

2025 Community Health Needs Assessment

SEMINOLE COUNTY



Rooted in Community

Published: July 2025



CHNA

The Central Florida Collaborative includes several federally qualified health centers within larger, multi-site health systems.

AdventHealth is represented in the Collaborative by the following:

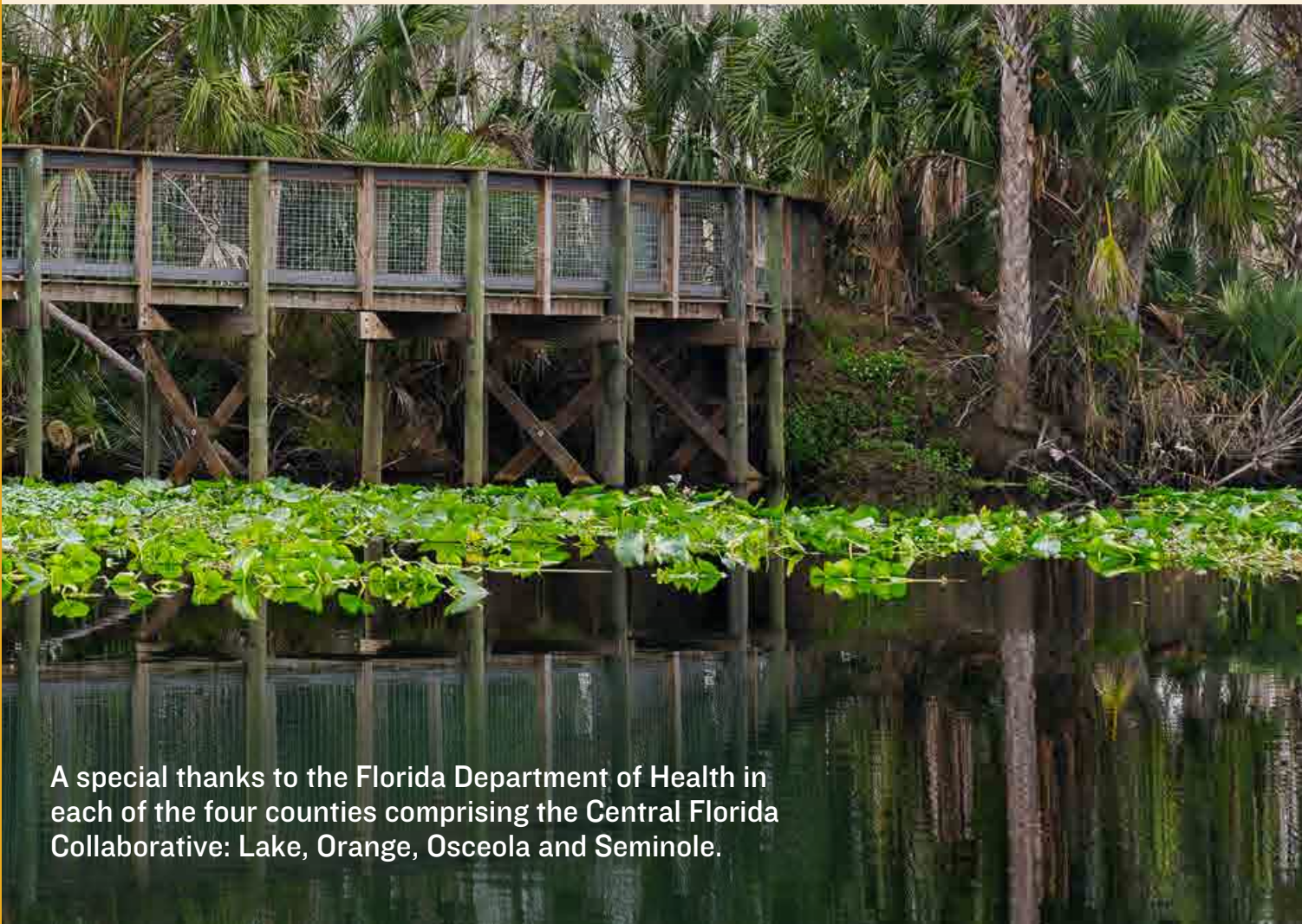
- AdventHealth Altamonte Springs
- AdventHealth Apopka
- AdventHealth Celebration
- AdventHealth East Orlando
- AdventHealth Kissimmee
- AdventHealth Orlando
- AdventHealth Waterman
- AdventHealth Winter Garden
- AdventHealth Winter Park

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



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.

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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



The following document provides an overview of the Seminole 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 Seminole 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 **11** focus group discussions and **51** key stakeholder interviews.
- **Survey Research:** The community survey engaged **518** 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.

Seminole 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/Gudie-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">• Collaboration and Community• Education	<ul style="list-style-type: none">• Trust of Healthcare Providers	<ul style="list-style-type: none">• Access to Healthcare• Awareness of Services• Behavioral Healthcare• Basic Needs and Cost of Living• 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 518 responses from Seminole County out of 2,376 total responses from the four-county region.

Prioritization Process Summary

Community needs were identified at the regional and county levels after the analysis of the primary and secondary quantitative and qualitative data. For Seminole County, 33 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.

Top 16 Community Needs

1. Food security
2. Transportation
3. Affordable housing, including for older adults
4. Affordable childcare services
5. Transitional housing for people experiencing homelessness
6. Jobs with livable wages
7. Behavioral health provider shortage, especially prescribing professionals and providers who understand opioid misuse
8. Dental, including additional pediatric dentists
9. Building trust with medically underserved populations²
10. Better communication between healthcare organizations and nonprofits
11. Emergency shelter for people experiencing homelessness
12. Impact of social media on the mental health of children
13. Substance use treatment services
14. Linguistically and culturally appropriate healthcare services and resources
15. Healthcare navigation in multiple languages
16. Infrastructure investments in low-income communities, specifically increasing safety

² From the IRS: "Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured or due to geographic, language, financial or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma or other barriers." Source: <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>



Introduction

CHAPTER I

About the Central Florida Collaborative Members

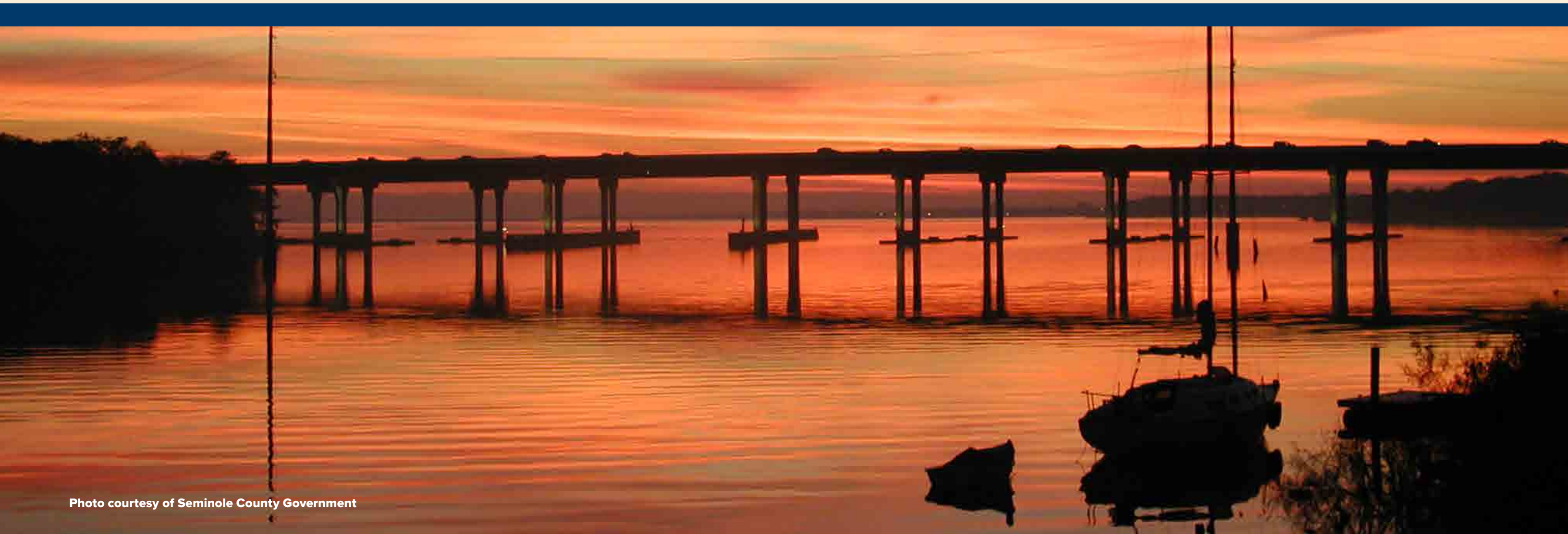


Photo courtesy of Seminole County Government

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 CFC 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



Photo courtesy of Seminole County Government

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 Liasions

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 communities:

- Black/African American
- Hispanic/Latino/Spanish language speakers
- Members of the community of people living with disabilities
- New Americans/immigrants/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.
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- **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



One Pill Can Kill Awareness Campaign | Seminole County



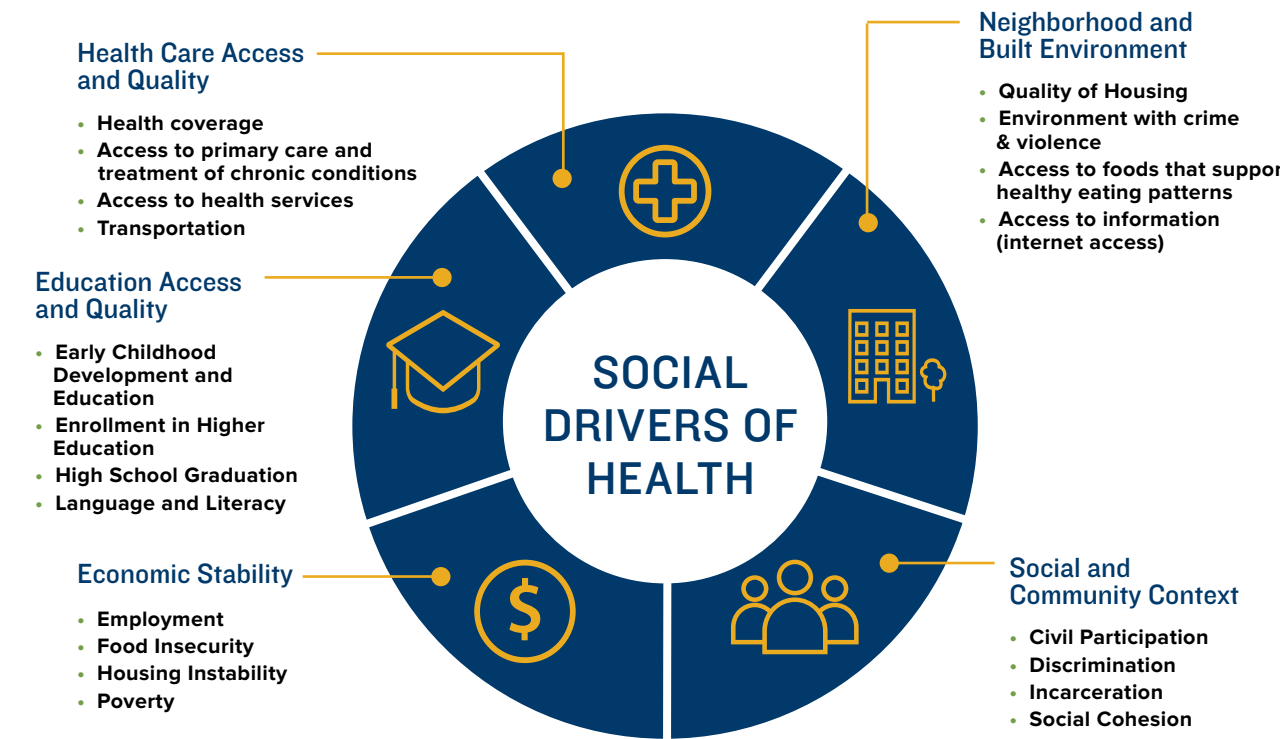
Social Drivers of Health

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 goals⁵.

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: Seminole County



Secondary Data Profiles: Seminole County

Introduction

The following report section contains the high-level secondary data findings for Seminole 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 Seminole 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.

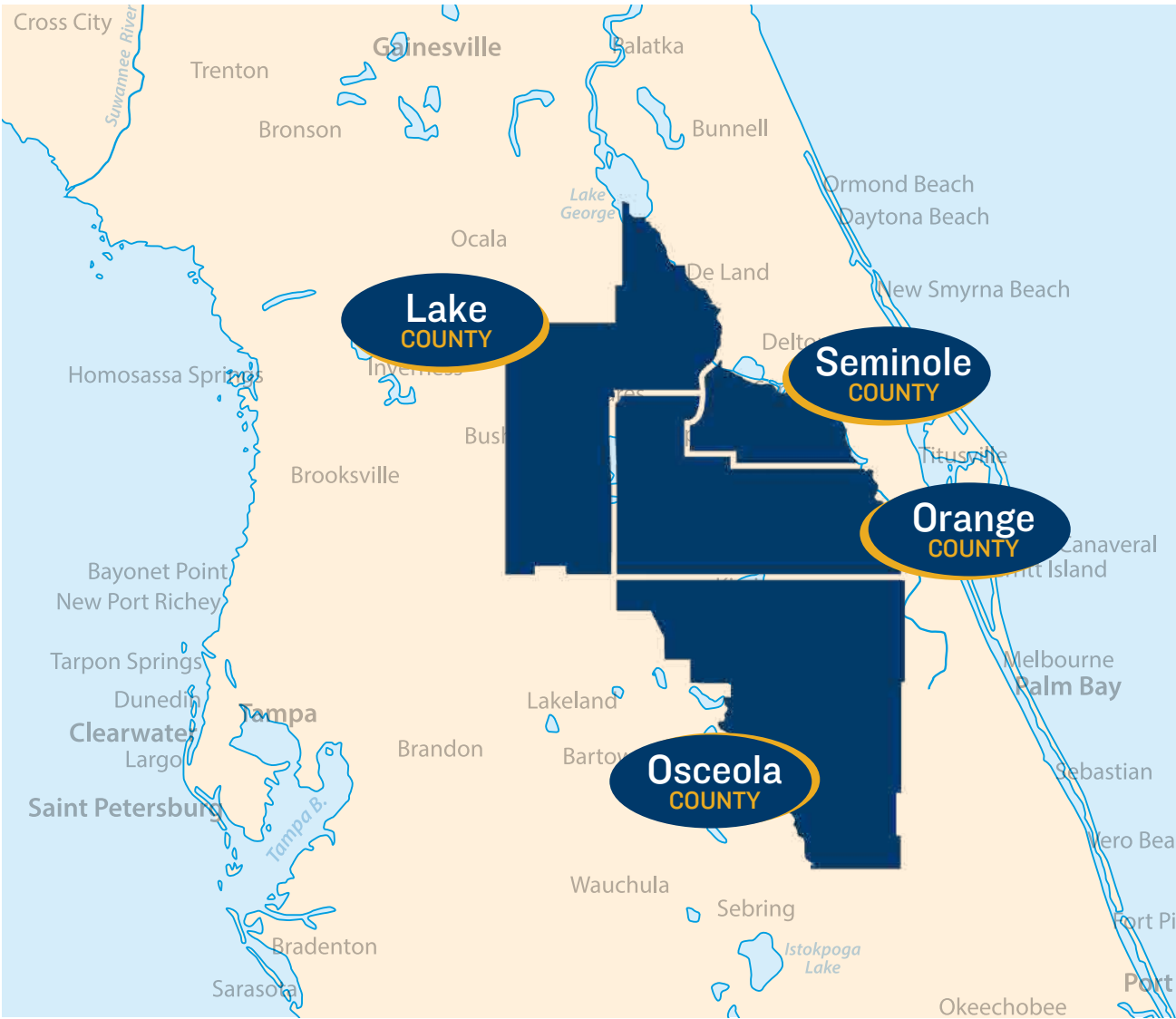
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Photo courtesy of Seminole County Government

CFC Service Area

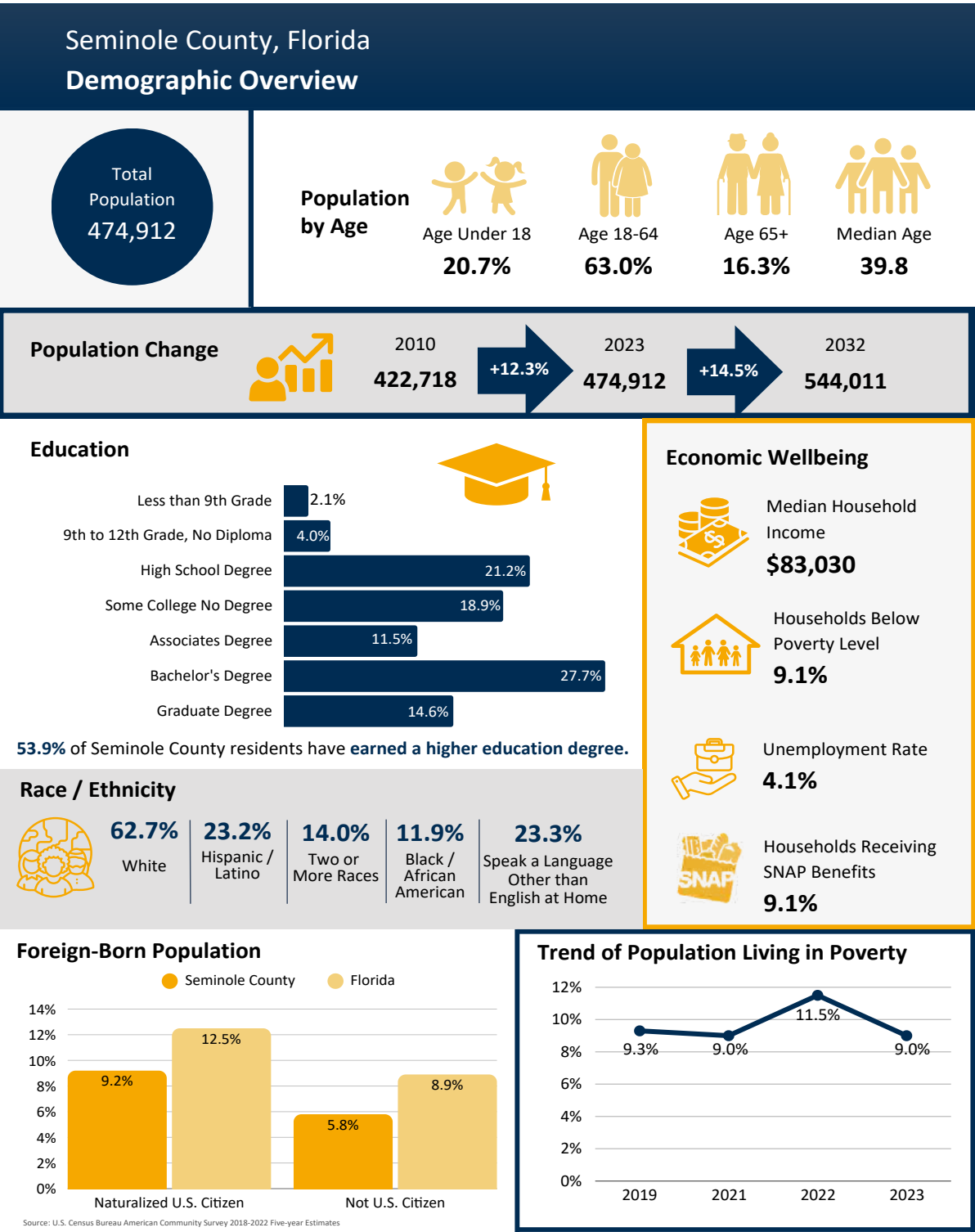
The Central Florida Collaborative service area encompasses all of Lake, Orange, Osceola and Seminole counties. Each county is individually identifiable. The service area was determined by analyzing where individuals who participated in hospital and CFC partner programs live and seek care, based on patient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



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 Seminole County population experienced a 12.0% increase in total population between 2010 and 2023 and is expected to increase at least 14.5% by 2032.

TOTAL POPULATION GROWTH AND PROJECTIONS

	United States	Florida	Seminole County
2023	332,387,540	21,928,881	474,912
2010	308,745,538	18,801,310	422,718
2010-2023 Percent Change	+7.7%	+16.6%	+12.3%
2032	364,066,358	25,075,386	544,011
2023-2032 Percent Change	+9.5%	+14.3%	+14.5%

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 Approximately 16.0% of the Seminole County population is aged 65 and older and is expected to grow in the coming decade.

YOUTH AND OLDER ADULT POPULATION

	Florida		Seminole County	
	2019	2023	2019	2023
Under 5	5.4%	5.1%	5.3%	5.0%
Under 18	20.0%	19.6%	21.2%	20.7%
65 and Older	20.1%	21.1%	15.2%	16.3%

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	Seminole County
American Indian and Alaska Native	0.9%	0.3%	0.2%
Asian	5.8%	2.9%	5.2%
Black/African American	12.4%	15.3%	11.9%
Native Hawaiian and Other Pacific Islander	0.2%	0.1%	0.0%
Some Other Race	6.6%	5.6%	6.0%
Two or More Races	10.7%	15.9%	14.0%
White	63.4%	59.9%	62.7%

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

POPULATION BY ETHNICITY

	United States	Florida	Seminole County
Hispanic/Latino of any race	19.0%	26.7%	23.2%

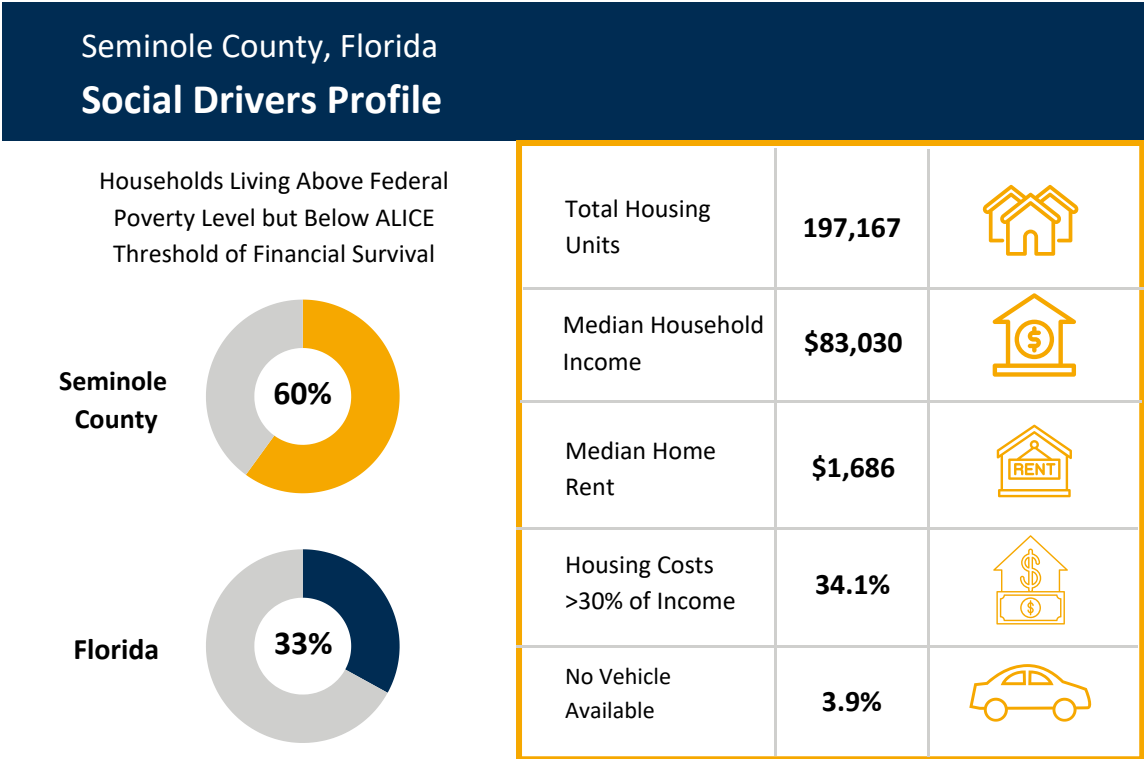
Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

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.

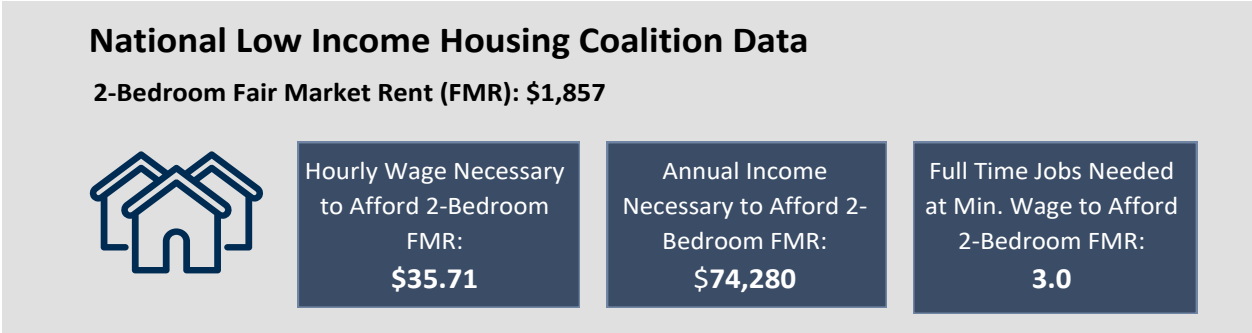
¹⁰ Race alone are those "people who responded to the question on race by indicating only one race are referred to as the race alone population or the group who reported only one race. <https://www.census.gov/glossary/?term=Race+alone>



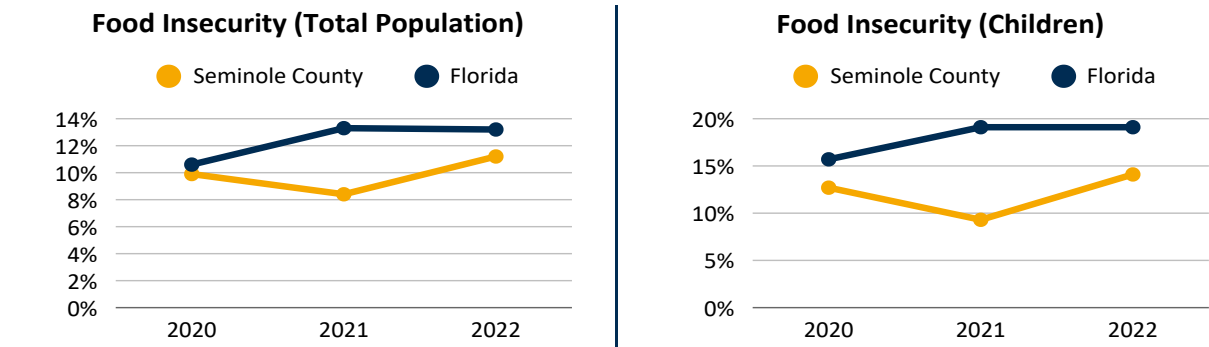
Social Drivers



Source: United Way, United for ALICE (2022)



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



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 Compounding Florida’s food insecurity crisis are 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, with 35.0% of renters spending more than half their income on housing and over half of Florida’s jobs pay less than \$15.00 an hour, leaving families struggling to cover basic expenses. 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 Seminole County increased by 10.9%. During this time, the child food insecurity rate grew by 8.5%. In Seminole County, 14.0% of children are considered food insecure as of 2022, the highest annual rate since 2019.

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%	←

	Seminole County						
	2019	2020	+/-	2021	+/-	2022	+/-
Total Population	10.1%	9.9%	→	8.4%	→	11.2%	←
Children	13.0%	12.7%	←	9.3%	→	14.1%	←
50-59	ND	ND	—	ND	—	11.9%	—
60 and Older	ND	ND	—	ND	—	ND ¹³	—

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:¹⁴

- 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 Seminole County are considered food deserts (29 out of 139 census tracts)

FOOD DESERTS

	Seminole County
Number of census tracts	29
Percentage of census tracts	20.9%

Source: USDA, Food Access Research Atlas



¹⁴ 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 payment standard amounts for the Housing Choice Voucher program, to determine initial renewal rents for some expiring project-based Section 8 contracts, as well as to determine initial rents for housing assistance payment contracts in the Moderate Rehabilitation Single Room Occupancy program (Mod Rehab), rent ceilings for rental units in both the HOME Investment Partnerships program and the Emergency Solution Grants program, 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 and calculation of flat rents in Public Housing units.¹⁵

FAIR MARKET RENT

	Seminole 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 Seminole County, an individual would need to make at least \$35.71 per hour, while 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 \$83,030, according to the latest ACS five-year estimates from the U.S Census Bureau.

NATIONAL LOW-INCOME HOUSING COALITION: HOUSING COSTS

	Florida	Seminole 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

¹⁵ 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 a steady increase in housing insecurity, increasing by 53.0% between 2018 and 2024 in Seminole County.

