



HCA Florida

**UCF Lake Nona  
Hospital**

# UCF Lake Nona Hospital Community Health Needs Assessment

# 2026 REPORT



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## Letter from Leadership

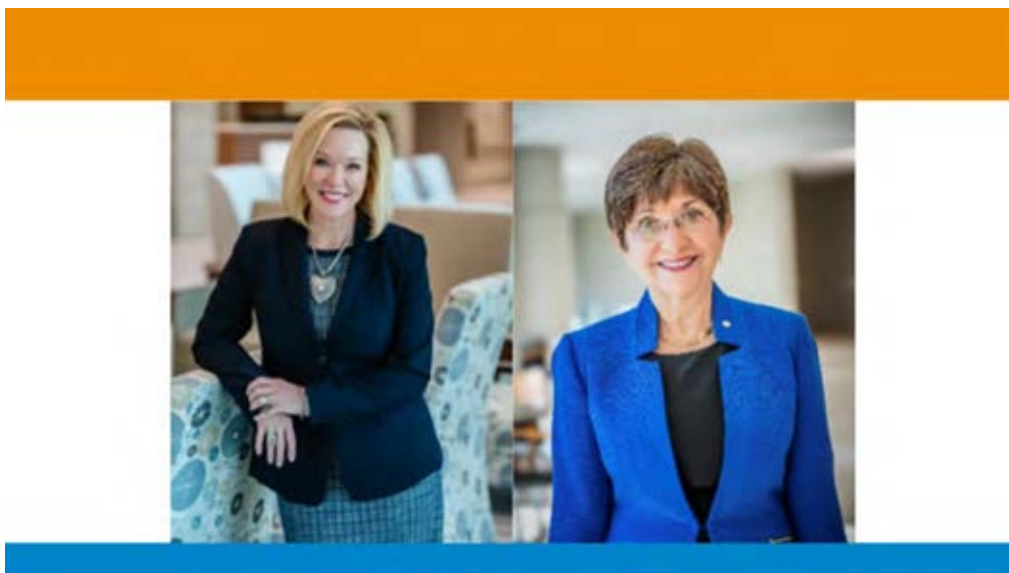
To Our Community,

As a joint venture between UCF Academic Health, Inc. (UCFAH) and HCA Healthcare, UCF Lake Nona Hospital continues to embrace our unique role in advancing health and wellness for the communities we serve. Together, we combine the strength of the nation’s largest hospital system with the innovation of a leading academic medical center, creating opportunities to deliver exceptional care, educate future healthcare professionals, and conduct research that improves lives.

This community health needs assessment (CHNA) reflects our ongoing commitment to understanding and addressing the most pressing health challenges in Orange and Osceola counties. Our region is growing rapidly and ever-changing, and with that growth comes evolving health needs. This report will guide our efforts to improve access, reduce healthcare disparities, and achieve better health outcomes for all.

We recognize that improving health outcomes requires more than clinical care; it demands collaboration. We are proud to work alongside community partners, public health agencies, and local organizations to expand access and empower individuals and families to lead healthier lives.

Thank you for trusting us as your healthcare partner. We look forward to continuing this important work and building a healthier future for all.



**Wendy H. Brandon, FACHE**  
**Chief Executive Officer**  
**UCF Lake Nona Hospital**

**Deborah C. German, M.D.**  
**Chief Executive Officer**  
**UCF Academic Health**

## Executive Summary

UCF Lake Nona Hospital conducts a Community Health Needs Assessment (CHNA) every three years in accordance with the Patient Protection and Affordable Care Act and Internal Revenue Code Section 501(r)(3). The CHNA is a systematic process that uses primary and secondary data to evaluate community health, identify significant health needs and assets, and guide community health improvement planning.

The CHNA process incorporates input from community stakeholders, including representatives of state and local public health agencies, organizations serving medically underserved and low-income populations, and other community partners. Following completion of the CHNA, the hospital develops a three-year Implementation Strategy Plan outlining how prioritized community health needs will be addressed.

### Approach

A mixed-methods approach combining primary and secondary research was conducted between October 2025 and March 2026 to assess community health needs and perspectives, with particular emphasis on underserved populations.

#### Secondary Research

Secondary data from local, state, and national sources were analyzed to provide context on demographic trends, health outcomes, risk factors, and access to care. Data sources included the U.S. Census Bureau's American Community Survey, the Centers for Disease Control and Prevention, and the Florida Department of Health. All secondary data were obtained from original sources prior to December 2025 and are cited throughout the report.

#### Primary Research

Primary research conducted between October 2025 and January 2026 included key informant interviews and focus groups with individuals who work closely with populations experiencing significant health needs. Discussions were held both in person and virtually and explored community strengths, available resources, service gaps, and barriers to health. Qualitative data were analyzed using ATLAS.ti to identify key themes, including community strengths, root causes of health needs, and priority action areas.

#### Community Survey

A community survey was distributed both online and in print in English, Spanish, and Haitian Creole. The survey included demographic and closed-ended questions and was disseminated through email, community outreach events, and partner organizations. While responses were collected from across the service area, the survey was not a random sample and should not be interpreted as representative of the entire population.

## Needs Prioritization

Two prioritization meetings were held to identify community health priorities. In January 2026, executive leadership reviewed assessment findings and evaluated 17 identified community health needs using the Hanlon Method.

Needs were assessed based on magnitude, severity, feasibility, and potential impact. Individual scores were aggregated to determine overall priority rankings.

### Priority Selection

In February 2026, the UCF Lake Nona Hospital Implementation and Monitoring Committee determined which needs would be formally adopted as priority areas for the 2026–2029 ISP using the following organizational capacity criteria:

- Locus of control: The degree of control that the healthcare system has to influence changes in the listed need.
- Existing programming: Programs that are currently operating within the healthcare system.
- Financial Capacity: Does the healthcare system have funding or other resources, like available staff or community benefit dollars, to address this need?
- Skill Set Capacity: Does the healthcare system workforce have the necessary skills to address this need?

**The hospital selected three priorities for the 2026–2029 Implementation Strategy Plan:**

- Access to Care
- Maternal and Child Health
- Unintentional Injury

## Introduction

The UCF Lake Nona Hospital was created through a joint venture partnership between HCA Healthcare's North Florida Division and UCF Academic Health, connecting one of the largest healthcare networks in the nation, HCA Healthcare, with the University of Central Florida College of Medicine. The hospital opened in March 2021 and is a hybrid of for-profit and non-for-profit entities. As part of its nonprofit obligations, the hospital is required to complete a community health needs assessment (CHNA) every three years in accordance with the Patient Protection and Affordable Care Act (ACA) and Internal Revenue Code Section 501(r)(3). Following each CHNA, the hospital must develop a three-year Implementation Strategy Plan (ISP) outlining how prioritized community health needs will be addressed.

Beyond regulatory compliance, CHNA is a critical component of broader community health improvement efforts. It provides a shared framework for stakeholders to assess community health status, identify key challenges and assets, and align strategies and resources. The CHNA process reflects a collaborative, data-informed approach to guiding targeted implementation activities aimed at improving health outcomes and advancing equitable well-being for all residents.

The UCF Lake Nona Hospital contracted Crescendo Consulting Group to conduct this CHNA. Crescendo Consulting Group is a national provider of community health needs assessments and strategic planning services, with more than 20 years of experience supporting hospitals, health systems, social service agencies, and community organizations across the United States. The firm's collaborative approach, strong data analysis expertise, and comprehensive communications capabilities support effective engagement and project success within diverse communities.<sup>1</sup>

The CHNA is a systematic process used to evaluate the physical, social, and environmental health of a defined service population. It incorporates both primary and secondary data to identify key health needs, existing assets, and gaps in services within the community. Identified needs are then prioritized to guide the development of a three-year strategic action plan. This process aims to improve community health outcomes by ensuring available resources are used efficiently and effectively. Intentional outreach efforts were undertaken to ensure inclusion of community members whose voices and lived experiences have not historically been represented in prior assessments.

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

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

<sup>1</sup> Crescendo Consulting Group. <https://www.crescendocg.com/>

## About UCF Lake Nona Hospital

Opening in 2021, the UCF Lake Nona Hospital is a full-service acute care facility located adjacent to the University of Central Florida College of Medicine within Orlando's Lake Nona Medical City. The hospital serves Lake Nona and surrounding communities in southeast Orlando and Osceola County and currently includes 64 inpatient beds, a 20-bed emergency department, four operating rooms, a cardiac catheterization laboratory, comprehensive imaging and laboratory services, and private birthing suites. Designed to support a rapidly growing region, the facility has the capacity to expand with long-term plans accommodating up to 500 beds. Established through a joint venture between HCA Healthcare's North Florida Division and UCF Academic Health, the hospital integrates academic medicine with the nation's largest healthcare systems and is part of the 650-acre Lake Nona Medical City health and life sciences campus.

### Mission Statement

**Above all else, we are committed to the care and improvement of human life. We achieve this through the delivery of exceptional patient care, groundbreaking research and outstanding education.**



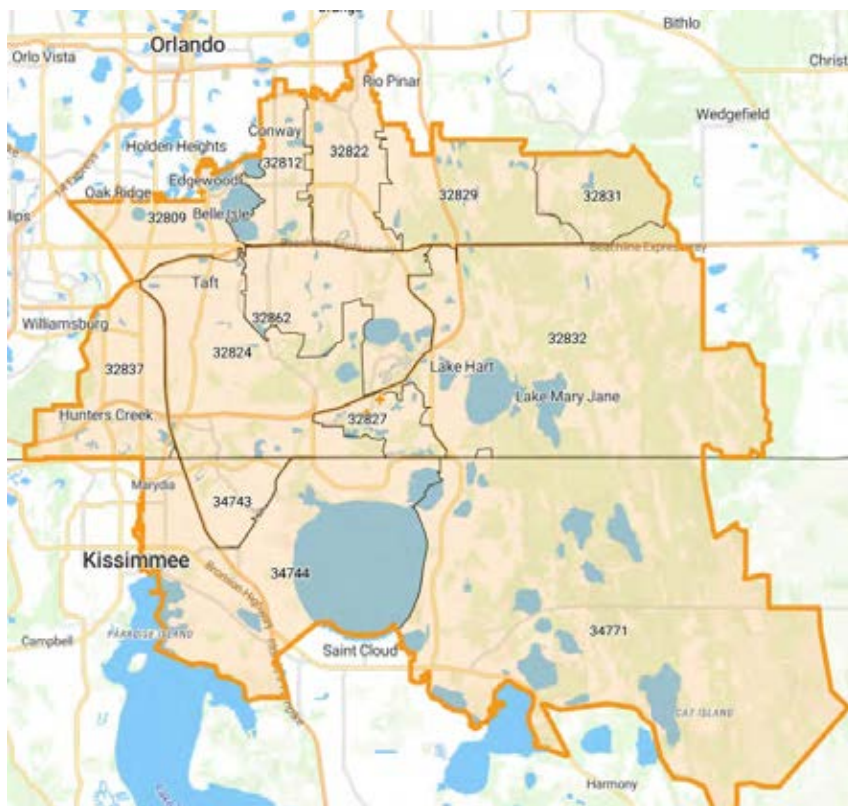
## Our Service Area

Located in the transformative Lake Nona Medical City, UCF Lake Nona Hospital is part of the vibrant, diverse, and growing 650-acre landmark health and life sciences park. The hospital serves as a pillar in the region's innovative wellbeing initiatives. The primary service area encompasses a total of five ZIP codes, with three located in Orange County (32824, 32827, and 32832) and two in Osceola County (34743 and 34744). The secondary service area comprises six ZIP Codes in Orange County (32809, 32812, 32822, 32829, 32831, and 32837) and ZIP Code 34771 in Osceola County.

### EXHIBIT 1 UCF LAKE NONA HOSPITAL SERVICE AREA

#### Community Profile

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.<sup>2</sup> By 2032, Florida's population is projected to grow by 14.0% (3.1 million people), increasing pressure on infrastructure and healthcare systems and potentially worsening health outcomes without proactive planning and resource allocation. From 2013 to 2023, Orange County saw extremely



rapid population growth (+169.2%), far exceeding Osceola County (+45.4%), Florida (+14.8%), and the U.S. (+6.7%). Growth is projected to slow sharply in Orange County (+2.7%) from 2023 to 2029, indicating stabilization after a major expansion. In contrast, Osceola County is projected to grow by 25.4%, the fastest among all areas, signaling rising demand for housing, infrastructure, and services. Florida's projected growth (10.6%) continues to outpace the national rate (4.9%), reinforcing Central Florida as a key growth region. Over 33.0% of Florida's population will be 60 and older by 2030.<sup>3</sup>

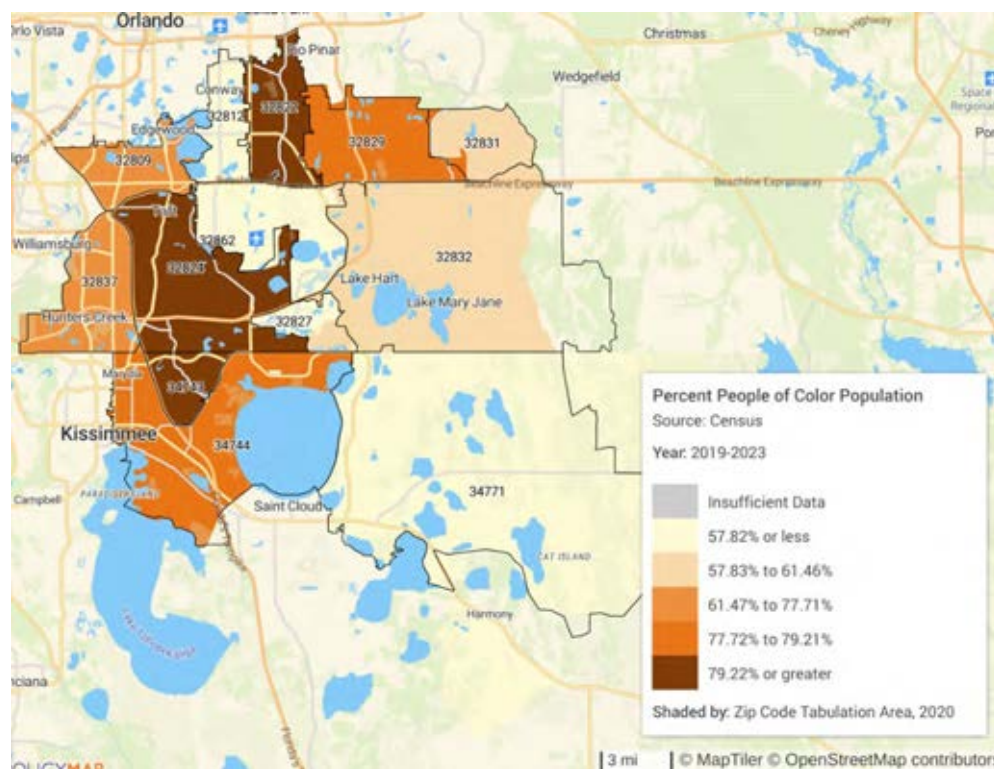
<sup>2</sup> U.S. Census Bureau. U.S. Population Trends Return to Pre – Pandemic Norms as More States Gain Population, December 2023. <https://www.census.gov/newsroom/press-releases/2023/population-trends-return-to-pre-pandemic-norms.html>

<sup>3</sup> U.S. Census Bureau. <https://acl.gov/sites/default/files/programs/2016-11/Florida%20Epi%20Profile%20Final.pdf>

Access to quality healthcare is essential throughout 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. Orange and Osceola counties have younger populations than Florida overall, with higher shares of children and working-age adults and fewer residents age 65 and over. Osceola County has the highest proportion of youth, while Orange County has the largest working-age population (18-64).

Orange and Osceola counties are more racially and ethnically diverse than Florida and the U.S., with White residents comprising less than half of the population in both counties. Orange County has a higher share of Black or African American residents, while Osceola County has a large Some Other race population. Both Orange and Osceola counties have higher Hispanic or Latino populations than Florida and the U.S. overall. Osceola County is majority Hispanic or Latino (55.0%), while Orange County has a high share at 33.2%, compared with 26.7% statewide and 19.0% nationally.<sup>4</sup> The map below shows the estimated percentage of the population that is considered people of color, between 2019 and 2023. 'People of color' is defined as anyone who identifies as Hispanic or Latino, multiracial, or any race other than White.

**EXHIBIT 2 ESTIMATED PERCENTAGE OF PEOPLE OF COLOR**

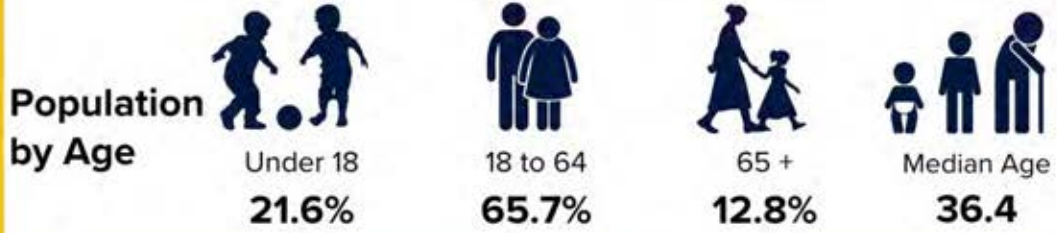


Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

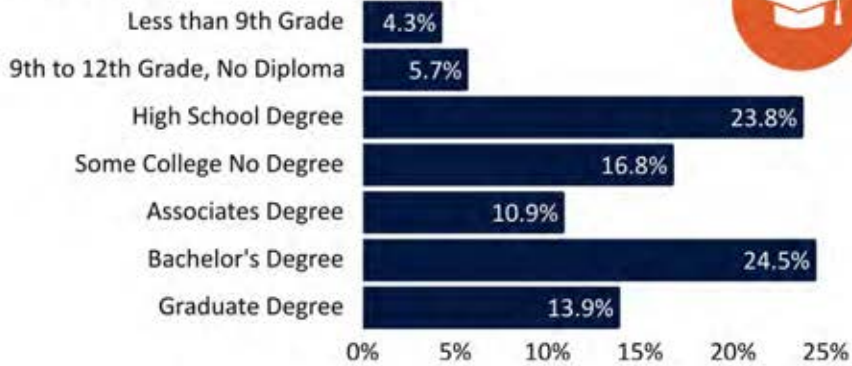
**The following infographic provides a high-level overview of demographic characteristics and social drivers of health in Orange and Osceola counties.**

<sup>4</sup> U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

# Orange County, Florida Demographic Overview



## Education



10.0% of Orange County residents do not have a high school diploma.

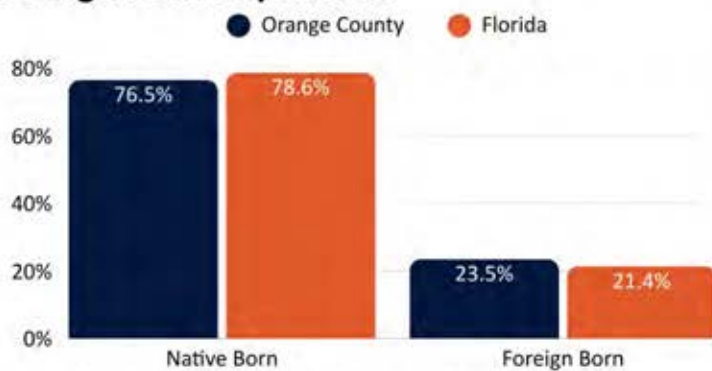
## Economic Wellbeing



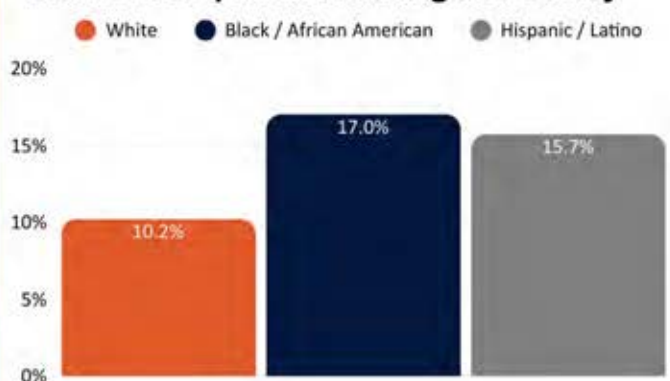
## Race and Ethnicity



## Foreign-Born Population

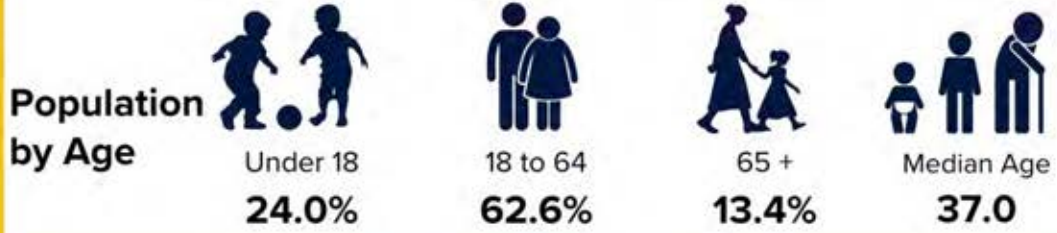


## Trend of Population Living in Poverty

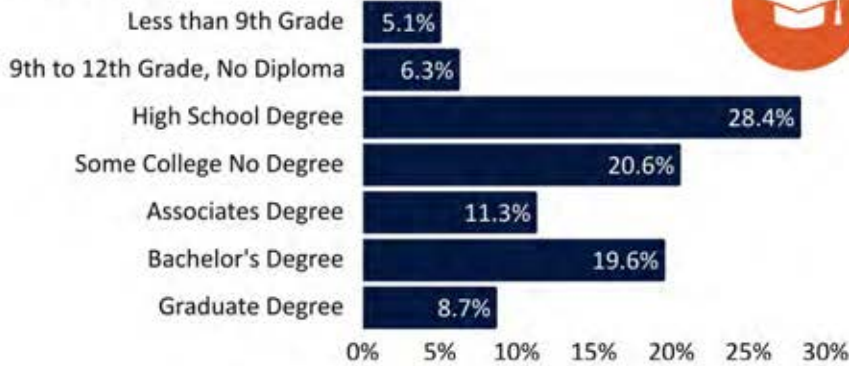


Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

# Osceola County, Florida Demographic Overview



## Education



11.4% of Osceola County residents do not have a high school diploma.

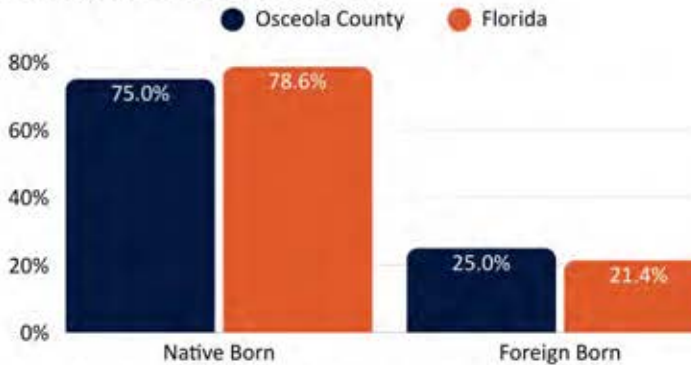
## Race and Ethnicity



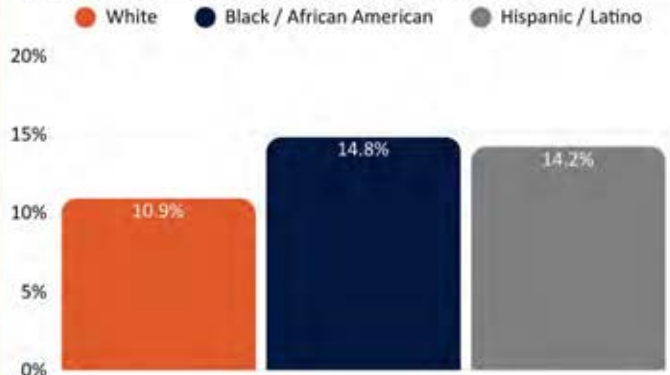
## Economic Wellbeing



## Foreign-Born Population



## Trend of Population Living in Poverty



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

## People Living with a Disability

People living with seen and unseen disabilities are at higher risk for health disparities and secondary conditions like pain, fatigue, obesity and depression. They often face barriers to healthcare access and are more susceptible to preventable health issues that reduce quality of life.<sup>5</sup>

Orange County has a lower prevalence of disability than Osceola County, Florida, and the U.S., while Osceola County more closely mirrors state and national levels, indicating higher relative need. Osceola County reports higher rates across most disability types, especially cognitive, ambulatory, and independent living difficulties, while hearing difficulty remains lower in both counties than state and national percentages.

### EXHIBIT 3 POPULATION LIVING WITH DISABILITY

	Orange County	Osceola County	Florida	U.S.
<b>Population Living with a Disability<sup>6</sup></b>	<b>11.2%</b>	<b>13.2%</b>	<b>13.5%</b>	<b>13.0%</b>
Vision Difficulty	2.2%	2.7%	2.5%	2.4%
Hearing Difficulty	2.5%	2.7%	3.8%	3.6%
Cognitive Difficulty	4.8%	5.8%	5.1%	5.1%
Ambulatory Difficulty	5.2%	6.3%	6.9%	6.3%
Independent Living Difficulty <sup>7</sup>	3.9%	4.8%	4.7%	4.5%

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



<sup>5</sup> U.S. Centers for Disease Control and Prevention, Disability and Health. <https://www.cdc.gov/disability-and-health/about/disability-and-health-information-for-healthcare-providers.html>

<sup>6</sup> 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>  
<sup>7</sup> The Census defines a disability as "a long-lasting physical, mental, or emotional condition. This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. This condition can also impede a person from being able to go outside the home alone or to work at a job or business" (Source: <https://www.census.gov/glossary/?term=Disability>).

# 2023 Community Health Needs Assessment

## Overview and Key Findings

In 2023, the UCF Lake Nona Hospital CHNA Report was conducted by the Health Council of East Central Florida, Inc. (HCECF) as the first needs assessment since operations began in 2021. A total of **28** health needs were identified through a comprehensive needs assessment and focus group research. A health issue was defined as a need if rates were increasing over time or if it disproportionately affected a specific demographic population. Following this process, executive leadership from UCF Academic Health and UCF Lake Nona Hospital held a meeting to discuss prioritization of the identified health needs. A multi-voting technique was used to prioritize the health needs. The initial voting was completed after the health needs were identified but before the focus groups were conducted. **This process resulted in the prioritization of the following health needs:**

- Heart Diseases and Stroke
- Weight Status
- Hypertension
- High Cholesterol
- Diabetes
- Behavioral Health
- Maternal Child Health
- HIV/AIDS/Sexually Transmitted Disease
- Healthy Eating
- Sedentary Lifestyle

Focus groups identified heart disease, behavioral health, and maternal and child health as top priorities, followed by unintentional injuries and sexually transmitted diseases. Major barriers to care included limited insurance, system navigation challenges, transportation, food insecurity, poverty, low health literacy, and chronic disease management. A second prioritization meeting was held after reviewing the findings. **The final prioritized list of health needs were as follows:**

- Heart Diseases and Stroke
- Behavioral Health (*Behavioral Health was not addressed due to limited resources*)
- Maternal Child Health
- Unintentional Injuries

## Progress Since Prior Community Health Needs Assessment

Since completing the 2023–2026 CHNA, UCF Lake Nona Hospital has strengthened its approach to community health improvement by building partnerships, governance structures, and programs aligned with the most pressing health needs in Orange and Osceola counties.

A key milestone was the creation of the CHNA Implementation and Monitoring Committee, which brings together hospital and academic leaders to guide community benefit strategy. Through this partnership, the hospital launched the Community Health Advancement Grant, expanding opportunities for local organizations to collaborate in addressing priority health needs and strengthening the foundation for the 2026–2029 CHNA cycle.

UCF Lake Nona Hospital has expanded efforts to bring care and prevention directly into the community. The UCF Health Mobile Health Clinic provides free health screenings and education in underserved neighborhoods across Orange and Osceola counties, helping reduce barriers to care while promoting early detection and prevention of chronic conditions. The clinic serves as a training environment for future healthcare professionals, supporting the hospital's academic mission.



The hospital continues to support community-based initiatives focused on heart health, maternal health, and overall wellness among populations most affected by health disparities. Programs serving older adults, families, and pregnant and postpartum women emphasize health education, lifestyle support, and early intervention.

In addition, UCF Lake Nona Hospital offers a range of programs focused on prevention and preparedness. Thousands of community members have participated in heart health events, CPR and emergency response training, prenatal wellness activities, and partnerships such as blood pressure monitoring through local libraries. The hospital has also invested in developing the future healthcare workforce through educational experiences for students interested in health careers.

Together, these efforts have strengthened partnerships, expanded access to care, and built a strong foundation for the hospital's 2026–2029 CHNA cycle and continued improvements in community health.



## Approach and Data Sources

## Methodology

A mixed-methods approach consisting of a combination of primary and secondary quantitative and qualitative research methods designed to evaluate the perspectives and opinions of community stakeholders, especially those from underserved populations, was implemented between October 2025 and March 2026.



### Secondary Research

The following section contains high-level secondary data findings. Secondary data refers to information that was collected by someone other than the researcher for a different purpose.<sup>8</sup> Examples of secondary data include prior surveys, census data, administrative records, and published studies from other organizations. Secondary data can be quantitative (numerical measures and statistics) or qualitative (descriptive information such as themes

Secondary data were obtained from reputable local, state, and national sources, including public health surveillance systems, census data, hospital and administrative records, and peer-reviewed studies. These data provided context on demographic trends, health outcomes, risk factors, and access to care. Both quantitative indicators (e.g., morbidity, mortality, and health care utilization rates) and qualitative information (e.g., prior assessments and policy reports) were reviewed. Data sources included the U.S. Census Bureau’s American Community Survey Five-Year Estimates, the Centers for Disease Control and Prevention, and the Florida Department of Health Division of Public Health Statistics and Performance Management, among others.

### 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: United States Census Bureau, American Community Survey*

<sup>8</sup> (1993). Introduction. In D. W. Stewart, M. A. Kamins (Eds.) Introduction (2 ed., pp. 2-16). SAGE Publications, Inc., <https://doi.org/10.4135/9781412985802.n1>

All secondary data used in this community health needs assessment were obtained from original sources prior to December 2025 and are cited throughout the report. While citations are provided to allow readers to reference original sources when available, some data included in this report may not be publicly accessible in their original form.

**An age-adjusted rate is a way to compare health or mortality rates between populations that have different age groups. It adjusts for differences in age, so the comparison is fair. For example, it helps avoid misleading results when comparing a younger population to an older one, which could otherwise make one group seem healthier or sicker just because of its age makeup.**

## Primary Research

Primary research included one-on-one key informant interviews and focus group discussions. The primary qualitative data was collected between October 2025 and January 2026. Primary research involves collecting original data directly from participants or sources through methods such as surveys, interviews, and observations. It is especially useful for understanding specific populations, capturing opinions and experiences, identifying trends, and exploring topics with limited existing research.<sup>9</sup>

Qualitative activities included one-on-one key informant interviews and focus group discussions. Key informant interviews and focus groups were conducted with individuals who work closely with populations that may have unique or significant health needs. Key informant interviews and focus groups were conducted both in-person and virtually. Both interviews and focus groups followed a similar question format that centered the conversation on community strengths, existing resources, and/or gaps in resources, and barriers present in the community and their impact on residents' health and overall well-being. The one-on-one key informant interviews provided an opportunity for in-depth discussions on the health of the community. Focus groups allowed participants to provide their firsthand experience and to identify areas of consensus and discordance with other community members.

The three concepts below are intertwined and must be considered holistically to better understand and utilize the data collected to make positive changes. Narrative summaries are based on qualitative data unless otherwise noted. Quotes from participants have been selected as a representation of the strengths, community considerations, community need root causes, and action areas identified in the data.

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<sup>9</sup> Primary research | Research Starters | EBSCO Research. (2024). EBSCO. <https://www.ebsco.com/research-starters/social-sciences-and-humanities/primary-research#full-article>

**Content and thematic analyses were conducted using ATLAS.ti software to extrapolate the community considerations, strengths, community need root causes, and action areas.**

- **Strengths** are assets within the community that can serve as resources to address the needs identified.
- **Community Needs** are the underlying factors and conditions that drive the most pressing challenges, barriers, and concerns faced in the community.
- **Action Areas** are the tangible gaps, barriers, and challenges that participants identified, as well as the strategies that were highlighted as opportunities to address them.

*Source: Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. Nursing & Health Sciences, 15(3), 398–405. Wiley. <https://doi.org/10.1111/nhs.12048>*

## Community Survey

The community survey was offered online and in print in English, Spanish, and Haitian Creole and included demographic and closed-ended, need-specific questions. Flyers were provided to UCF to distribute via email and in person. Participation was encouraged through reminder messages and by highlighting how feedback would influence decisions. The survey link was shared during the focus group discussions to encourage community members to complete the survey and share the link if they had yet to do so. Although the survey captured insights from across the service area, it was not a random sample; findings are not representative of the full population, subgroup sample sizes were too small for reliable comparison, and differences were not tested for statistical significance.

## Needs Prioritization

Two prioritization meetings were held to select community health priorities. On January 21, 2026, executive leadership from UCF Lake Nona Hospital and UCF Academic Health reviewed data and scored needs using the Hanlon Method. On February 12, 2026, the Implementation and Monitoring Committee reviewed results, assessed feasibility, consolidated related needs, and finalized priorities for the 2026–2029 Implementation Strategy Plan. The top three community health needs selected included access to care, maternal and child health, and unintentional injury.

## Data Limitations

Primary and secondary data sources are often large-scale efforts that take time to collect, clean, and analyze data prior to publication. Due to the time required between data collection and publication, many of these sources publish data collected up to six to eight months before publication. Therefore, while this report was published in 2026, many data sources cited herein are dated in prior years. Participation is also often limited to those who choose to or can engage, which may not reflect the experiences of everyone in a community.

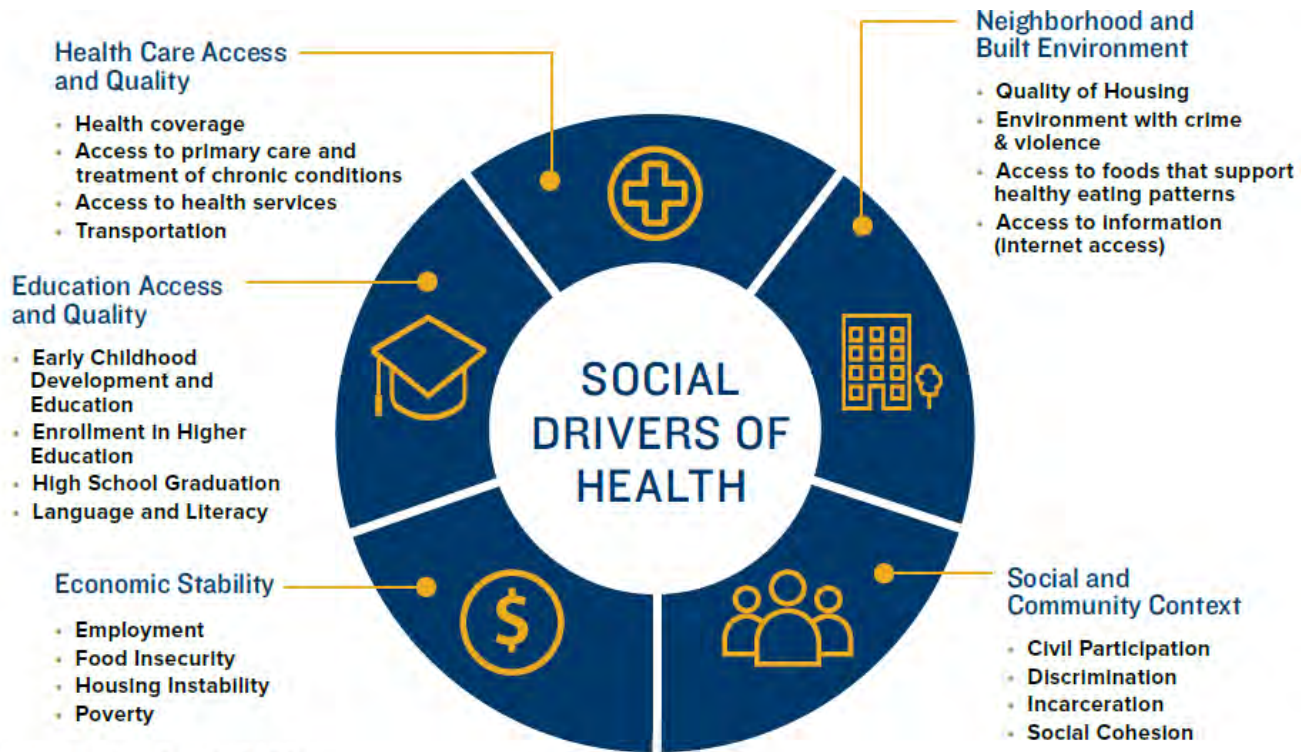


## Community Health and Well-Being

# Social Drivers of Health Overview

Social Drivers of Health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. A study published in the American Journal of Preventive Medicine estimates that social drivers of health impact nearly 80.0% of our health outcomes while clinical care only impacts 20.0% and contribute to wide health disparities. The framework has been championed by the U.S. Centers for Disease Control and Prevention (CDC) and other governmental agencies and is integrated into the Healthy People 2030 goals.<sup>10</sup> 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.<sup>11</sup>

## SOCIAL DRIVERS OF HEALTH FRAMEWORK



Source: Healthy People 2030

<sup>10</sup> Healthy People 2030. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>

<sup>11</sup> Hood et al. County Health Rankings: Relationships Between Determinant Factors and Health Outcomes. <https://www.sciencedirect.com/science/article/abs/pii/S0749379715005140>

## Neighborhood and Built Environment

The neighborhoods people live in have a major impact on their health and well-being. The physical environment includes housing and transportation, parks and playgrounds and the chances for recreational opportunities.<sup>12</sup>

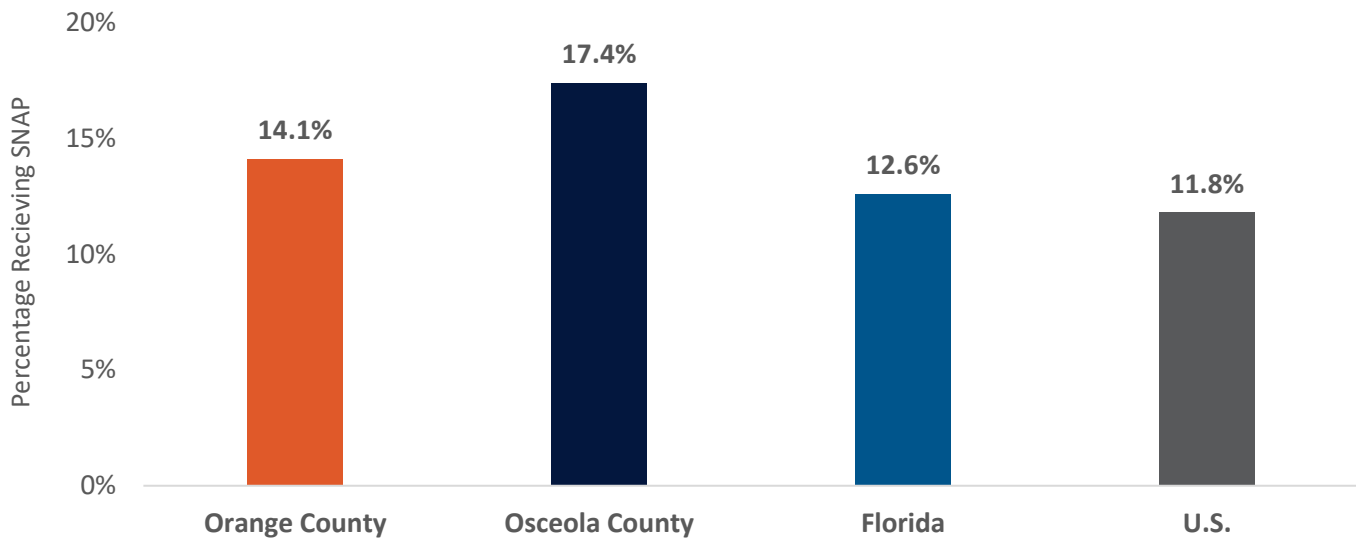
### Food Insecurity

Statewide, the food insecurity rate increased by nearly a quarter between 2021 and 2022, due to rising food prices and the end of COVID-19 assistance programs.<sup>13</sup> 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.



