in the Hispanic/Latino migrant community, was repeatedly mentioned in stakeholder interviews and in focus groups. Stakeholders are concerned about the ability of resources to meet the needs and demands of the growing population. Desperation and fear can lead people to make dangerous decisions, as noted below. Including the voices of different communities in designing and implementing programs can lead to increased trust in the community and improved health outcomes: "Our population has outgrown the infrastructure. We need to look at programming and service delivery in working families. Two-working parent households are not okay, single moms are not okay and they may not qualify for financial assistance support." - Stakeholder Interview Participant

- "In Osceola we've seen a big growth in the population. When people are able to get access to care and services they need, that's a healthier community." - Stakeholder Interview Participant
- "Osceola is historically a white and ranching community that has transitioned quickly over several decades to be more than 50% Latino and as a community, that's a very quick shift." - Stakeholder Interview Participant

Collaboration

While the collaborative nature of community members living and working in Osceola County was noted as a strength, many participants also acknowledged that more collaboration is essential to meeting the needs identified. Collaboration is essential for closing gaps in care and avoiding duplication of efforts. Through effective collaboration organizations are better equipped to meet the community needs.

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We need to acknowledge that many undocumented people live there and they're petrified to go anywhere to get care. There's a lack of education and access to care, which runs concurrent to healthy available food. There are food deserts in the southern and far eastern parts of the county, near Kenansville, which are precursors to poor health. The development is spreading east and south and growth is occurring faster than resources.

—Stakeholder Interview Participant

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"I would wish that all of the entities that offer services would collaborate and have a mobile unit to meet people where they are and give each person a case manager. People need too many services. The community is too large, the hours don't work for them. [...] We can't afford to look the other way. We need to meet where they are at."

—Stakeholder Interview Participant

- “Pre-pandemic there was a lot of organization collaboration - the pandemic and reduced staffing for all non-profits hasn’t allowed us to gather and say, ‘What are you doing? How can we help each other?’” - Stakeholder Interview Participant
- “Working with surrounding counties helps us see how productive we are.” - Focus Group Participant
- “I think that a healthy community helps each other, like the agencies help each other and I don’t see too much of that in Osceola County.” - Stakeholder Interview Participant

Needs

Access to Healthcare

Access to high-quality healthcare services has been identified as a growing need across the United States. Access to healthcare includes physical and financial access to timely care. Limited access to healthcare, specifically primary care, can lead to delayed treatment and increased utilization of emergency services, placing an undue burden on these services that may not be well-equipped to treat the needs of the patient. When discussing healthcare access, participants noted inadequate insurance coverage, long wait times and cost of services as the primary barriers that individuals face.

System Navigation

Technical issues, confusing systems, cumbersome applications and lack of technology literacy among older adults were all cited as concerns regarding navigating the healthcare system. Participants shared that understanding where to go and knowing who to call for help is a critical component of healthcare access. If a service is difficult to reach for any variety of reasons, individuals may give up trying. Community case managers and educational resources would help the community to better understand how to navigate the various systems:

- “There are socioeconomic disparities. Knowing how to navigate the system is a part-time job and who has that gift of time?” - Stakeholder Interview Participant
- “That technology, the internet, it’s hard, it’s hard to understand for seniors.” - Stakeholder Interview Participant

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When the pandemic happened with the vaccines, all the appointments had to be made online and our members could not navigate the computer fast enough to get the appointment. They didn’t want to call their adult children to ask them for help. Technology for older adults is also a huge disparity in healthcare.

—Stakeholder Interview Participant

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- “Insurance navigators are definitely needed. If you have insurance, you can find care, but if you don’t, it’s hard to find it. And there are a lot of people who are underinsured or don’t understand the options available to them.” - Stakeholder Interview Participant
- “I think the elderly population struggles with the new technology of making appointments online and accessing their test results online, anything that’s online that they’re not familiar with. It’s hard to grasp on their own. They need one-on-one help, like physically, to do certain things.” - Focus Group Participant

Affordability

Participants also noted that barriers such as high cost, while frustrating for many, have consequential impacts on low-income individuals and families. The tourism industry has led to a wealth of resources, but they are not always affordable for local community members. This is particularly true for specialty healthcare services:

- “I’m from a large city and we still didn’t have this much healthcare, but it’s expensive. If I go to the 24/7 dentist, he’s not taking my insurance - I’m paying \$1,200 to get my tooth pulled. There’s an urgent care center on every corner, but they’re not accessible.” -Stakeholder Interview Participant
- “Women’s health is also important. Where do people go for their next diagnostic service if someone gets an abnormal pap smear? They’ve added these services, but the need is always great and the funding is not there.” - Stakeholder Interview Participant

Wait Times

In addition to lack of affordability, long wait times and inadequate hours can lead to patients forgoing care. Many participants shared that the community would benefit from investing in additional affordable resources:

- “And people have extraordinary long waits when it comes to mental health and finding a provider - and also other specialty areas that someone was saying before. I’ve had class participants really complain about the wait and not being able to get an appointment to see a specialist and they’re really concerned about their health and what’s going on.” - Focus Group Participant
- “Finally, they get to see the neurologist, then they do a little test and then they’re going to give them an appointment three months later. And sometimes the patient doesn’t even make it.” - Stakeholder Interview Participant
- “I know we try to connect families to services that are available to health services and they are put on a waitlist. There may be services but it’s not enough.” - Stakeholder Interview Participant

Insurance

Insurance status and type are major barriers to any type of healthcare. When individuals cannot access healthcare due to lack of insurance, there is a greater strain placed on the healthcare system as they forgo primary or secondary care and end up in emergency departments. Participants noted that there is a lack of providers who accept Medicaid and those who are underinsured or do not have insurance struggle to find providers to help them:

- “If someone comes to an FQHC and they don’t have insurance, it’s hard to find a specialist who will take uninsured people, so they negotiate discounts. They apply for grants to provide those services internally. Podiatry, optometry and pharmacy are services we recently brought in house.” - Stakeholder Interview Participant
- “Expansion of neighborhood clinics is needed. There has been a surge of [corporate clinics] opening but also closing in well-positioned neighborhoods with families who may lack access to healthcare and transportation. But they’re closing due to lack of people with insurance and high cost of services.” - Stakeholder Interview Participant
- “As a non-profit, we’ve tried to do partnerships, but after a year they closed the clinics because they’re not being used. And that tells me they’re not making a profit, which says it’s an insurance and cost issue in the neighborhoods they went into.” - Stakeholder Interview Participant
- “Getting someone on Medicaid or grant programs for home care is hard. There are not enough service dollars for Medicaid or other services for them to be stabilized.” - Stakeholder Interview Participant
- “There are economic and insurance barriers. If you don’t have insurance, it’s really hard to get any treatment.” - Stakeholder Interview Participant

Population Differences

Stakeholders are concerned about systemic issues that lead to different treatment based on race or ethnicity. White people have greater access to healthcare and services and birth outcomes data also supports what stakeholders are citing. Differences in health outcomes as a result of race or ethnicity “lead to higher levels of morbidity and mortality from various chronic diseases.” Additionally, participants shared that language impacts the ability for non-English speakers to access care:

“If I’m a Latino woman who speaks Spanish and can only access medical care from someone who doesn’t speak my language or know my culture, I can’t access care the same way. I know what gender challenges there are for me in healthcare - I can’t imagine what cultural and linguistic challenges are.”

—Stakeholder Interview Participant



- “I’ve had some experiences in our hospital system with people who are a different race or ethnicity and they’ve been treated very differently than me as a white woman.” - Stakeholder Interview Participant
- “The racial disparities in birth outcomes suggest there’s not equal access to care. We work closely with healthcare providers and some of the patients are turned in and out and it makes you wonder how they can be getting the true level of care they need when you can’t even get through to them by phone to get an appointment scheduled.” - Stakeholder Interview Participant

Behavioral and Mental Health

Behavioral and mental healthcare needs continue to grow across the US

. Participants echoed this sentiment when discussing the needs of Osceola County. As awareness of the importance of this type of care rises, the resources to meet this need often fall behind. Accessibility, services for youth and seniors, stigma and systemic barriers related to behavioral and mental healthcare were all identified as concerns.

Healthcare Accessibility

When considering the behavioral healthcare landscape of Osceola County, participants shared that a lack of providers and resources, inadequate reimbursement and significant wait times impair access to care, especially for people who are low-income.

- “We have seen active therapists moving into more administrative positions. The number of professionals able to prescribe is a problem. It’s hard for someone to meet with someone in a timely manner if they need medication therapy.” - Stakeholder Interview Participant
- “There are lots of options. However, accessing and wait times for counseling, including hours of operation, is a challenge. Insurance reimbursement is also a challenge.” - Stakeholder Interview Participant
- “It’s very unaffordable, even if someone has a good job and has a steady income. Psychologists cost \$300 an hour times four.” - Stakeholder Interview Participant

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Mental health is one of the most difficult services to get. I have an adult daughter who had to move out of Florida in order to receive better mental healthcare because it’s very scarce. It’s the access to providers, mainly insurance. When you are not able to work, you don’t have access to insurance or the insurance you get is not enough.

—Focus Group Participant

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- Participants also noted a major gap in access to developmental services. Schools do not have the mental health resources that are needed for the youth population, which stakeholders are increasingly concerned about due to increasing levels of depression, anxiety and suicide:
- “Mental health is huge. Mental healthcare is short in Osceola County. Over 70% of the student body is on free and reduced lunch, so they are Medicaid-eligible. Approved mental health providers are few and far between in Osceola County, so there are very few mental health supports for people at or below the poverty line.” - Stakeholder Interview Participant
- “Parents aren’t getting the help that they need and that’s part of the problem. They don’t know where to go and they come to us.” -Stakeholder Interview Participant

“Mental health since COVID-19 is more needed for children and adults. There is suicide in younger age groups, depression and anxiety have started to cripple the younger population and resources aren’t there. Pre-COVID money was available for school mental health counselors, but post-COVID the funds have dried up and counselors have been laid off.”

—Stakeholder Interview Participant

Youth and Older Adults

Participants shared that there is a lack of providers available for youth and older adult behavioral health programs. Despite the progress made in reducing the stigma surrounding mental and behavioral health, social media is having a negative impact on youth and older adults are suffering from social isolation. Stakeholders discuss the need for community mental health meetings and increased support for infants and school-aged youth.

- “We have providers and contracts and mental health allocation to subsidize some work, but it’s not even close to enough. Addressing 30% to 40% of the needs for the students.” - Stakeholder Interview Participant
- “Behavioral health is more targeted at adolescents and adults and very little for young children (infants, young school age), which is an absolute need.” - Stakeholder Interview Participant

“People are able to talk about mental health more; we’re a lot more open, especially after COVID. We’re starting to realize that everyone deals with youth mental health. Social media has destroyed our community when it comes to mental health. There’s electronic bullying and seeing people with perfect lives on TikTok. You don’t see people’s failures on social media.”

—Stakeholder Interview Participant



Stigma

Mental health stigma can prevent leaders from implementing vital programs and can prevent individuals from seeking help. Participants shared the need they see to reduce mental health stigma to better address community members' mental and behavioral healthcare needs:

- "Florida youth mental health is taboo in Florida. They don't want to talk about it, they don't want to do anything in the schools about it and if they do, it's superficial." - Stakeholder Interview Participant
- "Waiting lists for evaluations for infants with suspected developmental concerns and for preschool-level, the waitlist is very long. Preschool wait list for evaluation, speech therapy, occupational and physical is very long and exists very minimally for preschool age population." - Stakeholder Interview Participant

"Depression from social isolation is a need. This is what I'm focusing on now. We need seniors to meet with therapists, talk about cultural diversity and engage them where they're at. We have to get mental health counselors and social workers on the same page to have conversations and fill the gap and encourage seniors to talk about what they're feeling and to partner with medical doctors whose medications may affect the seniors and how they feel. I want to have social work monthly meetings to better meet the needs of the community."

—Stakeholder Interview Participant

Systemic Barriers

Community-level organizations are filling in the gaps that exist and are exacerbated by a lack of supportive behavioral health policies. Stakeholders shared that while many understand that there is a need for behavioral and mental healthcare, there are policies and financial barriers that prevent action from being taken:

- "We need more buy-in from the big players here in Florida about mental health, we need to turn conversations into action. We need to do a better job of telling the story about why mental health is important to bypass that political aspect." - Stakeholder Interview Participant
- "We need to get legislators to understand that they're underfunding services and we're all going to pay later with prison rates or kids who grow up that can't hold down jobs." - Stakeholder Interview Participant
- "There are political challenges to mental health. There are people from across the aisle working together, but we run into a lot of political issues. We're not able to use the word 'suicide' in our school presentations. [...] There's a lot of talk but no action." - Stakeholder Interview Participant

Stakeholders noted that a chronic underfunding of behavioral and mental health initiatives impacts the amount and quality of care organizations and practitioners are able to provide. Participants mentioned inequitable allocation of grant funding and concerns regarding behavioral and mental health reimbursement parity as barriers to meeting the growing need for these services:

- “We also need better funding for smaller organizations. There’s a monopoly on funding by larger organizations but not for smaller organizations. The big organizations have a lot of reach.” - Stakeholder Interview Participant
- “Behavioral health resources are available only in limited quantities. Osceola County and Seminole County are particularly disadvantaged; it largely depends on the local governments because there’s a lack of will and commitment to procure funding to address these issues.” - Stakeholder Interview Participant
- “Diversifying the funding is a challenge because Medicaid reimbursements are so low and not comprehensive. These are not billable services, so they need to look elsewhere for services, need to blend and braid the funding. Building in diversified funding is important to cover the full expense because it won’t be covered through Medicaid. Then they need to look at competitive salaries to reduce turnover. Licensed therapists are expensive, so we need to make them want to stay with attractive packages with good benefits and flexibility.” - Stakeholder Interview Participant

Financial Stress

Cost of Living

Cost-of-living concerns were consistently shared in the stakeholder interviews and focus groups. Community members are concerned about food insecurity, access to employment opportunities that provide a livable wage and the increased cost of basic needs. Participants discussed how cost of living concerns are interrelated and interdependent: low wages mean that individuals have difficulty finding affordable housing, paying for food, transportation and childcare.

"I think about components of health being physical, mental, emotional and educational. The cost-of-living increase has been so significant that I just see increased gaps and not just in wages. There is a challenge here for families that's trickling over and we're seeing increased homelessness, food insecurity and stressors on families."
—Stakeholder Interview Participant

Stakeholders also noted that employers are concerned about the lack of affordable housing in the community, resulting in large corporations being dissuaded from moving to Central Florida, which further exacerbates the cycle of poverty:



- “In Osceola, we work really well with community partners to ensure the doors aren’t closed but rather open. Now the doors are open, but there aren’t enough services. [...] Seniors are really being impacted by the economy and can’t make ends meet.” - Stakeholder Interview Participant
- “The elderly population has a set budget and they don’t have any more money coming in, but they have to make hard choices.” - Stakeholder Interview Participant
- “There are jobs, but not enough to cover all the expenses and then things fall apart. They can’t afford food.” - Stakeholder Interview Participant

Another important consideration is the impact of the cost of living on Asset-Limited, Income-Constrained, Employed (ALICE) community members. This group often does not qualify for services that target low-income individuals, but still struggles to meet their needs due to financial limitations:

- “We’ve had conversations just internally where people have needed resources on our own staff team and they felt as though they couldn’t take part in them because of where they are income-wise, that they’re not super low income. [...] And so I think the language around that for those sorts of families, I think would go a long way because I think that they don’t necessarily know that they can get the support.” - Stakeholder Interview Participant

Food

Stakeholders connected the high levels of chronic conditions and a lack of affordable, healthy food. While community organizations such as food pantries do their best to feed their community, the food they offer is often highly processed due to financial and equipment limitations. Access to nutrient-dense foods was cited as a need within Osceola County. Participants also reflected on the impacts of the rising cost of food on other basic needs, such as ability to afford rent:

- “It’s also really hard to put nutritious food on your table. There are less food pantries and the ones that are there don’t always have healthy food; they’re giving out sugary cereal and snacks. We need to attach food pantries to housing. The [local health systems] need to lead from the front and bring attention that this is important.” - Stakeholder Interview Participant
- “The rising cost of everything is increasing the rates of food insecurity. If people are living paycheck to paycheck and rent increases, that causes people to become food insecure.” - Stakeholder Interview Participant

Employment

Stakeholders and focus group participants shared that employment opportunities are heavily limited to the travel and tourism industry, which often do not provide a livable wage. Individuals may need to work multiple jobs in order to survive, which contributes to issues with accessing healthcare and insurance. Low livable wages lead to compounded issues like high levels of stress, unhealthy diets and inadequate insurance coverage. Many community members are living paycheck to paycheck, which can lead to housing instability and food insecurity. Childcare costs also contribute to cost-of-living concerns and act as barriers to employment:

“We need access to job opportunities. There are no job opportunities right now.”

—Focus Group Participant

- “We need the opportunity for work that is not part of a minimum wage workforce. The county is heavily based on travel and tourism. Economic self-sufficiency for families with jobs that are based in travel and tourism does not afford opportunities for career pathways and work in high-paying, self-sustaining jobs.” - Stakeholder Interview Participant
- “A lot of multi-job individuals have jobs that have high turnover based on life events and job stability. If you have a sick child, you need to take time off, if you’re evicted - those jobs don’t allow for flexibility. You lose jobs very quickly and that results in challenges to maintain steady employment. We’re not looking at positions that have solid PTO and family leave.” - Stakeholder Interview Participant
- “There are families whose parents work two to three jobs but still can’t make ends meet. They’re one paycheck away from being homeless.” - Stakeholder Interview Participant

Community members identified strategies that may address some of the barriers to employment in the area:

- “I think if the county was able to work more with big employers. Where I used to live, almost everybody worked for hotels and casinos and they had childcare on their properties. I don’t know if that looks like a tax break for employers but find a way to have them on site.” - Focus Group Participant
- Job training opportunities are very, very important. Some people have the skills, but they don’t know how to put them into work format. People feel like they’re not qualified and they might be.” - Focus Group Participant



Housing

Stakeholders and focus group participants identified access to safe, affordable housing as a basic need that affects physical and mental health. Low-quality housing can lead to health issues, while costly monthly payments limit what individuals and families can spend on other basic needs such as transportation, childcare, food and healthcare. Stakeholders are increasingly concerned about older adults who are unable to keep up with the rising cost of living, many of whom must work multiple jobs. There is a tremendous need for affordable housing in the community. Participants theorize that increasing the affordable housing stock could entice different employers to bring their business to the state, thereby helping to increase opportunities for livable wages.

“It’s very hard to be healthy in an area that is high growth, low wage, lacking infrastructure. The high cost of living and housing is astronomical. My staff are well above the federal poverty level and I don’t know how some of them afford their rent. Based on just housing cost, I believe that affects community health tremendously even from the middle-class perspective.”

—Stakeholder Interview Participant

Affordable Housing

Affordable housing was reported as being critical to a healthy community and concerns about affordable housing were persistent throughout stakeholder interviews and focus groups. Rent is rapidly increasing and people are trying to keep up with it, but they are struggling and suffering:

- “Families whose parents work two or three jobs still can’t make ends meet, can’t make a downpayment for an apartment and pay electricity, water, sewer. Osceola County has some help for services, but money is limited here like everywhere else.” - Stakeholder Interview Participant
- “Rents have increased and people really can’t make these costs. Housing is being built, but it’s luxury housing for employees who work for businesses moving in. Low-income housing is being built, including Section 8, but as people come into Florida and their Section 8 is transferable, the demand is increasing.” - Stakeholder Interview Participant

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Regardless of what side of the aisle people are on, it's difficult to pay rent. It's hard to put healthy food on the table. Housing is the number one issue. If you don't have a safe roof over your head, you can't go to school, you can't go to work.

—Stakeholder Interview Participant

”

- “People are homeless because there’s not enough affordable housing in the area. Not poverty, mental health, the weather, but a direct consequence of a community’s lack of low-cost housing and rapidly increasing rent.” - Stakeholder Interview Participant
- “If we’re spending more than 30% of household income on housing, then we’re in unaffordable housing. More than 50% of income from housing is extremely cost-burdened [...] This is an indicator that people are facing possible bankruptcy, then people move away, the tax base erodes and people don’t have the money to spend on other things like health insurance.” - Stakeholder Interview Participant
- “It’s a problem with rent increasing. Some seniors live in cars because they can’t afford their apartment. Low-income housing is a major issue. Assisted living is not cheap at all.” - Stakeholder Interview Participant

“I feel very strongly that housing security is the largest community issue that has the largest impact on health. It impacts almost every decision in terms of healthcare access, including the food you’re eating, your mental health.”

—Stakeholder Interview Participant

Housing Insecurity

As a result of the high cost of housing, community members are experiencing high levels of housing insecurity. Stakeholders note that housing insecurity is the largest issue in the community and that it has the largest impact on health:

- “Pre- and post-COVID-19, we had challenges with housing. The population and demographics of the homeless population has shifted and there are not enough resources to support them, especially with the growth of population over a short time. Resources are even more restricted.” - Stakeholder Interview Participant
- “Especially during COVID-19, we got community pushback from putting portable toilets and handwashing stations outside of our facilities because we understand that people needed proper hygiene, and have access to showers..” - Stakeholder Interview Participant
- “It seems as though over time in Central Florida, the numbers are just going up in the number of unhoused and they’re not typically getting the support that they need for their health and being able to access the health services.” - Stakeholder Interview Participant



Transportation

Stakeholders and focus group participants discussed the lack of reliable, accessible transportation in rural Osceola County. Families with young children struggle to use the bus system if they need to go grocery shopping and have children with them. The bus schedule does not have sufficient connections and for those who do not have cars, their options are limited. Many shared that the transportation system needs to be updated to meet the needs of the county that has rapidly grown, while others shared the barriers they face to reaching healthcare appointments:

- “Many families may have only one or no cars in outlying Osceola County, it’s very rural. Or the hours that facilities are open, especially for specialty care, are hard for two working parents.” - Stakeholder Interview Participant
- “I have [insurance provider] and twice last week I was supposed to go to sleep at the clinic and they were supposed to pick me up. They never picked me up and they never called the second time.”- Stakeholder Interview Participant
- “There’s a way to walk and the consistency of those routes - it’s a lot. If the scheduling could be a little more often, more connections, more stops, all of that helps.” - Focus Group Participant
- Sometimes [health insurance-related transportation] will let me wait and I will get nervous. I had to go to the doctor and they never picked me up. They didn’t call and they did that a couple of times once I was in Orlando and they left me there stranded until six o’clock in the afternoon.” - Focus Group Participant

“

Transportation is a huge problem because of the growth in Osceola County. There’s the bus system, but even that can be challenging - just thinking of people waiting hours getting to the bus and getting to where they need to be, especially if they have small children with them. Participant.

—Stakeholder Interview Participant

”





Survey

CHAPTER 5

Community Survey Highlights



Community Survey Highlights

The purpose of the community survey was to enable more people living throughout the CFC service area to share their perspectives on the greatest needs affecting their community.

Methodology

The community survey was made available online and via print copies in English, Spanish, Haitian Creole, Portuguese and Chinese. The questionnaire included demographic questions and closed-ended, need-specific questions. Invitations to participate were distributed to the community by partners through channels including CFC partners, social media, flyers and email listservs among other methods.

There were 498 responses from Osceola County out of 2,376 total responses from the four-county region.