TREND OF ANNUAL POINT-IN-TIME COUNTS

	Florida	+/-	Seminole County	+/-
2024	31,462	←	440	←
2023	30,756	←	274	→
2022	25,959	←	280	←
2021 ¹⁶	21,141	→	209	→
2020	27,679	→	372	←
2019	28,590	→	252	→
2018	29,717	—	288	—

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.¹⁷

Over 750 more students were considered homeless in Seminole County during the 2022-2023 school year compared to the 2021-2022 school year.

DEPARTMENT OF EDUCATION HOMELESS STUDENT COUNT

School Year	Florida	+/-	Seminole County	+/-
2022-2023	94,902	←	2,686	←
2021-2022	78,277	—	1,934	—

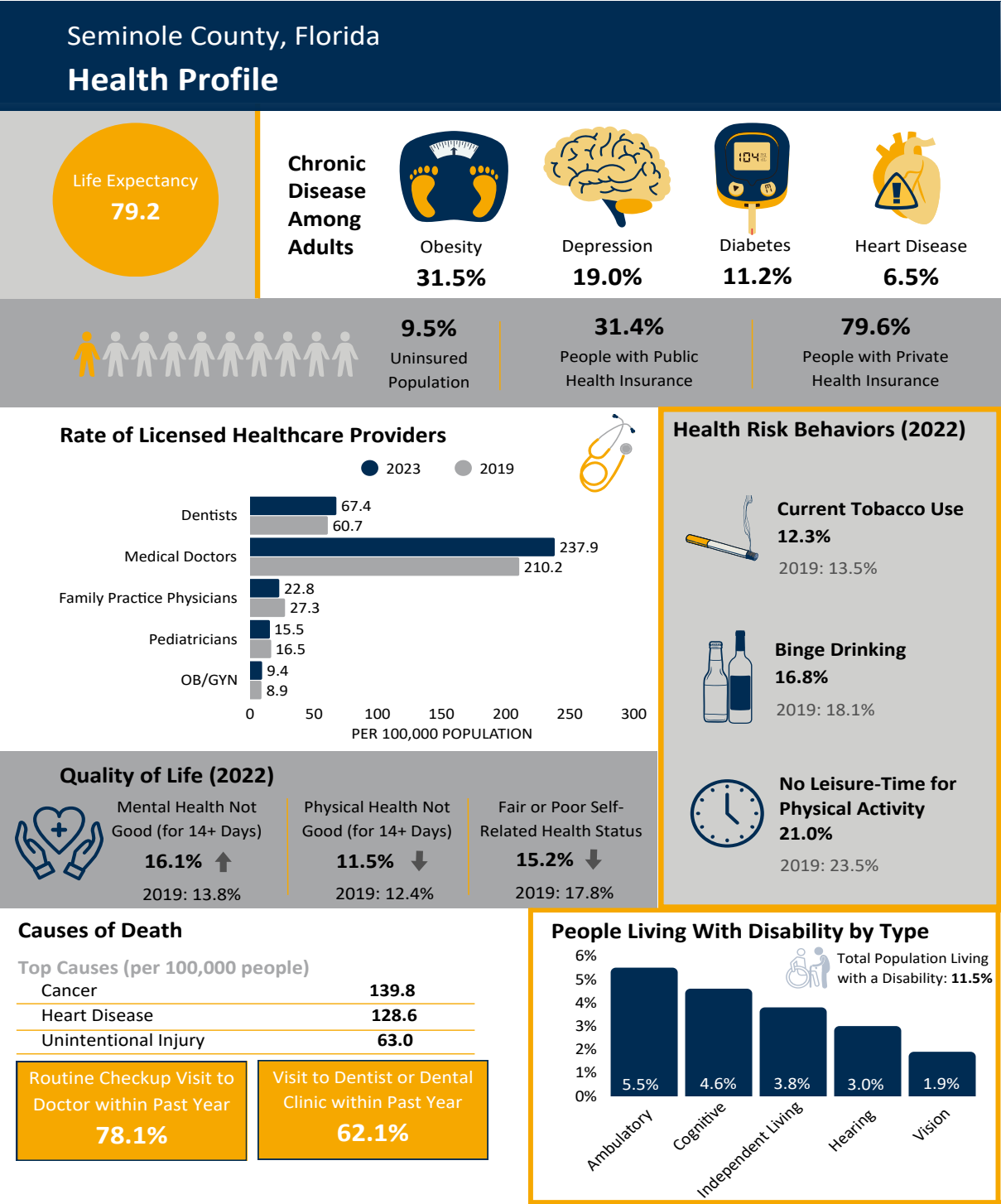
Source: Florida’s Council on Homelessness 2022 and 2024 Annual Report

¹⁶ 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.

¹⁷ 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



Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates | Florida Behavioral Risk Factor SurveillanceSystem | 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 inequities 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. They are more likely to lose children in infancy and are at higher risk for many chronic health conditions, from diabetes to hypertension.¹⁸

In Seminole County, the Hispanic/Latino population has the highest median life expectancy. The Hispanic/Latino population makes up approximately 23.0% of the county population.

MEDIAN LIFE EXPECTANCY BY RACE AND ETHNICITY

	Florida	Seminole County
White	78.5	79.4
Black/African American	74.9	76.4
Other	ND	ND

	Florida	Seminole County
Hispanic/Latino	81.4	78.6
Non-Hispanic/Latino	77.2	82.8

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

The top three leading causes of death in Seminole County include heart disease, cancer and unintentional injuries.

AGE-ADJUSTED MORTALITY RATES FOR LEADING CAUSES OF DEATH

Per 100,000 Population	Florida	Seminole County
Heart Disease	145.5	128.6
Cancer	138.3	139.8
Unintentional Injury	69.9	63.0
Stroke	45.2	58.1
Chronic Lower Respiratory Disease	32.2	28.2
Diabetes	23.4	25.4
Alzheimer's Disease	18.9	19.3
Suicide	13.6	13.2

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

¹⁸ 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>



Florida is one of the states that opted not to expand Medicaid under the Affordable Care Act (ACA). This decision has had a significant impact on access to affordable coverage for many low-income individuals and families who do not qualify for Medicaid but also struggle to afford private insurance. Florida’s geographic diversity plays a role in shaping the health insurance landscape. 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 disparity in healthcare resources can impact the availability and affordability of health insurance for residents across the state.¹⁹

In Seminole County, there were 38,440 uninsured people in 2023, 8.0% of the county’s population compared to 10.7% of the state population being uninsured.

TREND OF POPULATION WITHOUT HEALTH INSURANCE²⁰

	Florida	+/-	Seminole County	+/-
2023	10.7%	→	8.0%	→
2022	11.2%	→	9.7%	→
2021	12.1%	→	11.0%	←
2019	13.2%	—	9.1%	—

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

POPULATION WITHOUT HEALTH INSURANCE BY RACE²¹

	United States	Florida	Seminole County
American Indian and Alaska Native	19.2%	30.4%	16.3%
Asian	5.9%	9.2%	5.1%
Black/African American	9.5%	13.8%	11.3%
Native Hawaiian and Other Pacific Islander	11.6%	20.6%	13.8%
Some Other Race	19.7%	20.8%	14.9%
Two or More Races	13.0%	15.0%	12.4%
White	6.6%	9.8%	8.4%

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

POPULATION WITHOUT HEALTH INSURANCE BY ETHNICITY

	United States	Florida	Seminole County
Hispanic/Latino	17.5%	17.1%	13.3%
White, not Hispanic/Latino	5.7%	8.7%	8.1%

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

¹⁹ 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/>

²⁰ 2020 One-Year Estimates Not Available.

²¹ 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.²²

Between 2019 and 2023, the greatest percentage increase of the licensed healthcare providers included in the data below in Seminole County was physician assistants (41.0%). The largest decrease was for family practice physicians (-16.5%).

RATE OF LICENSED HEALTHCARE PROVIDERS

Per 100,000 Population	Florida			Seminole County		
	2019	2023	+/-	2019	2023	+/-
Medical Doctors	250.8	261.2	→	210.2	237.9	→
Physician Assistants	41.0	51.0	→	38.3	54.0	→
Family Practice Physicians	18.5	13.3	←	27.3	22.8	←
Pediatricians	21.6	16.5	←	16.5	15.5	←
Registered Nurses	1,299.5	1,441.2	→	1,543.7	1,594.0	→
Licensed Practical Nurses	307.1	278.9	←	235.8	230.3	←
Certified Nursing Assistants	688.5	628.6	←	341.0	327.7	←
Dentists	57.8	61.5	→	60.7	67.4	→
Paramedics	144.1	145.4	→	129.9	130.9	→
Emergency Medical Technicians	162.7	166.0	→	186.6	179.2	←
OB/GYNs	9.2	8.6	←	8.9	9.4	→

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

²² 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

Areas 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.²³

Between 2019 and 2022, the rate of all select chronic diseases in Seminole County increased, except for COPD. Rates of cancer increased by over 27.0% and coronary heart disease increased by at least 18.0%.

CHRONIC DISEASE INCIDENCE SUMMARY

Per 100,000 Population	Florida			Seminole County		
	2019	2022	+/-	2019	2022	+/-
Arthritis	24.8	28.2	←	22.1	26.4	←
Asthma	8.7	9.8	←	8.0	9.3	←
Cancer (except skin)	7.3	9.2	←	6.6	8.4	←
COPD	8.4	8.2	←	6.4	6.2	→
Coronary Heart Disease	6.8	8.1	←	5.5	6.5	←
Diagnosed Diabetes	12.0	13.2	←	10.8	11.2	←
Obesity	30.3	32.4	←	28.7	31.5	←

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



²³ 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 Seminole County decreased by 8.0% between 2018 and 2021, while Florida’s cancer incidence rate increased by nearly 4.0%. The rate of skin cancer, however, increased by 22.0%. The non-Hispanic/Latino population has a higher incidence rate compared to the Hispanic/Latino population.

AGE-ADJUSTED CANCER INCIDENCE BY TYPE

Per 100,000 Population	Florida			Seminole County		
	2018	2021	+/-	2018	2021	+/-
All Cancer	454.3	471.0	←	472.2	434.1	→
Breast Cancer	123.4	134.4	←	126.8	128.1	←
Lung Cancer	55.9	51.4	→	45.1	40.9	→
Skin Cancer	25.3	26.0	←	21.7	26.3	←
Colorectal Cancer	35.1	36.3	←	32.5	33.1	→

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	Seminole County	White	Black/ African American	Other Race	Hispanic/ Latino	Non-Hispanic/ Latino
Total Incidence Rate	422.3	417.6	417.6	391.2	293.5	449.9
Cervical Cancer	7.1	6.8	7.4	7.8	6.5	7.3
Prostate Cancer	87.8	80.1	135.5	87.1	75.5	89.8
Breast Cancer	124.3	121.9	118.6	113.2	83.6	132.8
Colorectal Cancer	33.1	32.3	43.5	24.9	26.9	34.8
Lung Cancer	44.8	44.7	39.5	48.8	20.5	49.1

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



Maternal Health

In Florida, the Black/African Americans-white disparity in pregnancy-related mortality doubled from 2010 to 2020.²⁴ 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 disparity.

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

SEVERE MATERNAL MORBIDITY BY RACE AND ETHNICITY²⁵

	Seminole County	White	Black/ African American	Other Race	Hispanic/ Latino	Non-Hispanic/ Latino
Per 100,000 Live Births	24.0	18.5	44.0	22.8	19.9	25.5

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

Black/African American women were less likely to receive prenatal care or have first-trimester prenatal care compared to all other races and ethnicities in the data below.

PRENATAL CARE BY RACE AND ETHNICITY

	Seminole County	White	Black/ African American	Other Race	Hispanic/ Latino	Non-Hispanic/ Latino
Births to Mothers with First-Trimester Prenatal Care	72.9%	75.0%	64.0%	72.7%	68.4%	74.6%
Births to Mothers with No Prenatal Care	1.5%	1.2%	2.7%	1.5%	1.7%	1.4%

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

²⁴ Florida Department of Health. Florida’s Maternal Mortality Review Committee, 2020. <https://www.floridahealth.gov/statistics-and-data/PAMR/FLMMRC-2020-update.pdf>

²⁵ 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.²⁶

In Seminole 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

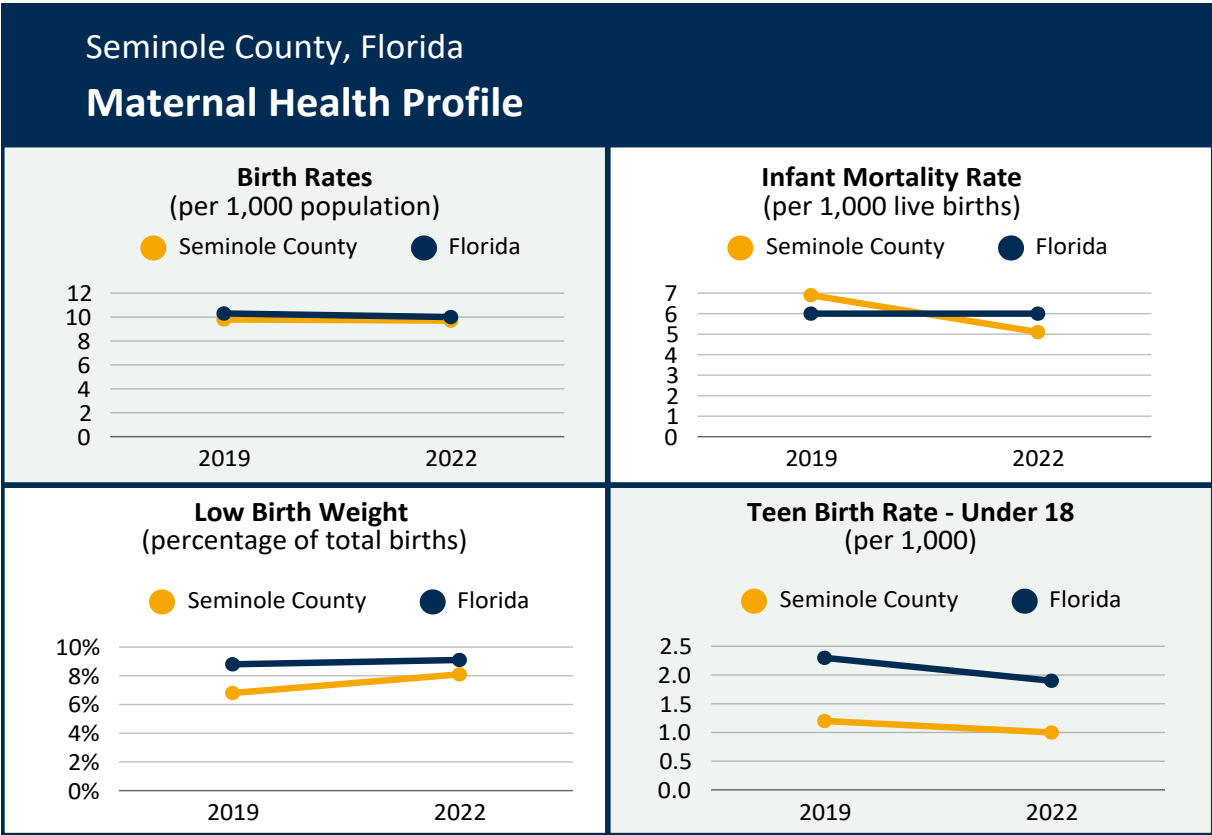
	Seminole County	White	Black/ African American	Other Race	Hispanic/ Latino	Non-Hispanic/ Latino
Fetal Deaths Per 1,000 Deliveries	5.9	4.5	12.4	5.2	7.0	5.1
Infant Mortality (0-364 Days) Per 1,000 Live Births	4.4	3.4	10.8	1.3	3.8	4.6
Sudden Unexpected Infant Deaths Per 1,000 Live Births	0.9	0.6	2.7	0.0	0.5	1.0

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

²⁶ 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

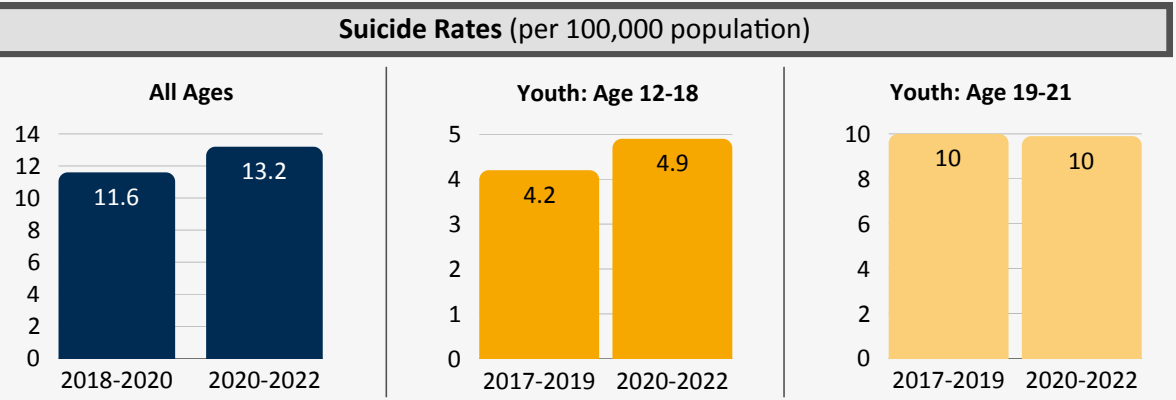


Maternal Characteristics						
	Seminole County			Florida		
	2019	2022	Year-Over Year Change	2019	2022	Year-Over Year Change
Births to Unwed Mothers	36.0%	36.2%	↑	46.6%	46.1%	↓
Repeat Births to Mothers Aged 15-17	0.0%	4.2%	↑	6.3%	6.2%	↓
Births to Obese Mothers at Time Pregnancy Occurred	25.4%	28.9%	↑	27.1%	29.5%	↑
Births to Mothers with First Trimester Prenatal Care	80.0%	73.6%	↓	75.9%	71.6%	↓
Births Covered by Medicaid	36.9%	33.9%	↓	46.9%	43.9%	↓

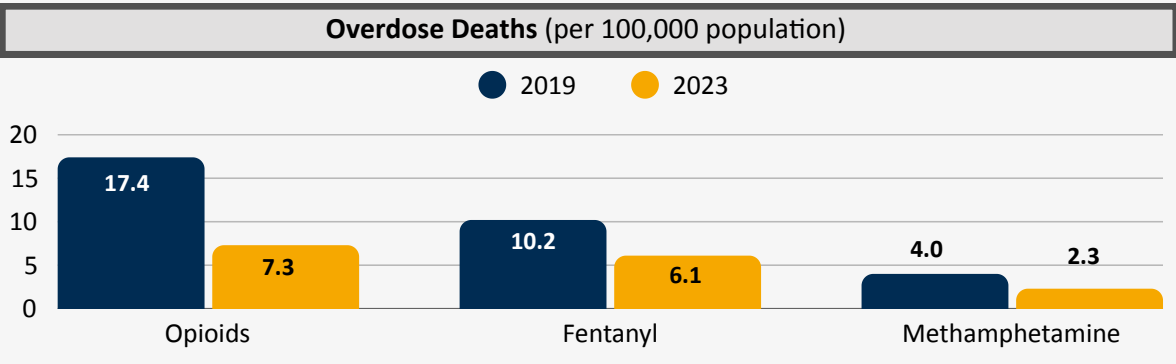
Sources: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics | Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS,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



Seminole County, Florida
Behavioral Health Profile



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



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 defines 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.²⁷ The pandemic is considered a major contributing factor 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.²⁸

The percentage of adults in Florida and Seminole 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 Seminole County.

SELF-REPORTED POOR MENTAL HEALTH DAYS BY ADULTS²⁹

	Florida	+/-	Seminole County	+/-
2022	16.8%	←	16.1%	←
2020	15.3%	→	14.0%	←
2019	15.8%	—	13.8%	—

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	+/-	Seminole County	+/-
2022	19.7%	←	19.0%	←
2020	18.3%	→	17.5%	→
2019	19.3%	—	18.2%	—

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

²⁷ 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

²⁸ 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.>

²⁹ 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>



Between 2018-2020 and 2020-2022 the suicide rate in Seminole County increased by 13.8%.

SUICIDE RATE (ALL AGES)

	Florida			Seminole County		
	2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-
Per 100,000 Population	14.3	13.6	→	11.6	13.2	←

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

In Seminole County, overdose death rates for all substances listed in the data below decreased.

OVERDOSE DEATH RATES³⁰

Per 100,000 Population	Florida		Seminole County	
	2019	2023	2019	2023
Benzodiazepine	11.6	ND	8.5	2.1
Cocaine	9.6	ND	9.3	3.1
Fentanyl	11.3	ND	10.2	6.1
Heroin	3.6	ND	5.1	ND
Methamphetamine	9.1	ND	4.0	2.3
Opioids	23.6	ND	17.4	7.3

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	Seminole County
Benzodiazepine	-75.3%
Cocaine	-66.7%
Fentanyl	-40.2%
Heroin	ND
Methamphetamine	-42.5%
Opioids	-58.0%

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

³⁰ 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 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.³¹

Despite the behavioral healthcare workforce shortage, the rate of all behavioral healthcare providers below increased between 2020 and 2022.

RATE OF LICENSED BEHAVIORAL HEALTHCARE PROVIDERS

Per 100,000 Population	Florida			Seminole County		
	2020	2022	+/-	2020	2022	+/-
Behavioral or mental health professionals ³²	117.1	130.4	→	176.1	199.2	→
Mental health counselors	57.3	64.0	→	103.9	114.5	→
Psychologists	23.4	23.0	←	21.9	23.3	→
Clinical social workers	49.7	55.2	→	56.6	67.0	→

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

RATE OF PSYCHIATRIC BEDS

Per 100,000 Population	Florida			Seminole County		
	2020	2022	+/-	2020	2022	+/-
Adult psychiatric beds	20.6	31.4	→	15.0	14.8	←
Child and adolescent psychiatric beds	3.0	3.1	→	1.7	1.6	←

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

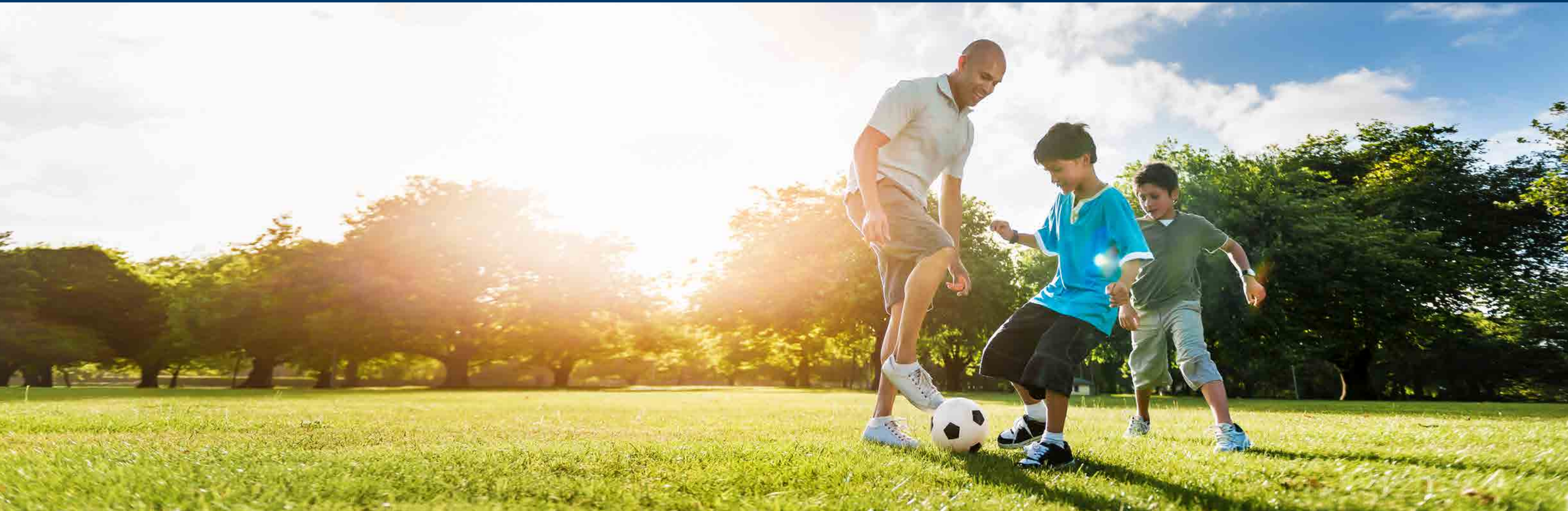
³¹ American Counseling Association. A closer look at the mental health provider shortage, 2023. <https://www.counseling.org/publications/counseling-today-magazine/article-archive/article/legacy/a-closer-look-at-the-mental-health-provider-shortage#:~:text=An%20aging%20workforce:%20Many%20of,a%20shortage%20in%20the%20field.>

³² 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 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.

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 so that needs can 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 selected 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 Themes and Needs
Healthcare Access & Quality	Access to screenings and other primary care services are available through community events	<ul style="list-style-type: none">- Significant wait times delay care and increase the burden on emergency health services- Chronic underfunding of mental healthcare resources limits the availability of care- Substance use prevention, specifically for youth, is needed to combat substance use; harm reduction tools, such as the provision of naloxone, are needed to keep youth safe in schools- Insurance status and type create obstacles to finding timely, quality care; those with inadequate insurance cannot afford healthcare services- A lack of post-crisis behavioral healthcare treatment inhibits substance use recovery
Education Access & Quality	The local school system provides a high-quality education	<ul style="list-style-type: none">- Secondary education opportunities for medically underserved populations would benefit their long-term economic opportunity- Unhoused students face barriers that prevent them from being able to engage in school and advance their education



Social Driver of Health	Key Strengths	Key Themes and Needs
Social & Community Context	Collaborations between local organizations, government entities and faith-based institutions strengthen the capacity for change	<ul style="list-style-type: none">- Establishing trust between community members and providers is needed to encourage health-promoting behaviors; utilizing trusted systems, such as faith-based institutions or school systems, can foster this- There is a lack of awareness regarding health and social resources in one's area- Connecting with medically underserved populations is needed to overcome internalized and external stigma and encourage utilization of services; partnerships with faith-based organizations can facilitate this
Economic Stability	Local organizations provide training and documentation assistance to increase employment opportunities	<ul style="list-style-type: none">- An increasing cost of living paired with stagnant low wages is causing financial stress among community members- Barriers to employment for the formerly incarcerated population limit their economic opportunity- Local housing options are unaffordable to many community members- Cost of childcare impedes access to employment for parents
Neighborhood & Built Environment	The outdoor recreational opportunities in the area provide opportunities for physical activity	<ul style="list-style-type: none">- Rural areas lack access to nutrient-dense foods- Local public transportation lacks reliability, impacting access to employment opportunities and healthcare access

Strengths Collaboration and Community

Stakeholders and focus group participants emphasized the collaboration among organizations and between organizations and residents in Seminole County and how this has served to build the community. Many participants shared specific examples of collaborative efforts that have contributed to this powerful sense of community and the impacts of such collaborations. Participants also felt that local leaders hear residents’ input and feedback. This collaboration between organizations and residents has resulted in developments that the community deems beneficial:

- “Seminole County has great natural trails to get outdoors, great parks and places to hike and bike. [Local healthcare organizations] are great. There’s an amazing school district.” - Stakeholder Interview Participant
- “Every Friday [local community organization] serves about 160 families at the food share. People share that their diabetes is under control more and say they are healthier. The health department comes out twice a month and does vital checks, first aid and more. Other partners come to provide resources, such as [local healthcare organization], medical and dental and [local healthcare organization] for low-cost or free prescriptions and eyeglasses.” - Stakeholder Interview Participant
- “Earlier this year the faith-based organizations had an event and brought first responders to honor them and they could intermingle with the community. That interaction was a very positive one.” - Stakeholder Interview Participant
- “When building a relationship with the sheriff’s department, the police department and our community officer, when our community officer knows the people in the community and he’s out talking with people in the community, he knows when someone is having a bad day or if he’s having a mental fit, he’ll know that. I think the building relationship with the sheriff’s department and our neighborhood officers is valuable.” - Focus Group Participant
- “The county came to us (there’s a very large piece of property that used to be a golf course) and the county relied on community input to purchase that and turn it into a park. The community worked with the commissioners to purchase that property.” - Focus Group Participant
- “[Local low-income housing group] partnered with a culinary school so people can attend and come out with a certificate so that they can come out with that type of job.” – Focus Group Participant

“It is a community that is pretty knitted together. Everyone knows each other. Everyone here is so friendly. I just noticed everyone knows everyone here and really cares about their neighbors.”
—Stakeholder Interview Participant



Education

Participants repeatedly praised the school system in Seminole County and credit it as an asset that draws residents to the area. Education opportunities allow residents to attain skills and knowledge that prepare them for various career fields and improve their socioeconomic standing. Additionally, stakeholders noted that a strong local education system has had direct benefits on the healthcare workforce of the area, further emphasizing the importance of education for future opportunities:

- “I’ve lived in Seminole County most of my life and one of the main reasons people move here is because of the school district. We are the number one school system in the state.” - Focus Group Participant
- “We’ve done a good job to pipeline those students who are in a clinical program at local colleges. For example, the scrub tech programs - we found a need regarding a gap and there has been great retention for that.” - Stakeholder Interview Participant

It’s important to note that while the education system was overall identified as a strength, some participants felt that education opportunities may not be equally accessible depending on a family’s financial situation and individuals from certain backgrounds may feel pressure to enter the workforce due to financial concerns. Utilizing the strong school system in Seminole County to promote health was noted as a strength and suggested as a strategy:

- “I would address the price of education for students who are immigrants that can’t continue to go to college due to prices. Maybe help with more vocational training programs or help people get higher education. Many immigrant children when they get out of high school want to make money quicker. There needs to be more scholarship opportunities for immigrants to go to college.” - Focus Group Participant
- “There is a strong mental health system in schools. They refer students out and telehealth is used, but we miss in-person providers. It is a mix as telehealth has some advantages, but there’s a disconnect in the emotional level you can get to with telehealth as compared to in-person relationships.” - Stakeholder Interview Participant
- “I would like to see a focus on prevention in our schools and in the foster care community.” - Focus Group Participant

Themes

Trust of Healthcare Providers

When discussing residents’ relationship with healthcare and other services that impact their well-being, many participants shared the importance of trust. Trust provides an essential foundation that gives individuals the confidence to both seek services and follow medical providers’ guidance. Participants emphasized the importance of consistency and connection

when building trust with community members:

- “People tend to go to the people they trust - they will be receptive to referrals coming from people they trust.” - Focus Group Participant
- “A community health worker or other trusted resource is needed to engage hard-to-reach community members.” - Stakeholder Interview Participant
- “Doctors and other providers are slowly learning how to treat patients with opioid addiction, both from a medically relevant manner and sensitivity to treat them kindly and with respect.” - Stakeholder Interview Participant

Trust is dependent on consistency, culture and familiarity. Participants noted the importance of considering both concepts when implementing strategies to establish trust in the community. Connecting with trusted individuals or institutions, such as faith-based organizations, can be an impactful first step toward building trust:

- “They need to be treated as a whole person, with respect and for all their needs. Trust comes from when patients are shown that others care, aren’t judged and they are treated the way others are treated.” - Stakeholder Interview Participant
- “In the Hispanic-Latino community, we need dignified services that provide them with the trust with humanity that often gets lost.” - Stakeholder Interview Participant
- “The health of our community can be improved by using trusted resources in the community to help market - whether that’s our faith community or that’s our school system - places where people trust to learn more about services that are available.” - Stakeholder Interview Participant

A lack of trust combined with stigma can prevent individuals from seeking healthcare and social services. Stigma can be internalized, institutional or societal and establishing trust is a powerful tool to overcome the barriers created by each type of stigma:

- “Mental health is a big taboo in the Haitian community. They need you to be sincere and actually want to help. Getting into the churches is very important to get the people to trust you.” - Focus Group Participant
- “Stigma is a real thing, especially in certain population like male students, students of color, certain religious groups. So we need to get out into the community and educate parents about what it means, speak at churches. The African American community has a real effort to have ongoing conversations in churches to reduce stigma. Our community social workers go into homes and have earned trust to speak with families.” - 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 care that is provided promptly. 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.

