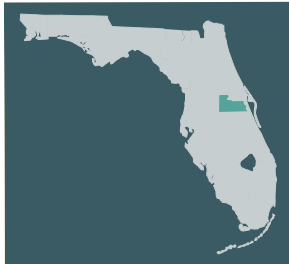2024-27

ORANGE COUNTY COMMUNITY ACTION DIVISION

COMMUNITY NEEDS ASSESSMENT

2024-2027, *PUBLISHED NOVEMBER 2024*

Orange County Community Action Division *Community Needs Assessment* (CNA)

- Complies with Organizational Standards 1.1, 1.2, 2.2 and Category 3 Standards 3.1 – 3.5 (Community Services Block Grant Organizational Standards per Technical Assistance Guide)

- Date of most recently completed CNA: November 29, 2024

- CNA Timeframe: 2024 – 2027

- Date approved by Tripartite Board: December 11, 2024

In conjunction with the Orange County Community Action Division, WellFlorida Council facilitated the assessment process and compiled the secondary and primary data for this assessment, Fall, 2024.

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EXECUTIVE SUMMARY

Comprehensive Needs Assessment Overview

Since its inception in 2001, the Orange County Community Action Division (going forward called "Division") has served individuals and families with low incomes towards the goal of achieving economic self-sufficiency. Every three years the Division leads a comprehensive needs assessment to better understand issues, resource needs, and emerging trends that impact well-being. Data and community input are used to identify priorities along with related strategies, goals, and activities to develop an implementation plan with true collective impact. The Division's 2024 needs assessment brought together community leaders, stakeholders, and residents. More than 200 Orange County community members provided input. Almost half of participants were at or below 200 percent of federal poverty guidelines (FPG). Diverse representation was assured by the involvement of leaders from governmental entities and elected officials (city and county), education and training sectors (including county education system and non-profit job training groups), faith-based organizations, non-profit community-based organizations, and groups serving focused populations such as children and senior citizens. The Division's Community Action Board played a pivotal role in making data-driven decisions about priorities, goals, strategies, activities, and planning for implementation.

Assessment	Description	Key Findings
Community Assessment	Systematic process to gather and analyze data on conditions and assets that impact quality of life including data on county demographics, health outcomes and conditions, health care access, social and behaviors factors, civic engagement, and asset building	• 24% population increase since 2010, younger population than state, fewer senior citizens • Lower per capita incomes (Blacks, Hispanics) • Higher percentages of persons in poverty, higher rates among children, senior citizens, some zip codes; many ALICE households • Mental health, substance misuse, STD issues • Emergency Department use for care, hospitalizations for avoidable conditions
Community Input Themes and Strengths	Gathers perspectives, opinions, and input from community members and leaders through surveys, focus groups, and key informant interviews on topics related to socio-economic conditions, access and barriers to resources, and community challenges and priorities	Community Survey Themes • Meeting basic needs is a top concern • Needs for housing, jobs, hunger, health care Focus Group Themes • Barriers to resources, jobs, educational opportunities, affordable housing, childcare Key Informant Interview Themes • Many resources and barriers, challenges to economic mobility, opportunities for success
Division Programs	Program and service outcome and impact data review for fiscal year 2023-24	8 community centers recorded 223,649 visits, 10,477 clients served including 3,146 served through partner organizations
Strategic Priorities		

- Poverty in Three Targeted Orange County Zip Codes
- Employment Opportunities and Outcomes
- Addressing Challenges in Meeting Basic Needs

INTRODUCTION AND ASSESSMENT METHODOLOGY

Background

In 1969 the Community Action Division (referred to as "Division" going forward) became a public agency under the Orange County Board of County Commissioners and was made an Orange County division in 2001. The Division provides services to assist individuals and families with low incomes to develop skills and competencies needed to seek and obtain employment towards the goal of achieving economic self-sufficiency.

Vision: To *help individuals and families achieve economic self-sufficiency by leveraging partnerships that produce a range of culturally competent, accessible, high-quality services to meet the needs of a diverse community*

Mission: To *enhance the quality of life, promoting self-sufficiency, and eliminating the causes and consequences of poverty by mobilizing and directing socioeconomic resources, collaboration and partnership, and by providing high-quality, easily accessible programs and services*

Community Action Promise: Community *Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.*

Governance of the Division falls under the Orange County Board of County Commissioners which funds the Division's work along with support from the federal Community Services Block Grant (CSBG). The Division is also accountable to the Community Action Board, a tripartite body with representatives from the private sector, public officials, and the community including persons with low incomes.

The Division operates eight (8) county-funded community service centers. The centers, located in communities with income disparity challenges, serve as important community hubs offering a variety of activities and services. While services differ by location, these often include senior activities such as congregate meals and exercise programs, youth activities and after-school resources, community gardens, health and community resource fairs, and programs to address a range of issues including domestic violence and substance misuse. Community center services are provided by partner agencies as well as county staff.

Every three years, the Orange County Community Action Division leads a community needs assessment process. This 2024 needs assessment was designed for the purposes of the following:

- Conducting a comprehensive review of data from an array of local, state, and national data sources on indicators that describe and document social determinants of health and well-being, health behaviors and outcomes, community resources and assets, and education and economic factors
- Informing strategic and action planning to identify and address gaps and build on successes
- Crafting monitoring and evaluation strategies for reporting and sharing achievements using a Results Oriented Management and Accountability (ROMA) approach
- Tailoring services to address community needs and those of special populations

- Continued collaboration with leaders, partners, and community members for shared actions and solutions for priority challenges and issues

Community Needs Assessments

The *Community Services Block Grant Act, Section 676(b)(11)* requires of each eligible entity in a state "…a community action plan…that includes a community needs assessment for the community served…" Regular and systematic needs assessments provide critical data and essential community input to craft a strategic plan that can be implemented to address and meet needs and fill gaps, cultivate collaboration, manage resources wisely, and monitor and report on challenges and successes.

FIGURE 1: PURPOSE OF NEEDS ASSESSMENTS

To assess gaps in services & identify resources to address needs

To determine if a particular program is needed

To support organizational strategic planning

To develop program priorities

To support the need for funding

To assist with program evaluation
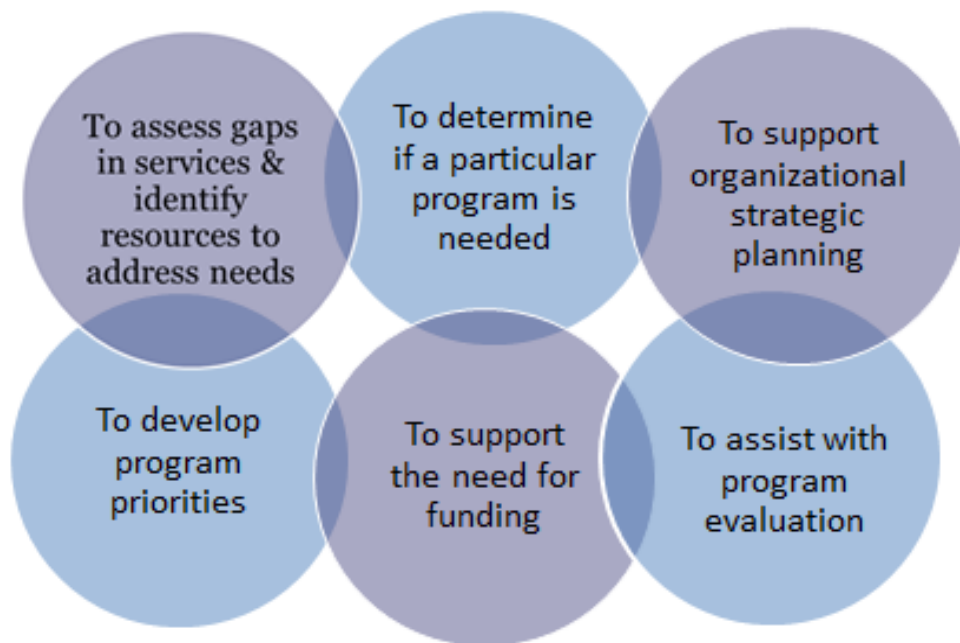
Source: Adapted from New York State Community Action Association, Community Action Partnership Technical Assistance Guide, 2015 (accessed September 16, 2024)

Community needs assessments generate data to assist in monitoring, tracking, evaluating and reporting on implemented strategies towards improved outcomes and results impacting communities. Collaborative assessment processes engage staff, leaders, community partners, and residents in on-going community improvement cycles aimed at long-term sustainability. The Division applies Results Oriented Management and Accountability (ROMA) principles in their work not only for evaluation purposes but also to promote efficiency, assure wise stewardship of resources, identify opportunities for improvement, assure customer satisfaction, and for long-range planning. The ROMA approach is an

important tool for CSBG-supported work that lends to continuous improvements, documented outcomes and impacts, and capturing promising practices.

ROMA

Results-Oriented Management and Accountability

Family   Agency

Community

Source: National Association for State Community Services Programs, n.d. (accessed September 16, 2024).

Assessment Methodology

This comprehensive needs assessment effort is based on a nationally recognized model and best practice for completing community-driven assessments called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP tool was developed by the National Association of County and City Health Officials in cooperation with the Centers for Disease Control and Prevention. Hallmarks of a MAPP-based assessment are the collaborative approach that involves the community, a focus on equity and diversity, and data-informed decision-making for identifying strategic priorities. Due to the complex determinants of social, health, and economic well-being and quality of life, the community assessment process is driven by both quantitative and qualitative data collection and analysis from both primary and secondary data sources. Data was generated from two core assessments to inform the analysis, prioritization, and identification of community priorities to be addressed by the Division. These assessments are described in further detail below.