Response validity was adjusted based on respondent completion of one or more non-demographic survey questions. Special care was exercised to minimize the amount of non-sampling error through the assessment of design effects (e.g., question order and wording). The survey was designed to maximize accessibility in evaluating respondents' insights with regard to an array of potential community needs.

While the survey served as a practical tool for capturing insights of individuals across Osceola County, this was not a random sample. Findings should not be interpreted as representative of the full population.

Additionally, sample sizes of demographic subpopulations are not large enough to consider samples to be representative of the broader populations from which responses were received. Differences in responses have not been tested for statistical significance as part of this assessment.

The following section contains data tables with survey responses from Osceola County and the weighted total of all survey responses from the four-county region. Additionally, whenever possible, comparisons to the 2022 survey at a county level are made.

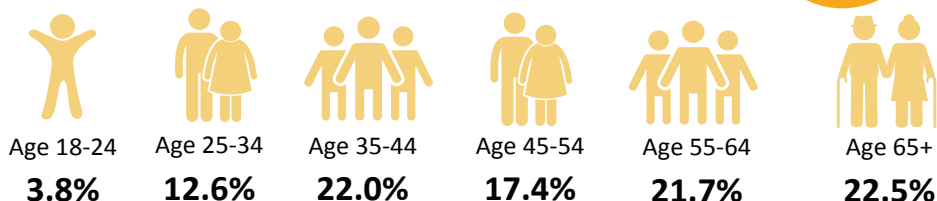
See Appendix B for the survey instrument.



Osceola County Community Survey Demographic Overview

Total
Responses
498

Respondents by Age

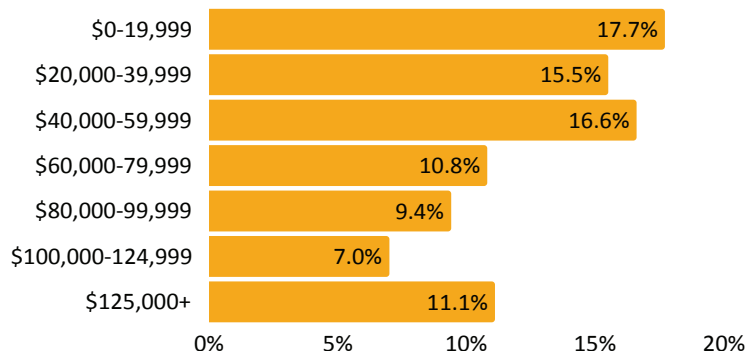


58.9%
White

47.7%
Hispanic / Latino

12.5%
Black / African American

Household Income



Employed, Full-Time
48.4%

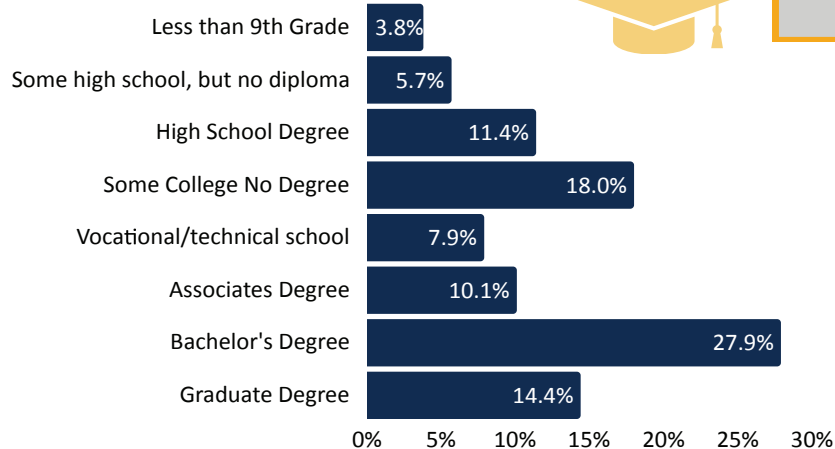


Veteran
5.5%



Population Living
with a Disability
36.4%

Education



More demographic information of survey respondents is located in the Appendix.

Health Status

Survey respondents were asked a series of questions about their health status and their experience accessing medical, mental health and dental care within their community. Respondents' experiences varied widely.

Approximately one in six survey respondents stated that their personal health is very unhealthy or unhealthy in Osceola County.

PERSONAL HEALTH STATUS

	Osceola County	Total
Very unhealthy	2.5%	1.5%
Unhealthy	13.4%	8.5%
Somewhat healthy	46.4%	40.8%
Healthy	31.8%	37.8%
Very healthy	4.9%	11.0%
Not sure	1.0%	0.4%

Approximately one in four survey respondents in the 2025 survey said they needed medical care in the past 12 months but did not receive it. This is significantly higher than 15.8% in the 2022 survey.

NEEDING MEDICAL CARE IN THE PAST 12 MONTHS BUT NOT RECEIVE IT

	2022 Osceola County	2025 Osceola County	2025 Total
Yes	15.8%	25.7%	26.2%
No	84.2%	74.3%	73.8%



The top reasons survey respondents did not receive medical care were: 1) cannot take time off work, 2) do not have insurance to cover medical care and 3) unable to find a doctor who understands me.

REASONS FOR NOT RECEIVING MEDICAL CARE

	Osceola County	Total
Unable to schedule an appointment when needed	6.5%	5.5%
Not sure how to find a doctor	0.0%	0.8%
Unable to find a doctor who takes my insurance	4.7%	3.7%
Unable to afford to pay for care	9.3%	12.7%
Doctor's office does not have convenient hours	3.7%	5.9%
Transportation challenges	4.7%	3.6%
Do not have insurance to cover medical care	20.6%	17.2%
Cannot take time off work	22.4%	22.3%
Unable to find a doctor who understands me.	15.9%	16.6%
Other	12.1%	11.7%

Slightly over one in four (26.9%) survey respondents in Osceola County stated that their mental health is fair or poor.

MENTAL HEALTH STATUS

	Osceola County	Total
Excellent	17.3%	16.4%
Very good	26.5%	30.7%
Good	27.4%	29.0%
Fair	20.7%	18.1%
Poor	6.2%	5.1%
Not sure	1.9%	0.7%

Nearly one in five survey respondents indicated that they needed mental healthcare in the past 12 months but did not receive it. This is a significant increase from the one in 10 (11.8%) survey respondents in 2022 that indicated they needed mental healthcare but did not receive it. The increase in needing mental healthcare and not receiving it indicates that access to services may have decreased or barriers to accessing services have increased in Osceola County since 2022.

NEEDING MENTAL HEALTHCARE IN PAST 12 MONTHS BUT NOT RECEIVE IT

	2022 Osceola County	2025 Osceola County	Total
Yes	11.8%	18.3%	20.5%
No	88.2%	81.7%	79.5%

The top reasons for not receiving mental healthcare were: 1) doctor's office does not have convenient hours, 2) unable to find a doctor who understands me and 3) cannot take time off work (12.0%) and unable to afford to pay for care (12.0%).

REASONS FOR NOT RECEIVING MENTAL HEALTHCARE

	Osceola County	Total
Not sure how to find a doctor	1.2%	2.0%
Unable to afford to pay for care	12.0%	12.2%
Unable to schedule an appointment when needed	3.6%	4.5%
Transportation challenges	1.2%	0.6%
Do not have insurance to cover mental healthcare	9.6%	8.7%
Cannot take time off work	12.0%	8.5%
Fear of family or community opinion	6.0%	7.5%
Unable to find doctor/counselor who takes my insurance	6.0%	10.2%
Doctor's office does not have convenient hours	19.3%	15.4%
Unable to find a doctor who understands me	18.1%	20.3%
Other	10.8%	10.0%



In the past 12 months, approximately one in three survey respondents in Osceola County reported needing dental care but not receiving it. This is an increase from the one in five (20.4%) in the 2022 survey.

NEEDING DENTAL CARE IN THE PAST 12 MONTHS BUT NOT RECEIVING IT

	2022 Osceola County	2025 Osceola County	Total
Yes	20.4%	36.5%	30.5%
No	79.6%	63.5%	69.5%

The top reasons for not receiving dental care were: 1) unable to afford to pay for care (34.7%), 2) cannot take time off work (12.0%) and 3) unable to find a dentist who takes my insurance (10.7%).

REASONS FOR NOT RECEIVING DENTAL CARE

	Osceola County	Total
Unable to schedule an appointment when needed	2.7%	2.3%
Not sure how to find a dentist	0.7%	1.6%
Do not have insurance cover dental care	8.7%	6.0%
Unable to afford pay for care	34.7%	32.2%
Dentist's office does not have convenient hours	6.7%	6.8%
Transportation challenges	6.7%	4.8%
Unable to find a dentist who takes my insurance	10.7%	11.5%
Cannot take time off work	12.0%	14.5%
Unable to find a doctor who understands me	8.7%	9.9%
Other	8.7%	10.4%

Approximately one in five (20.8%) of survey respondents in Osceola County went to a hospital emergency room more than once in the past 12 months. Only 2.3% of respondents went to a hospital emergency room between five and nine times.

GONE TO THE ER IN THE PAST 12 MONTHS

	Osceola County	Total
1 time	21.0%	22.0%
2 times	10.1%	10.7%
3-4 times	8.4%	5.1%
5-9 times	2.3%	1.1%
10 or more	0.0%	0.2%
I have not gone to the ER	58.2%	60.9%

The most commonly reported reason for visiting a hospital emergency room was that the medical need occurred outside of regular clinic hours or on the weekend (25.7%) and having a long wait for an appointment with their regular doctor (10.8%). Only about 1 in 20 (4.8%) of the survey respondents indicated they used the emergency room for emergency or life-threatening situations. This indicates that access to primary or specialty care may be limited in Osceola County and residents are using the emergency room for primary or specialty care.

REASONS FOR RECEIVING CARE AT ER

	Osceola County	Total
None of the above	22.8%	30.0%
Cancer	1.8%	1.7%
Heart disease	1.3%	0.8%
Depression/anxiety	9.4%	13.0%
High blood pressure	16.3%	16.5%
Diabetes	10.8%	7.2%
Obesity	29.9%	24.5%
HIV/AIDs	0.8%	0.7%
Stroke	2.9%	1.3%
COPD	3.9%	4.3%



Survey respondents were asked if their doctors have ever told them if they had a chronic disease from the list below. Approximately one in three survey respondents reported being obese (29.9%) while one in six (16.3%) have high blood pressure.

SELF-REPORTED HEALTH CONDITIONS

	Osceola County	Total
None of the above	22.8%	30.0%
Cancer	1.8%	1.7%
Heart disease	1.3%	0.8%
Depression/anxiety	9.4%	13.0%
High blood pressure	16.3%	16.5%
Diabetes	10.8%	7.2%
Obesity	29.9%	24.5%
HIV/AIDs	0.8%	0.7%
Stroke	2.9%	1.3%
COPD	3.9%	4.3%

Health Behaviors

Approximately one in 10 survey respondents in Osceola County reported using a tobacco product at least on some days or more. This is slightly lower than the CFC region as a whole.

TOBACCO USAGE, INCLUDING CHEWING TOBACCO, SNUFF, SNUS, DIP AND CIGARETTES

	Osceola County	Total
I don't use these product	88.6%	86.5%
On some days	4.2%	6.9%
Once a day	1.6%	2.6%
More than once a day	5.6%	4.0%

Nearly one in 12 (8.5%) of survey respondents reported using vaping and e-cigarette products, which is about 2.0% less than the CFC region as a whole. This indicates that targeted smoking and vaping cessation and prevention programs in Osceola County may be effective.

VAPING USAGE, INCLUDING E-CIGARETTES, VAPE PENS AND VAPE PIPES

	Osceola County	Total
I don't use these product	91.5%	90.0%
On some days	4.4%	5.6%
Once a day	0.3%	1.7%
More than once a day	3.8%	2.8%

Children

Less than half (43.7%) of survey respondents in Osceola County reported having at least one child under the age of 18 living at home. These survey respondents were asked a series of questions related to access to services for their children and factors that impact the health of the children in their community.

One in four survey respondents indicated that their child needed medical care but did not receive it in the past 12 months. This is significantly higher than the 9.0% in the 2022 survey.

CHILD NEEDING MEDICAL CARE BUT DID NOT RECEIVE IT IN THE PAST 12 MONTHS

	2022 Osceola County	2025 Osceola County	Total
Yes	9.0%	26.3%	22.5%
No	91.0%	73.7%	77.5%

Top reasons why survey respondents did not receive medical care were: 1) unable to schedule an appointment when needed (25.9%) and transportation challenges (25.9%), 2) do not have insurance to cover medical care (15.5%) and unable to find a doctor who knows or understands my culture, identity, beliefs or language (15.5%) and 3) other. Respondents cited insurance issues, wait time, lack of specialty care and transportation issues as reasons for “Other.”

REASONS WHY CHILD DID NOT RECEIVE MEDICAL CARE

	Osceola County	Total
Not sure how to find a doctor	0.0%	1.3%
Unable to afford to pay for care	5.2%	5.0%
Cannot take time off work	0.0%	4.0%
Unable to find a doctor who takes my insurance	8.6%	6.4%
Cannot take children out of class	0.0%	3.7%
Do not have insurance to cover medical care	15.5%	14.1%
Doctor’s office does not have convenient hours	12.1%	7.7%
Transportation challenges	25.9%	29.2%
Unable to schedule an appointment when needed	25.9%	29.2%
Unable to find a doctor who knows or understands my culture, identity, beliefs or language	15.5%	15.4%
Other	13.8%	7.7%



Nearly one in three survey respondents indicated that their child needed dental care but did not receive it in the past 12 months in Osceola County. This is over two times higher than the 2022 survey.

CHILD NEEDING DENTAL CARE BUT DID NOT RECEIVE IT IN THE PAST 12 MONTHS

	2022 Osceola County	2025 Osceola County	Total
Yes	11.0%	26.4%	24.9%
No	79.0%	73.6%	75.1%

Top reasons why survey respondents did not receive dental care were: 1) unable to schedule an appointment, 2) did not have insurance to cover dental care and 3) unable to find a dentist who takes my insurance.

REASONS WHY CHILD DID NOT RECEIVE DENTAL CARE

	Osceola County	Total
Not sure how to find a dentist	0.0%	2.2%
Unable to afford to pay for care	5.5%	7.9%
Cannot take time off work	5.5%	3.8%
Unable to find a dentist who takes my insurance	16.4%	12.3%
Cannot take children out of class	1.8%	1.6%
Do not have insurance to cover dental care	23.6%	16.5%
Dentist's office does not have convenient hours	3.6%	6.6%
Transportation challenges	1.8%	6.0%
Unable to schedule an appointment when needed	25.5%	25.0%
Unable to find a dentist who knows or understands my culture, identity, beliefs or language	5.5%	9.8%
Other	10.9%	8.2%

Approximately one in five survey respondents indicated that their child needed mental or behavioral healthcare in the past 12 months but did not receive it. This is over two times higher than the 2022 survey indicating that access to behavioral services in Osceola County may be more limited currently than previous years..

CHILD NEEDING MENTAL OR BEHAVIORAL HEALTHCARE IN THE PAST 12 MONTHS

	2022 Osceola County	2025 Osceola County	Total
Yes	7.7%	22.1%	21.2%
No	92.3%	77.9%	78.8%

Top reasons that survey respondents did not receive mental or behavioral health services were: 1) unable to find a doctor/counselor who takes my insurance (25.0%) and unable to find a doctor/counselor who knows or understands my culture, identity, beliefs or language (25.0%), 2) other and 3) unable to schedule an appointment when needed. Respondents cited wait time, being unable to find a counselor that understands the child's needs and lack of providers in the area as reasons for "Other."

REASONS WHY A CHILD DID NOT RECEIVE MENTAL OR BEHAVIORAL HEALTHCARE

	Osceola County	Total
Not sure how to find a doctor/counselor	0.0%	2.4%
Unable to afford to pay for care	0.0%	2.4%
Cannot take time off work	2.1%	2.8%
Afraid of what people might think	4.2%	1.7%
Do not have insurance to cover mental healthcare	6.3%	7.3%
Cannot take child out of class	2.1%	3.1%
Unable to schedule an appointment when needed	10.4%	15.0%
Transportation challenges	0.0%	1.4%
Doctor/counselor's office does not have convenient hours	8.3%	10.8%
Unable to find a doctor/counselor who takes my insurance	25.0%	24.0%
Unable to find a doctor/counselor who knows or understands my culture, identity, beliefs or language	25.0%	15.7%
Other	16.7%	13.2%





Survey respondents were asked to identify the top five most important health needs for children in their community. The top three items in Osceola County were: 1) physical activity, 2) vaping, cigarette, cigar, cigarillo or e-cigarette use and 3) healthy food/nutrition.

MOST IMPORTANT HEALTH NEEDS FOR CHILDREN

	Osceola County	Total
Accidents and injuries	0.0%	0.3%
Asthma	0.5%	0.3%
Respiratory health other than asthma (RSV, cystic fibrosis)	0.0%	0.3%
Dental care	0.5%	0.4%
Diabetes	0.5%	0.3%
Drug and alcohol use	0.0%	0.3%
Eye health (vision)	0.5%	1.1%
Healthy pregnancies and childbirth (not teen pregnancy)	0.0%	0.3%
Immunizations (common childhood vaccines, like mumps, measles, chickenpox, etc.)	2.1%	1.2%
Infectious diseases (including COVID-19)	2.1%	1.1%
Special needs (physical, chronic, behavioral, developmental, emotional)	0.5%	1.4%
Medically complex	0.0%	0.9%
Attention-deficit/hyperactivity disorder (ADHD)	3.6%	2.3%
Mental or behavioral health	8.3%	10.3%
Healthy food/nutrition	15.0%	14.9%
Obesity	7.3%	9.0%
Physical activity	18.7%	15.9%
Safe sex practices and teen pregnancy	7.3%	7.8%
Sexual identity of child	1.0%	3.9%
Suicide prevention	12.4%	11.9%
Vaping, cigarette, cigar, cigarillo or e-cigarette use	16.6%	13.5%
Other	3.1%	2.6%

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood (0-17).³⁷

Examples of ACEs include:

- Experiencing violence, abuse or neglect
- Witnessing violence in the home or community
- Having a family member attempt or die by suicide

The community survey asked survey respondents about any ACEs they may have experienced during childhood. The following section highlights data from both the 2022 and 2025 survey.

Nearly one in three (28.7%) survey respondents in Osceola County reported experiencing four or more ACEs.

FOUR OR MORE ADVERSE CHILDHOOD EXPERIENCES

	Osceola County	Total
2022	11.7%	13.9%
2025	28.7%	29.0%



³³ CDC. About Adverse Childhood Experiences. <https://www.cdc.gov/aces/about/index.html>



ADVERSE CHILDHOOD EXPERIENCES, 2022 AND 2025

ACE	Osceola County		Total	
	2022	2025	2022	2025
Lived with anyone who was depressed, mentally ill or suicidal	32.5%	29.8%	38.7%	36.6%
Lived with anyone who was a problem drinker or alcoholic	37.1%	36.0%	39.1%	39.0%
Lived with anyone who used illegal street drugs or who abused prescription medications	14.0%	20.0%	15.5%	19.5%
Lived with anyone who served time or was sentenced to serve time in prison, jail or other correctional facility	8.2%	14.9%	9.6%	15.1%
Parent(s) were separated or divorced	53.2%	50.5%	51.4%	44.8%
Parent(s) or adults experienced physical harm	17.3%	25.5%	19.9%	24.8%
Parent(s) or adults physically harmed you	25.4%	28.7%	28.2%	28.6%
Parent(s) or adult verbally harmed you	33.3%	43.6%	38.0%	41.7%
Adult or anyone at least 5 years older touched you sexually	19.6%	25.1%	22.0%	23.1%
Adult or anyone at least 5 years older made you touch them sexually	11.1%	12.0%	12.0%	10.0%
Adult or anyone at least 5 years older forced you to have sex	6.4%	10.5%	6.9%	8.3%

The most common ACEs that survey respondents experience include:

- Parent(s) separated or divorced (50.5%)
- Parent(s) or adult verbally harmed you (43.6%)
- Lived with anyone who was a problem drinker or alcoholic (36.0%)

Community Health and Needs

Over half of the survey respondents from Osceola County reported the health of their community as healthy. Only 6.5% reported their community as ‘very unhealthy’ or ‘unhealthy.’

HEALTH OF THE COMMUNITY

	Osceola County	Total
Very Unhealthy	6.0%	2.9%
Unhealthy	0.5%	0.4%
Somewhat Healthy	20.3%	13.4%
Healthy	46.9%	45.7%
Very Healthy	20.6%	30.9%
Not Sure	5.7%	6.7%

Survey respondents were asked to choose their top five most harmful risky behaviors. The top three most harmful risky behaviors in Osceola County were: 1) distracted driving, 2) vaping, cigarette, cigar, cigarillo or e-cigarette use and 3) not locking up guns.

MOST HARMFUL RISKY BEHAVIORS

	Osceola County	Total
Alcohol abuse/drinking too much alcohol (beer, wine, spirits, mixed drinks)	0.2%	0.3%
Dropping out of school	0.0%	0.2%
Illegal drug use/abuse or misuse of prescription medications	1.3%	1.1%
Lack of exercise	2.0%	1.7%
Poor eating habits	5.5%	7.8%
Immunizations	2.7%	4.2%
Not wearing helmets	2.0%	1.6%
Not using seatbelts/not using child safety seats	2.0%	2.3%
Vaping, cigarette, cigar, cigarillo or e-cigarette use	15.7%	14.9%
Unprotected sex	5.1%	5.8%
Distracted driving (texting, eating, talking on the phone)	42.8%	38.5%
Not locking up guns	15.3%	16.1%
Not seeing a doctor while you are pregnant	5.3%	5.5%

Survey respondents were asked to identify their top five most important health problems to address in their communities. The top five in Osceola County are the following:



- Illegal drug use/abuse of prescription medication and alcohol use/drinking too much (17.1%)
- Motor vehicle crash injuries (15.2%)
- Heart disease/stroke/high blood pressure (13.8%)
- Mental health problems including suicide (12.6%)
- Being overweight (7.1%)

MOST IMPORTANT HEALTH PROBLEMS TO ADDRESS

	Osceola County	Total
Aging problems	0.2%	0.3%
Cancers	0.0%	0.3%
Child abuse/neglect	0.0%	0.1%
Clean environment/air and water quality	0.7%	0.5%
Climate	0.2%	0.6%
Dental problems	0.7%	0.5%
Diabetes/ high blood sugar	3.6%	1.7%
Domestic violence/rape/sexual assault/human trafficking	1.2%	1.7%
Gun related injuries	1.9%	1.4%
Being overweight	7.1%	5.7%
Mental health problems including suicide	12.6%	15.9%
Illegal drug use/abuse of prescription medication and alcohol abuse/drinking too much	17.1%	18.9%
Heart disease/stroke/high blood pressure	13.8%	15.1%
HIV/AIDS/STDs	4.0%	3.7%
Homicide	2.6%	2.8%
Infectious diseases like hepatitis, TB and COVID-19	6.7%	5.0%
Motor vehicle crash injuries	15.2%	12.3%
Infant death	1.0%	7.8%
Respiratory/lung disease	4.8%	3.6%
Teenage pregnancy	4.0%	3.4%
Maternal mortality/maternal health	2.6%	5.2%

Additional survey tables are located in Appendix E.





Prioritization

CHAPTER 6

Prioritization Process Summary



Prioritization Process Summary

Community needs were identified at the regional and county-level after the analysis of the primary and secondary quantitative and qualitative data. For Osceola County, 30 community needs were identified.