Insurance

Individuals who are uninsured and underinsured face consistent barriers to seeking care. Participants report that providers do not always accept Medicaid insurance. This can further deter care. Navigating the Medicaid and Medicare insurance marketplace can also be technically difficult, creating further barriers to healthcare access:

- “A lot of families don’t have health insurance, so when it comes to access, they’re paying out-of-pocket. Healthcare costs are astronomical. As an agency, having to keep up with healthcare costs for our own employees is a challenge. We see children for medical neglect and when the family is deciding whether to eat or take their child to the doctor, they’ll opt to put food on the table, but now six months later, it can lead to medical or dental issues. These costs all have trickle-down effects.” - Stakeholder Interview Participant
- “Medicaid won’t cover certain treatment options and people without insurance can’t get any treatment.” - Stakeholder Interview Participant
- “When I ask who takes my insurance, no one will take me and when I need a specialist, it costs a lot. If I need to pay my light bill or for a specialist, I’d rather pay my light bill.” - Focus Group Participant
- “Medicare is a nightmare. It’s confusing for us, let alone for the seniors.” - Stakeholder Interview Participant

Affordability of Care

Participants also noted that regardless of insurance status, affordability of care inhibits individuals from receiving services in Seminole County. Some participants reflected on unequal access to care because of excessive costs and the ripple effects this can have. Additionally, specialty care, like home care, dental and vision are particularly unaffordable for many residents:



- “My neighbor who works at the grocery store should have just as much access to healthcare as I do. People shouldn’t be deterred to go to the doctor because they can’t afford it.” - Stakeholder Interview Participant
- “On the caregiver side, they don’t have enough money for respite care and it’s not helping mentally and physically.” - Focus Group Participant
- “One thing asked about a lot is help to get dentures or eyeglasses that are affordable and there are non-profits that will help, but it’s not always enough.” - Focus Group Participant

Wait Times

Significant wait times were also identified as a barrier to receiving care. Long wait times for primary care providers can often result in emergency care being sought, even if the need is not emergent. Additionally, wait times can lead to delayed care, which allows time for disease progression, further increasing treatments costs:

- “Primary doctors have long wait lists. My kid was sick and I couldn’t get an appointment right away, so then we had to take them to the urgent care when they didn’t need to go there, but that seemed to be the only option.” - Focus Group Participant
- “Wait times are a big barrier. We have children who are in crisis and can’t get an appointment for six months. There just isn’t enough capacity to treat all of the people that need it.” - Stakeholder Interview Participant
- “I mean, there would be days where my son would miss a whole day of school because we would be in the waiting room trying to get on the phone and stuff.” - Focus Group Participant
- “When you’re a parent working multiple jobs, squeezing in healthcare appointments for your child can be challenging, especially if it’s a long wait time.” - Stakeholder Interview Participant
- “One issue for veterans is that the VA is swamped. The VA in Orlando has the highest rating in the county, but a lot of times, vets will go in and they cannot meet their needs within 30 days. Then they can get community care paid for, but not many people know about that, so we’re trying to get the word out.” - Focus Group Participant

Awareness of Services

Participants shared that awareness about healthcare services, disease prevention and community resources is essential to improving the community’s health. Many participants recognized the recent awareness efforts while recognizing that more work needs to be done. One participant shared the steps that have been taken to improve health literacy recently while also reflecting on the importance of pairing this with other interventions to connect residents with services:



- “Awareness and education are primary and they are lacking. People don’t know what’s available out there.” - Stakeholder Interview Participant
- “If you can get to the churches, just pop in and visit and try to get to whoever is making that announcement because people listen to their gospels. Most people are not computer-literate. Some don’t care. A lot of people are not on Facebook and on social media, but when that pastor says it, they hear it, so if you guys can get into the churches where the people are on Sunday, that makes a difference.” - Focus Group Participant
- “Central Florida has done a great job with initiatives on health literacy. You can see billboards about getting mammograms. They’ve done a great job at putting health literacy into the hands of people, but people have so many other things going on that health literacy is seen as just one more thing to worry about and it can be overwhelming.” - Stakeholder Interview Participant

Many participants reflected on the interconnectedness of awareness and access. Awareness is an essential precursor for community members to access the healthcare and community services available in their area. Participants shared strategies for improving awareness of resources:

- “People are inundated, but that doesn’t equate to transformation or knowledge. We’re connected digitally all the time, but the human connection is missing.” - Stakeholder Interview Participant
- “We need more collaboration among organizations and resources to ensure people have access and awareness.” - Focus Group Participant

Behavioral Healthcare

Accessibility

Participants in focus groups and stakeholder interviews consistently identified behavioral healthcare access as one of the community’s most urgent needs. Several gaps were identified across the spectrum of behavioral healthcare, from prevention to long-term treatment and recovery services. A lack of behavioral healthcare services was noted as a limitation in Seminole County. Recent disasters in Florida, including Hurricane Milton and Hurricane Helene, have adversely affected the mental well-being of the impacted individuals and increased the demand for services, as one participant shared:

- “There are after-effects from COVID-19. We have a society that’s been through a lot. We have a society that needs additional mental health services and isn’t being adequately provided for. So when there is a hurricane or some other traumatic crisis, it causes heightened needs.” - Stakeholder Interview Participant

“A lot of the individuals we interact with get their 72 hours then back on the streets.”
—Stakeholder Interview Participant

Others also commented about behavioral health:

- “Mental health is particularly an issue. Maybe not drug-related, but mental health and the ability to house people who are in crisis or show up in the ER. Many people must go to Orlando to get care.” - Focus Group Participant
- “Mental health is also really difficult; providers don’t have any availability.” - Stakeholder Interview Participant

Many individuals noted that Florida’s Baker Act provides resources for addressing immediate crises but then leaves individuals with unmet needs after the crisis has been addressed. One focus group member shared their personal experience with an individual in need of further services in his community:

- “There was a young man that used to be out here walking down the side of the road and you would call the police because he’s on the edge of the sidewalk. Police were probably called almost every day. That’s the first thing somebody can do is just call the police and they can probably ‘Baker Act’ him and take him to the hospital. But that’s not a permanent solution, right? So he’s back after the three days.” - Focus Group Participant

Behavioral Healthcare Reimbursement Parity

Understanding the drivers behind the lack of behavioral healthcare access is essential for improving its availability in the community. Many of the stakeholders shared their own perspectives on behavioral healthcare reimbursement parity as a barrier to providing services. In turn, this impacts insurance acceptance and co-pay requirements, which significantly impacts an individual’s decision to seek care:

- “It’s difficult to find mental healthcare for everyone. With any medical field, it’s hard to find a specialist, like a therapist that specializes in trauma. There are long wait lists and high costs. They require out-of-pocket expenses starting at \$150. We don’t have enough resources for mental health or medical specialists. Even for a child covered under Medicaid, there are only a few therapists who accept Medicaid patients. A lot of therapists aren’t even accepting new clients.” - Stakeholder Interview Participant
- “It’s hard to find psychiatric care and most are private pay so even if you can find it, it’s unaffordable.” - Stakeholder Interview Participant

“
The biggest thing would be if mental health treatments were paid at par with other treatments and valued so that it attracted people and resources. It’s chronically underfunded.
—Stakeholder Interview Participant
”

“We need to improve health insurance parity. The demand is outpacing the supply. We’re not a Medicaid state, so therapists can’t get any money from Medicaid, which means they have to deal with private pay.” - Stakeholder Interview Participant

Youth Behavioral Health

Community stakeholders cited that youth tobacco use, including vaping and substance use are becoming more and more severe. Community stakeholders stated that more outpatient therapists for youth are needed:

“There has been an increase in vaping in teens. It’s cool for kids, because celebrities and parents do it.”
—Stakeholder Interview Participant

- “There is a need for more mental health services for students and there’s a lack of in-person assistance for those who are referred out.” - Stakeholder Interview Participant
- “Some students have overdosed on strong narcotics in the past few years; opioids were laced with fentanyl.” - Stakeholder Interview Participant
- “Mental health services for teens; we need to be able to put naloxone in schools with more people aside from nurses.” - Stakeholder Interview Participant

Youth behavior has notably changed since the COVID-19 pandemic. One strategy that is being implemented is increased training for teachers:

- “After COVID-19, they see chronic absenteeism and that’s common around Florida and the United States. Reasons for this include health issues in the community, family health issues where students act as caregivers or mental health issues where attendance isn’t possible.” - Stakeholder Interview Participant
- “Post pandemic, younger kids have behavioral health issues. Teachers haven’t received certain training so that’s being worked on.” - Stakeholder Interview Participant

Stigma

Community stakeholders identified stigma as a barrier to seeking behavioral health services, especially in certain populations like “young men, people of color and male students, plus students of color and certain religious groups.” Several stakeholders shared their ideas on how to address and reduce stigma in these communities, all of which centered on meeting the community where they are at:

“Stigma is multifactorial. It’s in general social spaces, but then you have family and cultures and age contributing to it so we have to work through multiple layers.”
—Focus Group Participant



- “We need to get out into the community and educate parents about what [behavioral healthcare] means. Speak at churches. The African American community has a real effort to have ongoing conversations in churches to reduce stigma. Our social work administrator is African American and they go into homes and has earned trust to speak with families.” - Stakeholder Interview Participant
- “Having conversations with the community about mental health needs and how to access mental health services would help destigmatize mental health. They do this with students, but the adults in their lives are different. Host educational sessions at community centers, senior centers - grandparents are very against mental health services because they’re so old-school - and apartment complexes.” - Stakeholder Interview Participant

“We’ve come a long way. The COVID-19 pandemic actually really helped to shine a light on mental health. Stress, anxiety and depression have significantly less stigma, but serious mental health issues like suicide, aggression and bipolar disorder still have a lot of stigma. We’re afraid of wrapping our hands around that situation as a community. A lot of it comes back to legislation, too - the State of Florida still uses handcuffs in a mental health crisis and that doesn’t help.” - Stakeholder Interview Participant

Basic Needs and Cost of Living

Food

Food insecurity is directly tied to housing insecurity, transportation, mental health and the rising cost of food. Participants reflected on this throughout the focus groups and stakeholder interviews. They shared that accessing healthy food is dependent on availability, affordability and other social drivers of health, like housing:

- “Accessing healthy food is hard for people without homes or refrigerators. They used to only have a food pantry, but since the pandemic, even the costs of canned goods increased.” - Stakeholder Interview Participant
- “There are more food swamps and food apartheid areas and corner bodegas and liquor stores don’t have fresh produce.” - Stakeholder Interview Participant
- “We need more access points in rural areas for food access.” - Stakeholder Interview Participant
- “If you want to keep fresh food in your house all week, sometimes that requires a second grocery visit you might not be able to do for lettuce and things like that. Some fruits don’t keep as well and so when you’re having to either take public transportation or rely on your friend or neighbor to take you there; it just makes it really hard to keep those fresh things in your home.” - Focus Group Participant

Food access for seniors and families is essential as well. A lack of food security can cause stress for those experiencing it:

- “In high school I had two jobs. I didn’t eat healthy and my mental health was not the best, but I had to do this in order to live.” - Focus Group Participant
- “The median income for elderly people and what they earn on average from Social Security means they’re living on a deficit. We’re trying to help them fill the gap with meals, but with funding and the cost of food going up, we can’t provide everything we want. Our senior population is extremely vulnerable now with the economy.” - Stakeholder Interview Participant

Employment

When seeking employment in Seminole County, residents face several barriers that often stem from socioeconomic factors. Individuals with a history of legal involvement are often denied employment. Those without personal transportation depend on unreliable public transportation. Additionally, residents are frustrated that local wages have not risen with the cost of living, leaving many financially vulnerable:

“Most of our clients are the ALICE [Asset Limited, Income Constrained, Employed] population; they're working multiple jobs but still can't afford housing.”
—Stakeholder Interview Participant

- “We have a community that wants to work, but wages aren’t keeping up with the cost of living.” - Stakeholder Interview Participant
- “We have a job training program here that teaches emotional intelligence and workforce training. Someone who has had any interaction with the criminal justice system, even if you are detained for a few hours, now you have a record and that will make your chances of getting a job more difficult. We’ve brought in sex offenders and people just released from prison and the barrier that we have is employment with that population. This is a contributing factor to homelessness. You also have the not-in-my-backyard [NIMBY] attitude and there’s a lot of stigma.” - Stakeholder Interview Participant
- “Employment and transportation are very intertwined. There isn’t a great public transportation system here and it can impact reliability and dependability.” - Stakeholder Interview Participant

Childcare

Adequate childcare was also identified as a need, especially in relation to employment. Access to childcare directly affects individuals’ ability to seek and maintain meaningful employment. Participants noted that both the cost and the availability of childcare are prohibitive:



“Daycare is so expensive; it costs as much as they would make at a job.” - Stakeholder Interview Participant

“Childcare is a challenge. You get on a waitlist for affordable childcare, but you can’t start your job until you get childcare.” - Stakeholder Interview Participant

“Elementary programs for after school used to be free, but now they all cost money.” - Focus Group Participant

Housing
Affordability of Housing

Many community stakeholders mentioned affordable housing as a major issue in Seminole County and most connected a lack of housing to poor health outcomes. Accessing supportive housing programs can be difficult for community members and there are populations with levels of income that do not qualify for help. Stakeholders asserted that quality, low-income housing doesn’t exist in Seminole County. The community is also experiencing an increase in adults and families who are housing insecure due to the rising cost of housing. While this includes those on a fixed income, it also includes those with incomes that disqualify them from low-income services and resources:

- “Seniors have a harder time finding housing because they generally don’t work, especially people with Alzheimer’s or dementia. There is a lack of low-income senior housing and no nonprofit assisted living communities or if so, it’s not good or it’s expensive.” - Stakeholder Interview Participant
- “We need to build more affordable housing. Teachers make \$50,000, but people need to make \$60,000 to afford rent.” - Stakeholder Interview Participant
- “Housing is extremely expensive. People need to have three times their rent to qualify for rental assistance and getting approved is extremely difficult.” - Stakeholder Interview Participant
- “We know what the problem is, but I’m not hearing solutions. Instead of building parks and malls, how about we create jobs with low barriers for people to get to work and build lower cost housing.” - Stakeholder Interview Participant

Some shared that the rising cost of housing prevents individuals from prioritizing other needs, like their health:

- “When someone is worried about how to keep a roof over their head, they’re not making their health a priority.” - Stakeholder Interview Participant
- “If I’m worried about housing, I’m not worried about my cholesterol or mental health.” - Stakeholder Interview Participant

Housing Insecurity

Community stakeholders suggest that a lack of stable housing leads to more negative healthcare outcomes. Participants shared that unhoused individuals may engage in negative behaviors as a means of coping with their situation. Similarly, those who are unhoused are now at risk of criminal charges, further limiting their available resources:

- “People self-medicate if they live in their car or on the street.” - Stakeholder Interview Participant
- “As of October 1, 2024, it will be illegal to be outside and homeless. This is bad from a healthcare standpoint. People are in jail for only a few days, but it’s still hard to get housing and healthcare.” - Stakeholder Interview Participant
- “Fining or jailing people who live on the streets won’t solve the problem. Once you have a criminal record, it is more difficult to get a job and then insurance tied to a job is a problem. There’s no Medicaid expansion and we have a Medicaid gap; low-income or part-time jobs don’t provide healthcare.” - Stakeholder Interview Participant

Youth Housing Insecurity

There is community-wide concern over children and teens facing housing insecurity and homelessness. Many community members understand that, as one community member shared, without a safe place to sleep, “a student is not going to be able to reach their full potential.”

- “Historically high - 3,500 students identify as homeless. Unaccompanied students are on the rise for many reasons and they’re much more vulnerable. There are no youth shelters, so placement is difficult and they don’t like to identify themselves.” - Stakeholder Interview Participant
- “If students are transient or unhoused or hungry or have issues with transportation because they’re on the move, it’s hard to regulate them behaviorally and they can’t concentrate in school.” - Stakeholder Interview Participant

Specifically, unhoused LGBTQ youth need services in Seminole County:

- “We’re seeing an influx of homeless LGBTQ teens. There are so many resources in Orlando, but not in Seminole County. I’m seeing a lot of youth from other counties coming to the center to find respite. We’re trying to move the needle on homelessness and I hear a lot at meetings and on webinars about homelessness and I feel like we’re going around in circles with the same conversation.” - Stakeholder Interview Participant
- “We only have one shelter and Seminole County has no place for LGBTQ youth - there are no shelters there for them. They have to go to Orlando.” - Stakeholder Interview Participant



Transportation

Community stakeholders shared that the two transit authorities in Central Florida present several challenges, including meeting transportation needs due to the rapid population growth. Many also expressed that not all populations can access transportation services equally. Transportation impacts various factors of health and community stakeholders identified how a lack of transportation causes barriers to living a healthy lifestyle, such as missing healthcare appointments.

- “The Central Florida Regional Transportation Authority (LYNX) is the bus system that operates in Seminole, Osceola and Orange counties. They have various degrees of service: one for residents and one for tourism. We have such a high number of tourists that a lot of transportation resources get pushed to the tourist corridor, which is a challenge because tourists pay taxes, but those taxes are sales taxes and don’t help the transit system. LYNX doesn’t have a revenue stream; they must ask for funding from the local counties and that’s a problem because they can’t plan on growth. It’s a growing region, but the transit system can’t plan for that growth without their own revenue stream.” - Stakeholder Interview Participant
- “Without a vehicle, your options for anything are limited.” - Stakeholder Interview Participant
- “I can’t put a bus stop in for every patient, but we can identify patterns in transportation barriers and do what we can to try to fix them.” - Stakeholder Interview Participant

Participants spoke of how a lack of transportation impacts accessing healthcare services, food, employment and other essential resources:

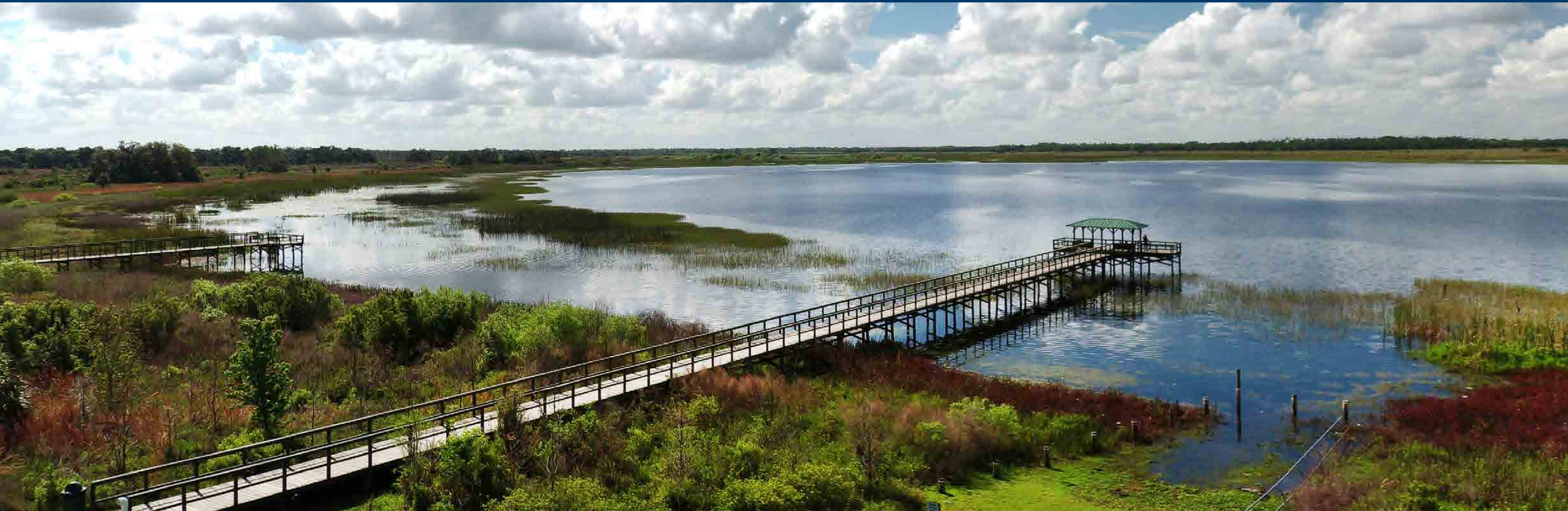
- “We did a public opinion research survey in 2021 with thousands of respondents and 18% of respondents said that they had missed a doctor’s appointment because of a transportation issue. We did an updated public opinion research survey in 2024 and found that 25.0% of respondents said that they had missed a doctor’s appointment because of a transportation issue.” - Stakeholder Interview Participant
- “Employment and transportation are very intertwined. There isn’t a great public transportation system here and it can impact reliability and dependability.” - 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 518 responses from Seminole County out of 2,376 total responses from the four-county region.

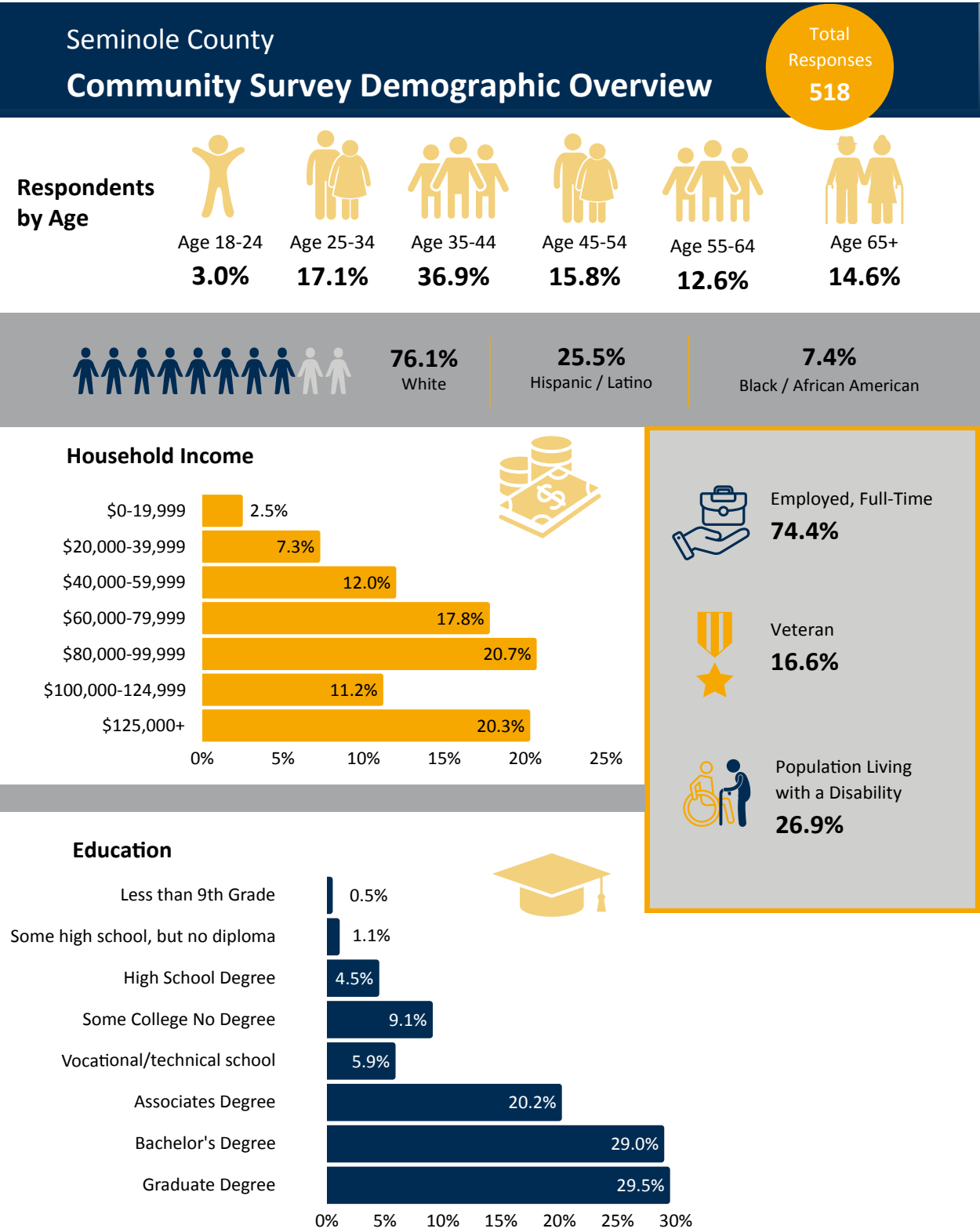
Response validity was adjusted based on respondent completion of one or more non-demographic survey questions. Special care was exercised to minimize the amount of non-sampling error through the assessment of design effects (e.g., question order and wording). The survey was designed to maximize accessibility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

While the survey served as a practical tool for capturing insights of individuals across Seminole 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 Seminole 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.

For survey instrument consult larger Regional Central Florida Collaborative Report.



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

Health Status

The survey asked respondents a series of questions about their health status and their experiences accessing medical services/care or medical, mental health and dental services within the community. Respondents’ experiences varied widely.

Approximately one in 14 (7.3%) survey respondents in Seminole County stated that their personal health is very unhealthy or unhealthy.

PERSONAL HEALTH STATUS

	Seminole County	Total
Very unhealthy	1.7%	1.5%
Unhealthy	5.6%	8.5%
Somewhat healthy	38.1%	40.8%
Healthy	41.5%	37.8%
Very healthy	12.9%	11.0%
Not sure	0.2%	0.4%

Nearly one in four survey respondents in the 2025 survey (23.0%) said they needed medical care in the past 12 months but did not receive it. This is slightly higher than 20.3% in the 2022 survey.

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

	2022 Seminole County	2025 Seminole County	2025 Total
Yes	20.3%	23.0%	26.2%
No	79.7%	77.0%	73.8%



The top reasons survey respondents did not receive medical care were: 1) cannot take time off work, 2) other and 3) do not have insurance to cover medical care. Respondents indicated high costs, including co-pays, other insurance issues, difficulty navigating the healthcare system due to wait times, difficulty scheduling and mobility issues as “Other” reasons.