Community Assessment

The compilation and analysis of secondary data (i.e., existing administrative data collected by others and made public) to describe the community is done in this assessment phase. This data includes data sets from reliable sources such as the U.S. Census Bureau and its American Communities Survey; the Centers for Disease Control and Prevention; and Florida governmental data from, for example, the Florida Department of Health, Agency for Health Care Administration, Department of Education, and Florida Department of Law Enforcement. The purpose of this assessment is to describe the Orange County population's demographics, health status and behaviors, health care service and utilization patterns, community assets, and factors related to the social determinants of health, or non-medical factors

affecting health and quality of life including neighborhood and built environment, education access and quality, economic stability, and social and community context. This assessment also uses data to point to disparities and inequities that impact well-being and quality of life. For ease of use, data key points are highlighted in this report while extensive data tables are compiled in the accompanying technical appendix document.

Community Input Themes and Strengths Assessment

A vital part of a comprehensive assessment process is gathering new information, called primary data, from the population of interest. Concerted efforts to collect input, opinions, and perspectives from Orange County residents and leaders help ensure that diverse and representative voices are heard. For this assessment, three primary data collection strategies were employed. These include a community survey available to all residents aged 18 years and older, focus groups open to residents 18 years and older, and interviews with key community informants and organization leaders who serve constituents served by the Division. More than 200 Orange County community residents participated in the 2024 assessment process. Almost half (46.9 percent) of the community survey respondents indicated they were at or below 200 percent of federal poverty guidelines (FPG), representing the low-income segment of the population. Assessment participants were racially and ethnically diverse with an oversampling of persons who identify as Black or African American and a fair share of those of Hispanic heritage who provided input through the survey and focus groups. Wide geographic representation of Orange County's population was also achieved as tracked by zip codes. Assessment participants included representation and stakeholders from the community at large and leaders and stakeholders from local (city and county) governmental entities including elected officials, education and training sectors (including county education system and non-profit job training groups), faith-based organizations, non-profit community-based organizations, and groups serving focused populations such as children and senior citizens. Findings and highlights from each of these efforts including both quantitative and qualitative data are found in the sections that follow.

COMMUNITY ASSESSMENT FINDINGS

Introduction

This section highlights key findings from the community assessment. Detailed data tables are found in the *2024 Orange County Community Needs Assessment Technical Appendix,* referred to going forward as the Technical Appendix*.* The assessment data was prepared by WellFlorida Council, Inc., using a diverse array of sources including the Florida Department of Health, Florida Department of Education, Florida Agency for Health Care Administration, the U.S. Census Bureau, and a variety of data sites from respected institutions across the Florida and the United States.

Briefly, a community assessment is a process of systematically gathering and analyzing data relevant to prevailing conditions and assets that impact the quality of life of a community. Such data can help to identify unmet needs, gains, challenges as well as emerging issues. Data from this report can be used to explore and understand the needs of Orange County as a whole, as well as in terms of specific demographic, socioeconomic, and geographic subsets. The following summary includes data from these areas:

- Demographics
- Health
- Health Care Access and Utilization
- Social and Behavioral Development
- Civic Engagement
- Asset Building

Many of the data tables in the Technical Appendix contain standardized rates for the purpose of comparing Orange County and its individual zip code tabulation areas to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (i.e., the number of new cases is small). Small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary include references to specific tables in the Technical Appendix so that users can refer to the numbers and the rates in context.

Demographics

As population dynamics change over time, so do the needs of communities. The Technical Appendix includes data on current population numbers and distribution by age, gender, and racial group by geographic region. It also provides statistics on education, income, and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, and barriers to healthcare and social service access. Noted below are some of the key findings from the Orange County demographic review.

Population

The 2020 the U.S. Census Bureau reported Orange County's population at 1,429,908 (Table 2, Technical Appendix). Orange County experienced a 24.8 percent increase in population (increase of 283,952 individuals) from the 2010 U.S. Census. About 38,077 individuals, or 2.7 percent of the Orange County population live in group quarters (i.e., institutionalized persons in facilities such as correctional facilities and nursing homes and noninstitutionalized persons living in places such as group homes, college dormitories, and juvenile institutions); this is slightly higher than the state rate of 2.2 percent (Table 7, Technical Appendix). The estimated veteran population in Orange County for 2018-2022 was 62,494 or 5.6 percent of the total population compared with 7.9 percent statewide (Table 12, Technical Appendix). For 2018-2022, Orange County had 326,446 families with 228,229 married couple families, 27,958 male householder families, and 70,259 female householder families with average family sizes of 3.39 persons, 3.38 persons, 3.20 persons, and 3.49 persons, respectively (2018-2022, Table 8, Technical Appendix). There were 491,378 households in Orange County including households of married couples, male householders, female householders, and nonfamily households. The average household size was 2.83 persons for all households, 3.43 for married couples, 3.6 for male householders, 3.8 for female households, and 1.45 nonfamily households. All Orange County household types had more persons than comparable types for Florida (2018-2022, Table 9, Technical Appendix). Of the 23,436 Orange County total grandparent householders, 62.9 percent were reported as not responsible for their own grandchildren under the age of 18 with the balance of 37.1 percent reported as responsible for their

own grandchildren under the age of 18. In these latter households, numbering 8,690, 63.2 percent reported having a parent present in the household (Tables 10 and 11, Technical Appendix).

Race and Ethnicity

According to the 2020 U.S. Census Bureau, Orange County's population was 44.0 percent White, 19.4 percent Black, 0.4 percent American Indian and Alaska Native, 5.5 percent Asian, 0.1 percent Native Hawaiian and Other Pacific Islander, 12.0 percent some other race, and 18.5 percent two or more races (Table 2, Technical Appendix). In comparison to Florida, Orange County is more racially diverse, as seen in the figure below. About 32.9 percent (469,883 individuals) of the Orange County population identified as Hispanic or Latino/a/x which is a higher percentage than for Florida as a whole at 26.5 percent. Orange County's non-Hispanic or non-Latino/a/x population was reported at 67.1 percent compared to the state rate of 73.5 percent (2018-2022, Table 4, Technical Appendix).

FIGURE 3: TOTAL POPULATION BY RACE, ORANGE COUNTY AND FLORIDA, 2020
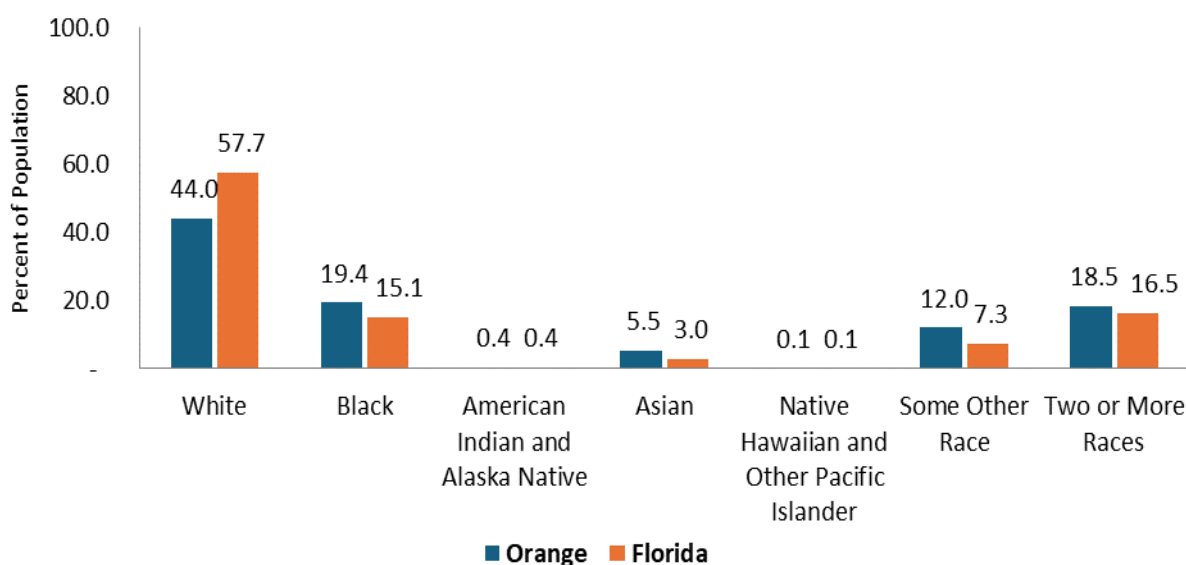
Source: Table 2, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council, 2024

Sex

The American Communities Survey (ACS) of the U.S. Census Bureau, reports that for 2018-2022 in Orange County, males represented 49.4 percent of the population and females represented 50.6 percent of the population. These percentages closely align with the state as a whole at 49.2 percent male and 50.8 percent female (Table 5, Technical Appendix).

Age

According to the ACS, Orange County has a younger population than the state of Florida as a whole. Youth aged 0 – 14 represented 17.8 percent of Orange's population compared with 16.2 percent of Florida's population. Persons aged 15 to 24 represent 14.4 percent of the Orange County population compared with 11.8 percent of Florida's population. Those residents of Orange County aged 25 to 44 comprised 30.9 percent of the population. Starting with those aged 45 to 64, age groups in Orange County have lower percentages of the population compared with Florida. For example, 24. 4 percent of Orange's population was aged 45 to 64 while in Florida they represented 26.1 percent of the total population. In Florida, 20.9 percent of the population was aged 65 years and older while in Orange County only 12.4 percent of the population fell in that age category (2018-2022, Table 6, Technical Appendix). The figure below illustrates the age distribution of Orange County residents compared to the state of Florida.