A modified Hanlon Method was used to conduct the needs prioritization process for each of the counties and the CFC region. The Hanlon Method is an evidence-based technique which objectively takes into consideration explicitly defined criteria and feasibility factors. **A detailed description of the method is outlined in Appendix G.**





Top 15 Community Needs

Economic Stability

- Affordable housing for all
- Food security
- Jobs with livable wages
- Affordable childcare services
- Emergency shelter for people experiencing homelessness
- Transitional housing for people experiencing homelessness

Healthcare Access and Quality

- Affordable prescription medications
- Programs for chronic disease prevention and education
- Better communication between healthcare organizations and nonprofits
- Social and health services for special populations
- Primary care provider shortage
- Substance use treatment services
- Increased access to specialty care services, including dermatology, speech therapy and trauma beds

Neighborhood and Built Environment

- Transportation, including public transportation

Social and Community Context

- General awareness of resources³⁸

³⁸ General awareness of resources spans multiple social drivers of health domains





Appendix

CHAPTER 7

Appendix: A to G



Appendix A: Secondary Data

SOCIAL VULNERABILITY INDEX

	Indicator	United States	Florida	Osceola County
Socioeconomic Status	Living in Poverty	12.4%	12.6%	12.5%
	Unemployment Rate	5.2%	4.8%	5.2%
	Median Household Income	\$78,538	\$71,711	\$68,711
	No High School Diploma	10.6%	10.4%	11.4%
	Uninsured	8.4%	11.7%	10.9%
Household Composition and Disability	Under 18	22.2%	19.6%	24.0%
	65 and Older	16.8%	21.1%	13.4%
	Living with a Disability ³⁹	12.8%	13.3%	13.2%
	Single-parent Households	24.8%	27.4%	24.8%
Language	Non-White Population ⁴⁰	41.8%	48.6%	71.5%
	Limited or No English Proficiency	8.4%	12.1%	21.2%
Household Type and Transportation	Multi-Unit Housing Structures ⁴¹	26.7%	30.4%	25.0%
	Housing Cost-burdened ⁴²	30.7%	35.6%	41.2%
	Mobile Homes	5.7%	8.2%	6.6%
	No Vehicle	8.3%	5.9%	4.4%
	Overcrowded Housing Units	3.4%	3.2%	4.8%
	Group Quarters ⁴³	2.4%	2.2%	0.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

³⁹ The percentage of civilian noninstitutionalized population living with a disability. The Census Bureau defines the civilian noninstitutionalized population as including "all U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities and other long-term care living arrangements." <https://www.census.gov/glossary/?term=Civilian+noninstitutionalized+population>

⁴⁰ The percentage of Black, Indigenous and People of Color.

⁴¹ The percentage of housing units in buildings containing two or more housing units.

⁴² Housing Cost Burdened is defined as the percentage of occupied housing units whose selected monthly costs as a percentage of household income is greater than 30%. This is a combination of both owner-occupied and renter-occupied housing units.

⁴³ The Census Bureau "classifies all people not living in housing units as living in group quarters. A group quarters is a place where people live or stay, in a group living arrangement, that is owned or managed by an entity or organization providing housing and/or services for the residents."



Population

POPULATION GROWTH AND PROJECTIONS

	United States	Florida	Osceola County
2023	332,387,540	21,928,881	406,943
2010	308,745,538	18,801,310	268,683
2010-2023 Percent Change	+7.7%	+16.6%	+51.5%
2032	364,066,358	25,075,386	507,034
2023-2032 Percent Change	+9.5%	+14.3%	+24.6%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

GENDER

	United States	Florida	Osceola County
Male	49.5%	49.1%	49.6%
Female	50.5%	50.9%	50.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

AGE GROUPS

	United States	Florida	Osceola County
Under 5	5.7%	5.1%	6.0%
5 to 9	6.0%	5.3%	6.6%
10 to 14	6.5%	5.8%	7.1%
15 to 19	6.6%	5.8%	6.9%
20 to 24	6.5%	5.8%	6.4%
25 to 34	13.7%	12.6%	14.2%
35 to 44	13.1%	12.5%	14.8%
45 to 54	12.3%	12.4%	13.4%
55 to 59	6.4%	6.8%	5.9%
60 to 64	6.4%	6.8%	5.3%
65 to 74	10.0%	11.7%	8.1%
75 to 84	4.9%	6.8%	3.9%
85 and older	1.9%	2.6%	1.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

YOUTH AND OLDER ADULT POPULATION

	United States		Florida		Osceola County	
	2019	2023	2019	2023	2019	2023
Under 5	6.1%	5.7%	5.4%	5.1%	6.4%	6.0%
Under 18	22.6%	22.2%	20.0%	19.6%	24.6%	24.0%
65 and Older	15.6%	16.8%	20.1%	21.1%	13.0%	13.4%

Source: U.S. Census Bureau American Community Survey 2015-2019 and 2019-2023 Five-year Estimates

MEDIAN AGE

	United States	Florida	Osceola County
2019	38.1	42.0	35.9
2023	38.7	42.6	37.0

Source: U.S. Census Bureau American Community Survey 2015-2019 and 2019-2023 Five-year Estimates

POPULATION BY RACE⁴⁴

	United States	Florida	Osceola County
American Indian and Alaska Native	0.9%	0.3%	0.3%
Asian	5.8%	2.9%	2.9%
Black/African American	12.4%	15.3%	11.0%
Native Hawaiian and Other Pacific Islander	0.2%	0.1%	0.1%
Some Other Race	6.6%	5.6%	22.8%
Two or More Races	10.7%	15.9%	19.5%
White	63.4%	59.9%	43.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

⁴⁴ Race alone are those "people who responded to the question on race by indicating only one race are referred to as the race alone population or the group who reported only one race." <https://www.census.gov/glossary/?term=Race+alone>



POPULATION BY ETHNICITY

	United States	Florida	Osceola County
2023			
Hispanic/Latino of any race	19.0%	26.7%	55.0%
Mexican	11.3%	3.3%	2.2%
Puerto Rican	1.8%	5.5%	27.8%
Cuban	0.7%	7.1%	3.0%
Other Hispanic/Latino	5.2%	10.8%	22.0%
2019			
Hispanic/Latino of any race	18.0%	25.6%	54.1%
Mexican	11.2%	3.5%	2.7%
Puerto Rican	1.7%	5.4%	32.2%
Cuban	0.7%	7.3%	2.5%
Other Hispanic/Latino	4.3%	9.4%	16.7%

Source: U.S. Census Bureau American Community Survey 2015-2019 and 2019-2023 Five-year Estimates

LANGUAGE SPOKEN AT HOME

Population Over Age 5	United States	Florida	Osceola County
English Only	78.0%	69.8%	46.4%
Spanish	13.4%	22.1%	46.2%
Asian-Pacific Islander	3.5%	1.6%	1.5%
Other Indo-European	3.8%	5.6%	4.9%
Other	1.3%	0.9%	1.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

FOREIGN-BORN POPULATION

	United States	Florida	Osceola County
Naturalized U.S. Citizen	7.3%	12.5%	12.4%
Not U.S. Citizen	6.6%	8.9%	12.6%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Population with a Disability

POPULATION LIVING WITH A DISABILITY⁴⁵

	United States	Florida	Osceola County
Total Population Living with a Disability	42,703,063	2,924,178	53,617

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

POPULATION LIVING WITH DISABILITY BY TYPE OF DIFFICULTY

	United States	Florida	Osceola County
Ambulatory Difficulty	6.3%	6.9%	6.3%
Cognitive Difficulty	5.1%	5.1%	5.8%
Independent Living Difficulty	4.5%	4.7%	4.8%
Hearing Difficulty	3.6%	3.8%	2.7%
Vision Difficulty	2.4%	2.5%	2.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

POPULATION LIVING WITH A DISABILITY BY AGE GROUP

	United States	Florida	Osceola County
Under 5	0.7%	0.6%	0.5%
5 to 17	6.1%	6.5%	9.5%
18 to 34	7.7%	7.0%	8.4%
35 to 64	12.4%	11.7%	11.5%
65 to 74	24.0%	22.0%	28.0%
75 and Older	46.5%	43.4%	53.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

⁴⁵ The percentage of civilian noninstitutionalized population living with a disability. The Census Bureau defines the civilian noninstitutionalized population as including "all U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities and other long-term care living arrangements." <https://www.census.gov/glossary/?term=Civilian+noninstitutionalized+population>



POPULATION LIVING WITH A DISABILITY BY RACE

	United States	Florida	Osceola County
American Indian and Alaska Native	15.7%	15.5%	8.8%
Asian	7.9%	8.8%	10.9%
Black/African American	14.5%	12.2%	12.5%
Native Hawaiian and Other Pacific Islander	12.7%	11.7%	16.6%
Some Other Race	10.0%	11.2%	13.5%
Two or More Races	10.9%	10.7%	13.0%
White	13.9%	15.1%	13.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

POPULATION LIVING WITH A DISABILITY BY ETHNICITY

	United States	Florida	Osceola County
Hispanic/Latino	9.9%	10.5%	13.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Education Access and Quality

EDUCATIONAL ATTAINMENT

Population Age 25 and Older	United States	Florida	Osceola County
Less than 9 th Grade	4.7%	4.3%	5.1%
9th to 12th Grade, No Diploma	5.9%	6.1%	6.3%
High School Degree	26.2%	27.4%	28.4%
Some College No Degree	19.4%	18.9%	20.6%
Associate's Degree	8.8%	10.1%	11.3%
Bachelor's Degree	21.3%	20.7%	19.6%
Graduate Degree	13.7%	12.5%	8.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

POPULATION WITH A BACHELOR'S DEGREE OR HIGHER BY RACE

	United States	Florida	Osceola County
American Indian and Alaska Native	16.2%	20.1%	30.7%
Asian	57.0%	53.2%	48.1%
Black/African American	24.7%	22.3%	26.0%
Native Hawaiian and Other Pacific Islander	19.0%	25.8%	0.0%
Some Other Race	15.6%	23.6%	24.5%
Two or More Races	28.2%	31.5%	27.3%
White	37.7%	35.9%	29.6%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

POPULATION WITH A BACHELOR'S DEGREE OR HIGHER BY ETHNICITY

	United States	Florida	Osceola County
Hispanic/Latino	19.9%	28.3%	24.8%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

HIGH SCHOOL GRADUATION RATE⁴⁶

School Year	Florida		Osceola County	
2022-2023	88.0%	←	84.8%	←
2020-2021	90.1%	→	89.7%	←
2018-2019	86.9%	—	90.0%	—

Source: Florida Department of Education

KINDERGARTEN PUBLIC SCHOOL ENROLLMENT

	Florida	+/-	Osceola County	+/-
2024	195,464	←	4,775	→
2019	200,918	—	4,484	—

Source: Florida Department of Education

⁴⁶ The percentage of students who graduated with a standard diploma within four years of their initial enrollment in ninth grade.



Economic Well-being

POPULATION LIVING IN POVERTY⁴⁷

United States	Florida	Osceola County
12.4%	12.6%	12.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TREND OF POPULATION LIVING IN POVERTY⁴⁸

	United States	+/-	Florida	+/-	Osceola County	+/-
2023	12.5%	→	12.3%	→	10.6%	→
2022	12.6%	→	12.7%	→	13.5%	→
2021	12.8%	←	13.1%	←	13.7%	→
2019	12.3%	—	12.7%	—	14.5%	—

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

HOUSEHOLDS LIVING BELOW THE POVERTY LEVEL

	United States	Florida	Osceola County
2023	12.5%	12.6%	12.5%
2010	13.1%	13.0%	13.6%
Percent Change	-5.2%	-3.0%	-8.1%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

POPULATION LIVING IN POVERTY BY AGE

	United States	Florida	Osceola County
Under 5	17.6%	18.2%	13.4%
Under 18	16.3%	16.9%	15.6%
18 to 64	11.6%	11.6%	10.9%
65 and Older	10.4%	11.4%	14.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

⁴⁷ The percentage of people in poverty are persons with income in the past 12 months below the federal poverty level. <https://www.census.gov/programs-surveys/acs>

⁴⁸ The U.S. Census Bureau did not release its standard 1-year estimates from the 2020 American Community Survey (ACS) because of the impacts of the COVID-19 pandemic on data collection. <https://www.census.gov/programs-surveys/acs/technical-documentation/user-notes/2021-02.html#:~:text=The%20U.S.%20Census%20Bureau%20did,2020%20ACS%201%2Dyear%20data>

POPULATION LIVING IN POVERTY BY RACE

	United States	Florida	Osceola County
American Indian and Alaska Native	21.8%	17.9%	0.9%
Asian	9.9%	10.1%	8.9%
Black/African American	21.3%	19.5%	14.8%
Native Hawaiian and Other Pacific Islander	17.2%	12.8%	15.8%
Some Other Race	18.2%	18.0%	15.4%
Two or More Races	14.7%	13.5%	12.0%
White	9.9%	10.2%	10.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

POPULATION LIVING IN POVERTY BY ETHNICITY

	United States	Florida	Osceola County
Hispanic/Latino	16.9%	15.1%	14.2%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

HOUSEHOLDS RECEIVING SNAP BENEFITS⁴⁹

United States	Florida	Osceola County
11.8%	12.6%	17.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

WOMEN, INFANTS AND CHILDREN (WIC) ELIGIBLES SERVED⁵⁰

Florida	Osceola County
66.2%	99.6%

Source: Florida Department of Health, Bureau of Vital Statistics, Florida Department of Health, Division of Public Health Statistics and Performance Management, Florida Department of Health, WIC and Nutrition Services, 2021-2023

⁴⁹ The Supplemental Nutrition Assistance Program (SNAP) is the name for what was formerly known as the federal Food Stamp Program, as of October 1, 2008. SNAP is a low-income assistance program that is uniform in its eligibility requirements and benefit levels across states (except for Alaska and Hawaii). While the definitions of income, household composition and the resource income cutoffs are different from those used in the official measure of poverty, a household's eligibility for the program is determined by a standard that is tied to the poverty level." (U.S. Census Bureau)

⁵⁰ WIC eligibles include pregnant and post-partum women and children ages 0-4. Knowing the proportion of those in need who are served supports promoting healthful diets and healthy weight to optimize health status and quality of life. The percent of WIC eligibles served is the number served divided by the estimated number in need, expressed as a percentage.



ASSET LIMITED INCOME CONSTRAINED EMPLOYED (ALICE) HOUSEHOLDS

	Florida	Osceola County
Households living above the federal poverty level but below ALICE threshold of financial survival ⁵¹	33.0%	47.0%
Households living above the ALICE threshold of financial survival ⁵²	46.0%	39.0%

Source: United Way, United for ALICE (2022)

Employment and Income

TREND OF ANNUAL MEDIAN HOUSEHOLD INCOME⁵³

	Florida	+/-	Osceola County	+/-
2023	\$73,311	→	\$77,466	→
2022	\$69,303	→	\$63,271	→
2021	\$63,062	→	\$60,585	→
2019	\$59,227	—	\$51,760	—

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

MEDIAN HOUSEHOLD INCOME, PERCENT CHANGE

	United States	Florida	Osceola County
2023	\$78,538	\$71,711	\$68,711
2010	\$52,762	\$47,827	\$49,017
Percent Change	+48.9%	+49.9%	+40.2%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

⁵¹ The percentage of households living above the federal poverty level but below the ALICE (Asset Limited, Income Constrained, Employed) threshold of financial survival. The ALICE Household Survival Budget is the bare minimum cost of household basics necessary to live and work in the current economy. These basic budget items include housing, childcare, food, transportation, healthcare and technology, plus taxes and a contingency fund (miscellaneous) equal to 10% of the household budget.

⁵² The percentage of households living above the ALICE (Asset Limited, Income Constrained, Employed) threshold of financial survival. The ALICE Household Survival Budget is the bare minimum cost of household basics necessary to live and work in the current economy. These basic budget items include housing, childcare, food, transportation, healthcare and technology, plus taxes and a contingency fund (miscellaneous) equal to 10% of the household budget.

⁵³ The U.S. Census Bureau did not release its standard one-year estimates from the 2020 ACS because of the impacts of the COVID-19 pandemic on data collection. <https://www.census.gov/programs-surveys/acs/technical-documentation/table-and-geography-changes/2020/1-year.html>

MEDIAN HOUSEHOLD INCOME BY RACE

	United States	Florida	Osceola County
American Indian and Alaska Native	\$59,393	\$67,217	\$114,942
Asian	\$113,106	\$92,402	\$90,166
Black/African American	\$53,444	\$54,426	\$61,363
Native Hawaiian and Other Pacific Islander	\$78,640	\$80,763	ND
Some Other Race	\$65,558	\$61,497	\$57,740
Two or More Races	\$73,412	\$69,877	\$76,916
White	\$83,784	\$76,644	\$72,065

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

MEDIAN HOUSEHOLD INCOME BY ETHNICITY

	United States	Florida	Osceola County
Hispanic/Latino	\$68,890	\$66,556	\$63,828

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

UNEMPLOYED POPULATION BY RACE⁵⁴

	United States	Florida	Osceola County
American Indian and Alaska Native	4.8%	3.3%	0.0%
Asian	2.8%	2.5%	3.1%
Black/African American	5.4%	4.6%	3.1%
Native Hawaiian and Other Pacific Islander	4.6%	4.8%	0.0%
Some Other Race	4.2%	3.3%	4.4%
Two or More Races	4.3%	3.2%	4.3%
White	2.7%	2.3%	2.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

UNEMPLOYED POPULATION BY ETHNICITY

	United States	Florida	Osceola County
Hispanic/Latino	4.1%	3.0%	3.6%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

⁵⁴ The percentage of unemployed population aged 16 and older of selected race.



Neighborhood and Built Environment

GRANDPARENTS RESPONSIBLE FOR GRANDCHILDREN⁵⁵

	United States	Florida	Osceola County
With No Parent Present	38.7%	36.8%	44.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TRANSPORTATION AND COMMUTE

	United States	Florida	Osceola County
No Vehicles Available	8.3%	5.9%	4.4%
Commute Mean Travel Time (in minutes)	26.6	28.0	35.4
Working Population with a Commute Time to Work of One Hour or More	7.6%	7.4%	13.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

INTERNET ACCESS

	United States	Florida	Osceola County
Households Without Internet Access	7.7%	6.8%	5.5%
Households Without Access to Either a Computer or Internet Subscription	7.6%	7.5%	6.6%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

⁵⁵ The percentage of grandchildren under 18 living in a grandparent household where the grandparent is responsible for the grandchildren with no presence of a parent.

HOUSING SUMMARY

	United States	Florida	Osceola County
Total Housing Units	142,332,876	10,082,356	164,195
Owner-occupied Households Without Mortgage	38.8%	43.4%	31.7%
Housing Units That Are Either Vacant or For Rent	5.5%	7.6%	6.9%
Median Home Rent	\$1,348	\$1,564	\$1,651
Median Home Value	\$303,400	\$325,000	\$317,600

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

COST-BURDENED HOUSEHOLDS⁵⁶

	United States	Florida	Osceola County
Housing costs 30% or more of income	30.7%	35.6%	41.2%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

SEVERELY COST-BURDENED LOW-INCOME HOUSEHOLDS⁵⁷

United States	Florida	Osceola County
31.0%	35.9%	39.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

NATIONAL LOW-INCOME HOUSING COALITION: HOUSING COSTS

	Florida	Osceola County
2-bedroom Fair Market Rate	ND	\$1,857
Hourly wage necessary to afford a 2-bedroom Fair Market Rate	\$35.24	\$35.71
Annual income needs to afford a 2-bedroom at Fair Market Rate	\$73,308	\$74,280
Full-time jobs at minimum wage to afford a 2-bedroom at Fair Market Rate	2.9	3.0

Source: National Low Income Housing Coalition. Florida Out of Reach Report, 2024 | U.S. Department of Housing and Urban Development, 2024 Fair Market Rents

⁵⁶ The percentage of occupied housing units whose selected monthly costs as a percentage of household income is greater than 30%. This is a combination of both owner-occupied and renter-occupied housing units.

⁵⁷ The percentage of households (owner or renter) whose monthly housing costs (including utilities) exceed 50% of their monthly income.



NATIONAL LOW-INCOME HOUSING COALITION: RENTER COSTS

	Florida	Osceola County
Estimated hourly mean renter wage	\$22.63	\$17.48
Monthly rent affordable at mean renter wage	\$1,177	\$909
Full-time jobs at mean renter wage to afford a 2-bedroom at Fair Market Rate	1.6	2.0

Source: National Low Income Housing Coalition. Florida Out of Reach Report, 2024

Housing Insecurity

TREND OF ANNUAL POINT-IN-TIME COUNTS

	Florida	+/-	Osceola County	+/-
2024	31,462	←	353	→
2023	30,756	←	358	←
2022	25,959	←	339	←
2021 ⁵⁸	21,141	→	173	→
2020	27,679	→	234	←
2019	28,590	→	214	→
2018	29,717	—	226	—

Source: Florida's Council on Homelessness 2024 Annual Report

DEPARTMENT OF EDUCATION HOMELESS STUDENT COUNT

School Year	Florida	+/-	Osceola County	+/-
2022-2023	94,902	←	3,777	←
2021-2022	78,277	—	2,943	—

Source: Florida's Council on Homelessness 2022 and 2024 Annual Report

⁵⁸ The 2021 Point in Time (PIT) Count numbers are not comparable to the previous or current years' counts. Typically, CoCs conduct a PIT Count of both sheltered and unsheltered households. In 2021, due to COVID-19 related safety concerns, only six of the 27 CoCs conducted such a count; 10 CoCs did not conduct an unsheltered count; and others conducted a modified form of the unsheltered count. All CoCs conducted a sheltered PIT count. For those that did not conduct an unsheltered count, the CoCs reported zero unsheltered persons, resulting in an undercount of homelessness.

Healthcare Access and Quality

ANNUAL AGE-ADJUSTED MORTALITY RATE

	Florida	Osceola County
Age-adjusted Deaths From All Causes Per 100,000 Population	762.7	804.5

Source: Florida Department of Health, Bureau of Vital Statistics, Florida Department of Health, Division of Public Health Statistics and Performance Management, 2020-2022

LIFE EXPECTANCY

Florida	Osceola County
78.0	77.8

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, 2020-2022

AGE-ADJUSTED MORTALITY RATES FOR LEADING CAUSES OF DEATH

Per 100,000 Population	Florida	Osceola County
Heart Disease	145.5	162.5
Cancer	138.3	139.5
Unintentional Injury	69.9	57.8
Stroke	45.2	58.0
Chronic Lower Respiratory Disease	32.2	31.7
Diabetes	23.4	25.5
Alzheimer's Disease	18.9	23.1
Suicide	13.6	8.6

Source: Florida Department of Health, Bureau of Vital Statistics, 2020-2022



General and Adult Preventive Health

TREND OF SELF-REPORTED POOR OR FAIR HEALTH DAYS BY ADULTS⁵⁹

	Florida	+/-	Osceola County	+/-
2022	19.8%	←	20.9%	←
2020	17.3%	→	19.1%	→
2019	21.6%	—	25.2%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

TREND OF SELF-REPORTED POOR PHYSICAL HEALTH DAYS BY ADULTS⁶⁰

	Florida		Osceola County	
2022	14.1%	←	13.6%	←
2020	11.8%	→	11.9%	→
2019	14.9%	—	14.9%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

TREND OF SELF-REPORTED NO LEISURE-TIME PHYSICAL ACTIVITY BY ADULTS⁶¹

	Florida		Osceola County	
2022	26.2%	←	28.6%	→
2020	27.2%	←	32.7%	←
2019	28.3%	—	31.4%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

BASIC IMMUNIZATIONS FOR KINDERGARTEN STUDENTS⁶²

Florida			Osceola County		
2019	2023	+/-	2019	2023	+/-
93.8%	90.6%	←	93.1%	86.9%	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Epidemiology

⁵⁹ Estimated annual prevalence rate of adults aged 18 and over who report their general health status as "fair" or "poor." <https://www.cdc.gov/places/measure-definitions/health-status/index.html>. 2021 Data unavailable.