Access to food assistance programs such as the Supplemental Nutrition Assistance Program (SNAP) plays an important role in helping households meet their basic nutritional needs, especially during periods of economic strain. As shown in Exhibit 4, 14.1% of households in Orange County receive SNAP benefits, a rate slightly higher than both the state (12.6%) and national (11.8%) averages. In Osceola County, about one out of six households (17.4%) receives SNAP benefits, a rate much higher than both the state and national averages.

#### EXHIBIT 4 HOUSEHOLD RECEIVING SNAP BENEFITS



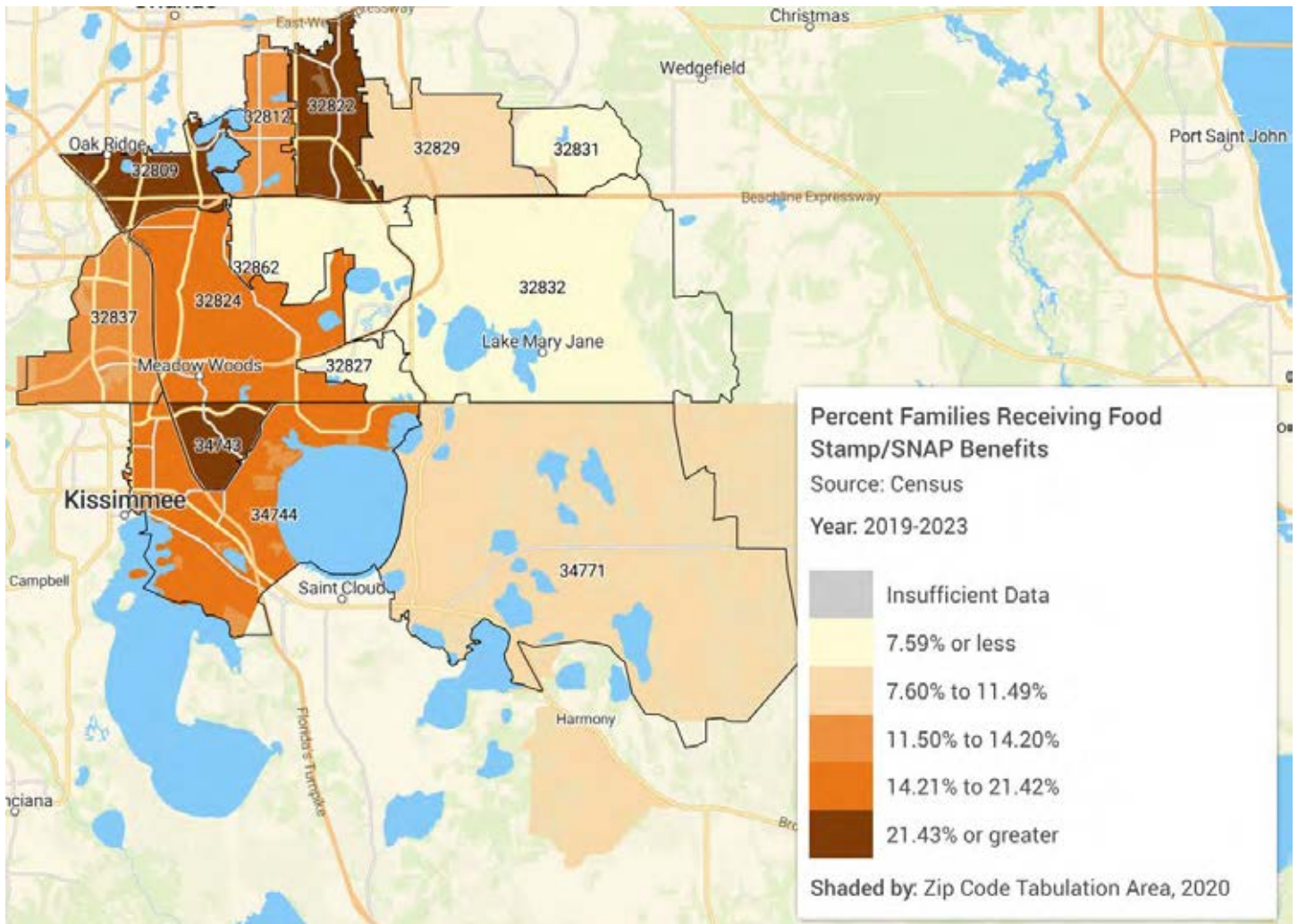
Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

<sup>12</sup> Kaiser Family Foundation. Beyond Healthcare: The Role of Social Determinants in Promoting Health and Health Equity, 2018. Link: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

<sup>13</sup> 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](https://www.feedhopenow.org/site/SPageServer/?NONCE_TOKEN=35213F957BCF6336886699F370BF0167&pagename=about_hunger)

SNAP participation varies across neighborhoods in both Orange and Osceola counties, as shown in Exhibit 5. In Orange County, higher participation is concentrated in several northern and western ZIP codes, while southeastern areas show much lower rates. A similar pattern appears in Osceola County, where a pronounced geographic divide is seen, with some ZIP codes having participation rates as low as 8.5%, while others exceed 20%, approaching nearly double the national average.

**EXHIBIT 5 HOUSEHOLD RECEIVING SNAP BENEFITS**



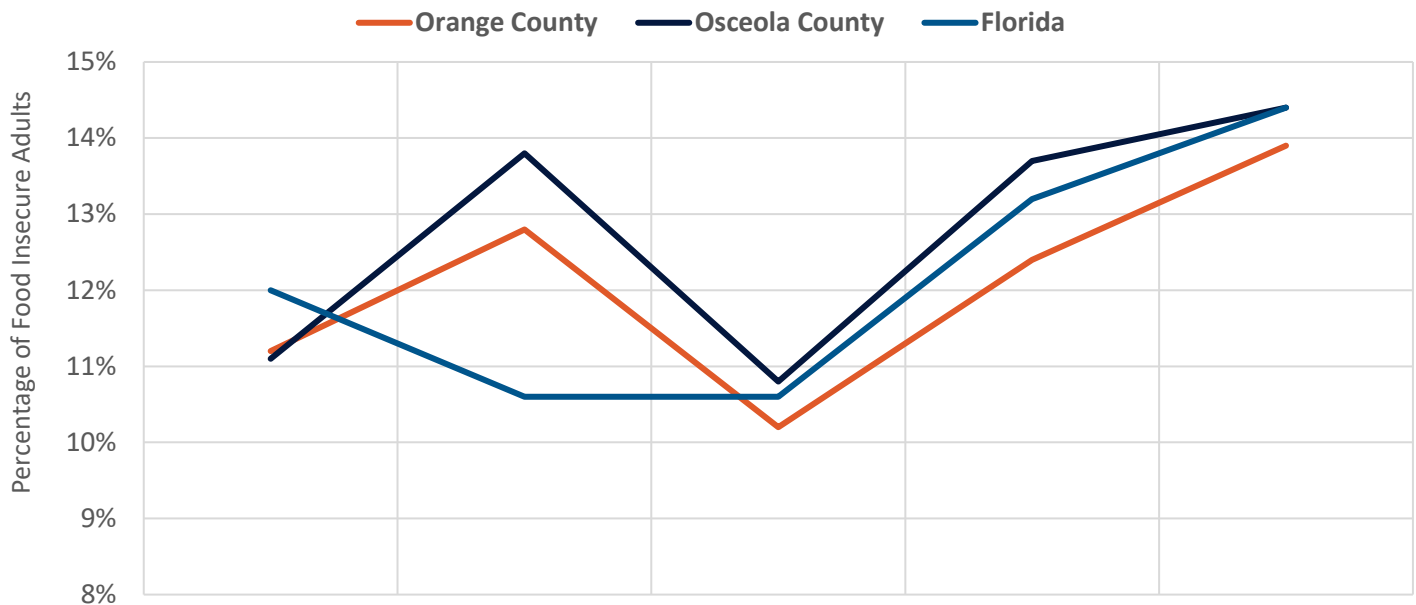
Source: U.S. Census Bureau American Community Survey 2019-2023

Florida’s food insecurity crisis is exacerbated by significant economic pressures affecting households statewide. Ongoing recovery from one of the deadliest hurricane seasons in the past two decades continues to strain families through displacement, income loss, and disrupted access to basic needs. At the same time, housing costs have risen sharply, and high health care costs further compound these challenges, as low-income households allocate nearly 20.0% of their budgets to medical expenses, often forcing trade-offs between health care, food, and other essentials. These pressures are intensified by persistently low wages, with more than half of jobs in Florida paying less than \$15.00 per hour, limiting families’ ability to meet basic living costs.<sup>14</sup>

Despite food assistance programs, food insecurity has continued to rise across both counties. From 2019 to 2023, food insecurity rates fluctuated but showed a notable increase between 2021 and 2023, reflecting the combined effects of rising living costs and the expiration of pandemic-era support.

In Orange County, about 13.9% of residents, or about one out of seven, experienced food insecurity in 2023. Osceola County followed a nearly identical pattern, with 14.4% of residents experiencing food insecurity. These rates closely mirror statewide levels, indicating that food access challenges remain widespread across Florida.

**EXHIBIT 6 TREND OF THE OVERALL FOOD INSECURITY RATE**



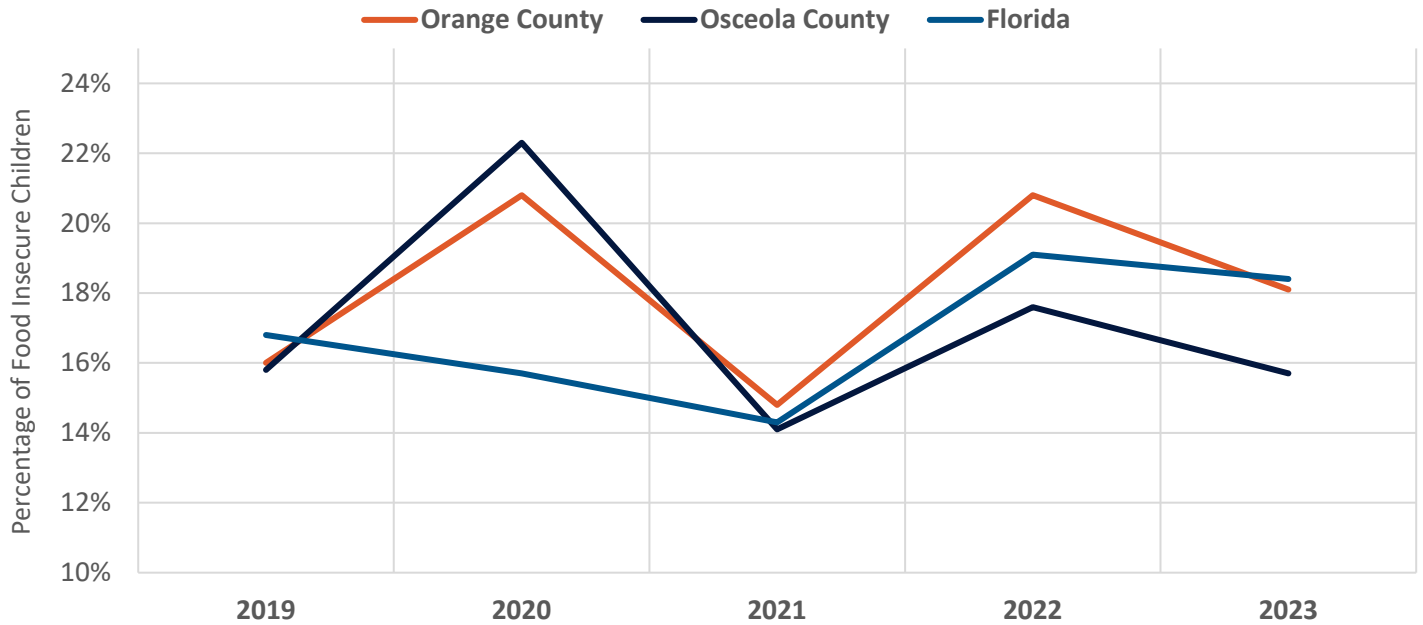
	2019	2020	2021	2022	2023
Orange County	11.2%	12.8%	10.2%	12.4%	13.9%
Osceola County	11.1%	13.8%	10.8%	13.7%	14.4%
Florida	12.0%	10.6%	10.6%	13.2%	14.4%

Source: Feeding America, Map the Gap

<sup>14</sup> UnidosUS. Advocacy Groups Urge Florida Legislature to Address State’s Food Insecurity Crisis With \$259 Million in Federal Summer EBT Funds (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/>

Child food insecurity rates have fluctuated over time, peaking in 2020 for both counties before declining in 2021 and rising again in 2022 and 2023. In 2023, child food insecurity reached 18.1% in Orange County and 15.7% in Osceola County. These shifts suggest that, despite available assistance programs, many families continue to struggle to access food for their children.

**EXHIBIT 7 TREND OF CHILD FOOD INSECURITY RATE**



	Orange County	Osceola County	Florida
2023	18.1%	15.7%	18.4%
2022	18.9%	17.6%	19.1%
2021	14.8%	14.1%	14.3%
2020	20.8%	22.3%	15.7%
2019	16.0%	15.8%	16.8%


Source: Feeding America, Map the Gap

## Housing

Affordable, safe, and stable housing is essential for health and well-being. In general, the Fair Market Rate (FMR) for an area is the amount that would be needed to pay the gross rent (shelter rent plus utilities) of privately owned, decent and safe rental housing of a modest (nonluxury) nature with suitable amenities.<sup>15</sup> It is important to note that FMR might not be the same as true market rent.

To afford a two-bedroom home at FMR in Orange or Osceola County, a household must earn \$78,320 per year (\$37.65 per hour). This is more than double what a full-time minimum-wage worker earns, requiring 116 work hours per week at the current \$14.00 state minimum wage.

With two-bedroom rents in Orange and Osceola counties approaching above \$1,950 per month, many families may face substantial financial strain, particularly those earning at or below the median household income.






To afford a modest **two-bedroom rental home** in **Orange and Osceola Counties** without spending more than 30% of income on rent, a full-time worker must earn

**\$37.65 per hour**

*Source: NLIHC, 2025*

### EXHIBIT 8 NATIONAL LOW-INCOME HOUSING COALITION: HOUSING COSTS

## Minimum-Wage Work Doesn't Pay the Rent In Most Areas:

	Orange & Osceola County	Florida
State Minimum Wage	<b>\$14.00</b>	
Annual Income	<b>\$78,320</b>	<b>\$77,552</b>
2025 two-bedroom Housing Wage:	 <b>\$37.65</b>	 <b>\$37.27</b>
Number of hours at minimum wage needed to afford rent:	 <b>116</b>	 <b>115</b>

Source: National Low Income Housing Coalition. Florida Out of Reach Report, 2025

### EXHIBIT 9 FAIR MARKET RENT (FMR)

	Orange County	Osceola County	Florida
0 Bedrooms	\$1,636	\$1,636	\$1,490
1 Bedrooms	\$1,727	\$1,727	\$1,623
2 Bedrooms	\$1,958	\$1,958	\$1,938
3 Bedrooms	\$2,486	\$2,486	\$2,526
4 Bedrooms	\$2,960	\$2,960	\$3,002

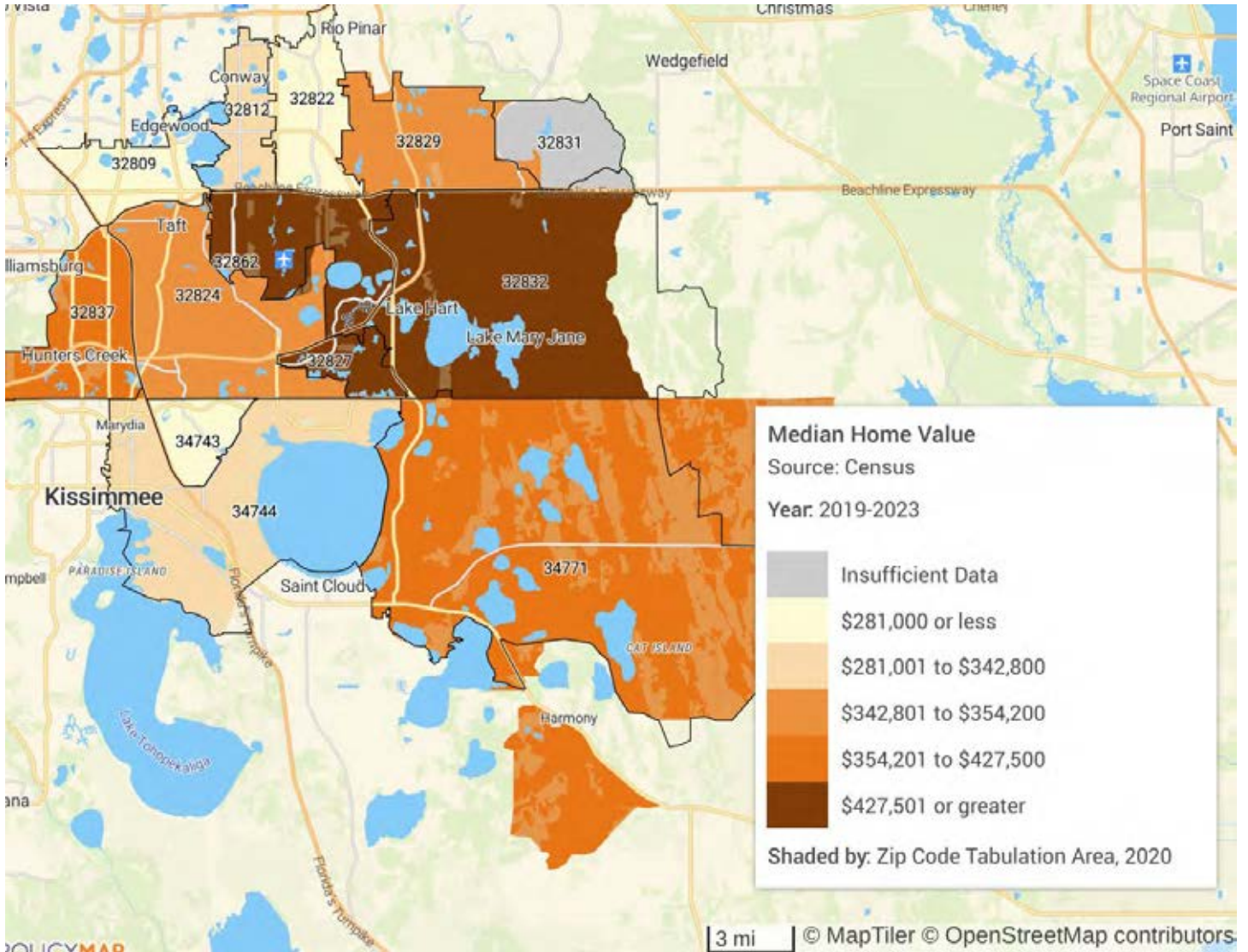
Source: U.S. Department of Housing and Urban Development HOME Rent Limits 2025

<sup>15</sup> National Low Income Housing Coalition. Explanation of Fair Market Rent. [https://nlihc.org/sites/default/files/oor/OOR2014\\_AppendixB.pdf](https://nlihc.org/sites/default/files/oor/OOR2014_AppendixB.pdf)

While rent prices have increased in recent years, average home values have also risen across both Orange and Osceola counties. Data from the ACS five-year estimates show that the median home value in Orange County reached \$358,300, while Osceola County reported a median value of \$317,600.

Despite these differences, both counties display notable variation across ZIP codes. In Orange County, several neighborhoods now have median home values exceeding \$500,000, as shown in the map below. Osceola County also experiences wide variation, with eastern areas reaching median values around \$427,500, while other parts of the county range between approximately \$270,000 and \$326,000. These differences indicate geographic variation in housing affordability and growing financial pressure on households seeking homeownership in the region.

**EXHIBIT 10 MEDIAN HOME VALUE**



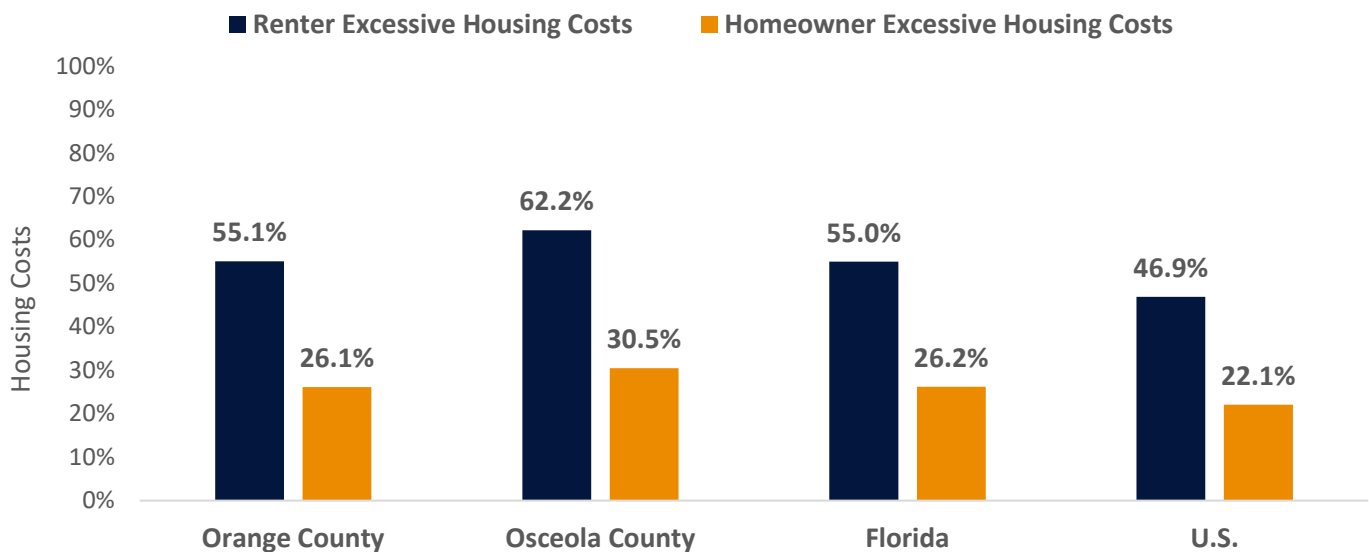
Source: U.S. Department of Housing and Urban Development HOME Rent Limits 2025

Across Florida, there is a shortage of affordable rental homes and homes that are available to extremely low-income households (ELI), whose incomes are at or below the poverty guideline or 30.0% of their area median income (AMI). Many of these households are severely cost-burdened, spending more than half of their income on housing. Severely cost-burdened poor households are more likely than other renters to sacrifice other necessities like healthy food and healthcare to pay the rent and to experience unstable housing situations like evictions.<sup>16</sup>

Households facing severe housing cost burdens often must reduce spending on other essentials such as food, transportation, and healthcare, which can contribute to poorer overall health outcomes. In both Orange and Osceola counties, more than half of renters are considered cost-burdened, meaning they spend over 30.0% of their income on housing. In Orange County, 55.1% of renters experience excessive housing costs, while Osceola County faces an even greater challenge, with 62.2% of renters cost-burdened, higher than the state and national averages.

Housing affordability concerns also vary across neighborhoods. In Osceola County, ZIP code 34744 shows particularly elevated levels, with 69.8% of renters cost-burdened, far above the county-wide rate. Homeowners are also affected, though at lower levels than renters, with 26.1% of Orange County homeowners and 30.5% of Osceola County homeowners with a mortgage spending more than 30.0% of their income on housing.

**EXHIBIT 11 HOUSING COSTS**



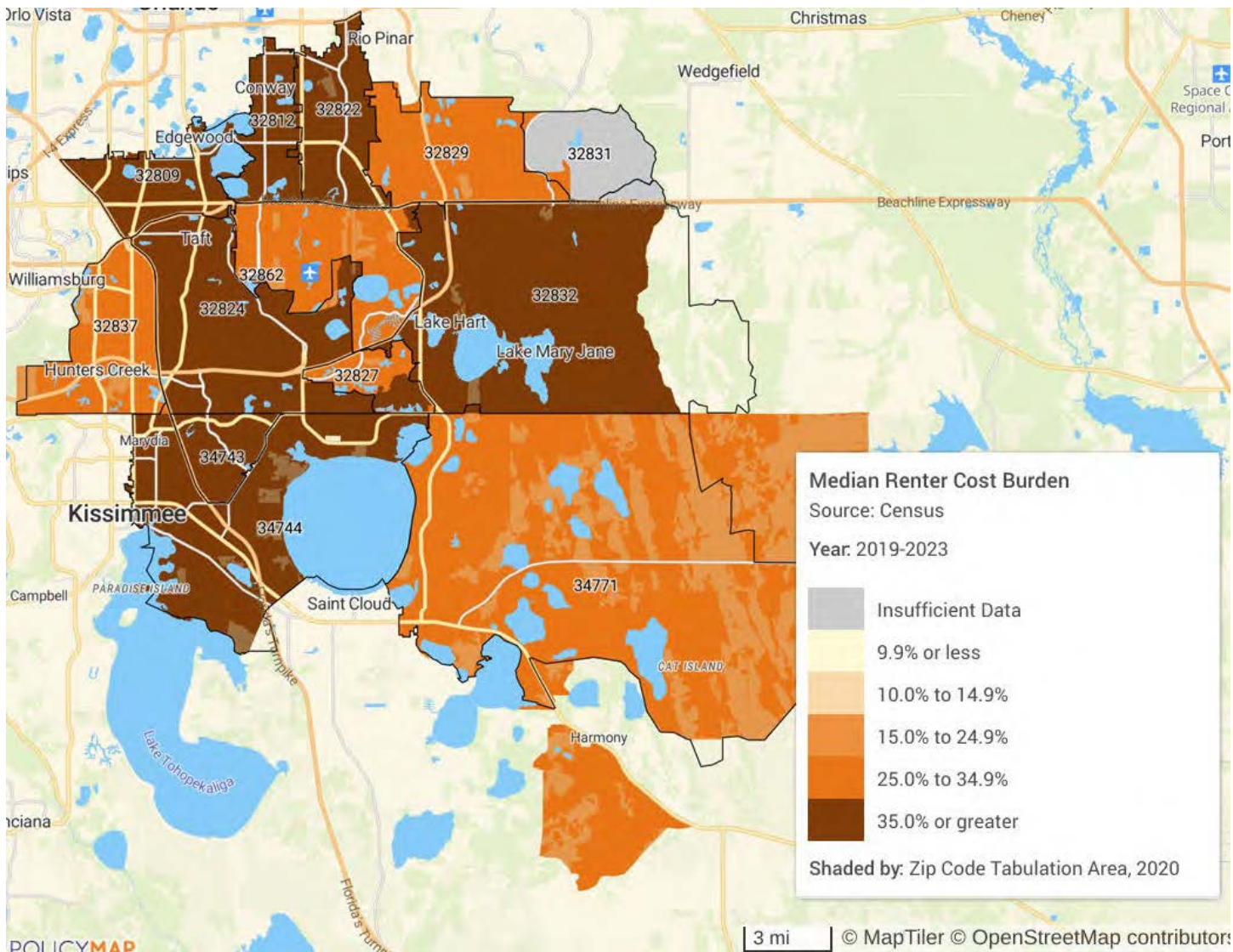
	Orange County	Osceola County	Florida	U.S.
Median Household Income	\$77,011	\$68,711	\$71,711	\$78,538
Renter Excessive Housing Costs	55.1%	62.2%	55.0%	46.9%
Homeowner Excessive Housing Costs <sup>17</sup>	26.1%	30.5%	26.2%	22.1%
Renter-Occupied Mobile Homes	1.0%	1.5%	1.8%	1.5%
Owner-Occupied Mobile Homes	2.0%	4.3%	4.9%	3.7%
Homeowner Vacancy Rate	3.1%	2.8%	1.5%	1.0%

Source: U.S. HUD CHAS 2015-2019 | U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

<sup>16</sup> National Low Income Housing Coalition, Florida <https://nlihc.org/housing-needs-by-state/florida>

<sup>17</sup> The percentage of occupied housing units whose selected monthly costs as a percentage of household income is greater than 30 percent. Monthly ownership costs of greater than 30 percent is considered excessive. This is a combination of both owner occupied and renter occupied housing units.

**EXHIBIT 12 ESTIMATED MEDIAN RENTER COST BURDEN<sup>18</sup>**



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

<sup>18</sup> Median gross rent as a percentage of household income, between 2019-2023. Gross rent is the contract rent plus the estimated average monthly cost of utilities and fuels if these are paid by the renter (or paid for the renter by someone else). Gross rent is intended to eliminate differentials that result from varying practices with respect to the inclusion of utilities and fuels as part of the rental payment.

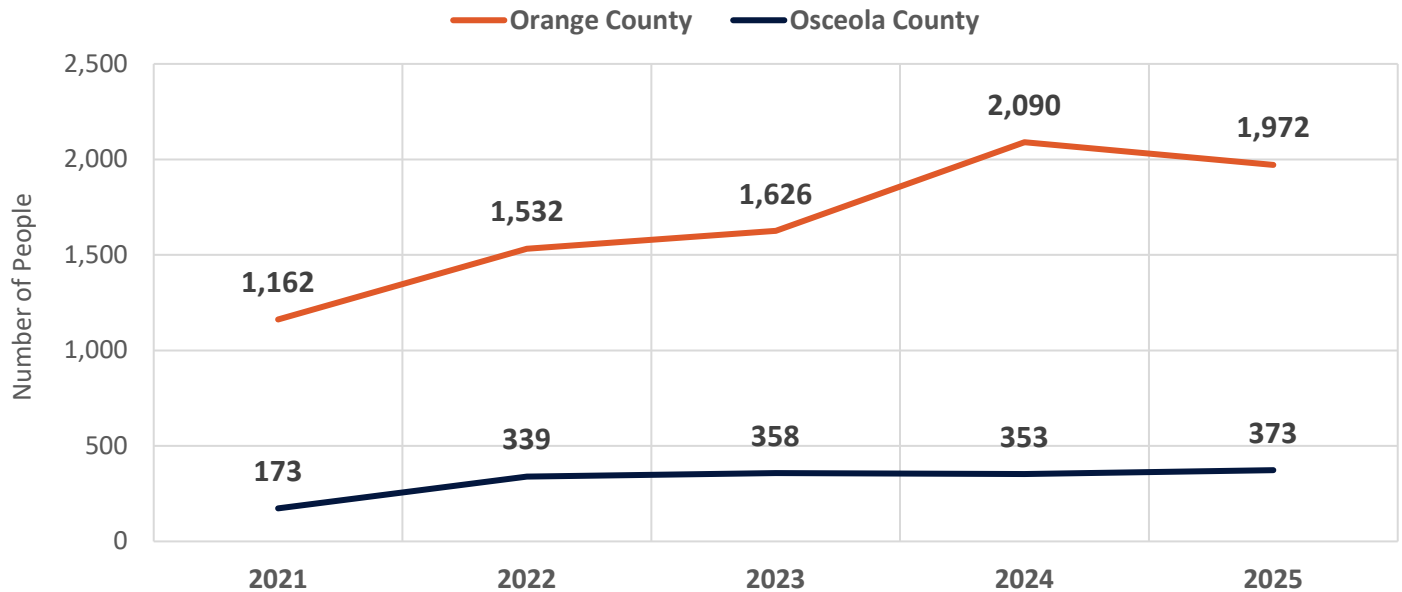
### Housing Insecurity

The U.S. Department of Housing and Urban Development (HUD) Continuum of Care Program (CoC) is designed to promote community-wide commitment to the goal of ending homelessness by providing funding for efforts by nonprofit providers and State and local governments and promoting access to and effective utilization of mainstream programs by homeless individuals and families. The Point-in-Time (PIT) Count is a count of sheltered and unsheltered people experiencing homelessness on a single night in January. HUD requires that CoCs conduct an annual count of people experiencing homelessness who are sheltered in emergency shelters, transitional housing and safe havens on a single night. CoCs also must conduct a count of unsheltered people experiencing homelessness every other year (odd-numbered years). Each count is planned, coordinated and carried out locally.<sup>19</sup>



In Orange and Osceola counties, the number of unhoused individuals has fluctuated over time, but the overall trend shows an increase in both counties. In 2025, Orange County reported 1,972 residents who were unhoused during the PIT count, while Osceola County recorded 373 individuals. With numbers rising each year, it is increasingly important to ensure that adequate resources, housing support, and services are in place to meet the needs of people experiencing homelessness.

**EXHIBIT 13 ANNUAL POINT-IN-TIME COUNT TREND**



Source: Florida’s Council on Homelessness 2025 Annual Report

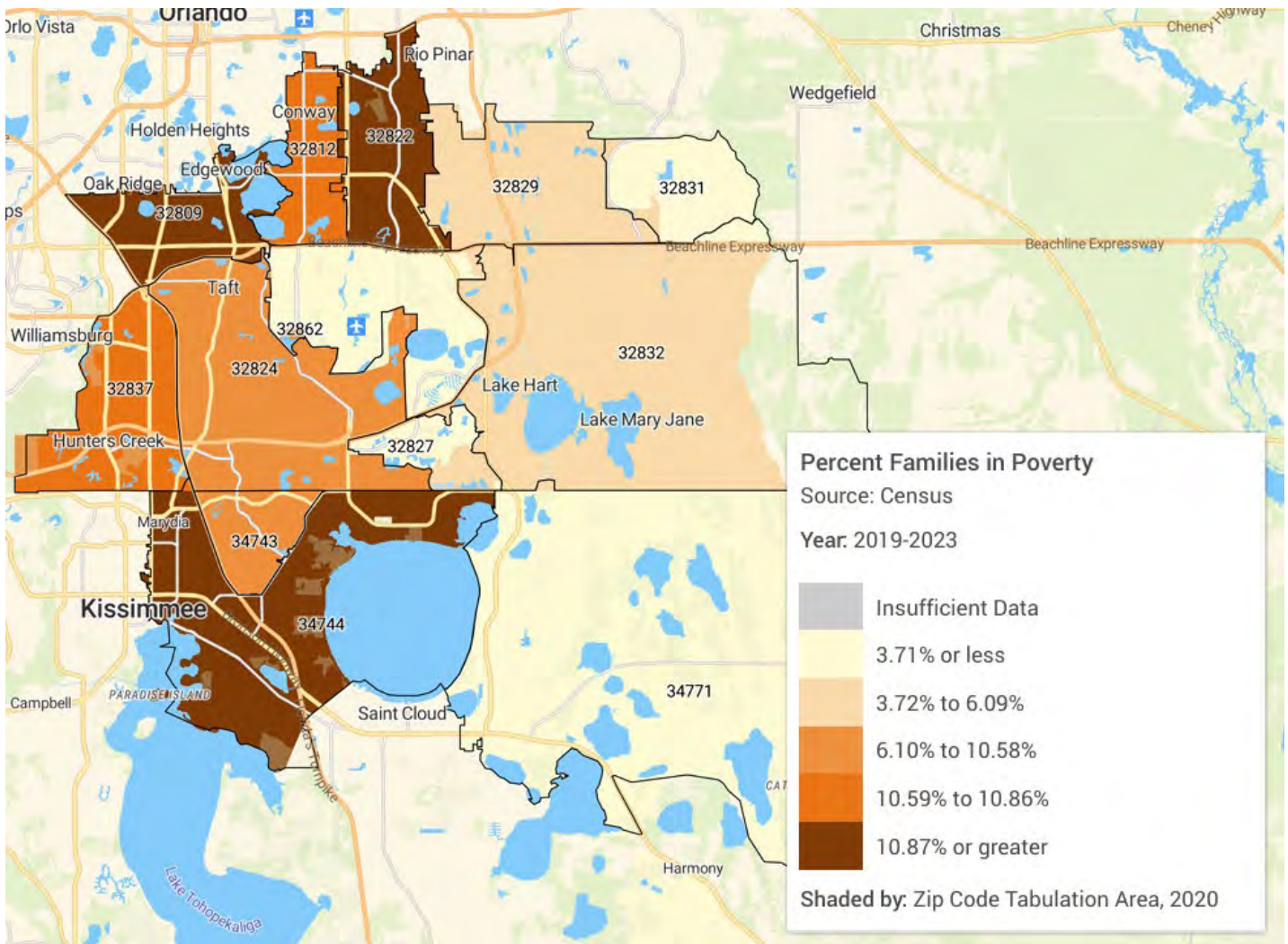
<sup>19</sup> HUD Exchange, Continuum of Care Program. <https://www.hudexchange.info/programs/coc/>

## Economic Stability

People living in poverty are less likely to have access to healthcare, healthy food, stable housing, and opportunities for physical activity. Research suggests that low-income status is associated with adverse health consequences, including shorter life expectancy, higher infant mortality rates, and other poor health outcomes.<sup>20</sup>

The term "population living in poverty" refers to the population living 100.0% below the Federal Poverty Level (FPL). In Orange and Osceola counties, the share of families living in poverty has declined over the past decade. From 2013 to 2023, poverty rates fell from 15.4% to 12.8% in Orange County and from 16.5% to 12.5% in Osceola County. However, despite these overall improvements, poverty remains unevenly distributed across neighborhoods. As shown in Exhibit 14, several ZIP codes in both counties experience disproportionately higher poverty levels, with some areas in Orange County reaching rates as high as 18.1%.