FIGURE 4: ESTIMATED TOTAL POPULATION BY AGE GROUP, ORANGE COUNTY AND FLORIDA, 2018-2022

	0-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Orange County	5.7	5.9	6.2	14.4	16.3	14.6	13.0	11.4	7.5	3.5	1.4
Florida	5.1	5.3	5.8	11.8	12.7	12.3	12.6	13.5	11.5	6.8	2.6

Source: Table 6, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council, 2024

Languages Spoken

According to 2018-2022 ACS estimates, about 62.4 percent of the Orange County population over the age five (5) years speaks only English compared to 70.1 percent in Florida. More than a third (37.6 percent) of Orange County residents speak other languages. In Florida, that figure is 29.9 percent. Among those over the age of five (5) in Orange County who speak other languages, 69.6 percent speak Spanish and 20.2 percent speak other Indo-European languages. In addition, 61.4 percent of Orange County residents over the age of five (5) who speak other languages indicate that they speak English "very well" while 38.6 percent speak English less than "very well" (Table 13, Technical Appendix).

Income and Poverty

Median and Per Capita Income

Median household incomes in Orange County in 2018-2022 for all races, Whites, and Blacks (at 72,629 dollars, 83,568 dollars, and 54,759 dollars, respectively) were higher than for the state (at 67,917 dollars, 72,212 dollars, and 51,249 dollars, respectively). Median incomes for Orange County Hispanics at 61,744 dollars was slightly less than statewide (62,425 dollars) (Table 16, Technical Appendix). The figure below presents the 2018-2022 median income data for Orange County and Florida.

FIGURE 5: MEDIAN HOUSEHOLD INCOME BY RACE AND ETHNICITY, ORANGE COUNTY AND FLORIDA, 2018-2022
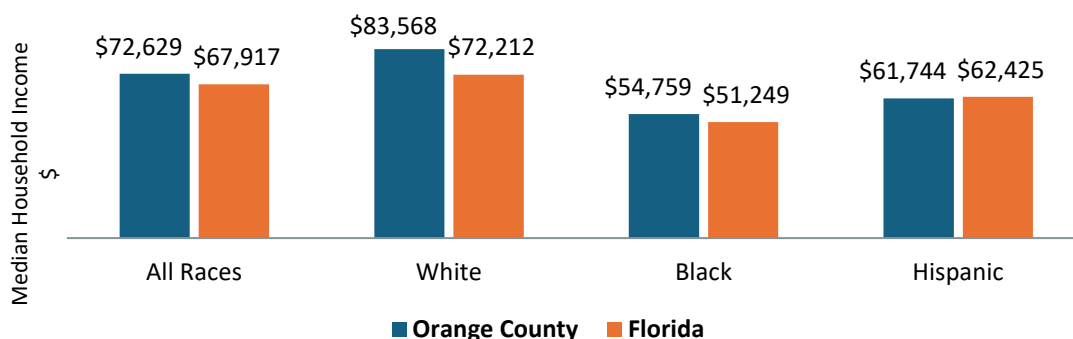
Source: Table 16, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council, 2024

In 2018-2022 per capita incomes for Orange County residents of all races (37,330 dollars), Blacks (25,122 dollars, and Hispanics (26,814 dollars) were lower than for the state (at 38,850 dollars, 25,347 dollars, and 29,500 dollars, respectively) while slightly higher for Whites (45,282 dollars compared to 44,593 dollars (Table 17, Technical Appendix).

FIGURE 6: PER CAPITA INCOME BY RACE AND ETHNICITY, ORANGE COUNTY AND FLORIDA, 2018-2022
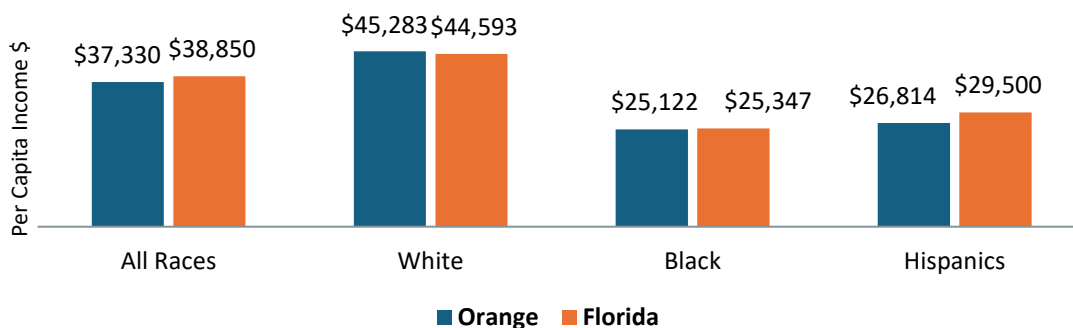
Source: Table 17, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council, 2024

Poverty Levels

According to 2018-2022 data from U.S. Census Bureau, the percentages of individuals in poverty in the past 12 months were higher for Orange County residents at 0-99 percent of federal poverty guidelines (FPG), 0-124 percent FPG, 0-199 percent FPG, 100-149 percent FPG, 150-199 percent FPG, 200-299 percent FPG, and 300-300 percent FPG than state rates (Table 14, Technical Appendix). See the figure below for the comparison of Orange County and Florida rates.

FIGURE 7: ESTIMATED PERCENTAGE OF INDIVIDUALS BY LEVEL OF POVERTY IN THE PAST 12 MONTHS, ORANGE COUNTY AND FLORIDA, 2018-2022

	0-99% FPG	0-124% FPG	0-199% FPG	100-149% FPG	150-199% FPG	200-299% FPG	300-399% FPG	400-499% FPG	500%+ FPG
Orange County	13.5	18.4	33.3	15.3	10.1	22.6	13.2	5.7	12.7
Florida	12.9	17.2	31.4	5.8	8.7	18.4	10.5	8.9	36.3

■ **Orange County** ■ **Florida**

Source: Table 14, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council, 2024

Poverty rates vary by geography in Orange County. The Technical Appendix includes more information about poverty and levels of poverty defined by the U.S. Federal Poverty Guidelines (FPG). The FPG indicate that for a family of four (4), an income of or less than 31,200 dollars constitutes living in poverty in the 48 contiguous states and the District of Columbia. Table 14 of Technical Appendix provides the estimated number and percent of individuals living in poverty by zip code tabulation areas (ZCTA). The table that follows shows the ten Orange County zip codes with the highest percentages of individuals at four (4) levels of FPG (0-99 percent, 0-124 percent, 0-199 percent, and 200-299 percent). Color coding highlights zip codes across the levels.

The Orange County rate of poverty in the past 12 months among children aged zero (0) to 17 years at 18.1 percent is slightly higher than Florida's state rate of 17.7 percent for 2018-2022. The highest percentages of children in poverty were found in Orlando zip codes 32839 (41.3 percent of children), 32808 (34.5 percent), 32818 (34.2 percent), 32809 (33.7 percent), and 32801 (32.1 percent). The estimated percentage of senior citizens aged 65 years and older in poverty in Orange County was 11.5 percent compared to the state rate of 11.0 percent. By geography, senior citizens with the highest percentages of poverty in the past 12 months were also in Orlando zip codes of 32801 (37.9 percent of senior citizens), 32805 (23.9 percent), 32808 (20.8 percent), 32822 (17.2 percent) as well as in Oakland, zip code 34760 at 36.2 percent (Table 14, Technical Appendix).

TABLE 1: ESTIMATED PERCENTAGE OF INDIVIDUALS BY LEVEL OF POVERTY IN THE PAST 12 MONTHS BY ZIP CODE, TOP TEN HIGHEST, ORANGE COUNTY, 2018-2022

Zip	0-99% FPG	Zip	0-124% FPG	Zip	0-199% FPG	Zip	200-299% FPG
32839 Orlando	25.3	32810 Orlando	32.4	32810 Orlando	59.8	32829 Orlando	58.3
32808 Orlando	23.4	32814 Orlando	32.1	32807 Orlando	53.5	32820 Orlando	29.4
32805 Orlando	21.1	32807 Orlando	30.5	32817 Orlando	51.1	32751 Maitland	28.0
32818 Orlando	20.4	32703 Apopka	30.4	32814 Orlando	49.9	32825 Orlando	24.4
32826 Orlando	19.9	32836 Orlando	27.2	32703 Apopka	47.3	32821 Orlando	22.7
32811 Orlando	19.6	32817 Orlando	26.3	32836 Orlando	45.9	32836 Orlando	22.6
32809 Orlando	18.7	32828 Orlando	24.1	32751 Maitland	45.1	32814 Orlando	22.3
32820 Orlando	18.5	32751 Maitland	23.1	32825 Orlando	41.0	32835 Orlando	21.9
32801 Orlando	17.4	32839 Orlando	22.3	32712 Apopka	40.8	32803 Orlando	20.4
32822 Orlando	16.6	32835 Orlando	21.6	32828 Orlando	40.1	32804 Orlando	19.8

Source: Table 14, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council, 2024