REASONS FOR NOT RECEIVING MEDICAL CARE

	Seminole County	Total
Unable to schedule an appointment when needed	5.2%	5.5%
Not sure how to find a doctor	0.9%	0.8%
Unable to find a doctor who takes my insurance	1.7%	3.7%
Unable to afford to pay for care	12.1%	12.7%
Doctor’s office does not have convenient hours	5.2%	5.9%
Transportation challenges	3.4%	3.6%
Do not have insurance to cover medical care	17.2%	17.2%
Cannot take time off work	25.0%	22.3%
Unable to find a doctor who knows or understands my culture, identity, beliefs or language	11.2%	16.6%
Other	18.1%	11.7%

Nearly one in five (19.6%) survey respondents in Seminole County stated that their mental health is fair or poor.

MENTAL HEALTH STATUS

	Seminole County	Total
Excellent	14.1%	16.4%
Very good	37.2%	30.7%
Good	28.9%	29.0%
Fair	15.2%	18.1%
Poor	4.4%	5.1%
Not sure	0.2%	0.7%

Approximately one in five survey respondents (20.4%) indicated that they needed mental healthcare in the past 12 months but did not receive it. This is a slight increase from 17.4% of survey respondents in 2022 who indicated they needed mental healthcare but did not receive it.

NEEDING MENTAL HEALTHCARE IN PAST 12 MONTHS BUT NOT RECEIVE IT

	2022 Seminole County	2025 Seminole County	2025 Total
Yes	17.4%	20.4%	20.5%
No	82.6%	79.6%	79.5%

The top reasons for not receiving mental healthcare were: 1) doctor’s office does not have convenient hours (20.6%), 2) unable to afford to pay for care (14.7%) and 3) unable to find a doctor who knows or understands my culture, identity, beliefs or language (13.7%).

REASONS FOR NOT RECEIVING MENTAL HEALTHCARE

	Seminole County	Total
Not sure how to find a doctor	2.0%	2.0%
Unable to afford to pay for care	14.7%	12.2%
Unable to schedule an appointment when needed	5.9%	4.5%
Transportation challenges	0.0%	0.6%
Do not have insurance to cover mental healthcare	6.9%	8.7%
Cannot take time off work	6.9%	8.5%
Fear of family or community opinion	9.8%	7.5%
Unable to find doctor/counselor who takes my insurance	10.8%	10.2%
Doctor’s office does not have convenient hours	20.6%	15.4%
Unable to find a doctor who knows or understands my culture, identity, beliefs or language	13.7%	20.3%
Other	8.8%	10.0%



In the past 12 months, approximately one in four (26.6%) survey respondents in Seminole County reported needing dental care but not receiving it. This is a slight increase from 24.4% in the 2022 survey.

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

	2022 Seminole County	2025 Seminole County	2025 Total
Yes	24.4%	26.6%	30.5%
No	75.6%	73.4%	69.5%

The top reasons for not receiving dental care were: 1) unable to afford to pay for care (31.5%) 2) cannot take time off work (16.9%) and 3) unable to find a dentist who takes my insurance (12.3%).

REASONS FOR NOT RECEIVING DENTAL CARE

	Seminole County	Total
Unable to schedule an appointment when needed	3.8%	2.3%
Not sure how to find a dentist	0.0%	1.6%
Do not have insurance to cover dental care	6.9%	6.0%
Unable to afford pay for care	31.5%	32.2%
Dentist’s office does not have convenient hours	3.1%	6.8%
Transportation challenges	4.6%	4.8%
Unable to find a dentist who takes my insurance	12.3%	11.5%
Cannot take time off work	16.9%	14.5%
Unable to find a doctor who knows or understands my culture, identity, beliefs or language	9.2%	9.9%
Other	11.5%	10.4%

Approximately one in five (17.9%) survey respondents in Seminole County went to a hospital emergency room more than once in the past 12 months. Only 0.7% of respondents went between five and nine times.

GONE TO THE ER IN THE PAST 12 MONTHS

	Seminole County	Total
1 time	23.8%	22.0%
2 times	9.8%	10.7%
3-4 times	7.4%	5.1%
5-9 times	0.7%	1.1%
10 or more	0.0%	0.2%
I have not gone to ER	58.3%	60.9%

The most common reasons people reported going to a hospital emergency room were 1) after hours/weekend (15.4%), 2) emergency/life-threatening situation (13.8%) and 3) long wait for an appointment with my regular doctor (10.8%) and other (10.8%).

The various non-emergency reasons a person used an emergency room for care may indicate access challenges to primary and specialty care in Seminole County. Respondents indicated that they went to the emergency room due to an accident, lack of transportation, lack of equipment at primary care provider or urgent care and doctor referrals as reasons for “Other.”

REASONS FOR RECEIVING CARE AT ER

	Seminole County	Total
After hours/weekend	15.4%	19.3%
I don’t have a doctor/clinic	2.6%	3.1%
Long wait for an appointment with my regular doctor	10.8%	12.9%
Emergency/life-threatening situation	13.8%	9.1%
I don’t have insurance	4.6%	6.2%
Other	10.8%	9.0%



Survey respondents were asked if their doctors have ever told them they had a chronic disease from the list below. Approximately one in four survey respondents reported being obese (25.7%) while nearly one in five (19.0%) has high blood pressure. One in six (16.2%) report having depression/anxiety.

SELF-REPORTED HEALTH CONDITIONS

	Seminole County	Total
None of the above	28.8%	30.0%
Cancer	0.4%	1.7%
Heart disease	0.7%	0.8%
Depression/anxiety	16.2%	13.0%
High blood pressure	19.0%	16.5%
Diabetes	5.1%	7.2%
Obesity	25.7%	24.5%
HIV/AIDS	0.7%	0.7%
Stroke	0.4%	1.3%
COPD	3.1%	4.3%

Health Behaviors

Approximately one in six (16.4%) survey respondents in Seminole County reported using a tobacco product at least on some days or more than once a day. This is higher than the CFC region as a whole. Less than one in 10 (8.8%) survey respondents reported using vaping and e-cigarette products, which is slightly less than the CFC regional as a whole.

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

	Seminole County	Total
I don’t use these products	83.6%	86.5%
On some days	9.8%	6.9%
Once a day	3.1%	2.6%
More than once a day	3.5%	4.0%

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

	Seminole County	Total
I don’t use these products	91.2%	89.9%
On some days	5.6%	5.6%
Once a day	0.5%	1.7%
More than once a day	2.7%	2.8%

Children

Over half (54.9%) of the survey respondents in Seminole County reported having children 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 seven 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 5.2% in the 2022 survey.

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

	2022 Seminole County	2025 Seminole County	2025 Total
Yes	5.2%	14.1%	22.5%
No	95.3%	85.9%	77.5%

Top reasons why survey respondents indicated a child did not receive medical care were: 1) unable to schedule an appointment when needed (31.7%), 2) transportation challenges (31.7%) and 3) unable to find a doctor who knows or understands my culture, identity, beliefs or language (14.6%).

REASONS WHY CHILD DID NOT RECEIVE MEDICAL CARE

	Seminole County	Total
Not sure how to find a doctor	2.4%	1.3%
Unable to afford to pay for care	4.9%	5.0%
Cannot take time off work	4.9%	4.0%
Unable to find a doctor who takes my insurance	2.4%	6.4%
Cannot take children out of class	7.3%	3.7%
Do not have insurance to cover medical care	9.8%	14.1%
Doctor’s office does not have convenient hours	4.9%	7.7%
Transportation challenges	31.7%	29.2%
Unable to schedule an appointment when needed	31.7%	29.2%
Unable to find a doctor who knows or understands my culture, identity, beliefs or language	14.6%	15.4%
Other	9.8%	7.7%



One in seven survey respondents (15.1%) in Seminole County indicated that their child needed dental care but did not receive it in the past 12 months. This is a slight increase from survey responses in 2022 (10.5%).

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

	2022 Seminole County	2025 Seminole County	2025 Total
Yes	10.5%	15.1%	24.9%
No	89.5%	84.9%	75.1%

Top reasons why survey respondents indicated a child did not receive dental care were: 1) unable to schedule an appointment when needed (27.9%), 2) do not have insurance to cover dental care (18.6%) and 3) dentist’s office does not have convenient hours (11.6%) and other (11.6%). Respondents cited expensive copays, neurodivergent reactions to the dentist and logistical issues with multiple children as “Other” reasons.

REASONS WHY CHILD DID NOT RECEIVE DENTAL CARE

	Seminole County	Total
Not sure how to find a dentist	2.3%	2.2%
Unable to afford to pay for care	7.0%	7.9%
Cannot take time off work	7.0%	3.8%
Unable to find a dentist who takes my insurance	9.3%	12.3%
Cannot take children out of class	0.0%	1.6%
Do not have insurance to cover dental care	18.6%	16.5%
Dentist’s office does not have convenient hours	11.6%	6.6%
Transportation challenges	2.3%	6.0%
Unable to schedule an appointment when needed	27.9%	25.0%
Unable to find a dentist who knows or understands my culture, identity, beliefs or language	2.3%	9.8%
Other	11.6%	8.2%

Nearly one in eight survey respondents (13.3%) indicated that their child needed mental or behavioral healthcare in the past 12 months but did not receive it. This is similar to the 2022 survey results.

CHILD NEEDING MENTAL OR BEHAVIORAL HEALTHCARE IN THE PAST 12 MONTHS

	2022 Seminole County	2025 Seminole County	2025 Total
Yes	11.5%	13.3%	21.2%
No	88.5%	86.7%	78.8%

Top reasons survey respondents did not receive mental or behavioral health services were: 1) unable to find a doctor/counselor who takes my insurance (29.3%), 2) doctor/counselor’s office does not have convenient hours (17.1%) and 3) other (12.2%). Respondents cited insurance, technical, healthcare delivery model and legal issues as “Other” reasons.

REASONS WHY A CHILD DID NOT RECEIVE MENTAL OR BEHAVIORAL HEALTHCARE

	Seminole County	Total
Not sure how to find a doctor/counselor	4.9%	2.4%
Unable to afford to pay for care	2.4%	2.4%
Cannot take time off work	4.9%	2.8%
Afraid of what people might think	0.0%	1.7%
Do not have insurance to cover mental healthcare	9.8%	7.3%
Cannot take child out of class	0.0%	3.1%
Unable to schedule an appointment when needed	9.8%	15.0%
Transportation challenges	0.0%	1.4%
Doctor/counselor’s office does not have convenient hours	17.1%	10.8%
Unable to find a doctor/counselor who takes my insurance	29.3%	24.0%
Unable to find a doctor/counselor who knows or understands my culture, identity, beliefs or language	9.8%	15.7%
Other	12.2%	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 Seminole County were: 1) physical activity (15.3%), 2) healthy food/nutrition (13.4%) and 3) obesity (12.6%).

MOST IMPORTANT HEALTH NEEDS FOR CHILDREN

	Seminole County	Total
Accidents and injuries	0.4%	0.3%
Asthma	0.4%	0.3%
Respiratory health other than asthma (RSV, cystic fibrosis)	0.0%	0.3%
Dental care	0.0%	0.4%
Diabetes	0.4%	0.3%
Drug and alcohol use	0.4%	0.3%
Eye health (vision)	1.1%	1.1%
Healthy pregnancies and childbirth (not teen pregnancy)	0.0%	0.3%
Immunizations (common childhood vaccines, like mumps, measles, chickenpox, etc.)	0.8%	1.2%
Infectious diseases (including COVID-19)	1.1%	1.1%
Special needs (physical, chronic, behavioral, developmental, emotional)	1.9%	1.4%
Medically complex	1.5%	0.9%
Attention-deficit/hyperactivity disorder (ADHD)	3.1%	2.3%
Mental or behavioral health	10.7%	10.3%
Healthy food/nutrition	13.4%	14.9%
Obesity	12.6%	9.0%
Physical activity	15.3%	15.9%
Safe sex practices and teen pregnancy	11.5%	7.8%
Sexual identity of child	6.5%	3.9%
Suicide prevention	9.2%	11.9%
Vaping, cigarette, cigar, cigarillo or e-cigarette use	8.8%	13.5%
Other	1.1%	2.6%

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood (0-17).³³

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.

Approximately one in three (31.7%) survey respondents in Seminole County reported experiencing four or more ACEs.

FOUR OR MORE ADVERSE CHILDHOOD EXPERIENCES

	Seminole County	Total
2022	16.1%	13.9%
2025	31.7%	29.0%



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



ADVERSE CHILDHOOD EXPERIENCES, 2022 AND 2025

ACE	Seminole County		Total	
	2022	2025	2022	2025
Lived with anyone who was depressed, mentally ill or suicidal	46.3%	36.2%	38.7%	36.6%
Lived with anyone who was a problem drinker or alcoholic	48.9%	46.3%	39.1%	39.0%
Lived with anyone who used illegal street drugs or who abused prescription medications	18.3%	17.1%	15.5%	19.5%
Lived with anyone who served time or was sentenced to serve time in prison, jail or other correctional facility	10.3%	12.4%	9.6%	15.1%
Parent(s) were separated or divorced	39.2%	43.8%	51.4%	44.8%
Parent(s) or adults experienced physical harm	23.5%	26.7%	19.9%	24.8%
Parent(s) or adults physically harmed you	33.8%	27.0%	28.2%	28.6%
Parent(s) or adult verbally harmed you	44.7%	39.0%	38.0%	41.7%
Adult or anyone at least 5 years older touched you sexually	22.2%	21.3%	22.0%	23.1%
Adult or anyone at least 5 years older made you touch them sexually	11.3%	8.1%	12.0%	10.0%
Adult or anyone at least 5 years older forced you to have sex	6.4%	7.6%	6.9%	8.3%

The most common ACEs that survey respondents experience include:

- Lived with anyone who was a problem drinker or alcoholic (46.3%)
- Parent(s) were separated or divorced (43.8%)
- Parent(s) or adult verbally harmed you (39.0%)

Community Health and Needs

Over 80.0% of the survey respondents from Seminole County reported the health of their community as healthy or very healthy. Only 3.0% reported their community as ‘very unhealthy’ or ‘unhealthy.’

HEALTH OF THE COMMUNITY

	Seminole County	Total
Very unhealthy	2.8%	2.9%
Unhealthy	0.2%	0.4%
Somewhat healthy	8.7%	13.4%
Healthy	39.0%	45.7%
Very healthy	42.6%	30.9%
Not sure	6.7%	6.7%

Survey respondents were asked to choose their top five most harmful risky behaviors. The top three most harmful risky behaviors in Seminole County were: 1) distracted driving (35.7%), 2) not locking up guns (23.0%) and 3) vaping, cigarette, cigar, cigarillo or e-cigarette use (13.3%).

MOST HARMFUL RISKY BEHAVIORS

	Seminole County	Total
Alcohol abuse/drinking too much alcohol (beer, wine, spirits, mixed drinks)	0.0%	0.3%
Dropping out of school	0.0%	0.2%
Illegal drug use/abuse or misuse of prescription medications	0.2%	1.1%
Lack of exercise	1.5%	1.7%
Poor eating habits	5.4%	7.8%
Not getting vaccines to prevent disease	4.6%	4.2%
Not wearing helmets	1.5%	1.6%
Not using seatbelts/not using child safety seats	1.2%	2.3%
Vaping, cigarette, cigar, cigarillo or e-cigarette use	13.3%	14.9%
Unsafe sex including not using birth control	5.6%	5.8%
Distracted driving (texting, eating, talking on the phone)	35.7%	38.5%
Not locking up guns	23.0%	16.1%
Not seeing a doctor while you are pregnant	8.1%	5.5%



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

- Mental health problems including suicide (16.1%)
- Illegal drug use/abuse of prescription medication and alcohol use/drinking too much (15.9%)
- Heart disease/stroke/high blood pressure (15.1%)
- Motor vehicle crash injuries (11.0%)
- Maternal mortality/maternal health (8.3%)

MOST IMPORTANT HEALTH PROBLEMS TO ADDRESS

	Seminole County	Total
Aging problems	0.2%	0.3%
Cancers	0.2%	0.3%
Child abuse/neglect	0.0%	0.1%
Clean environment/air and water quality	0.2%	0.5%
Climate change	0.4%	0.6%
Dental problems	0.4%	0.5%
Diabetes/high blood sugar	1.2%	1.7%
Domestic violence/rape/sexual assault/human trafficking	1.9%	1.7%
Gun related injuries	1.9%	1.4%
Being overweight	3.5%	5.7%
Mental health problems including suicide	16.1%	15.9%
Illegal drug use/abuse of prescription medication and alcohol abuse/drinking too much	15.9%	18.9%
Heart disease/stroke/high blood pressure	15.1%	15.1%
HIV/AIDS/STDs	2.5%	3.7%
Homicide	4.3%	2.8%
Infectious diseases like hepatitis, TB and COVID-19	5.0%	5.0%
Motor vehicle crash injuries	11.0%	12.3%
Infant death	2.1%	7.8%
Respiratory/lung disease	4.8%	3.6%
Teenage pregnancy	5.2%	3.4%
Maternal mortality/maternal health	8.3%	5.2%

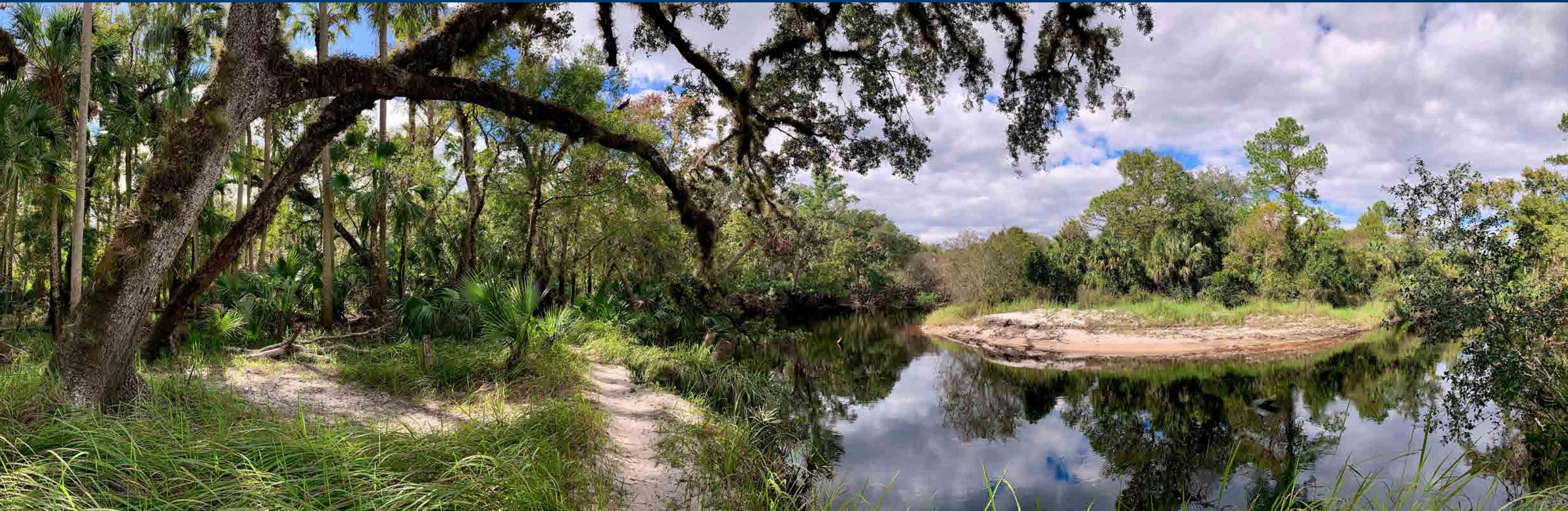
Additional survey tables are located in Appendix E.



Prioritization

CHAPTER 6

Prioritization Process Summary



Prioritization Process Summary

Community needs were identified at the regional and county levels after the analysis of the primary and secondary quantitative and qualitative data. For Seminole County, 33 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.** Seminole County had a total of 16 top needs due to a tie in the final voting process.



Top 16 Community Needs

Economic Stability

- Food security
- Affordable housing, including for older adults
- Affordable childcare services
- Transitional housing for people experiencing homelessness
- Jobs with livable wages
- Emergency shelter for people experiencing homelessness

Healthcare Access and Quality

- Behavioral health provider shortage, especially prescribing professionals and providers who understand opioid misuse
- Dental, including additional pediatric dentists
- Better communication between healthcare organizations and nonprofits
- Impact of social media on the mental health of children
- Substance use treatment services
- Healthcare navigation in multiple languages

Neighborhood and Built Environment

- Transportation
- Infrastructure investments in low-income communities, specifically increasing safety

Social and Community Context

- Building trust with medically underserved populations³⁴
- Linguistically and culturally appropriate healthcare services and resources

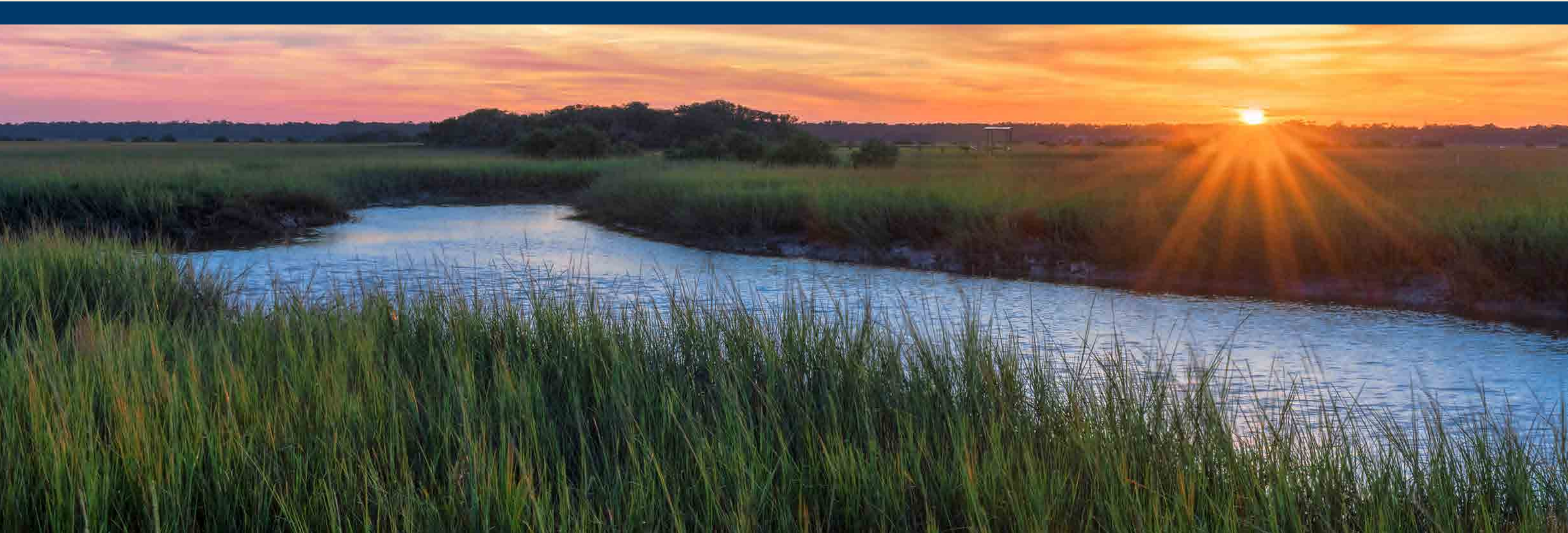
³⁴ From the IRS: “Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured or due to geographic, language, financial or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility’s service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma or other barriers.” Source: <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>



Appendix

CHAPTER 7

Appendix: A to F



Appendix A: Secondary Data

SOCIAL VULNERABILITY INDEX

	Indicator	United States	Florida	Seminole County
Socioeconomic Status	Living in Poverty	12.4%	12.6%	9.2%
	Unemployment Rate	5.2%	4.8%	4.1%
	Median Household Income	\$78,538	\$71,711	\$83,030
	No High School Diploma	10.6%	10.4%	6.1%
	Uninsured	8.4%	11.7%	9.5%
Household Composition and Disability	Under 18	22.2%	19.6%	20.7%
	65 and Older	16.8%	21.1%	16.3%
	Living with a Disability ³⁵	12.8%	13.3%	11.5%
	Single-parent Households	24.8%	27.4%	22.1%
Minority Status and Language	Minority Population ³⁶	41.8%	48.6%	43.9%
	Limited or No English Proficiency	8.4%	12.1%	7.2%
Household Type and Transportation	Multi-Unit Housing Structures ³⁷	26.7%	30.4%	27.9%
	Housing Cost-burdened ³⁸	30.7%	35.6%	34.1%
	Mobile Homes	5.7%	8.2%	2.3%
	No Vehicle	8.3%	5.9%	3.9%
	Overcrowded Housing Units	3.4%	3.2%	2.6%
	Group Quarters ³⁹	2.4%	2.2%	1.0%

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

³⁵ 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>

³⁶ The percentage of Black, Indigenous and People of Color.

³⁷ The percentage of housing units in buildings containing two or more housing units.

³⁸ 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.

³⁹ 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	Seminole County
2023	332,387,540	21,928,881	474,912
2010	308,745,538	18,801,310	422,718
2010-2023 Percent Change	+7.7%	+16.6%	+12.3%
2032	364,066,358	25,075,386	544,011
2023-2032 Percent Change	+9.5%	+14.3%	+14.5%

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	Seminole County
Male	49.5%	49.1%	48.7%
Female	50.5%	50.9%	51.3%

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

AGE GROUPS

	United States	Florida	Seminole County
Under 5	5.7%	5.1%	5.0%
5 to 9	6.0%	5.3%	5.9%
10 to 14	6.5%	5.8%	5.9%
15 to 19	6.6%	5.8%	6.0%
20 to 24	6.5%	5.8%	5.9%
25 to 34	13.7%	12.6%	14.3%
35 to 44	13.1%	12.5%	14.5%
45 to 54	12.3%	12.4%	13.4%
55 to 59	6.4%	6.8%	6.3%
60 to 64	6.4%	6.8%	6.5%
65 to 74	10.0%	11.7%	9.6%
75 to 84	4.9%	6.8%	4.8%
85 and older	1.9%	2.6%	1.9%

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

YOUTH AND OLDER ADULT POPULATION

	United States		Florida		Seminole County	
	2019	2023	2019	2023	2019	2023
Under 5	6.1%	5.7%	5.4%	5.1%	5.3%	5.0%
Under 18	22.6%	22.2%	20.0%	19.6%	21.2%	20.7%
65 and Older	15.6%	16.8%	20.1%	21.1%	15.2%	16.3%

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

MEDIAN AGE

	United States	Florida	Seminole County
2019	38.1	42.0	39.2
2023	38.7	42.6	39.8

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

POPULATION BY RACE⁴⁰

	United States	Florida	Seminole County
American Indian and Alaska Native	0.9%	0.3%	0.2%
Asian	5.8%	2.9%	5.2%
Black/African American	12.4%	15.3%	11.9%
Native Hawaiian and Other Pacific Islander	0.2%	0.1%	0.0%
Some Other Race	6.6%	5.6%	6.0%
Two or More Races	10.7%	15.9%	14.0%
White	63.4%	59.9%	62.7%

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

⁴⁰ 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	Seminole County
2023			
Hispanic/Latino of any race	19.0%	26.7%	23.2%
Mexican	11.3%	3.3%	2.1%
Puerto Rican	1.8%	5.5%	9.5%
Cuban	0.7%	7.1%	2.4%
Other Hispanic/Latino	5.2%	10.8%	9.2%
2019			
Hispanic/Latino of any race	18.0%	25.6%	21.4%
Mexican	11.2%	3.5%	1.8%
Puerto Rican	1.7%	5.4%	10.0%
Cuban	0.7%	7.3%	2.1%
Other Hispanic/Latino	4.3%	9.4%	7.5%

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	Seminole County
English Only	78.0%	69.8%	76.7%
Spanish	13.4%	22.1%	15.9%
Asian-Pacific Islander	3.5%	1.6%	2.5%
Other Indo-European	3.8%	5.6%	4.1%
Other	1.3%	0.9%	0.8%

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

FOREIGN-BORN POPULATION

	United States	Florida	Seminole County
Naturalized U.S. Citizen	7.3%	12.5%	9.2%
Not U.S. Citizen	6.6%	8.9%	5.8%

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

Population with a Disability

POPULATION LIVING WITH A DISABILITY⁴¹

	United States	Florida	Seminole County
Total Population Living with a Disability	42,703,063	2,924,178	54,484
Percentage of the Total Population	12.8%	13.3%	11.5%

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

POPULATION LIVING WITH DISABILITY BY TYPE OF DIFFICULTY

	United States	Florida	Seminole County
Ambulatory Difficulty	6.3%	6.9%	5.5%
Cognitive Difficulty	5.1%	5.1%	4.6%
Independent Living Difficulty	4.5%	4.7%	3.8%
Hearing Difficulty	3.6%	3.8%	3.0%
Vision Difficulty	2.4%	2.5%	1.9%

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

POPULATION LIVING WITH A DISABILITY BY AGE GROUP

	United States	Florida	Seminole County
Under 5	0.7%	0.6%	0.8%
5 to 17	6.1%	6.5%	5.8%
18 to 34	7.7%	7.0%	6.8%
35 to 64	12.4%	11.7%	10.5%
65 to 74	24.0%	22.0%	21.3%
75 and Older	46.5%	43.4%	43.2%

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

⁴¹ 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	Seminole County
American Indian and Alaska Native	15.7%	15.5%	19.5%
Asian	7.9%	8.8%	8.2%
Black/African American	14.5%	12.2%	13.5%
Native Hawaiian and Other Pacific Islander	12.7%	11.7%	4.4%
Some Other Race	10.0%	11.2%	11.2%
Two or More Races	10.9%	10.7%	9.3%
White	13.9%	15.1%	12.0%

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

POPULATION LIVING WITH A DISABILITY BY ETHNICITY

	United States	Florida	Seminole County
Hispanic/Latino	9.9%	10.5%	10.4%

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	Seminole County
Less than 9 th Grade	4.7%	4.3%	2.1%
9th to 12th Grade, No Diploma	5.9%	6.1%	4.0%
High School Degree	26.2%	27.4%	21.2%
Some College, No Degree	19.4%	18.9%	18.9%
Associate's Degree	8.8%	10.1%	11.5%
Bachelor's Degree	21.3%	20.7%	27.8%
Graduate Degree	13.7%	12.5%	14.6%

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	Seminole County
American Indian and Alaska Native	16.2%	20.1%	25.1%
Asian	57.0%	53.2%	62.0%
Black/African American	24.7%	22.3%	31.9%
Native Hawaiian and Other Pacific Islander	19.0%	25.8%	2.6%
Some Other Race	15.6%	23.6%	32.9%
Two or More Races	28.2%	31.5%	38.8%
White	37.7%	35.9%	44.2%

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	Seminole County
Hispanic/Latino	19.9%	28.3%	34.6%

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

HIGH SCHOOL GRADUATION RATE⁴²

School Year	Florida	+/-	Seminole County	+/-
2022-2023	88.0%	←	91.7%	←
2020-2021	90.1%	→	95.5%	→
2018-2019	86.9%	—	92.8%	—

Source: Florida Department of Education

KINDERGARTEN PUBLIC SCHOOL ENROLLMENT

	Florida	+/-	Seminole County	+/-
2024	195,464	←	4,161	←
2019	200,918	—	4,641	—

Source: Florida Department of Education

Economic Well-being

POPULATION LIVING IN POVERTY⁴³

United States	Florida	Seminole County
12.4%	12.6%	9.2%

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

TREND OF POPULATION LIVING IN POVERTY⁴⁴

	United States	+/-	Florida	+/-	Seminole County	+/-
2023	12.5%	→	12.3%	→	9.0%	→
2022	12.6%	→	12.7%	→	11.5%	←
2021	12.8%	←	13.1%	←	9.0%	→
2019	12.3%	—	12.7%	—	9.3%	—

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

⁴² The percentage of students who graduated with a standard diploma within four years of their initial enrollment in ninth grade.