⁶⁰ Estimated annual prevalence rate of adults aged 18 and over who report 14 or more days during the past 30 days during which their physical health was not good. <https://www.cdc.gov/places/measure-definitions/health-status/index.html>

⁶¹ Estimated annual prevalence rate of adults who report no physical activity outside of work in the past month. <https://www.cdc.gov/places/measure-definitions/unhealthy-behaviors/index.html>

⁶² Refer to the state immunization surveys by year for the applicable definition of completed immunizations. Vaccination rates refer to the measure of four or more doses of diphtheria, tetanus toxoids and acellular pertussis (Dtap) vaccine, three or more doses of inactivated poliovirus vaccine (IPV), one or more doses of measles, mumps and rubella (MMR) vaccine, three or more doses of Haemophilus influenzae type B (Hib) vaccine, three or more doses of hepatitis B vaccine, one or more doses of varicella vaccine (or physician documented disease history) and four or more doses of pneumococcal conjugate vaccine (PCV).

BASIC IMMUNIZATIONS FOR TWO-YEAR OLDS⁶³

Florida			Osceola County		
2019	2022	+/-	2019	2022	+/-
83.5%	76.6%	←	85.9%	73.7%	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Epidemiology

WOMEN AGED 50 TO 74 WHO RECEIVED A MAMMOGRAM IN THE PAST TWO YEARS

Florida			Osceola County		
2018	2022	+/-	2018	2022	+/-
77.7%	75.5%	←	73.1%	77.6%	→

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

WOMEN AGED 21 TO 65 WHO RECEIVED PAP TEST IN THE PAST THREE YEARS

Florida			Osceola County		
2018	2020	+/-	2018	2020	+/-
83.6%	80.5%	←	82.6%	79.2%	←

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

ADULTS AGED 50 TO 75 WHO HAD COLORECTAL SCREENING BASED ON THE MOST RECENT CLINICAL GUIDELINES

Florida			Osceola County		
2018	2022	+/-	2018	2022	+/-
63.8%	65.4%	→	60.1%	58.3%	←

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

⁶³ The basic two-year-old immunization rate completion is based on 4:3:1:3:3:1 basic immunization series consisting of four or more doses of diphtheria, tetanus toxoids and acellular pertussis (DTaP) vaccine; three or more doses of poliovirus vaccine (IPV); one or more doses of measles, mumps and rubella (MMR) vaccine; Haemophilus influenzae type b (Hib) vaccine (three or four doses, depending on product type); three or more doses of hepatitis B vaccine; one or more doses of varicella vaccine.



Chronic Diseases

CHRONIC DISEASE INCIDENCE SUMMARY

Per 100,000 Population	Florida			Osceola County		
	2019	2022	+/-	2019	2022	+/-
Arthritis	24.8	28.2	←	20.0	23.7	←
Asthma	8.7	9.8	←	8.1	9.3	←
Cancer (except skin)	7.3	9.2	←	5.4	6.2	←
COPD	8.4	8.2	→	6.5	6.6	←
Coronary Heart Disease	6.8	8.1	←	6.1	6.6	←
Diagnosed Diabetes	12.0	13.2	←	14.2	13.4	→
Obesity	30.3	32.4	←	36.2	31.3	→

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

TREND OF OBESITY IN ADULTS

	Florida	+/-	Osceola County	+/-
2022	32.4%	←	31.3%	→
2020	30.8%	←	35.5%	→
2019	30.3%	—	36.2%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

ADULTS WHO HAVE EVER BEEN TOLD THEY HAD A STROKE

	Florida	+/-	Osceola County	+/-
2022	4.1%	←	3.4%	←
2020	3.5%	→	3.1%	→
2019	3.8%	—	3.2%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

TREND OF AGE-ADJUSTED CANCER INCIDENCE⁶⁴

Per 100,000 Population	Florida	+/-	Osceola County	+/-
2021	471.0	←	484.9	←
2020	431.2	→	421.1	→
2019	453.9	→	516.8	→
2018	454.3	←	559.6	←
2017	441.9	←	555.8	←
2016	436.6	←	491.2	←
2015	420.3	→	475.6	←
2014	427.2	=	447.2	→
2013	427.2	←	479.4	←
2012	426.2	→	443.1	→
2011	433.1	—	460.6	—

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, University of Miami Medical School, Florida Cancer Data System

AGE-ADJUSTED CANCER INCIDENCE BY TYPE

Per 100,000 Population	Florida			Osceola County		
	2018	2021	+/-	2018	2021	+/-
All Cancer	454.3	471.0	←	559.6	484.4	→
Breast Cancer	123.4	134.4	←	141.1	141.5	←
Lung Cancer	55.9	51.4	→	54.6	50.1	→
Skin Cancer	25.3	26.0	←	17.1	18.6	←
Colorectal Cancer	35.1	36.3	←	48.6	43.3	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, University of Miami Medical School, Florida Cancer Data System

⁶⁴ "Incidence" means new cases only during a defined time. Learn more: <https://www.flhealthcharts.gov/chartsreports/Rdpage.aspx?Rdreport=Nonvitalind.DataviewerandCid=460>



TREND OF ADULTS WHO HAVE EVER BEEN TOLD THEY HAVE HEART DISEASE

	Florida	+/-	Osceola County	+/-
2022	8.1%	←	6.6%	←
2020	6.9%	←	6.3%	←
2019	6.8%	—	6.1%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

PREVENTABLE HOSPITALIZATIONS UNDER AGE 65 FROM CONGESTIVE HEART FAILURE⁶⁵

	Florida			Osceola County		
	2018-2020	2021-2023	+/-	2018-2020	2021-2023	+/-
Per 100,000 Population Under 65	71.3	80.3	←	59.8	67.9	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

TREND OF ADULTS WHO HAVE EVER BEEN TOLD THEY HAVE ASTHMA

	Florida	+/-	Osceola County	+/-
2022	9.8%	←	9.3%	←
2020	8.7%	=	8.5%	←
2019	8.7%	—	8.1%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

CHILD HOSPITALIZATIONS DUE TO ASTHMA BY AGE GROUP

Per 100,000 Population	Florida			Osceola County		
Age Groups	2019	2023	+/-	2019	2023	+/-
1 to 5	476.6	491.5	←	412.1	466.6	←
5 to 11	305.0	308.4	←	306.8	217.1	→
12 to 18	413.4	431.4	←	519.4	483.7	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

⁶⁵ Rate Per 100,000 Population Under 65. Resident inpatient hospitalizations due to congestive heart failure and that were potentially avoidable, occurring at civilian, non-federal hospitals located in Florida, among people less than 65 years old. Congestive heart failure occurs when the heart is unable to maintain adequate circulation of blood in the tissues of the body or to pump out the venous blood returned to it by the venous circulation. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp>. Dataviewer

TREND OF ADULTS WHO HAVE EVER BEEN TOLD THEY HAVE DIABETES

	Florida	+/-	Osceola County	+/-
2022	13.2%	←	13.4%	←
2020	11.5%	→	12.9%	→
2019	12.0%	—	14.2%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

CHILD HOSPITALIZATIONS DUE TO DIABETES BY AGE GROUP

Per 100,000 Population	Florida			Osceola County		
Age Groups	2019	2023	+/-	2019	2023	+/-
1 to 5	17.3	21.4	←	17.0	14.9	→
5 to 11	40.2	39.7	→	48.3	50.7	←
12 to 18	133.2	116.0	→	183.2	126.6	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

According to the Florida Behavioral Risk Factor Surveillance System (BRFSS), county-level data on the prevalence of adults who have ever been told they had hypertension has not been available since 2019. However, the most recent statewide data is provided below.

TREND OF ADULTS WHO HAVE EVER BEEN TOLD THEY HAVE HYPERTENSION

	Florida	+/-
2023	35.9%	→
2022	38.5%	←
2021	37.1%	—

Source: Florida Behavioral Risk Factor Surveillance System



Unintentional Injuries

AGE-ADJUSTED MORTALITY RATE OF LEADING CAUSES OF FATAL UNINTENTIONAL INJURIES

Per 100,000 Population	Florida			Osceola County		
	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
Falls	10.0	11.6	←	8.7	12.7	←
Motor Vehicle Crashes	14.8	16.2	←	15.5	13.3	→
Drowning	1.9	2.1	←	1.8	1.8	=

Source: Florida Department of Health Bureau of Vital Statistics Fatal Injuries Profile

AGE-ADJUSTED RATE OF HOSPITALIZATIONS AND DEATHS FROM UNINTENTIONAL INJURIES

Per 100,000 Population	Florida			Osceola County		
	2019	2022	+/-	2019	2022	+/-
Unintentional Falls						
Mortality Rate	10.0	12.2	←	7.8	11.6	←
Hospitalization Rate	243.9	247.7	←	286.8	260.8	→
Motor Vehicle Fatalities and Hospitalizations						
Mortality Rate	14.7	15.8	←	19.8	14.5	→
Hospitalization Rate	76.4	80.4	←	103.0	96.6	→
Firearm Injuries						
Non-Fatal Hospitalization Rate	10.0	11.2	←	6.9	7.7	←
Emergency Room Visits	14.4	17.4	←	6.5	11.0	←

Source: Florida Department of Health, Bureau of Vital Statistics Fatal Injuries Profile

CHILD HOSPITALIZATIONS FOR NEAR DROWNINGS

Per 100,000 Population Ages 1 to 5	Florida	+/-	Osceola County	+/-
2021-2023	4.5	→	5.1	→
2020-2022	5.2	→	6.5	←
2018-2022	6.9	—	4.2	—

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

Infectious Diseases

HIV AND AIDS DIAGNOSES

	Florida			Osceola County		
	2017-2019	2021-2023	+/-	2017-2019	2021-2023	+/-
HIV Diagnoses	21.0	19.6	→	22.4	20.6	→
AIDS Diagnoses	9.3	8.7	→	9.4	6.3	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Bureau of Communicable Diseases

HIV/AIDS MORTALITY RATE

Per 100,000 Population	Florida			Osceola County		
	2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-
Deaths Per 100,000 Population	2.8	2.5	→	1.6	1.2	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Bureau of Communicable Diseases

SEXUALLY TRANSMITTED DISEASE CASES

Per 100,000 Population	Florida			Osceola County		
	2018-2020	2021-2023	+/-	2018-2020	2020-2022	+/-
Gonorrhea	172.5	202.9	←	120.0	144.1	←
Chlamydia	493.8	484.3	→	488.6	430.3	→
Syphilis (All stages)	55.2	80.7	←	46.8	71.7	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Bureau of Communicable Diseases



CONFIRMED HEPATITIS CASES

Per 100,000 Population	Florida			Osceola County		
	2019	2022	+/-	2019	2022	+/-
Hepatitis A	15.9	1.4	→	14.9	2.1	→
Hepatitis B, Acute	3.6	3.5	←	2.2	3.7	←
Hepatitis B, Chronic	22.6	19.4	→	15.7	18.5	←
Hepatitis C, Acute	3.8	7.6	←	3.5	7.5	←
Hepatitis C, Chronic (Including perinatal)	98.7	56.1	→	81.6	40.8	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, County Health Dashboard Health Resource Availability

Child and Adolescent Health

POPULATION UNDER 21 YEARS OLD⁶⁶

Florida		Osceola County	
2019	2023	2019	2023
4,708,580	4,894,051	99,641	116,696

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS

POPULATION UNDER 21 YEARS OLD BY RACE AND ETHNICITY⁶⁷

	Florida		Osceola County	
	2019	2022	2019	2022
White	69.7%	69.2%	76.7%	75.0%
Black/African American	22.1%	22.1%	15.3%	16.4%
Other	8.2%	8.7%	8.0%	8.6%
Hispanic/Latino	31.7%	31.7%	61.9%	61.5%
Non-Hispanic/Latino	68.3%	68.3%	38.1%	38.5%

Source: Florida Department of Health. Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management Child Health Status Profile

⁶⁶ Column totals for the table will not equal 100.0%.

⁶⁷ Column totals for the table will not equal 100.0%.

TREND OF CHILD EMERGENCY DEPARTMENT VISITS

Per 100,000 Population Ages 5 to 19	Florida	+/-	Osceola County	+/-
2023	36,509.5	←	45,669.3	←
2022	34,946.1	←	43,732.6	←
2021	30,592.9	←	38,210.7	←
2020	24,194.7	→	28,046.4	→
2019	37,303.6	←	47,849.6	→
2018	37,295.7	→	48,159.1	←
2017	37,365.8	→	50,621.2	→
2016	38,405.0	←	51,774.5	←
2015	36,745.6	—	51,184.7	—

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

Youth Behavior and Safety

TREND OF STUDENTS WHO FELT UNSAFE AT SCHOOL⁶⁸

	Florida	+/-	Osceola County	+/-
2022	10.1%	←	10.6%	←
2020	9.1%	→	8.6%	←
2018	11.0%	—	5.4%	—

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey

TREND OF SCHOOL ENVIRONMENTAL SAFETY INCIDENT RATES⁶⁹

Per 1,000 Students Grades K - 12	Florida	+/-	Osceola County	+/-
2023	42.9	←	31.7	←
2022	39.1	←	29.1	←
2021	18.6	→	10.1	←
2020	23.5	→	6.8	→
2019	30.5	—	8.9	—

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Education

⁶⁸ High school students who did not go to school because they felt they would be unsafe at school or on their way to school in the past 30 days.

⁶⁹ The number of school environmental safety incidents reported, including incidents considered severe enough to require the involvement of a school resource officer and incidents reported to law enforcement. The rate is the number of incidents divided by the number of enrolled students, expressed as a percent.



YOUTH REPORTED BULLYING BEHAVIOR

	Florida			Osceola County		
	2020	2022	+/-	2020	2022	+/-
Skipped school because of bullying	9.3%	8.9%	→	8.8%	6.8%	→
Was ever kicked or shoved	31.4%	33.7%	←	27.3%	30.8%	←
Was ever taunted or teased	57.0%	58.3%	←	51.1%	57.3%	←
Was a victim of cyberbullying	27.5%	30.1%	←	22.6%	25.0%	←

Source: Florida Department of Children and Families, Florida Youth Substance Abuse Survey

STUDENTS WITH EMOTIONAL OR BEHAVIORAL DISABILITY (GRADES K-12)

Florida			Osceola County		
2019	2024	+/-	2019	2024	+/-
0.5%	0.4%	→	0.4%	0.7%	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Education

STUDENTS ABSENT 21 OR MORE DAYS (GRADES K-12)

Florida			Osceola County		
2019	2023	+/-	2019	2023	+/-
11.3%	19.4%	←	13.8%	19.8%	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Education

CHILDREN RECEIVING MENTAL HEALTH TREATMENT SERVICES

	Florida			Osceola County		
	2018	2022	+/-	2018	2022	+/-
Per 1,000 population aged one to five	2.8	1.7	←	0.2	0.1	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Children and Families

HOMELESS AND UNACCOMPANIED YOUTH

	Florida			Osceola County		
	2019-2020	2022-2023	+/-	2019-2020	2022-2023	+/-
Homeless students ⁷⁰	91,677	98,899	←	2,621	3,777	←
Unaccompanied youth	6,952	7,004	←	76	82	←

Source: Florida Department of Education, Homeless Students, Non-Homeless Students and Unaccompanied Youth by District/Charter LEA

⁷⁰ Includes Elementary, Middle and High School Students. <https://www.fldoe.org/core/fileparse.php/20081/urlt/PERA-3356i-Homeless-and-Unaccom-Youth-2223-FS5-w-Charter-LEAs-DEH-Masked.pdf>

RATE OF REPORTED CASES OF CHILD PHYSICAL AND SEXUAL ABUSE

Per 100,000 Children	Florida			Osceola County		
Ages 5 to 11	2017-2019	2021-2023	+/-	2017-2019	2021-2023	+/-
Child abuse	765.9	483.8	→	518.6	233.5	→
Sexual violence	58.5	42.0	→	97.2	54.0	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Children and Families, Florida Safe Families Network

YOUTH SUICIDE RATE BY AGE GROUP⁷¹

Per 100,000 Population	Florida			Osceola County		
Age Groups	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
12 to 18	6.0	6.0	=	4.7	2.5	→
19 to 21	12.2	14.1	←	9.3	8.3	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics

Youth Substance Use

CURRENT SUBSTANCE USE SELF-REPORTED BY MIDDLE SCHOOL STUDENTS

Past 30-Day Use	Florida			Osceola County		
	2020	2022	+/-	2020	2022	+/-
Smoked cigarettes	1.1%	0.8%	→	1.3%	0.0%	→
Vaped nicotine	5.8%	5.5%	→	2.2%	5.6%	←
Alcohol	8.2%	6.7%	→	5.9%	6.6%	←
Binge drank	3.4%	3.0%	→	2.6%	2.0%	→
Used marijuana/hashish	3.8%	3.0%	→	2.0%	1.0%	→
Vaped marijuana	3.0%	2.9%	→	1.2%	1.8%	←

Source: Florida Department of Children and Families, Florida Youth Substance Abuse Survey

⁷¹ Crude Rates.



CURRENT SUBSTANCE USE SELF-REPORTED BY HIGH SCHOOL STUDENTS

Past 30-Day Use	Florida			Osceola County		
	2020	2022	+/-	2020	2022	+/-
Smoked cigarettes	2.4%	1.4%	→	2.1%	0.6%	→
Vaped nicotine	15.6%	12.7%	→	9.7%	12.0%	←
Alcohol	19.9%	15.5%	→	15.1%	12.6%	→
Binge drank	9.2%	7.5%	→	7.8%	5.4%	→
Used marijuana/hashish	15.9%	12.2%	→	12.4%	7.3%	→
Vaped marijuana	10.6%	9.7%	→	7.9%	5.9%	→

Source: Florida Department of Children and Families, Florida Youth Substance Abuse Survey

TREND OF ANNUAL JUVENILE DRUG ARRESTS RATE

Per 100,000 Population Ages 17 and Under	Florida	+/-	Osceola County	+/-
2023	174.0	←	98.3	←
2022	166.5	←	55.0	←
2021	135.0	←	41.9	→
2020	130.0	→	47.8	→
2019	303.8	—	139.4	—

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Law Enforcement

Youth Nutrition and Physical Activity

STUDENTS ELIGIBLE FOR FREE OR REDUCED LUNCH

	Florida			Osceola County		
	2019	2024	+/-	2019	2024	+/-
Middle school students	55.4%	50.5%	←	43.6%	53.6%	→
Elementary school students	58.4%	53.8%	←	47.3%	55.7%	→

Source: Florida Department of Education, Education Information and Accountability Services

YOUTH OBESITY

	Florida			Osceola County		
	2018	2022	+/-	2018	2022	+/-
High school students	14.3%	15.2%	←	14.6%	12.0%	→
Middle school students	13.2%	15.7%	←	9.4%	15.3%	←

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey

PHYSICALLY ACTIVE STUDENTS⁷²

	Florida			Osceola County		
	2018	2022	+/-	2018	2022	+/-
High school students	21.7%	19.0%	←	17.3%	11.4%	←
Middle school students	26.6%	21.5%	←	20.6%	18.2%	←

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey

Maternal Health

BIRTH RATES

	Florida			Osceola County		
	2019	2022	+/-	2019	2022	+/-
Total resident live births per 1,000 population	10.3	10.0	←	12.0	11.7	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics

TREND OF MATERNAL DEATH RATE BY RACE AND ETHNICITY (STATE OF FLORIDA)

Per 100,000 Live Births	White	+/-	Black/African American	+/-	Non-Hispanic/Latino	+/-	Hispanic/Latino	+/-
2023	12.0	→	48.5	←	21.5	←	11.9	→
2022	12.5	→	24.9	→	16.9	→	12.0	→
2021	22.1	←	95.6	←	44.1	←	30.5	←
2020	12.9	→	52.3	←	24.7	→	18.4	←
2019	23.1	←	47.8	←	33.9	←	13.3	→
2018	16.5	←	24.7	→	19.0	←	16.6	←
2017	13.3	→	30.1	←	19.3	→	10.5	←
2016	14.3	→	24.3	→	20.3	→	9.2	←
2015	18.0	←	30.5	→	26.9	←	7.8	→
2014	14.6	→	42.8	←	26.1	←	9.7	→
2013	25.4	—	41.0	—	28.4	—	33.9	—

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics

⁷² Self-reported being active for at least 60 minutes on all seven of the past seven days.



MATERNAL CHARACTERISTICS

Percent of Total Births	Florida			Osceola County		
	2019	2022	+/-	2019	2022	+/-
Births to unwed mothers	46.6%	46.1%	→	48.2%	45.9%	→
Repeat births to mothers aged 15-17	6.3%	6.2%	←	0.0%	10.0%	←
Births to mothers 19 and older without high school education	11.0%	10.4%	→	7.2%	5.4%	→
Births to obese mothers at the time pregnancy occurred	27.1%	29.5%	←	27.8%	30.8%	←
Births to mothers with first-trimester prenatal care	75.9%	71.6%	←	81.4%	74.2%	←
Births covered by Medicaid	46.9%	43.9%	←	55.9%	47.7%	←
Self-pay for delivery payment source	6.2%	5.7%	←	5.2%	4.5%	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Pregnancy and Young Child Profile

INFANT CHARACTERISTICS⁷³

	Florida			Osceola County		
	2019	2022	+/-	2019	2022	+/-
Low birth weight (percent of total births)	8.8%	9.1%	←	8.0%	8.1%	←
Infant mortality rate per 1,000 live births	6.0	6.0	=	4.7	4.0	→
Teen birth rate (under 18), per 1,000	2.3	1.9	→	2.0	1.5	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Pregnancy and Young Child Profile



⁷³ Low Birth Weight, percentage of live births under 2,500 grams. Infant Mortality, 0-364 days from birth per 1,000 live births. Teen Births (0-18) per 1,000 live births.

Healthcare Access

POPULATION WITHOUT HEALTH INSURANCE⁷⁴

United States	Florida	Osceola County
8.4%	11.7%	10.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TREND OF POPULATION WITHOUT HEALTH INSURANCE⁷⁵

	Florida	+/-	Osceola County	+/-
2023	10.7%	→	9.1%	→
2022	11.2%	→	10.0%	←
2021	12.1%	←	11.7%	←
2019	13.2%	—	13.3%	—

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

PRIVATE AND PUBLIC HEALTH INSURANCE⁷⁶

	United States	Florida	Osceola County
Private Health Insurance	73.6%	72.1%	69.8%
Public Coverage	39.7%	42.0%	39.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

UNINSURED POPULATION BY AGE GROUP⁷⁷

	United States	Florida	Osceola County
Under 6	4.5%	5.7%	3.8%
6 to 18	5.8%	8.1%	6.3%
19 to 64	12.0%	17.5%	15.1%
65 and Older	0.8%	1.1%	1.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

⁷⁴ This dataset represents people of all ages who do not have health insurance coverage (uninsured).

⁷⁵ 2020 One-Year Estimates Not Available.