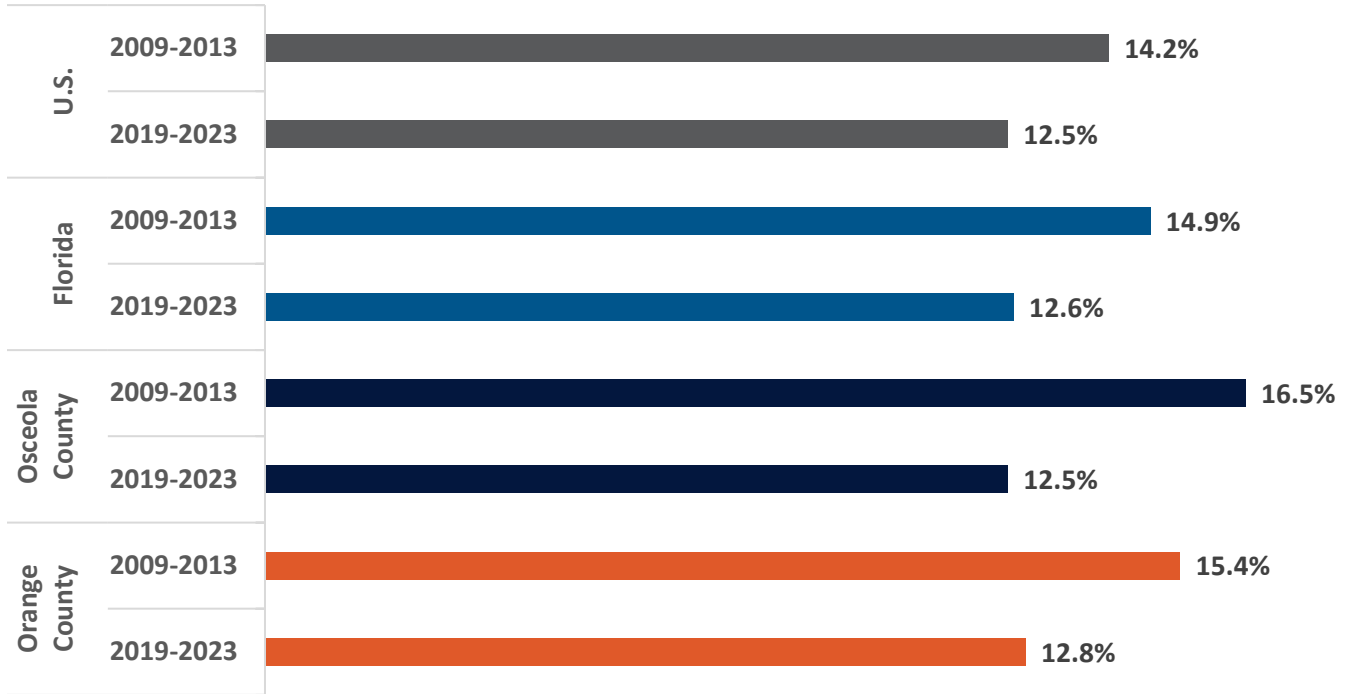
### EXHIBIT 14 ESTIMATED PERCENTAGE OF FAMILIES THAT LIVE IN POVERTY



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

<sup>20</sup> American Academy Of Family Physicians, Poverty and Health. The Family Medicine Perspective, April 2021. <http://www.aafp.org/about/policies/all/poverty-health.html>

**EXHIBIT 15 HOUSEHOLDS LIVING IN POVERTY, PERCENT CHANGE**

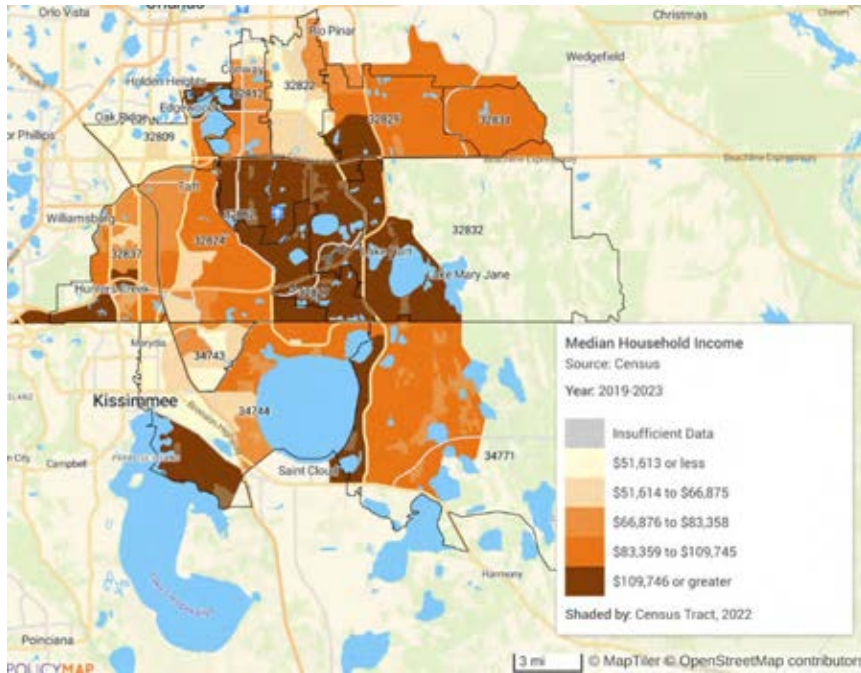


Source: U.S. Census Bureau American Community Survey 2009-2013 Five-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

## Employment and Income

Multiple aspects of employment, including job security, the work environment, financial compensation and job demands may affect health. This summary describes how several of these aspects of employment influence health. Educational attainment is also linked to disparities in employment because it affects the type of work people do, the working conditions they experience and the income they earn.<sup>21</sup> Median household income in Orange County has increased over the past decade, rising from \$47,581 in 2013 to \$77,011 in 2023, a +62.0% increase. Despite this overall rise, income levels vary widely by neighborhood. For example, ZIP codes such as 32809 and 32822 continue to have median incomes around \$52,000, well below the county median and lower than state and national averages. In contrast, ZIP codes like 32827 and 34771 have some of the highest incomes in the region, exceeding \$110,000, as shown in the map below.

### EXHIBIT 16 MEDIAN HOUSEHOLD INCOME



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

In Osceola County, median household income increased notably over the last decade. Between 2013 and 2023, median income rose from \$43,891 to \$68,711, a +56.6% increase. However, the service area shows a clear visual divide, as seen in Exhibit 16, one side of the county includes ZIP codes where the median household income exceeds \$100,000, while the other side remains below both the state and national averages. Although incomes have risen overall, higher earnings do not necessarily reflect improved financial security, as the rising cost of living continues to challenge affordability for many households.

### EXHIBIT 17 MEDIAN HOUSEHOLD INCOME PERCENT CHANGE

	Orange County	Osceola County	Florida	U.S.
2009-2013	\$47,581	\$43,891	\$46,956	\$53,046
2019-2023	\$77,011	\$68,711	\$71,711	\$78,538
<b>Percent Change (2013-2023)</b>	<b>+62.0%</b>	<b>+56.6%</b>	<b>+52.7%</b>	<b>+48.0%</b>

Source: U.S. Census Bureau American Community Survey 2009-2013 Five-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

<sup>21</sup> Healthy People 2030. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/employment>

## Education Access and Quality

Education is not only about the schools or higher education opportunities within a community, but also includes languages spoken, literacy, vocational training, and early childhood education.<sup>22</sup> Some children live in places with poorly performing schools, and the stress of living in poverty can affect children’s brain development, making it harder for them to do well in school.<sup>23</sup>

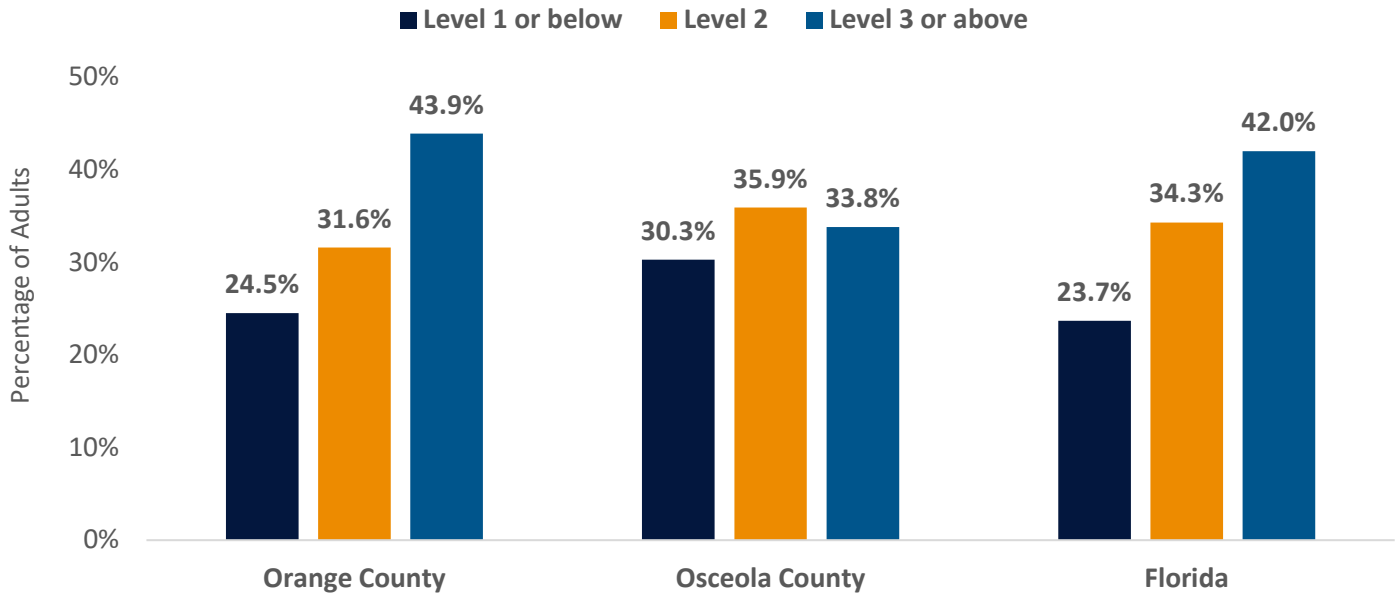


Research suggests that individuals with limited literacy face additional difficulties following medication instructions, communicating with healthcare providers, and attaining health information, all of which may adversely affect their health.<sup>24</sup> The Program for the International Assessment of Adult Competencies (PIAAC), also known as the Survey of Adult Skills, is a large-scale international study of key cognitive and workplace skills of adults. Data is collected from adults ages 16 to 74 in the United States.<sup>25</sup>

Data is collected from adults ages 16 to 74 in the United States.<sup>25</sup>

In Orange County, about one out of four adults (24.5%) score at PIAAC Level 1 or below, indicating limited literacy skills. Levels are even higher in Osceola County, where 30.3%, nearly one out of three adults, have low literacy, exceeding both Orange County and the statewide average (23.7%). Adults with limited literacy face greater challenges navigating healthcare and accessing essential services.

### EXHIBIT 18 POPULATION OF ADULTS WITHOUT BASIC LITERACY SKILLS



Source: Barbara Bush Foundation for Family Literacy

<sup>22</sup> Kaiser Family Foundation. Beyond Healthcare: The Role of Social Determinants in Promoting Health and Health Equity, 2018. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

<sup>23</sup> Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality>

<sup>24</sup> U.S. Department of Health and Human Services. Healthy People 2030. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/language-and-literacy#:~:text=Individuals%20with%20limited%20literacy%20face,may%20adversely%20affect%20their%20health.>

<sup>25</sup> The Program for the International Assessment of Adult Competencies (PIAAC). <https://nces.ed.gov/surveys/piaac/>

**EXHIBIT 19 PROFICIENCY LEVEL AND SCORE RANGES**

Proficiency level and score range	Task descriptions
<b>Below level 1 (0-175 points)</b>	Respondents are considered functionally illiterate, or unable to determine the meaning of sentences.
<b>Level 1 (176-225 points)</b>	Respondents are considered to have low literacy levels. They can identify basic vocabulary words and can determine meaning within sentences and paragraphs.
<b>Level 2 (226-275 points)</b>	Respondents can paraphrase or make low-level inferences.
<b>Level 3 (276-325 points)</b>	Respondents can evaluate information at varying levels of inference, determine meaning from larger selections of text, and disregard information that's irrelevant to the prompt.

Source: National Center for Education Statistics

In addition to adult literacy, school attendance is another key indicator of educational access. Chronic absenteeism can affect academic achievement, long-term graduation rates, and overall student well-being.<sup>26</sup> Between 2018 and 2023, chronic absenteeism in Orange County increased from 12.6% to 23.7%, meaning nearly one in four students were absent for at least 21 days in 2023. Levels in Osceola County followed a similar pattern, rising from 12.7% in 2018 to 19.8% in 2023, or nearly one in five students. Although absenteeism levels are lower in Osceola County, the prevalence remains, as frequent absences limit students' consistent access to education and may contribute to barriers later in life.<sup>27</sup>

<sup>26</sup> U.S Department of Education, Chronic Absenteeism, 2025. <https://www.ed.gov/teaching-and-administration/supporting-students/chronic-absenteeism>

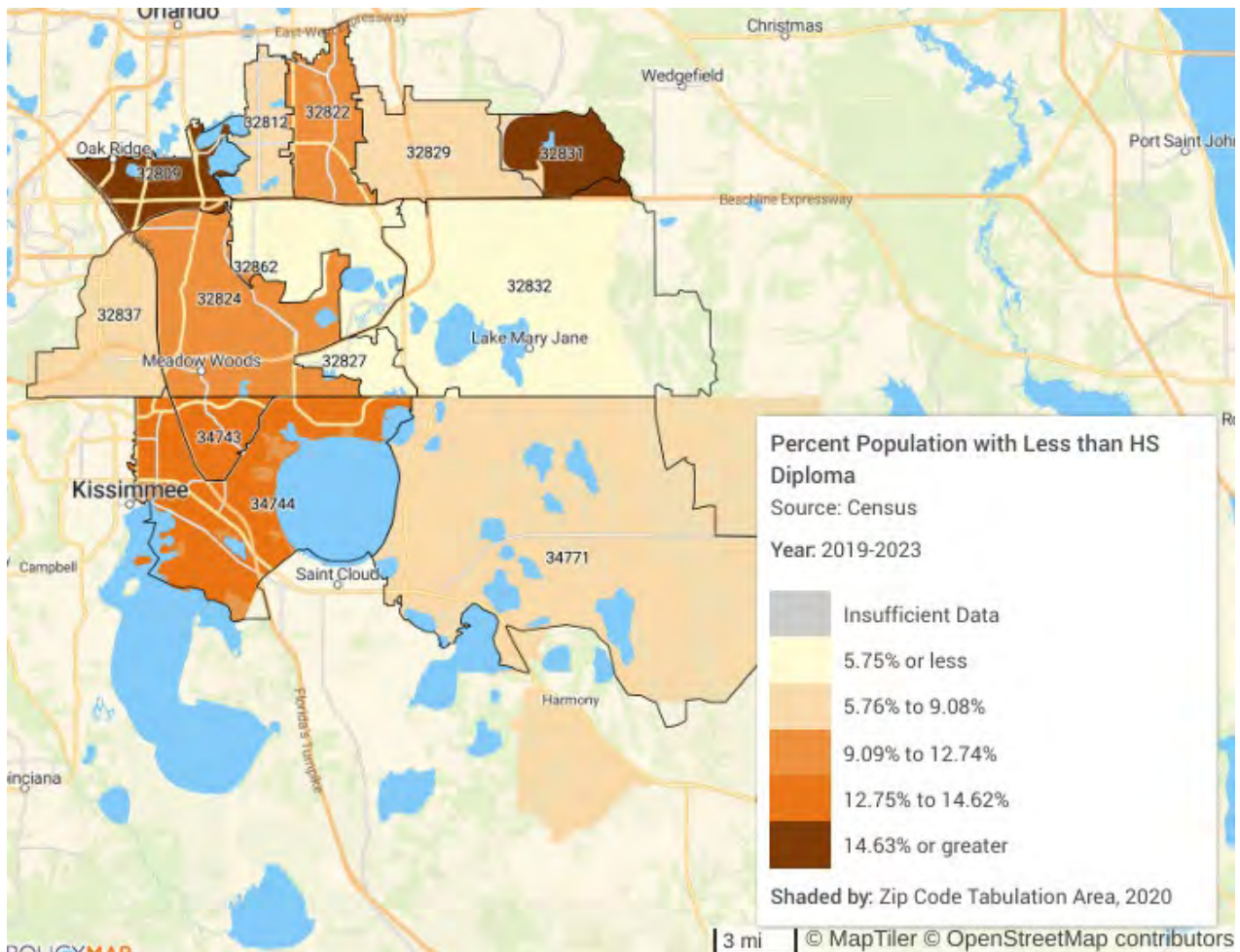
<sup>27</sup> Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Education.

While the majority of residents in both Orange and Osceola counties have completed high school or higher levels of education, pockets of low educational attainment remain across the region. A high school diploma is an important threshold for employment access, earning potential, and long-term economic stability.

In Orange County, 10.0% of adults age 25 and older lacked a high school diploma in 2023, down from 12.8% in 2013, representing a 21.9% decrease over time. However, this improvement is not evenly distributed. Several ZIP codes continue to experience higher percentages. For example, some ZIP codes show 20.0% to more than 40.0% of adults without a high school diploma, meaning in some areas approximately one in five adults lack this level of education.

In Osceola County, the percentage of adults without a high school diploma fell from 16.2% in 2013 to 11.4% in 2023, a 29.6% decline. Despite this progress, several ZIP codes still show elevated levels. The map below shows these areas, with the highest concentrations in communities such as 32809 and 32831, which exceed both the county and state averages.

**EXHIBIT 20 ESTIMATED PERCENTAGE OF THE POPULATION WITH LESS THAN A HIGH SCHOOL DIPLOMA**



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

## Social and Community Context

People’s relationships and interactions with family, friends, co-workers and community members can have a major impact on their health and well-being. Many people face challenges and dangers they cannot control, like unsafe neighborhoods, discrimination or trouble affording the things they need. This can hurt health and safety throughout life.<sup>28</sup> Crime and violence can affect individuals directly or indirectly through personal experience, witnessing incidents, or community exposure. Such exposure is associated with adverse physical and mental health outcomes, including injuries, depression, and suicidal ideation among survivors of intimate partner violence. Addressing crime and violence as a public health issue is critical to reducing harm and improving individual and community well-being.<sup>29</sup>



The violent crime rate includes murder, rape, robbery, and aggravated assault. As shown in Exhibit 21 the trend of violent crimes in Orange and Osceola counties has fluctuated over the past several years. In Orange County, over the past five years, violent crime peaked at 220.0 in 2022 but decreased to 194.5 in 2023. Osceola County had its highest rate in 2020 (190.9), followed by a steady decline to 136.6 in 2023. Despite these improvements, Orange County has consistently reported higher violent crime rates than the state overall each year.

**EXHIBIT 21 TREND OF VIOLENT CRIME RATE**

Per 100,000 Population	Orange County	Osceola County	Florida
2023	194.5	136.6	150.7
2022	220.0	151.4	157.6
2021	201.2	175.1	147.1
2020	214.7	190.9	150.5
2019	209.7	187.4	157.7

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

Domestic violence can have long-term effects on victims’ physical and mental health, including injury, chronic pain, depression, anxiety, and post-traumatic stress. It can also have ripple effects across families and communities, affecting children’s development, school performance, and sense of safety.<sup>30</sup> Domestic violence offense rates in Orange County have fluctuated since 2018, from a high of 410.7 per 100,000 residents in 2018 to 391.6 in 2023. Osceola County has maintained rates that are roughly half of Orange County’s, with offenses ranging from 191.8 to 211.7 per 100,000 over the same period. Family safety extends beyond domestic violence and includes the protection of children from abuse. In Orange County, reported physical abuse cases in children aged five to 11 decreased from 440.5 to 305.0 per 100,000 children between 2019–2021 and 2022–2024. Osceola County experienced a similar decline, with rates dropping from 366.3 to 199.1 during the same time period.<sup>31</sup>

<sup>28</sup> U.S. Department of Health and Human Services. Healthy People 2030. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context>

<sup>29</sup> Healthy People 2030. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/crime-and-violence>

<sup>30</sup> Florida Department of Health, Division of Public Health Statistics and Performance Management and Florida Department of Law Enforcement. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=0312&drpCounty=2>

<sup>31</sup> Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Children and Families, Florida Safe Families Network

## Healthcare Access and Quality

Healthcare Access and Quality is one of the five social drivers of health. Individuals without health insurance are less likely to have a primary care provider and may struggle to afford necessary healthcare services and medications. Increasing insurance coverage is essential to ensure more people have access to vital health services, including preventive care and treatment for chronic conditions.<sup>32</sup> Legislation signed in 2025 is expected to significantly increase the number of uninsured people due to Medicaid reductions and changes to Affordable Care Act (ACA) Marketplace coverage, compounded by the expiration of enhanced ACA premium tax credits at the end of 2025. Nationally, these combined policy changes are projected to increase the uninsured population by more than 14 million by 2034. In Florida, an estimated 440,000 to 730,000 additional residents could become uninsured, with many coverage losses driven by ACA Marketplace changes, followed by Medicaid reductions and other policy interactions.<sup>33</sup>

According to the ACS 2019–2023 five-year estimates, approximately 12.3% of residents in Orange County and 10.9% of residents in Osceola County are uninsured. Both counties have uninsured rates above the national average of 8.6%, and Osceola County remains slightly below the Florida statewide rate of 11.9%. Trends over time show that the percentage of uninsured residents has fluctuated in both counties, with noticeable dips and increases from 2018 to 2024 as seen in Exhibit 23. In Osceola County, uninsured rates decreased from 13.3% in 2018 to 9.1% in 2022, before rising again to 11.7% in 2024. Orange County experienced a more moderate pattern, with rates gradually declining from 13.0% in 2018 to 11.1% in 2023, followed by a slight increase to 11.4% in 2024.

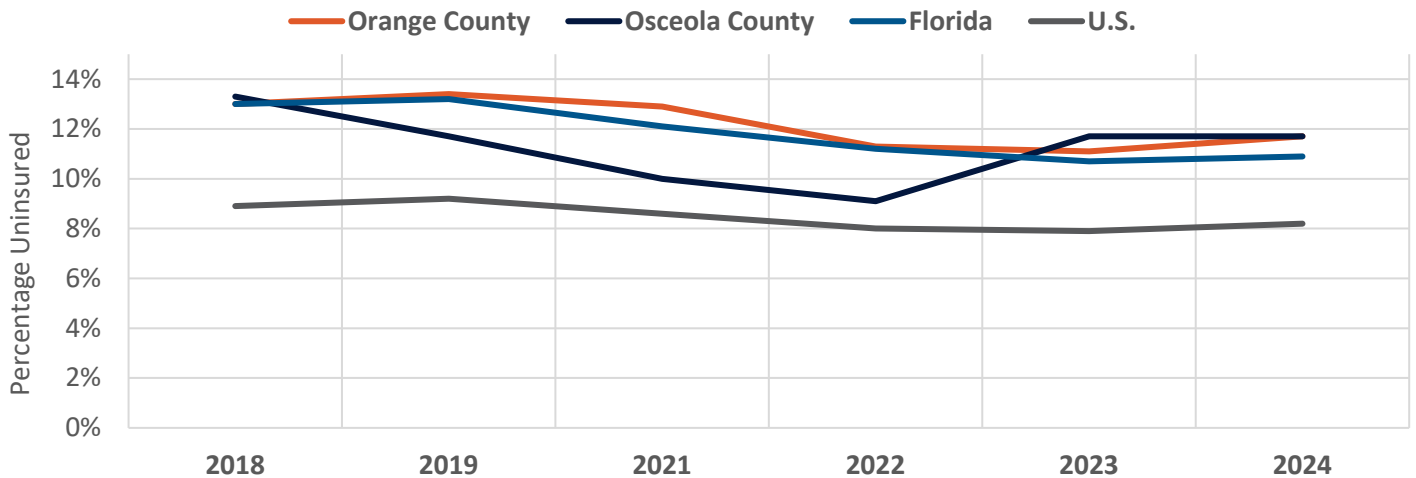
### EXHIBIT 22 UNINSURED POPULATION

	Orange County	Osceola County	Florida	U.S.
Total number of people	176,313	44,284	2,569,710	28,000,876
Percentage of People	12.3%	10.9%	11.9%	8.6%

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

### EXHIBIT 23 TREND OF THE UNINSURED POPULATION

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

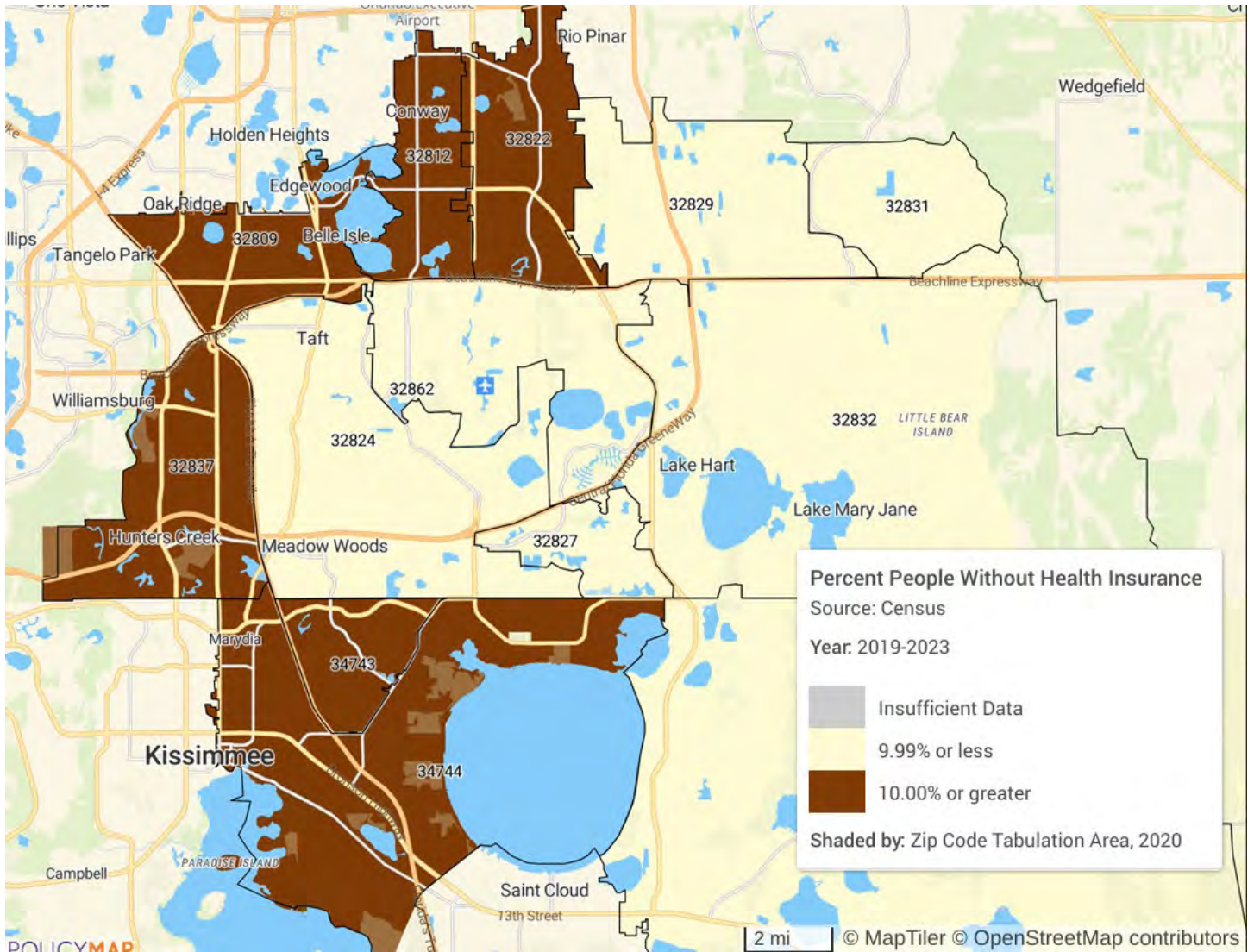


<sup>32</sup> Office of Disease Prevention and Health Promotion [ODPHP]. (n.d.). *Healthy People 2030: Healthcare Access and Quality*. U.S. Department of Health and Human Services. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>

<sup>33</sup> KFF. How Will the 2025 Reconciliation Law Affect the Uninsured Rate in Each State? (2025). <https://www.kff.org/uninsured/how-will-the-2025-reconciliation-law-affect-the-uninsured-rate-in-each-state/>

Differences in uninsured rates are also visible at the ZIP code level across the service area. The map below shows where some ZIP codes have 10 or more of the population uninsured, illustrating differences in insurance coverage and areas with greater need for access to affordable healthcare services.

**EXHIBIT 24 ESTIMATED PERCENTAGE OF THE POPULATION WHERE 10.0% OR MORE OF THE POPULATION IS UNINSURED**



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

Uninsured rates can vary across different factors, such as age and racial and ethnic groups, reflecting differences in eligibility for public insurance programs and access to employer-sponsored coverage. As shown in Exhibit 25, uninsured rates are highest among adults ages 19 to 64, with 16.3% of Orange County residents and 15.1% of Osceola County residents in this age group lacking health insurance. Children experience lower uninsured rates, although gaps remain. Older adults have the lowest uninsured rates due to Medicare coverage, with fewer than 3.0% uninsured in either county, but still higher than both the state and national averages.

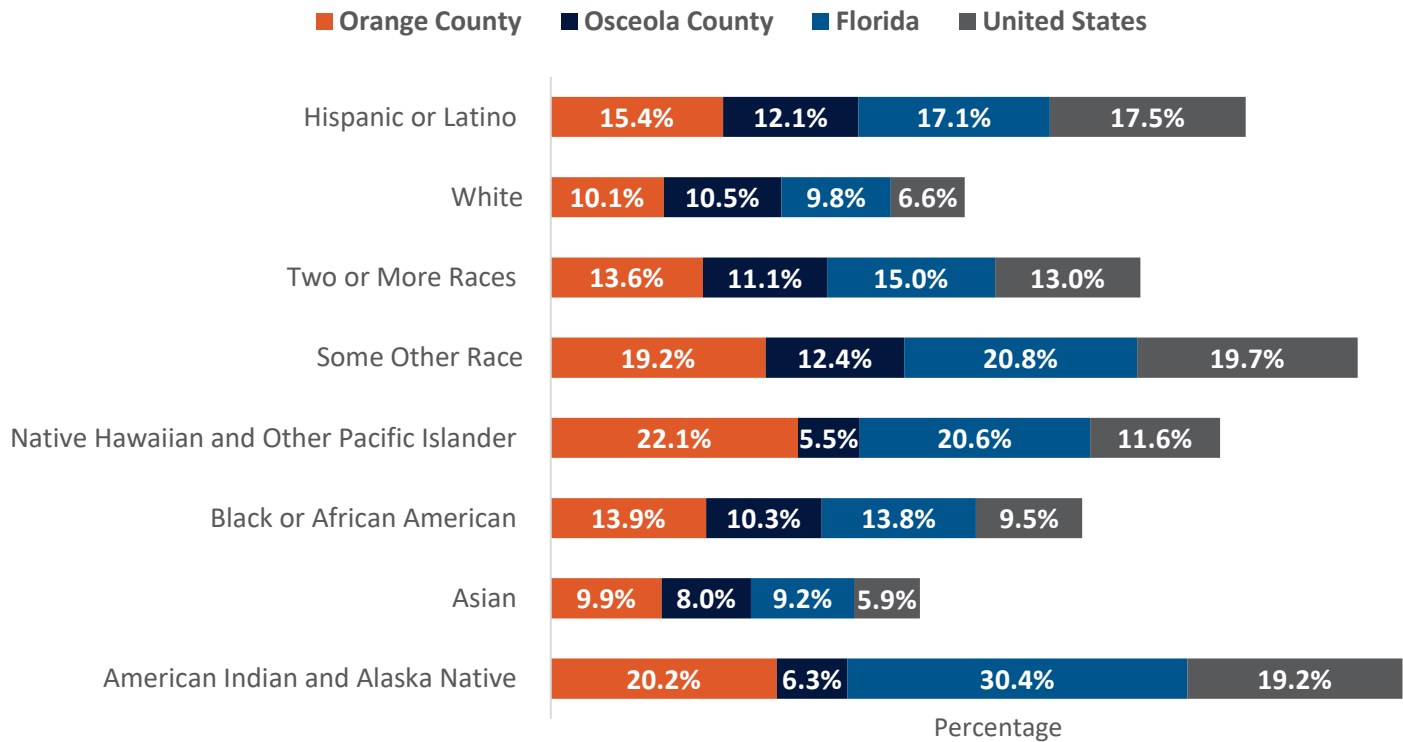
**EXHIBIT 25 UNINSURED POPULATION BY AGE**

	Orange County	Osceola County	Florida	U.S.
Under 6	5.2%	3.8%	5.7%	4.5%
6 to 18	7.2%	6.3%	8.1%	5.8%
19 to 64	16.3%	15.1%	17.5%	12.0%
65 and Over	2.6%	1.7%	1.1%	0.8%

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

Among residents in Orange County, individuals identifying as Native Hawaiian and Other Pacific Islander (22.1%) and American Indian and Alaska Native (20.2%) have the highest uninsured rates. In Osceola County, residents identifying as Some Other Race (12.4%) and Hispanic or Latino (12.1%) are more likely to be uninsured compared to other racial and ethnic groups. Understanding how uninsured rates vary across age and racial or ethnic groups helps identify populations within the service area who may face greater challenges accessing preventive care, chronic disease management, and other essential health services.

**EXHIBIT 26 POPULATION WITHOUT HEALTH INSURANCE BY RACE AND ETHNICITY**

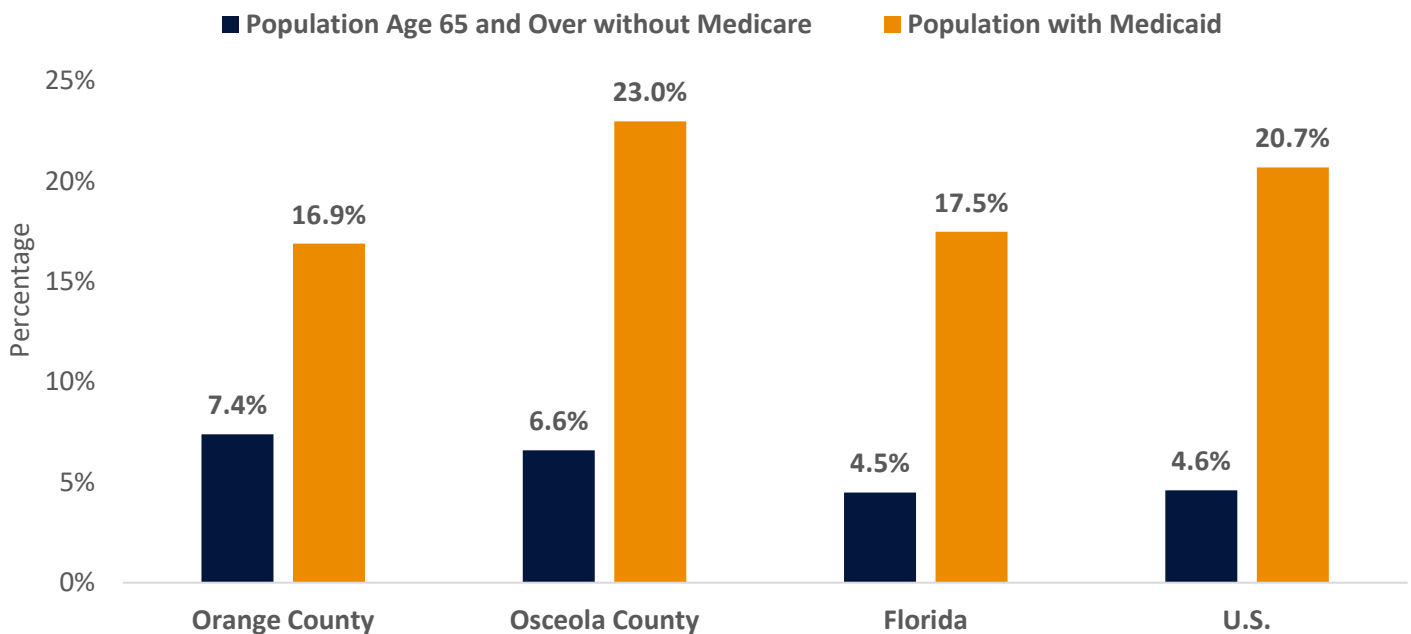


Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Florida has 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.<sup>34</sup>

Residents in Orange and Osceola counties rely on different types of health insurance coverage, reflecting the varied needs of older adults and low-income households. In Orange County, 7.4% of residents ages 65 and over do not have Medicare coverage, compared to 6.6% in Osceola County. While the proportion is small, this group of older adults may face higher out-of-pocket healthcare costs due to limited insurance coverage. Medicaid also plays an important role in providing coverage for low-income residents. Approximately 16.9% of Orange County residents and 23.0% of Osceola County residents are enrolled in Medicaid. This translates to roughly 1 in 6 residents in Orange County and one in four residents in Osceola County relying on Medicaid for health insurance.