⁴³ 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>

⁴⁴ 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>



HOUSEHOLDS LIVING BELOW THE POVERTY LEVEL

	United States	Florida	Seminole County
2023	12.5%	12.6%	9.1%
2010	13.1%	13.0%	8.4%
Percent Change	-5.2%	-3.0%	+8.3%

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	Seminole County
Under 5	17.6%	18.2%	10.8%
Under 18	16.3%	16.9%	10.1%
18 to 64	11.6%	11.6%	9.2%
65 and Older	10.4%	11.4%	8.0%

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

POPULATION LIVING IN POVERTY BY RACE

	United States	Florida	Seminole County
American Indian and Alaska Native	21.8%	17.9%	27.2%
Asian	9.9%	10.1%	7.5%
Black/African American	21.3%	19.5%	16.6%
Native Hawaiian and Other Pacific Islander	17.2%	12.8%	0.0%
Some Other Race	18.2%	18.0%	11.4%
Two or More Races	14.7%	13.5%	9.6%
White	9.9%	10.2%	7.6%

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

POPULATION LIVING IN POVERTY BY ETHNICITY

	United States	Florida	Seminole County
Hispanic/Latino	16.9%	15.1%	11.4%

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

HOUSEHOLDS RECEIVING SNAP BENEFITS⁴⁵

United States	Florida	Seminole County
11.8%	12.6%	9.1%

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

⁴⁵ “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)

WOMEN, INFANTS AND CHILDREN (WIC) ELIGIBLES SERVED⁴⁶

Florida	Seminole County
66.2%	58.4%

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

ASSET LIMITED INCOME CONSTRAINED EMPLOYED (ALICE) HOUSEHOLDS

	Florida	Seminole County
Households living above the federal poverty level but below ALICE threshold of financial survival ⁴⁷	33.0%	60.0%
Households living above the ALICE threshold of financial survival ⁴⁸	46.0%	29.0%

Source: United Way, United for ALICE (2022)

Employment and Income

TREND OF ANNUAL MEDIAN HOUSEHOLD INCOME⁴⁹

	Florida	+/-	Seminole County	+/-
2023	\$73,311	→	\$80,547	→
2022	\$69,303	→	\$80,550	→
2021	\$63,062	→	\$70,236	→
2019	\$59,227	—	\$70,190	—

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

MEDIAN HOUSEHOLD INCOME, PERCENT CHANGE

	United States	Florida	Seminole County
2023	\$78,538	\$71,711	\$83,030
2010	\$52,762	\$47,827	\$64,019
Percent Change	+48.9%	+49.9%	+29.7%

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

⁴⁶ 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.

⁴⁷ 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.

⁴⁸ 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.

⁴⁹ 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	Seminole County
American Indian and Alaska Native	\$59,393	\$67,217	\$85,197
Asian	\$113,106	\$92,402	\$105,300
Black/African American	\$53,444	\$54,426	\$60,351
Native Hawaiian and Other Pacific Islander	\$78,640	\$80,763	\$76,927
Some Other Race	\$65,558	\$61,497	\$75,091
Two or More Races	\$73,412	\$69,877	\$71,594
White	\$83,784	\$76,644	\$89,790

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

MEDIAN HOUSEHOLD INCOME BY ETHNICITY

	United States	Florida	Seminole County
Hispanic/Latino	\$68,890	\$66,556	\$68,819

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

UNEMPLOYED POPULATION BY RACE⁵⁰

	United States	Florida	Seminole County
American Indian and Alaska Native	4.8%	3.3%	3.1%
Asian	2.8%	2.5%	1.9%
Black/African American	5.4%	4.6%	3.6%
Native Hawaiian and Other Pacific Islander	4.6%	4.8%	0.6%
Some Other Race	4.2%	3.3%	2.1%
Two or More Races	4.3%	3.2%	2.8%
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	Seminole County
Hispanic/Latino	4.1%	3.0%	2.5%

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

⁵⁰ The percentage of unemployed population aged 16 and older of selected race.



Neighborhood and Built Environment

GRANDPARENTS RESPONSIBLE FOR GRANDCHILDREN⁵¹

	United States	Florida	Seminole County
With No Parent Present	38.7%	36.8%	31.8%

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

TRANSPORTATION AND COMMUTE

	United States	Florida	Seminole County
No Vehicles Available	8.3%	5.9%	3.9%
Commute Mean Travel Time (in minutes)	26.6	28.0	27.2
Working Population with a Commute Time to Work of One Hour or More	7.6%	7.4%	6.0%

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

INTERNET ACCESS

	United States	Florida	Seminole County
Households Without Internet Access	7.7%	6.8%	3.9%
Households Without Access to Either a Computer or Internet Subscription	7.6%	7.5%	4.8%

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

HOUSING SUMMARY

	United States	Florida	Seminole County
Total Housing Units	142,332,876	10,082,356	197,167
Owner-occupied Households Without Mortgage	38.8%	43.4%	33.4%
Housing Units That Are Either Vacant or For Rent	5.5%	7.6%	6.5%
Median Home Rent	\$1,348	\$1,564	\$1,686
Median Home Value	\$303,400	\$325,000	\$357,300

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

⁵¹ 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.

COST-BURDENED HOUSEHOLDS⁵²

	United States	Florida	Seminole County
Housing Costs 30% or More of Income	30.7%	35.6%	34.1%

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

SEVERELY COST-BURDENED LOW-INCOME HOUSEHOLDS⁵³

	United States	Florida	Seminole County
	31.0%	35.9%	37.9%

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

NATIONAL LOW-INCOME HOUSING COALITION: HOUSING COSTS

	Florida	Seminole 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

NATIONAL LOW-INCOME HOUSING COALITION: RENTER COSTS

	Florida	Seminole County
Estimated Hourly Mean Renter Wage	\$22.63	\$22.06
Monthly Rent Affordable at Mean Renter Wage	\$1,177	\$1,147
Full-time Jobs at Mean Renter Wage to Afford a 2-Bedroom at Fair Market Rate	1.6	1.6

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

⁵² 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.

⁵³ The percentage of households (owner or renter) whose monthly housing costs (including utilities) exceed 50% of their monthly income.

Housing Insecurity

TREND OF ANNUAL POINT-IN-TIME COUNTS

	Florida	+/-	Seminole County	+/-
2024	31,462	←	440	←
2023	30,756	←	274	→
2022	25,959	←	280	←
2021 ⁵⁴	21,141	→	209	→
2020	27,679	→	372	←
2019	28,590	→	252	→
2018	29,717	→	288	→

Source: Florida’s Council on Homelessness 2024 Annual Report

DEPARTMENT OF EDUCATION HOMELESS STUDENT COUNT

School Year	Florida	+/-	Seminole County	+/-
2022-2023	94,902	←	2,686	←
2021-2022	78,277	—	1,934	—

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



⁵⁴ 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	Seminole County
Age-adjusted deaths from all causes per 100,000 population	762.7	724.9

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	Seminole County
78.0	79.2

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	Seminole County
Heart Disease	145.5	128.6
Cancer	138.3	139.8
Unintentional Injury	69.9	63.0
Stroke	45.2	58.1
Chronic Lower Respiratory Disease	32.2	28.2
Diabetes	23.4	25.4
Alzheimer's Disease	18.9	19.3
Suicide	13.6	13.2

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 ADULTS⁵⁵

	Florida	+/-	Seminole County	+/-
2022	19.8%	←	15.2%	←
2020	17.3%	→	13.1%	→
2019	21.6%	—	17.8%	—

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

TREND OF SELF-REPORTED POOR PHYSICAL HEALTH DAYS BY ADULTS⁵⁶

	Florida	+/-	Seminole County	+/-
2022	14.1%	←	11.5%	←
2020	11.8%	→	9.8%	→
2019	14.9%	—	12.4%	—

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

TREND OF SELF-REPORTED NO LEISURE-TIME PHYSICAL ACTIVITY BY ADULTS⁵⁷

	Florida	+/-	Seminole County	+/-
2022	26.2%	←	21.0%	←
2020	27.2%	←	23.6%	←
2019	28.3%	—	23.5%	—

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

BASIC IMMUNIZATIONS FOR KINDERGARTEN STUDENTS⁵⁸

Florida			Seminole County		
2019	2023	+/-	2019	2023	+/-
93.8%	90.6%	←	93.0%	90.2%	←

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

⁵⁵ 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.

⁵⁶ 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>

⁵⁷ 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>

⁵⁸ 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 OLDS⁵⁹

Florida			Seminole County		
2019	2022	+/-	2019	2022	+/-
83.5%	76.6%	←	82.0%	78.5%	←

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

TREND OF IMMUNIZATIONS AMONG OLDER ADULTS IN FLORDIA

Age 65 and Older		Florida					
	2020	2021	+/-	2022	+/-	2023	+/-
Received a Flu Immunization in The Past Year	61.6%	66.5%	→	62.7%	←	61.6%	←
Have Ever Received a Pneumonia Immunization	64.3%	65.0%	→	65.5%	→	65.5%	=

Source: Florida Behavioral Risk Factor Surveillance System

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

Florida			Seminole County		
2018	2022	+/-	2018	2022	+/-
77.7%	75.5%	←	75.7%	75.8%	→

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			Seminole County		
2018	2020	+/-	2018	2020	+/-
83.6%	80.5%	←	85.3%	82.7%	←

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			Seminole County		
2018	2022	+/-	2018	2022	+/-
63.8%	65.4%	→	67.4%	67.1%	←

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

⁵⁹ 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			Seminole County		
	2019	2022	+/-	2019	2022	+/-
Arthritis	24.8	28.2	←	22.1	26.4	←
Asthma	8.7	9.8	←	8.0	9.3	←
Cancer (except skin)	7.3	9.2	←	6.6	8.4	←
COPD	8.4	8.2	→	6.4	6.2	→
Coronary Heart Disease	6.8	8.1	←	5.5	6.5	←
Diagnosed Diabetes	12.0	13.2	←	10.8	11.2	←
Obesity	30.3	32.4	←	28.7	31.5	←

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

TREND OF OBESITY IN ADULTS

	Florida	+/-	Seminole County	+/-
2022	32.4%	←	31.5%	←
2020	30.8%	←	30.3%	←
2019	30.3%	—	28.7%	—

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

ADULTS WHO HAVE EVER BEEN TOLD THEY HAD A STROKE

	Florida	+/-	Seminole County	+/-
2022	4.1%	←	3.1%	←
2020	3.5%	→	2.8%	→
2019	3.8%	—	3.0%	—

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



TREND OF AGE-ADJUSTED CANCER INCIDENCE⁶⁰

Per 100,000 Population	Florida	+/-	Seminole County	
2021	471.0	←	434.1	←
2020	431.2	→	405.5	→
2019	453.9	→	427.5	←
2018	454.3	←	427.2	←
2017	441.9	←	398.3	←
2016	436.6	←	385.5	→
2015	420.3	→	393.3	←
2014	427.2	=	369.0	→
2013	427.2	←	371.1	→
2012	426.2	→	399.3	←
2011	433.1	—	382.5	—

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			Seminole County		
	2018	2021	+/-	2018	2021	+/-
All Cancer	454.3	471.0	←	472.2	434.1	→
Breast Cancer	123.4	134.4	←	126.8	128.1	←
Lung Cancer	55.9	51.4	→	45.1	40.9	→
Skin Cancer	25.3	26.0	←	21.7	26.3	←
Colorectal Cancer	35.1	36.3	←	32.5	33.1	←

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

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

	Florida	+/-	Seminole County	+/-
2022	8.1%	←	6.5%	←
2020	6.9%	←	6.0%	←
2019	6.8%	—	5.5%	—

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

⁶⁰ "Incidence" means new cases only during a defined time. Learn more: <https://www.flhealthcharts.gov/chartsreports/Rdpage.aspx?Rdreport=Nonvitalind.DataviewerandCid=460>



PREVENTABLE HOSPITALIZATIONS UNDER AGE 65 FROM CONGESTIVE HEART FAILURE⁶¹

	Florida			Seminole County		
	2018-2020	2021-2023	+/-	2018-2020	2021-2023	+/-
Per 100,000 Population Under 65	71.3	80.3	←	62.2	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	+/-	Seminole County	+/-
2022	9.8%	←	9.3%	←
2020	8.7%	=	8.3%	←
2019	8.7%	—	8.0%	—

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			Seminole County		
Age Groups	2019	2023	+/-	2019	2023	+/-
1 to 5	476.6	491.5	←	297.6	466.1	←
5 to 11	305.0	308.4	←	216.3	404.7	←
12 to 18	413.4	431.4	←	467.2	617.8	←

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 DIABETES

	Florida	+/-	Seminole County	+/-
2022	13.2%	←	11.2%	←
2020	11.5%	→	10.4%	→
2019	12.0%	—	10.8%	—

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

⁶¹ 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>

CHILD HOSPITALIZATIONS DUE TO DIABETES BY AGE GROUP

Per 100,000 Population	Florida			Seminole County		
Age Groups	2019	2023	+/-	2019	2023	+/-
1 to 5	17.3	21.4	←	15.5	20.1	←
5 to 11	40.2	39.7	→	30.9	30.5	→
12 to 18	133.2	116.0	→	59.3	123.9	←

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 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			Seminole County		
	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
Falls	10.0	11.6	←	11.8	18.3	←
Motor Vehicle Crashes	14.8	16.2	←	10.9	10.1	→
Drowning	1.9	2.1	←	2.1	2.0	→

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			Seminole County		
	2019	2022	+/-	2019	2022	+/-
Unintentional Falls						
Mortality Rate	10.0	12.2	←	18.0	19.6	←
Hospitalization Rate	243.9	247.7	←	298.9	278.3	→
Motor Vehicle Fatalities and Hospitalizations						
Mortality Rate	14.7	15.8	←	11.9	10.3	→
Hospitalization Rate	76.4	80.4	←	54.2	52.4	→
Firearm Injuries						
Non-Fatal Hospitalization Rate	10.0	11.2	←	5.9	5.7	→
Emergency Room Visits	14.4	17.4	←	6.9	7.8	←

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	+/-	Seminole County	+/-
2021-2023	4.5	→	2.6	=
2020-2022	5.2	→	2.6	→
2018-2022	6.9	—	3.9	—

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

Per 100,000 Population	Florida			Seminole County		
	2017-2019	2021-2023	+/-	2017-2019	2021-2023	+/-
HIV Diagnoses	21.0	19.6	→	15.4	13.4	→
AIDS Diagnoses	9.3	8.7	→	7.2	5.9	→

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

HIV/AIDS MORTALITY RATE

	Florida+/-			Seminole County		
	2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-
Deaths Per 100,000 Population	2.8	2.5	→	1.9	2.0	←

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			Seminole County		
	2018-2020	2021-2023	+/-	2018-2020	2020-2022	+/-
Gonorrhea	172.5	202.9	←	131.1	132.8	←
Chlamydia	493.8	484.3	→	403.1	362.7	→
Syphilis (All stages)	55.2	80.7	←	30.5	52.0	←

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			Seminole County		
	2019	2022	+/-	2019	2022	+/-
Hepatitis A	15.9	1.4	→	10.2	2.3	→
Hepatitis B, Acute	3.6	3.5	→	3.4	3.1	→
Hepatitis B, Chronic	22.6	19.4	→	15.4	13.8	→
Hepatitis C, Acute	3.8	7.6	←	3.2	4.1	←
Hepatitis C, Chronic (Including perinatal)	98.7	56.1	→	63.0	31.9	→

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 OLD⁶²

Florida		Seminole County	
2019	2023	2019	2023
4,708,580	4,894,051	109,562	110,332

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

POPULATION UNDER 21 YEARS OLD BY RACE AND ETHNICITY⁶³

	Florida		Seminole County	
	2019	2022	2019	2022
White	69.7%	69.2%	73.3%	69.2%
Black/African American	22.1%	22.1%	15.6%	22.1%
Other	8.2%	8.7%	11.2%	8.7%
Hispanic/Latino	31.7%	31.7%	26.3%	31.7%
Non-Hispanic/Latino	68.3%	68.3%	73.7%	68.3%

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

⁶² Column totals for the table will not equal 100.0%.

⁶³ 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	+/-	Seminole County	+/-
2023	36,510	←	27,634	←
2022	34,946	←	25,912	←
2021	30,593	←	24,195	←
2020	24,195	→	18,223	→
2019	37,304	←	36,659	←
2018	37,296	→	27,119	←
2017	37,366	→	22,717	→
2016	38,405	←	27,193	←
2015	36,746	—	22,852	—

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 SCHOOL⁶⁴

	Florida	+/-	Seminole County	+/-
2022	10.1%	←	11.7%	←
2020	9.1%	→	9.7%	←
2018	11.0%	—	5.5%	—

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

TREND OF SCHOOL ENVIRONMENTAL SAFETY INCIDENT RATES⁶⁵

Per 1,000 Students Grades K-12	Florida	+/-	Seminole County	+/-
2023	42.9	←	39.6	←
2022	39.1	←	33.0	←
2021	18.6	→	16.6	←
2020	23.5	→	16.1	→
2019	30.5	—	21.6	—

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

⁶⁴ 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.
⁶⁵ 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			Seminole County		
	2020	2022	+/-	2020	2022	+/-
Skipped School Because of Bullying	9.3%	8.9%	→	8.5%	8.4%	→
Was Ever Kicked or Shoved	31.4%	33.7%	←	36.2%	33.1%	→
Was Ever Taunted or Teased	57.0%	58.3%	←	60.3%	56.3%	→
Was a Victim of Cyberbullying	27.5%	30.1%	←	28.4%	27.9%	→

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

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

Florida			Seminole County		
2019	2024	+/-	2019	2024	+/-
0.5%	0.4%	→	0.5%	0.1%	→

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			Seminole County		
2019	2023	+/-	2019	2023	+/-
11.3%	19.4%	←	8.0%	15.2%	←

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			Seminole County		
	2018	2022	+/-	2018	2022	+/-
Per 1,000 Population Aged One to Five	2.8	1.7	←	3.4	0.0	←

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			Seminole County		
	2019-2020	2022-2023	+/-	2019-2020	2022-2023	+/-
Homeless Students ⁶⁶	91,677	98,899	←	1,599	2,686	←
Unaccompanied Youth	6,952	7,004	←	168	355	←

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

⁶⁶ 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			Seminole County		
Ages 5 to 11	2017-2019	2021-2023	+/-	2017-2019	2021-2023	+/-
Child Abuse	765.9	483.8	→	595.9	387.3	→
Sexual Violence	58.5	42.0	→	37.5	30.4	→

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 GROUP⁶⁷

Per 100,000 Population	Florida			Seminole County		
Age Groups	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
12 to 18	6.0	6.0	=	4.2	4.9	←
19 to 21	12.2	14.1	←	10.0	9.9	→

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			Seminole County		
	2020	2022	+/-	2020	2022	+/-
Smoked Cigarettes	1.1%	0.8%	→	2.6%	0.7%	→
Vaped Nicotine	5.8%	5.5%	→	4.7%	4.1%	→
Alcohol	8.2%	6.7%	→	5.7%	4.6%	→
Binge Drank	3.4%	3.0%	→	1.6%	1.8%	←
Used Marijuana/Hashish	3.8%	3.0%	→	3.4%	2.4%	→
Vaped Marijuana	3.0%	2.9%	→	2.1%	1.7%	→

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

CURRENT SUBSTANCE USE SELF-REPORTED BY HIGH SCHOOL STUDENTS

Past 30-Day Use	Florida			Seminole County		
	2020	2022	+/-	2020	2022	+/-
Smoked Cigarettes	2.4%	1.4%	→	4.6%	0.3%	→
Vaped Nicotine	15.6%	12.7%	→	16.1%	11.3%	→
Alcohol	19.9%	15.5%	→	20.2%	16.5%	→
Binge Drank	9.2%	7.5%	→	11.0%	6.6%	→
Used Marijuana/Hashish	15.9%	12.2%	→	16.9%	10.3%	→
Vaped Marijuana	10.6%	9.7%	→	12.2%	7.5%	→

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

⁶⁷ Crude Rates.



TREND OF ANNUAL JUVENILE DRUG ARRESTS RATE

Per 100,000 Population Ages 17 and Under	Florida	+/-	Seminole County	+/-
2023	174.0	←	156.1	←
2022	166.5	←	107.6	←
2021	135.0	←	63.9	→
2020	130.0	→	82.6	→
2019	303.8	—	374.5	—

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			Seminole County		
	2019	2024	+/-	2019	2024	+/-
Middle School Students	55.4%	50.5%	←	48.9%	50.1%	→
Elementary School Students	58.4%	53.8%	←	51.0%	52.4%	→

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

YOUTH OBESITY

	Florida			Seminole County		
	2018	2022	+/-	2018	2022	+/-
High School Students	14.3%	15.2%	←	11.2%	10.1%	→
Middle School Students	13.2%	15.7%	←	10.0%	12.9%	←

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

PHYSICALLY ACTIVE STUDENTS⁶⁸

	Florida			Seminole County		
	2018	2022	+/-	2018	2022	+/-
High School Students	21.7%	19.0%	←	24.5%	21.8%	←
Middle School Students	26.6%	21.5%	←	21.5%	22.0%	→

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

⁶⁸ Self-reported being active for at least 60 minutes on all seven of the past seven days.

Maternal Health

BIRTH RATES⁶⁹

Percent of Total Births	Florida			Seminole County		
	2019	2022	+/-	2019	2022	+/-
Births to Unwed Mothers	46.6%	46.1%	→	36.0%	36.2%	→
Repeat Births to Mothers Aged 15-17	6.3%	6.2%	→	0.0%	4.2%	→
Births to Mothers 19 and Older Without High School Education	11.0%	10.4%	→	5.8%	4.6%	→
Births to Obese Mothers at the Time Pregnancy Occurred	27.1%	29.5%	→	25.4%	28.9%	→
Births to Mothers with First-trimester Prenatal Care	75.9%	71.6%	→	80.0%	73.6%	→
Births Covered by Medicaid	46.9%	43.9%	→	36.9%	33.9%	→
Self-pay for Delivery Payment Source	6.2%	5.7%	→	3.7%	3.1%	→

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)

	Florida			Seminole County		
	2019	2022	+/-	2019	2022	+/-
Low Birth Weight (Percent of Total Births)	8.8%	9.1%	→	6.8%	8.1%	→
Infant Mortality Rate Per 1,000 Live Births	6.0	6.0	=	6.9	5.1	→
Teen Birth Rate (under 18), Per 1,000	2.3	1.9	→	1.2	1.0	→

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



⁶⁹ Total resident live births are the number of births per 1,000 population.



MATERNAL CHARACTERISTICS

Percent of Total Births	Florida			Seminole County		
	2019	2022	+/-	2019	2022	+/-
Births to Unwed Mothers	46.6%	46.1%	→	36.0%	36.2%	→
Repeat Births to Mothers Aged 15-17	6.3%	6.2%	→	0.0%	4.2%	→
Births to Mothers 19 and Older Without High School Education	11.0%	10.4%	→	5.8%	4.6%	→
Births to Obese Mothers at the Time Pregnancy Occurred	27.1%	29.5%	→	25.4%	28.9%	→
Births to Mothers with First-trimester Prenatal Care	75.9%	71.6%	→	80.0%	73.6%	→
Births Covered by Medicaid	46.9%	43.9%	→	36.9%	33.9%	→
Self-pay for Delivery Payment Source	6.2%	5.7%	→	3.7%	3.1%	→

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

INFANT CHARACTERISTICS⁷⁰

	Florida			Seminole County		
	2019	2022	+/-	2019	2022	+/-
Low Birth Weight (Percent of Total Births)	8.8%	9.1%	→	6.8%	8.1%	→
Infant Mortality Rate Per 1,000 Live Births	6.0	6.0	=	6.9	5.1	→
Teen Birth Rate (under 18), Per 1,000	2.3	1.9	→	1.2	1.0	→

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



⁷⁰ 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 INSURANCE⁷¹

United States	Florida	Seminole County
8.4%	11.7%	9.5%

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

TREND OF POPULATION WITHOUT HEALTH INSURANCE⁷²

	Florida	+/-	Seminole County	+/-
2023	10.7%	→	8.0%	→
2022	11.2%	→	9.7%	→
2021	12.1%	→	11.0%	←
2019	13.2%	—	9.1%	—

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

PRIVATE AND PUBLIC HEALTH INSURANCE⁷³

	United States	Florida	Seminole County
Private Health Insurance	73.6%	72.1%	79.6%
Public Coverage	39.7%	42.0%	31.4%

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

UNINSURED POPULATION BY AGE GROUP⁷⁴

	United States	Florida	Seminole County
Under 6	4.5%	5.7%	4.8%
6 to 18	5.8%	8.1%	5.4%
19 to 64	12.0%	17.5%	13.3%
65 and Older	0.8%	1.1%	0.9%

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

⁷¹ This dataset represents people of all ages who do not have health insurance coverage (uninsured).
⁷² 2020 One-Year Estimates Not Available.
⁷³ 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.
⁷⁴ 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 MEDIKIDS⁷⁵

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

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

MONTHLY MEDICAID ENROLLMENT⁷⁶

Florida			Seminole County		
2019	2023	+/-	2019	2023	+/-
17.7%	19.0%	→	11.9%	12.8%	→

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

POPULATION WITH MEDICAID⁷⁷

Florida	Seminole County
17.5%	12.7%

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	+/-	Seminole County	+/-
2022	57.5%	←	62.1%	←
2016	63.0%	←	72.2%	→
2010	64.7%	—	66.5%	—

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	+/-	Seminole County	+/-
2022	76.9%	→	78.1%	→
2020	75.0%	←	75.4%	←
2019	77.0%	—	76.5%	—

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

⁷⁵ The percentage of population ages one to four.
⁷⁶ The percentage of people who are enrolled in Medicaid in a month, as of September of each year.
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>

Healthcare Workforce

RATE OF LICENSED HEALTHCARE PROVIDERS

Per 100,000 Population	Florida			Seminole County		
	2019	2023	+/-	2019	2023	+/-
Medical Doctors	250.8	261.2	→	210.2	237.9	→
Physician Assistants	41.0	51.0	→	38.3	54.0	→
Family Practice Physicians	18.5	13.3	←	27.3	22.8	←
Pediatricians	21.6	16.5	←	16.5	15.5	←
Registered Nurses	1,299.5	1,441.2	→	1,543.7	1,594.0	→
Licensed Practical Nurses	307.1	278.9	←	235.8	230.3	←
Certified Nursing Assistants	688.5	628.6	←	341.0	327.7	←
Dentists	57.8	61.5	→	60.7	67.4	→
Paramedics	144.1	145.4	→	129.9	130.9	→
Emergency Medical Technicians	162.7	166.0	→	186.6	179.2	←
OB/GYNs	9.2	8.6	←	8.9	9.4	→

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 PROVIDERS⁷⁸

	Florida	Seminole County
Dentists	1,686	1,620
Geriatric Care Provider	1,646	1,759
Midwife and Doula	9,029	7,790
Obstetrics/Gynecology (OBGYN)	3,919	5,250
Pediatric Care Physician	787	1,039
Pediatrician	879	1,061
Primary Care Nurse Practitioner	800	966
Primary Care Physician	858	986

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

RATE OF CARE FACILITIES BY TYPE

Per 100,000 Population	Florida			Seminole County		
	2019	2022	+/-	2019	2022	+/-
Hospital Beds	311.2	318.7	→	201.8	196.5	←
Acute Care Beds	251.8	246.4	←	165.2	159.0	←
Specialty Beds	59.4	72.2	→	36.6	37.5	→
Nursing Home Beds	401.9	370.9	←	265.2	255.9	←

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

⁷⁸ This dataset is the ratio of people per one healthcare provider practicing in an area.