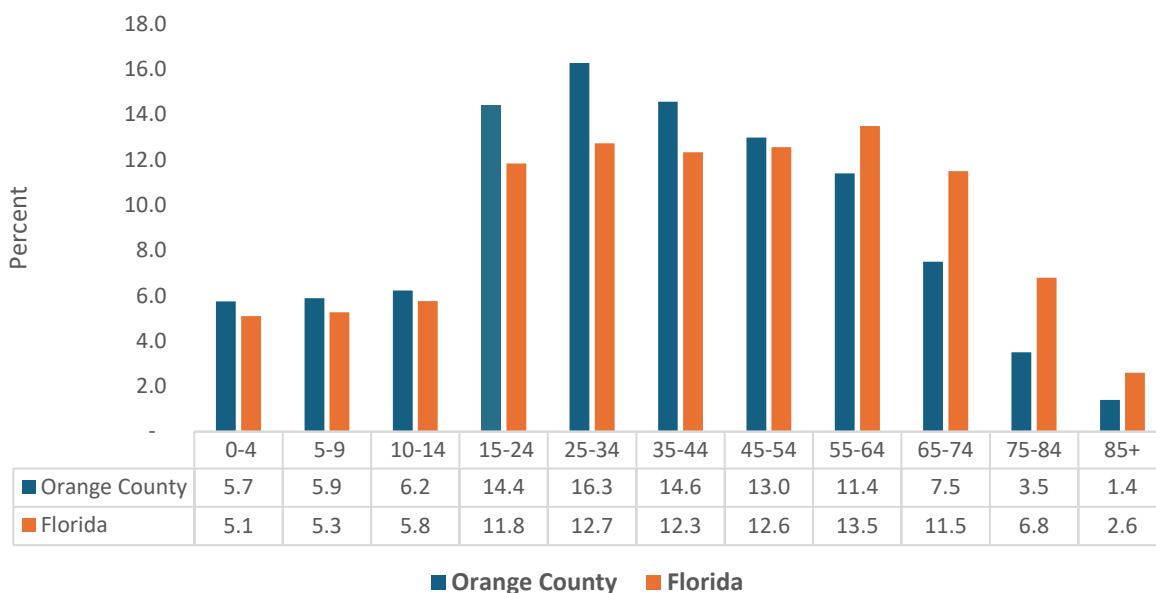The eight (8) Orange County Community Centers are located in neighborhoods throughout the county to better reach individuals and families in search of Community Action Division services as well as the programs and resources provided by partnering agencies. The Division's community centers serve Orange County residents in areas with higher poverty rates. The table below shows the community centers by zip code with corresponding percentages of their populations in four FPG groups.

TABLE 2: PERCENTAGE OF POPULATION AT SELECT FEDERAL POVERTY GUIDELINE LEVELS IN COMMUNITY CENTER ZIP CODES, ORANGE COUNTY, 2018-2022

Community Centers	0-99% FPG	0-124% FPG	0-199% FPG	200-299% FPG
Pine Hills (6408 Jennings Road, Orlando 32818)	20.4	11.0	20.3	14.4
East Orange (12050 E. Colonial Drive, Orlando 32826)	19.9	24.1	40.1	18.5
Multicultural Center (7149 W. Colonial Drive, Orlando 32818)	20.4	11.0	20.3	14.4
Taft (9450 S. Orange Ave, Orlando 32824)	7.8	9.8	20.5	18.7
Hal P. Marston (3933 W.D. Judge Drive, Orlando 32808)	23.4	5.5	14.6	18.8
Holden Heights (1201 20th St., Orlando 32805)	21.1	13.8	26.4	12.2
Maxey (830 Klondike Road, Winter Garden 34787)	8.5	20.4	35.4	16.6
John H. Bridges (445 W. 13th St., Apopka 32703)	15.8	30.4	47.3	18.3

Source: Table 14, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council, 2024.
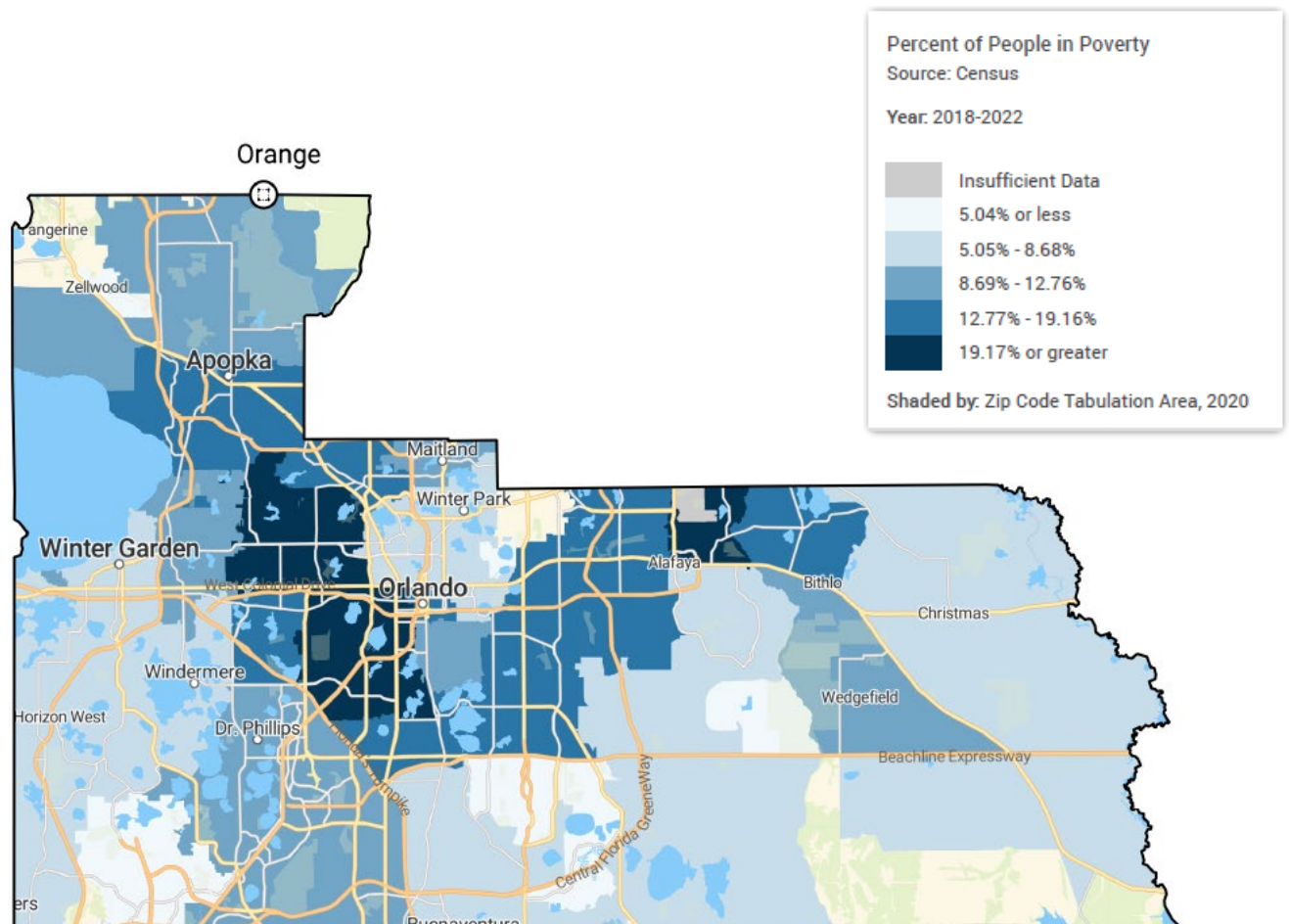
Source: PolicyMap, accessed at https://www.policymap.com/ . Prepared by WellFlorida Council, 2024

ALICE

United Way of Florida is a partner to the national United for ALICE alliance that makes available periodically the national, state, and county ALICE reports. Asset Limited, Income Constrained, Employed (ALICE) data spotlights rising numbers of working families unable to afford housing, child care, food, transportation, health care, and technology—the basic needs of individuals and families. ALICE households frequently struggle to make ends meet but are not eligible for public assistance. An ALICE household survival budget considers minimum costs of necessities plus taxes (adjusted by household type and by county). In Orange County for 2023, the annual ALICE household survival budget for a family of four (4) (i.e., two (2) adults and two (2) children in child care) was 75,384 dollars requiring an hourly wage of 37.69 dollars. For a single adult in Orange County, the ALICE household survival budget was

34,260 dollars with an hourly wage of 17.13 dollars. According to the 2023 United Way ALICE Report for Florida, 32.0 percent of households in Orange County are considered ALICE which is the same for Florida as a whole (Table 15, Technical Appendix).

Employment

From 2013 through 2020 unemployment rates in Orange County were slightly lower than state rates. Orange County's unemployment ballooned to 10.6 percent in 2020 during the pandemic compared with the state rate of 7.7 percent and has returned to near state rates at 2.9 percent and 2.8 percent for 2022 and 2023, respectively; the state rate for both years was 2.9 percent (Table 21, Technical Appendix). Orange County's highest unemployment rates per 100,000 population for 2018-2022 were found in the Orlando zip codes of 32818 (11.7 percent), 32808 (10.4 percent), 32811 (9.0 percent), 32820 (8.8 percent), and 32835 (7.9 percent) (Table 22, Technical Appendix).