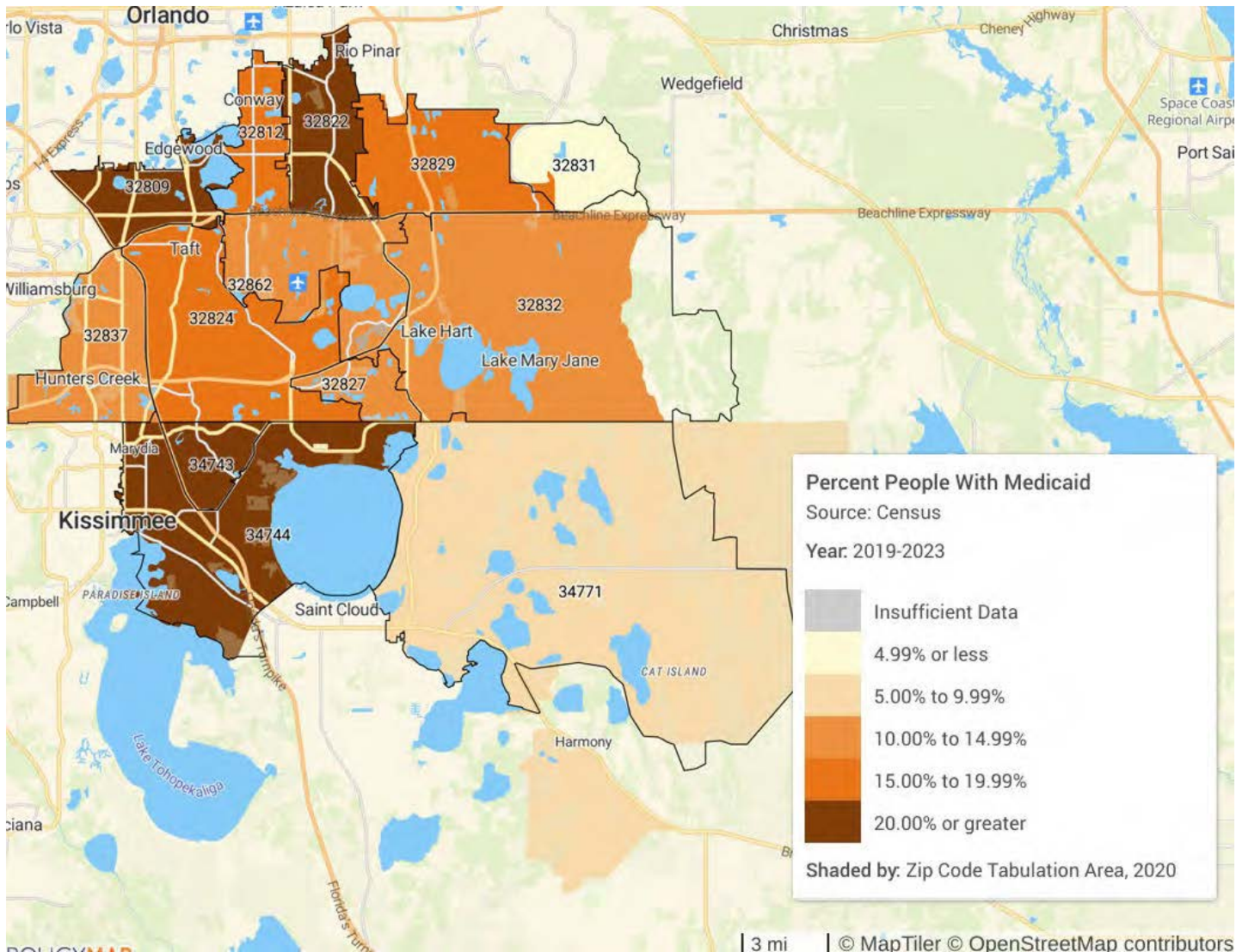
**EXHIBIT 27 HEALTH INSURANCE BY TYPE**



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

<sup>34</sup> 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/>

**EXHIBIT 28 ESTIMATED PERCENTAGE OF THE POPULATION WITH MEDICAID**



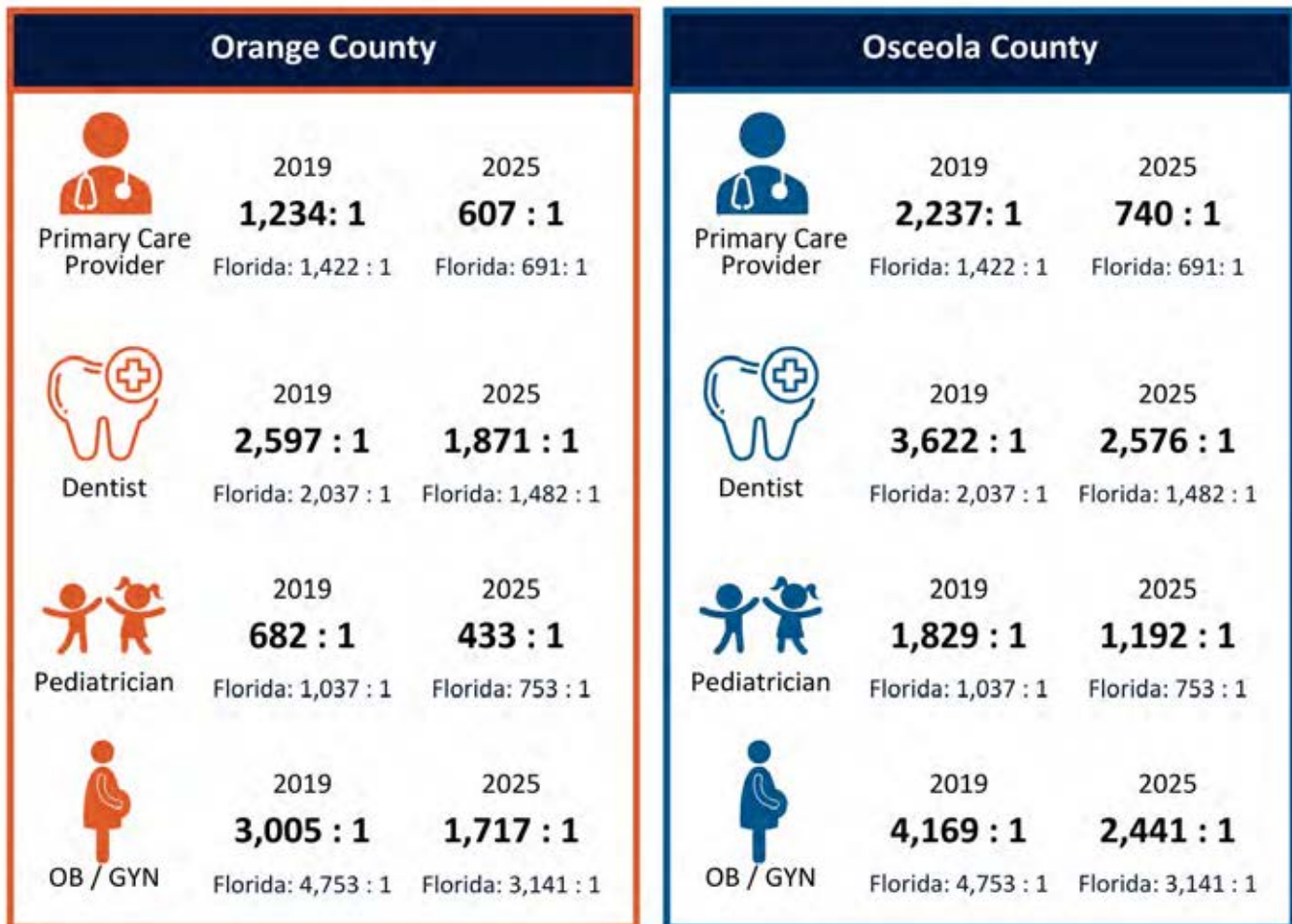
Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

While insurance coverage influences whether residents can seek care, access also depends on whether providers are available in the region. Provider shortages can create barriers even for insured residents. Provider-to-population ratios help illustrate these trends, with lower ratios indicating greater provider availability.

In Orange and Osceola counties, healthcare provider ratios improved between 2019 and 2025 across several categories. In Orange County, the highest ratios and therefore the most limited access were seen among dentists, with one provider for every 1,871 residents, and OB/GYN providers with one provider for every 1,717 residents in 2025. Both categories had more than 1,700 residents per provider, which may lead to longer wait times and fewer options for oral health and women’s health services.

Osceola County showed similar patterns, with even higher ratios for pediatricians with one provider for every 1,192 residents, dentists with one provider for every 2,576 residents, and OB/GYN providers with one provider for every 2,441 residents. These elevated ratios indicate greater challenges in accessing children’s healthcare, dental care, and women’s health services. Such shortages may contribute to delays in care and limited availability of specialized services for residents.

**EXHIBIT 29 HEALTH CARE PROVIDER RATIO (PEOPLE PER PROVIDER)**



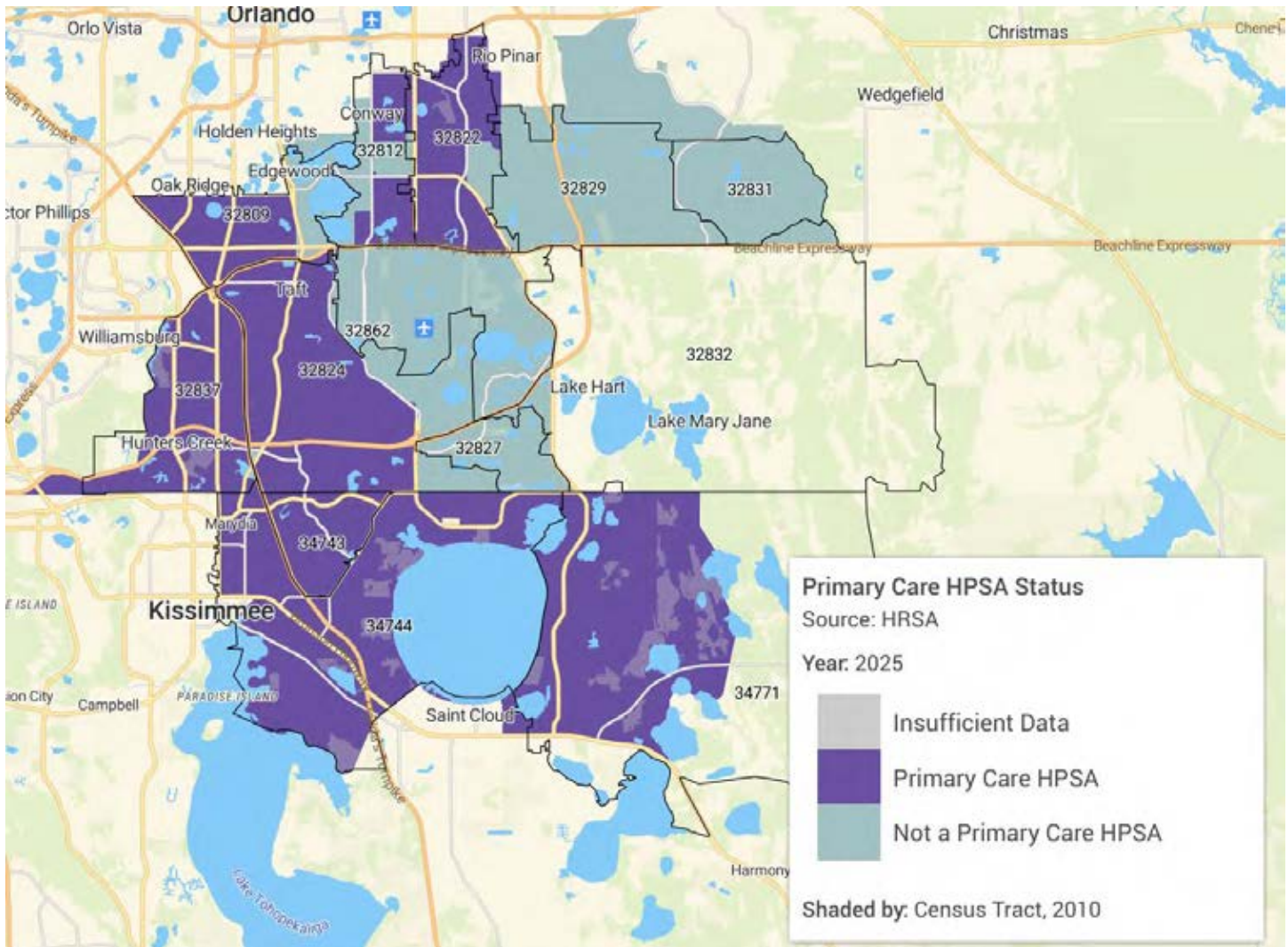
Source: National Plan and Provider Enumeration System NPI

Health Professional Shortage Areas (HPSAs) are defined by the Health Resources and Services Administration (HRSA) as areas that require additional health providers in primary care, dental health, or mental health. All HPSAs are defined based on three key criteria: the ratio of population to health providers, the percentage of the population below the federal poverty level, and the travel time to the nearest source of care outside the HPSA area. Primary Care HPSAs also consider the infant mortality rate and low birth weight rate.



Data from HRSA shows geographic differences in where Primary Care Health Professional Shortage Areas (HPSAs) are located within the service area. As seen in the map below, both Orange and Osceola counties contain ZIP codes designated as shortage areas, while others fall outside these boundaries. This means that residents' access to primary care can vary depending on where they live. When individuals must travel to another ZIP code to receive care or find a provider who accepts their insurance, transportation challenges and longer travel times can further delay access to needed services.

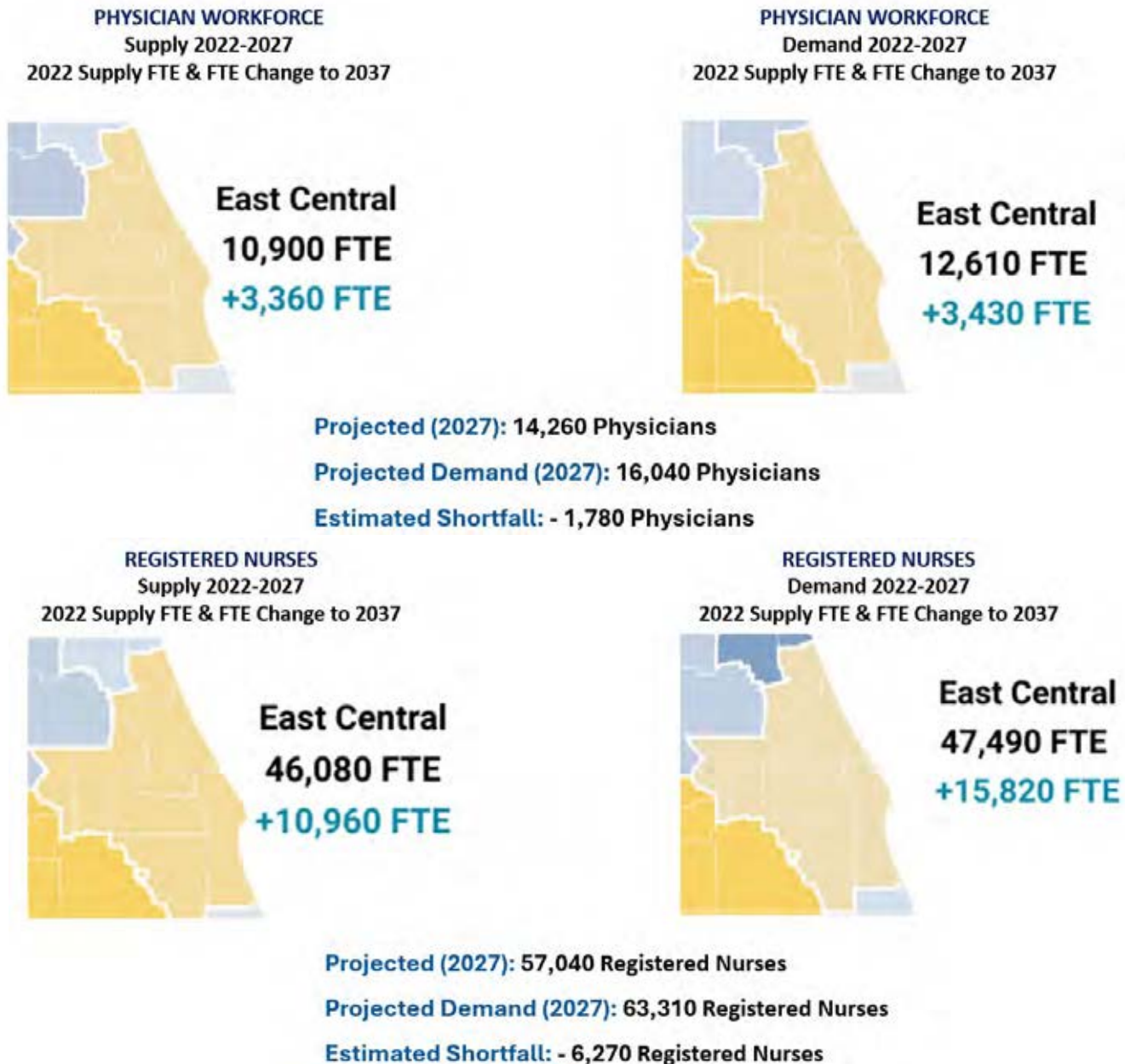
**EXHIBIT 30 PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS**



Source: Health Resources and Services Administration, 2025

In 2025, the Florida Center for Nursing published the Florida Health Care Workforce Projections 2022-2037 to examine Florida’s health workforce, analyze current trends to project future workforce needs with data gathered by one of the leading experts in workforce modeling.<sup>35</sup> By 2027, East Central Florida is projected to have approximately 14,260 physicians. However, demand is expected to require about 16,040 physicians, resulting in a projected shortage of nearly 1,800 physicians. By 2027, the region is projected to have about 57,000 registered nurses, while demand is expected to exceed 63,000 nurses, resulting in an estimated shortfall of more than 6,200 registered nurses.

**EXHIBIT 31 PHYSICIAN WORKFORCE SUPPLY AND DEMAND**



Source: Florida Center for Nursing. Florida Health Care Workforce Projections 2022-2037 (2025)

<sup>35</sup> Florida Center for Nursing. Florida Health Care Workforce Projections 2022-2037 (2025). <https://flcenterfornursing.org/research-data/nursing-workforce-reports/florida-health-care-workforce-projections-2022-2037/>

# Community Health Status

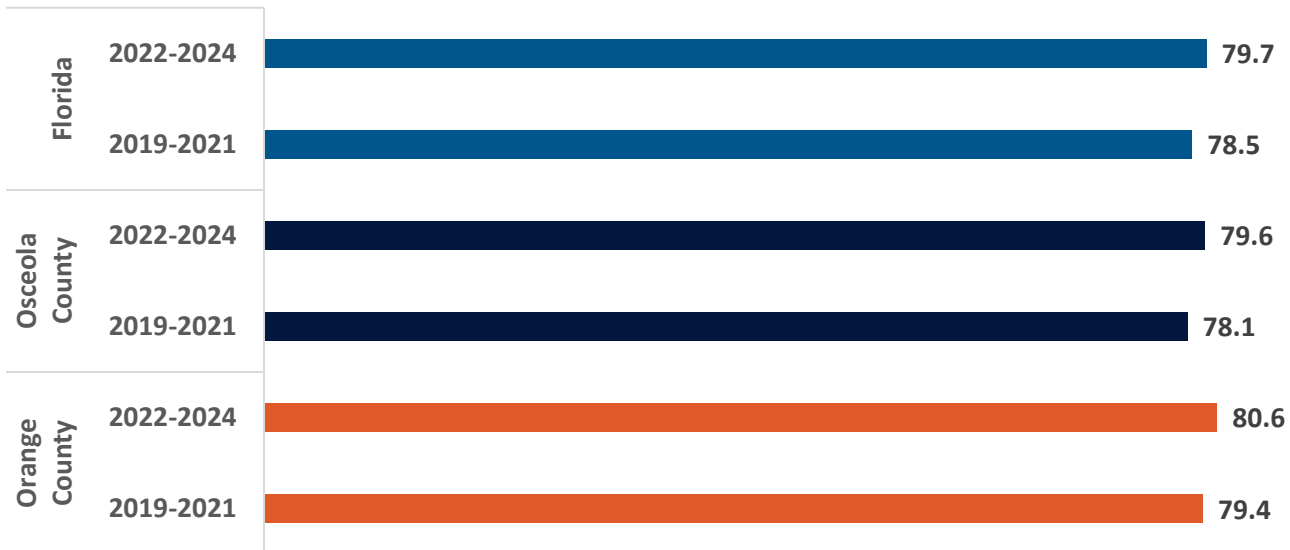
## Mortality and Morbidity

Mortality rates measure the frequency of occurrence of death in a defined population during a specified interval. Mortality data answers critical questions to help healthcare organizations and providers understand how many people are dying and why.<sup>36</sup>

In Orange County, age-adjusted mortality rates have improved in recent years. Between the 2019–2021 and 2022–2024 reporting periods, the mortality rate decreased from 712.2 to 651.4 deaths per 100,000. In Osceola County, there was a similar downward trend, with rates falling from 787.4 to 706.7 deaths per 100,000 over the same period.

Life expectancy reflects overall population health and is influenced by factors such as healthcare access, education, income, and social conditions. In Orange County, life expectancy increased from 79.4 to 80.6 years between the 2019–2021 and 2022–2024 reporting periods. Osceola County also experienced gains, rising from 78.1 to 79.6 years. These improvements suggest strengthening long-term health outcomes for residents in both counties.

### EXHIBIT 32 LIFE EXPECTANCY



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

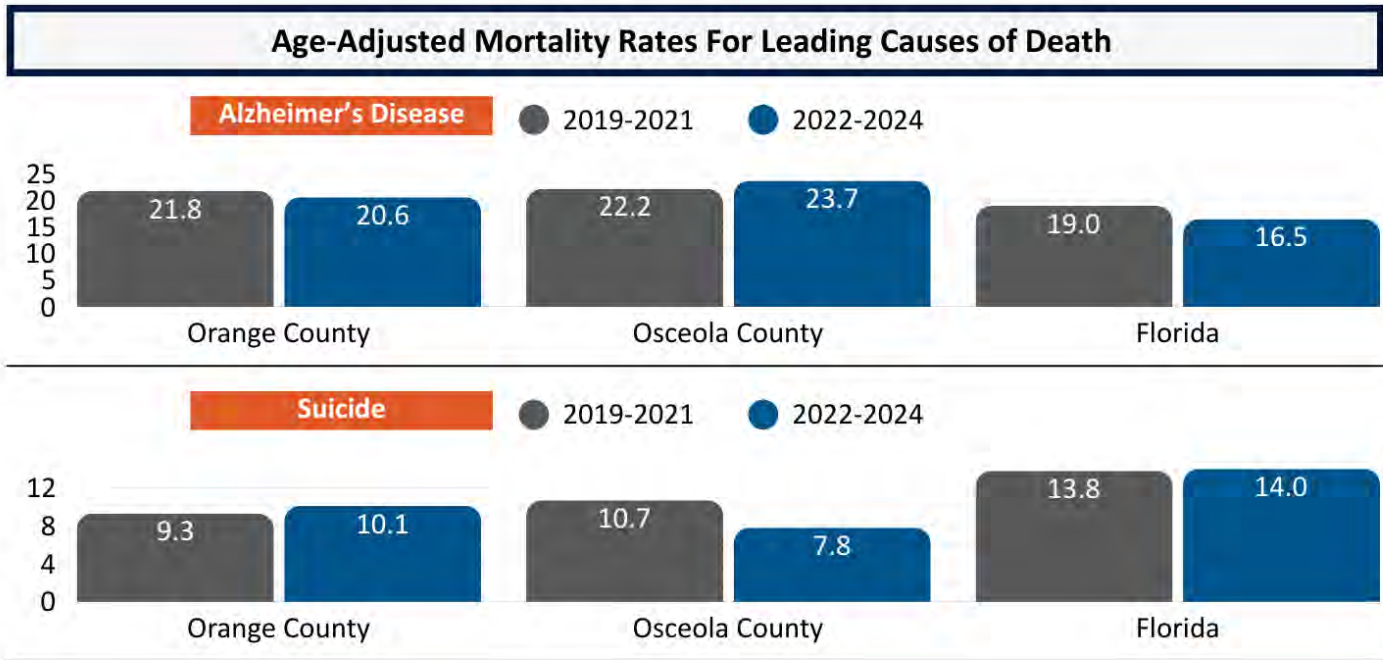
As shown in

<sup>36</sup> Deputy Director for Public Health Science and Surveillance. Center for Surveillance, Epidemiology and Laboratory Services, Division of Scientific Education and Professional Development. <https://www.cdc.gov/csels/dsepd/ss1978/lesson3/section3.html>

Exhibit 33, the leading causes of death in both Orange and Osceola counties are cancer and heart disease, consistent with statewide trends. Between the 2019–2021 and 2022–2024 periods, age-adjusted cancer mortality rates declined in both counties, while heart disease mortality also decreased. However, heart disease mortality in Osceola County remained elevated at 155.2 deaths per 100,000, exceeding the state average of 139.2. In contrast, stroke-related mortality increased, particularly in Osceola County, where rates rose from 56.4 to 64.4 deaths per 100,000. Diabetes-related mortality also increased slightly in Orange County over the same period.

**EXHIBIT 33 AGE-ADJUSTED MORTALITY RATES FOR LEADING CAUSES OF DEATH, 2022-2024**





Source: Florida Department of Health. Bureau of Vital Statistics, 2022-2024

## 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.<sup>37</sup>

In 2022, chronic disease remained a health challenge in both Orange and Osceola counties. Obesity was the most prevalent condition, affecting roughly one in three adults in each county, followed by arthritis, which impacted nearly one in four residents. Diabetes was also common, particularly in Osceola County (13.4%), where prevalence exceeded that of Orange County (11.6%). These conditions contribute to ongoing morbidity and emphasize the need for sustained prevention efforts, improved access to primary care, and strategies that address underlying social and environmental risk factors.<sup>38</sup>

### EXHIBIT 34 CHRONIC DISEASE ESTIMATED ANNUAL PREVALENCE RATE

	Orange County		Osceola County		Florida	
	2019	2022	2019	2022	2019	2022
Arthritis	19.3%	22.6%	20.0%	23.7%	24.8%	28.2%
Asthma	8.3%	9.9%	8.1%	9.3%	8.7%	9.8%
Cancer (except skin)	5.4%	6.4%	5.4%	6.2%	7.3%	9.2%
COPD	6.1%	6.1%	6.5%	6.6%	8.4%	8.2%
Coronary Heart Disease	5.2%	6.0%	6.1%	6.6%	6.8%	8.1%
Diagnosed Diabetes	11.6%	11.6%	14.2%	13.4%	12.0%	13.2%
Obesity	33.5%	32.6%	36.2%	31.3%	30.3%	32.4%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health, 2022



<sup>37</sup> 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%20scale%20policy%20change](https://www.cdc.gov/pcd/issues/2024/23_0267.htm#:~:text=Areas%20affected%20by%20a%20high,require%20large%20scale%20policy%20change).

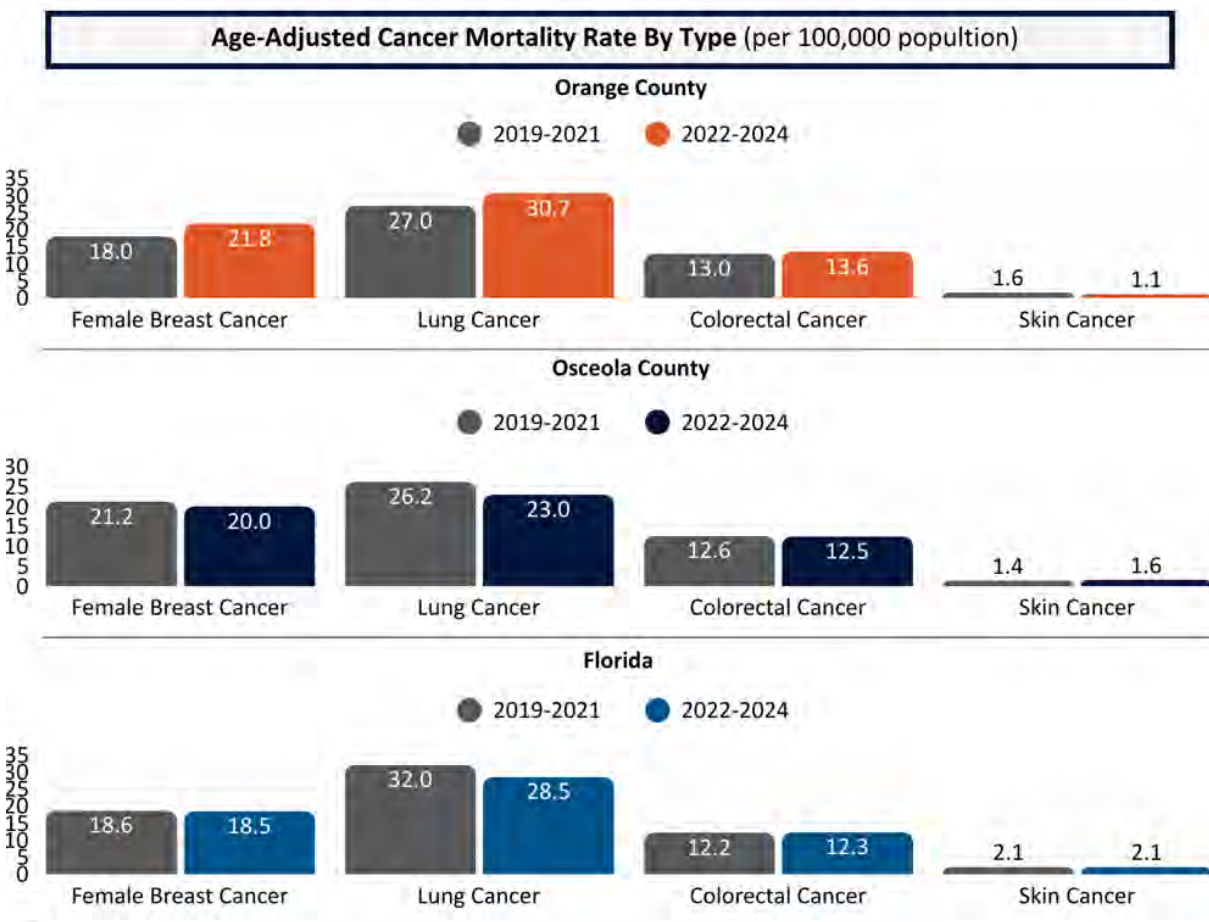
<sup>38</sup> CDC. Morbidity and Mortality Weekly Report (MMWR). Preventable Premature Deaths from the Five Leading Causes of Death in Nonmetropolitan and Metropolitan Counties, United States, 2010-2022: <https://www.cdc.gov/mmwr/volumes/73/ss/ss7302a1.htm>

## Cancer

Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells that can result in death if not treated. Although the causes of cancer are not completely understood, numerous factors are known to increase risk, including many that are potentially modifiable (e.g., tobacco use and excess body weight) and those that are not (e.g., inherited genetic mutations). These risk factors may act simultaneously or in sequence to initiate and/or promote cancer growth.<sup>39</sup>

Cancer remains a leading cause of death and continues to affect many aspects of health across the service area. In Orange County, cancer mortality increased between the 2019–2021 and 2022–2024 periods, rising from 135.8 to 150.9 deaths per 100,000, exceeding state rates in both periods. In contrast, Osceola County experienced a decrease over the same time frame, with cancer mortality declining from 133.2 to 127.3 deaths per 100,000 residents. Overall, cancer mortality increased in Orange County for all cancer types except skin cancer, while in Osceola County, mortality declined for all cancer types except skin cancer. These differences point to variation in risk factors, early detection, and access to screening and treatment services. Continued emphasis on cancer prevention, timely screening, and access to oncology care remains critical for reducing cancer-related deaths across the region.<sup>40</sup>

**EXHIBIT 35 AGE-ADJUSTED CANCER MORTALITY RATE BY TYPE**



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

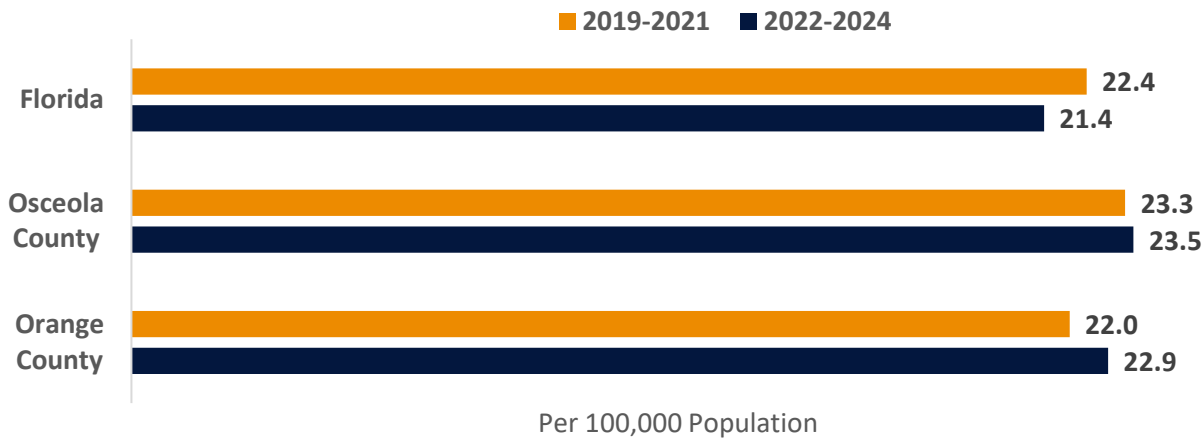
<sup>39</sup>American Cancer Society. Cancer Facts and Figures 2023. Atlanta: American Cancer Society; 2023

<sup>40</sup>CDC. Cancer. Preventing Cancer: <https://www.cdc.gov/cancer/prevention/index.html>

## Diabetes

Diabetes is a chronic disease that affects how the body uses blood sugar. While manageable with early detection, healthy diet, and exercise, limited screening and access to care often delay diagnosis. Diabetes is linked to obesity, inactivity, and other conditions, and can result in serious complications such as heart disease, vision loss, amputations, and dialysis.<sup>41</sup> In both Orange and Osceola counties, age-adjusted diabetes mortality rates remained relatively stable between the 2019–2021 and 2022–2024 periods, with both counties reporting rates above the statewide average.

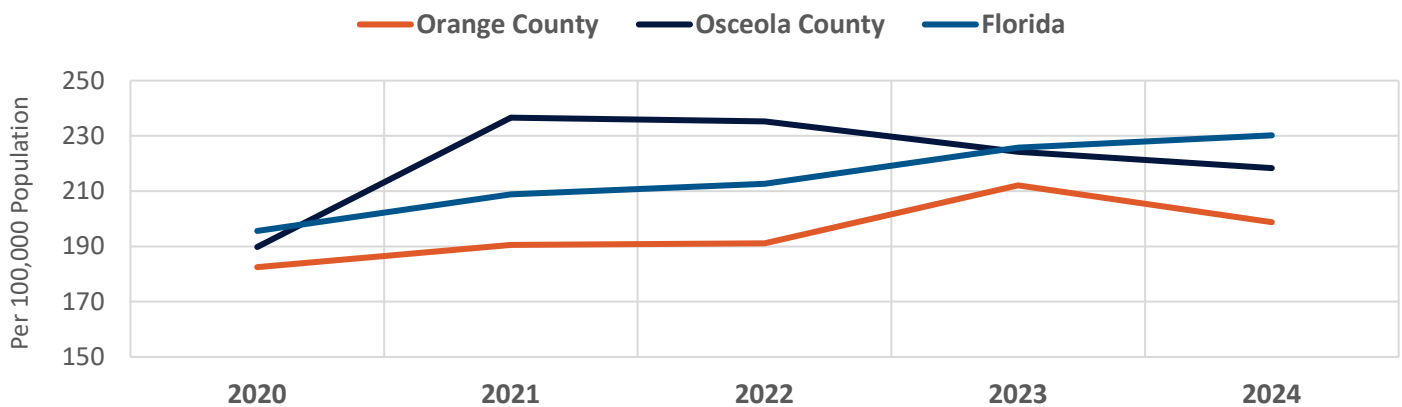
**EXHIBIT 36 AGE-ADJUSTED DIABETES MORTALITY RATE**



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

As shown in Exhibit 37, emergency department visits with a primary diagnosis of diabetes fluctuated over time in both counties. Orange County experienced an increase in visits from 2020 to 2023, followed by a decline in 2024, while Osceola County saw a sharp increase early in the period and a gradual decline through 2024, remaining higher than Orange County throughout. These patterns suggest ongoing challenges in diabetes management and highlight the importance of preventive care, routine disease management, and access to primary care to reduce avoidable emergency department use.<sup>42</sup>

**EXHIBIT 37 TREND OF AGE-ADJUSTED EMERGENCY DEPARTMENT VISITS FROM DIABETES**



Source: Florida Agency for Health Care Administration (AHCA)

<sup>41</sup> U.S. CDC, Diabetes Basics. <https://www.cdc.gov/diabetes/about/>

<sup>42</sup> CDC. National Diabetes Statistics Report. (2024). <https://www.cdc.gov/diabetes/php/data-research/index.html>

## Asthma

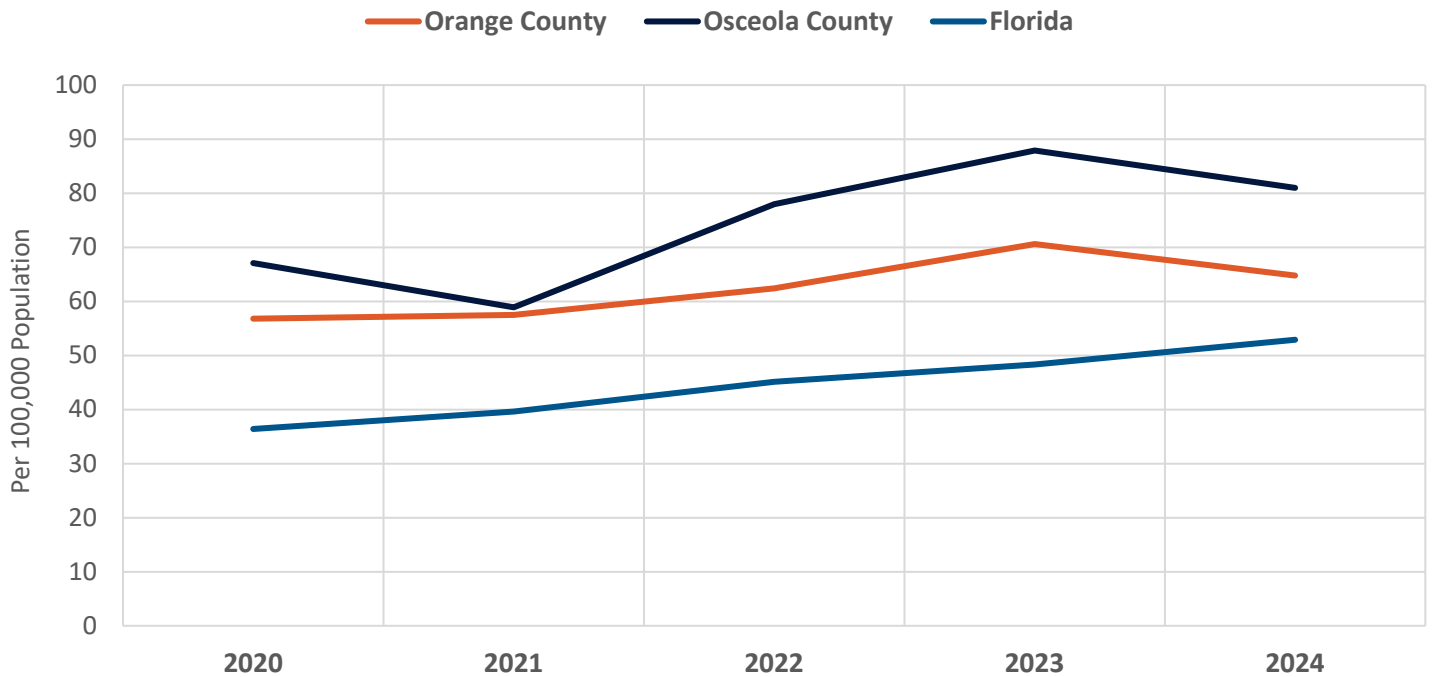
Asthma is a chronic condition that inflames and narrows the airways, which carry air in and out of the lungs. People with asthma have hyperresponsive airways that react more intensely to triggers like colds, cigarette smoke, and exercise.<sup>43</sup>

The data below shows inpatient hospitalizations discharged from civilian, non-federal hospitals located in Florida, Orange County, and Osceola County, where asthma was the principal diagnosis.