⁷⁶ Note in the exhibit above that the sum of those with Private Health Insurance, those with Public Health Insurance and those with No Health Insurance does not equal 100% since some individuals may have both public and private health insurance coverage.

⁷⁷ The percentage of the civilian noninstitutionalized population. The Census Bureau defines the civilian noninstitutionalized population as including "all U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities and other long-term care living arrangements." <https://www.census.gov/glossary/?term=Civilian+noninstitutionalized+population>



CHILDREN COVERED BY MEDIKIDS⁷⁸

Florida			Osceola County		
2019	2022	+/-	2019	2022	+/-
1.2%	1.1%	←	1.6%	1.0%	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

MONTHLY MEDICAID ENROLLMENT⁷⁹

Florida			Osceola County		
2019	2023	+/-	2019	2023	+/-
17.7%	19.0%	→	24.9%	24.8%	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

POPULATION WITH MEDICAID⁸⁰

Florida	Osceola County
17.5%	23.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

VISITED DENTIST OR DENTAL CLINIC IN THE PAST YEAR AMONG ADULTS

	Florida	+/-	Osceola County	
2022	57.5%	←	54.5%	←
2016	63.0%	←	58.3%	→
2010	64.7%	—	57.9%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

VISITS TO DOCTOR FOR ROUTINE CHECKUPS WITHIN THE PAST YEAR AMONG ADULTS

	Florida	+/-	Osceola County	+/-
2022	76.9%	→	75.1%	→
2020	75.0%	←	74.0%	←
2019	77.0%	—	74.9%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

⁷⁸ The percentage of population ages one to four.

⁷⁹ The percentage of people who are enrolled in Medicaid in a month, as of September of each year.

⁸⁰ The percentage of the civilian noninstitutionalized population. The Census Bureau defines the civilian noninstitutionalized population as including "all U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities and other long-term care living arrangements." <https://www.census.gov/glossary/?term=Civilian+noninstitutionalized+population>

Healthcare Workforce

RATE OF LICENSED HEALTHCARE PROVIDERS

Per 100,000 Population	Florida			Osceola County		
	2019	2023	+/-	2019	2023	+/-
Medical doctors	250.8	261.2	→	112.3	110.9	←
Physician assistants	41.0	51.0	→	16.8	20.0	→
Family practice physicians	18.5	13.3	←	8.1	6.3	←
Pediatricians	21.6	16.5	←	9.5	6.7	←
Registered nurses	1,299.5	1,441.2	→	994.9	1,163.2	→
Licensed practical nurses	307.1	278.9	←	246.6	228.4	←
Certified nursing assistants	688.5	628.6	←	498.8	427.5	←
Dentists	57.8	61.5	→	16.8	22.0	→
Paramedics	144.1	145.4	→	108.2	94.9	←
Emergency medical technicians	162.7	166.0	→	121.8	115.0	←
OB/GYNs	9.2	8.6	←	5.4	5.2	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, County Health Dashboard Health Resource Availability

RATIO OF LICENSED HEALTHCARE PROVIDERS⁸¹

	Florida	Osceola County
Dentists	1,686	2,793
Geriatric Care Provider	1,646	1,180
Midwife and Doula	9,029	9,911
Obstetrics/Gynecology (OBGYN)	3,919	3,003
Pediatric Care Physician	787	1,299
Pediatrician	879	1,354
Primary Care Nurse Practitioner	800	1,182
Primary Care Physician	858	1,010

Source: Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System (2024)

RATE OF CARE FACILITIES BY TYPE

Per 100,000 Population	Florida			Osceola County		
	2019	2022	+/-	2019	2022	+/-
Hospital beds	311.2	318.7	→	300.3	291.7	←
Acute care beds	251.8	246.4	←	260.9	257.7	←
Specialty beds	59.4	72.2	→	39.3	34.0	←
Nursing home beds	401.9	370.9	←	325.5	281.2	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, County Health Dashboard Health Resource Availability

⁸¹ This dataset is the ratio of people per one healthcare provider practicing in an area.



Behavioral Health

SELF-REPORTED POOR MENTAL HEALTH DAYS BY ADULTS⁸²

	Florida	+/-	Osceola County	+/-
2022	16.8%	←	17.1%	←
2020	15.3%	=	15.0%	=
2019	15.8%	—	15.1%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

ADULTS WHO HAVE EVER BEEN TOLD THEY HAVE A DEPRESSIVE DISORDER

	Florida	+/-	Osceola County	+/-
2022	19.7%	←	19.3%	←
2020	18.3%	→	17.7%	←
2019	19.3%	—	17.4%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

SUICIDE RATE (ALL AGES)

	Florida			Osceola County		
	2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-
Per 100,000 Population	14.3	13.6	→	11.5	8.6	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics

SUICIDE RATE BY MEANS (ALL AGES)

Per 100,000 Population	Florida			Osceola County		
	2019	2022	+/-	2019	2022	+/-
Cumulative Rate	18.1	17.2	→	16.2	8.8	→
Firearm	9.5	9.9	←	8.4	5.6	→
Drug Poisoning	2.1	2.0	→	1.6	0.5	→
Suffocation	4.4	3.5	→	4.4	2.4	→
Cut/Pierce	0.3	0.4	←	0.6	0.3	→
Non-Drug Poisoning	0.4	0.4	=	0.0	0.0	=
Other Mechanisms	1.2	1.1	→	0.9	0.0	→

Source: Florida Department of Health. Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management. Suicide and Behavioral Health Profile Suicide Deaths and Intentional Self-Harm Injuries

⁸² Estimated annual prevalence rate of adults aged 18 and over who report 14 or more days during the past 30 days during which their mental health was not good. <https://www.cdc.gov/places/measure-definitions/health-status/index.html>

TREND OF AGE-ADJUSTED HOSPITALIZATIONS FOR MENTAL HEALTH DISORDERS

Per 100,000 Population	Florida	+/-	Osceola County	+/-
2023	959.0	←	835.4	←
2022	955.0	→	761.3	←
2020	956.1	→	746.5	→
2019	1,026.6	—	833.9	—

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

STATEWIDE HOSPITALIZATIONS FOR MENTAL AND BEHAVIORAL HEALTH DISORDERS BY AGE

Per 100,000 Population	Drug and Alcohol-Induced Mental Disorders	Mood and Depressive Disorders	Schizophrenic Disorders	Eating Disorders	Hospitalizations Attributable to Mental Disorders
Total Hospitalizations	165.8	425.1	233.6	13.2	920.9
Under 18	5.9	534.7	19.2	29.4	689.4
18-21	63.0	732.1	302.0	28.2	1,263.2
22-24	106.3	609.7	398.4	21.0	1,232.8
25-44	257.9	486.8	438.9	9.6	1,263.6
45 - 64	271.1	398.4	270.2	6.3	995.8
65-74	151.2	232.6	125.8	6.0	574.4
75 and Older	48.8	125.8	69.9	6.7	426.0

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management's Suicide and Behavioral Health Profile, 2022

HOSPITALIZATIONS FOR MENTAL AND BEHAVIORAL HEALTH DISORDERS

Per 100,000 Population	Florida	Osceola County
Drug and Alcohol-Induced Mental Disorders	165.8	112.5
Mood and Depressive Disorders	425.1	425.1
Schizophrenic Disorders	233.6	167.1
Eating Disorders	13.1	8.7

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management's Suicide and Behavioral Health Profile, 2022



Mental Healthcare Capacity

RATE OF LICENSED BEHAVIORAL HEALTHCARE PROVIDERS

Per 100,000 Population	Florida			Osceola County		
	2020	2022	+/-	2020	2022	+/-
Behavioral or mental health professionals ⁸³	117.1	130.4	→	54.6	61.9	→
Mental health counselors	57.3	64.0	→	30.9	35.9	→
Psychologists	23.4	23.0	←	5.2	6.6	→
Clinical social workers	49.7	55.2	→	21.1	22.3	→

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management's Suicide and Behavioral Health Profile

RATIO OF LICENSED BEHAVIORAL HEALTHCARE PROVIDERS⁸⁴

	Florida	Osceola County
Child and adolescent psychiatric	40.0	0.0
Clinical social worker	1,756	3,227
Mental health provider	693	680

Source: Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System (2024)

RATE OF PSYCHIATRIC BEDS

Per 100,000 Population	Florida			Osceola County		
	2020	2022	+/-	2020	2022	+/-
Adult psychiatric beds	20.6	31.4	→	19.3	17.6	←
Child and adolescent psychiatric beds	3.0	3.1	→	0.0	0.0	=

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management's Suicide and Behavioral Health Profile

⁸³ Includes marriage and family therapists, clinical social workers and mental health counselors with active licenses in Florida. Other behavioral healthcare professionals, such as psychologists or school psychologists, are not included in this measure.

⁸⁴ This dataset is the ratio of people per one behavioral healthcare provider practicing in an area.

TREND OF ADULTS WHO SELF-REPORTED ENGAGING IN BINGE DRINKING⁸⁵

	Florida	+/-	Osceola County	+/-
2022	16.1%	←	16.7%	←
2020	14.9%	→	14.8%	→
2019	17.8%	—	16.2%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

SELF-REPORTED CURRENT ADULT TOBACCO USE⁸⁶

Florida			Osceola County		
2019	2022	+/-	2019	2022	+/-
18.1%	14.2%	→	15.8%	13.3%	→

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

OVERDOSE DEATH RATES⁸⁷

Per 100,000 Population	Florida		Osceola County	
	2019	2023	2019	2023
Benzodiazepine	11.6	ND	8.5	5.2
Cocaine	9.6	ND	11.7	13.7
Fentanyl	11.3	ND	14.1	17.5
Heroin	3.6	ND	4.8	1.2
Methamphetamine	9.1	ND	3.5	4.3
Opioids	23.6	ND	24.8	20.6

Source: University of Florida Health, Florida Drug-Related Outcomes Surveillance and Tracking System, Summary of Drug Occurrences in Decedents

PERCENT CHANGE OF OVERDOSE DEATHS

2019-2023	Osceola County
Benzodiazepine	-38.8%
Cocaine	+17.1%
Fentanyl	+24.1%
Heroin	-75.0%
Methamphetamine	+22.9%
Opioids	-16.9%

Source: Florida Drug-Related Outcomes Surveillance and Tracking (FROST) System

⁸⁵ Estimated annual prevalence rate of adults aged 18 and over who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. <https://www.cdc.gov/places/measure-definitions/unhealthy-behaviors/index.html>

⁸⁶ Estimated annual prevalence rate of adults aged 18 and over who report having smoked 100 or more cigarettes in their lifetime and currently smoke every day or some days. <https://www.cdc.gov/places/measure-definitions/unhealthy-behaviors/index.html>

⁸⁷ Heroin overdoses data is from 2022 due to lack of 2023 data.



TREND OF ANNUAL OPIOID PRESCRIPTIONS DISPENSED PER PRESCRIBER⁸⁸

	Florida	+/-	Seminole County	+/-
2024	129.5	→	32.4	→
2022	130.4	→	34.6	→
2020	137.8	→	41.4	→
2018	155.9	—	53.9	—

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management Substance Use Dashboard

Violent Crime

VIOLENT CRIME INCIDENCE⁸⁹

Per 100,000 Population	Florida			Osceola County		
	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
Violent crime rate	163.6	150.4	→	194.6	172.8	→
Murder	8.8	10.0	←	11.9	12.1	←
Rape	11.6	10.1	→	22.5	15.0	→
Robbery	34.7	27.3	→	31.7	32.0	→
Aggravated assault	108.5	103.1	→	103.1	113.8	←
Forcible gender offenses ⁹⁰	11.6	10.1	→	22.5	15.0	→
Domestic violence offenses	317.1	300.9	→	519.6	490.5	→

Source Florida Department of Health, Division of Public Health Statistics and Performance Management and Florida Department of Law Enforcement

TREND OF VIOLENT CRIME RATE

	Florida	+/-	Osceola County	+/-
2022	150.6	→	145.0	→
2020	152.0	→	192.7	←
2018	163.3	—	186.7	—

Source Florida Department of Health, Division of Public Health Statistics and Performance Management and Florida Department of Law Enforcement

⁸⁸ Opioid prescriptions dispensed per number of unique prescribers. Year-to-Date as of 3/4/2025 (Provisional). <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.SubstanceUseandTreatment>

⁸⁹ The rate of violent crimes includes murder, rape, robbery and aggravated assault.

⁹⁰ Any sexual act or attempt involving force is classified as a forcible sex offense regardless of the age of the victim or the relationship of the victim to the offender. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer>

Appendix B: Community Survey

The Central Florida Collaborative is doing a Community Health Needs Assessment to learn about things going well and things that can be done better to support community health. Your thoughts will help us to learn about health needs, ways to seek services, services that may not be easy for you to get and any issues you face in seeking health so that we can better meet the needs of your community.

Please help us by taking this survey. There are about 60 survey questions and it will take about 15 minutes to complete.

If you would like the chance to be entered into a drawing for a gift card, please provide your contact information at the end of the survey. Your survey responses and contact information are kept separately.

If you have any questions about the survey, please contact our research partner, Crescendo Consulting Group at kkoegel@crescendocg.com.

Your responses are confidential.

1. In which county do you live? (Please choose only one)

☐ Lake ☐ Orange ☐ Osceola ☐ Seminole ☐ Other (Specify) _____

2. In which ZIP code do you live? (Please write in) _____

3. How many CHILDREN (under age 18) currently live in your home? (Please choose only one)

None **(skip to question 15)** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more

--Begin Children's Section --

4. Was there a time in the PAST 12 MONTHS when children in your home needed medical care but did NOT get the care they needed?

☐ Yes ☐ No **(skip to question 7)**

5. What are some reasons that kept them from getting the medical care they needed? (Choose all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Am not sure how to find a doctor | <input type="checkbox"/> Unable to afford to pay for care |
| <input type="checkbox"/> Cannot take time off work | <input type="checkbox"/> Unable to find a doctor who takes my insurance |
| <input type="checkbox"/> Cannot take child out of class | <input type="checkbox"/> Do not have insurance to cover medical care |
| <input type="checkbox"/> Doctor's office does not have convenient hours <input type="checkbox"/> Transportation challenges | |
| <input type="checkbox"/> Unable to schedule an appointment when needed | |
| <input type="checkbox"/> Unable to find a doctor who knows or understands my culture, identity, beliefs, or language | |
| <input type="checkbox"/> Other (please specify) _____ | |



6. If you were unable to schedule an appointment when needed, about how long (in weeks) did it take to receive care?

7. Was there a time in the PAST 12 MONTHS when children in your home needed dental care but did NOT get the care they needed?

☐ Yes ☐ No (skip to question 10)

8. What are some reasons that kept them from getting the dental care they needed? (Choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Am not sure how to find a dentist | <input type="checkbox"/> Unable to afford to pay for care |
| <input type="checkbox"/> Cannot take time off work | <input type="checkbox"/> Unable to find a dentist who takes my insurance |
| <input type="checkbox"/> Cannot take child out of class | <input type="checkbox"/> Do not have insurance to cover dental care |
| <input type="checkbox"/> Dentist's office does not have convenient hours | |
| <input type="checkbox"/> Transportation challenges | |
| <input type="checkbox"/> Unable to schedule an appointment when needed | |
| <input type="checkbox"/> Unable to find a dentist who knows or understands my culture, identity, beliefs, or language | |
| <input type="checkbox"/> Other (please specify) _____ | |

9. If you were unable to schedule an appointment when needed, for about how long (in weeks) did it take to receive care?

10. Was there a time in the PAST 12 MONTHS when children in your home needed mental and/or behavioral healthcare but did NOT get the care they needed?

☐ Yes ☐ No (skip to question 13)

11. If you were unable to schedule an appointment when needed, for about how long (in weeks) did it take to receive care?

12. What are some reasons that kept them from getting the mental and/or behavioral healthcare they needed? (Choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Am not sure how to find a doctor/counselor | <input type="checkbox"/> Unable to afford to pay for care |
| <input type="checkbox"/> Cannot take time off work | <input type="checkbox"/> Afraid of what people might think |
| <input type="checkbox"/> Do not have insurance to cover mental healthcare | <input type="checkbox"/> Cannot take child out of class |
| <input type="checkbox"/> Unable to schedule an appointment when needed | <input type="checkbox"/> Transportation challenges |
| <input type="checkbox"/> Doctor/counselor's office does not have convenient hours | |
| <input type="checkbox"/> Unable to find a doctor/counselor who takes my insurance | |

- ☐ Unable to find a doctor/counselor who knows or understands my culture, identity, beliefs, or language
- ☐ Other (please specify) _____

The goal of the next question (Question 13) is to understand what you think are the most important HEALTH needs for children in your community. Please answer the next question about children who live in your community, not just your children.

13. When you think about the most important HEALTH needs for children in your community, please select the top 3 most important health needs to address. If you think of a health concern that is not listed here, please write it in under “other”. (Please choose only 3)

PLEASE CHOOSE ONLY 3

- ☐ Accidents and Injuries
- ☐ Asthma
- ☐ Respiratory Health Other than Asthma (RSV, cystic fibrosis)
- ☐ Dental Care
- ☐ Diabetes
- ☐ Drug or Alcohol Use
- ☐ Eye Health (vision)
- ☐ Healthy Pregnancies and Childbirth (not teen pregnancy)
- ☐ Immunizations (common childhood vaccines, like mumps, measles, chicken pox, etc.)
- ☐ Infectious Diseases (including COVID-19)
- ☐ Special Needs (Physical/Chronic/Behavioral/Developmental/Emotional)
- ☐ Medically Complex
- ☐ Attention-Deficit/Hyperactivity Disorder (ADHD)
- ☐ Mental or Behavioral Health
- ☐ Healthy Food/Nutrition
- ☐ Obesity
- ☐ Physical activity
- ☐ Safe Sex Practices and Teen Pregnancy
- ☐ Sexual Identity of Child
- ☐ Suicide Prevention
- ☐ Vaping, Cigarette, Cigar, Cigarillo, or E-cigarette Use
- ☐ Other:



The goal of the next question (Question 14) is to understand what you think are OTHER important needs or concerns that affect child health in your community. Please answer the next question about children who live in your community, not just your children.

14. When you think about OTHER important needs or concerns that affect child health in your community, please rank the top 3 critical needs or concerns most important to address. If you think of a concern that is not listed here, please write it under "Other". (Please choose only 3)

PLEASE CHOOSE ONLY 3

- ☐ Access to benefits (Medicaid, WIC, SNAP/Food Stamps)
- ☐ Access to or cost of childcare
- ☐ Bullying and other stressors in school
- ☐ Domestic violence, child abuse and/or child neglect
- ☐ Crime and community violence
- ☐ Educational needs
- ☐ Family member alcohol or drug use
- ☐ Housing
- ☐ Human trafficking
- ☐ Hunger or access to healthy food
- ☐ Lack of employment opportunities
- ☐ Legal problems
- ☐ Language Barriers
- ☐ Parenting education (parenting skills for child development)
- ☐ Safe neighborhoods and places for children to play
- ☐ Social media
- ☐ Traffic safety
- ☐ Transportation challenges
- ☐ Other (please specify concern) _____

--End Children's Section --

15. Overall, how would you rate the health of the community in which you live? (Please choose only one)

☐ Very unhealthy ☐ Unhealthy ☐ Somewhat healthy ☐ Healthy ☐ Very healthy ☐ Not sure

16. Please read the list of risky behaviors listed below. Which 3 do you believe are the most harmful to the overall health of your community? (Please choose only 3)

PLEASE CHOOSE ONLY 3

- ☐ Alcohol abuse/drinking too much alcohol (beer, wine, spirits, mixed drinks)
- ☐ Dropping out of school
- ☐ Illegal drug use/abuse or misuse of prescription medications
- ☐ Lack of exercise
- ☐ Poor eating habits
- ☐ Not getting “vaccines” to prevent disease
- ☐ Not wearing helmets
- ☐ Not using seat belts/not using child safety seats
- ☐ Vaping, Cigarette, Cigar, Cigarillo, or E-cigarette Use
- ☐ Unsafe sex including not using birth control
- ☐ Distracted driving (texting, eating, talking on the phone)
- ☐ Not locking up guns
- ☐ Not seeing a doctor while you are pregnant



17. Read the list of health problems and think about your community. Which of these do you believe are most important to address to improve the health of your community? (Please choose only 3)

PLEASE CHOOSE ONLY 3

- ☐ Aging Problems (for example: difficulty getting around, dementia, arthritis)
- ☐ Cancers
- ☐ Child Abuse/Neglect
- ☐ Clean Environment/Air and Water Quality
- ☐ Climate Change
- ☐ Dental Problems
- ☐ Diabetes/High Blood Sugar
- ☐ Domestic Violence/Rape/Sexual Assault/Human Trafficking
- ☐ Gun-Related Injuries
- ☐ Being Overweight
- ☐ Mental Health Problems Including Suicide
- ☐ Illegal Drug Use/Abuse of Prescription Medications and Alcohol Abuse/Drinking Too Much
- ☐ Heart Disease/Stroke/High Blood Pressure
- ☐ HIV/AIDS/Sexually Transmitted Diseases (STDs)
- ☐ Homicide
- ☐ Infectious Diseases Like Hepatitis, TB and COVID-19
- ☐ Motor Vehicle Crash Injuries
- ☐ Infant Death
- ☐ Respiratory/Lung Disease
- ☐ Teenage Pregnancy
- ☐ Maternal Mortality/Maternal Health

18. Please read the list below. Which do you believe are the 3 most important factors needed to improve the quality of life in your community? (Please choose only 3)

PLEASE CHOOSE ONLY 3

- ☐ Good Place to Raise Children
- ☐ Low Crime/Safe Neighborhoods
- ☐ Good Schools
- ☐ Access to Healthcare
- ☐ Parks and Recreation
- ☐ Clean Environment/Air and Water Quality
- ☐ Low-Cost Housing
- ☐ Arts and Cultural Events
- ☐ Low-Cost Health Insurance
- ☐ Tolerance/Embracing Diversity
- ☐ Good Jobs and Healthy Economy
- ☐ Strong Family Life
- ☐ Access to Low-Cost, Healthy Food
- ☐ Healthy Behaviors and Lifestyles
- ☐ Sidewalks/Walking Safety
- ☐ Public Transportation/Community transportation
- ☐ Religious or Spiritual Values
- ☐ Disaster Preparedness
- ☐ Emergency Medical Services
- ☐ Access to Good Health Information
- ☐ Strong Community/Community Knows and Supports Each Other

19. In the past 12 months, I worried about whether our food would run out before we got money to buy more. (Please choose only one)

- ☐ Often true ☐ Sometimes true ☐ Never true

20. In the past 12 months, the food that we bought just did not last and we did not have money to get more. (Please choose only one)

- ☐ Often true ☐ Sometimes true ☐ Never true



21. In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?

☐ Yes ☐ No

22. About how many cups of fruit or vegetables do you consume each day?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ More than 5

22. Do you usually get 150 minutes of moderate to vigorous physical activity in a typical week?

☐ Yes ☐ No

24. Has there been any time in the past 2 years when you were living on the street, in a car, or in a temporary shelter?

☐ Yes ☐ No

25. Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay?

☐ Yes ☐ No

26. In the past 12 months, has your utility company shut off your service for not paying your bills?

☐ Yes ☐ No

These next questions are about your personal health and your opinions about getting healthcare in your community.