FIGURE 9: UNEMPLOYMENT RATES, ORANGE COUNTY AND FLORIDA, 2013-2023

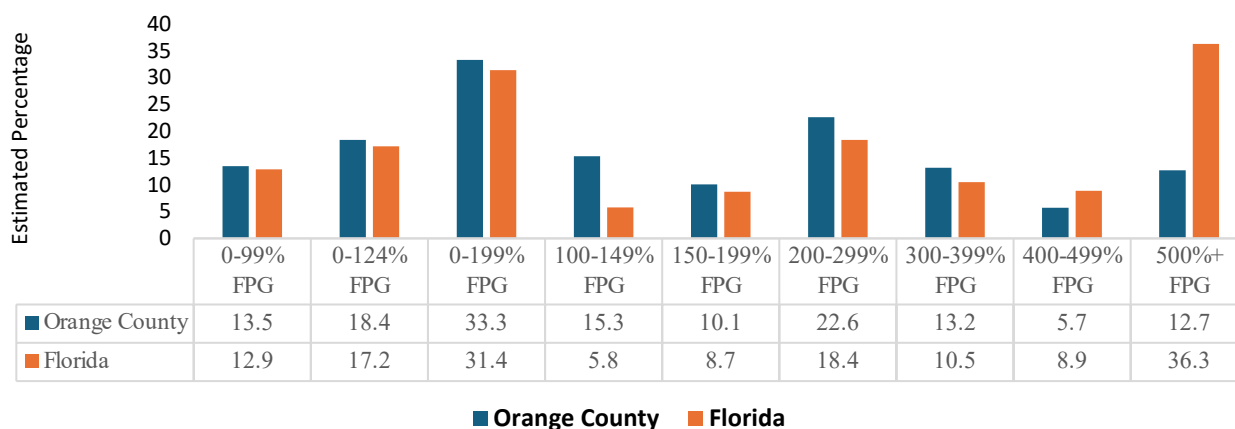|	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Orange County	6.8	5.8	5.0	4.3	3.6	3.2	3.1	10.6	5.2	2.9	2.8
Florida	7.2	6.3	5.5	4.8	4.2	3.6	3.3	7.7	4.6	2.9	2.9
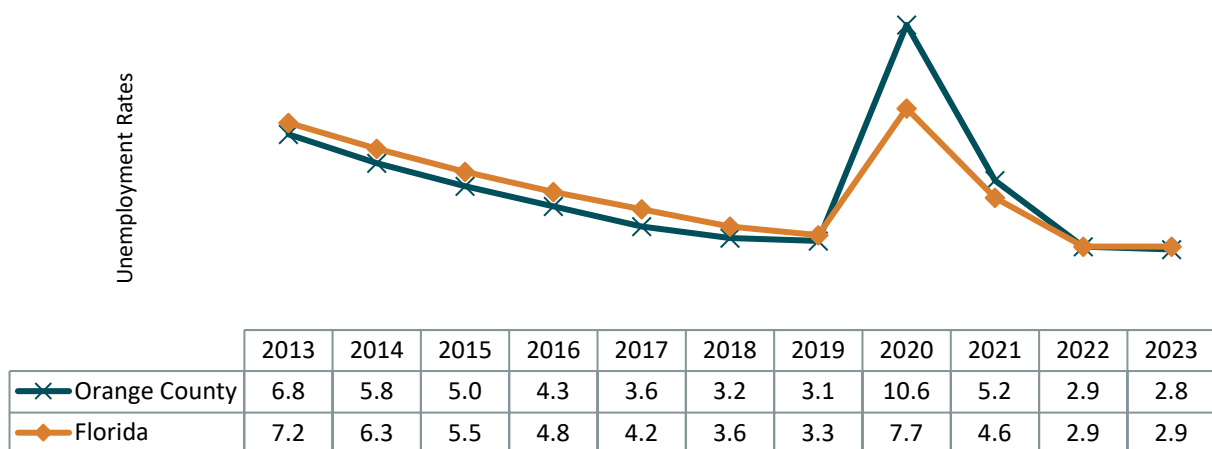
Source: Table 21, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council, 2024

Education

For the 2018-2019 to 2022-2023 academic years, Orange County high school graduation rates were near or slightly higher than state rates. Most recently the Orange County graduation rate was 89.1 percent compared with the state rate of 88.0 percent. For the same period, Orange County high school dropout rates were markedly lower than state rates. High School dropout rates in Orange County were half that of state rates including the most recent rate for 2022-2023 of 1.3 percent compared with 2.8 percent for Florida (Table 24, Technical Appendix).

Of Orange County's population aged 25 years and older, 48.3 percent had a college degree (Associate, Bachelor's, Master's, Doctorate, and professional school degrees) as their highest level of education compared with only 42.4 percent for Florida as a whole. About 41.1 percent of Orange County adults aged 25 years and older had a high school diploma as their highest level of education compared to 46.9

percent for the state. Differences in the highest levels of education can be seen by gender. About 50.1 percent of Orange County females had college degrees compared with 46.5 percent of males; both rates were higher than state rates at 43.7 percent and 41.0 percent, respectively. While close, Orange County females had a lower rate of no high school diploma (10.1 percent) compared to males (10.9 percent) (2018-2022, Table 23, Technical Appendix).

Housing

The latest U.S. Census Bureau ACS data (2018-2022) show that Orange County had a lower rate of vacant housing units (13.0 percent) than for the state as a whole (15.8 percent). More Orange County households confronted monthly housing costs that were 30 percent or more of household income at 38.1 percent as compared to 35.0 percent for Florida. Fewer housing units in Orange County were reported as owner-occupied (57.0 percent of occupied housing units) in contrast to 66.9 percent for the state. Nearly the same percentages of Orange County and Florida owner-occupied households were reported to have monthly housing costs of 30 percent or more of household income (25.9 percent and 25.5 percent, respectively). However, 31.5 percent of those households in Orange County with a householder aged 65 years and older had costs of 30 percent or more compared to 27.6 percent statewide. The percentage of renter-occupied housing units in Orange County at 43.0 percent surpassed the state rate of 33.1 percent. About 57.1 percent of renter-occupied households had rents costing 30 percent or more of household incomes. For the same period, 14.8 percent of the population (in occupied housing units) experienced severe housing problems compared to 8.4 percent for the state. Severe housing problems include lack of hot and cold water, shower or bathtub, flush toilet, no electricity, inadequate heating and cooling equipment, exposed wiring, and structural problems (e.g., water leaks, holes in the floor, open cracks, peeling paint, vermin in the unit). A larger percentage of Orange County residents moved households; that is from 2018-2022, 15.1 percent of individuals over the age of one (1) lived in a different house one (1) year earlier compared to 12.9 percent for Florida (all data 2018-2022, Table 25, Technical Appendix).

Health

Life expectancy, years of potential life lost, and disease and death rates are some of the most direct and traditional measures of health and well-being in a community. Simply defined, life expectancy is the average length of time a person is likely to live and may be determined by a person's sex, race and Hispanic ethnicity. Years of potential life lost (YPLL) is a measure of premature death; that is, death occurring before the age of 75. YPLL is often used to quantify social and economic loss due to early death. The leading causes of death for a county or state are used to monitor trends, watch for emerging challenges, track effectiveness and outcomes from interventions, and make public health and health care system decisions.

Life Expectancy and Years of Potential Life Lost

Life expectancy for residents of Orange County (all races, ethnicities, sexes) from 2020-2022 at 79.1 years was higher than the state figure of 78.0 years. For the same period, all Orange County life expectancy

figures were better than the state by sex, race, and ethnicity. The following graph depicts this comparison (Table 26, Technical Appendix).

From 2018-2022, the YPLL rates per 100,000 population for Orange County residents of all races were lower than state rates. Over the same period YPLL rates were also lower than state rates for Orange County Whites and Blacks, males, and females. In 2018, 2019, and 2022 Orange County Hispanics had higher YPLL rates than their counterparts in Florida (Tables 27 and 28, Technical Appendix). The trends in YPLL rates for 2018-2022 for Orange County compared with Florida's rates are shown in the graph below.

FIGURE 10: LIFE EXPECTANCY BY SEX, RACE, AND ETHNICITY, ORANGE COUNTY AND FLORIDA, 2016-2022

	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022
Orange Males	77.2	77.6	77.3	76.5	76.3
Florida Males	76.9	77.0	76.5	75.5	75.1
Orange Females	82.6	82.8	82.6	82.1	81.8
Florida Females	82.5	82.6	82.3	81.5	81.1
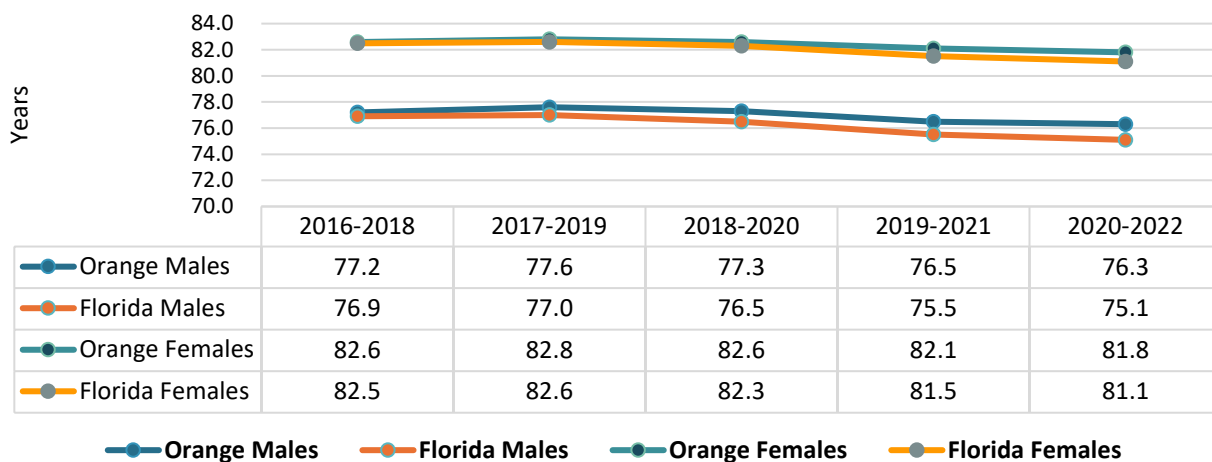
Source: Table 26, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council, 2024