Hospitalization rates due to asthma were consistently higher in Osceola County compared to Orange County and the state average throughout the period shown. In Orange County, asthma-related hospitalizations increased from 2020 through 2023, followed by a decline in 2024. In Osceola County, hospitalization rates increased from 2020 to 2023 and then showed a subtle decline in 2024, while remaining higher than both Orange County and Florida overall.

These patterns may reflect challenges in asthma management, including barriers to preventive care, consistent access to medications such as inhalers, and regular follow-up care, particularly among populations with limited access to healthcare services.<sup>44</sup>

### EXHIBIT 38 TREND OF AGE-ADJUSTED HOSPITALIZATIONS FROM ASTHMA



Source: Florida Agency for Health Care Administration (AHCA)

<sup>43</sup> Florida Health Across the State, What is Asthma? <https://www.floridahealth.gov/diseases-and-conditions/asthma/what-is-asthma.html>

<sup>44</sup> CDC. Asthma – About; Controlling Triggers; Living with Asthma - <https://www.cdc.gov/asthma/index.html>

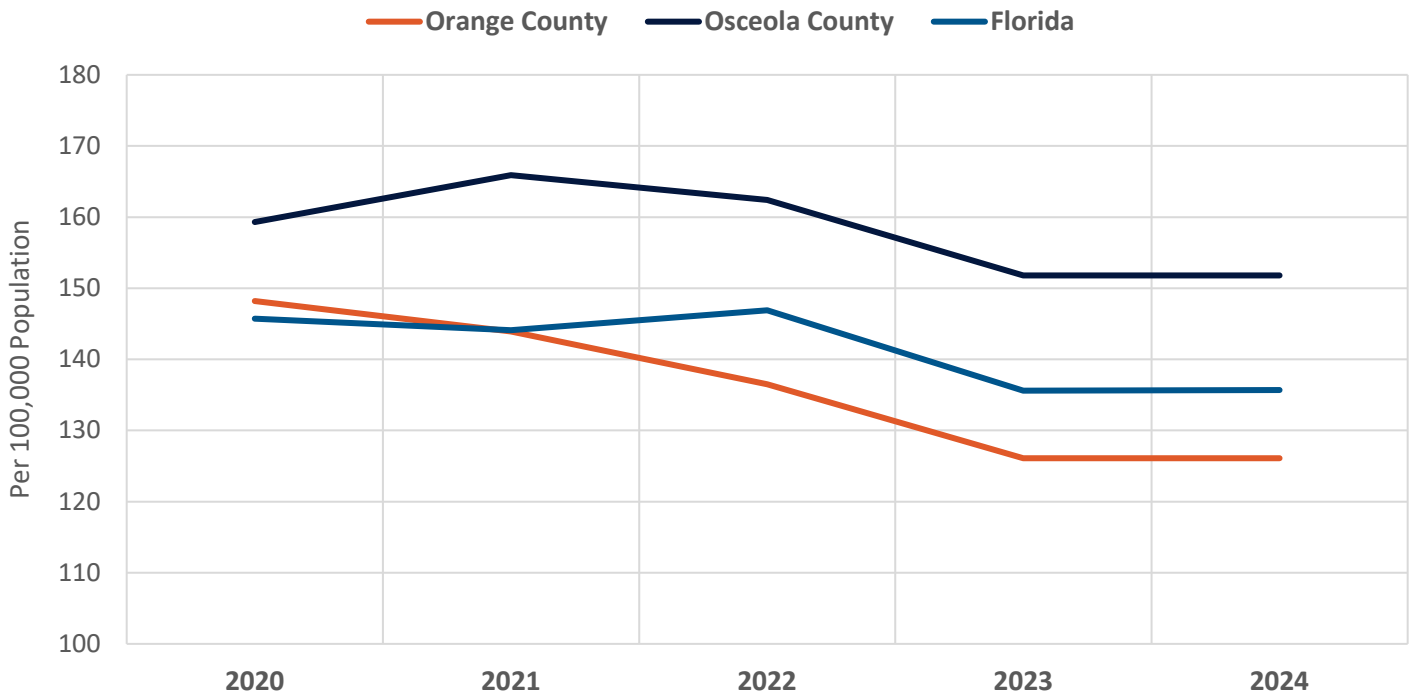
## Heart Disease

Heart disease is the leading cause of death across all groups, responsible for one in every three deaths in 2023, about 919,000 lives lost, or one every 34 seconds.<sup>45</sup> Heart disease is the leading cause of death in Florida, responsible for approximately two out of every ten deaths.<sup>46</sup>



Heart disease is any disorder that affects the heart's ability to function normally. Age-adjusted heart disease mortality rates declined between 2020 and 2024 in Orange County, Osceola County, and Florida overall. Despite these decreases, Osceola County consistently experienced higher heart disease mortality rates than both Orange County and the state across all years shown. In 2024, Osceola County reported 151.8 deaths per 100,000 population, compared to 126.1 in Orange County and 135.7 statewide.

**EXHIBIT 39 TREND OF AGE-ADJUSTED DEATHS FROM HEART DISEASE**



Source: Florida Department of Health, Bureau of Vital Statistics

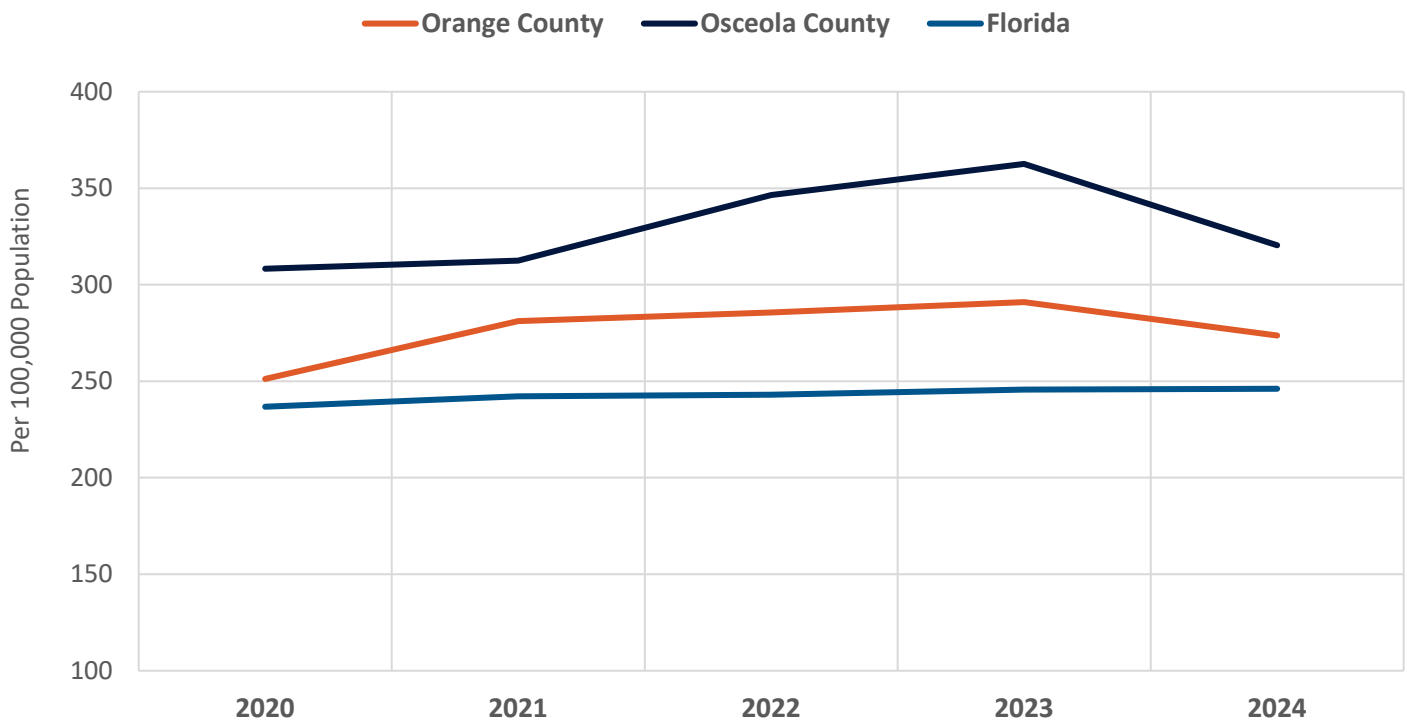
<sup>45</sup> CDC, Heart Disease Facts. <https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html>

<sup>46</sup> Florida Department of Health; Agency for Health Care Administration; Arcadia. <https://www.floridatrend.com/article/39203/heart-health/>

The data below shows inpatient hospitalizations, discharged from civilian, non-federal hospitals located in Florida and Osceola County, where coronary heart disease was the principal diagnosis. Coronary heart disease includes angina, heart attack and other ischemic heart diseases. Coronary heart disease can result in pain, disability, lower quality of life and premature death. Hospitalization due to coronary heart disease leads to lost productivity and high medical costs.<sup>47</sup>

Similar patterns to heart disease deaths shown in Exhibit 39 were observed in hospitalization trends in Exhibit 40, with Osceola County experiencing the highest hospitalization rates overall. While Florida’s rates remained relatively stable throughout the period, both Orange and Osceola counties experienced steady increases from 2020 through 2023, followed by declines in 2024. Although rates declined in 2024, hospitalization levels in both counties remained above the state average.

**EXHIBIT 40 TREND OF HOSPITALIZATIONS FROM CORONARY HEART DISEASE**



Source: Florida Department of Health, Bureau of Vital Statistics

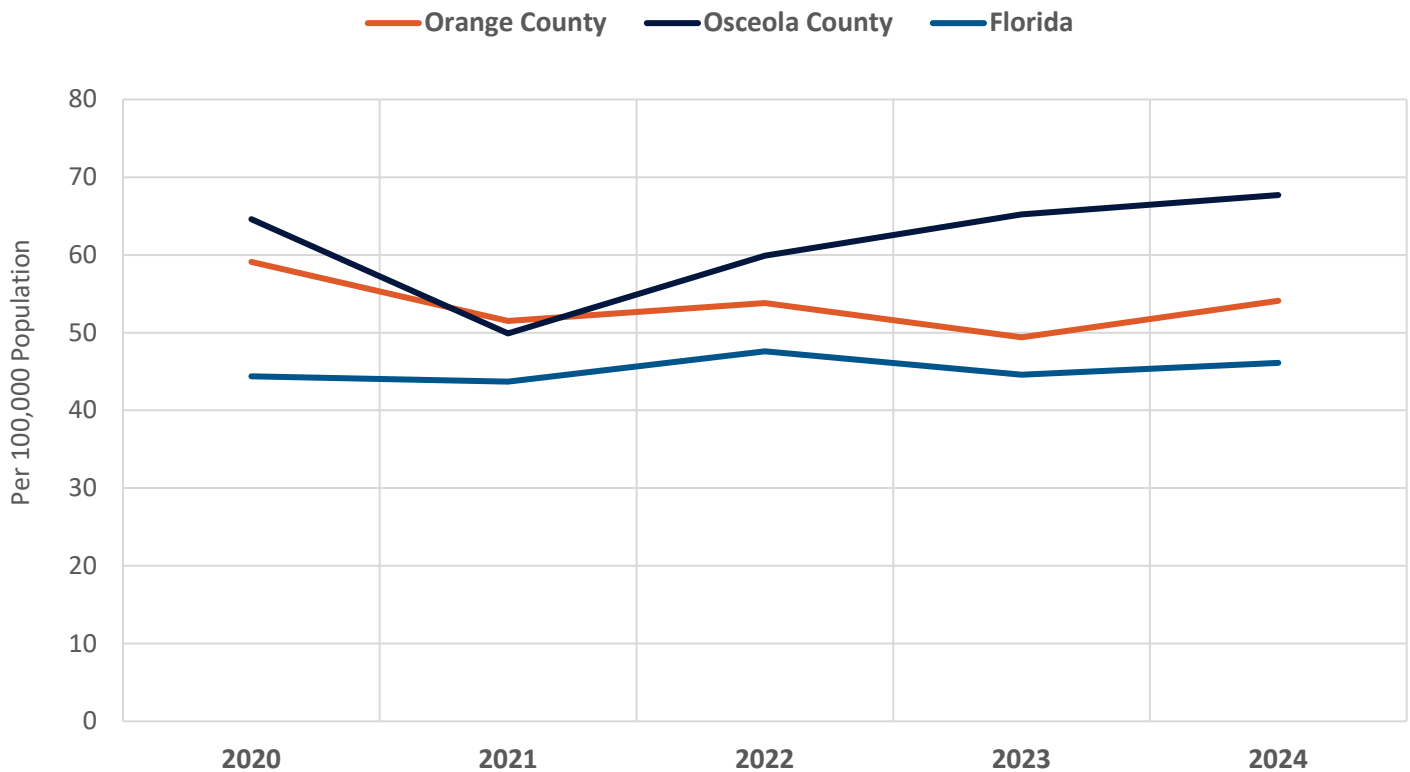
<sup>47</sup> FloridaHEALTHCHARTS. <https://www.Floridahealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalInd.Dataviewer&cid=0340>

## Stroke

A stroke, or brain attack, occurs when blood flow to the brain is blocked or a blood vessel bursts, cutting off oxygen and causing brain cells to die within minutes. This can lead to brain damage, disability, or death since the brain controls vital functions like movement, memory, and breathing. High blood pressure is the leading cause of stroke, while conditions such as coronary artery disease and diabetes also increase risk by restricting oxygen and nutrient flow to the brain.<sup>48</sup>

From 2020 to 2024, stroke mortality rates showed variability in both Orange and Osceola counties. Osceola County experienced a notable decline between 2020 and 2021, followed by a steady rise in stroke-related deaths, reaching the highest rate in 2024. In Orange County, stroke mortality declined through 2023 but increased in 2024 to 54.1 deaths per 100,000 population, exceeding the statewide rate. These trends indicate that strokes continue to be a contributor to mortality in the service area and suggest that there is a need for stroke prevention, early detection, and management of stroke risk factors.<sup>49</sup>

**EXHIBIT 41 TREND OF AGE-ADJUSTED DEATHS FROM STROKE**



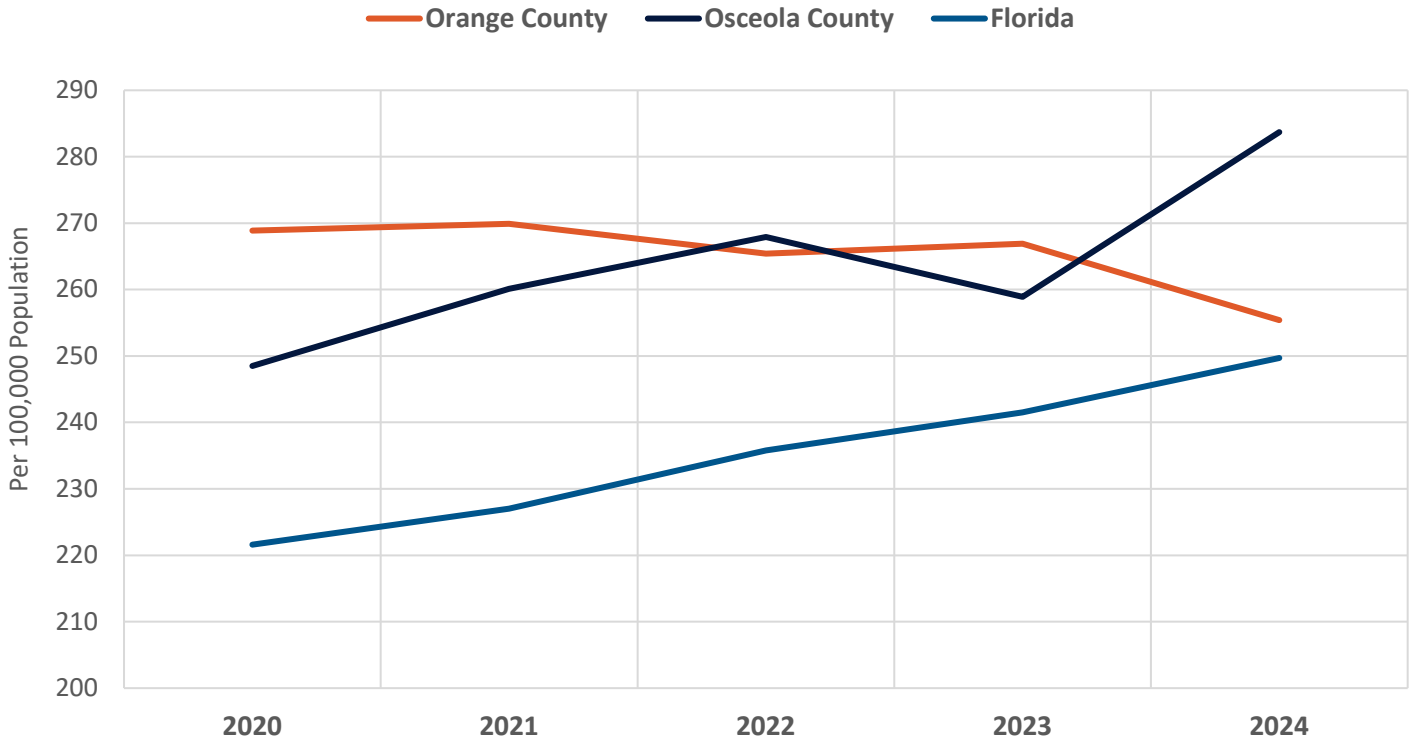
Source: Florida Department of Health, Bureau of Vital Statistics

<sup>48</sup> CDC, About Stroke. <https://www.cdc.gov/stroke/about/index.html>

<sup>49</sup> CDC, Preventing Stroke. <https://www.cdc.gov/stroke/prevention/index.html>

Hospitalizations from stroke increased statewide between 2020 and 2024. In contrast, Orange County experienced a steady decrease in stroke-related hospitalizations over the same period. While hospitalization rates in Osceola County fluctuated year by year, they increased overall and reached levels in 2024 that were higher than both Orange County and the state average, suggesting a greater burden of stroke-related hospitalizations in Osceola County.

**EXHIBIT 42 TREND OF AGE-ADJUSTED HOSPITALIZATIONS FROM STROKE**



Source: Florida Department of Health, Bureau of Vital Statistics

## Unintentional Injuries

Injuries are not accidents; they can be prevented. Injuries are not random, uncontrollable events but rather predictable and preventable incidents with identifiable causes. Unintentional injuries are events that happen that are not deliberate or done with purpose. Unintentional injuries include poisonings, including drug overdose, motor vehicle crashes, falls, drowning, suffocation, unintentional firearm injuries, fires and burns and injuries involving a person being struck by or against an object.<sup>50</sup>

Among fatal unintentional injuries, falls and motor vehicle crashes account for the largest share in both Orange and Osceola counties. In Orange County, fatal injury rates from falls in 2022–2024 exceeded the state average and increased compared to the 2019–2021 period. In contrast, Osceola County experienced only a minimal decrease in fatal falls over the same time frame. Fatal motor vehicle crash rates declined in both counties, indicating some improvement in traffic-related injury outcomes. Drowning mortality rates remained relatively stable between the 2019–2021 and 2022–2024 periods across Orange County, Osceola County, and Florida. Orange County experienced a slight increase from 1.5 to 1.7, while Osceola County also saw a modest rise from 1.7 to 1.8. Statewide, the rate remained unchanged at 2.1 across both periods.

**EXHIBIT 43 AGE-ADJUSTED MORTALITY RATE OF LEADING CAUSES OF FATAL UNINTENTIONAL INJURIES**

	Orange County		Osceola County		Florida	
	2019-2021	2022-2024	2019-2021	2022-2024	2019-2021	2022-2024
Falls	12.9	13.6	11.5	11.0	10.9	12.0
Motor Vehicle Crashes	5.5	4.5	6.7	6.1	7.4	5.8
Drowning	1.5	1.7	1.7	1.8	2.1	2.1

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



<sup>50</sup> Rural Health Information Hub: <https://www.ruralhealthinfo.org/toolkits/unintentional-injury/1/overview>

Hospitalizations and emergency room visits due to unintentional injuries varied by cause and county. Unintentional falls accounted for the highest emergency room visit rates, with Orange County experiencing a substantial increase, nearly doubling from 323.0 per 100,000 population in 2019–2021 to 703.5 in 2022–2024. While increases were also observed in Osceola County and statewide, the change was most pronounced in Orange County. Emergency room visits related to motor vehicle accidents rose over time, though hospitalization rates declined in both counties. Firearm-related injuries showed year-to-year variation, with recent increases in both emergency room visits and hospitalizations.

**EXHIBIT 44 AGE-ADJUSTED RATE OF EMERGENCY ROOM VISITS AND HOSPITALIZATIONS FROM UNINTENTIONAL INJURIES**

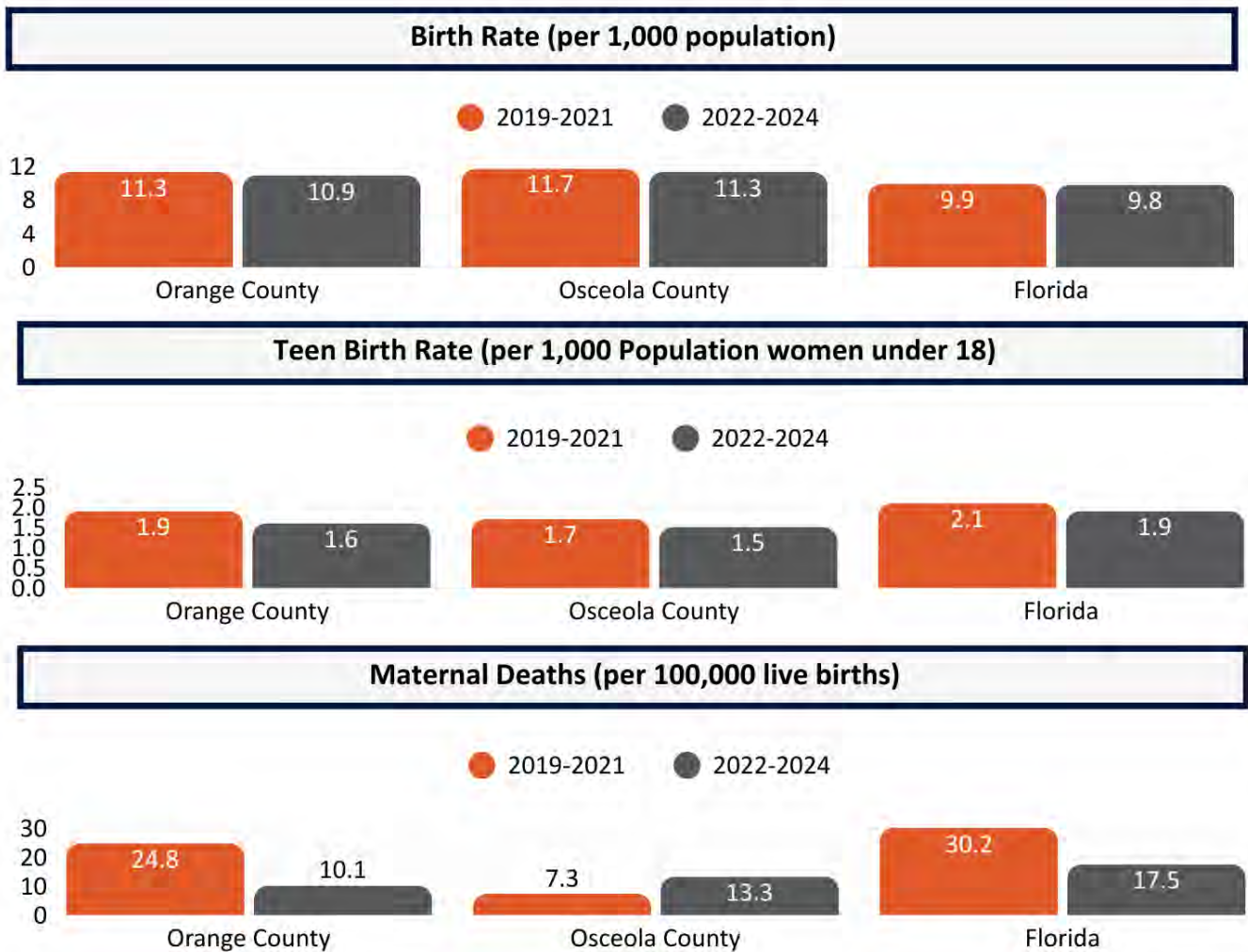
Per 100,000 Population	Orange County		Osceola County		Florida	
	2019-2021	2022-2024	2019-2021	2022-2024	2019-2021	2022-2024
<b>Unintentional Falls</b>						
Non-Fatal Emergency Room Visits	323.0	703.5	766.4	863.7	668.8	871.6
Non-Fatal Hospitalization Rate	280.1	282.2	268.7	273.1	234.0	252.0
<b>Motor Vehicle Accidents</b>						
Non-Fatal Emergency Room Visits	176.5	313.6	270.5	412.4	321.7	377.9
Non-Fatal Hospitalization Rate	66.5	63.6	95.3	87.5	77.9	79.8
<b>Firearm Injuries</b>						
Emergency Room Visits	3.7	3.7	3.2	3.4	6.0	4.7
Non-Fatal Hospitalization Rate	2.7	4.5	4.6	6.3	5.5	5.7

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

## Maternal Health

Maternal health refers to women's health and well-being during pregnancy, childbirth, and postpartum (after childbirth). The U.S. is experiencing a maternal health crisis as it has one of the highest maternal mortality rates among high-income nations, increasing rates of complications from pregnancy or childbirth, and persistent disparities in such outcomes.<sup>51</sup> Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. Complications during pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries. Maternal health indicators show mixed trends across the service area. Between the 2019–2021 and 2022–2024 periods, birth rates and teen birth rates declined in both Orange and Osceola counties, consistent with statewide trends. In contrast, maternal mortality trends differed by county. Orange County experienced a sharp decline in maternal deaths over the period, while Osceola County saw an increase, though rates remained below the statewide level.

**EXHIBIT 45 MATERNAL HEALTH PROFILE**



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

<sup>51</sup> U.S. Government Accountability Office, Maternal Health: HHS Should Improve Assessment of Efforts to Address Worsening Outcomes (2024). <https://www.gao.gov/products/gao-24-106271#:~:text=The%20U.S.%20is%20experiencing%20a,such%20outcomes%2C%20according%20to%20HHS.>

Large racial disparities persist in maternal and infant health in the United States. Black or African American women experience pregnancy-related mortality rates more than three times higher than White women, and Black or African American, American Indian or Alaska Native (AIAN), and Native Hawaiian or Pacific Islander (NHPI) women have higher rates of preterm birth, low birthweight, and inadequate prenatal care. Infant mortality rates are also significantly higher among Black, AIAN, and NHPI populations compared to White populations. Persistent disparities across income and education levels highlight the need to address structural racism to improve health outcomes and advance equity.



The 2025 tax and spending legislation includes major reductions in federal Medicaid funding, which are expected to lead to significant coverage losses and reduced access to essential health services, including maternal and reproductive care. These cuts are likely to exacerbate existing health inequities, as Medicaid plays a critical role in covering women of color. In 2023, Medicaid covered 37.0% of American Indian/Alaska Native, 30.0% of Black, and 26.0% of Hispanic women of reproductive age, compared to 20.0% of reproductive-age women overall.

As a result, women of color are disproportionately vulnerable to the impacts of these policy changes, potentially widening disparities in maternal health outcomes and access to care. Research has shown that Black or African American and Hispanic/Latino women report the highest rates of mistreatment during pregnancy, including being ignored or verbally reprimanded. After accounting for socioeconomic and clinical factors, people of color remained less likely to receive routine procedures and more likely to receive lower-quality care.<sup>52</sup>

## Policy Recommendations to Improve Maternal Health Outcomes

- Partner with academic institutions and workforce development programs to expand scholarships, internships, and pipeline programs that increase the number of Black and BIPOC midwives, OB-GYNs, and family practice providers in the region.
- Invest in mentorship and residency support programs to recruit and retain diverse maternal health providers locally.
- Require ongoing training in cultural competence, implicit bias, and respectful maternity care for obstetric and maternity care providers across the health system and affiliated practices.
- Collaborate with state licensing and professional boards to support inclusion of bias and cultural competence proficiency in credentialing and license renewal requirements.

*Source: The Policy Center for Maternal Mental Health*

<sup>52</sup> KFF. Racial Disparities in Maternal and Infant Health: Current Status and Key Issues (2025). <https://www.kff.org/racial-equity-and-health-policy/racial-disparities-in-maternal-and-infant-health-current-status-and-key-issues/>

Trends in severe maternal morbidity reveal racial and ethnic disparities across the service area. In both Orange and Osceola counties, individuals identifying as Black or African American experienced the highest rates of severe maternal morbidity in both time periods, with rates increasing between 2019–2021 and 2022–2024, further widening disparities. In contrast, individuals identifying as White had the lowest rates of severe maternal morbidity in both counties. These patterns show that some groups continue to experience worse maternal health outcomes and indicate a need for focused efforts to improve access to quality prenatal and obstetric care for those at higher risk.

**EXHIBIT 46 SEVERE MATERNAL MORBIDITY BY RACE AND ETHNICITY<sup>53</sup>**

	Orange County		Osceola County		Florida	
	2019-2021	2022-2024	2019-2021	2022-2024	2019-2021	2022-2024
<b>Total</b>	<b>12.2</b>	<b>16.7</b>	<b>8.9</b>	<b>13.5</b>	<b>9.7</b>	<b>10.6</b>
White	7.6	11.8	4.6	11.0	7.8	8.3
Black or African American	18.1	24.2	17.3	17.8	14.8	16.5
Other Race	7.6	11.8	10.9	15.9	10.1	11.9
Hispanic/Latino	11.3	14.4	8.9	14.5	8.8	9.6
Non-Hispanic/Latino	12.5	18.4	8.4	11.1	10.1	11.1

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

Maternal characteristics differed across counties and over time. In both Orange and Osceola counties, almost half of the births occurred to unwed mothers, and Medicaid continued to be the primary payer for a large proportion of deliveries, particularly in Osceola County (44.7%). The share of births to mothers with first-trimester prenatal care declined in both counties, while the percentage of births to obese mothers increased, reflecting elevated risk factors for adverse maternal outcomes.

**EXHIBIT 47 MATERNAL CHARACTERISTICS**

Percent of Total Births	Orange County		Osceola County		Florida	
	2019-2021	2022-2024	2019-2021	2022-2024	2019-2021	2022-2024
Births to unwed mothers	44.2%	44.9%	48.2%	46.0%	46.7%	45.6%
Repeat births to mothers aged 15-17	5.8%	5.0%	6.6%	5.2%	10.5%	10.3%
Births to mothers 19 and older without a high school education	8.8%	9.9%	6.6%	5.2%	10.5%	10.3%
Births to obese mothers at the time pregnancy occurred	26.4%	29.0%	29.5%	30.7%	28.0%	29.6%
Births to mothers with first-trimester prenatal care	74.4%	66.6%	78.2%	73.7%	75.3%	70.1%
Births covered by Medicaid	43.3%	41.5%	54.0%	44.7%	46.5%	41.8%
Self-pay for delivery payment source	6.8%	5.7%	4.4%	4.0%	5.6%	5.9%

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

<sup>53</sup> 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.floridahealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalInd.Dataviewer&cid=0867>

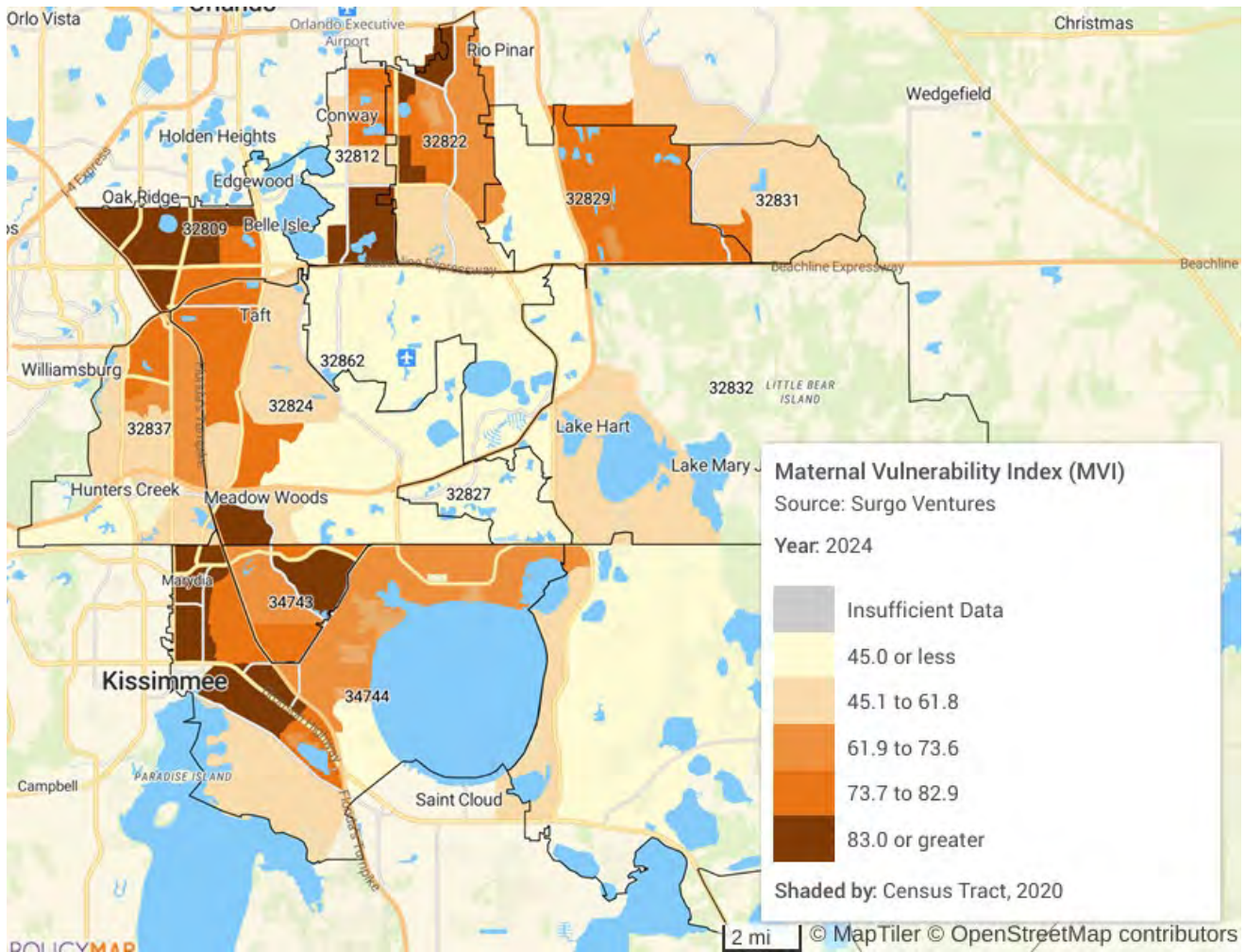
### The Maternal Vulnerability Index

The Maternal Vulnerability Index (birth) ranks geographies on overall vulnerability to poor pregnancy outcomes and vulnerability across six themes:

- The Reproductive Healthcare
- The Physical Health
- The Mental Health and Substance Abuse
- The General Healthcare
- The Socioeconomic Determinants
- The Physical Environment

0 = the least vulnerable and 100 = the most vulnerable. A higher score indicates greater vulnerability to adverse maternal outcomes. The maps below show differences between the county and the ZIP Codes in the service area.