27. Overall, how would you rate YOUR OWN PERSONAL health? (Please choose only one)

☐ Very unhealthy ☐ Unhealthy ☐ Somewhat healthy ☐ Healthy ☐ Very healthy ☐ Not sure

28. Was there a time in the PAST 12 MONTHS when you needed medical care but did NOT get the care you needed?

☐ Yes ☐ No (skip to question 30)

29. What are some reasons that kept you from getting medical care? (Choose all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Unable to schedule an appointment when needed | <input type="checkbox"/> Am not sure how to find a doctor |
| <input type="checkbox"/> Unable to find a doctor who takes my insurance | <input type="checkbox"/> Unable to afford to pay for care |
| <input type="checkbox"/> Doctor's office does not have convenient hours | <input type="checkbox"/> Transportation challenges |
| <input type="checkbox"/> Do not have insurance to cover medical care | <input type="checkbox"/> Cannot take time off work |
| <input type="checkbox"/> Unable to find a doctor who knows or understands my culture, identity, beliefs, or language | |
| <input type="checkbox"/> Other (please specify) _____ | |

30. Below are some statements about your connections with the people in your life. Please tell us if you agree or disagree with each statement.

	Agree	Disagree	Not Sure
I am happy with my friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy with my relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough people I can ask for help at any time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My relationships are as satisfying as I would want them to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friendships are as satisfying as I would want them to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Over the past 12 months, how often have you had thoughts of hurting yourself in some way or that you would be better off dead? (Please choose only one)

- ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

If you would like help with or would like to talk about these issues,
please call the National Suicide Prevention Hotline at 1-800-273-8255.

The following questions are about your access to resources.

32. Thinking about your MENTAL health, which includes stress, depression and problems with emotions, how would you rate your overall mental health? (Please choose only one)

- ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Not Sure

33. Was there a time in the PAST 12 MONTHS when you needed mental healthcare but did NOT get the care you needed?

- ☐ Yes ☐ No (skip to question 35)

34. What are some reasons that kept you from getting mental healthcare? (Choose all that apply)

- ☐ Am not sure how to find a doctor/counselor ☐ Unable to afford to pay for care
☐ Unable to schedule an appointment when needed ☐ Transportation challenges
☐ Do not have insurance to cover mental healthcare ☐ Cannot take time off work
☐ Fear of family or community opinion
☐ Unable to find doctor/counselor who takes my insurance
☐ Doctor/counselor office does not have convenient hours
☐ Unable to find a doctor/counselor who knows/understands my culture, identity, beliefs, language
☐ Other_____



35. Was there a time in the PAST 12 MONTHS when you needed DENTAL care but did NOT get the care you needed?

- ☐ Yes ☐ No (skip to question 37)

36. What are some reasons that kept you from getting dental care? (Choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Unable to schedule an appointment when needed | <input type="checkbox"/> Am not sure how to find a dentist |
| <input type="checkbox"/> Do not have insurance to cover dental care | <input type="checkbox"/> Unable to afford to pay for care |
| <input type="checkbox"/> Dentist office does not have convenient hours | <input type="checkbox"/> Transportation challenges |
| <input type="checkbox"/> Unable to find a dentist who takes my insurance | <input type="checkbox"/> Cannot take time off work |
| <input type="checkbox"/> Unable to find a dentist who knows or understands my culture, identity, beliefs, or language | |
| <input type="checkbox"/> Other _____ | |

37. In the past 12 months, how many times have you gone to a hospital emergency room (ER) about your own health? (Please choose only one)

- ☐ 1 time ☐ 2 times ☐ 3-4 times ☐ 5-9 times ☐ 10 or more times
☐ I have not gone to a hospital ER in the past 12 months (Skip to question 39)

38. What is the MAIN reason you used the emergency room INSTEAD of going to a doctor's office or clinic? (Choose all that apply)

- | | |
|--|---|
| <input type="checkbox"/> After hours/Weekend | <input type="checkbox"/> I don't have a doctor/clinic |
| <input type="checkbox"/> Long wait for an appointment with my regular doctor | <input type="checkbox"/> Cost |
| <input type="checkbox"/> Emergency/Life-threatening situation | <input type="checkbox"/> I don't have insurance |
| <input type="checkbox"/> Other _____ | |

39. Have you ever been told by a doctor or other medical provider that you had any of the following health issues? (Choose all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> High blood pressure/Hypertension |
| <input type="checkbox"/> Diabetes/High Blood Sugar | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> COPD | <input type="checkbox"/> None of These |

40. How often do you use any of the following products? (Please choose only one response per row)

	I do not use these products	On some days	Once a day	More than once a day
Chewing tobacco, snuff, snus, dip, cigarettes, cigars or little cigars				
E-cigarettes, e-cigars, e-hookahs, e-pipes, hookah pens, vape pipes and vape pens				

41. Please select the choice that best describes your awareness and use of health-related social needs referral services, websites and platforms. (For example, Findhelp, 211, Unite Us, Whole Health Hub, OCPS Connect, HUBB by Healthy West Orange, Orange County Library System Social Worker Assistance Program)

- ☐ I am not aware of and have not used these resources
- ☐ I am aware of these resources, but I have not used them
- ☐ I am aware of these resources and I have used them
- ☐ I don't know
- ☐ Other (please specify): _____

42. In your day-to-day life how often have any of the following things happened to you?

	At least once a week	A few times a month	A few times a year	Never
You are treated with less courtesy or respect than other people				
You receive poorer service than other people at restaurants or stores				
People act as if they think you are not smart				
People act as if they are afraid of you				
You are threatened or harassed				
You are not treated fairly by one or more parts of the judicial system (including law enforcement, courts, attorney, etc.)				
People criticized your accent or the way you speak				

43. What do you think is the main reason for these experiences? (Choose all that apply)

- ☐ Your Ancestry or National Origins
- ☐ Your Race
- ☐ Your Religion
- ☐ Your Weight
- ☐ Your Gender
- ☐ Your Age
- ☐ Your Sexual Orientation
- ☐ Your Height
- ☐ A Physical Disability



- ☐ Some Other Aspect of Your Physical Appearance
- ☐ Your Political Beliefs or Party Affiliation

The final question is about ACEs, or adverse childhood experiences, that happened during your childhood. This information will allow us to better understand how problems that may occur early in life can have a health impact later in life. This is a sensitive topic and some people may feel uncomfortable with these questions. If you prefer not to answer these questions, you may skip them.

For this question, please think back to the time BEFORE you were 18 years of age.

44. From the list of events below, please check the box next to events you experienced BEFORE the age of 18. (Choose all that apply)

- ☐ Lived with anyone who was depressed, mentally ill, or suicidal
- ☐ Lived with anyone who was a problem drinker or alcoholic
- ☐ Lived with anyone who used illegal street drugs or who abused prescription medications
- ☐ Lived with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility
- ☐ Parents were separated or divorced
- ☐ Parents or adults experienced physical harm (slap, hit, kick, etc.)
- ☐ Parent or adult physically harmed you (slap, hit, kick, etc.)
- ☐ Parent or adult verbally harmed you (swear, insult, or put down)
- ☐ Adult or anyone at least 5 years older touched you sexually
- ☐ Adult or anyone at least 5 years older made you touch them sexually
- ☐ Adult or anyone at least 5 years older forced you to have sex

About You

45. What is your age? (Please choose only one)

- ☐ 18 to 24 ☐ 25 to 34 ☐ 35 to 44 ☐ 45 to 54 ☐ 55 to 64 ☐ 65 to 74 ☐ 75 or older

46. Are you of Hispanic or Latino origin or descent? (Please choose only one)

- ☐ Yes, Hispanic or Latino ☐ No, not Hispanic or Latino ☐ Prefer not to answer

47. Which race best describes you? (Please choose only one)

- | | |
|--|--|
| <input type="checkbox"/> More than one race | <input type="checkbox"/> African American or Black |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> I identify in another way: _____ | <input type="checkbox"/> Prefer not to answer |

48. Do you consider yourself to be:

- ☐ Straight
- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Other
- ☐ Don't know/Not sure
- ☐ Prefer not to answer

49. Do you consider yourself to be transgender?

- ☐ Yes ☐ No ☐ Prefer not to answer

50. If yes, do you consider yourself to be:

- ☐ Male-to-female
- ☐ Female-to-male
- ☐ Gender non-conforming
- ☐ Prefer not to answer

51. What language do you MAINLY speak at home? (Please choose only one)

- ☐ Arabic ☐ Chinese ☐ English ☐ French ☐ German
- ☐ Haitian Creole ☐ Russian ☐ Spanish ☐ Vietnamese
- ☐ Portuguese ☐ I speak another language: _____

52. What is the highest level of school that you have completed? (Please choose only one)

- ☐ Less than high school ☐ Some high school, but no diploma ☐ High school diploma or GED
- ☐ Some college, no degree ☐ Vocational/Technical School ☐ Associate degree
- ☐ Bachelor's degree ☐ Master's/Graduate or professional degree or higher
- ☐ Prefer not to answer

**53. How much total combined money did all people living in your home earn last year?
(Please choose only one)**

- ☐ \$0 to \$9,999 ☐ \$10,000 to \$19,999 ☐ \$20,000 to \$29,999
- ☐ \$30,000 to \$39,999 ☐ \$40,000 to \$49,999 ☐ \$50,000 to \$59,999
- ☐ \$60,000 to \$69,999 ☐ \$70,000 to \$79,000 ☐ \$80,000 to \$89,999
- ☐ \$90,000 to \$99,999 ☐ \$100,000 to \$124,999 ☐ \$125,000 to \$149,999
- ☐ \$150,000 or more ☐ Prefer not to answer



54. Which of the following categories best describes your employment status? (Choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Employed, working full-time | <input type="checkbox"/> Student (If so, what school: _____) |
| <input type="checkbox"/> Employed, working part-time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Not employed, looking for work | <input type="checkbox"/> Disabled, not able to work |
| <input type="checkbox"/> Not employed, NOT looking for work | <input type="checkbox"/> Prefer not to answer |

55. Please select all that apply to you (select all that apply):

- ☐ I am blind or I have trouble seeing even when wearing glasses
- ☐ I am deaf or hard of hearing
- ☐ I have difficulty doing errands alone such as visiting a doctor's office or shopping
- ☐ I have serious difficulty in my daily life caused by: mood, intense feelings, controlling my impulses, or hearing, seeing, sensing something that others around me are not
- ☐ I have a really hard time learning how to do things most people my age can learn
- ☐ I have trouble concentrating, remembering, or making decisions because of a physical, mental, or emotional condition
- ☐ I have trouble getting dressed, taking a bath, or showering
- ☐ I have trouble walking or climbing stairs
- ☐ I have a disability or medical condition not described by any of the conditions above (please specify): _____
- ☐ Prefer not to answer
- ☐ None of the above

56. Are you

- ☐ A Veteran ☐ In Active Duty ☐ National Guard/Reserves
- ☐ None of the above (skip to question 58)

57. If Veteran, Active Duty, National Guard, or Reserves, are you receiving care at the VA?

- ☐ Yes ☐ No

58. How do you pay for most of your healthcare? (Please choose only one)

- | | |
|--|---|
| <input type="checkbox"/> I pay cash/I don't have insurance | <input type="checkbox"/> TRICARE |
| <input type="checkbox"/> Medicare or Medicare HMO | <input type="checkbox"/> Indian Health Services |
| <input type="checkbox"/> Commercial health insurance (from Employer) | |
| <input type="checkbox"/> Veteran's Administration | <input type="checkbox"/> Marketplace insurance plan |
| <input type="checkbox"/> County health plan | <input type="checkbox"/> I pay another way: _____ |

59. Including yourself, how many people currently live in your home? (Please choose only one)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more

60. Are you a caregiver to an adult family member who cannot care for themselves in your home?

☐ Yes ☐ No

**That concludes our survey.
Thank you for participating! Your feedback is important.**



For information on adverse childhood experiences, go to **PACEs Connection** online at **www.acesconnectioninfo.com**. PACEs Connection is a social network that recognizes the impact of a wide variety of adverse childhood experiences (ACEs) in shaping adult behavior and health that promotes trauma-informed and resilience-building practices and policies in all families, organizations, systems and communities.

Please find the list of community resources used for this Community Health Needs Assessment Survey.

FindHelp.org

Search and connect to support. Financial assistance, food pantries, medical care and other free or reduced-cost help starts here.

United Way 211

Simply call 211 to speak to someone now, or search by location for online resources and more contact information.

National Suicide Prevention Lifeline

The Lifeline provides 24/7, free and confidential support for people in distress and prevention and crisis resources for you or your loved ones. 1-800-273-8255

Crisis Text Line

Crisis Text Line provides free, 24/7 support via text message. We're here for everything: anxiety, depression, suicide, school. Text HOME to 741741

Lake County Community Resource Guide

Lake County Community Resource Guide

Providing resources to Lake County residents that range from basic needs to behavioral health.

Orange County

Resources to Help You with Mental Health

NAMI Greater Orlando

National Alliance on Mental Illness, Greater Orlando

NAMIGO, an affiliate of the National Alliance on Mental Illness is a 501(c)3 not-for-profit organization that provides free support, advocacy, outreach and education to those with mental health conditions and their loved ones.

Aspire Health Partners

Aspire Health Partners

Providing the highest quality of compassionate, comprehensive and cost effective integrated behavioral healthcare.

Victim Service Center

To provide individualized services and resources to victims of sexual assault, violent crime and traumatic circumstances, through crisis response, advocacy, therapy and community awareness.

Osceola County

Osceola Community Health Services

Services to assist clients confront and work through the difficult issues in their lives, we offer counseling services for all ages. Our clinicians are trained to listen and interact in a way that helps you get to the very root of your emotional concerns.

Seminole County

La Amistad Behavioral Health Services in Orlando | LAMistad.com

La Amistad Behavioral Health Services are set in quiet, residential areas in Maitland and Winter Park, Florida, minutes away from Orlando. We treat individuals ranging from young adolescents to adults. We have treatment programs for psychiatric issues, issues and dual diagnosis for those struggling with both. The therapeutic environment at La Amistad is serene and homelike and the semitropical climate of Central Florida allows for year-round activities. The greatest asset at our mental health facility is the staff, comprising highly-qualified psychiatrists, psychologists, professional nurses, social workers, therapists and psychiatric attendants who work as a team to uphold La Amistad's reputation for excellence in helping patients resolve behavioral health issues.

Information on Adverse Childhood Experiences

PACEs Connection

PACEs Connection is a social network that recognizes the impact of a wide variety of adverse childhood experiences (ACEs) in shaping adult behavior and health that promotes trauma-informed and resilience-building practices and policies in all families, organizations, systems and communities.

Recognizing and Treating Child Traumatic Stress

Learn about the signs of traumatic stress, its impact on children, treatment options and how families and caregivers can help.

TedTalk: How Childhood Trauma Affects Health Across a Lifetime

Nadine Burke Harris reveals a little-understood, yet universal factor in childhood that can profoundly impact adult-onset disease.



Appendix C: Stakeholder Interview Guide

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with Central Florida Collaborative to conduct a Community Health Needs Assessment of the community. The Central Florida Collaborative is comprised of several health systems as well as four county health departments in Central Florida.

The purpose of this conversation is to learn more about the strengths and resources in the community, as well as collect your insights regarding community health and related service needs. Specifically, we are interested in learning about the ways people seek services and your insights about equal access to healthcare across the community. While we will describe our discussion in a written report, specific quotes will not be attributed to individuals.

Do you have any questions for me before we start?

Note to interviewer: Availability of services/care = are there services/resources in the community? Access to services/care = hours of operation; providers accepting new patients; wait times; physical accessibility/location

Introductory Questions

1. Please tell me a little about yourself and how you interact with your local community (i.e., what does your organization do?)
2. When you think of good things about living and/or working in your community, what are the first things that come to mind?
3. What does a “healthy” community look like to you? How has the health of your community changed in the past three years (good or bad)?
4. If you had to pick the top two or three challenges or things people struggle with most in your community, what comes to mind? [*PROBE: behavioral health, access to care, housing, etc.*]

Access To Care and Delivery of Services

5. What, if any, healthcare services are difficult to find and/or access? And why?

PROBE List (As needed):

Quality primary care (Services for adults, children & adolescents).

Specialty care services

Maternal and prenatal care for expectant mothers Other OB/GYN services

Labs/imaging

Immunizations and preventative testing

Senior Services (PROBE: hospice, end-of-life care, specialists, etc.).

Post-COVID-19/impacts of COVID-19 care

Dental

6. What health-related resources are available in your community?

Behavioral Health

7. What, if any, behavioral healthcare services (including mental health and substance use) are difficult to find and/or access? Why?

PROBE LIST: Crisis Services, Inpatient Beds; Autism specialists, Outpatient services, transitional housing, integrated care/primary care, crisis services. Etc.

8. What behavioral-health resources are available in your community?

PROBE LIST: Treatment (IP & OP), Crisis, Recovery

9. What types of stigma, if any, exist when it comes to seeking treatment for mental health and/or substance use disorders?

Vulnerable Populations, Barriers

10. Do you think people in your community are generally **HEALTHY**? Please explain why you think people are healthy or not healthy in your community?

11. How can we improve the overall health of your community?

12. Would you say healthcare services are equally available to everyone in your community regardless of gender, race, age or socioeconomics? What populations are especially vulnerable and/or underserved in your community?

13. What barriers to services and resources exist, if any?

PROBE: based on economic, race/ethnicity, gender, or other factors?

Do community healthcare providers care for patients in a culturally sensitive manner?

14. What would you say are the two or three most urgent needs for the most vulnerable?



Social Drivers, Neighborhood & Physical Environment

15. From your perspective what are the top three non-health-related needs in your community and why?

PROBE LIST AS NEEDED:

Affordable housing

Services for people experiencing homelessness

Food insecurity and access to healthy food

Childcare

Transportation

Internet and technology access

Employment and job training opportunities

Others

Enhancing Outreach & Disseminating Information

16. How do individuals generally learn about access to and availability of services in your area?

PROBE: Social media, Text WhatsApp, word of mouth, etc.

To what degree is health literacy in the community an advantage or challenge?

17. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

Magic Wand

18. If there was one issue that you personally could change about community health in your area with the wave of a magic wand, what would it be?

Thank you for your time and participation!

RESEARCHER FOOTNOTES

Bring up each of the following topics and include probes and subcategories in the dialogue as needed.

Not all topics may be covered in all interviews. Discussion content will be modified to respond to the interviewees' professional background and availability of time during the interview.

Appendix D: Focus Group Guide

Welcome & introductions

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with Central Florida Collaborative to conduct a Community Health Needs Assessment of the community. The Central Florida Collaborative is comprised of several health systems as well as four county health departments in Central Florida.

Explain the general purpose of the discussion

The purpose of this meeting today is to learn more about the strengths and resources in the community, as well as collect your insights regarding community health and related service needs. Specifically, we are interested in learning about the ways people seek services and your insights about equal access to healthcare across the community. While we will describe our discussion in a written report, specific quotes will not be attributed to individuals.

Explain the necessity for notetaking and recording

We're taking notes and recording the session to assist us in recalling your thoughts. We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say and hear here to be confidential.

Describe protocol and logistics for those who have not been to a group before

For those of you who have not participated in a focus group before, the basic process is that I will ask questions throughout our session, however, please feel free to speak up at any time. In fact, I encourage you to respond directly to the comments other people make. If you don't understand a question, please let me know. We are here to ask questions, listen and make sure everyone has a chance to share and feel comfortable. If you need to take a break to use the restroom, please do.

If virtual

If you have a private question, feel free to type it in the Chat area of the software. Please be respectful of the opinions of others. Honest opinions are the key to this process and there are no right or wrong answers to the questions. I'd like to hear from each of you and learn more about your opinions, both positive and negative.

Do you have any questions for me before we start?

Note to moderator: Availability of services/care = are there services/resources in the community?
Access to services/care = hours of operation; providers accepting new patients; wait times;
physical accessibility/location



Introductory Questions

1. Please tell me a little about yourself and how you interact with your local community (i.e., what does your organization do?)
2. When you think of good things about living and/or working in your community, what are the first things that come to mind?
3. What does a “healthy” community look like to you? How has the health of your community changed in the past three years (good or bad)?
4. If you had to pick the top two or three challenges or things people struggle with most in your community, what comes to mind? [*PROBE: behavioral health, access to care, housing, etc.*]

Access To Care And Delivery Of Services

5. What, if any, healthcare services are difficult to find and/or access? And why?

PROBE List (As needed):

Quality primary care (Services for adults, children & adolescents).

Specialty care services

Maternal and prenatal care for expectant mothers Other OB/GYN services

Labs/imaging

Immunizations and preventative testing

Senior Services (PROBE: hospice, end-of-life care, specialists, etc.).

Post-COVID-19/impacts of COVID-19 care

Dental

6. What health-related resources are available in your community?

Behavioral Health

7. What, if any, behavioral healthcare services (including mental health and substance use) are difficult to find and/or access? Why?

PROBE LIST: Crisis Services, Inpatient Beds; Autism specialists, Outpatient services, transitional housing, integrated care/primary care, crisis services, etc.

8. What behavioral-health resources are available in your community?

PROBE LIST: Treatment (IP & OP), Crisis, Recovery

9. What types of stigma, if any, exist when it comes to seeking treatment for mental health and/or substance use disorders?

Vulnerable Populations, Barriers

10. Do you think people in your community are generally **HEALTHY**? Please explain why you think people are healthy or not healthy in your community?

11. How can we improve the overall health of your community?

12. Would you say healthcare services are equally available to everyone in your community regardless of gender, race, age or socioeconomics? What populations are especially vulnerable and/or underserved in your community?

13. What barriers to services and resources exist, if any?

PROBE: based on economic, race/ethnicity, gender, or other factors?

Do community healthcare providers care for patients in a culturally sensitive manner?

14. What would you say are the two or three most urgent needs for the most vulnerable?

Social Drivers, Neighborhood & Physical Environment

15. From your perspective what are the top three non-health-related needs in your community and why?

PROBE LIST AS NEEDED:

Affordable housing

Services for people experiencing homelessness

Food insecurity and access to healthy food

Childcare

Transportation

Internet and technology access

Employment and job training opportunities

Others



Enhancing Outreach & Disseminating Information

16. How do individuals generally learn about access to and availability of services in your area?

PROBE: Social media, Text WhatsApp, word of mouth, etc.

To what degree is health literacy in the community an advantage or challenge?

17. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

Magic Wand

18. If there was one issue that you personally could change about community health in your area with the wave of a magic wand, what would it be?

Thank you for your time and participation!

RESEARCHER FOOTNOTES

Bring up each of the following topics and include probes and subcategories in the dialogue as needed.

Not all topics may be covered in all interviews. Discussion content will be modified to respond to the interviewees' professional background and availability of time during the interview.