FIGURE 11: YEARS OF POTENTIAL LIFE LOST PER 100,000 POPULATION, ORANGE COUNTY AND FLORIDA, 2018-2022

	2018	2019	2020	2021	2022
Orange County	6,307.1	6,116.5	6,664.5	7,832.0	6,575.0
Florida	7,692.6	7,646.8	8,651.1	10,015.4	8,277.7
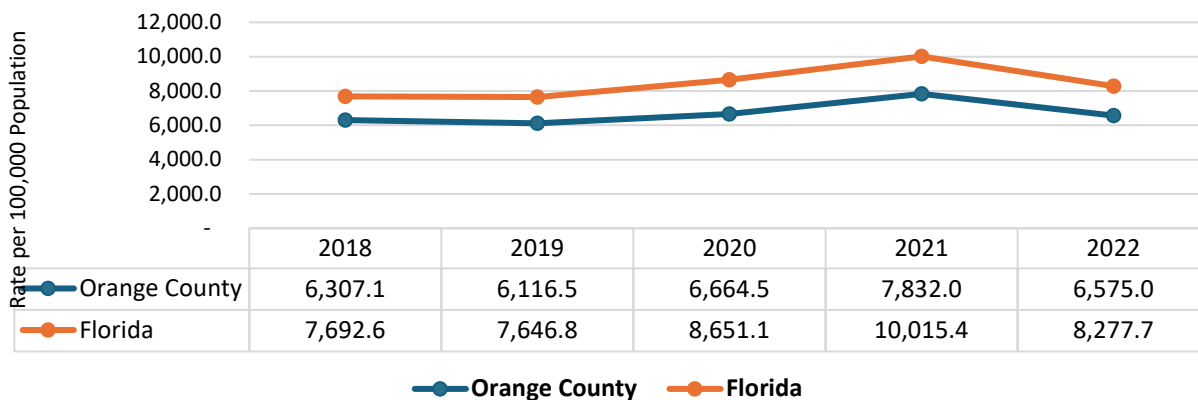
Source: Tables 27 and 28, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council, 2024

Leading Causes of Death

In Orange County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues; that is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. For 2020-2022 Orange County and Florida both showed heart disease and cancer as their top ranked causes of death, both of these causes leading by a large margin over other causes (Table 33, Technical Appendix). When controlled for age, Orange County age-adjusted death rates for 2020-2022 by race and ethnicity were lower than state rates for heart disease, cancer, COVID-19, unintentional injuries, and stroke with the exception of slightly higher deaths rates among Orange County Hispanics for unintentional injuries and stroke (Table 34, Technical Appendix). When examined by race, in 2022 Orange County Blacks had higher age-adjusted death rates for heart disease, cancer, COVID-19, and stroke than Whites whereas the age-adjusted unintentional injury death rate for Orange County Whites was notably higher in 2022. For the same year, Orange County Hispanics had lower age-adjusted death rates than both Whites and Blacks for heart disease, cancer, and COVID-19 (Tables 35-38, Technical Appendix). The leading causes of death for 2020-2022 for Florida and Orange County children zero (0) to 17 years of age were perinatal period conditions and unintentional injuries. For the same period in both Florida and Orange County the leading cause of death among residents 18 to 44 years of age was unintentional injury with the second leading cause for Orange County residents as cancer compared with the statewide second cause of suicide. For those aged 45 to 64 years and 65 to 84 years, cancer and heart disease were the leading causes for both Orange County and Florida (Table 32, Technical Appendix).

TABLE 3: TOP TEN LEADING CAUSES OF DEATH, ALL RACES, BY PERCENTAGE OF TOTAL DEATHS, ORANGE COUNTY AND FLORIDA, 2020-2022

Rank	Orange County (percent)	Florida (percent)
1	Heart Disease (19.4)	Heart Disease (20.2)
2	Cancer (18.8)	Cancer (18.9)
3	COVID-19 (8.8)	COVID-19 (8.9)
4	Unintentional Injury (8.2)	Unintentional Injury (6.9)
5	Stroke (7.1)	Stroke (6.4)
6	Chronic Lower Respiratory Disease (3.5)	Chronic Lower Respiratory Disease (4.6)
7	Diabetes (3.1)	Diabetes (3.1)
8	Alzheimer's Disease (2.7)	Alzheimer's Disease (2.8)
9	Nephritis (1.6)	Liver Disease* (1.55)
10	Septicemia (1.6)	Nephritis (1.4)

Source: Table 34, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council, 2024. Note: *Liver disease was not in the top ten causes of death for Orange County for 202-2022.

Health Status and Health Outcomes

Health status may be indicative of an individual's or population's overall physical and mental well-being as well as the absence of illness and injury. Health outcomes are seen as changes or impacts to health as

the result of an intervention. Interventions can range from personal health decisions to education and awareness to healthcare provider and system services. For 2017-2019 about 79.8 percent of Orange County adults reported good to excellent overall health; this was slightly lower than for Florida (80.3 percent). The percentages of Orange County Blacks and Hispanics who reported good to excellent health were lower at 76.9 and 74.9 percent, respectively, compared to state rates (80.5 and 75.9 percent). Similar percentages of Orange County and Florida residents reported having good mental health for the past days (86.4 percent versus 86.2 percent, respectively). Orange County non-Hispanic Blacks reported having good mental health for the past 30 days at a higher percentage (92.2 percent) than their counterparts in Florida (87.7 percent) (Table 75, Technical Appendix).

Chronic Diseases and Conditions

With heart disease as the leading cause of death for Orange County residents, it is important to examine cardiovascular disease indicators that may portend population health issues and demands on the healthcare system. About 7.1 percent of Orange County adults (all races, ethnicities) have ever been told (by a healthcare professional) they had coronary heart disease, heart attack or stroke; this is a lower rate than for the state (9.5 percent). While these rates are lower for Orange County non-Hispanic Whites (5.9 percent) and non-Hispanic Blacks (7.3 percent) compared to state rates (11.2 and 9.0 percent, respectively), it is important to note that at 8.7 percent Orange County Hispanics had the highest rate compared with the county all-race percentage as well as the state rate for Hispanics at 6.2 percent (2017-2019, Table 57, Technical Appendix). Slightly fewer Orange County adults report they had ever been told they have high blood cholesterol (30.2 percent) compared to 29.6 percent for the state. That percentage is higher for Orange County Hispanics at 30.0 percent versus 24.6 percent for their counterparts statewide (2019, Table 59, Technical Appendix). Similarly, a higher percentage of Orange County Hispanics have ever been told they had hypertension (27.7 percent) compared with Hispanics statewide (23.5 percent). However, fewer Hispanic Orange County adults report currently taking high blood pressure medicine at 60.3 percent than those statewide at 73.9 percent (2019, Table 61, Technical Appendix).

Higher percentages of Orange County adults report having had a test for high blood sugar or diabetes in the past three (3) years (59.3 percent) and having ever been told they have pre-diabetes (10.8 percent) than for the state (58.0 and 9.1 percent, respectively). Fewer Orange County adults report ever having been told (by a healthcare professional) that they have diabetes (9.5 percent) compared with 11.5 percent statewide. Likewise, a noticeably smaller percentage of Orange County adults with diabetes have ever had diabetes self-management education (53.1 percent) compared with 66.3 percent statewide (2019, Table 60, Technical Appendix).

Asthma among adults was reported at higher percentages for Orange County adults overall (10.8 percent who currently report having asthma), 8.5 percent of non-Hispanic Whites, 8.8 percent of non-Hispanic Blacks, and 15.6 percent of Hispanics. These rates were notably higher than for the state as a whole (7.4, 7.5, 7.8, and 7.3 percent, respectively). For Orange County Hispanics the percentage of adults who currently have asthma was twice that for the state (15.6 vs 7.3 percent, respectively). Almost twice the percentage of adult Orange County Hispanics have ever been told they had asthma (26.5 percent) compared with 13.8 percent of Hispanics across Florida (2019, Table 58, Technical Appendix).

Infectious Diseases

Infectious diseases are caused by pathogens such as bacteria, viruses, fungi, or parasites. These illnesses are usually spread from person to person and can cause minor illnesses or have serious health impacts.

Sexually Transmitted Diseases (STDs). STDs develop because of exposure to a sexually transmitted infectious (STI) agent through sexual contact. For each year from 2018-2022, Orange County recorded higher than state rates for bacterial STDs (summary indicator), chlamydia, gonorrhea, syphilis (all stages), early syphilis, infectious syphilis, and congenital syphilis (rates per 100,000 population, Table 62, Technical Appendix). The human immunodeficiency virus (HIV) is an STI that can progress to acquired immunodeficiency syndrome (AIDS). In Orange County in 2023 there were more than 10,000 persons with HIV (PWH) for a rate of 687 PWH per 100,000 population; this is a higher rate than for the state as a whole (566.4 PWH). Relatedly, over the same period Orange County recorded higher HIV diagnoses rates per 100,000 population and higher AID diagnoses rates per 100,000 than for the state (2019-2023, Table 63, Technical Appendix).

Other Infectious Diseases. For the five (5) years between 2019-2023, Orange County reported higher than state rates for tuberculosis; most recently at 3.7 cases per 100,000 population for Orange County compared with 2.8 cases per 100,000 for the state. In Orange County from 2019-2023, hepatitis A case rates fluctuated widely, landing at 0.5 cases per 100,000 population in 2023 which was narrowly higher than the state rate of 0.4 cases per 100,000 population. Acute and chronic hepatitis B case rates from 2019-2023 were higher for Orange County than the state for all years with the exception of 2020 for acute hepatitis B. The same pattern was seen for chronic and acute hepatitis C including the 2020 exception for acute hepatitis C (Table 64, Technical Appendix).

Unintentional Injuries

As reported earlier, unintentional injuries were the leading cause of death for Orange County residents 18 to 44 years of age and the second leading cause for children aged zero (0) to 17 years (2020-2022, Table 32, Technical Appendix). Many unintentional injuries are caused by motor vehicle crashes and falls. From 2018-2021, motor vehicle traffic crash rates per 100,000 population were higher than state rates. In 2022 the Orange County rate of 1,756.8 crashes per 100,000 population fell lower than the state rate (1,780.7 crashes per 100,000). Alcohol-confirmed motor vehicle traffic crash fatality rates for Orange County were equal to or higher than state rates from 2018-2022 with the 2022 Orange County rate of 3.3 alcohol-confirmed motor vehicle traffic crash fatalities per 100,000 population at 1.7 times the state rate of 1.9 fatalities per 100,000 population (Table 67, Technical Appendix). Drug-confirmed motor vehicle traffic crash fatality rates for Orange County were lower than state rates from 2018-2021. In 2022 the Orange County rate of 1.7 fatalities per 100,000 population inched past the state rate of 1.6 fatalities (Table 68, Technical Appendix).