#### EXHIBIT 48 THE MATERNAL VULNERABILITY INDEX

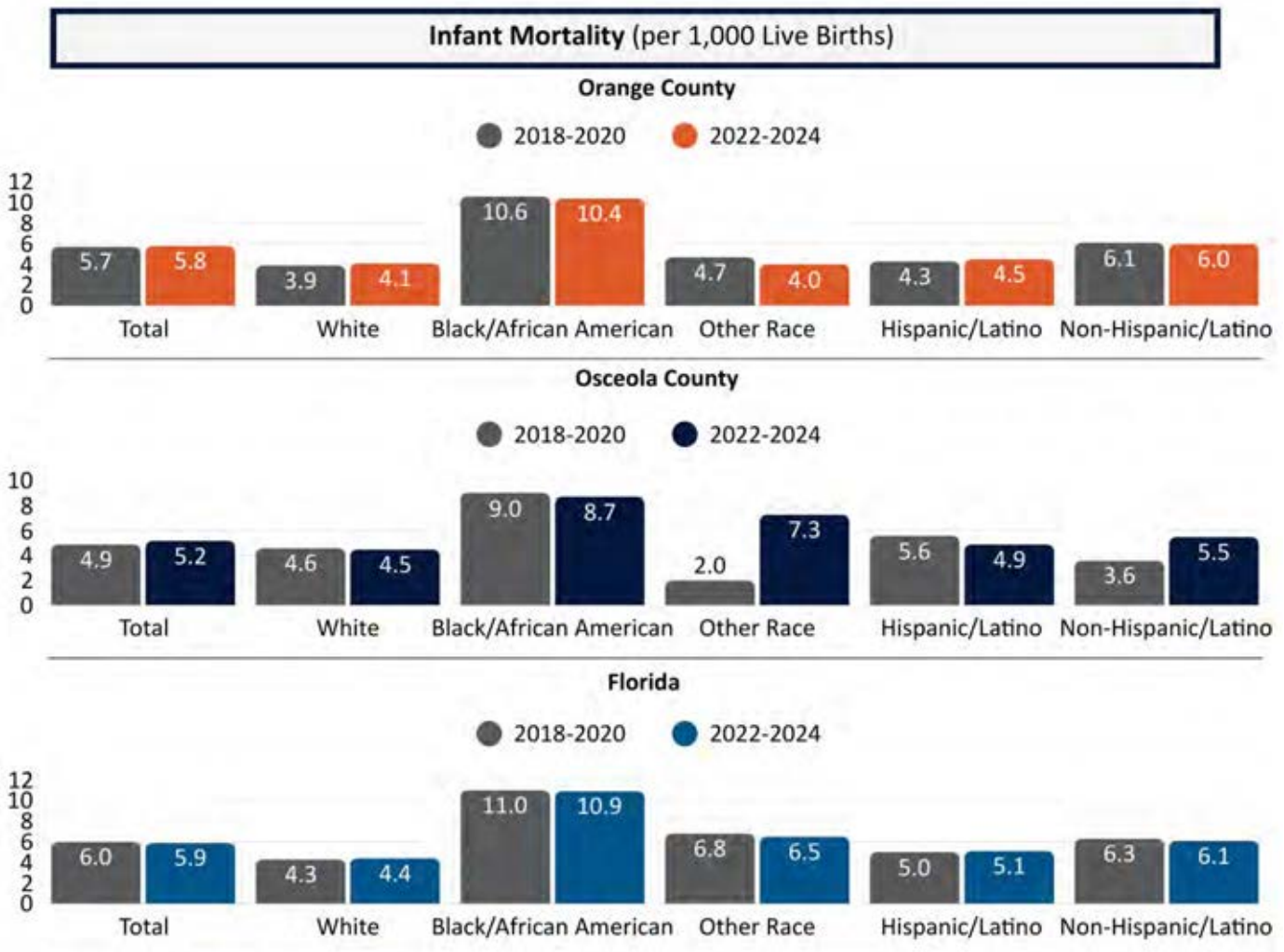


## Infant Health

Despite spending hundreds of millions of dollars on maternal and infant health, Florida's infant mortality rate has remained largely unchanged over the past decade. During this time, the number of births to mothers without prenatal care has increased, according to state data. In 2023, Florida allocated over \$170 million to address maternal and infant health, roughly double what it spent on tourism promotion, but still less than what it provided for wastewater grants. Yet key indicators such as infant and fetal mortality, preterm births, and low birth weights have shown little improvement since they spiked and then plateaued a decade ago.

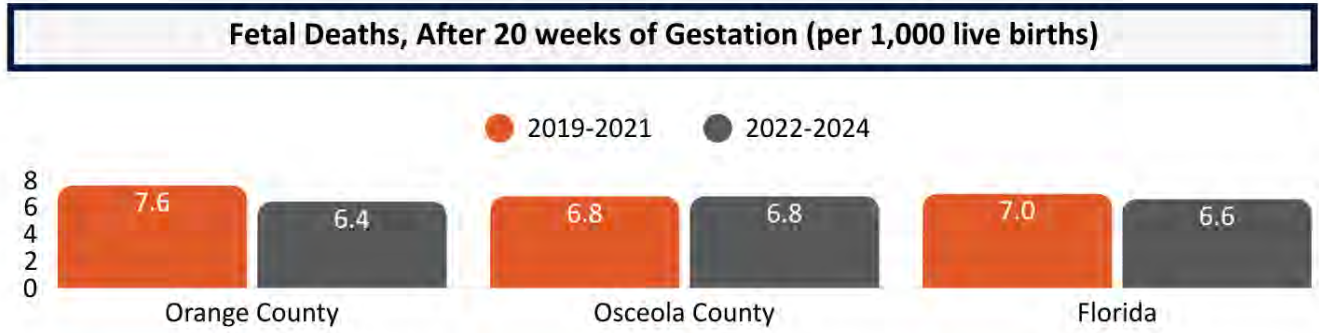
Infant and fetal health outcomes in the service area have shown limited improvement over time. As shown in Exhibit 50, infant mortality rates remained relatively stable in Orange County, Osceola County, and Florida across the most recent periods. Rates of fetal deaths after 20 weeks of gestation also showed minimal change, with slight declines in Orange County and Florida and stability in Osceola County.

**EXHIBIT 49 INFANT MORTALITY**



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

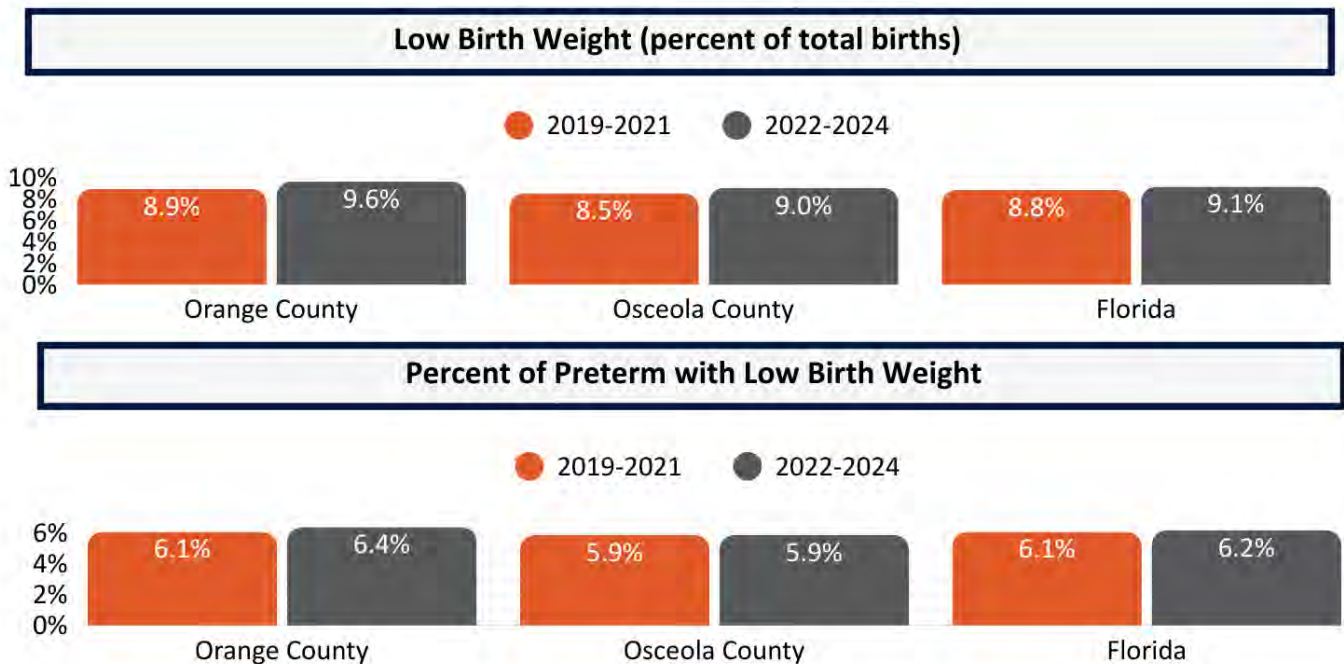
**EXHIBIT 50 FETAL DEATHS<sup>54</sup>**



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

As shown in Exhibit 51, the share of births with low birth weight and preterm low birth weight increased slightly across all geographies. Together, these indicators suggest that challenges remain that affect maternal and infant health outcomes and point to the importance of continued focus on prenatal care, maternal health services, and early-life interventions.

**EXHIBIT 51 INFANT CHARACTERISTICS**



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

<sup>54</sup> 0 – 364 days from birth per 1,000 live births.

## Child and Adolescent Health

In December of 2025, the Centers for Disease Control and Prevention reduced its universally recommended vaccines, moving six vaccinations out of a total of 16 into conditional categories. In January 2026, the American Academy of Pediatrics (AAP) released an updated childhood vaccine schedule that contrasts with the Centers for Disease Control and Prevention’s controversial changes, continuing to recommend all vaccines previously on the schedule.<sup>55</sup>

The World Health Organization (WHO) recognizes vaccine hesitancy as one of the top threats to global health, warning that it undermines herd immunity and equitable access to preventive care. Influences and drivers of vaccine hesitancy are well documented, including issues rooted in misinformation and lack of knowledge, cultural and religious beliefs, distrust in government and pharmaceutical companies, perceived risk of vaccination, personal and familial experiences, socioeconomic factors, political ideology, and social influence and peer pressure.<sup>56</sup>

Childhood vaccination rates in Florida continue to decline, part of a national trend.<sup>57</sup> In the 2023-2024 school year, Florida had one of the lowest required immunization rates among kindergartners in the nation, according to the U.S. Centers for Disease Control and Prevention. Childhood vaccination coverage continues to decline locally and statewide, reflecting a national trend of increased vaccine hesitancy and missed preventive care visits.<sup>58</sup> As shown in Exhibit 52, kindergarten immunization rates declined between the 2020–2022 and 2023–2025 school years in both Orange and Osceola counties, consistent with statewide trends. Similarly, basic immunization coverage among two-year-olds has declined over the past decade. The highest coverage levels were observed in 2015 in Orange County (88.9%) and in 2019 in Osceola County (85.9%). By 2024, coverage in both counties had fallen below these levels, with approximately three out of four children under age two having completed the recommended basic immunizations.



### EXHIBIT 52 IMMUNIZATION LEVELS IN KINDERGARTEN<sup>59</sup>

	Orange County		Osceola County		Florida	
	2020-2022	2023-2025	2020-2022	2023-2025	2020-2022	2023-2025
Percent of Kindergarten Students Enrolled	89.3%	86.6%	89.8%	86.1%	92.8%	89.7%

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

<sup>55</sup> Healthline. Pediatricians Release Child Vaccine Recommendations That Break With CDC (2026). <https://www.healthline.com/health-news/aap-child-vaccine-recommendations-break-with-cdc>

<sup>56</sup> Brumbaugh KQ, Gellert F, Mokdad AH. Understanding Vaccine Hesitancy: Insights and Improvement Strategies Drawn from a Multi-Study Review. Vaccines (Basel). 2025 Sep 25. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12567618/>

<sup>57</sup> CDC. Morbidity and Mortality Weekly Report. Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten – United States, 2023-24 School Year. <https://www.cdc.gov/mmwr/volumes/73/wr/mm7341a3.htm>

<sup>58</sup> National Library of Medicine. Impact of the COVID-19 pandemic on pediatric and adolescent vaccinations and well child visits in the United States: A database analysis. <https://pubmed.ncbi.nlm.nih.gov/35012776/>

<sup>59</sup> 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 InFloridauenzae 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).

Asthma is the leading cause of chronic illness in children. It affects about 7.5 million children in the United States. The rate of the condition in children is steadily increasing. It's also one of the main causes of missing school for children and missing work for parents.<sup>60</sup>

Hospitalization rates for asthma increased in all age groups in both Orange and Osceola counties between 2018–2020 and 2021–2023. Children ages 12 to 18 consistently experienced the highest hospitalization rates in both counties.

#### EXHIBIT 53 HOSPITALIZATIONS IN CHILDREN FOR ASTHMA

Per 100,000 Population	Orange County		Osceola County		Florida	
	2018-2020	2021-2023	2018-2020	2021-2023	2018-2020	2021-2023
Age Group						
Under 1	133.2	172.4	151.9	169.6	293.9	282.0
1 - 5	342.9	444.4	353.3	383.0	423.3	453.8
5 – 11	301.5	408.3	301.5	408.3	245.2	310.8
12 - 18	599.2	630.9	471.6	431.4	411.1	418.6

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

Diabetes increases children's risk of developing conditions such as narrowed blood vessels, high blood pressure, heart disease, and stroke later in life. Like asthma, children ages 12 to 18 experienced the highest rates of diabetes-related hospitalizations in both Orange and Osceola counties. Between the 2018–2020 and 2021–2023 periods, hospitalization rates declined across most age groups, except for children under age 1 in Osceola County. These trends suggest some improvement in disease management, while continued prevention, early detection, and ongoing monitoring remain important.

#### EXHIBIT 54 HOSPITALIZATIONS IN CHILDREN FOR DIABETES

Per 100,000 Population	Orange County		Osceola County		Florida	
	2018-2020	2021-2023	2018-2020	2021-2023	2018-2020	2021-2023
Age Group						
Under 1	10.5	6.1	0.0	6.6	6.5	3.7
1 - 5	12.0	21.9	16.5	16.5	17.5	20.0
5 – 11	29.6	47.3	50.8	43.3	40.9	38.5
12 - 18	140.0	109.0	152.8	112.3	129.8	113.0

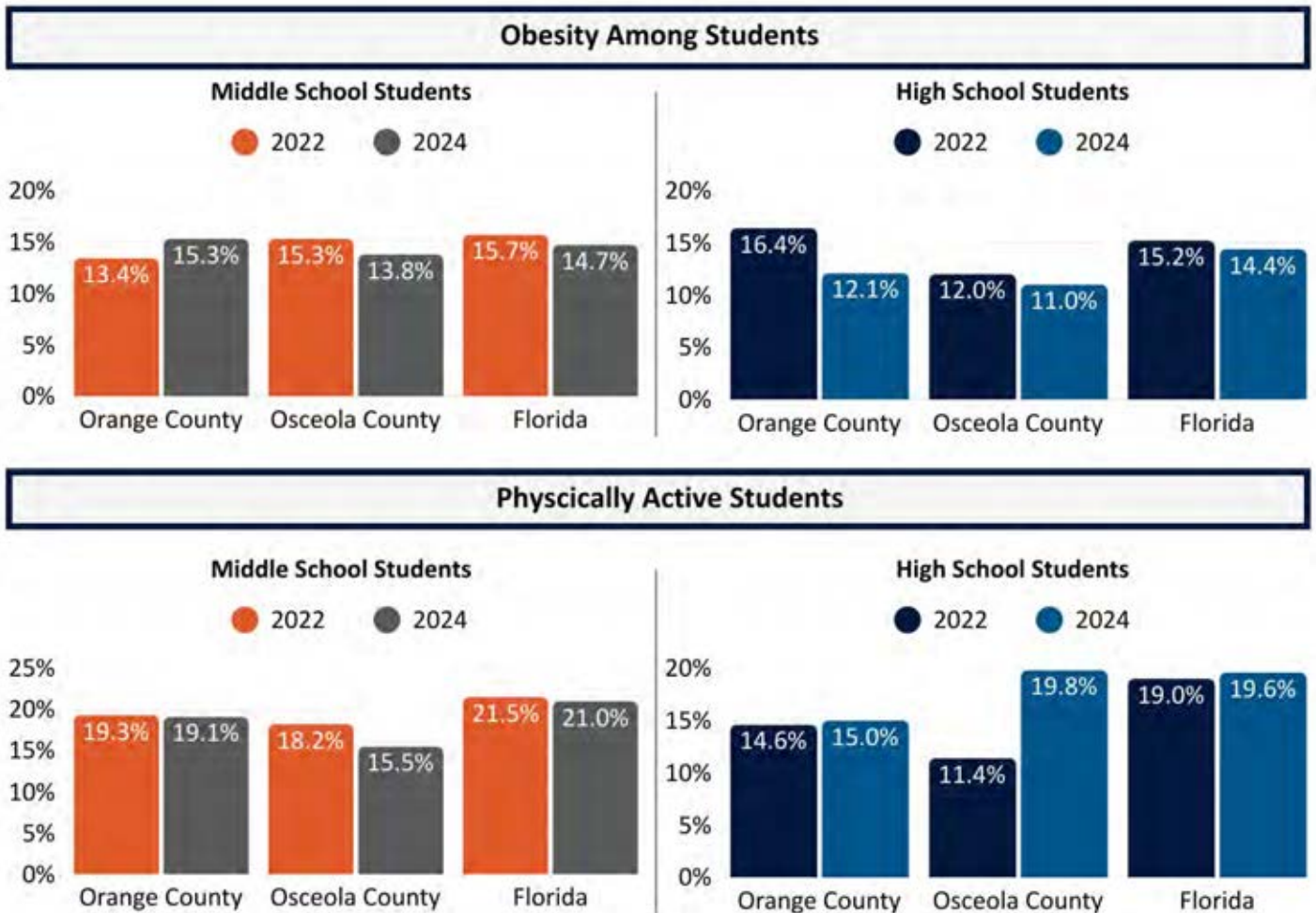
Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

<sup>60</sup> Cleveland Clinic, Childhood Asthma. <https://my.clevelandclinic.org/health/diseases/6776-asthma-in-children>

Childhood obesity increases the risk of physical and psychological health issues, including diabetes, high blood pressure, low self-esteem, and anxiety. Overweight kindergarteners are four times more likely to be obese by 8<sup>th</sup> grade. Lower-income children face higher risks due to limited access to healthy food and physical activity. Obesity is influenced by genetics, diet, exercise, healthcare, sleep, and environmental factors.<sup>61</sup> Children aged sixth to 17 should get at least 60 minutes of moderate-to-vigorous daily activity. Regular exercise boosts fitness, reduces body fat, and strengthens bones and muscles.<sup>62</sup>

Obesity and physical activity patterns among students differed by age group and county. Between 2022 and 2024, obesity rates increased among middle school students in Orange County, while Osceola County experienced a slight decline. In contrast, obesity rates among high school students decreased in both counties during the same period. Changes in physical activity followed a similar pattern, with declines observed among middle school students and increases among high school students in both Orange and Osceola counties. These results suggest that middle school-aged youth may be at greater risk for unhealthy weight outcomes.

**EXHIBIT 55 HEALTH INDICATORS AMONG STUDENTS**



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

<sup>61</sup> U.S. Centers for Disease Control and Prevention, About Early Care and Education. <https://www.cdc.gov/obesity/strategies/early-care-education/helping-young-children-thrive/>

<sup>62</sup> U.S. Centers for Disease Control and Prevention, Physical Activity Guidelines for School-Aged Children and Adolescents <https://www.cdc.gov/physical-activity-education/guidelines/index.html>

## Behavioral Health

The Centers for Disease Control and Prevention define mental health as emotional, psychological and social well-being. It is a crucial part of overall health and affects how people think, feel and act. Poor mental health can impact physical health and mental health conditions, like depression and can increase the risk for other health problems like diabetes and heart disease.<sup>63</sup> The COVID-19 pandemic is considered a major factor contributing to the rise in anxiety and depression cases across Florida. Additionally, research shows that following disasters, mental health problems increase, both among people with no history of mental illness and those at risk. It is a phenomenon known as common reactions to abnormal events. These reactions may be short-lived or long-lasting.<sup>64</sup>



### Access

The demand for licensed mental health therapists has surged, especially since COVID-19, but the U.S. faces a critical shortage. Low reimbursement rates and inadequate pay deter providers, worsening access to care, particularly in rural areas. Limited transportation and provider availability further restrict treatment, leaving many without the mental health support they need.<sup>65</sup>

In the service area, access to behavioral health care has improved in terms of provider availability. Between 2020–2021 and 2023–2024, both Orange and Osceola counties experienced increases in the rate of licensed behavioral health providers, with the largest growth occurring among behavioral or mental health professionals overall. Despite these gains, access challenges remain.

#### EXHIBIT 56 RATE OF LICENSED BEHAVIORAL HEALTHCARE PROVIDERS

Per 100,000 Population	Orange County		Osceola County		Florida	
	2020-2021	2023-2024	2020-2021	2023-2024	2020-2021	2023-2024
Behavioral or mental health professionals	117.3	152.5	52.3	75.1	123.5	142.7
Mental health counselors	70.0	90.6	37.8	42.2	60.3	70.2
Psychologists	14.9	17.1	4.9	8.7	23.4	23.6
Clinical social workers	36.8	48.8	20.2	27.7	52.6	60.4

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

<sup>63</sup> 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](https://www.cdc.gov/mental-health/about/?CDC_AAref_Val=https://www.cdc.gov/mentalhealth/learn/index.htm)

<sup>64</sup> 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..>

<sup>65</sup> 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>.

Exhibit 57, rates of psychiatric beds declined over the same period, particularly for child and adolescent beds. While outpatient behavioral health capacity has expanded, limitations in inpatient services may continue to affect timely access to care, and the populations providers are able to serve. The absence of child and adolescent psychiatric beds specifically in Osceola County may require residents to seek care outside the county, potentially contributing to transportation and socioeconomic barriers to accessing needed services.

**EXHIBIT 57 RATE OF PSYCHIATRIC BEDS**

Per 100,000 Population	Orange County		Osceola County		Florida	
	2019-2021	2022-2024	2019-2021	2022-2024	2019-2021	2022-2024
Adult psychiatric beds	22.7	22.6	19.4	16.9	20.3	18.5
Child and adolescent psychiatric beds	6.8	5.3	0.0	0.0	3.1	3.1

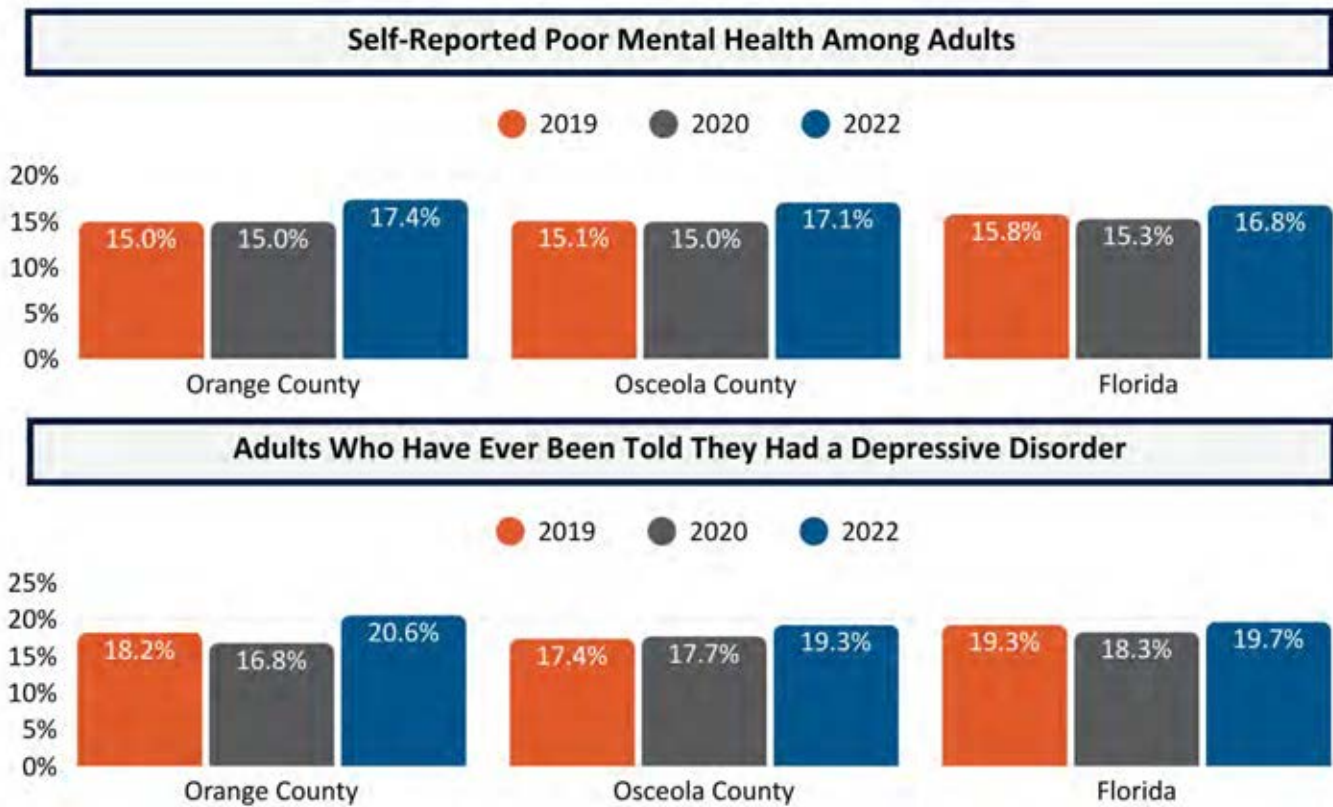
Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management’s Suicide and Behavioral Health Profile

## Mental Health

Mental health encompasses emotional, psychological, and social well-being and plays a crucial role in overall health. It affects how individuals think, feel, and act, and influences how they handle stress, make decisions, and interact with others. Poor mental health can also impact physical health, increasing the risk of chronic conditions such as diabetes and heart disease.<sup>66</sup>

From 2019 to 2022, adults in the service area reported an increase in self-reported poor mental health. In both Orange and Osceola counties, approximately 1 in 6 adults reported experiencing poor mental health. Additionally, the share of adults who reported ever being told they had a depressive disorder increased over the same period, with about 1 in 5 adults in both counties reporting a diagnosis by 2022. These trends indicate a growing burden of mental health needs and suggest continued attention to access to mental health services, early intervention, and ongoing support for adults across the region.

EXHIBIT 58 MENTAL HEALTH INDICATORS<sup>67</sup>



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

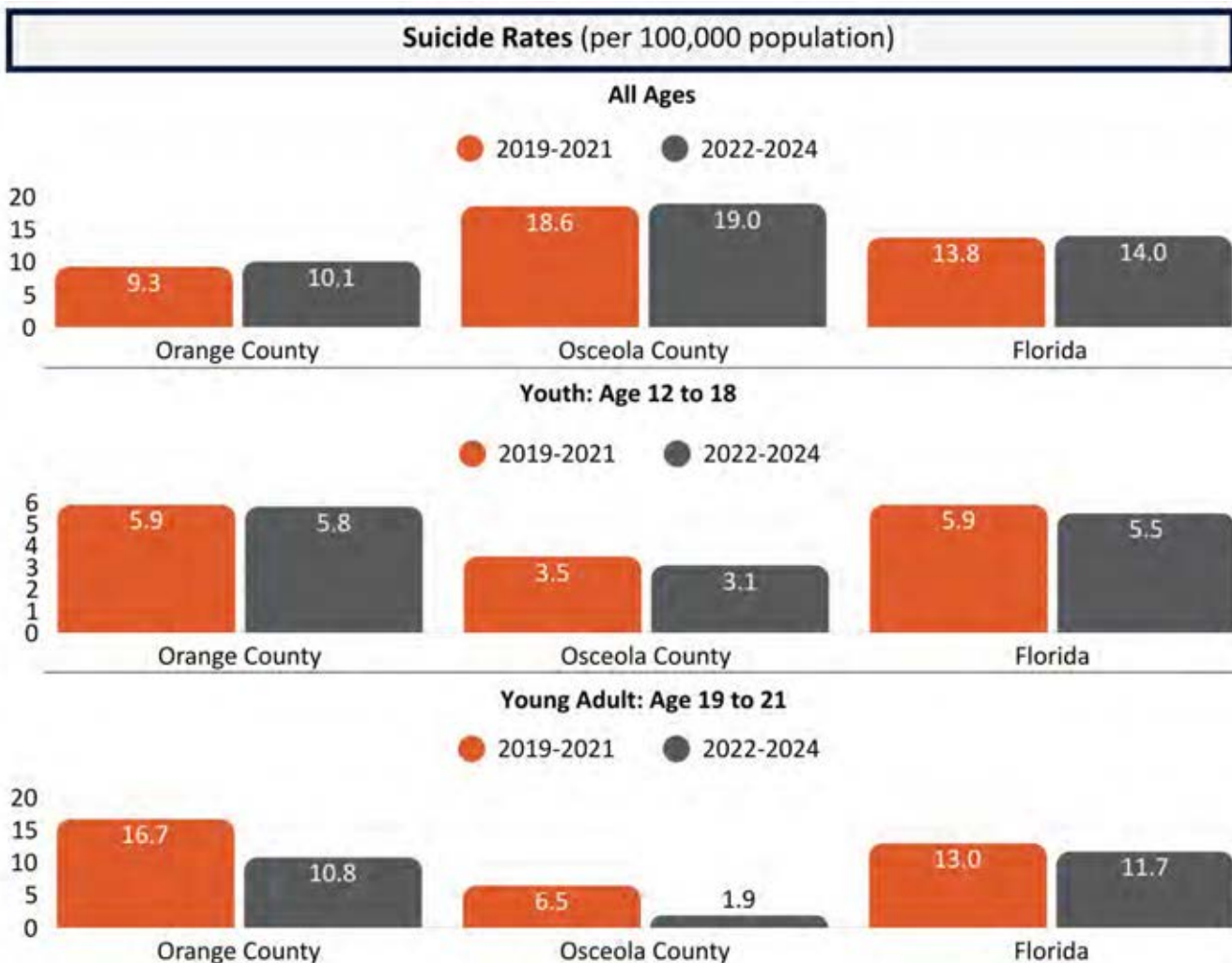
<sup>66</sup> SAMHSA, Mental Health. <https://www.samhsa.gov/mental-health>

<sup>67</sup> Poor Mental Health Days: Estimated annual prevalence rate of adults aged 18 and over who report 14 or more days during the past 30 days during which their mental health was not good. <https://www.cdc.gov/places/measure-definitions/health-status/index.html>

In 2022, the United States recorded nearly 50,000 suicides, the highest number on record and more than during World War II, according to the Centers for Disease Control and Prevention. Risk factors include psychiatric and substance use disorders, previous suicide attempts, psychiatric hospitalization and social isolation. In 2023, one in five high school students seriously considered suicide. Teen mental health has declined over the past decade, driven by concerns about violence, safety, persistent sadness and suicidal thoughts.<sup>68</sup> According to 2023 provisional data from the Centers for Disease Control and Prevention, U.S. suicides remained at about the highest level in the nation’s history.<sup>69</sup>

Suicide rates varied by age group across the service area. Among the overall population, suicide rates increased slightly in both Orange and Osceola counties between the 2019–2021 and 2022–2024 periods. Among youth, suicide rates declined slightly in both counties, consistent with statewide trends. In contrast, the largest declines were observed among young adults ages 19 to 21, with rates in Orange County decreasing from 16.7 to 10.8 deaths per 100,000, and in Osceola County declining from 6.5 to 1.9 deaths per 100,000 residents aged 19 to 21.

**EXHIBIT 59 SUICIDE RATES<sup>70</sup>**



Source: Florida Department Of Health, Division Of Public Health Statistics And Performance Management. Florida Healthcharts, Florida Department Of Health, Bureau Of Vital Statistics

<sup>68</sup> Yale School of Medicine, Youth Suicide Is on the Rise: Yale Aims to Save Lives (2024). <https://medicine.yale.edu/news-article/youth-suicide-is-on-the-rise-yale-aims-to-save-lives/>

<sup>69</sup> Stobbe. (2024, September 26). US suicides held steady in 2023 - at a very high level. AP News. <https://apnews.com/article/us-suicide-rate-cdc-c57bb0852adfb4d85b3670d465a8b890>

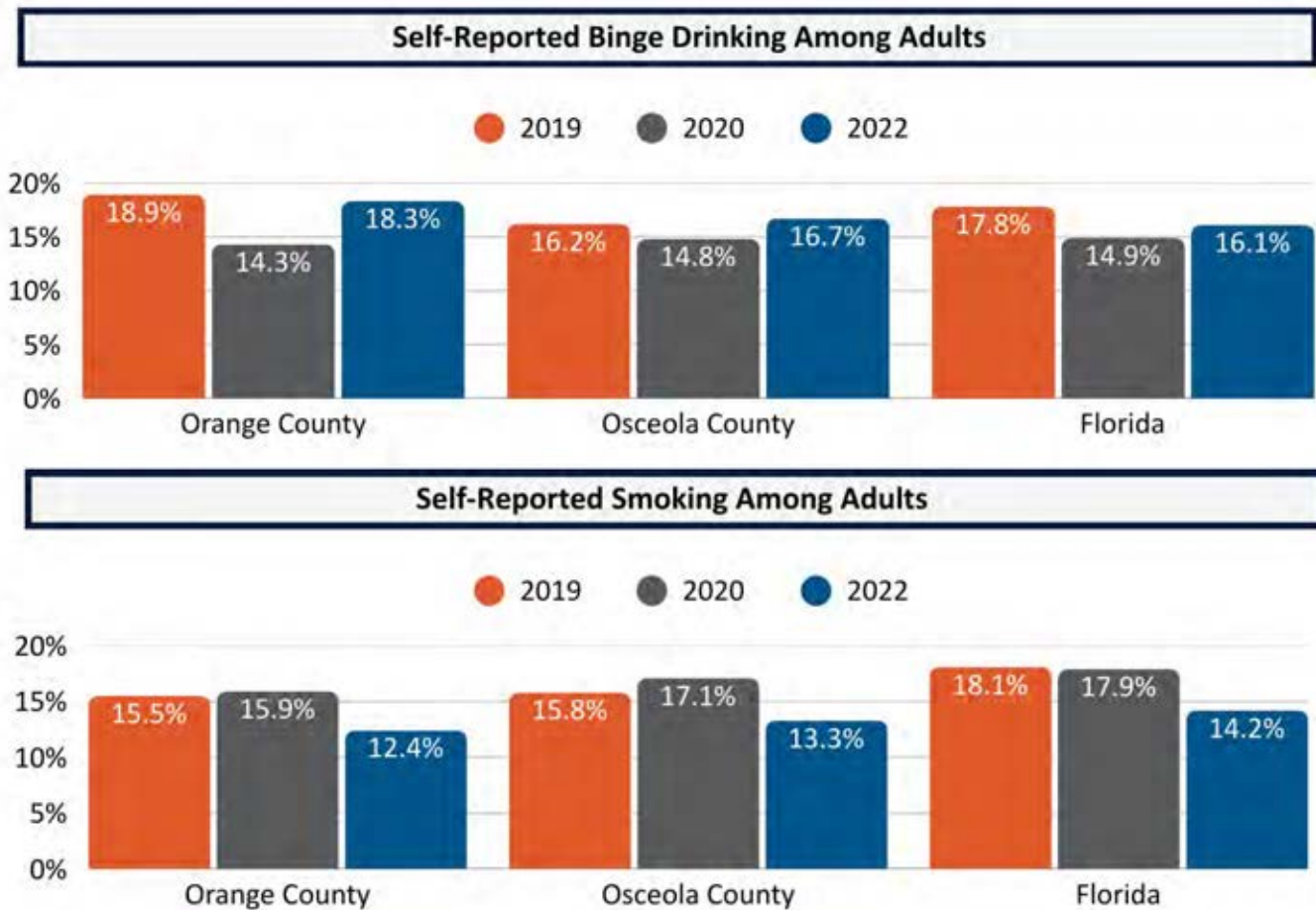
<sup>70</sup> Crude Rates for Youth and Young Adults.

## Substance Use

Substance use continues to be a leading factor affecting community health, contributing to chronic disease, injury, and preventable death.<sup>71</sup> Alcohol, tobacco, and drug use can lead to long-term physical and mental health consequences, while substance dependency places strain on families, healthcare systems, and emergency response networks.<sup>72</sup>

As shown in Exhibit 60, substance use behaviors varied across Orange County, Osceola County, and Florida. Self-reported binge drinking among adults remained relatively stable over time, with Orange County reporting slightly higher rates than Osceola County in each year shown. In contrast, self-reported smoking among adults declined between 2019 and 2022 in both counties, reflecting positive progress in tobacco use reduction. Despite these declines, smoking and binge drinking continue to affect a substantial share of adults.

**EXHIBIT 60 TREND OF ADULTS WHO SELF-REPORTED SUBSTANCE BEHAVIORS**



Source: Centers For Disease Control And Prevention. Places: Local Data For Better Health

<sup>71</sup> NIH. Addiction and Health. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/addiction-health#:~:text=People%20with%20addiction%20often%20have,drug%20use%20throughout%20the%20body.>

<sup>72</sup> Schulte, M. T., & Hser, Y. I. (2014). Substance Use and Associated Health Conditions throughout the Lifespan. *Public health reviews*, 35(2), [https://web-beta.archive.org/web/20150206061220/http://www.publichealthreviews.eu/upload/pdf\\_files/14/00\\_Schulte\\_Hser.pdf](https://web-beta.archive.org/web/20150206061220/http://www.publichealthreviews.eu/upload/pdf_files/14/00_Schulte_Hser.pdf). <https://doi.org/10.1007/BF03391702>

Examining age-adjusted overdose mortality provides insight into the growing impact of substance use across the service area. Overdose-related deaths increased over time in both Orange County and Osceola County, as well as the state, indicating that there is a continued need for coordinated prevention, treatment, and harm-reduction strategies.