Appendix E: Community Survey Tables

DEMOGRAPHICS TABLE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Age						
18-24	4.5%	3.0%	3.8%	3.0%	1.8%	3.3%
25-34	21.6%	27.5%	12.6%	17.1%	14.4%	20.4%
35-44	20.3%	21.1%	22.0%	36.9%	18.0%	24.3%
45-54	21.6%	17.7%	17.4%	15.8%	23.3%	18.4%
55-64	19.4%	22.3%	21.7%	12.6%	23.9%	19.7%
65-74	10.4%	7.2%	13.4%	10.8%	14.4%	10.3%
75+	2.2%	1.2%	9.1%	3.8%	4.2%	3.6%
Race						
American Indian or Alaska Native	0.8%	0.9%	2.2%	0.2%	0.6%	0.9%
Asian	1.5%	5.3%	2.0%	3.4%	0.0%	3.1%
Black/African American	9.1%	17.8%	12.5%	7.4%	17.2%	12.9%
Native Hawaiian or Pacific islander	0.0%	0.6%	1.1%	0.5%	0.6%	0.6%
White	77.7%	58.5%	58.9%	76.1%	62.6%	66.4%
More than one race	3.8%	8.0%	8.6%	4.6%	5.5%	6.4%
Prefer not to answer	5.1%	5.8%	9.7%	5.5%	8.6%	6.5%
I identify in another way	2.0%	3.1%	5.0%	2.3%	4.9%	3.2%
Ethnicity						
Yes, Hispanic or Latino	15.2%	25.9%	47.7%	25.5%	21.9%	27.3%
No, not Hispanic or Latino	80.3%	70.8%	45.6%	69.9%	71.6%	68.0%
Prefer not to say	4.5%	3.3%	6.7%	4.6%	6.5%	4.7%
Highest Level of Education						
Less than high school	0.0%	0.4%	3.8%	0.5%	0.6%	1.0%
Some high school, but no diploma	1.8%	0.9%	5.7%	1.1%	0.6%	1.9%
High school diploma or GED	8.3%	3.9%	11.4%	4.5%	4.9%	6.3%



Some college, no degree	11.7%	12.6%	18.0%	9.1%	17.3%	13.0%
Vocational/technical school	7.0%	5.5%	7.9%	5.9%	6.2%	6.4%
Associate degree	21.8%	8.4%	10.1%	20.2%	11.7%	14.1%
Bachelor's degree	29.1%	34.2%	27.9%	29.0%	27.2%	30.4%
Master's grade or professional degree or higher	19.8%	33.7%	14.4%	29.5%	27.8%	26.2%
Prefer not to say	0.5%	0.4%	0.8%	0.2%	3.7%	0.7%
Household Income						
\$0-\$9,999	1.3%	1.0%	8.3%	1.4%	2.5%	2.5%
\$10,000 to \$19,999	2.5%	2.2%	9.4%	1.1%	1.9%	3.3%
\$20,000 to \$29,999	3.8%	3.5%	7.2%	3.4%	2.5%	4.1%
\$30,000 to \$39,999	4.3%	6.7%	8.3%	3.9%	10.6%	6.2%
\$40,000 to \$49,999	7.8%	9.1%	9.4%	5.2%	9.9%	8.2%
\$50,000 to \$59,999	17.6%	8.7%	7.2%	6.8%	9.3%	9.8%
\$60,000 to \$69,999	2.8%	7.4%	6.1%	11.2%	4.3%	6.8%
\$70,000 to \$79,999	4.5%	4.6%	4.7%	6.6%	8.7%	5.4%
\$80,000 to \$89,999	5.8%	4.8%	6.1%	11.8%	5.6%	6.8%
\$90,000 to \$99,999	8.3%	4.6%	3.3%	8.9%	8.1%	6.3%
\$100,000 to \$124,999	12.1%	9.7%	7.0%	11.2%	12.4%	10.2%
\$125,000 to \$149,999	8.1%	7.4%	3.3%	6.6%	4.3%	6.4%
\$150,000 or more	12.3%	19.7%	7.8%	13.7%	7.5%	13.9%
Prefer not to say	8.8%	10.6%	11.9%	8.2%	12.4%	10.1%
Employment Status						
Employed, full time	77.9%	77.2%	48.4%	74.4%	66.5%	70.4%
Employed, part-time	6.2%	7.6%	9.5%	5.2%	6.7%	7.1%
Retired	6.0%	6.2%	19.7%	9.0%	14.6%	10.0%
Not employed, looking for work	2.0%	2.3%	6.0%	1.8%	1.8%	2.8%
Disabled, not able to work	3.5%	1.3%	7.9%	4.1%	2.4%	3.7%
Not employed, not looking for work	0.5%	1.0%	4.5%	2.9%	1.8%	2.0%
Prefer not to say	2.2%	1.9%	2.0%	1.8%	3.1%	1.8%
Student	1.7%	2.4%	2.0%	1.8%	3.1%	2.2%

Disability Status						
None of the above	61.7%	67.3%	56.6%	69.1%	68.8%	64.7%
Blind have trouble seeing even when wearing glasses	0.3%	0.8%	1.0%	0.5%	0.0%	0.6%
Deaf or hard to hearing	2.4%	1.9%	2.3%	1.6%	1.9%	2.0%
Have difficulty doing errands alone	0.8%	3.6%	1.8%	0.5%	0.0%	1.8%
Serious difficulty in my daily life caused by mood intense feeling	11.2%	2.7%	2.6%	4.2%	0.6%	4.4%
Hard time learning how to do things most people my age can learn	0.3%	0.6%	1.0%	2.3%	0.6%	1.0%
Trouble concentrating, remembering, or making decisions because physical, mental, or emotional condition	9.8%	10.5%	7.8%	8.2%	10.2%	9.3%
Have trouble getting dressed, taking a bath, or showering	0.5%	0.2%	0.5%	1.6%	0.6%	0.7%
Have trouble walking or climbing stairs	2.7%	4.2%	11.4%	4.4%	4.5%	5.4%
Prefer not to say	4.0%	4.8%	7.0%	4.0%	4.5%	4.9%
Conditions not described above	6.4%	3.4%	8.0%	3.5%	8.3%	5.3%
Veteran Status						
A veteran	5.9%	6.7%	5.5%	16.6%	6.3%	8.4%
In active duty	2.6%	1.3%	0.0%	0.7%	0.0%	1.1%
National guard/reserve	4.8%	0.3%	0.8%	5.4%	0.0%	2.3%
None above	86.7%	91.7%	93.7%	77.3%	93.7%	88.2%



Health Status

PERSONAL HEALTH STATUS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Very unhealthy	0.9%	1.0%	2.5%	1.7%	2.7%	1.5%
Unhealthy	6.3%	8.0%	13.4%	5.6%	11.9%	8.5%
Somewhat healthy	45.6%	37.0%	46.4%	38.1%	39.7%	40.8%
Healthy	33.3%	41.8%	31.8%	41.5%	35.9%	37.8%
Very healthy	13.2%	12.1%	4.9%	12.9%	9.8%	11.0%
Not sure	0.7%	0.1%	1.0%	0.2%	0.0%	0.4%

NEEDING MEDICAL CARE IN THE PAST 12 MONTHS BUT NOT RECEIVE IT

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	28.5%	24.4%	25.7%	23.0%	37.3%	26.2%
No	71.5%	75.6%	74.3%	77.0%	62.7%	73.8%

REASONS NOT RECEIVING MEDICAL CARE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Unable to schedule an appointment when needed	8.7%	4.2%	6.5%	5.2%	2.7%	5.5%
Not sure how to find a doctor	3.1%	0.0%	0.0%	0.9%	0.0%	0.8%
Unable to find a doctor who takes my insurance	6.3%	3.6%	4.7%	1.7%	1.4%	3.7%
Unable to afford to pay for care	10.2%	15.6%	9.3%	12.1%	15.1%	12.7%
Doctor's office does not have convenient hours	9.4%	5.7%	3.7%	5.2%	4.1%	5.9%
Transportation challenges	5.5%	2.6%	4.7%	3.4%	1.4%	3.6%
Do not have insurance to cover medical care	11.8%	18.2%	20.6%	17.2%	19.2%	17.2%
Cannot take time off work	18.9%	22.4%	22.4%	25.0%	23.3%	22.3%
Unable to find a doctor who understands me	19.7%	18.8%	15.9%	11.2%	15.1%	16.6%
Other	6.3%	8.9%	12.1%	18.1%	17.8%	11.7%

MENTAL HEALTH STATUS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Excellent	17.7%	16.2%	17.3%	14.1%	17.8%	16.4%
Very good	27.6%	31.2%	26.5%	37.2%	28.9%	30.7%
Good	32.3%	28.7%	27.4%	28.9%	26.6%	29.0%
Fair	17.9%	17.9%	20.7%	15.2%	21.1%	18.1%
Poor	3.8%	5.7%	6.2%	4.4%	5.0%	5.1%
Not sure	0.7%	0.3%	1.9%	0.2%	0.6%	0.7%

NEEDING MENTAL HEALTHCARE IN PAST 12 MONTHS BUT NOT RECEIVE IT

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	23.1%	19.8%	18.3%	20.4%	23.3%	20.5%
No	76.9%	80.2%	81.7%	79.6%	76.7%	79.5%

REASONS NOT RECEIVING MENTAL HEALTHCARE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Not sure how to find a doctor	2.8%	1.9%	1.2%	2.0%	2.2%	2.0%
Unable to afford to pay for care	8.5%	12.3%	12.0%	14.7%	15.2%	12.2%
Unable to schedule an appointment when needed	6.6%	3.2%	3.6%	5.9%	2.2%	4.5%
Transportation challenges	1.9%	0.0%	1.2%	0.0%	0.0%	0.6%
Do not have insurance to cover mental healthcare	8.5%	8.4%	9.6%	6.9%	13.0%	8.7%
Cannot take time off work	10.4%	7.7%	12.0%	6.9%	4.3%	8.5%
Fear of family or community opinion	4.7%	8.4%	6.0%	9.8%	8.7%	7.5%
Unable to find doctor/counselor who takes my insurance	9.4%	12.3%	6.0%	10.8%	10.9%	10.2%
Doctor's office does not have convenient hours	13.2%	12.9%	19.3%	20.6%	10.9%	15.4%
Unable to find a doctor who understands me	23.6%	23.9%	18.1%	13.7%	19.6%	20.3%
Other	10.4%	9.0%	10.8%	8.8%	13.0%	10.0%



NEEDING DENTAL CARE IN THE PAST 12 MONTHS BUT NOT RECEIVING IT

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	32.3%	27.6%	36.5%	26.6%	35.6%	30.5%
No	67.7%	72.4%	63.5%	73.4%	64.4%	69.5%

REASONS NOT RECEIVING DENTAL CARE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Unable to schedule an appointment when needed	3.5%	0.5%	2.7%	3.8%	1.4%	2.3%
Not sure how to find a dentist	6.3%	0.5%	0.7%	0.0%	0.0%	1.6%
Do not have insurance to cover dental care	6.3%	4.2%	8.7%	6.9%	2.9%	6.0%
Unable to afford pay for care	32.9%	28.8%	34.7%	31.5%	37.7%	32.2%
Dentist's office does not have convenient hours	7.7%	9.4%	6.7%	3.1%	4.3%	6.8%
Transportation challenges	6.3%	3.3%	6.7%	4.6%	2.9%	4.8%
Unable to find a dentist who takes my insurance	8.4%	14.6%	10.7%	12.3%	8.7%	11.5%
Cannot take time off work	9.1%	16.5%	12.0%	16.9%	20.3%	14.5%
Unable to find a doctor who understands me	11.2%	10.4%	8.7%	9.2%	10.1%	9.9%
Other	8.4%	11.8%	8.7%	11.5%	11.6%	10.4%

GONE TO THE ER IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
1 time	21.5%	22.2%	21.0%	23.8%	20.3%	22.0%
2 times	19.0%	7.8%	10.1%	9.8%	6.8%	10.7%
3-4 times	2.6%	3.1%	8.4%	7.4%	6.2%	5.1%
5-9 times	0.7%	0.9%	2.3%	0.7%	1.1%	1.1%
10 or more	0.0%	0.4%	0.0%	0.0%	0.6%	0.2%
I have not gone to ER	56.2%	65.6%	58.2%	58.3%	65.0%	60.9%

REASONS FOR RECEIVING CARE AT ER

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
After hours/weekend	19.8%	18.6%	25.7%	15.4%	16.1%	19.3%
I don't have a doctor/clinic	1.6%	3.5%	4.8%	2.6%	3.2%	3.1%
Long wait for an appointment with my regular doctor	24.6%	8.9%	10.8%	10.8%	6.5%	12.9%
Emergency/life-threatening situation	16.0%	5.0%	4.8%	13.8%	1.6%	9.1%
I don't have insurance	3.2%	4.7%	10.2%	4.6%	16.1%	6.2%
Other	8.6%	9.3%	6.0%	10.8%	11.3%	9.0%

SELF-REPORTED HEALTH CONDITIONS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
None of the above	31.1%	34.6%	22.8%	28.8%	27.8%	30.0%
Cancer	1.7%	2.0%	1.8%	0.4%	3.0%	1.7%
Heart disease	0.7%	0.7%	1.3%	0.7%	0.6%	0.8%
Depression/anxiety	11.2%	14.0%	9.4%	16.2%	12.45	13.0%
High blood pressure	16.5%	15.6%	16.3%	19.0%	14.2%	16.5%
Diabetes	7.5%	6.5%	10.8%	5.1%	7.1%	7.2%
Obesity	23.6%	20.8%	29.9%	25.7%	27.2%	24.5%
HIV/AIDs	0.2%	1.0%	0.8%	0.7%	0.0%	0.7%
Stroke	0.7%	1.3%	2.9%	0.4%	1.8%	1.3%
COPD	6.6%	3.5%	3.9%	3.1%	5.9%	4.3%

Health Behaviors

TOBACCO USAGE, INCLUDING CHEWING TOBACCO, SNUFF, SNUS, DIP AND CIGARETTES

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
I don't use these product	81.3%	90.9%	88.6%	83.6%	84.0%	86.5%
On some days	11.9%	4.3%	4.2%	9.8%	4.1%	6.9%
Once a day	3.2%	2.5%	1.6%	3.1%	1.8%	2.6%
More than once a day	3.6%	2.3%	5.6%	3.5%	10.1%	4.0%



VAPING USAGE, INCLUDING E-CIGARETTES, VAPE PENS AND VAPE PIPES

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
I don't use these product	82.0%	92.1%	91.5%	91.2%	93.2%	89.9%
On some days	10.6%	3.9%	4.4%	5.6%	3.1%	5.6%
Once a day	4.7%	1.9%	0.3%	0.5%	0.0%	1.7%
More than once a day	2.7%	2.1%	3.8%	2.7%	3.7%	2.8%

FRUITS AND VEGETABLES CONSUMPTION

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
0	2.8%	4.5%	8.4%	4.3%	4.8%	4.9%
1	27.0%	31.8%	36.9%	26.4%	38.2%	31.2%
2	34.4%	32.0%	27.0%	31.1%	26.9%	30.9%
3	21.3%	18.0%	15.3%	17.5%	16.7%	18.0%
4	9.2%	7.3%	9.2%	13.8%	8.1%	9.4%
5	2.5%	3.9%	1.0%	4.1%	1.6%	2.9%
More than 5	2.8%	2.5%	2.2%	2.8%	3.7%	2.7%

150 MINUTES OF PHYSICAL ACTIVITY PER WEEK

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	56.0%	50.5%	42.4%	47.1%	50.8%	49.4%
No	44.0%	49.5%	57.6%	52.9%	49.2%	50.6%

Social Drivers of Health

WORRIED ABOUT FOOD RUNNING OUT BEFORE MORE MONEY IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Often true	9.7%	10.1%	22.4%	9.1%	15.7%	12.5%
Sometimes true	32.3%	29.1%	31.0%	30.5%	29.7%	30.4%
Never true	58.0%	60.8%	46.6%	60.4%	54.6%	57.1%

FOOD BOUGHT DID NOT LAST AND DON'T HAVE MONEY FOR MORE IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Often true	7.6%	8.1%	18.1%	7.3%	10.3%	9.8%
Sometimes true	31.0%	22.4%	29.2%	26.8%	26.6%	26.6%
Never true	61.4%	69.5%	52.7%	65.9%	63.1%	63.6%

ACCESS EMERGENCY FOOD IN PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	28.1%	19.1%	33.9%	18.4%	30.1%	24.2%
No	71.9%	80.9%	66.1%	81.6%	69.9%	75.8%

WORRIED ABOUT STABLE HOUSING

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	23.1%	15.0%	24.5%	15.2%	18.5%	18.6%
No	76.9%	85.0%	75.5%	84.8%	81.5%	81.4%

UTILITY SHUT OFF SERVICES DUE TO LACK OF PAYMENT IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	17.9%	8.4%	11.4%	7.0%	8.2%	10.5%
No	82.1%	91.6%	88.6%	93.0%	91.8%	89.5%



Community Health and Needs

HEALTH OF THE COMMUNITY

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Very Unhealthy	1.4%	1.8%	6.0%	2.8%	4.5%	2.9%
Unhealthy	0.7%	0.1%	0.5%	0.2%	1.1%	0.4%
Somewhat Healthy	14.2%	12.0%	20.3%	8.7%	15.2%	13.4%
Healthy	52.6%	45.2%	46.9%	39.0%	46.6%	45.7%
Very Healthy	23.8%	33.2%	20.6%	42.6%	29.8%	30.9%
Not Sure	7.3%	7.7%	5.7%	6.7%	2.8%	6.7%

MOST HARMFUL RISKY BEHAVIORS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Alcohol abuse/drinking too much alcohol (beer, wine, spirits, mixed drinks)	1.3%	0.1%	0.2%	0.0%	0.0%	0.3%
Dropping out of school	0.7%	0.1%	0.0%	0.0%	0.0%	0.2%
Illegal drug use/abuse or misuse of prescription medications	2.2%	0.6%	1.3%	0.2%	2.0%	1.1%
Lack of exercise	2.4%	1.5%	2.0%	1.5%	1.0%	1.7%
Poor eating habits	9.7%	9.1%	5.5%	5.4%	9.1%	7.8%
Immunizations	3.8%	4.8%	2.7%	4.6%	5.1%	4.2%
Not wearing helmets	1.8%	1.0%	2.0%	1.5%	2.5%	1.6%
Not using seatbelts/not using child safety seats	2.9%	3.1%	2.0%	1.2%	1.5%	2.3%
Vaping, cigarette, cigar, cigarillo or e-cigarette use	17.5%	12.6%	15.7%	13.3%	20.2%	14.9%
Unprotected sex	4.4%	7.1%	5.1%	5.6%	6.6%	5.8%
Distracted driving (texting, eating, talking on the phone)	36.7%	39.2%	42.8%	35.7%	36.9%	38.5%
Not locking up guns	11.1%	16.2%	15.3%	23.0%	12.1%	16.1%
Not seeing a doctor while you are pregnant	5.5%	4.5%	5.3%	8.1%	3.0%	5.5%

MOST IMPORTANT HEALTH PROBLEMS TO ADDRESS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Aging problems	0.9%	0.1%	0.2%	0.2%	0.5%	0.3%
Cancers	0.9%	0.1%	0.0%	0.2%	0.0%	0.3%
Child abuse/neglect	0.2%	0.3%	0.0%	0.0%	0.0%	0.1%
Clean environment /air and water quality	0.7%	0.4%	0.7%	0.2%	0.5%	0.5%
Climate change	0.7%	0.9%	0.2%	0.4%	0.5%	0.6%
Dental problems	0.9%	0.3%	0.7%	0.4%	0.0%	0.5%
Diabetes/high blood sugar	1.3%	1.3%	3.6%	1.2%	1.0%	1.7%
Domestic violence/rape/sexual assault/human trafficking	2.0%	1.8%	1.2%	1.9%	1.5%	1.7%
Gun related injuries	0.7%	1.4%	1.9%	1.9%	1.0%	1.4%
Being overweight	6.2%	5.5%	7.1%	3.5%	7.1%	5.7%
Mental health problems including suicide	11.7%	20.5%	12.6%	16.1%	14.1%	15.9%
Illegal drug use/abuse of prescription medication and alcohol abuse/drinking too much	24.1%	17.4%	17.1%	15.9%	23.7%	18.9%
Heart disease/stroke/high blood pressure	19.5%	14.0%	13.8%	15.1%	12.1%	15.1%
HIV/AIDS/STDs	3.3%	4.5%	4.0%	2.5%	4.0%	3.7%
homicide	1.3%	2.7%	2.6%	4.3%	3.0%	2.8%
Infectious diseases like hepatitis, TB	5.8%	4.2%	6.7%	5.0%	2.5%	5.0%
Motor vehicle crash injuries	10.8%	12.2%	15.2%	11.0%	13.6%	12.3%
Infant death	2.0%	0.9%	1.0%	2.1%	1.0%	7.8%
Respiratory/lung disease	2.2%	2.8%	4.8%	4.8%	4.5%	3.6%
Teenage pregnancy	2.9%	2.6%	4.0%	5.2%	2.5%	3.4%
Maternal mortality/maternal health	2.0%	6.4%	2.6%	8.3%	6.1%	5.2%



MOST IMPORTANT FACTORS TO IMPROVE QUALITY OF LIFE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Good place to raise children	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%
Low crime/safe neighborhoods	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Good schools	0.9%	0.1%	0.7%	0.2%	0.0%	0.4%
Access to healthcare	1.1%	0.9%	0.9%	0.0%	0.0%	0.7%
Park and recreation	0.7%	0.5%	0.4%	1.7%	0.5%	0.7%
Clean environment/air and water quality	1.1%	0.8%	0.7%	1.4%	0.5%	0.9%
Low-cost housing	1.3%	1.8%	3.7%	1.7%	2.0%	2.1%
Arts and culture events	0.7%	0.8%	0.2%	0.6%	0.5%	0.6%
Low-cost health insurance	2.0%	4.1%	4.4%	4.1%	6.1%	3.9%
Tolerance/embracing diversity	1.3%	1.5%	0.9%	1.4%	1.5%	1.4%
Good jobs and healthy economy	8.2%	10.0%	7.0%	7.2%	9.1%	8.4%
Strong family life	4.0%	4.9%	3.3%	3.1%	7.6%	4.3%
Access to low-cost healthy food	18.6%	14.6%	18.1%	16.3%	15.2%	16.4%
Healthy behaviors and lifestyles	13.9%	11.7%	7.3%	12.4%	12.1%	11.4%
Sidewalks/walking safety	2.0%	3.6%	6.6%	2.3%	4.5%	3.7%
Public transportation /community transportation	5.8%	8.8%	9.5%	7.9%	4.5%	7.8%
Religious or spiritual values	9.3%	7.7%	8.8%	7.6%	11.1%	8.5%
Disaster preparedness	0.4%	1.8%	3.7%	2.9%	1.5%	2.1%
Emergency medical services	3.8%	3.2%	2.9%	4.8%	3.5%	3.6%
Access to good health information	6.4%	7.1%	7.3%	6.2%	3.5%	6.5%
Strong community/community knows and supports each other	18.4%	16.2%	13.7%	18.0%	16.7%	16.5%

Children

NUMBER OF CHILDREN AT HOME

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
None	45.3%	49.0%	56.3%	45.2%	55.8%	49.5%
1	31.2%	23.3%	21.5%	28.7%	21.2%	25.4%
2	14.5%	19.3%	16.3%	21.0%	14.3%	17.7%
3	7.0%	5.4%	3.7%	3.5%	4.1%	4.9%
4	1.2%	2.0%	1.8%	0.4%	4.1%	1.7%
5	0.4%	1.0%	0.2%	1.2%	0.5%	0.7%
6 or more	0.4%	0.0%	0.2%	0.0%	0.0%	0.1%

CHILD NEEDING MEDICAL CARE BUT DID NOT RECEIVE IT IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	30.6%	21.3%	26.3%	14.1%	21.9%	22.5%
No	69.4%	78.7%	73.7%	85.9%	78.1%	77.5%