Mental Health and Substance Misuse

According to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, mental health conditions and substance use disorders can occur together. There are many contributing factors, including underlying causes such as genetics, brain composition, and early exposure to trauma. Mental health issues can lead to the use of alcohol or drugs for self-medication. From 2019-2023, Orange County residents had higher rates of hospitalizations for mental health reasons

than the state. Most recently in 2023, there were 10.9 hospitalizations for mental health reasons per 1,000 population among Orange County residents compared with 9.0 such hospitalizations for Florida. Also for 2023, these Orange County rates were higher for those zero (0) to 17 years of age (8.0 hospitalizations for mental health reasons) and adults 18 years of age and older (11.7 hospitalizations) in contrast to state rates of 6.8 and 9.5 hospitalizations per 1,000 population, respectively. From 2019-2022 the rates of emergency department (ED) visits for mental health reasons for Orange County residents were lower than state rates. Most recent data (2022) show an Orange County rate of 46.1 ED visits for mental health reasons per 1,000 population compared with 53.6 ED visits for the same reason statewide (Table 72, Technical Appendix).

FIGURE 12: HOSPITALIZATIONS FOR MENTAL HEALTH REASONS, RATE PER 1,000 POPULATION, ORANGE COUNTY AND FLORIDA, 2019-2023
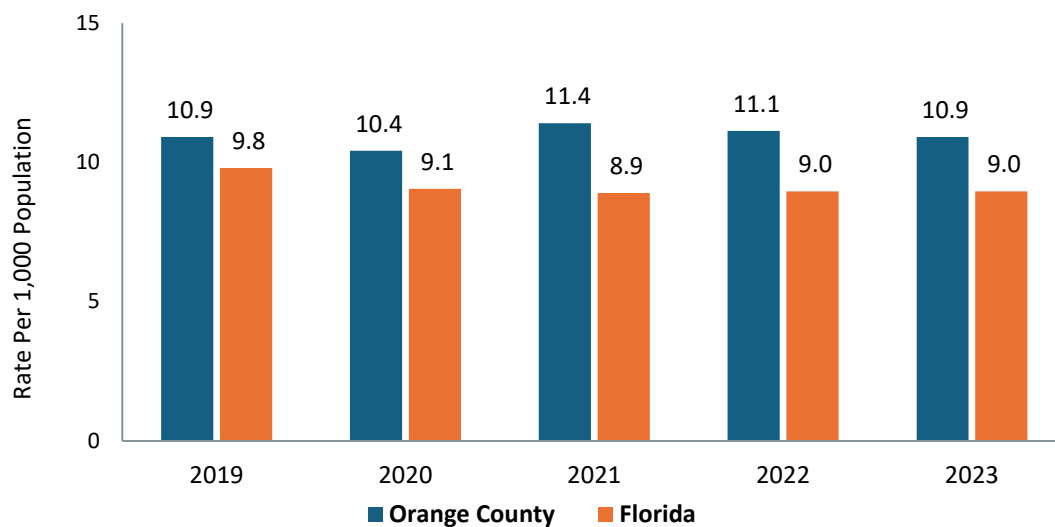
Source: Table 72, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council, 2024.

The Florida Mental Health Act, commonly known as the Baker Act, governs mental health treatment and services for both children and adults. It includes provisions for involuntary examination placement. Among children younger than 18 years of age, the percentage of involuntary exam initiations for Orange County children was lower than for the state from 2017-2022 with Orange County's most recent rate of 19.5 percent compared with 20.1 percent for the state. Among adults 18 to 24 years of age and adults 25 to 64 years of age Orange County's Baker Act rates were higher than state rates for the same period. The 2021-2022 rates were 13.3 percent (Orange County adults, 18-24 years old) and 61.8 percent (Orange County adults, 25-64 years old) compared to 12.8 and 59.1 percent, respectively, statewide (Table 70, Technical Appendix).

For 2020-2022 suicide was the eighth ranked cause of death for males both in Orange County and statewide. In Orange County for males 18 to 44 years of age, suicide was the fourth ranked cause of death compared with Florida rankings where suicide was the second leading cause of death for that age group (Tables 31, 32, Technical Appendix). When examined by race, suicide death rates for Orange

County residents were lower than state rates. In 2020-2022 the age-adjusted suicide death rate per 100,000 population for Orange County Whites was 10.8 suicide deaths and 5.6 suicide deaths for Blacks compared to 15.4 and 6.1 suicide deaths per 100,000 population, respectively, for their counterparts statewide. Rates of YPLL from suicide were also lower for all races, Whites and Blacks in Orange County from 2011-2022 while the most recent (2020-2022) YPLL rate from suicide for Hispanics was 262.3 years of potential life lost for both Orange County and the state (Tables 49, 50, Technical Appendix).

In Orange County in 2022 there were 364 opioid overdose deaths and 471 drug overdose deaths for rates of 23.8 opioid overdose deaths per 100,000 and 30.5 drug overdose deaths per 100,000 population. Orange County rates were lower than state rates (29.0 and 35.9 opioid and drug overdose deaths, respectively) (Table 69, Technical Appendix). For 2022, rates of ED visits for non-fatal overdoses (unintentional or undetermined and intentional self-harm) for all drugs, opioid-involved, heroin-involved, and stimulant-involved overdoses for Orange County residents were lower than state rates. Similarly, hospitalization rates for non-fatal overdoses for all drugs, opioids, and heroin were lower than state rates for Orange County residents with the exception of stimulant-involved non-fatal overdose hospitalizations at 2.6 hospitalizations per 100,000 population compared with 2.2 hospitalizations per 100,000 statewide (Table 79, Technical Appendix).

Health-related Behaviors

Health behaviors are actions, intentional or unintentional, taken by individuals that can affect health or mortality. These actions can detract or improve a person's health. Any number of health outcomes may be associated with personal health behaviors, attitudes, and decisions.

Tobacco use is a leading preventable cause of disability, disease, and death in the United States. Fewer Orange County adults reported being current smokers (11.7 percent of adults) compared with Florida (14.8 percent) with the same holding true for Orange County adults who are current e-cigarette users (6.1 percent) in contrast to the state as a whole (7.5 percent). Of note, however, is the rate of current smokers among Orange County Blacks at 15.5 percent compared to their counterparts statewide (12.4 percent) (2017-2019, Table 76, Technical Appendix). Orange County middle and high schoolers use tobacco at much lower rates when compared to state figures. Only 0.5 percent of Orange County middle and high schoolers reported being current cigarette smokers (smoked within the past 30 days) in contract to 1.3 percent statewide. About 11.4 percent of Florida middle and high schoolers reported having used an electronic vapor product in the past 30 days while only 6.1 percent of Orange County youth did the same (2022, Table 77, Technical Appendix).

Excessive alcohol use can have immediate and long-term health effects. Short-term alcohol use, in the form of drinking to excess on occasion, may lead to harms such as injuries including motor vehicle crashes, violence, alcohol poisoning and overdose, poor sexual health decisions, and adverse pregnancy outcomes. In 2019, 18.2 percent of Orange County adults said they engaged in heavy binge drinking which was close to the state rate of 18.0 percent. A higher percentage of Orange County Hispanics reported such drinking (22.0 percent) compared with the state rate (17.1 percent) and 23.8 percent of Orange County men reported heavy binge drinking compared to 21.2 percent for Florida as a whole (Table 78, Technical Appendix). At 2.6 percent, the percentage of Orange County students (11 to 17 years of age) who engaged in binge drinking was half the state rate of 5.6 percent. Similarly, 9.3 percent of Orange County youth report having had alcohol in the past 30 days compared to 11.8 percent for youth

statewide (2022, Table 81, Technical Appendix). Data on alcohol- and drug-related motor vehicle traffic crash injuries and deaths is reported in the Unintentional Injuries section above (see also Tables 67 and 68, Technical Appendix).

Maternal, Infant, and Child Health

Births and Prenatal Care

The assessment of maternal, infant, and child health examines indicators of women's and infant's health before, during, and after pregnancy. With 16,717 births (all races) to Orange County residents in 2022, the birth rate of 11.2 births per 1,000 population is higher than the state birth rate of 10.0 births. Likewise, birth rates were higher for Orange County Whites (10.4 births per 1,000 population), Blacks (13.1 births), and Hispanics (12.8 births) than statewide rates (9.3, 12.6, and 12.4 births per 1,000 population, respectively) (Table 82, Technical Appendix). Recent data shows lower percentages of Orange County mothers received prenatal care in the first trimester. For all races in Orange County, 63.2 percent of births had first trimester care compared with 67.7 percent statewide. Lower percentages hold true for Orange County Whites at 67.2 percent of births receiving first trimester care (70.6 percent, Florida), Orange County Blacks at 53.7 percent of births (59.1 percent, Florida), and 62.8 percent of Hispanic births (67.4 percent) (Table 89, Technical Appendix).

Low Birthweight Births and Births to Teens

In 2022 low birthweight births (i.e., infant born weighing less than five (5) pounds, eight (8) ounces, equivalent to 2,500 grams) accounted for 9.4 percent of births (all races) in Orange County, a rate slightly higher than for the state (9.1 percent). By race and ethnicity, 7.4 percent of both Orange County and Florida births to Whites were low birthweight, while Orange County Blacks had a lower percentage of low birthweight births (14.0 percent) than for state counterparts (14.7 percent) and conversely, the Orange County Hispanic low birthweight birth rate of 7.9 percent was slightly higher than the state rate of 7.6 percent (Table 83, Technical Appendix). The number and percentages of teen (15 to 17 years of age) births declined for the period of 2018-2022 in Orange County, landing at 0.7 percent of total births (number = 110) compared with 0.9 percent statewide. The percentages of Orange County teen births to Whites, Blacks, and Hispanics also were lower than for state counterparts in 2022 (Table 84, Technical Appendix). Medicaid was reported as the payor source for 43.3 percent of Orange County births in 2022 which was slightly lower than 43.7 percent for Florida. By race and ethnicity, the percentage of births with Medicaid as the payor source was lower than state rates for Orange County Whites (37.7 percent) and Blacks (62.6 percent) but higher for Orange County Hispanics (50.6 percent) (Table 85, Technical Appendix).