**EXHIBIT 61 TREND OF AGE-ADJUSTED OVERDOSE MORTALITY RATE**

Per 100,000 Population	Orange County	Osceola County	Florida
2023	32.1	36.9	32.5
2022	30.5	31.6	35.9
2021	35.8	36.8	38.5
2020	29.8	30.4	36.0
2019	25.7	19.8	27.1

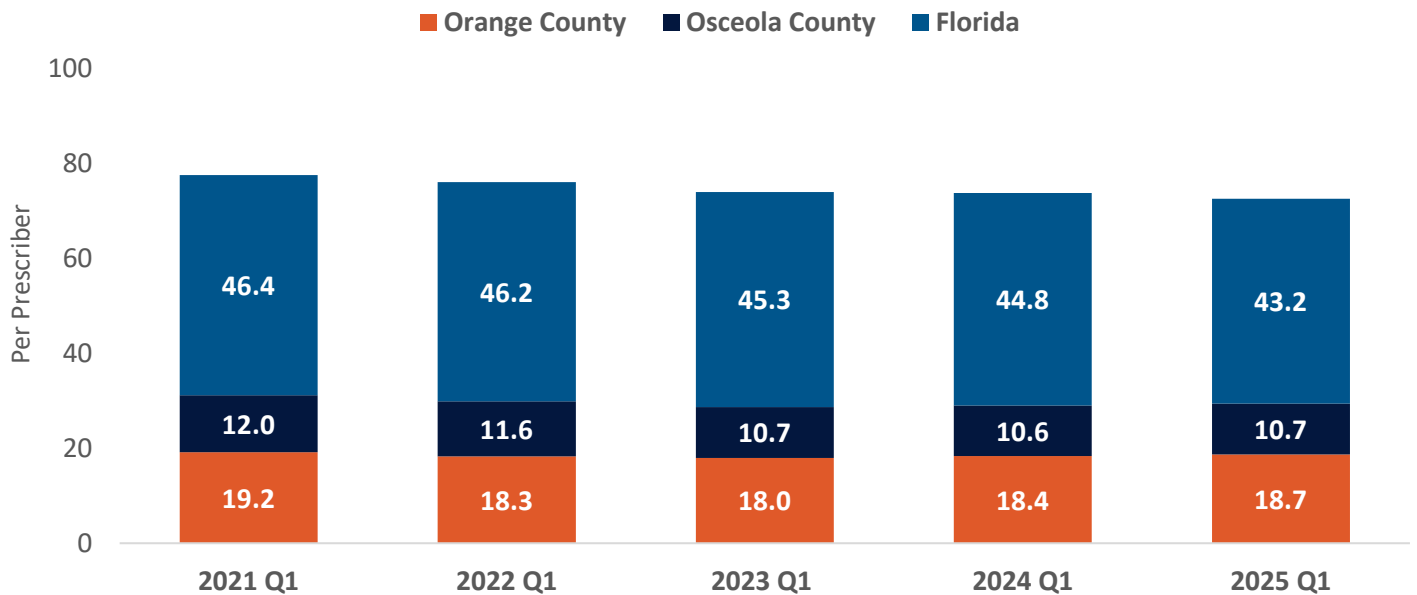
Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management Substance Use Dashboard

**The Opioid Epidemic**

Drug overdose deaths have declined in recent years. Florida's 2023 Medical Examiners Commission report shows a 7.0% drop in drug-related deaths and an 11.0% decrease in opioid-related deaths from 2022. Opioids and stimulants cause over 50.0% of deaths when present. The 2024 Statewide Drug Policy Advisory Council report highlights policy efforts, including the 2023 Prescription Drug Reform Act (SB 1550). Despite progress, the opioid crisis and emerging synthetic drugs remain a public health concern, requiring ongoing action.<sup>73</sup>

As shown in Exhibit 62 the number of opioids dispensed per prescriber declined over time across both counties and Florida. In Orange County, rates decreased from 19.2 in 2021 Q1 to 18.7 in 2025 Q1, with a gradual decline through 2023 and relatively stable levels thereafter. Osceola County followed a similar pattern, decreasing from 12.0 to 10.7 opioids per prescriber, with minor changes but an overall downward trend.

**EXHIBIT 62 TREND OF OPIOIDS DISPENSED PER PRESCRIBER**



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

<sup>73</sup> Florida Department of Health, Florida Drug Overdose Surveillance and Epidemiology. <https://www.floridahealth.gov/statistics-and-data/fl-dose/index.html>



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## Community Input and Engagement

# Primary Research

## Strengths

**Strengths** are assets within the community that can serve as resources to address the needs.

### Collaboration Among Organizations

Community members shared the ways that organizations collaborate with each other, strengthening connections with partners and filling resource or service gaps in the community and across the two-county territory. Key informants shared that conversations with community partners help guide budget-related decisions in the community.

*“The whole hospital network works very well with community partnerships. We do have the PCAN [Primary Care Access Network], the Physicians Network, which is a collaboration of some of the community partners and the hospitals. It was born and designed to help fill the gap 20 plus years ago.”*

*Community Member, Key Informant*

### Valuable Community Resources

Key informants repeatedly shared the resources available to community members, including organizations that provide programs and services to pregnant women and expecting fathers, grief support groups, and drop-in centers. Key informants also shared the proactive approach these resources take to identify gaps in the community so that they can address needs appropriately.

*“We have incredible non-profit organizations filling the gaps in underserved communities. Because of our diverse communities, it is truly a melting pot.”*

*Community Member, Key Informant*

**Valued Community Resources**



Community Organizations and Non-Profits



Telehealth Resources



Federally Qualified Health Centers



Mobile Healthcare Units

## Community Needs

**Community Needs** are the underlying factors and conditions that drive the most pressing challenges, barriers, and concerns faced in the community.

### Cost of Living and Lack of Employment Opportunities with Livable Wages

The rising cost of living has impacted individuals throughout the service area. Employment opportunities in Orlando are often tourist-related or in the service industry, both of which often offer lower wages. Participants noted that individuals who work in hourly jobs may not have the ability to take time off for an appointment, and many individuals are unable to afford the cost of co-pays. Increasing wages and providing health insurance for hourly workers would help alleviate concerns that affect individuals' ability to pay for basic needs including food, housing, and transportation.

*"If you take into consideration the large number of hotels and resorts, these people cannot afford healthcare or have limited healthcare so you have these smaller FQHCs and faith-based organizations that try to meet the need for those people that don't have access to the golden carrot – [high quality healthcare] is there, you just can't access it. That's where other organizations come in and they do a good job but they are at capacity – this leads to waiting lists."*

*Community Member, Key Informant*

#### Barriers to Economic Stability



Lack of affordable housing and long-term care facilities



Lack of affordable childcare



Inadequate wages to meet basic needs

### Insufficient Number of Local Primary and Specialty Healthcare Providers

Participants identified a shortage of primary and specialty care providers in the service area, with key informants noting that certain populations, such as pregnant people, older adults, people who have low income, and migrant populations, are particularly impacted by the lack of local providers. Pregnant people and those who are postpartum must travel long distances to access care. Additional barriers include inconvenient hours for accessing healthcare and a lack of available childcare for attending appointments. When there are not enough medical providers or inadequate insurance coverage to access providers, individuals often forgo early care, which can lead to disease progression and a need for emergency care.

*“The FQHCs have a shortage of providers and that’s for primary, specialty, behavioral health, dental care – it’s a broad statement, and it is a big challenge and issue. The wait for care isn’t because of the access to the location, but it is the shortage of providers. Providers are being triple-booked, especially specialty care providers.”*

*Community Member, Key Informant*

### Insufficient Number of Behavioral Health Providers and Resources

An insufficient number of mental and behavioral healthcare providers was often noted as a concern in the community. Participants shared that affordable mental healthcare is difficult to access, with many providers only accepting private pay. Wait time for appointments can be weeks or months, and mental health-related stigma remains a barrier, though telehealth was acknowledged as an opportunity to mitigate stigma and increase access to treatment. There is a need for additional crisis stabilization beds for adults and children, as well as licensed psychologists and pediatric providers. Participants noted that as the local population grows, some community members are experiencing more stress due to the amount of traffic in the area, which can in turn impact their mental health.

**Community Concerns Regarding Behavioral and Mental Health**



Inadequate providers and services for increasing need



Increased traffic and motor vehicle collisions



Cost of living concerns and inadequate affordable housing



Stigma and fear about accessing treatment

## Difficulty Navigating the Healthcare System and Insurance

Various insurance barriers impact community members' access to care. Community members may struggle to complete paperwork and understand their insurance plan. For uninsured individuals, it is difficult to make referrals to specialty care, as it is often unaffordable. Individuals who are pregnant and lack Medicaid may have difficulty finding an OBGYN provider, further delaying early pregnancy care and potentially leading to more emergent needs later in pregnancy.

### Transportation Barriers

Transportation barriers are a notable concern in the service area due to the lack of robust transportation services throughout the four-county territory. The rapid population growth has impacted roads, increased traffic levels and led to a need for additional bus stop locations, particularly in low-income areas. Individuals with higher incomes may also struggle with transportation if they are unable to drive or do not have someone to transport them.

### Lack of Affordable Housing

Participants noted that access to stable housing in the area is difficult to find, and high housing costs often force individuals to choose which basic needs they can pay for. Assisted living facilities in the area are unaffordable for many community members, costing several thousand dollars a month. Affordable housing resources and programs, such as those provided by Veterans Affairs, often have a long wait list. Many homes in Central Florida are unaffordable for community members, and the cost of rent, taxes, and insurance has increased in the past four years. Participants expressed concern regarding a law passed in 2024 that criminalized unauthorized public camping,<sup>74</sup> noting that this law does not address homelessness. Instead, participants said that rent stabilization or building additional affordable or public housing units would help increase housing stability.

*“Transportation continues to be an ongoing issue – we have a public transportation system, but as a mom who's pregnant with a toddler, trying to get to the appointment on the bus, plus trying to meet the new Medicaid work requirements, is impossible. Some families give up because it's just too difficult to manage.”*

*Community Member, Key Informant*

*“The Medicaid system is a barrier because we see a lot of pregnant women going into prenatal care late. A lot of providers don't want to accept a pregnant woman if they do not have their Medicaid approved, and it causes a delay and is a barrier. The FQHC provides a sliding scale, but that is also a barrier for families with accessing care. [...] There is a barrier for families with waiting for their Medicaid to be approved. When moms are waiting for it to be approved, they don't schedule appointments because they don't know how it is going to be paid.”*

*Community Member, Key Informant*

<sup>74</sup> House Bill 1365 (2024) - the Florida Senate, n.d.

## Action Areas

**Action Areas** are the tangible gaps, barriers, and challenges that participants identified, as well as the strategies that were highlighted as opportunities to address them.

### Expand Operational Hours for Resources

Participants discussed challenges around accessing services and resources, noting that operating hours are a barrier for some community members to access. Offering evening or weekend hours for food pantries and healthcare services would make them more accessible for community members.

### Utilize Mobile Providers to Improve Access to Healthcare

Transportation was repeatedly cited as a concern throughout the service area. Participants suggested mobile buses in different neighborhoods to meet individuals where they are and provide better access to care and prescriptions. A centralized location for learning about or accessing resources was also suggested to mitigate transportation barriers, and as a solution for improving access to resources and services.

*“Can we get more mobile providers in different neighborhoods and not just in low-income? Because you don't have people just in the low-income areas that can't get to a doctor or don't have insurance. In wealthy areas, people can't get to their doctor's offices because they can't drive or they have nobody to take them or transport them. So it's having mobile services in all communities for all people.”*

*Community Member, Key Informant*

### Improve Health Through Food Access and Education Efforts

Key informants shared concerns about the connections between chronic disease and economic instability, food swamps, food deserts, a lack of nutritious options available at food pantries, and low levels of nutrition education among community members. They identified the importance of food security for managing health conditions such as hypertension, diabetes, and high blood pressure. Using nutrient-dense food as a part of the treatment plan and providing free or affordable local cooking and nutrition classes that are culturally relevant could help address the concerns.

### Increase Awareness of Resources

Participants in focus groups and interviews repeatedly described low levels of awareness about resources and services that impact community members' ability to access and receive services and care. High levels of population growth mean that there is a constant influx of individuals moving to the area who need to be informed about what is available and how to access it. Conducting community outreach through the public school system, hosting tabling events, and partnering with the faith community were all suggested

as effective methods for increasing awareness about available resources. These could also serve as opportunities to provide technical assistance for navigating the insurance and healthcare systems.



### Support Local Affordable Housing Efforts

Participants suggested collectively advocating for rent stabilization measures to help address the lack of available affordable housing. Continuing to support policy and strategy to build affordable homes was also suggested as an ongoing solution to increase housing stability for community members.

### Increasing Collaboration Efforts

Participants discussed the benefits of implementing a system for healthcare providers and community partners to communicate effectively. One participant noted the success of shared electronic medical records and suggested that utilizing a similar system to connect community organizations could be beneficial for breaking silos and reducing duplication of services. Participants also called for more formal collaboration between health providers and community organizations, such as the formation of a local coalition to strengthen the community network.

*“If we can get people into stable, affordable housing a lot of these issues would be addressed. In Orange County, we tried and succeeded in getting a rent stabilization measure on the ballot [that was blocked]. If someone is in stable healthy housing that takes up 30% or less of their household budget, they’ll have money for the food mediation and education that they need, among other things can be addressed.”*

*Community Member, Key Informant*

### Increase Access to Behavioral and Mental Health Resources and Services by Reducing Stigma

Participants shared concern about the behavioral health needs of older adults, women and pregnant people, children, veterans, and those experiencing homelessness. They identified an association between mental health concerns, including substance use, and housing insecurity. While there is limited access to behavioral health services due to long waitlists, an inadequate number of providers, and counselors who do not take certain types of insurance, community members also repeatedly mentioned stigma as a barrier to accessing services, noting that educating the community in culturally responsive ways about accessing mental health and behavioral health treatment and where to go for it could be the first step in improving mental healthcare access.

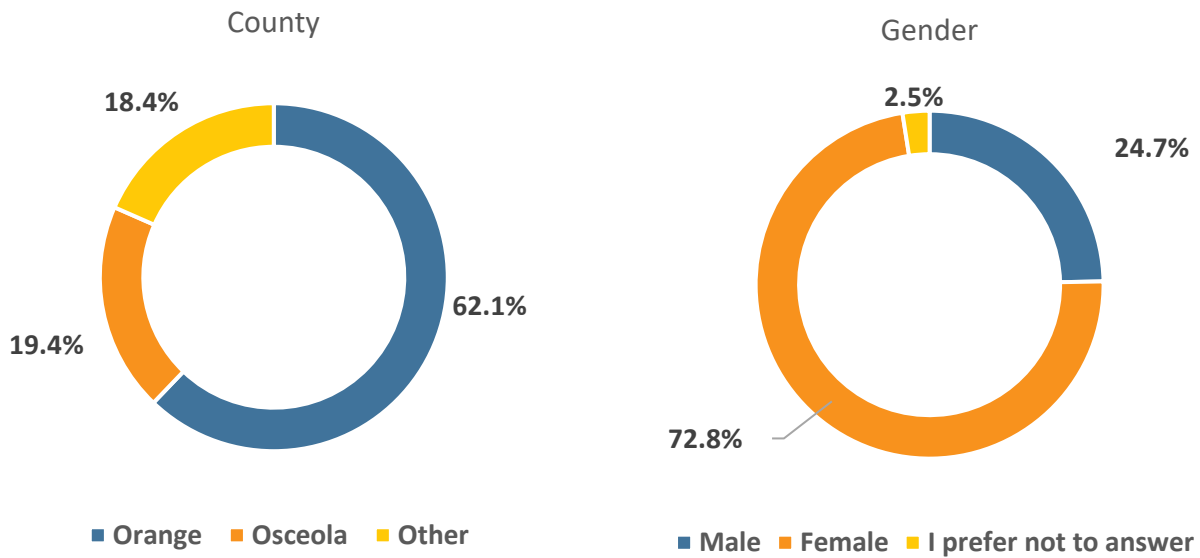
## Community Survey Results

The purpose of the community survey was to enable a greater share of people living throughout the service area to share their perspectives on the greatest needs affecting their community. There were # valid survey responses included in this analysis. To ensure valid responses, only participants who answered at least one question beyond basic demographics were included in the analysis. The survey was carefully designed to reduce potential sources of bias, such as how questions were worded or ordered.

### Demographic Summary

Among the 105 survey respondents, the majority resided in Orange County (60.0%), while 18.4% reported living in a county other than Orange or Osceola. Most respondents identified as female (72.8%). The largest age groups were individuals aged 55–64 (29.6%) and 45–54 (27.2%). Nearly half of respondents identified as White (43.2%), and approximately one-third identified as Hispanic or Latino (32.1%). In terms of education, 30.9% reported holding a Master’s degree and 25.9% a Bachelor’s degree. Additionally, 38.3% of respondents reported an annual household income of \$100,000 or more.

#### EXHIBIT 63 RESPONDENTS DEMOGRAPHIC SUMMARY



**Access to Healthcare**

Most of the respondents (81.6%) reported having a primary care provider through a family doctor, health center, or clinic. A small percentage of respondents reported using walk-in urgent care (2.9%) or other sources (1.9%) as their routine care. About one in seven (13.6%) of respondents reported they do not receive routine care.

**EXHIBIT 64 WHERE DO YOU RECEIVE ROUTINE HEALTH CARE?**

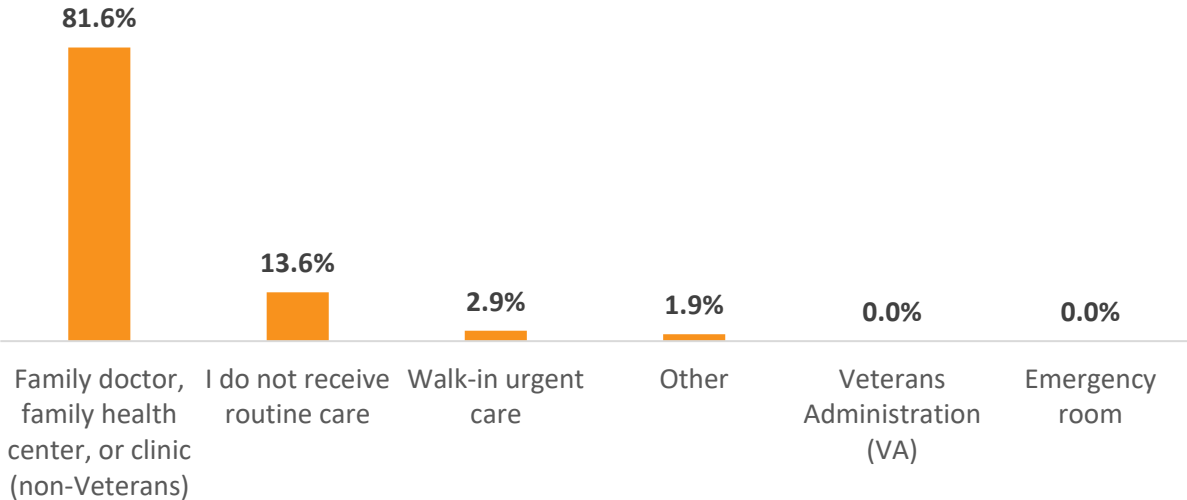
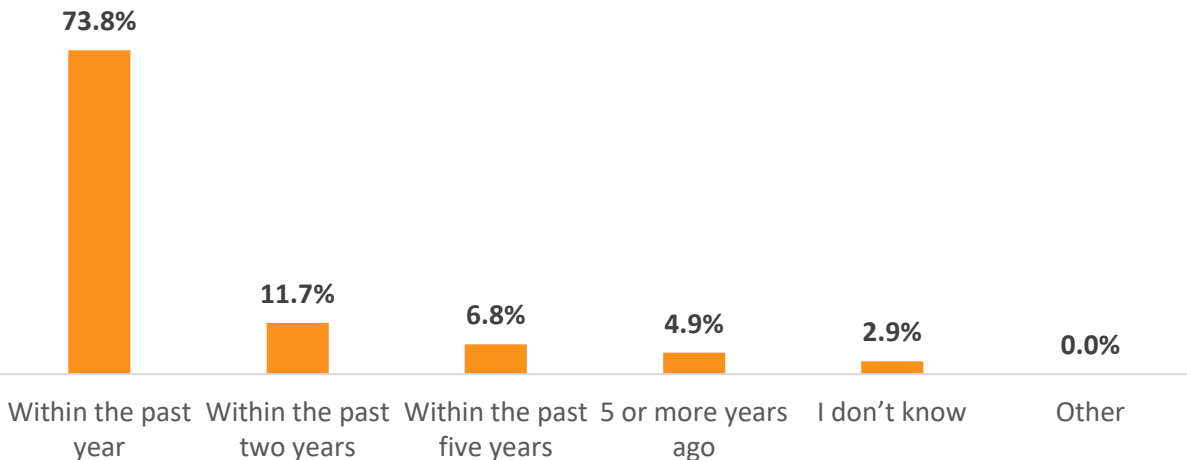


Exhibit 65 asked respondents about the last time they visited a doctor for a routine check-up. Most of the respondents (73.8%) visited a doctor within the past year. About one in nine respondents (11.7%) visited a doctor within the past two years. A little over one in ten respondents visited a doctor within the past five years (6.8%) or five or more years ago (4.9%).

**EXHIBIT 65 HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DOCTOR FOR A ROUTINE CHECK-UP?**



As shown in Exhibit 66, in the past year, a little under one in five (17.5%) respondents reported that there were one or more occasions when they needed medical care but could not access it.

**EXHIBIT 66 IN THE PAST YEAR, HAVE THERE BEEN ONE OR MORE OCCASIONS WHEN YOU NEEDED MEDICAL CARE BUT COULD NOT GET IT? (YES=18)**

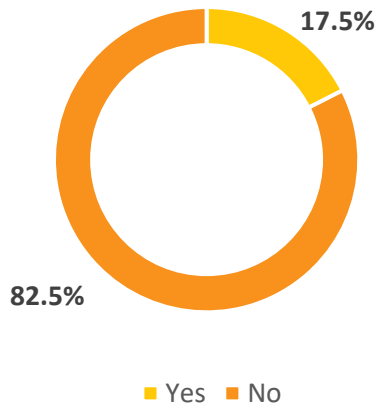
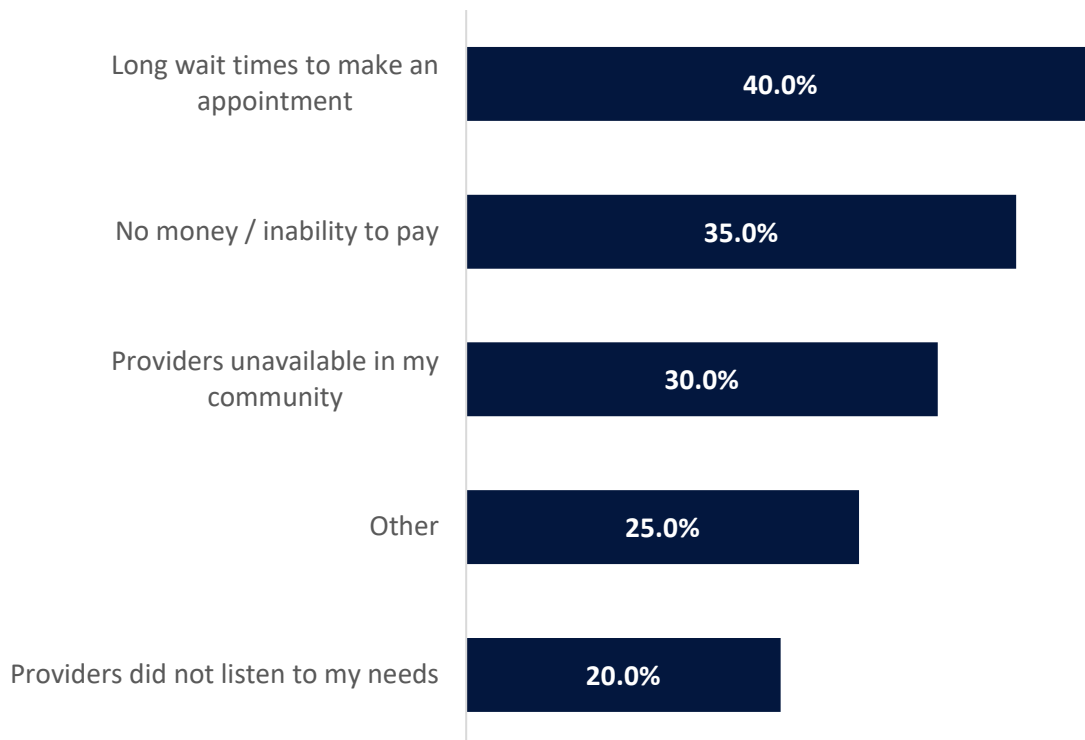
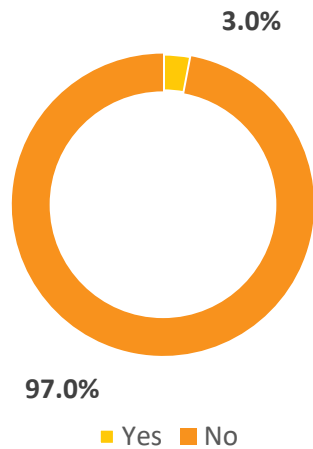


Exhibit 67 shows respondents who needed but were unable to access care, the top reasons that prevented them from accessing health care services were long wait times to see a doctor (40.0%), no money or inability to pay (35.0%), providers unavailable in my community (30.0%), other reason such as lack of cardiac rehab facilities and high cost with insurance (25.0%), and providers did not listen to my needs (20.0%).

**EXHIBIT 67 WHAT KEPT YOU FROM ACCESSING MEDICAL CARE WHEN YOU NEEDED IT? RESPONSE YES=18**



**EXHIBIT 68 IN THE PAST YEAR, HAVE THERE BEEN ONE OR MORE OCCASIONS WHEN YOU NEEDED MENTAL HEALTH OR SUBSTANCE USE SERVICES (SUCH AS ALCOHOL, OPIOIDS, AND OTHER LEGAL OR ILLICIT DRUGS) BUT COULD NOT ACCESS THEM?**

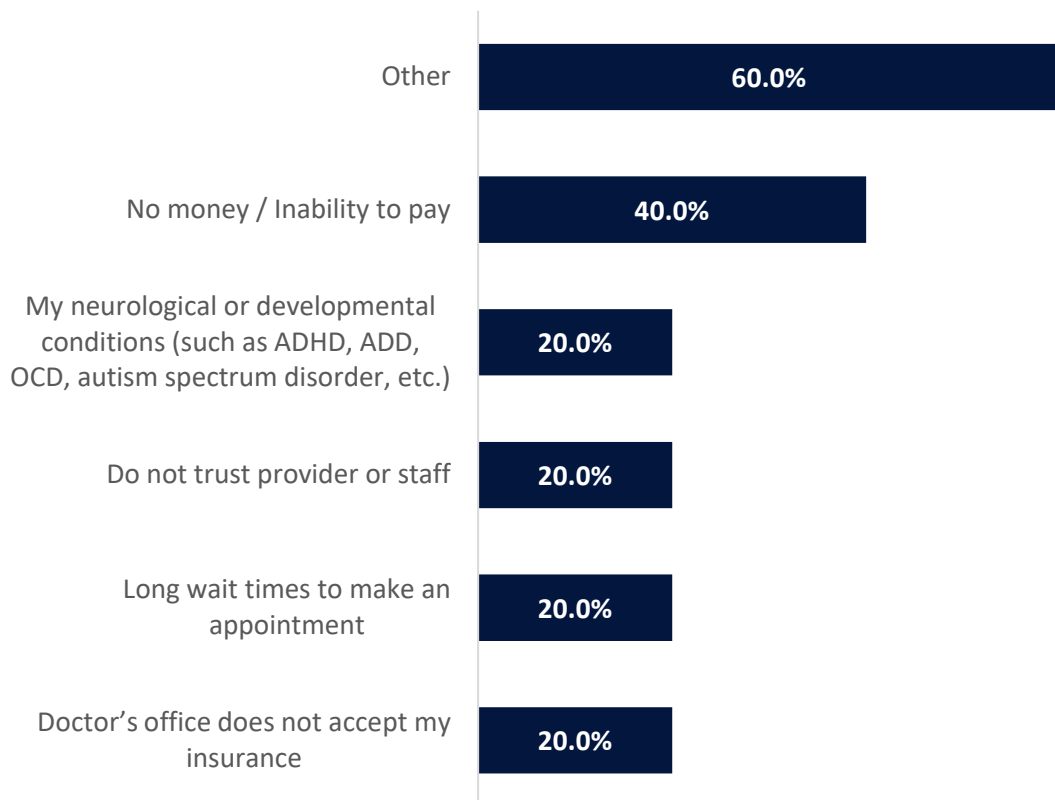


As shown in Exhibit 68, in the past year, about one in thirty-three (3.0%) respondents reported there were one or more occasions when they needed mental health or substance use services but could not get them.

Exhibit 69 shows respondents who needed but were unable to access mental health or substance use services. The top reasons that prevented them from accessing services including insurance causing issues with getting prescribed mental health medication filled (60.0%), no money or inability to pay (40.0%), neurological or developmental conditions (20.0%), do

not trust provider or staff (20.0%), long wait times to make an appointment (20.0%), and doctor’s office does not accept my insurance (20.0%).

**EXHIBIT 69 WHAT PREVENTED YOU FROM ACCESSING MENTAL HEALTH OR SUBSTANCE USE SERVICES (SUCH AS ALCOHOL, OPIOIDS, AND OTHER LEGAL OR ILLICIT DRUGS) WHEN YOU NEEDED IT? RESPONSE YES=3**



### Community Health Needs

Exhibit 70 asked about health issues within the community. About three in four respondents (74.1%) identified that opportunities for livable wage jobs need high or much more focus. Other health issues that were identified as needing high or much more focus included quality education for youth (73.5%); access to affordable, nutritious food (71.9%); affordable, quality childcare (71.1%); and education and job training (69.8%).

**EXHIBIT 70 ON A SCALE OF 1 TO 5, HOW MUCH ATTENTION DO YOU THINK EACH OF THESE COMMUNITY HEALTH ISSUES NEEDS IN YOUR COMMUNITY?**

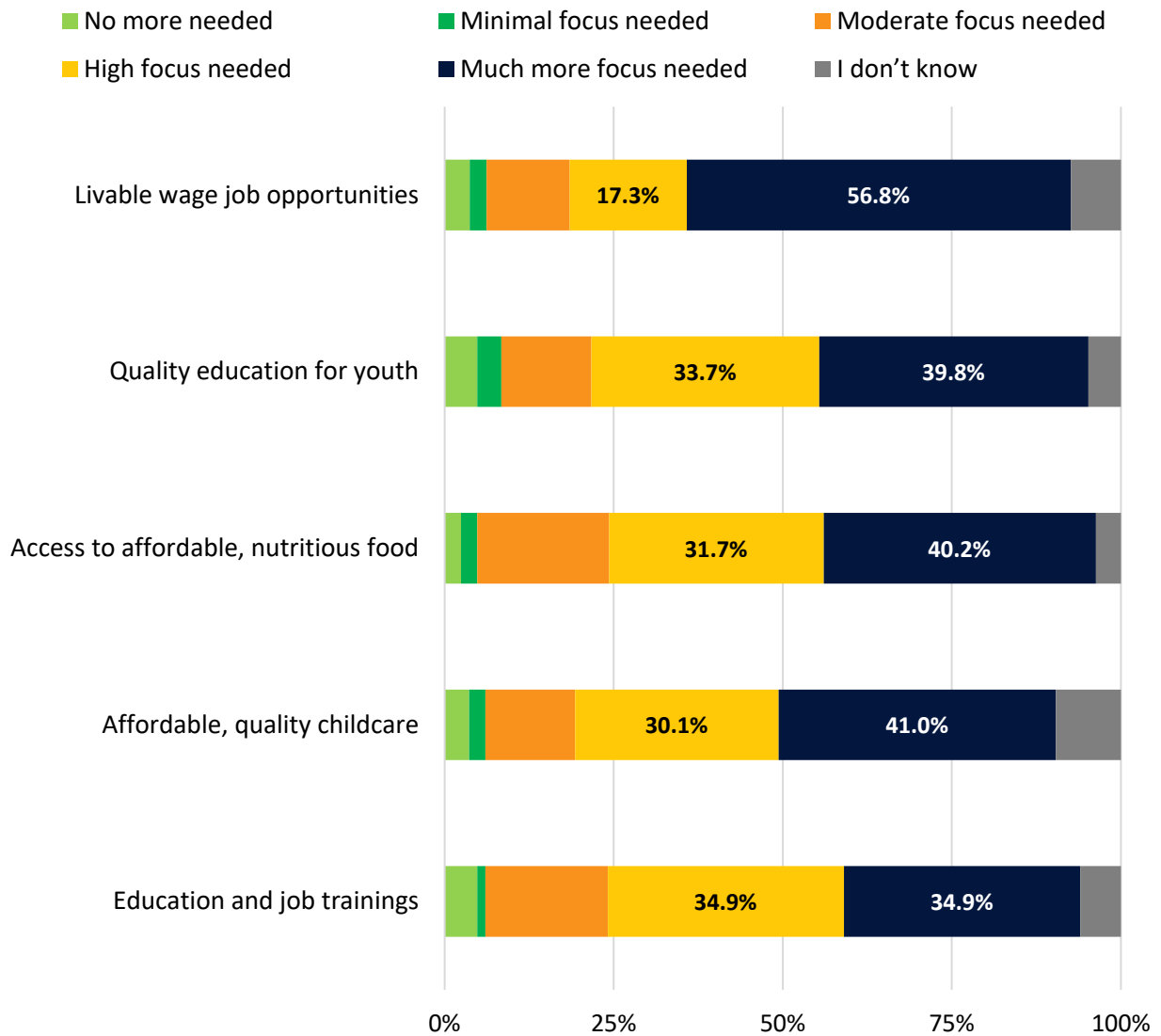
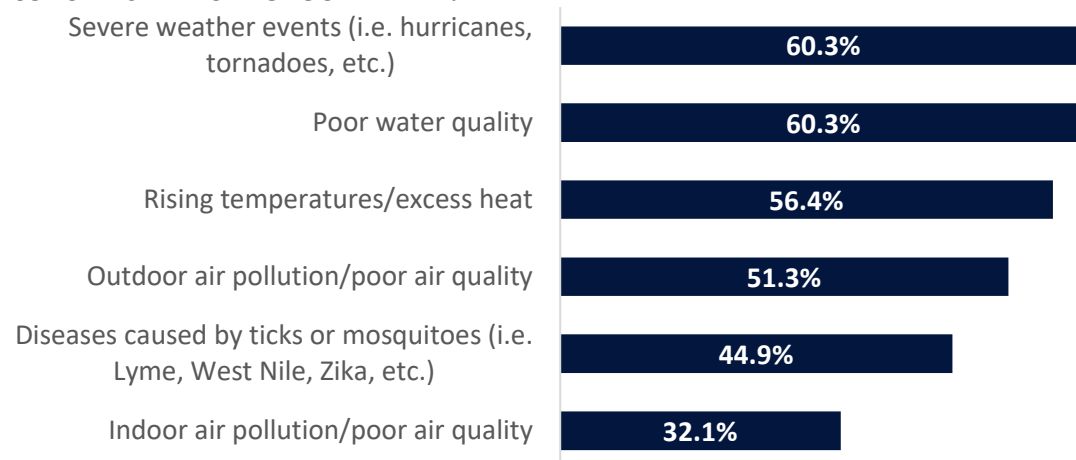


Exhibit 71 asked about climate concerns impacting respondents’ health. About three in five respondents (60.3%) identified severe weather events, such as hurricanes and tornadoes, and poor water quality as top climate concerns. Other climate-related concerns included rising temperatures/excess heat (56.4%); outdoor air pollution (51.3%); disease caused by ticks or mosquitoes (44.9%); and indoor air pollution (32.1%).

**EXHIBIT 71 ARE YOU CONCERNED ABOUT ANY OF THE FOLLOWING ENVIRONMENTAL OR CLIMATE-RELATED CONCERNS IMPACTING YOUR HEALTH?**



As shown in Exhibit 72, when respondents were asked which specialty care providers are missing or difficult to access, nearly two in five (38.9%) identified child and adolescent psychiatry (prescribers for serious mental illness). Other commonly cited shortages included neurologists (34.7%), obstetrics and gynecology providers (29.2%), adult psychiatrists (29.2%), geriatric care providers (26.4%), and general psychiatrists (23.6%).

**EXHIBIT 72 WHICH OF THE FOLLOWING SPECIALTY CARE PROVIDERS ARE MISSING OR HARD TO FIND IN YOUR COMMUNITY?**

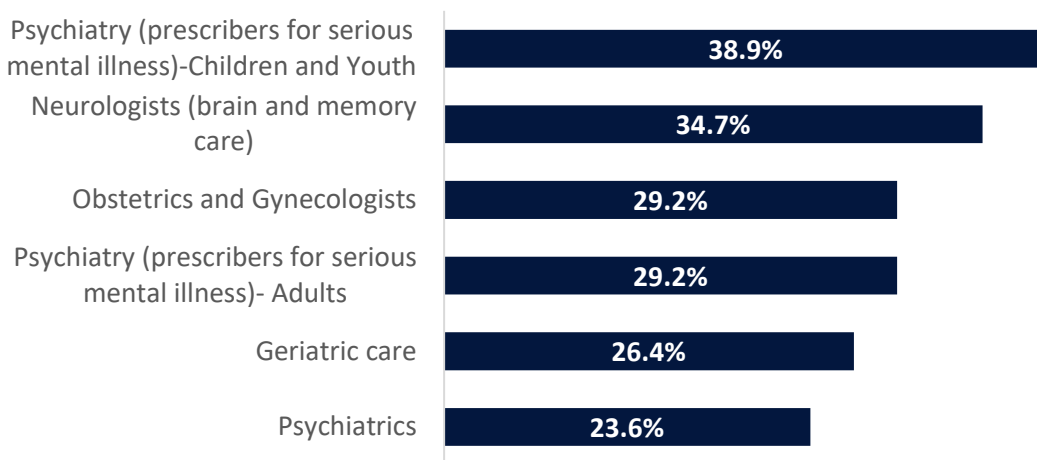


Exhibit 73 asked about health program services within the community, about three in four respondents (73.9%) identified obesity prevention, awareness, and care as needing high or much more focus. Other programs or services that were identified as needing high or much more focus included patient navigators to help coordinate complex healthcare services or supports (64.7%), prescription medication assistance programs (64.6%), smoking cessation (62.2%), and heart or cardiovascular prevention, awareness, and care (61.8%).