REASONS WHY CHILD DID NOT RECEIVE MEDICAL CARE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Not sure how to find a doctor	2.4%	1.1%	0.0%	2.4%	0.0%	1.3%
Unable to afford to pay for care	3.6%	5.3%	5.2%	4.9%	9.5%	5.0%
Cannot take time off work	4.8%	5.3%	0.0%	4.9%	4.8%	4.0%
Unable to find a doctor who takes my insurance	8.4%	4.2%	8.6%	2.4%	9.5%	6.4%
Cannot take children out of class	6.0%	3.2%	0.0%	7.3%	0.0%	3.7%
Do not have insurance to cover medical care	13.3%	14.7%	15.5%	9.8%	19.0%	14.1%
Doctor's office does not have convenient hours	8.4%	6.3%	12.1%	4.9%	4.8%	7.7%
Transportation challenges	20.5%	36.8%	25.9%	31.7%	33.3%	29.2%
Unable to schedule an appointment when needed	20.5%	36.8%	25.9%	31.7%	33.3%	29.2%
Unable to find a doctor who understands me	20.5%	12.6%	15.5%	14.6%	9.5%	15.4%
Other	3.6%	6.3%	13.8%	9.8%	9.5%	7.7%



CHILD NEEDING DENTAL CARE BUT DID NOT RECEIVE IT IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	36.0%	25.2%	26.4%	15.1%	18.8%	24.9%
No	64.0%	74.8%	73.6%	84.9%	81.3%	75.1%

REASONS WHY CHILD DID NOT RECEIVE DENTAL CARE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Not sure how to find a dentist	5.4%	0.9%	0.0%	2.3%	0.0%	2.2%
Unable to afford to pay for care	8.7%	8.3%	5.5%	7.0%	11.1%	7.9%
Cannot take time off work	2.2%	2.8%	5.5%	7.0%	5.6%	3.8%
Unable to find a dentist who takes my insurance	13.0%	10.2%	16.4%	9.3%	16.7%	12.3%
Cannot take children out of class	2.2%	1.9%	1.8%	0.0%	0.0%	1.6%
Do not have insurance to cover dental care	8.7%	17.6%	23.6%	18.6%	22.2%	16.5%
Dentist's office does not have convenient hours	7.6%	5.6%	3.6%	11.6%	5.6%	6.6%
Transportation challenges	9.8%	6.5%	1.8%	2.3%	5.6%	6.0%
Unable to schedule an appointment when needed	19.6%	29.6%	25.5%	27.9%	16.7%	25.0%
Unable to find a dentist who understands me	15.2%	11.1%	5.5%	2.3%	5.6%	9.8%
Other	7.6%	5.6%	10.9%	11.6%	11.1%	8.2%

CHILD NEEDING MENTAL OR BEHAVIORAL HEALTHCARE IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	29.4%	22.1%	22.1%	13.3%	16.0%	21.2%
No	70.6%	77.9%	77.9%	86.7%	84.0%	78.8%

REASONS WHY CHILD DID NOT RECEIVE MENTAL OR BEHAVIORAL HEALTHCARE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Not sure how to find a doctor/counselor	3.6%	2.0%	0.0%	4.9%	0.0%	2.4%
Unable to afford to pay for care	3.6%	2.0%	0.0%	2.4%	5.9%	2.4%
Cannot take time off work	3.6%	1.0%	2.1%	4.9%	5.9%	2.8%
Afraid of what people might think	3.6%	0.0%	4.2%	0.0%	0.0%	1.7%
Do not have insurance to cover mental healthcare	7.2%	6.1%	6.3%	9.8%	11.8%	7.3%
Cannot take child out of class	7.2%	0.0%	2.1%	0.0%	11.8%	3.1%
Unable to schedule an appointment when needed	9.6%	24.5%	10.4%	9.8%	11.8%	15.0%
Transportation challenges	3.6%	1.0%	0.0%	0.0%	0.0%	1.4%
Doctor/counselor's office does not have convenient hours	10.8%	10.2%	8.3%	17.1%	5.9%	10.8%
Unable to find a doctor/counselor who takes my insurance	21.7%	24.5%	25.0%	29.3%	17.6%	24.0%
Unable to find a doctor/counselor who understands me	15.7%	14.3%	25.0%	9.8%	11.8%	15.7%
Other	9.6%	14.3%	16.7%	12.2%	17.6%	13.2%



MOST IMPORTANT HEALTH NEEDS FOR CHILDREN

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Accidents and injuries	1.2%	0.0%	0.0%	0.4%	0.0%	0.3%
Asthma	0.8%	0.0%	0.5%	0.4%	0.0%	0.3%
Respiratory health other than asthma (RSV, cystic fibrosis)	0.8%	0.3%	0.0%	0.0%	0.0%	0.3%
Dental care	1.6%	0.0%	0.5%	0.0%	0.0%	0.4%
Diabetes	0.4%	0.0%	0.5%	0.4%	0.0%	0.3%
Drug and alcohol use	0.8%	0.0%	0.0%	0.4%	0.0%	0.3%
Eye health (vision)	0.4%	1.8%	0.5%	1.1%	1.2%	1.1%
Healthy pregnancies and childbirth (not teen pregnancy)	1.2%	0.3%	0.0%	0.0%	0.0%	0.3%
Immunizations (common childhood vaccines, like mumps, measles, chickenpox, etc.)	1.6%	0.8%	2.1%	0.8%	1.2%	1.2%
Infectious diseases (including COVID-19)	0.8%	0.8%	2.1%	1.1%	1.2%	1.1%
Special needs (physical, chronic, behavioral, developmental, emotional)	1.6%	1.0%	0.5%	1.9%	2.4%	1.4%
Medically complex	2.0%	0.3%	0.0%	1.5%	0.0%	0.9%
Attention-deficit/hyperactivity disorder (ADHD)	2.0%	1.3%	3.6%	3.1%	2.4%	2.3%
Mental or behavioral health	9.8%	11.3%	8.3%	10.7%	10.6%	10.3%
Healthy food/nutrition	11.0%	18.6%	15.0%	13.4%	14.1%	14.9%
Obesity	6.9%	8.6%	7.3%	12.6%	9.4%	9.0%
Physical activity	15.9%	16.0%	18.7%	15.3%	11.8%	15.9%
Safe sex practices and teen pregnancy	6.5%	6.8%	7.3%	11.5%	5.9%	7.8%
Suicide prevention	15.9%	10.7%	12.4%	9.2%	12.9%	11.9%
Vaping, cigarette, cigar, cigarillo or e-cigarette use	14.7%	12.6%	16.6%	8.8%	22.4%	13.5%
Other	1.2%	3.9%	3.1%	1.1%	3.5%	2.6%

OTHER IMPORTANT NEEDS OR CONCERNS THAT AFFECT CHILD HEALTH

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Access to benefit (medical, WIC, SNAP/food stamps)	1.6%	0.0%	0.5%	0.4%	0.0%	0.5%
Access to or cost of childcare	0.4%	0.0%	0.5%	0.0%	0.0%	0.2%
Bullying and other stressors in school	0.8%	0.5%	1.5%	0.0%	0.0%	0.6%
Domestic violence, child abuse and/or child neglect	1.6%	0.5%	0.5%	2.3%	2.3%	1.3%
Crime and community violence	1.6%	0.8%	1.0%	1.1%	1.2%	1.1%
Educational needs	1.2%	3.9%	2.6%	2.3%	3.5%	2.7%
Family member alcohol or drug use	1.6%	1.6%	2.1%	0.8%	1.2%	1.4%
Housing	4.5%	4.4%	8.2%	6.4%	3.5%	5.4%
Human trafficking	5.3%	3.9%	2.1%	3.8%	2.3%	3.7%
Hunger or access to healthy food	14.6%	10.9%	9.2%	8.6%	10.5%	10.9%
Lack of employment opportunities	4.1%	3.9%	5.1%	3.8%	3.5%	4.1%
Legal problems	0.8%	0.5%	1.5%	3.0%	1.2%	1.4%
Language barriers	1.6%	3.9%	7.7%	3.8%	0.0%	3.7%
Parenting education (parenting skills for child development)	7.3%	12.0%	5.1%	11.3%	5.8%	10.3%
Safe neighborhoods and places for children to play	14.2%	13.8%	14.9%	12.4%	19.8%	14.2%
Social media	21.5%	20.1%	20.5%	21.4%	24.4%	21.1%
Traffic safety	7.3%	8.9%	7.2%	6.8%	10.5%	7.9%
Transportation challenges	7.7%	7.6%	6.7%	7.9%	4.7%	7.3%
Other	2.0%	2.9%	3.1%	4.1%	5.8%	3.2%



Social Connectedness

CONNECTIONS WITH PEOPLE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Happy with my Friends						
Agree	87.4%	88.2%	84.8%	87.8%	86.7%	87.2%
Disagree	6.9%	6.2%	6.8%	7.0%	6.1%	6.6%
Not sure	5.7%	5.6%	8.4%	5.2%	7.2%	6.2%
Happy with my Relationship						
Agree	79.7%	84.7%	78.7%	86.7%	83.7%	82.9%
Disagree	14.2%	8.7%	10.6%	4.8%	9.6%	9.4%
Not sure	6.1%	6.6%	10.6%	8.5%	6.7%	7.7%
Have Enough People I can Ask for Help at Any Time						
Agree	81.1%	77.1%	62.5%	70.6%	71.1%	73.2%
Disagree	13.2%	15.8%	22.0%	17.0%	18.3%	17.0%
Not sure	5.7%	7.1%	15.5%	12.4%	10.6%	9.8%
My Relationships are Satisfying as I Would Want Them to Be						
Agree	73.7%	75.7%	65.2%	70.0%	69.4%	71.6%
Disagree	18.7%	15.1%	19.2%	13.7%	20.6%	16.7%
Not sure	7.6%	9.2%	15.6%	16.3%	10.0%	11.7%
My Friendships are Satisfying as I Would Want Them to Be						
Agree	72.6%	79.4%	70.7%	74.0%	72.6%	74.8%
Disagree	18.9%	13.2%	16.9%	13.2%	18.4%	15.4%
Not sure	8.5%	7.4%	12.4%	12.8%	9.0%	9.8%
I Feel Safe in My Home						
Agree	91.2%	92.4%	91.8%	94.5%	93.8%	92.6%
Disagree	6.4%	3.4%	4.4%	3.1%	3.4%	4.1%
Not sure	2.4%	4.2%	3.8%	2.4%	2.8%	3.3%

THOUGHTS OF HURTING YOURSELF

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Not at all	81.6%	88.9%	88.1%	88.2%	92.1%	87.5%
Several days	15.3%	9.3%	9.1%	10.0%	5.6%	10.2%
More than half the days	2.8%	1.1%	2.3%	0.9%	1.7%	1.7%
Nearly every day	0.3%	0.7%	0.5%	0.9%	0.6%	0.6%

HOW OFTEN HAVE THE FOLLOWING HAPPENED TO YOU

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Treated with Less Courtesy						
At least once a week	11.0%	11.6%	11.3%	11.0%	19.1%	11.9%
A few times a month	23.5%	13.3%	15.7%	12.4%	9.3%	15.2%
A few times a year	26.3%	36.8%	30.0%	36.6%	35.2%	33.3%
Never	39.2%	38.3%	43.0%	40.0%	36.4%	39.6%
Receive Poor Service Than Other People						
At least once a week	7.8%	4.5%	4.7%	2.1%	6.8%	4.8%
A few times a month	5.8%	6.8%	9.5%	5.8%	5.0%	6.8%
A few times a year	25.3%	34.7%	28.7%	33.7%	33.3%	31.5%
Never	61.1%	54.0%	57.1%	58.4%	54.9%	56.9%
People Act as if They Think You Are Not Smart						
At least once a week	8.0%	6.6%	8.0%	6.3%	10.5%	7.4%
A few times a month	14.6%	8.9%	9.7%	8.8%	6.2%	9.9%
A few times a year	24.6%	30.9%	27.7%	29.0%	27.8%	28.4%
Never	52.8%	53.6%	54.6%	55.9%	55.5%	54.3%
Act as if They Are Afraid of You						
At least once a week	5.3%	3.2%	2.3%	2.5%	3.1%	3.2%
A few times a month	6.8%	5.2%	3.8%	3.1%	3.1%	4.6%
A few times a year	14.3%	13.8%	10.5%	13.5%	11.7%	13.1%
Never	73.6%	77.8%	83.4%	80.9%	82.1%	79.1%
You Are Threatened or Harassed						
At least once a week	2.5%	2.8%	2.3%	2.3%	1.9%	2.4%
A few times a month	11.5%	4.9%	3.5%	3.9%	1.9%	5.5%
A few times a year	16.6%	19.3%	13.3%	17.5%	22.8%	17.5%
Never	69.4%	73.0%	80.9%	76.3%	73.4%	74.6%
Not Treated Fairly by One or More Parts of the Judicial System						
At least once a week	3.0%	2.6%	1.3%	1.3%	1.2%	2.0%
A few times a month	6.5%	2.7%	2.0%	3.6%	2.5%	3.5%
A few times a year	9.3%	12.0%	10.0%	8.6%	9.3%	10.2%
Never	81.2%	82.7%	86.7%	86.5%	87.0%	84.3%
People Criticized Your Accent or the Way You Speak						
At least once a week	11.1%	14.7%	12.5%	11.9%	14.7%	13.2%
A few times a month	1.3%	1.5%	2.7%	1.0%	8.8%	2.1%
A few times a year	22.2%	22.8%	16.1%	11.9%	23.5%	19.2%
Never	65.4%	61.0%	68.7%	75.2%	53.0%	65.5%



REASON FOR EXPERIENCE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Ancestry or national origins	2.4%	4.4%	12.0%	4.5%	11.1%	6.0%
Race	7.5%	15.6%	15.5%	8.4%	14.3%	12.4%
Religion	3.1%	3.0%	2.2%	1.3%	0.0%	2.3%
Weight	8.6%	5.0%	6.3%	4.5%	4.8%	5.7%
Gender	14.4%	15.4%	10.4%	12.4%	10.3%	13.2%
Age	25.7%	19.8%	17.1%	19.7%	23.8%	20.6%
Height	3.4%	5.3%	3.8%	2.6%	5.6%	4.1%
Physical disability	5.1%	4.8%	3.5%	6.1%	4.0%	4.8%
Some other aspect of your physical appearance	12.0%	11.7%	15.2%	25.3%	16.7%	15.8%
Political beliefs or party affiliation	15.1%	10.4%	11.7%	13.2%	7.9%	11.9%

ADVERSE CHILDHOOD EXPERIENCES (ACES)

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Lived with anyone who was depressed, mentally ill or suicidal	4.9%	6.1%	4.7%	3.9%	6.6%	5.1%
Lived with anyone who was problem drinker or alcoholic	6.9%	5.3%	3.6%	15.2%	4.9%	7.6%
Lived with anyone who used illegal street drugs or who abused prescription medications	1.7%	3.0%	2.5%	1.7%	1.6%	2.3%
Lived with anyone who served time or was sentenced to serve time in prison, jail or other correctional facility	7.3%	2.2%	0.4%	2.0%	1.6%	2.7%
Parents were separated or divorced	18.8%	18.8%	23.3%	12.9%	11.5%	17.6%
Parents or adults experienced physical harm	8.3%	4.0%	5.5%	8.1%	5.7%	6.2%
Parents or adults physically harmed you	4.2%	4.2%	3.3%	6.2%	4.9%	4.6%
Parent or adult verbally harmed you	21.9%	31.9%	28.7%	27.2%	32.0%	28.4%

Adult or anyone at least 5 years older touched you sexually	10.8%	11.1%	10.5%	10.1%	12.3%	10.8%
Adult or anyone at least 5 years older made you touch them sexually	8.0%	5.1%	6.9%	5.1%	9.0%	6.3%
Adult or anyone at least 5 years older forced you to have sex	7.3%	8.3%	10.5%	7.6%	9.8%	8.5%

Awareness and use of health-related social needs referral services, websites and platforms (for example, Findhelp, 211, Unite Us, Whole Health Hub, OCPS Connect, HUBB by Healthy West Orange, Orange County Library System Social Worker Assistance Program).

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Not aware and have not used these resources	55.7%	45.9%	57.2%	47.8%	50.9%	50.6%
Aware of these resources but have not used them	23.1%	38.2%	24.5%	36.8%	29.7%	31.9%
Aware of these resources and have used them	15.7%	11.7%	10.4%	10.3%	10.3%	11.8%
I don't know	5.0%	2.8%	6.0%	3.3%	5.5%	4.2%
Other	0.5%	1.4%	1.9%	1.8%	3.6%	1.5%



Appendix F: Access Audit Summary

Phone-based access audits serve as an effective tool to evaluate how easily community members can access healthcare services across the Central Florida Collaborative service area with a focus on assessing access rather than profiling specific sites. The main aim of these audits is to gain a thorough understanding of practical access to services as well as identify barriers faced by individuals seeking care.

Crescendo conducted calls to facilities within the Central Florida Collaborative Osceola County service area with direct access via publicly available phone numbers. The audit encompassed organizations in healthcare, food access and basic needs, maternal and child services and community support networks.

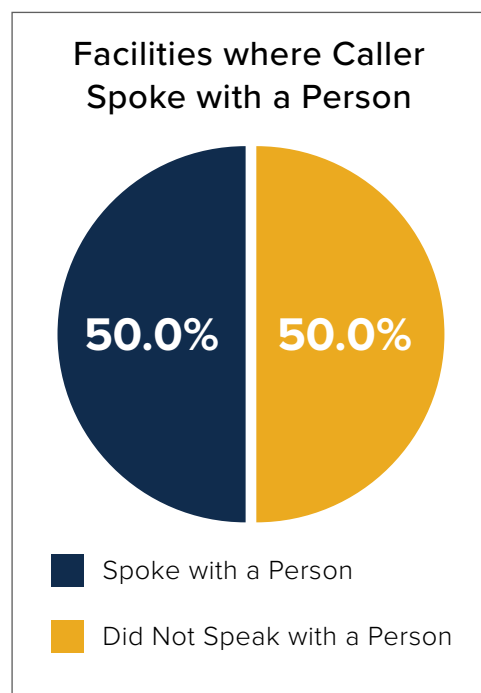
The calls evaluated a variety of intake aspects, including but not limited to 'Ease of speaking with a person,' 'Automated answer - was the automated answer efficient?,' language options, description of services offered, wait time to speak with someone on the phone, 'Ability of the site or facility to accept new patients' and 'Wait times' for screening or intake appointment/ process and for an initial appointment.

Facilities Included in Access Audit

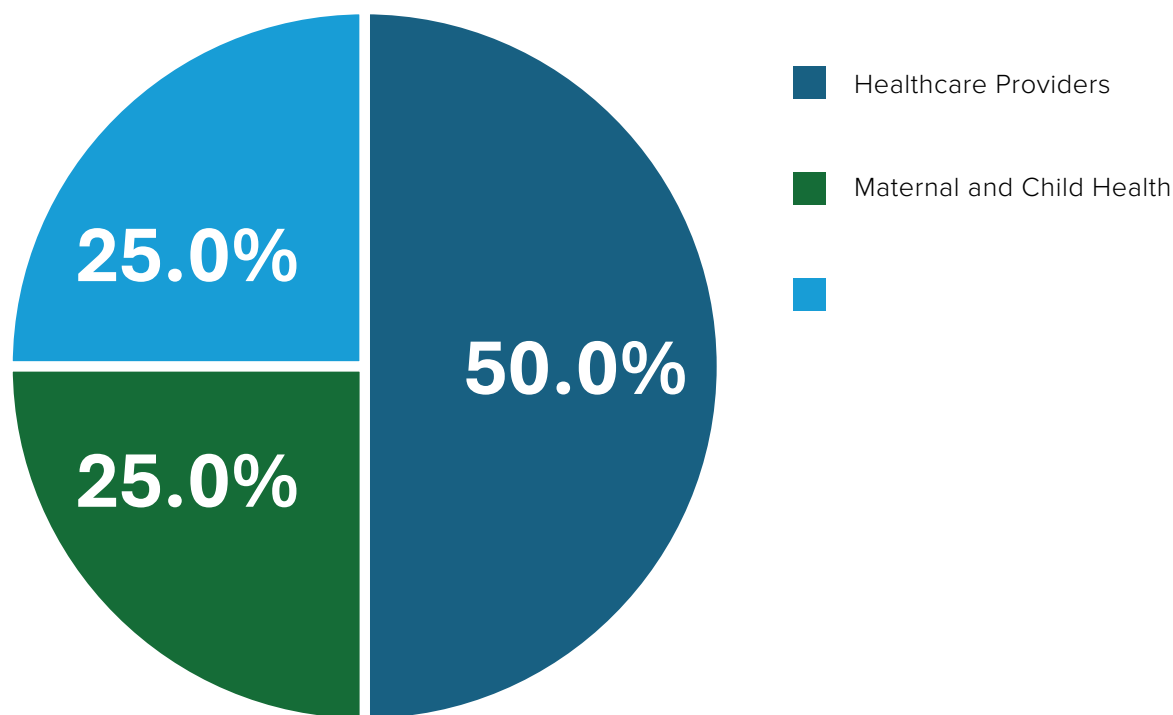
1. Florida Department of Health in Osceola County
2. Hope Partnership
3. Osceola Community Health Services
4. Healthy Start Osceola County

Ability of Facilities to Accept New Patients

The ability of facilities in Osceola County to accept new patients varied depending on the type of service provided. One facility was accepting new patients, though appointment wait times ranged from two to five weeks depending on the specialty—dentistry had longer wait times compared to pediatrics. Other facilities provided maternal and infant health services and basic needs and homeless services..



Facility Type



Ability of Facilities to Provide Referrals

Facilities varied in their ability to answer questions and refer to other services. One of the facilities only had an automated response due to a high volume of calls. Another automated response provided multiple options for callers to be able to select the exact department they were trying to reach.

How Staff Inquiries Help Determine Prospective Patient Needs

Insurance information was asked about in order to assure coverage. For facilities that accept Medicaid, clarification on the type of plan was asked. Demographic information was collected to ensure that the facilities were within service area..

Ease of Speaking with a Person

Most facilities used automated phone trees with Spanish language options. Wait times varied among the facilities, ranging from two minutes to the offices not taking calls. Callers experienced high call volumes that deterred them from speaking to representative.



Appendix G: Needs Prioritization Process

The 2025 Central Florida Collaborative Community Health Needs Assessment utilized a modified Hanlon Method, which is an evidence-based technique which objectively takes into consideration explicitly defined criteria and feasibility factors. The process was conducted in two phases. The first phase was a pre-session survey where CFC partners and others invited to participate in the process ranked each community for magnitude of need, severity of need and feasibility of addressing the need in their community. Based on the three criteria rankings, a priority score was calculated.

The second phase of the process was an in-person (Regional Needs Prioritization) or virtual (County Needs Prioritization) meeting. During the meeting, participants broke into small roundtable discussions to conduct the PEARL-E test for each of the community needs. The PEARL-E Test helps screen out community needs based on the following feasibility factors:

- **P**ropriety - Is addressing this community need suitable given community goals and values?
- **E**conomics - Does it make economic sense to address this community need? Are there potential economic consequences if it is not addressed?
- **A**ceptability - Will the community support efforts to address this community need? Is it wanted and culturally appropriate?
- **R**esources - Are resources (funding, staff, facilities, etc.) available or potentially available to address this community need?
- **L**egality - Are there legal or policy barriers to implementing solutions for this community need?
- **E**quity - Does addressing this community need promote equity by reducing health disparities and improving outcomes for underserved or marginalized populations?

At the end of each meeting, the participants voted for their top 15 needs. The needs that received the most votes were the top 15 community needs for each county.



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