Behavioral Health

SELF-REPORTED POOR MENTAL HEALTH DAYS BY ADULTS⁷⁹

	Florida	+/-	Seminole County	+/-
2022	16.8%	←	16.1%	←
2020	15.3%	→	14.0%	←
2019	15.8%	—	13.8%	—

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	+/-	Seminole County	+/-
2022	19.7%	←	19.0%	←
2020	18.3%	→	17.5%	→
2019	19.3%	—	18.2%	—

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

SUICIDE RATE (ALL AGES)

	Florida			Seminole County		
	2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-
Per 100,000 Population	14.3	13.6	→	11.6	13.2	←

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			Seminole County		
	2019	2022	+/-	2019	2022	+/-
Cumulative Rate	18.1	17.2	→	12.6	15.7	←
Firearm	9.5	9.9	←	8.1	9.5	←
Drug Poisoning	2.1	2.0	→	1.2	1.9	←
Suffocation	4.4	3.5	→	2.6	2.1	→
Cut/Pierce	0.3	0.4	←	0.2	0.2	=
Non-Drug Poisoning	0.4	0.4	=	0.2	0.7	←
Other Mechanisms	1.2	1.1	→	0.5	1.4	←

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

⁷⁹ 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	+/-	Seminole County	+/-
2023	959.0	←	1,062.0	←
2022	955.0	=	1,009.2	←
2020	956.1	→	892.0	→
2019	1,026.6	—	973.2	—

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	Seminole County
Drug and Alcohol-Induced Mental Disorders	165.8	155.8
Mood and Depressive Disorders	425.1	581.8
Schizophrenic Disorders	233.6	166.1
Eating Disorders	13.1	15.3

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



TREND OF ADULTS WHO SELF-REPORTED ENGAGING IN BINGE DRINKING⁸⁰

	Florida	+/-	Seminole County	+/-
2022	16.1%	←	16.8%	←
2020	14.9%	→	16.2%	→
2019	17.8%	—	18.1%	—

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

SELF-REPORTED CURRENT ADULT TOBACCO USE⁸¹

Florida			Seminole County		
2019	2022	+/-	2019	2022	+/-
18.1%	14.2%	→	13.5%	12.3%	→

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

OVERDOSE DEATH RATES⁸²

Per 100,000 Population	Florida		Seminole County	
	2019	2023	2019	2023
Benzodiazepine	11.6	ND	8.5	2.1
Cocaine	9.6	ND	9.3	3.1
Fentanyl	11.3	ND	10.2	6.1
Heroin	3.6	ND	5.1	ND
Methamphetamine	9.1	ND	4.0	2.3
Opioids	23.6	ND	17.4	7.3

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	Seminole County
Benzodiazepine	-75.3%
Cocaine	-66.7%
Fentanyl	-40.2%
Heroin	ND
Methamphetamine	-42.5%
Opioids	-58.0%

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

⁸⁰ 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>
⁸¹ 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>
⁸² Heroin overdoses data is from 2022 due to lack of 2023 data.

TREND OF ANNUAL OPIOID PRESCRIPTIONS DISPENSED PER PRESCRIBER⁸³

	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

Mental Healthcare Capacity

RATE OF LICENSED BEHAVIORAL HEALTHCARE PROVIDERS

Per 100,000 Population	Florida			Seminole County		
	2020	2022	+/-	2020	2022	+/-
Behavioral or mental health professionals ⁸⁴	117.1	130.4	→	176.1	199.2	→
Mental health counselors	57.3	64.0	→	103.9	114.5	→
Psychologists	23.4	23.0	←	21.9	23.3	→
Clinical social workers	49.7	55.2	→	56.6	67.0	→

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

RATIO OF LICENSED BEHAVIORAL HEALTHCARE PROVIDERS⁸⁵

	Florida	Seminole County
Child and Adolescent Psychiatric	40.0	0.0
Clinical Social Worker	1,756	2,244
Mental Health Provider	693	550

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

RATE OF PSYCHIATRIC BEDS

Per 100,000 Population	Florida			Seminole County		
	2020	2022	+/-	2020	2022	+/-
Adult psychiatric beds	20.6	31.4	→	15.0	14.8	←
Child and adolescent psychiatric beds	3.0	3.1	→	1.7	1.6	←

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 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>

⁸⁴ 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.

⁸⁵ This dataset is the ratio of people per one behavioral healthcare provider practicing in an area.



Violent Crime

VIOLENT CRIME INCIDENCE⁸⁶

Per 100,000 Population	Florida			Seminole County		
	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
Violent Crime Rate	163.6	150.4	→	131.8	98.3	→
Murder	8.8	10.0	←	7.0	5.5	→
Rape	11.6	10.1	→	8.1	5.4	→
Robbery	34.7	27.3	→	24.3	14.0	→
Aggravated Assault	108.5	103.1	→	92.4	73.4	→
Forcible Gender Offenses ⁸⁷	11.6	10.1	→	8.1	5.4	→
Domestic Violence Offenses	317.1	300.9	→	438.1	406.5	→

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	+/-	Seminole County	+/-
2022	150.6	→	98.9	→
2020	152.0	→	102.8	→
2018	163.3	—	138.3	—

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

⁸⁶ The rate of violent crimes includes murder, rape, robbery and aggravated assault.

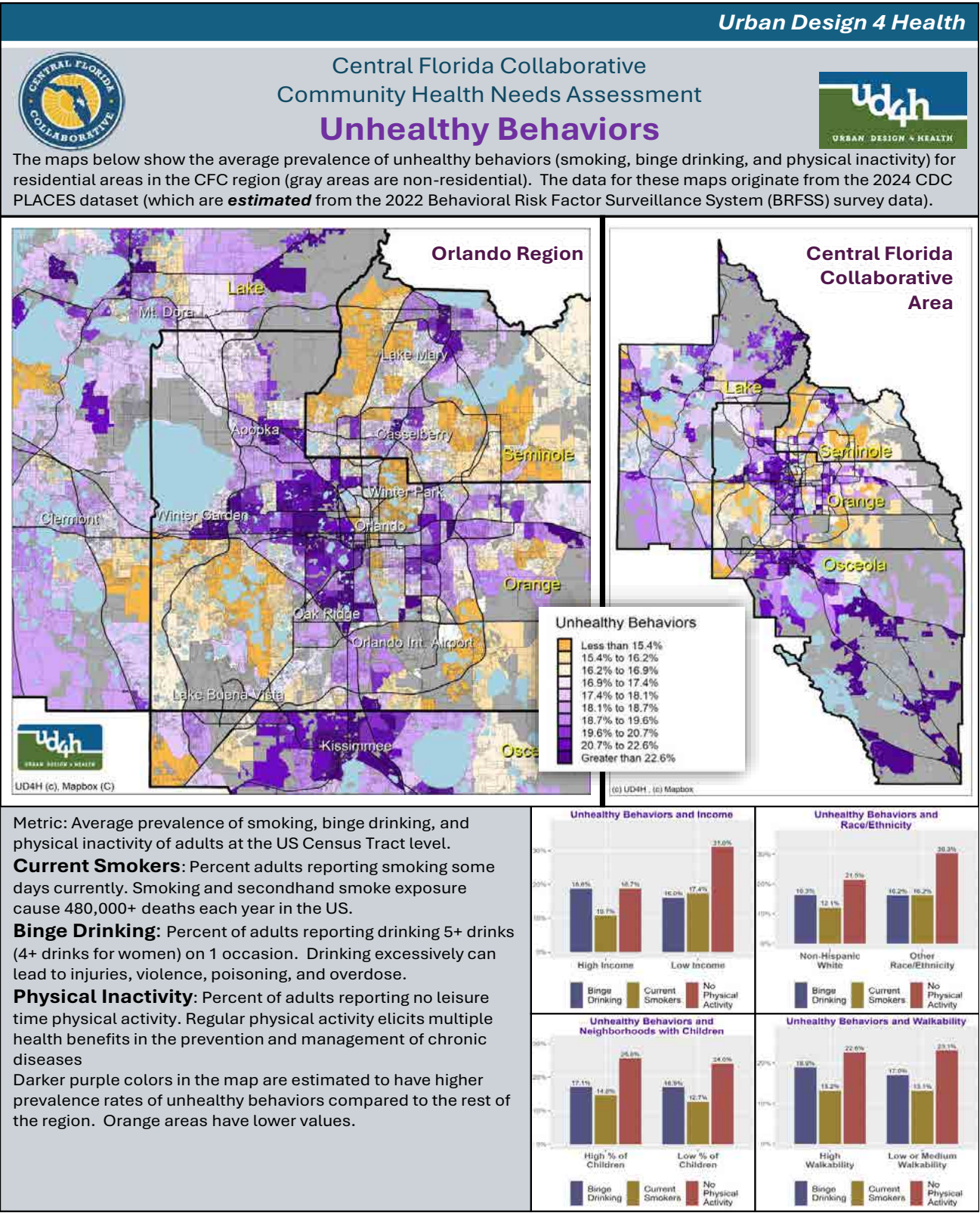
⁸⁷ Any sexual act or attempt involving force is classified as a forcible sex offense regardless of the age of the victim or the relationship of the victim to the offender. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer>

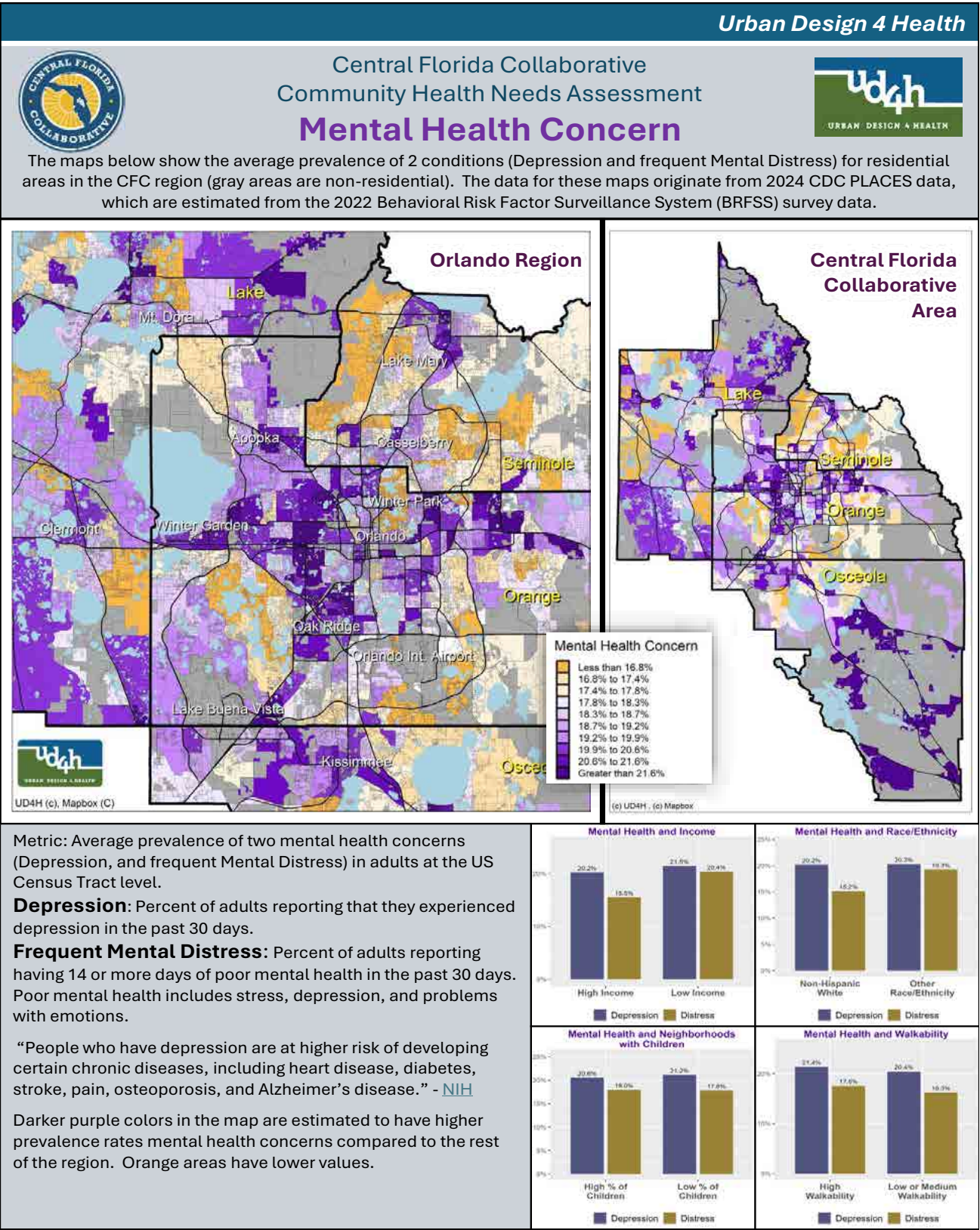
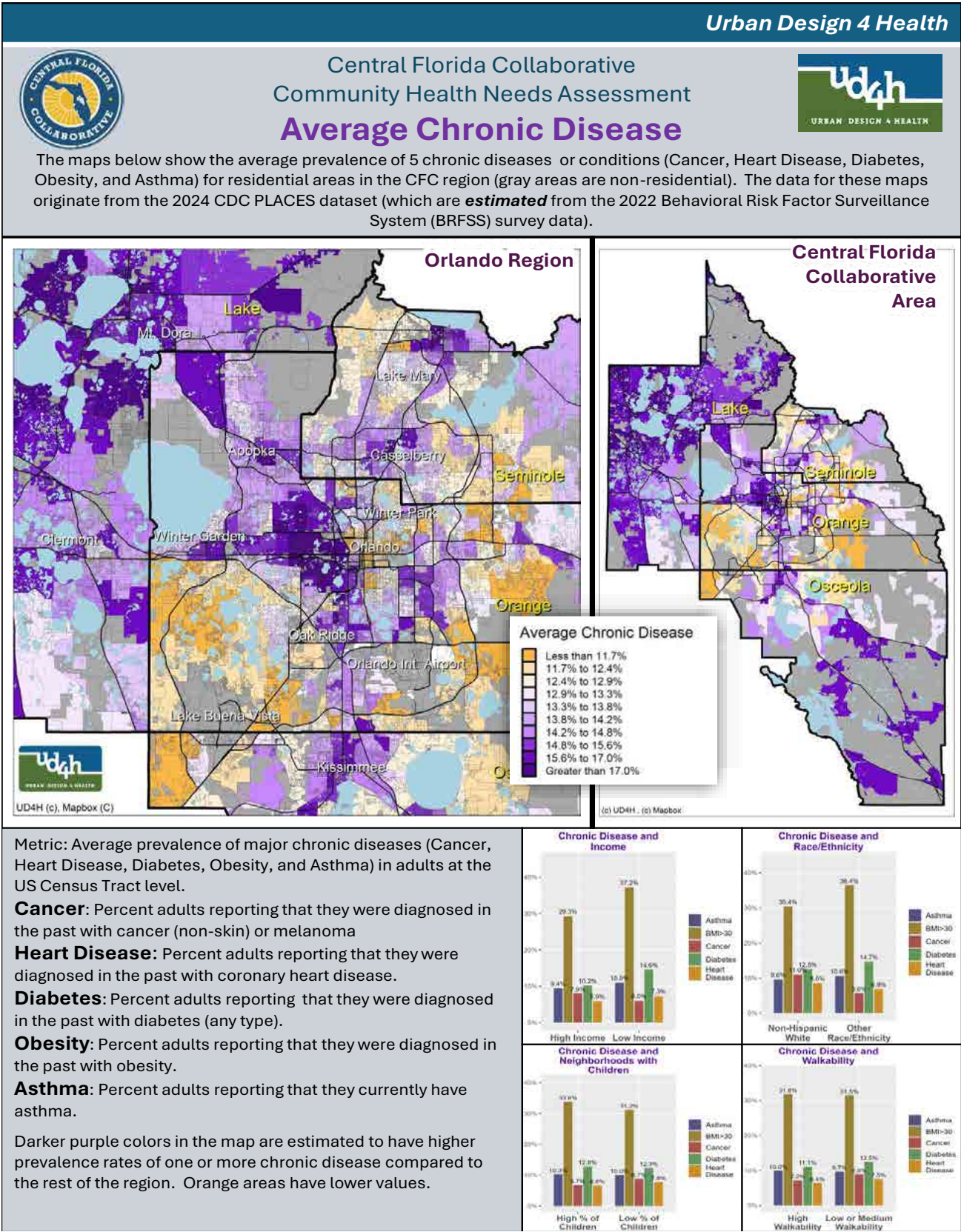
Appendix B: Service Use Maps

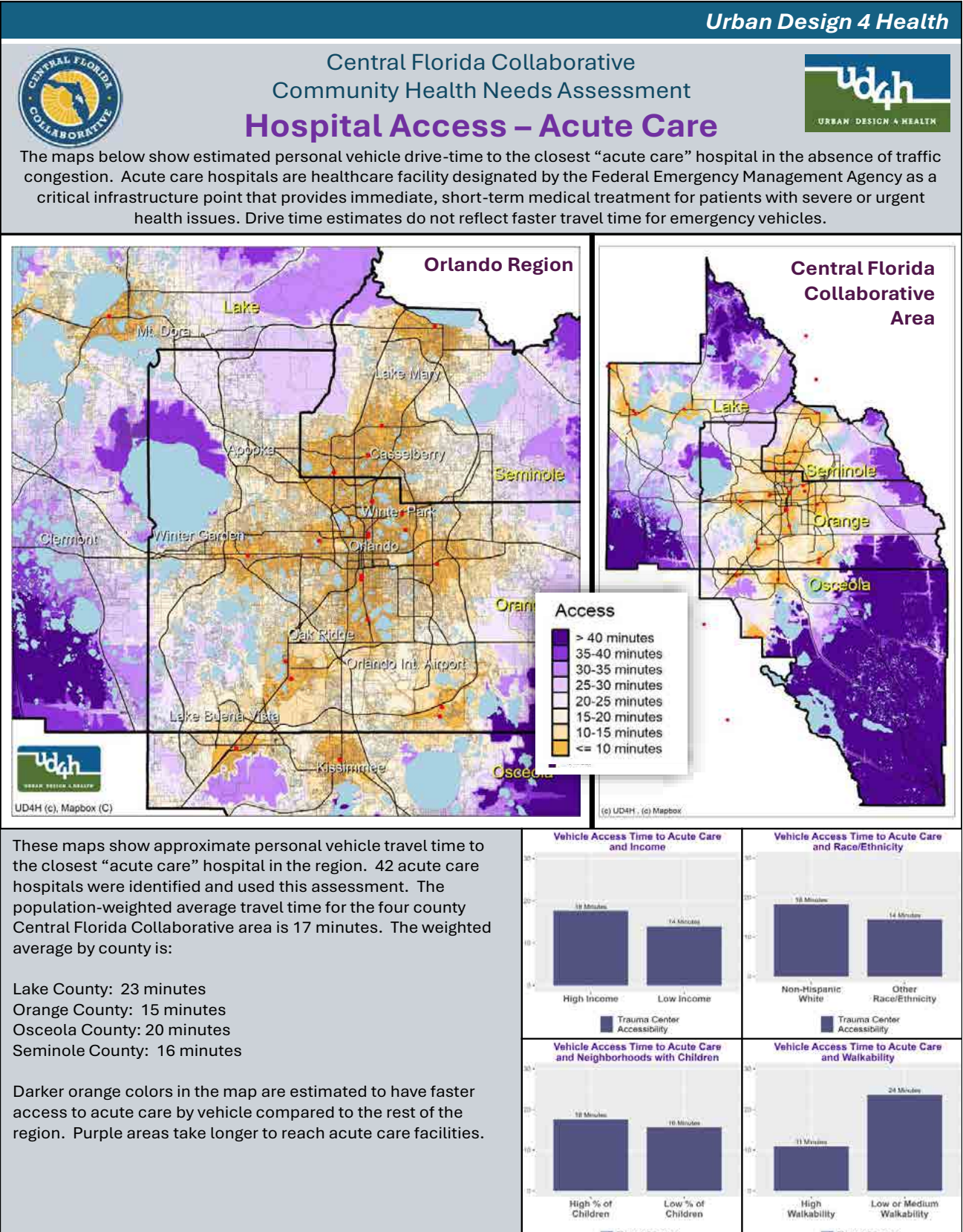
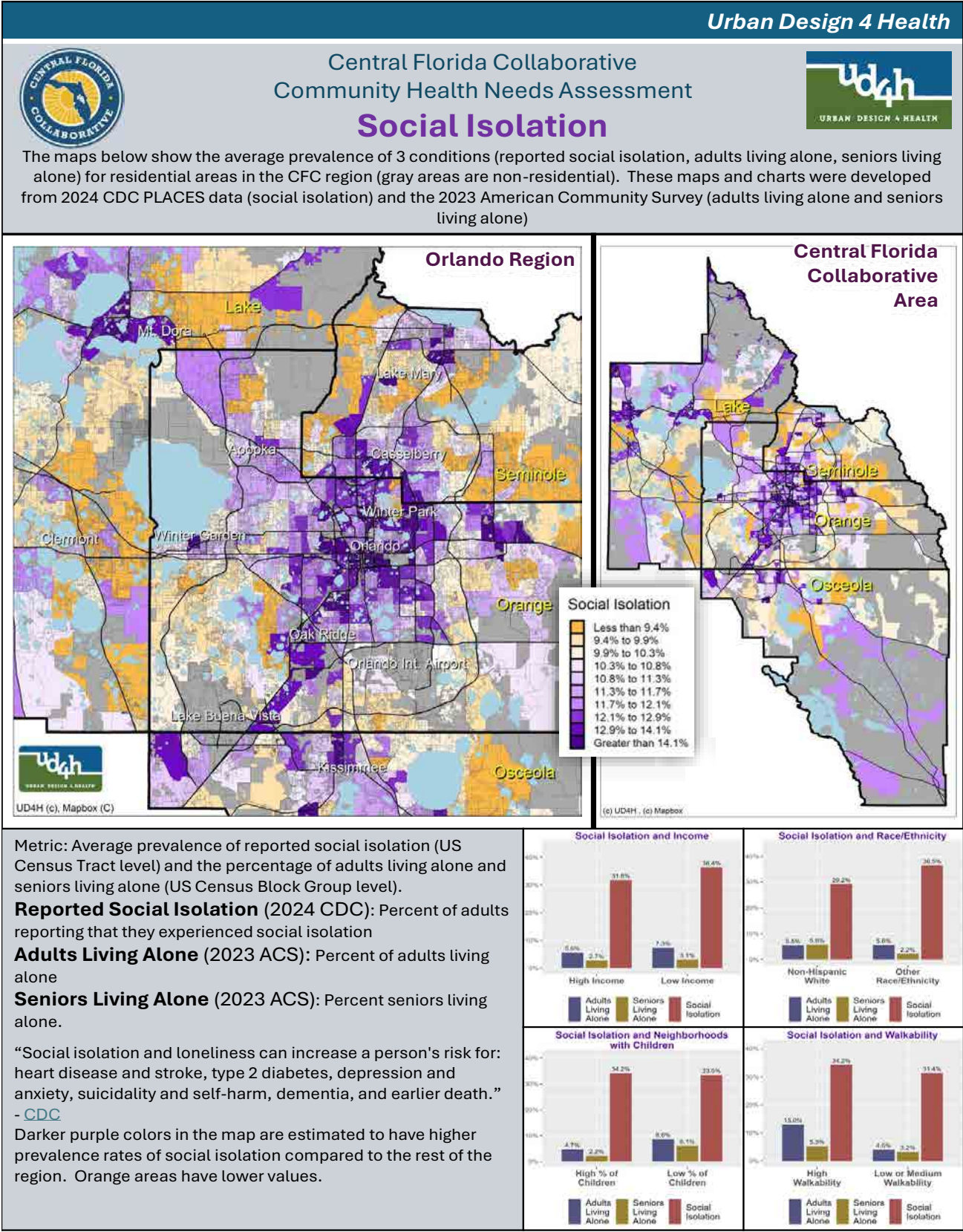
Service Use Maps

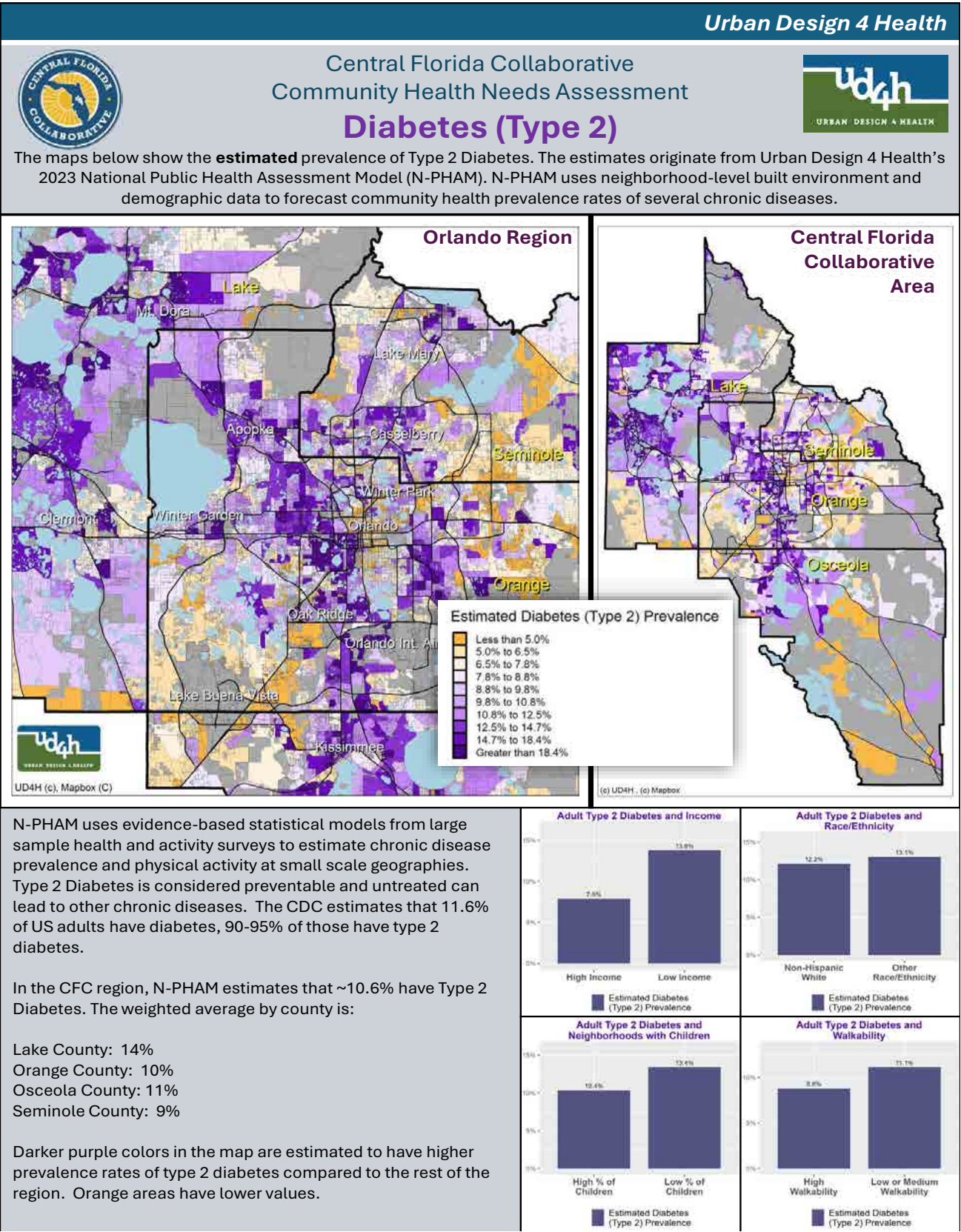
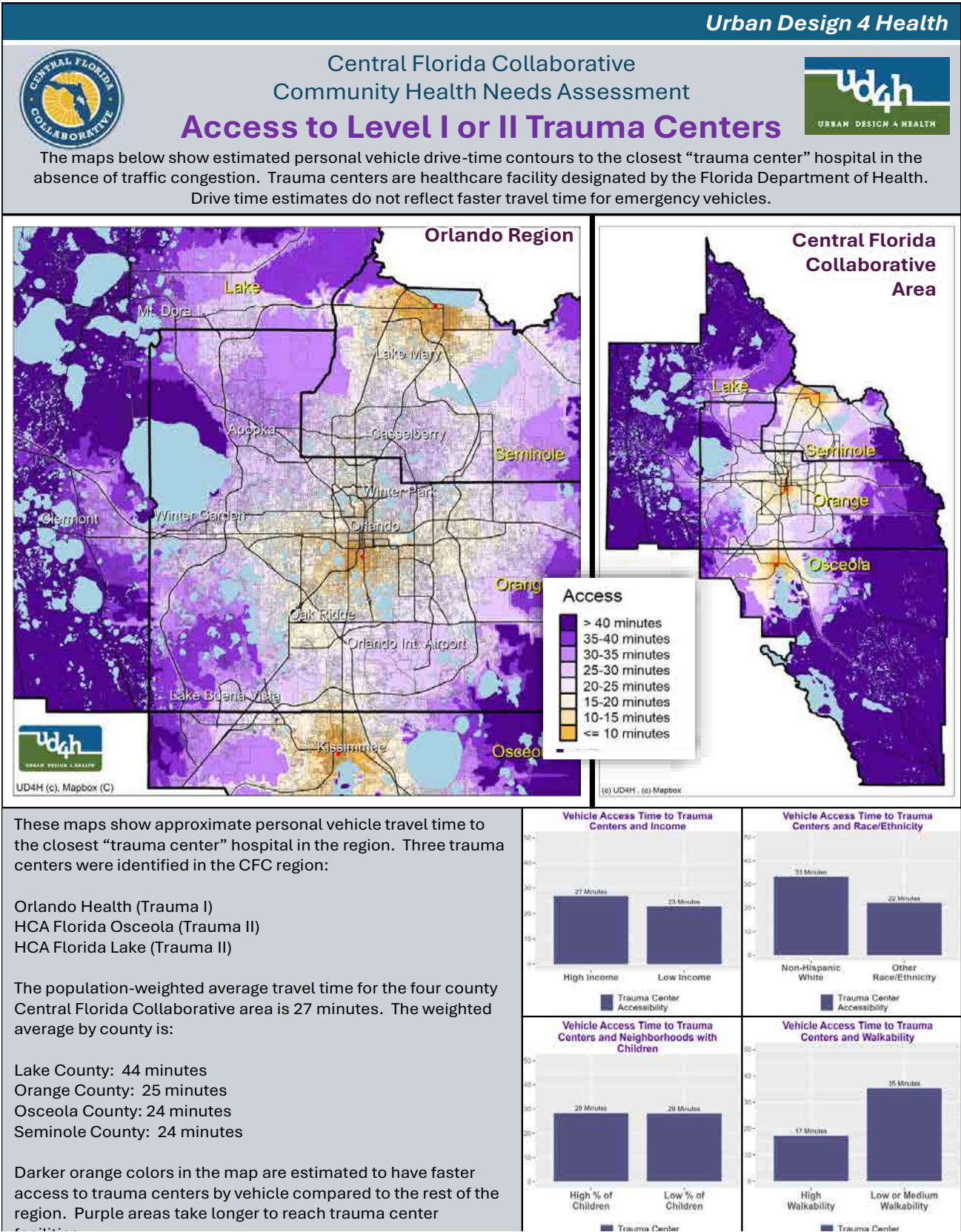
As part of the 2025 Community Health Needs Assessment, the Central Florida Collaborative worked with Urban Design 4 Health (UD4H) to complete a series of maps for the region. UD4H are pioneers in developing evidence- and place-based solutions to address the health, environmental, and related economic impacts of transportation investments and land use actions.