**EXHIBIT 73 ON A SCALE OF 1 TO 5, HOW MUCH ATTENTION DO YOU THINK EACH OF THESE HEALTH PROGRAMS OR SERVICES NEEDS IN YOUR COMMUNITY?**

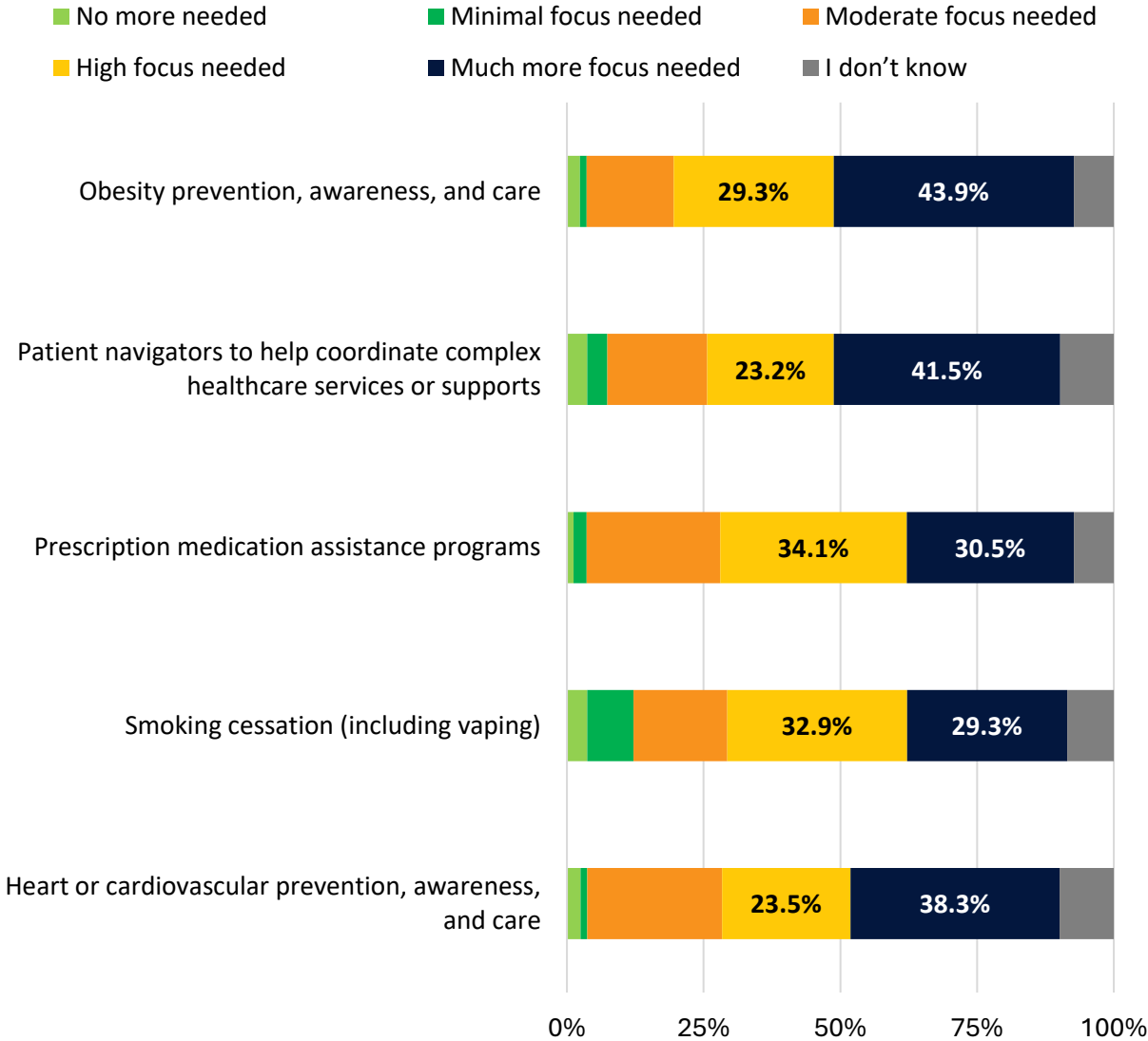


Exhibit 74 asked about older adult-related issues. About three in five respondents (60.5%) identified dementia or memory care as needing high or much more focus. Other older adult issues identified as needing high or much more focus included older adult day program (59.3%), caretaker support (58.0%), continuing care retirement communities (55.5%), and home health aide services (54.4%).

**EXHIBIT 74 ON A SCALE OF 1 TO 5, HOW MUCH ATTENTION DO YOU THINK EACH OF THESE OLDER ADULT ISSUES NEEDS IN YOUR COMMUNITY?**

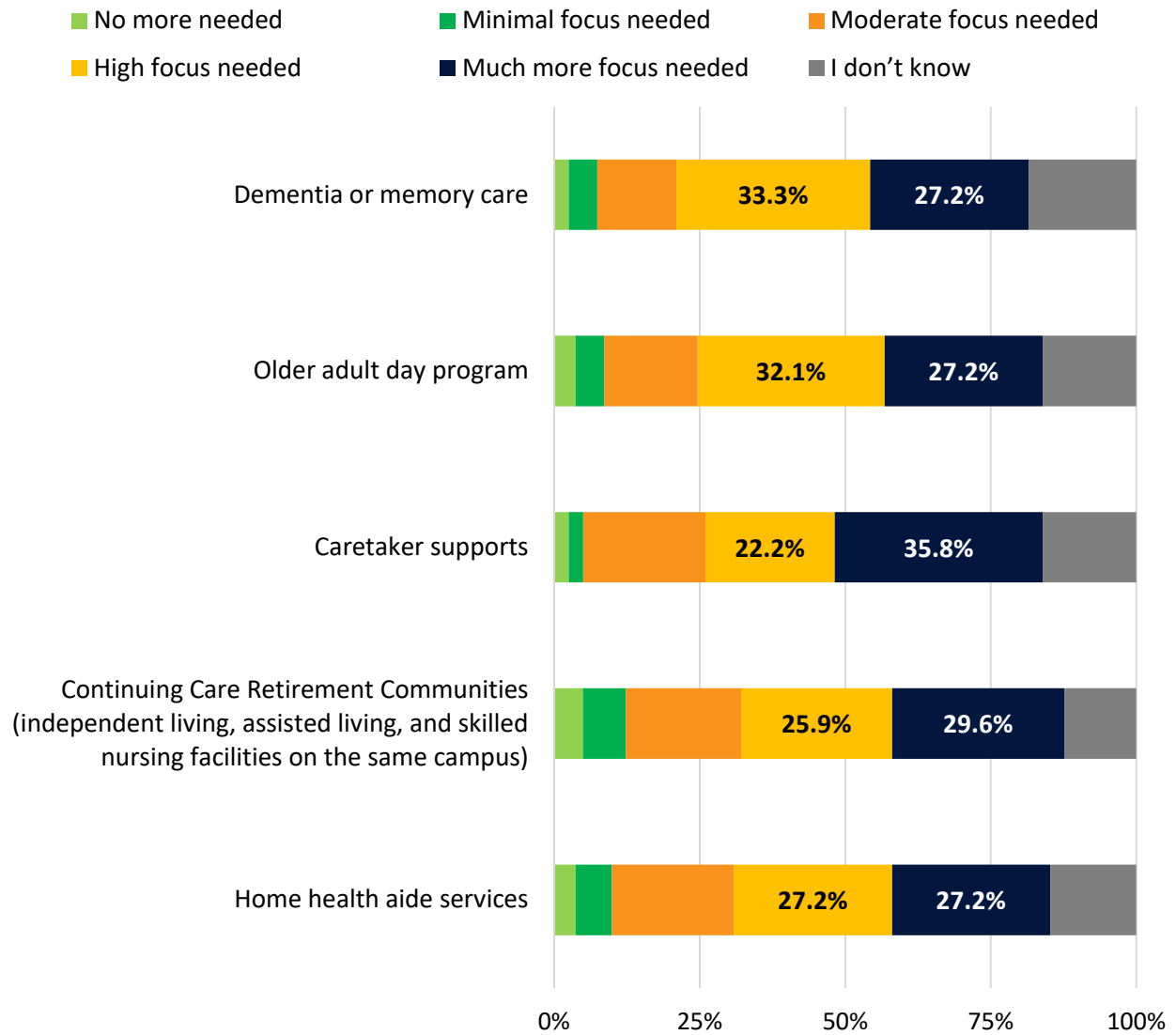


Exhibit 75 asked about behavioral and mental health-related issues. About three in four respondents (75.6%) identified outpatient counseling services for youth as needing high or much more focus. Other behavioral and mental health issues needing high or much more focus included outpatient counseling services for adults (74.4%), suicide prevention (67.1%), substance use recovery programs (64.6%), substance use treatment (64.6%), substance use prevention (64.6%), and harm reduction programs (57.3%).

**EXHIBIT 75 ON A SCALE OF 1 TO 5, HOW MUCH ATTENTION DO YOU THINK EACH OF THESE BEHAVIORAL AND MENTAL HEALTH ISSUES NEEDS IN YOUR COMMUNITY?**

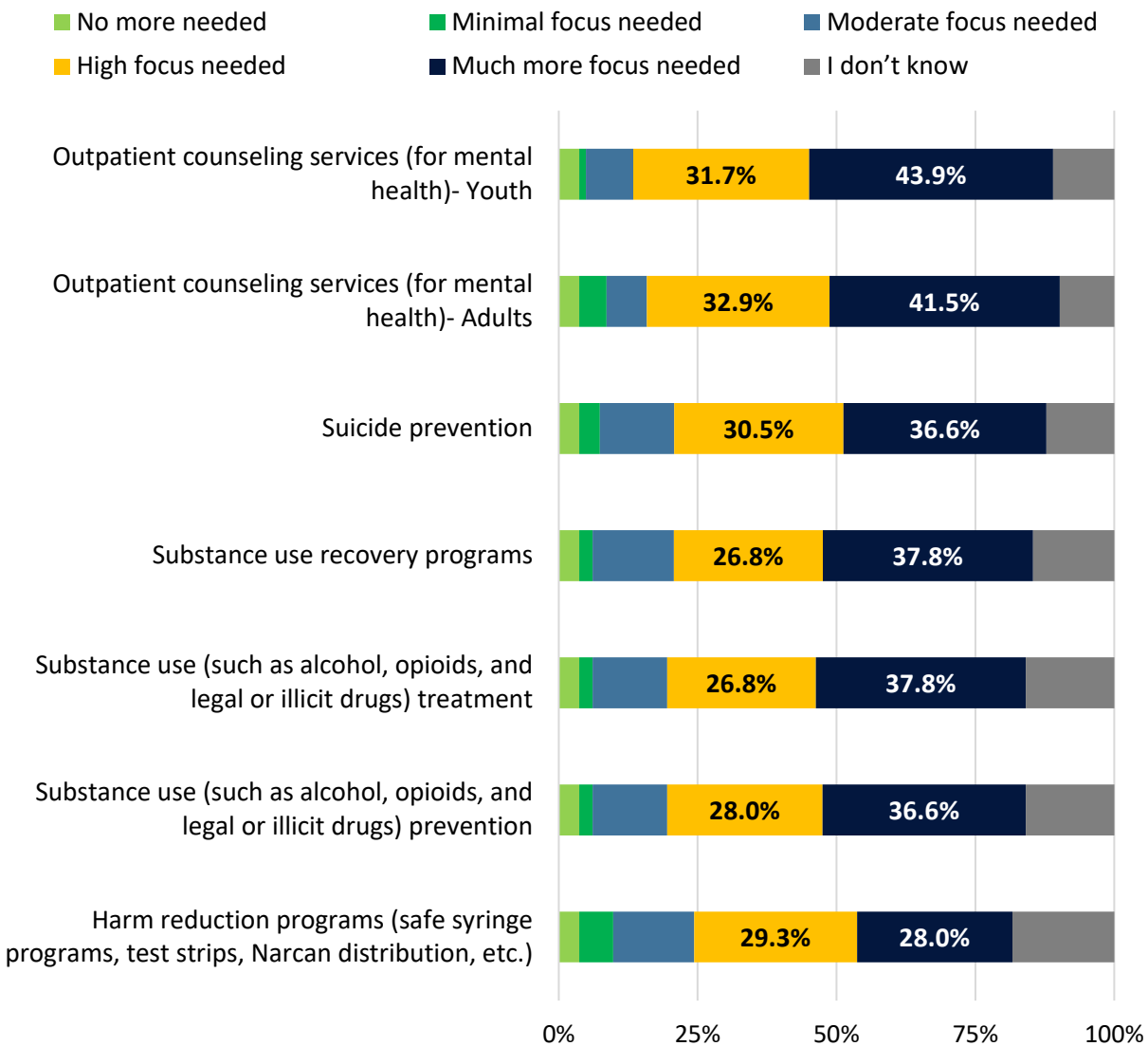
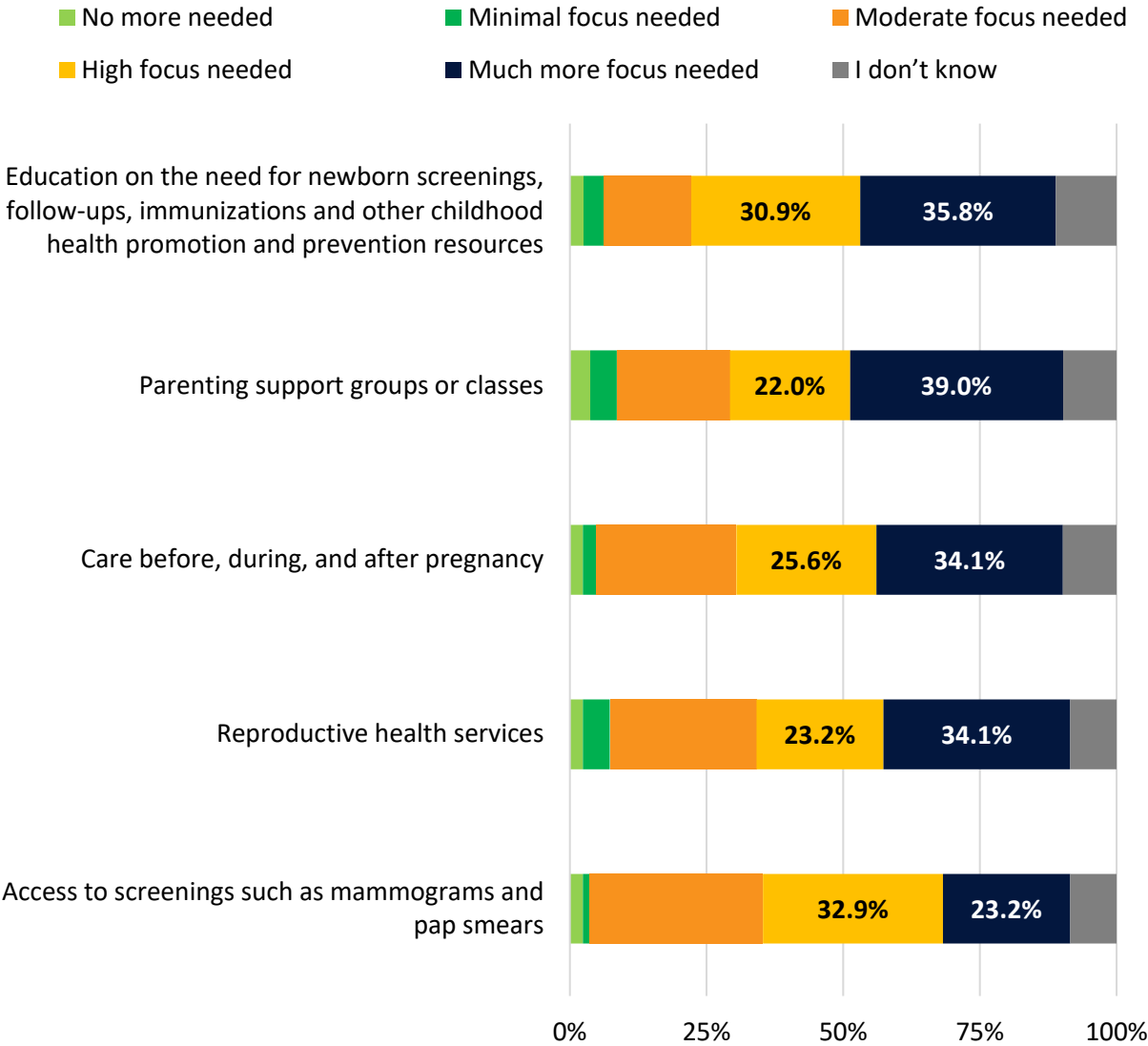


Exhibit 76 asked about maternal, child, and family services within the community. About two in three respondents (66.7%) identified education on the need for newborn screenings, follow-ups, and immunizations as needing high or much more focus. Other issues that require high or significantly more focus include parenting support groups or classes (61.0%), pre- and post-pregnancy care (59.7%), reproductive health services (57.3%), and access to screenings such as mammograms and pap smears (56.1%).

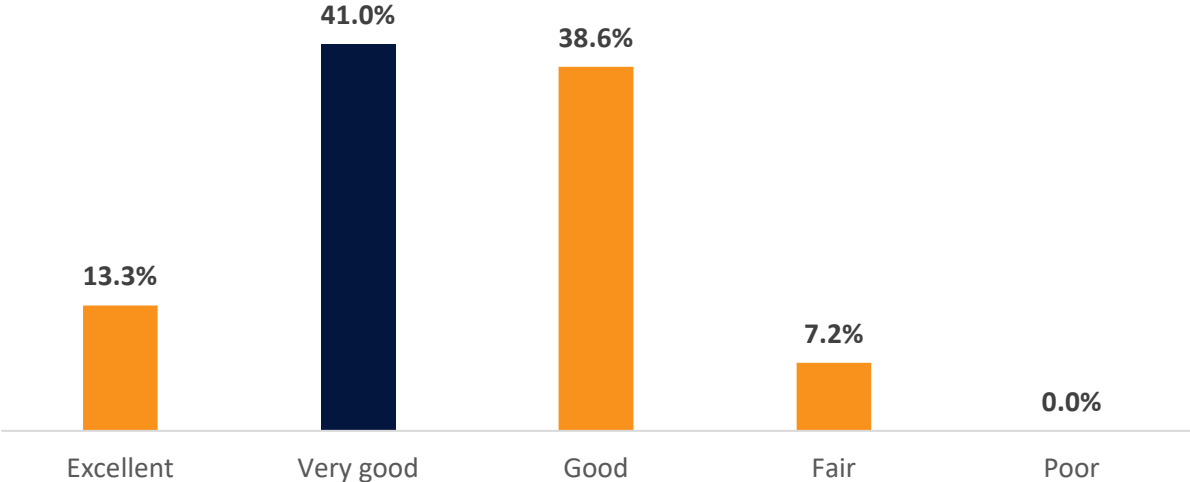
**EXHIBIT 76 ON A SCALE OF 1 TO 5, HOW MUCH ATTENTION DO YOU THINK EACH OF THESE MATERNAL, CHILD, AND FAMILY SERVICES HEALTH ISSUES NEEDS IN YOUR COMMUNITY?**



### Health Status

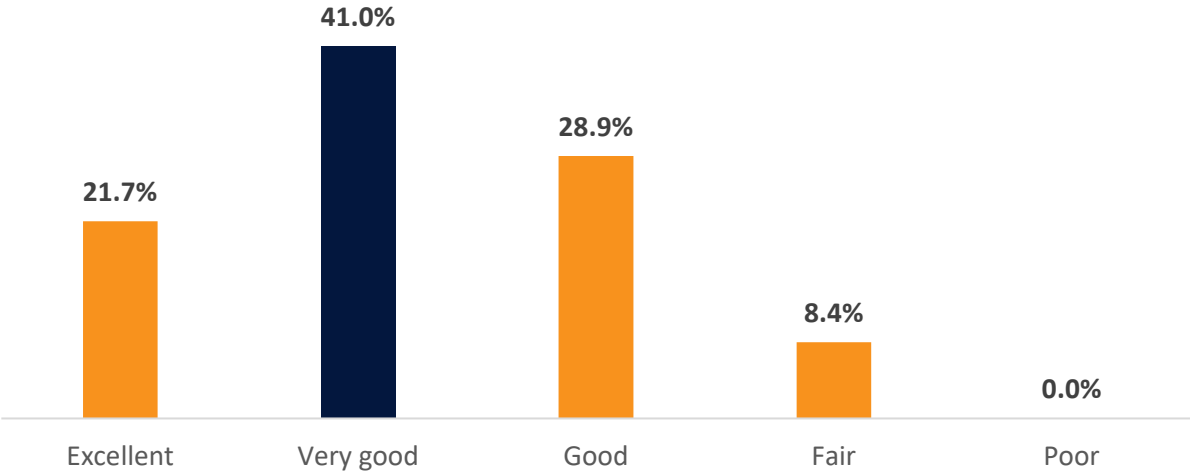
About one in eight respondents (13.3%) reported their physical health as “excellent.” About four in ten respondents (41.0%) reported their physical health as “very good”, about two in five respondents (38.6%) reported their physical health as “good”, and a small share of respondents (7.2%) reported their physical health as “fair”.

**EXHIBIT 77 HOW WOULD YOU RATE YOUR PHYSICAL HEALTH?**



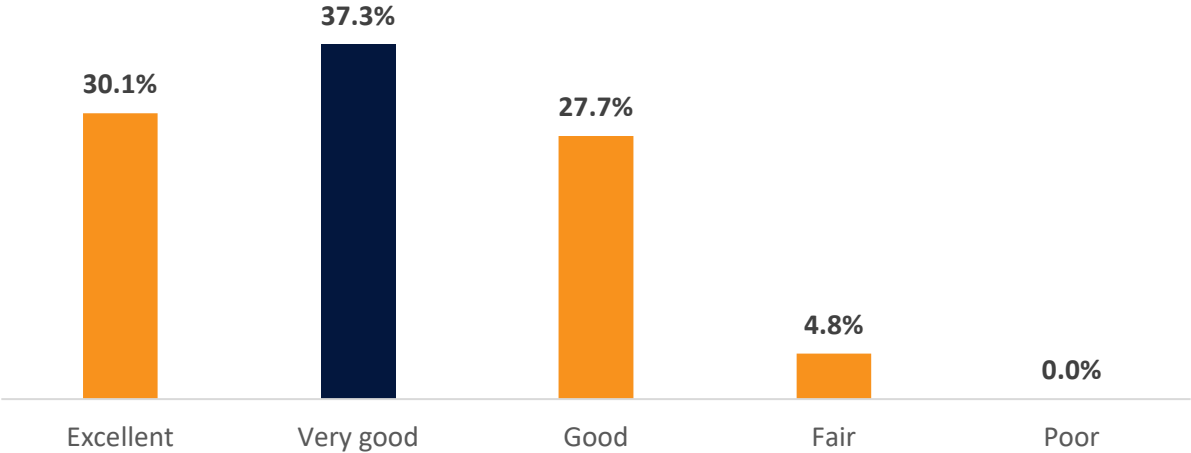
About one in five respondents (21.7%) reported their mental health as “excellent”. About four in ten respondents (41.0%) reported their mental health as “very good”, nearly one in three respondents (28.9%) reported their mental health as “good”, and a small portion of respondents reported their mental health as “fair”.

**EXHIBIT 78 HOW WOULD YOU RATE YOUR MENTAL HEALTH?**



As shown in Exhibit 79, about one third of the respondents (30.1%) reported their emotional and spiritual health as “excellent”, about three in eight respondents (37.3%) reported their emotional and spiritual health as “very good”, nearly one in four respondents (27.7%) reported their emotional and spiritual health as “good”, and small portion of respondents reported their emotional and spiritual health as “fair”.

**EXHIBIT 79 HOW WOULD YOU RATE YOUR EMOTIONAL AND SPIRITUAL HEALTH?**





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## Community Health Priorities

## Prioritized Needs

The prioritization of community health needs represents a critical step in the CHNA process. To determine which needs UCF Lake Nona Hospital will address in its 2026–2029 Implementation Strategy Plan (ISP), a structured, multi-phase prioritization approach was conducted. The first prioritization session was held on January 21, 2026, and included executive leadership from UCF Lake Nona Hospital and UCF Academic Health. The session was facilitated by Crescendo Consulting Group. Participants were presented with a comprehensive review of both quantitative and qualitative data collected during the CHNA process. This was followed by a facilitated discussion of the identified community health needs.

During the discussion, leadership evaluated each need using the following considerations:

- Magnitude and severity of the issue
- Feasibility of intervention
- Potential barriers to implementation
- Anticipated impact on the service area if unaddressed

Following the discussion, participants independently rated each identified need on a scale of magnitude, severity, and feasibility. Scores were aggregated and analyzed using the Hanlon Method to generate an overall priority ranking.

## Identified Community Health Needs

A total of 17 community health needs were identified and voted on during the first prioritization session.

### EXHIBIT 80: IDENTIFIED COMMUNITY NEEDS

Rank	Community Health Need	Score
1	Health Literacy	12.4
2	Infant Mortality	13.5
3	Maternal Child Health Care Providers	14.6
4	Lack of Knowledge of Available Resources	14.8
5	Lack of Primary Care	15.1
6	Workforce Recruitment and Retention	15.6
7	Unintentional Injury (i.e., water safety)	15.7
8	Growing Gap Between Insured and Uninsured / Underinsured	16.1
9	Lack of Behavioral Health Services for Youth and Young Adults	16.9
10	Behavioral Health Workforce Shortages	18.0
11	Perinatal Supports	19.2
12	Food Security	20.2
13	Affordable Housing	22.3
14	Increased Cost of Living	25.6
15	Transportation	27.0
16	Affordable Childcare Services	28.8
17	Lack of Specialists (i.e., cardiologists, orthopedics, endocrinologists, etc.)	29.8

## Final Priority Selection

A second prioritization meeting was held on February 12, 2026, to determine which needs would be formally adopted as priority areas for the 2026–2029 ISP. Prior to the meeting, participants completed a structured survey to further evaluate each ranked need using organizational capacity criteria:

Criteria	Definition
<b>Locus of control</b>	The degree of control that the healthcare system has to influence change in the listed need.
<b>Existing programming</b>	Programs that are currently operating within the healthcare system.
<b>Financial Capacity</b>	Does the healthcare system have the funding or other resources, like available staff or community benefit dollars, to address this need?
<b>Skill Set Capacity</b>	Does the healthcare system workforce have the necessary skills to address this need?

During the meeting, participants reviewed survey findings and engaged in a facilitated discussion to:

- Identify needs that were not viable for direct hospital intervention
- Recognize interrelated needs that could be strategically bundled
- Determine overarching focus areas aligned with organizational strategy and capacity

Following deliberation, the hospital selected the following three community health priorities for the 2026–2029 Implementation Strategy Plan:

- Access to Care
- Maternal Child Health
- Unintentional Injury

These priorities reflect both demonstrated community need and the organization’s capacity to implement meaningful, measurable interventions.



## Appendices

## Appendix A: IRS Form 990, Schedule H Compliance Listing

A CHNA serves to meet certain requirements of the Internal Revenue Service (IRS), pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. Please find the table that lists the sections, along with corresponding page chapters, that the IRS requires a CHNA to have to be compliant.

Part V Section B Requirement	Page number
<b>3. a.</b> A definition of the community served by the hospital facility and a description of how the community was determined	Page 7
<b>3. b.</b> Demographics of the community	Pages 7-11
<b>3. c.</b> Existing health care facilities and resources within the community that are available to respond to the health needs of the community	Pages 97-101
<b>3. d.</b> Description of how the data was obtained	Pages 15 - 17
<b>3. e.</b> The significant health needs of the community	Page 93
<b>3. f.</b> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Pages 18 - 73
<b>3. g.</b> The process for identifying and prioritizing community health needs and services to meet the community health needs	Pages 93 - 94
<b>3. h.</b> The process for consulting with persons representing the community's interests	Pages 74 - 91
<b>3. i.</b> An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA	Page 13
<b>4.</b> Indicates tax year the hospital conducted the CHNA including timeline for all data collection	Page 3
<b>5.</b> A description of how the hospital facility solicited and considered input received from persons who represent the broad interests of the community it serves; including those with special knowledge of or expertise in public health; and the identity of such persons, organizations, or sectors.	Pages 74 - 91
UCF Academic Health Inc. Board Approval	April 17, 2026
Central Florida Health Services, LLC Board Approval	April 10, 2026

## Appendix B: Community Resource List

For current resources addressing other community needs, please visit [Findhelp.org](https://findhelp.org).

<b>Hospitals</b>		
UCF Lake Nona Hospital	6700 Lake Nona Blvd. Orlando, Florida 32827	689-216-8000
HCA Florida Osceola Hospital	700 W Oak Street Kissimmee, Florida 34741	407-846-2266
HCA Florida Poinciana Hospital	325 Cypress Pkwy, Kissimmee, FL 34758	407-530-2000
Oviedo Medical Center	8300 Red Bug Lake Rd., Oviedo, FL 32765	407-890-2273
HCA Florida Lake Monroe Hospital	1401 W. Seminole Blvd., Sanford, FL 32771	407-321-4500
<b>Free-Standing Emergency Rooms</b>		
HCA Florida Airport North Emergency	5597 Lee Vista Blvd., Orlando, FL 32812	689-278-1234
HCA Florida Alafaya Emergency	1434 N Alafaya Trail Orlando, FL 32828	407-669-4800
HCA Baldwin Park	2361 N Semoran Blvd. Orlando, Florida 32807	407-677-2400
HCA Florida Casselberry Emergency	2560 S. U.S. Hwy 17-92, Casselberry, FL 32707	321-441-8300
HCA Champions Gate	8460 Champions Gate Blvd. Championsgate, Florida 33896	407-606-0500
HCA Florida Haines City Emergency	36810 U.S. Hwy 27, Haines City, FL 33844	863-695-7400
HCA Florida Heathrow Emergency	4525 Intl Pkwy, Sanford, FL 32771	407-328-0201
HCA Florida Hunters Creek	12100 S John Young Parkway Orlando, Florida 32737	407-903-7033
HCA Florida Maitland Emergency	9401 Summit Centre Way, Orlando, FL 32810	407-220-7900
HCA Florida Millenia	4056 Millenia Blvd. Orlando, Florida 32839	407-393-9800
HCA Florida Mount Dora Emergency	16831 U.S. Hwy 441, Eustis, FL 32771	352-800-5400
HCA Florida Osceola East Emergency	4920 E. Irlo Bronson Memorial Hwy, St. Cloud, FL 34771	321-766-5400

HCA Florida West Orange Emergency	1320 Daniels Rd Winter Garden, FL 34787	689-946-2410
HCA Florida West Volusia Emergency	2490 S. Woodland Blvd., DeLand, FL 32720	386-327-9400
<b>Urgent Cares</b>		
MD Now Urgent Care Altamonte Springs	410 E. Altamonte Springs Dr., Altamonte Springs, FL 32701	321-364-0011
MD Now Urgent Care Clermont	628 Cagan View Rd., Clermont, FL 34714	352-242-1988
MD Now Urgent Care DeLand	1328 N. Woodland Blvd., DeLand, FL 32720	386-738-0574
MD Now Urgent Care Dr. Phillips	8972 Turkey Lake Rd., Orlando, FL 32819	407-226-1906
MD Now Urgent Care Lady Lake	805 County Road 466, Lady Lake, FL 32159	352-674-9218
MD Now Urgent Care Lake Mary	901 Currency Cir., Lake Mary, FL 32746	407-410-8951
MD Now Urgent Care Oviedo	92 E. Mitchell Hammock Rd., Oviedo, FL 32765	321-364-0022
MD Now Urgent Care Poinciana	4670 Marigold Ave., Poinciana, FL 34758	689-299-0695
MD Now Urgent Care Sanford	5102 State Hwy 46, Sanford, FL 32771	407-410-8670
MD Now Urgent Care South Orlando	13935 Landstar Blvd., Orlando, FL 32824	321-364-0355
MD Now Urgent Care West Orlando	2438 S. Kirkman Rd., Orlando, FL 32811	321-335-4336
MD Now Urgent Care Windermere	5845 Winter Garden Vineland Rd., Windermere, FL 34786	407-203-1682
MD Now Urgent Care Winter Park	7460 University Blvd., Winter Park, FL 32792	407-410-8945
<b>Health Departments</b>		
<b>Florida Department of Health Orange</b>		
Apopka Health Center (WIC only)	1111 North Rock Springs Road Apopka, FL 32712	407-858-1494
Central Health Center, Building 1	832 West Central Blvd Orlando, FL 32805	407-858-1430
Central Health Center, Building 2 (Vital Statistics)	807 West Church St. Orlando, FL 32805	407-858-1460
Eastside Health Center (WIC only)	12050 East Colonial Drive Building A Orlando, FL 32826	407-858-1494

Hoffner Health Center	5449 South Semoran Blvd WIC Suite 18C Dental Suite 19B Orlando, FL 32822	407-858-1479
Lila Mitchell Health Center (WIC only)	5151 Raleigh St. Suite B Orlando, FL 32811	407-858-1494
Ocoee Service Center (Federal Healthy Start & WIC)	475 Story Road Suite 1 Ocoee, FL 34761	407-723-5292
South Side Health Center	6101 Lake Ellenor Drive Orlando, FL 32809	407-858-1400
Winter Garden Health Center	13275 West Colonial Drive Winter Garden, FL 34787	407-858-1494
<b>Florida Department of Health Osceola</b>		
Florida Department of Health in Osceola County	1875 Fortune Road Kissimmee, FL 34744	407-343-2000
WIC at Poinciana	105 N. Doverplum Ave. Poinciana, FL 34758	407-343-2085
WIC at St. Cloud	1050 Grape Avenue St. Cloud, FL 34769	407-343-2085
<b>Federally Qualified Health Center (FQHC)</b>		
<b>Community Health Centers</b>		
Apopka Family	225 E 7th St Apopka FL 32703	407-905-8827
Bithlo	19108 E Colonial Dr Orlando FL 32820	407-905-8827
Forest City	7900 Forest City Rd Orlando FL 32810	407-905-8827
Lake Ellenor	6101 Lake Ellenor Dr #106 Orlando FL 32809	407-905-8827
Meadow Woods	849 Greenway Professional Ct Orlando FL 32824	407-905-8827
Pine Hills	840 Mercy Dr Orlando FL 32808	407-905-8827
West Lakes	710 S Tampa Ave suite 203 Orlando FL 32805	407-905-8827
Winter Garden	13275 W Colonial Dr Winter Garden FL 34787	407-905-8827
<b>Orange Blossom Family Health</b>		
Downtown Orlando	232 N. Orange Blossom Trail Orlando, Florida 32805	407-428-5751

Orange Blossom Pediatrics	701 W. Livingston St. Bldg. #800 Orlando, Florida 32805	407-428-5751
Kissimmee	2711 N Orange Blossom Trail, Ste A Kissimmee, Florida 34744	407-428-5751
Ivey Lane	4426 Old Winter Garden Rd. Orlando, Florida 32811	407-428-5751
Evans Wellness Center	3100 Evans Trojans Way Orlando, Florida 32808	407-428-5751
<b>Osceola Community Health Services</b>		
Backlot Apartments	8600 W. Irlo Bronson Mem. Hwy. Kissimmee, FL 34747	407-943-8600
Buenaventura Lakes	2622 Simpson Rd. Kissimmee, FL 34743	407-943-8600
Cameron Preserve	4303 Cameron Preserve Cir. Kissimmee, FL 34746	407-943-8600
Intercession City	1703 Business Center Ln Kissimmee, FL 34758	407-943-8600
Kissimmee Dental	1875 Fortune Rd. Kissimmee, FL 34744	407-943-8600
Park Place Behavioral	200 Park Place Blvd. Kissimmee, FL 34741	407-943-8600
Poinciana	109 N. Doverplum Ave. Poinciana, FL 34758	407-943-8600
Poinciana Dental	109 N. Doverplum Ave. 2nd flr Poinciana, FL 34758	407-943-8600
St. Cloud	1050 Grape Ave. St. Cloud, FL 34741	407-943-8600
Stadium Place	1501-1507 Bill Beck Blvd. Kissimmee, FL 34744	407-943-8600
<b>True Health</b>		
Alafaya	11881-A East Colonial Drive Orlando Florida 32826	407-322-8645
Hoffner	5449 S. Semoran Blvd Suite #14 Orlando Florida 32822	407-322-8645
Lake Underhill	5730 Lake Underhill Road Orlando Florida 32807	407-322-8645
Southside	6101 Lake Ellenor Drive Suite #105 Orlando Florida 32809	407-322-8645

<b>Free Clinics</b>		
Grace Medical Home	1417 E Colonial Street Orlando, Florida 32803	407-936-2785
Osceola Council on Aging	700 Generation Point Kissimmee, FL 34744	407-483-0021
Shepherd's Hope - Downtown Orlando Health Center	101 S. Westmoreland Dr. Orlando, FL 32805	407-876-6699 ext. 248
Shepherd's Hope - Dr. Diebel, Jr. Memorial Health Center	12050 E. Colonial Dr. Orlando, FL 32826	407-876-6699 ext. 247
Shepherd's Hope - West Orange Health Center	455 9 <sup>th</sup> St. Winter Garden, FL 34787	407-876-6699 ext. 250
St. Thomas Aquinas Free Medical Clinic	510 Brown Chapel Road St. Cloud, Florida 34769	407-593-1256