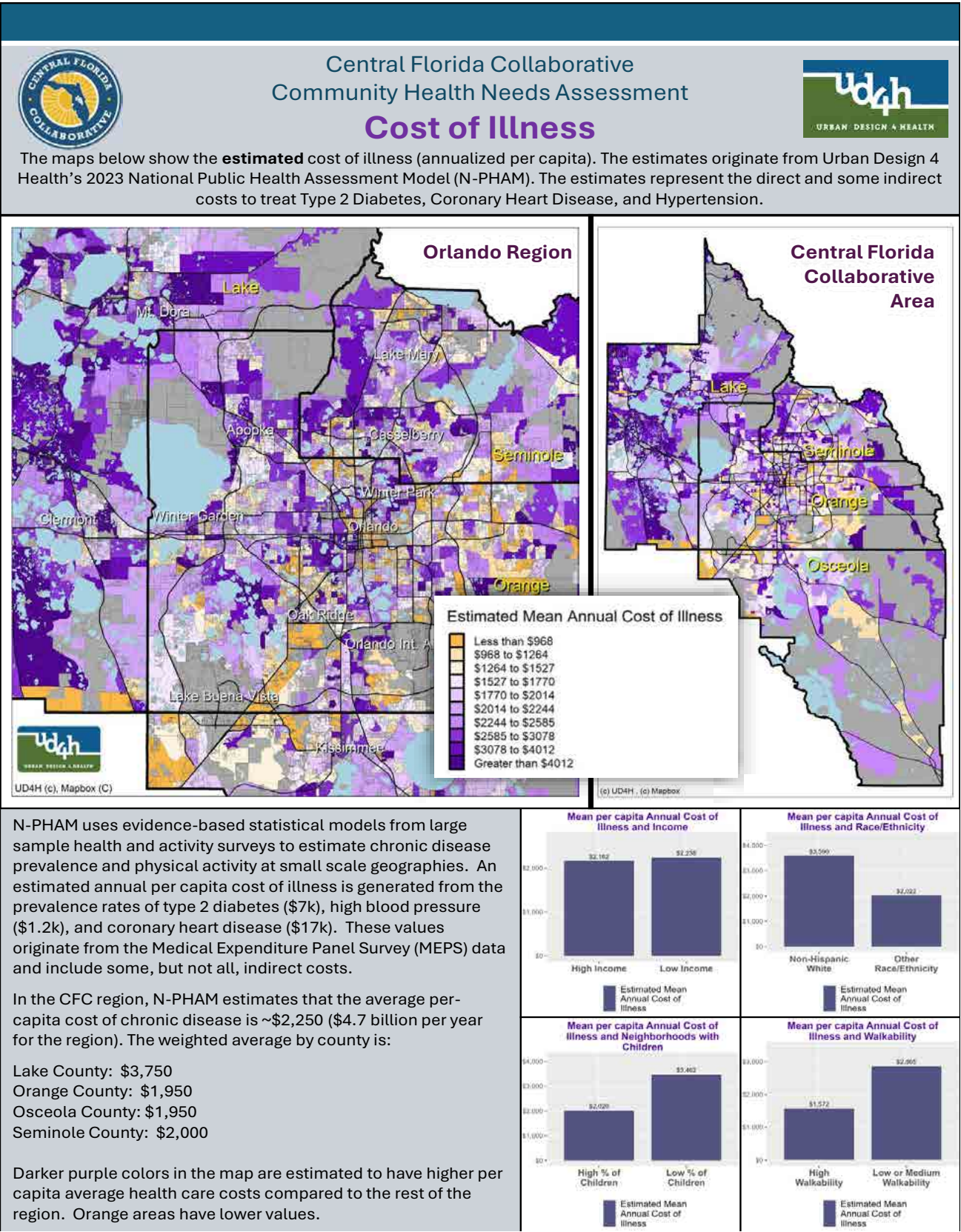
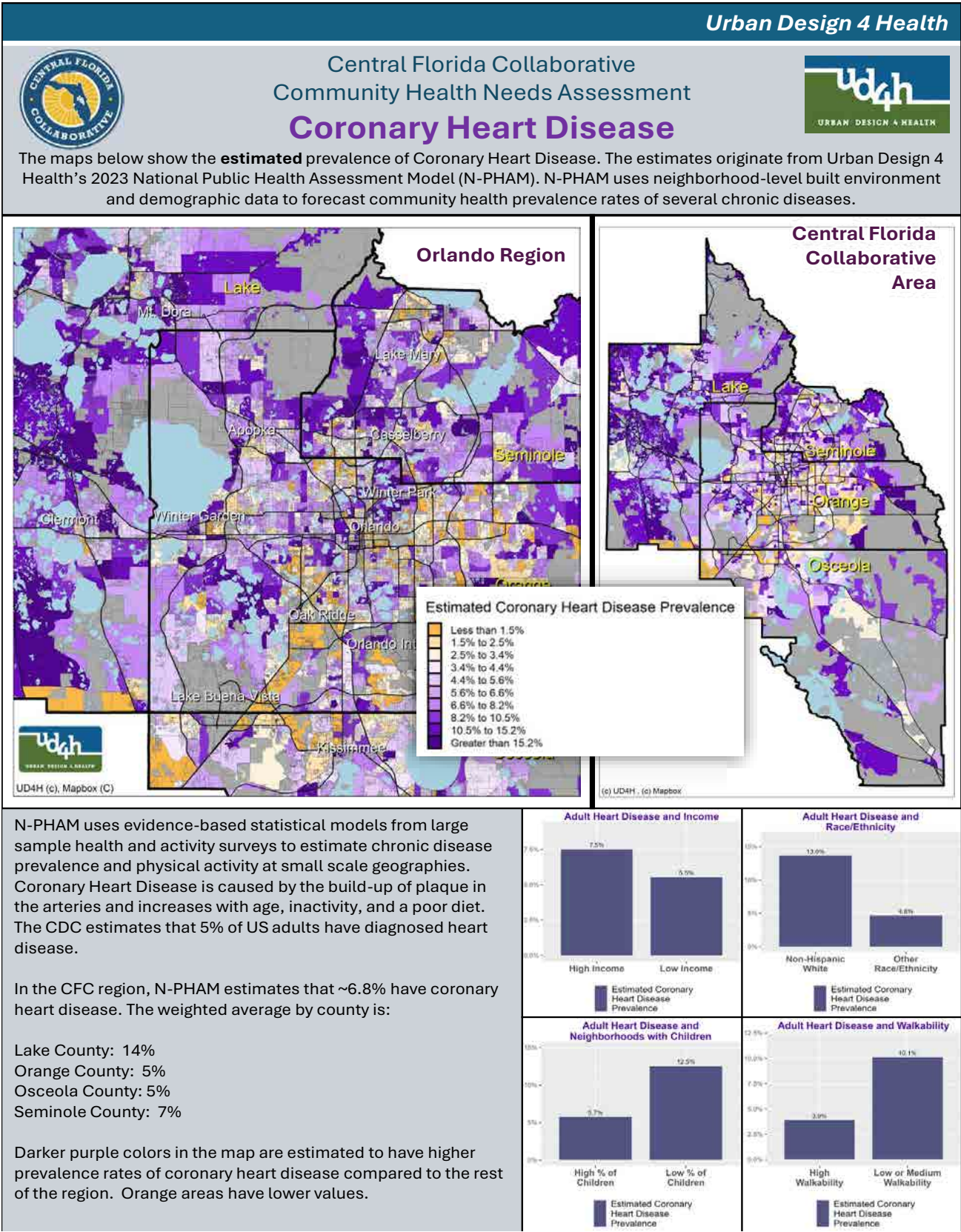
The following pages contain a series of maps with health-related measures. These are static maps with census tract-level data. For interactive versions of these maps that allow you to zoom in and click on census tracts, please go to: <https://cfc-chna.onrender.com/>.











Urban Design 4 Health

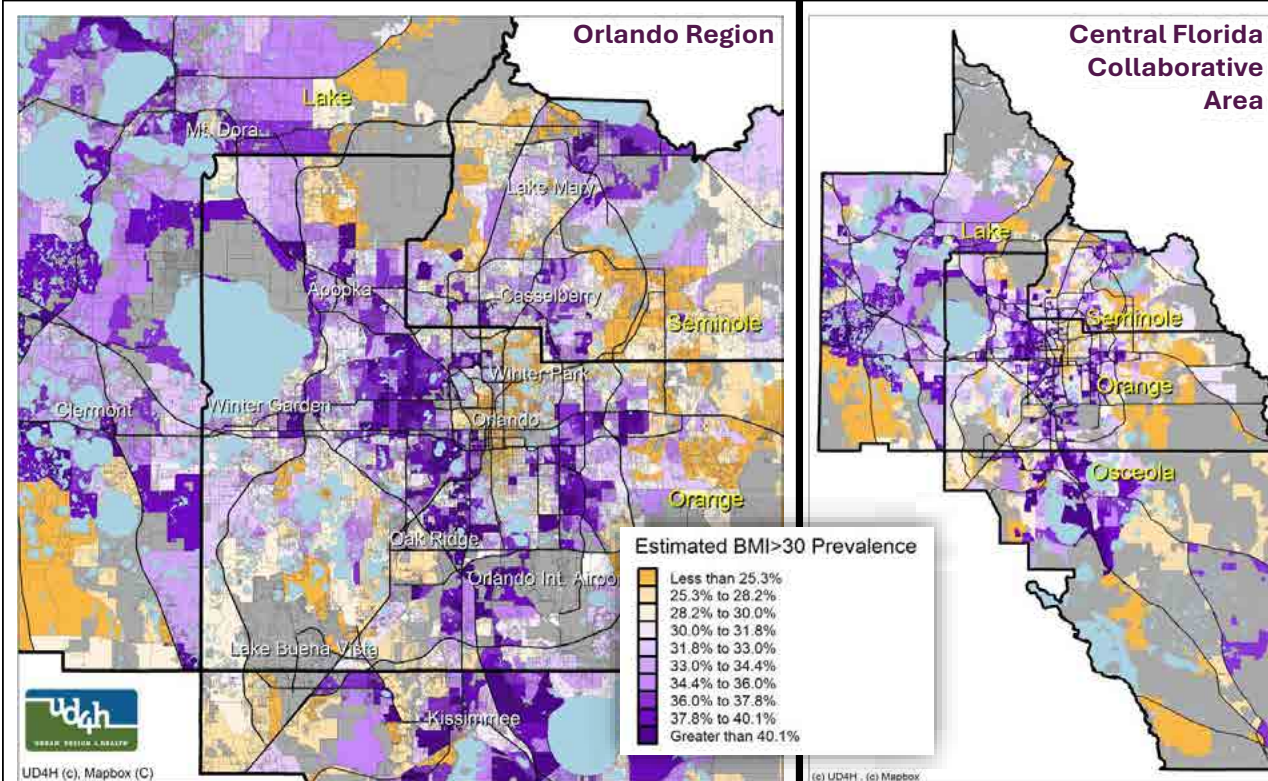


Central Florida Collaborative
Community Health Needs Assessment



Body Mass Index Greater than 30

The maps below show the **estimated** prevalence of Body Mass Index (BMI) greater than 30. The estimates originate from Urban Design 4 Health's 2023 National Public Health Assessment Model (N-PHAM). N-PHAM uses neighborhood-level built environment and demographic data to forecast community health prevalence rates of several chronic diseases.

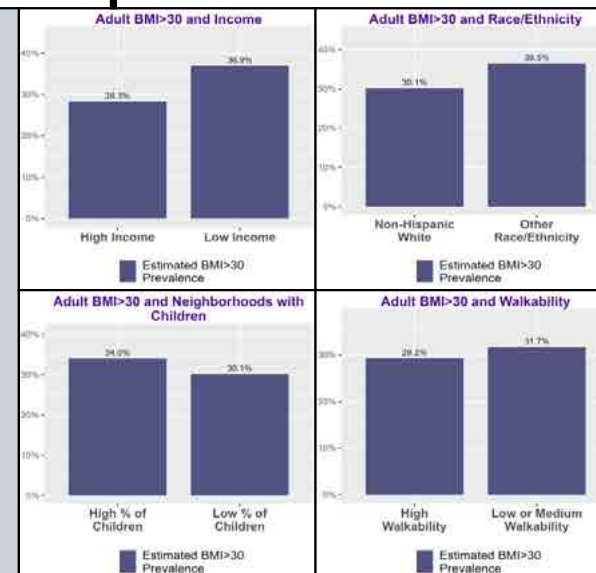


N-PHAM uses evidence-based statistical models from large sample health and activity surveys to estimate chronic disease prevalence and physical activity at small scale geographies. Body Mass Index (BMI) is frequently used to estimate obesity (value of 30 or higher), a risk factor for many chronic health conditions. The CDC estimates that ~40% of US adults are obese.

In the CFC region, N-PHAM estimates that ~32% have a BMI greater than 30. The weighted average by county is:

Lake County: 34%
Orange County: 32%
Osceola County: 34%
Seminole County: 31%

Darker purple colors in the map are estimated to have higher prevalence rates of BMI>30 compared to the rest of the region. Orange areas have lower values.



Urban Design 4 Health

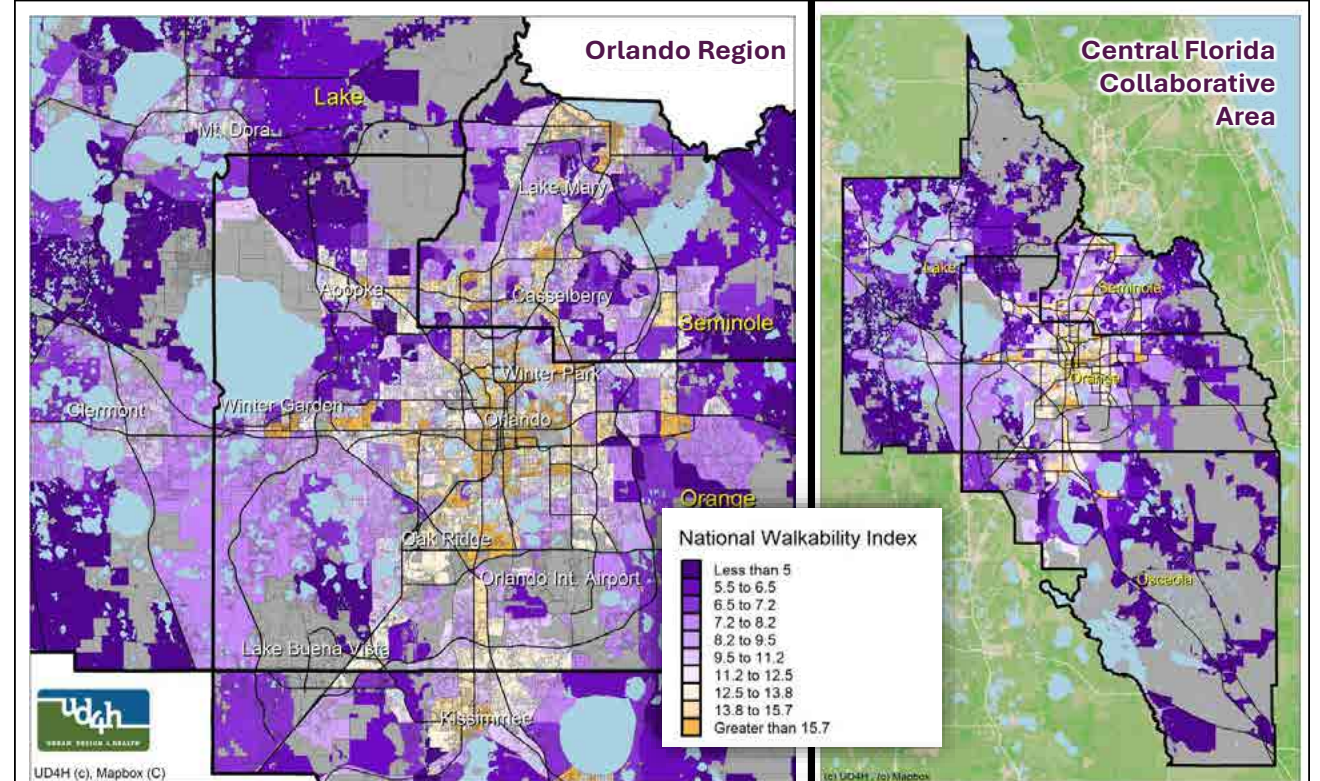


Central Florida Collaborative
Community Health Needs Assessment



National Walkability Index

The maps below show the **estimated** “walkability” of neighborhoods in the region. This US data was developed by Urban Design 4 Health for the Robert Wood Johnson Foundation in 2022. Index values can range from 1 to 20 with higher values indicating greater walkability.

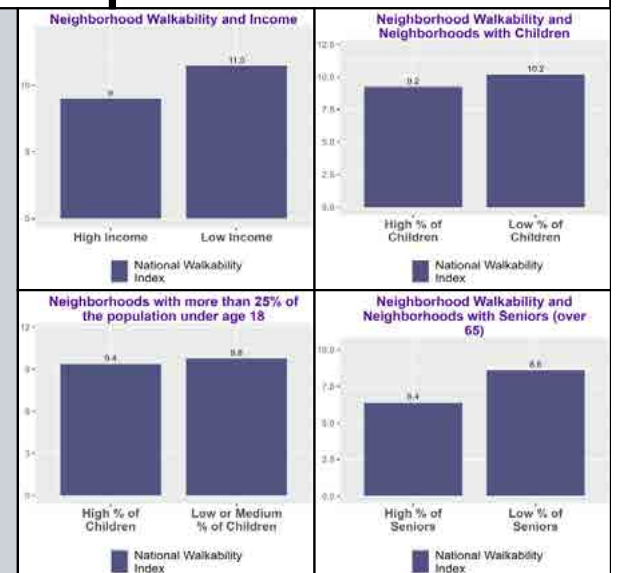


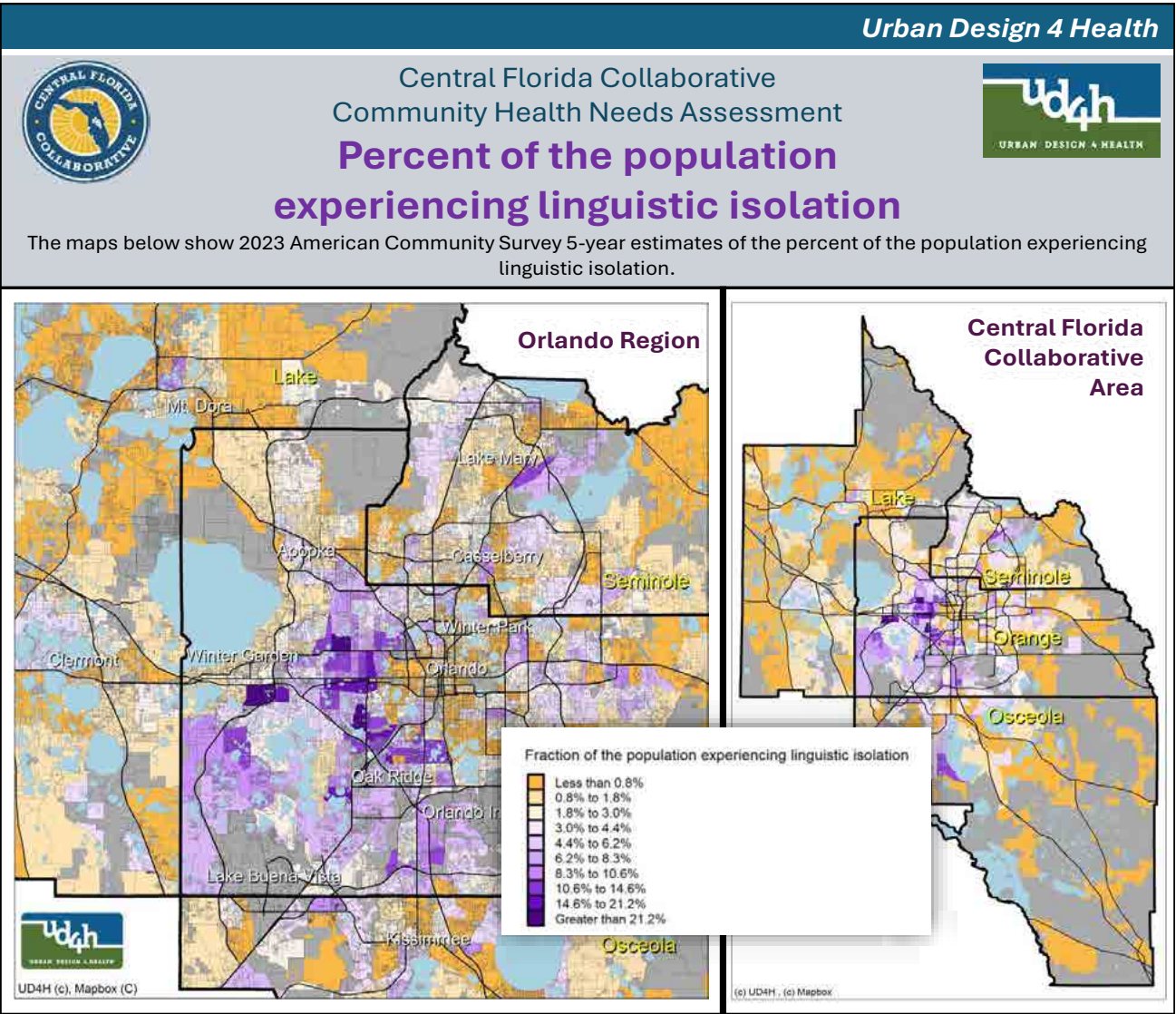
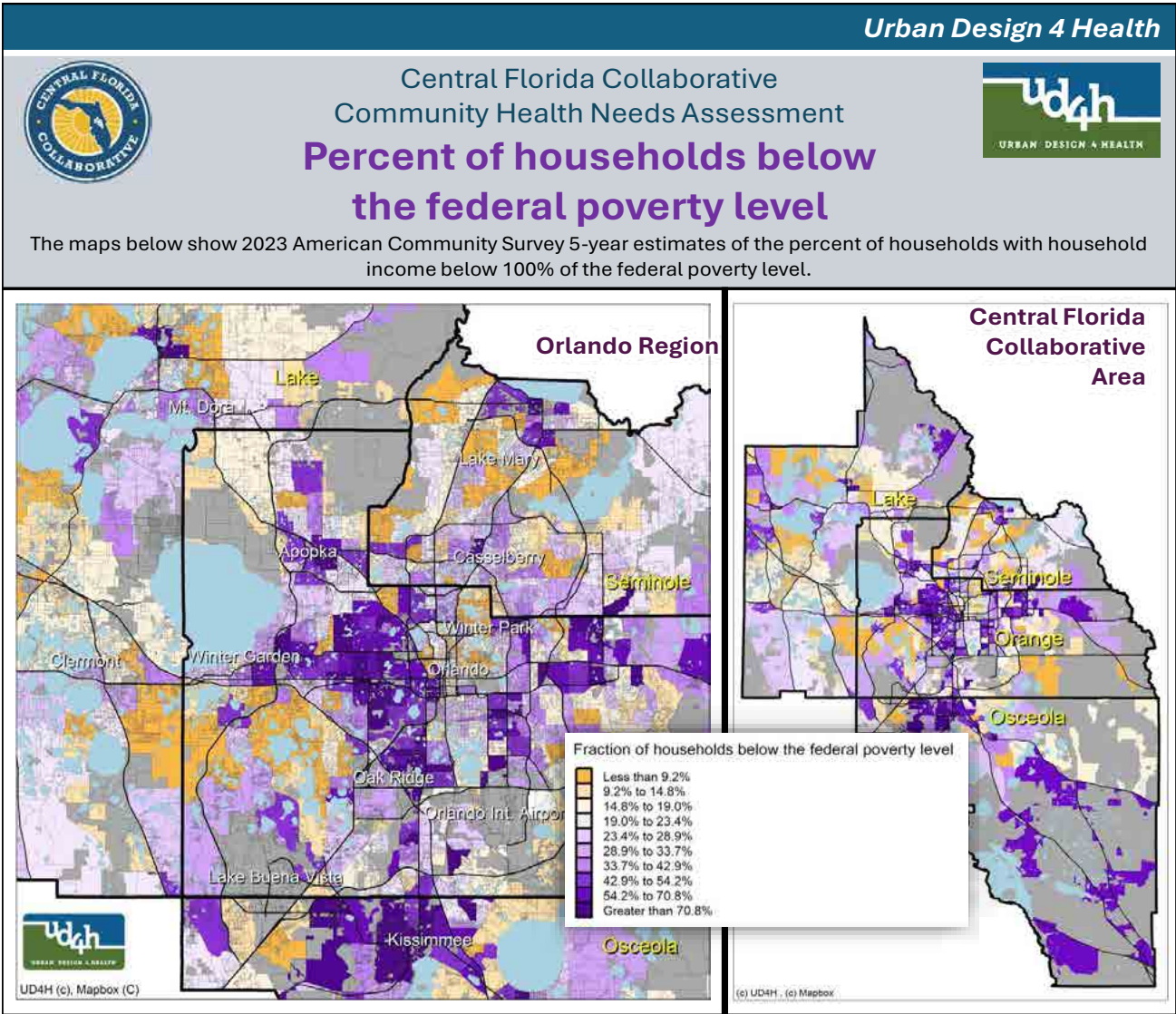
The walkability index is generated from residential neighborhood metrics that include the walkable transportation network, accessible land use mix, density, and access to active transportation alternatives. Neighborhood walkability is associated with physical activity which can impact chronic disease risk.

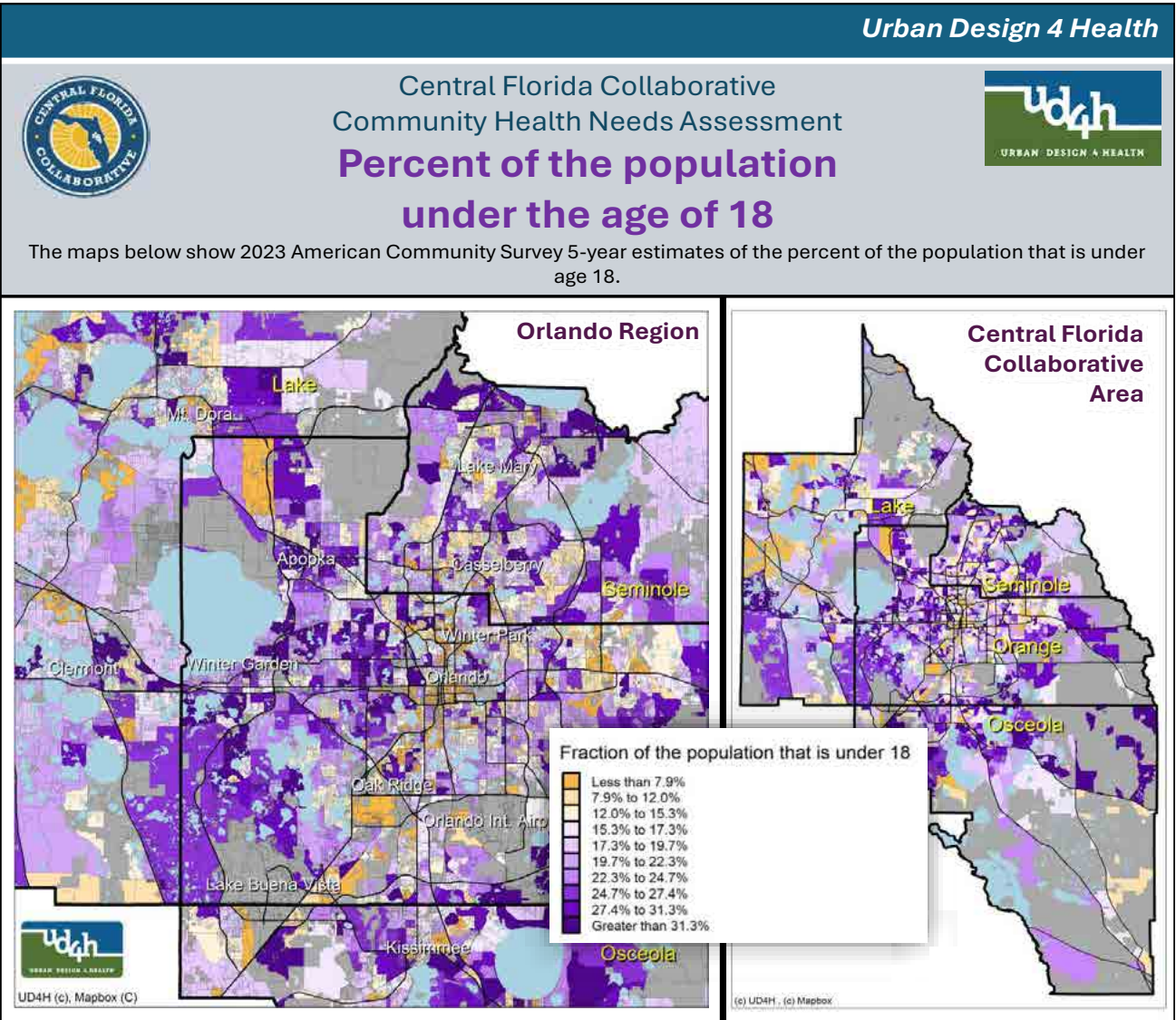
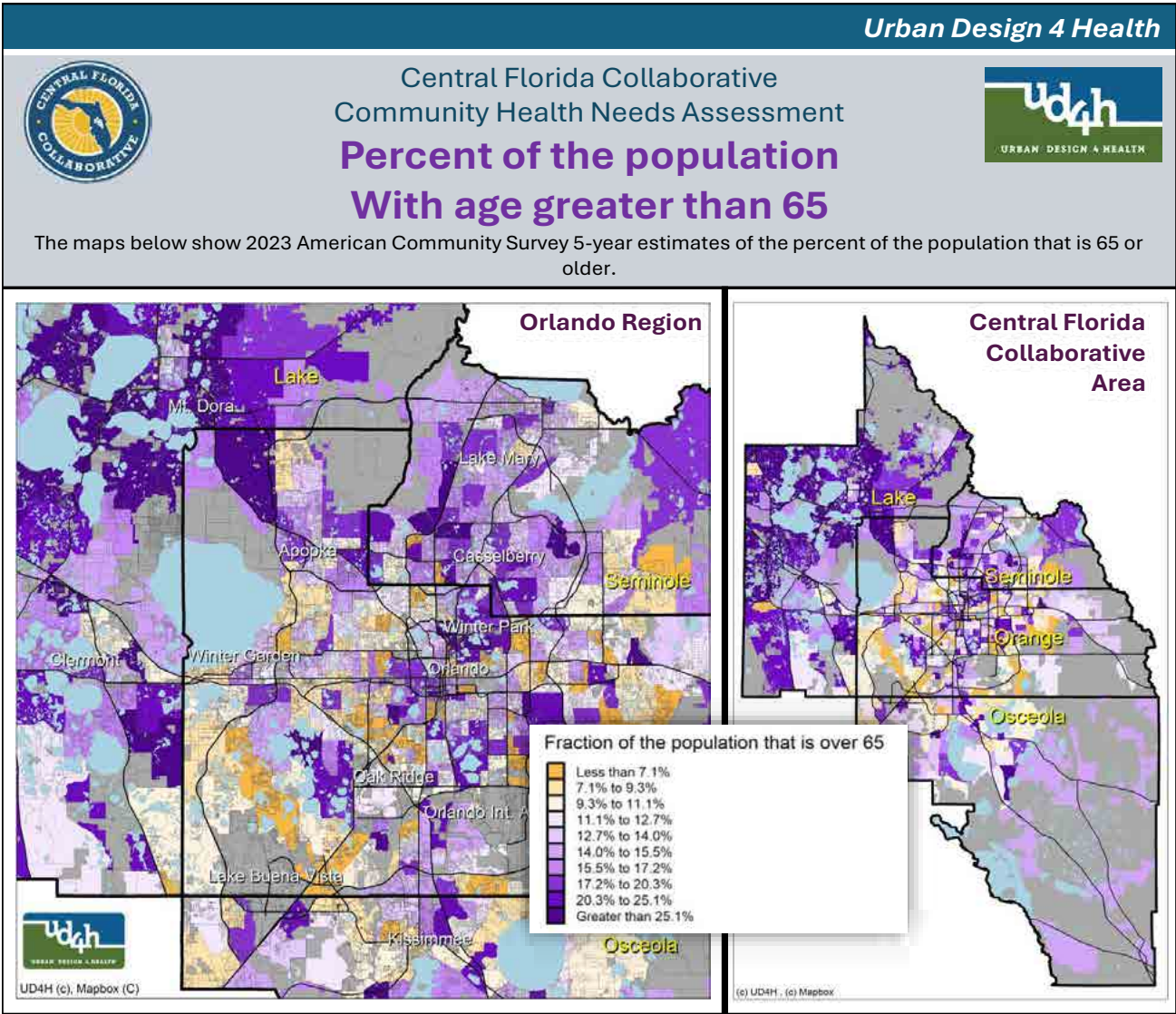
In the CFC region, the population-weighted average walkability index value is 9.6 out of 20. The value by county is:

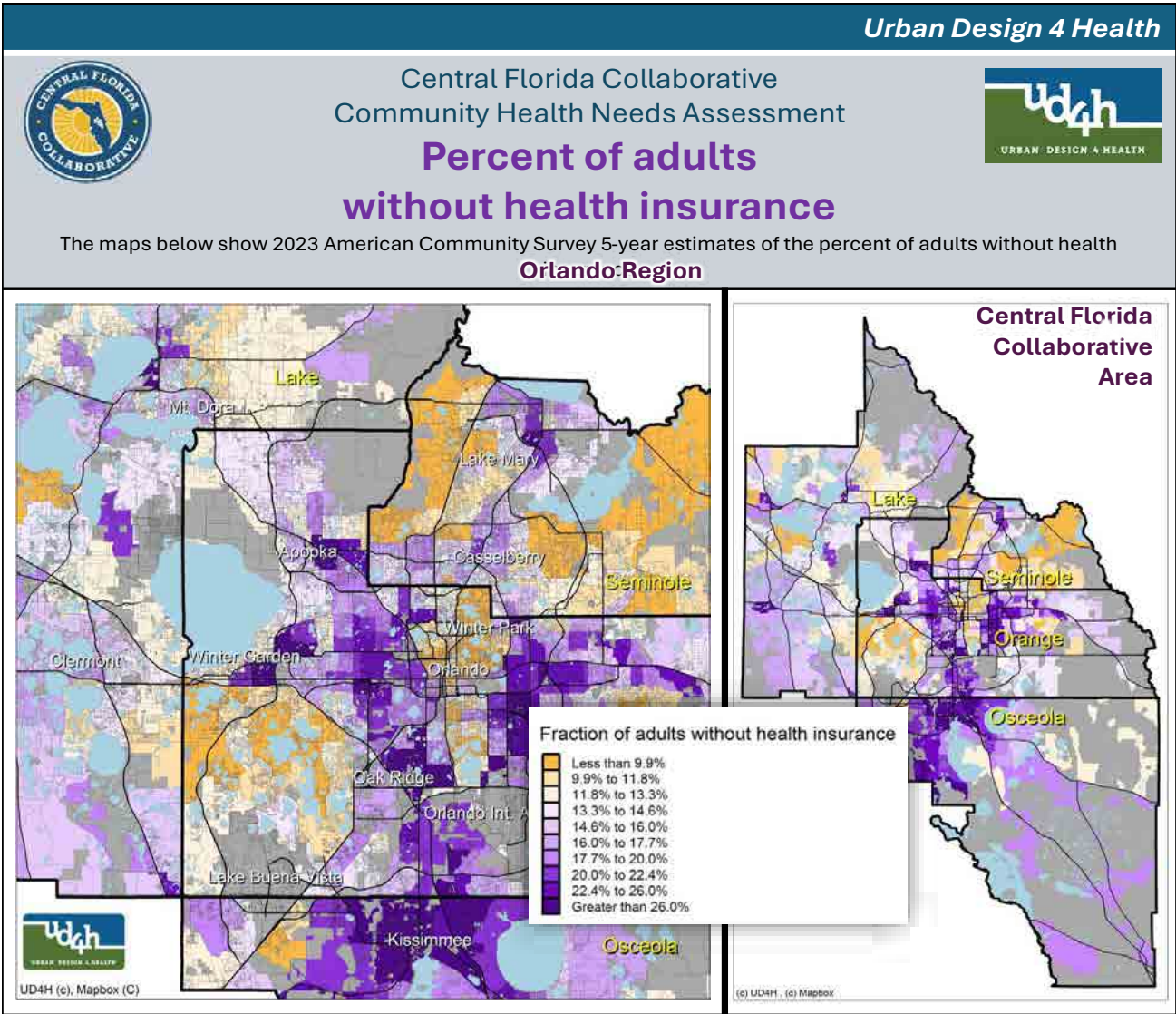
Lake County: 7.1
Orange County: 10.7
Osceola County: 9.2
Seminole County: 9.4

Darker purple colors in the map are estimated to have lower walkability. Orange areas are estimated to be more conducive for walking for travel or recreation.









Appendix C: 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 knows or understands my culture, identity, beliefs or language	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 knows or understands my culture, identity, beliefs or language	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 knows or understands my culture, identity, beliefs or language	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%
Not getting “vaccines” to prevent disease	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%
Unsafe sex including not using birth control	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 and COVID-19	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 knows or understands my culture, identity, beliefs or language	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 knows or understands my culture, identity, beliefs or language	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 knows or understands my culture, identity, beliefs or language	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%
Sexual identity of child	2.4%	5.0%	1.0%	6.5%	1.2%	3.9%
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%
Sexual orientation	2.7%	4.6%	2.2%	2.1%	1.6%	3.0%
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 D: 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 Seminole 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.

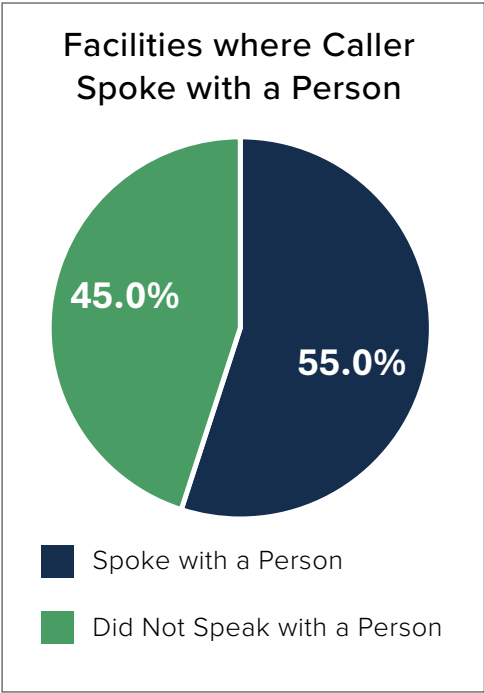
The calls evaluated a variety of intake aspects, including but not limited to ‘Ease of speaking with a person,’ ‘Automated answer - was the automated answer efficient?,’ language options, description of services offered, wait time to speak with someone on the phone, ‘Ability of the site or facility to accept new patients’ and ‘Wait times’ for screening or intake appointment/ process and for an initial appointment.

Facilities Included in Access Audit

- 1. National Alliance on Mental Illness (NAMI)
- 2. IMPOWER
- 3. Florida Department of Health in Seminole County
- 4. True Health
- 5. The Sharing Center
- 6. AdventHealth Altamonte Springs
- 7. Salvation Army Women & Children Shelter
- 8. Orlando Health South Seminole Hospital
- 9. AdventHealth Hope and Healing Center

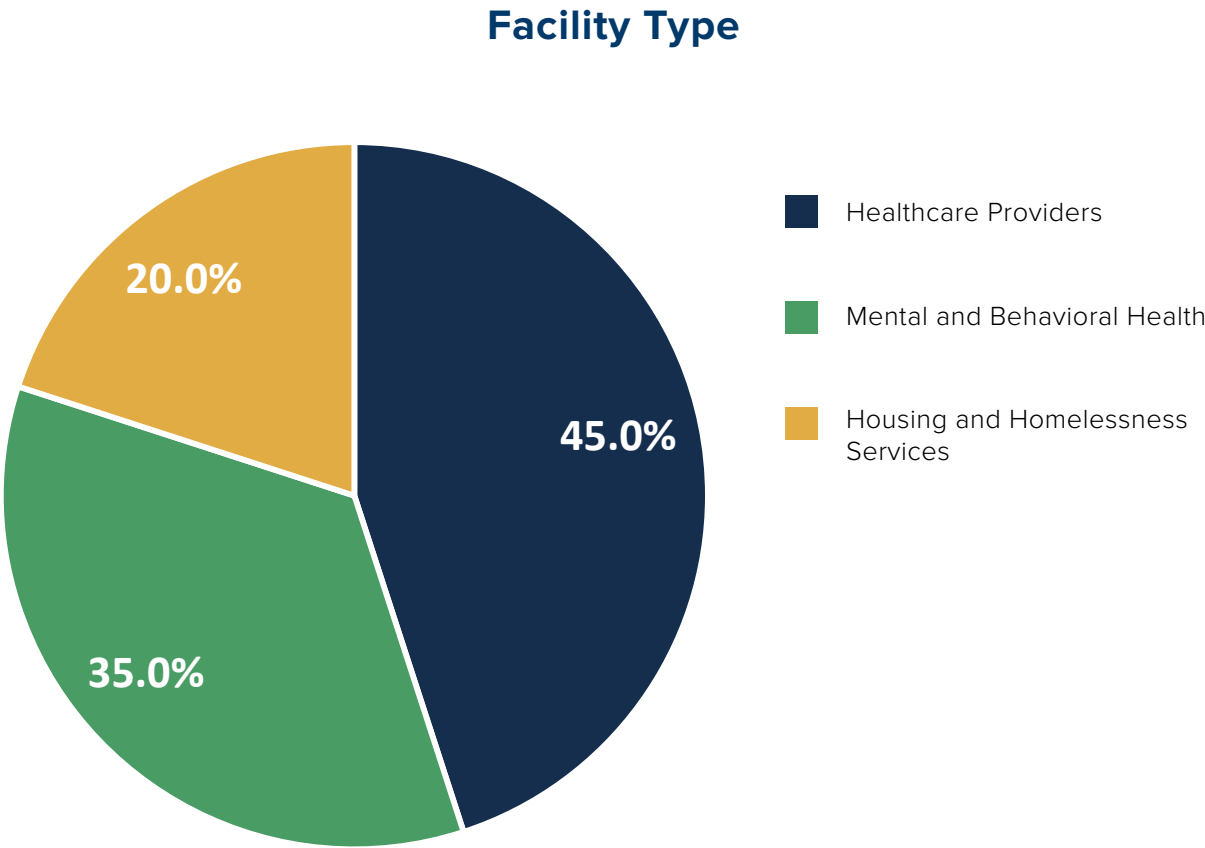
Ability of Facilities to Accept New Patients

The ability of facilities in Seminole County to accept new patients varied depending on the type of service offered. Mental health facilities confirmed they were accepting new patients, though one facility operates as a telehealth clinic, with all sessions conducted via Zoom. Wait times for new appointments varied—one facility reported a waitlist of two to three weeks for afternoon appointments, while another had availability in early January 2025 (the call was made in early December 2024). For primary care services, there



were multiple facilities accepting new patients. However, one location placed callers on hold for over seven minutes before instructing them to leave only their name due to high call volumes, then disconnected the line.

Facilities providing immunization and basic needs services had additional requirements. One clinic required patients to complete an online referral form, including basic information, insurance details and patient history before being seen. Another stated they had no Spanish-speaking providers at the moment, which could limit accessibility for Spanish-speaking patients.



Ability of Facilities to Provide Referrals

Most facilities did not readily provide referrals to other clinics or community resources upon request, though some staff were able to redirect callers to appropriate departments when specific services were requested. Another facility placed a caller on hold for over 11 minutes before connecting to a representative.

How Staff Inquiries Help Determine Prospective Patient Needs

Insurance information was requested immediately at most locations. Facilities accepting Medicaid did inquire about the specific type of Medicaid plan. For immunization and primary care services, staff outlined documentation requirements before a patient could be seen. Some clinics required ID, insurance information and basic patient details to proceed with scheduling.

Ease of Speaking with a Person

Most facilities used automated phone trees with Spanish language options. Wait times varied significantly; some locations immediately connected callers to a representative, while others placed them on hold for extended periods, ranging from two minutes to 11 minutes. At one location, there was no option that led to a representative in the phone tree and was only directed online to make a new appointment. Some facilities used automated responses instructing callers to leave voicemails rather than providing live assistance. Additionally, one facility shared that they did not currently have any Spanish-speaking providers, which may present a barrier for Spanish-speaking patients seeking care.



Appendix E: 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. Due to a tie in the final results of the survey, a total of 16 needs were selected.



Appendix F: Community Resource List

For an up-to-date list of resources in your community, please visit: [Findhelp.org](https://findhelp.org)

Basic Needs Assistance		
Organization	Contact Information	Services Overview
Arab American Community Center	407-985-4550 aaccflorida.org	Eligibility/Insurance, employment Services, Immigration/Refugee Services, Legal Services, Abuse, Domestic Violence
Catholic Charities of Central Florida	407-658-1818 cflcc.org	Access to Care, Behavioral Health, Emergency Services, Immigration/Refugee Services, Human Trafficking Services, Elder Services
Center for Multicultural Wellness and Prevention	407-648-9440 cmwp.org	Housing and Homeless Services, HIV/AIDS, Mental Health, Access to Care, Chronic Disease
Christian Service Center of Central Florida	407-425-2523 christianservicecenter.org	Food Assistance, Housing and Homeless Services, Emergency Services
Community Hope Center	321-677-0245 hope192.com	Housing and Homeless Services, Employment Services, Food Assistance, Legal Services
Harvest Time International	407-328-9900 harvesttime.org	Food Assistance, Emergency Services
Heart of Florida United Way	407-835-0900 hfuw.org	Resource Connection
Second Harvest Food Bank of Central Florida	407-295-1066 feedhopenow.org	Food Assistance
The Salvation Army	407-423-8581 salvationarmyorlando.org	Housing and Homeless Services, Emergency Services
The Sharing Center	407-260-9155 thesharingcenter.org	Food Assistance, Housing and Homeless Services
United Against Poverty Orlando	407-650-0774 communityfoodoutreach.org	Emergency Services, Mental Health, Education, Food Assistance

Florida Department of Health		
Organization	Contact Information	Overview
Florida Department of Health in Lake County	352-589-6424 Lake.floridahealth.gov	Cancer, Dental, Women’s Health, HIV/AIDS, STI, Primary Care, Immigration/ Refugee Services, Chronic Disease, Child Services
Florida Department of Health in Orange County	407-858-1400 orange.floridahealth.gov	Cancer, Dental, Women’s Health, HIV/AIDS, STI, Primary Care, Immigration/ Refugee Services, Chronic Disease, Child Services
Florida Department of Health in Osceola County	407-343-2000 osceola.floridahealth.gov	Family Planning, Breast and Cervical Cancer Screening, Hepatitis, HIV/AIDS, STI, Refugee Health, Chronic Disease Prevention Education
Florida Department of Health in Seminole County	407-665-3000 seminole.floridahealth.gov	Cancer, Dental, Women’s Health, HIV/AIDS, STI, Primary Care, Immigration/ Refugee Services, Chronic Disease, Child Services

Federally Qualified Health Center (FQHC)		
Organization	Contact Information	Overview
Community Health Centers	407-905-8827 chcfl.org	Primary Care, Behavioral Health, Women’s Health, Dental, Pediatric Care, Laboratory, Optometry/Vision
Orange Blossom Family Health	(407) 428-5751 obfh.org	Primary Care, Pediatrics, Dental, Behavioral Health
Osceola Community Health Services	407-943-8600 https://www.osceolahealthcare.org	Eligibility/Insurance, Women’s Health, Primary Care, Dental
True Health	mytruehealth.org 407-322-8645	Primary Care, Pediatric Care, Women's Health, Eligibility/Insurance, Laboratory, Dental



Children and Youth Organizations		
Organization	Contact Information	Overview
Boys and Girls Clubs of Central Florida	407-841-6855 bgccf.org	Youth Engagement
Boys Town Central Florida	407-588-2170 Boystown.org/locations/central-Florida/programs	Housing and Homeless Services (Youth), Mental Health (Youth)
Central Florida Urban League	407-842-7654 cful.org	Youth Engagement
Children’s Home Society of Florida	407-846-5220 chsfl.org/	Child Services, Mental Health
Department of Children and Families	1-800-962-2873 reportabuse.dcf.state.fl.us	Report child abuse, child services
Embrace Families	321-207-8200 embracefamilies.org	Child Services
Give Kids the World	407-396-1114 gktw.org	Children with critical illnesses and their families
Healthy Start Coalition	Lake - healthystartlake.org Orange: healthystartorange.org Osceola - healthystartosceola.org Seminole: healthystartseminole.org	Education and care coordination to pregnant women and families of children under the age of three
Kids House	407-324-3036 kidshouse.org	Abuse (Child), Mental Health (Youth), Child Services
New Hope for Kids	407-331-3059 Newhopeforkids.org	Mental Health, Grief Counseling, Children with critical illnesses
YMCA of Central Florida	407-896-9220 ymcacentralfloida.com	Youth Engagement
Zebra Coalition	407-228-1446 zebrayouth.org	Housing and Homeless Services, Mental Health for youth ages 13-24 LGBTQ+

Mental & Behavioral Health		
Organization	Contact Information	Overview
Aspire Health Partners	407-245-0045 aspirehp.org	Mental Health, Substance Use, HIV/AIDS
Devereux	1-800-338-3738 Ext. 77130 devereux.org	Mental Health, Substance Use, Chronic Disease (Diabetes), Child Services
IMPOWER	407-304-3444 impowerfl.org	Child Services, Mental Health (Youth), Behavioral Health (Youth)
Mental Health Association of Central Florida	407-898-0110 mhacf.org	Substance Use, Mental Health
National Alliance on Mental Illness (NAMI)	407-253-1900 namiflorida.org	Mental and Behavioral Resources
Orlando Behavioral Health	orlandobehavioral.com	Mental Health, Substance Use
Park Place	407-846-0068; 407-846-0023; 321-402-0690 ppbh.org	Mental Health, Substance Use



Life Skills/Job Training		
Organization	Contact Information	Overview
Adult Literacy League	407-422-1540 adulteracyleague.org	Education
Career Source of Central Florida	407-531-1222 careersourcecentralflorida.com	Employment Services
Center for Independent Living	407-623-1070 cilorlando.org	Disabled Adults, Employment Services
Central Florida Employment Council	407-834-4022 cfec.org	Employment Services
Division of Vocational Rehabilitation	407-846-5260; 407-897-2725 rehabworks.org	Employment Services, Disabled Adults
Employ Florida	1-800-438-4128 employflorida.com	Employment Services
Goodwill Industries of Central Florida, Inc.	407-857-0659 goodwillcfl.org	Employment Services, Education

Clinics and Other Healthcare Providers		
Organization	Contact Information	Overview
Grace Medical Home	407-936-2785 gracemedicalhome.org	Primary Care, Dental, Mental Health, Laboratory, Chronic Disease, Housing and Homeless Services
Healthcare Access Alliance	407-952-9233 healhaccessall.org	Primary Care, Resource Connection
Hispanic Health Initiatives	386-320-0110 hhi2001.org	Chronic Disease (Diabetes), Food Assistance, Cancer, Primary Care
Hope and Help Center of Central Florida	407-645-2576 hopeandhelp.org	HIV/AIDS, STI, Primary Care
Planned Parenthood	407-246-1788 plannedparenthood.org	Women’s Health, HIV/AIDS, STI
Shepherd’s Hope	407-876-6701 shepherdshope.org	Primary Care
The Orlando Veterans Affairs Medical Center	407-631-1000 orlando.va.gov	Veteran Services, Employment Services, Primary Care, Mental Health

Housing/Homelessness		
Organization	Contact Information	Overview
Central Florida Commission on Homelessness	321-710-4663 www.cfchomelessness.org	Housing and Homeless Services
Coalition for the Homeless of Central Florida	407-652-5300 Centralfloridahomeless.org	Housing and Homeless Services
Covenant House	1-800-441-4478 covenanthousefl.org	Housing and Homeless Services
Dave’s House	407-457-1282 daveshouseevents.org	Housing and Homeless Services
Family Promise of Greater Orlando	407-893-4580 familypromiseorlando.org	Housing and Homeless Services
Habitat for Humanity	habitatlorlandoosceola.org habitatseminoleapopka.org	Housing and Homeless Services
Homeless Services Network of Central Florida	407-893-0133 hsncfl.org	Housing and Homeless Services
Hope Helps, Inc.	407-366-3422 hopehelps.org	Housing and Homeless Services
IDignity	407-792-1374 idignity.org	Housing and Homeless Services
Orlando Union Rescue Mission	407-423-3596 Ext. 2100/2105 ourm.org	Housing and Homeless Services, Food Assistance
Rescue Outreach Mission of Central Florida	407-321-8224 rescueoutreachcfl.org	Housing and Homeless Services, Food Assistance
Samaritan Resource Center	407-482-0600 samaritanresourcecenter.org	Housing and Homeless Services
Wayne Densch Center	407-599-3900 abilityhousing.org/wayne-densch-center	Housing and Homeless Services, Mental Health, Substance Use



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Resources Phone Numbers and Crisis Lines		
	Contact Information	Overview
National Sexual Assault	800.656.4673 (HOPE) https://www.rainn.org/	Support, information, advice, & referrals to address sexual assault
National Suicide Prevention Lifeline	1.800.273.8255 https://suicidepreventionlifeline.org/	The Lifeline provides 24/7, free and confidential support for people in distress and prevention and crisis resources for you or your loved ones.
United Way 211	Dial 211 https://www.hfuw.org/gethelp/	Local resources to address financial assistance, health programs, crisis support and more.
Veterans Crisis Line	1.800.273.8255 https://www.veteranscrisisline.net/	24/7 confidential crisis support for veterans and their loves ones



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