WIC Program Participation

The U.S. Department of Agriculture, Food and Nutrition Service's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) makes supplemental food, nutrition education, breastfeeding support and health care referrals available to low-income pregnant, breastfeeding and non-breastfeeding postpartum women as well as to infants and children up to age five found to be at nutritional risk. Lower than state percentages of Orange County births were to mothers who participated in local WIC programs. For all races in Orange County in 2022 only 31.4 percent of births were reported to have had WIC participation compared with 34.5 percent statewide. Orange County Whites, Blacks,

and Hispanics had lower than state rates as well for WIC participation. (Tables 86 and 87, Technical Appendix). In 2023 in Orange County almost 44,000 persons were determined to be WIC eligible; however, only 64.3 percent of those eligible were served by local WIC programs. This percentage is somewhat lower than the state rate of 68.9 percent (Table 87, Technical Appendix).

Infant Deaths

Since Infant deaths are rare occurrences small sample sizes cause rates to vary considerably. For Orange County from 2018-2022, infant death rates were near state rates. In 2022, there were 96 infant deaths in Orange County for a rate of 5.7 infant deaths per 1,000 live births, a rate somewhat lower than the 6.0 infant deaths per 1,000 live births for the state. When examined by race and ethnicity for 2022, Orange County reported lower than state rates for the White population (4.1 infant deaths per 1,000 live births), for the Black population (10.1 infant deaths per 1,000 live births), and for the Hispanic population (4.6 infant deaths per 1,000 live births) (Table 88, Technical Appendix).

FIGURE 13: INFANT DEATHS, RATES PER 1,000 LIVE BIRTHS, ORANGE COUNTY AND FLORIDA, 2022
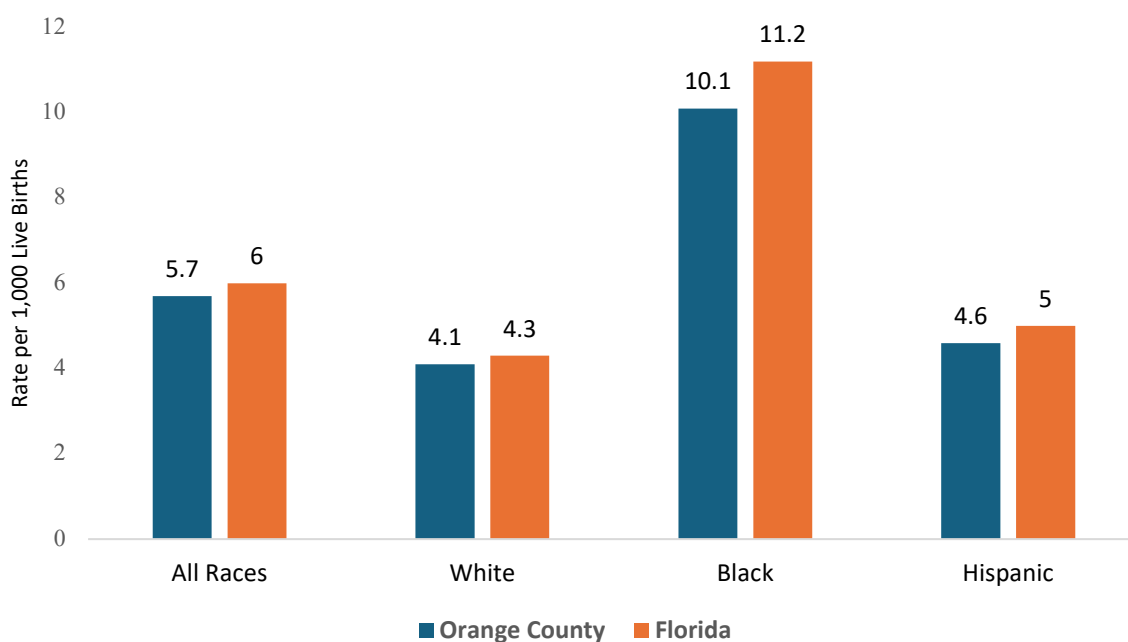
Source: Table 88, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council, 2024.

Health Care Access and Utilization

Health care access is a broad term that describes an individual's or population's ability to obtain needed services from the healthcare system, including primary, mental health and dental care. Also included in an assessment of access to care and services utilization are factors that serve as barriers and enablers. These may include the number and quality of healthcare facilities, availability of healthcare professionals

and providers, insurance coverage, and access to public benefit programs such as Medicaid and Medicare.

Healthcare Service Utilization

For 2018-2022, about 12.6 percent of the Orange County population was uninsured compared to 12.3 percent for Florida. Four (4) Orange County zip codes had uninsured rates of 20 percent or more. These include Orlando zip codes 32809 (23.1 percent), 32839 (21.9 percent), 32808 (20.0 percent), and Gotha zip code 34734 (20.1 percent). By age, 7.4 percent of the Orange County population under 19 years of age were uninsured and of those 18 to 64 years of age 13.2 percent were uninsured. Comparable state rates were 7.3 and 13.9 percent, respectively (Tables 90 and 91, Technical Appendix).

Lower percentages of Orange County adults report having a personal doctor overall (67.0 percent) and by race and ethnicity at 70.9 percent for Whites, 67.5 percent for Blacks, and 59.0 percent for Hispanics compared with state rates of 72.0, 76.8, 72.1, and 61.5 percent. Slightly lower rates of Orange County Whites, Blacks, and Hispanics reported they could not see a doctor at least once in the past year due to cost. Also lower than state rates were the percentages of Orange County adults overall (75.2 percent), Whites (73.9 percent), Blacks (81.8 percent), and Hispanics (72.1 percent) who reported having had a medical checkup in the past year (2017-2019, Table 105, Technical Appendix). In 2020, about 28.0 percent of Orange County middle and high school students reported not having visited a doctor's office in the past 12 months and about the same percentage (28.3 percent) had not visited a dentist's office. These were lower than the state rates of 29.5 and 28.7 percent, respectively (Table 152, Technical Appendix).

In 2022, there were more than 588,000 emergency department (ED) visits made by Orange County residents resulting in a rate of 393.7 ED visits per 1,000 population which was slightly lower than the state rate of 395.3 ED visits per 1,000 population. For that same year for Orange County residents, the main reasons for ED visits, by International Classification of Disease (ICD)-10 codes, included fever (5.5 percent), cough (5.0 percent), abdominal pain (4.3 percent), chest pain (3.8 percent), headache (3.6 percent), low back pain, other chest pain, shortness of breath (all at 1.9 percent), nausea (1.8 percent), rash (1.5 percent), with all other reason accounting for 68.8 percent of ED visits (Tables 98 and 100, Technical Appendix).

In 2023 Orange County residents were admitted to and discharged from hospitals for a variety of reasons. The most common Medicare Severity-Diagnosis Related Groups (MS-DRGs) included psychoses (7.0 of discharges), septicemia (4.9 percent), neonate with other significant problems (3.7 percent), vaginal delivery (3.5 percent), normal newborn (3.3 percent), and heart failure (2.4 percent) (Table 94, Technical Appendix). Avoidable conditions, also known as ambulatory care sensitive conditions, are those health conditions for which hospitalization could have been prevented with timely and effective outpatient care. In 2023, the avoidable discharge rate for Orange County residents who were hospitalized was 12.9 avoidable discharges per 1,000 population under the age of 65. This was comparable to the state rate of 12.3 avoidable dischargers for the same period. Of the nearly 17,000 avoidable discharges in 2023 for Orange County residents, the most common reasons were dehydration (39.7 percent of discharges), nutritional deficiencies (20.4 percent), grand mal and other epileptic convulsions (7.0 percent), congestive heart failure (6.7 percent), diabetes "B" (a group of diabetes-related conditions, 6.5 percent), asthma (5.1 percent), cellulitis (4.6 percent), diabetes "A" (another set

of diabetes-related conditions. 4.2 percent), chronic obstructive pulmonary disease (3.9 percent), and gastroenteritis (3.1 percent) (Table 97, Technical Appendix). The payor sources associated with avoidable hospitalizations are discussed in the next section.

Providers and Facilities

Health Professional Shortage Areas, or HPSA, are geographic regions, populations, or institutions identified by the U.S. Health Resources and Services Administration (HRSA) as having a shortage of primary medical, dental, or mental health providers. In Orange County as of September 2024 there were 11 dental care locations (including one (1) correctional facility), ten (10) primary care locations (including a correctional facility), and five (5) mental health locations (including a correctional facility) that are high priority HPSA shortage areas. The same report also identified locations with low income populations as a Medically Underserved Area, or MUA, in Orange County. These MUAs include the Alafaya service area, Pine Hills, Parramore, North Winter Park, South Winter Park, Hoffner service area, and the Apopka/Winter Garden area (Table 107, Technical Appendix).

For each of the fiscal years from 2018-2019 to 2022-2023, Orange County had higher rates of physicians per 100,000 population than state rates for family practice, internal medicine, obstetrics and gynecology, pediatricians, and for the summary measure of all medical physicians. Orange County rates of dentists per 100,000 population mirrored state rates for fiscal years 2019-2020 to 2023-2024, with the most recent rate of 65.1 dentists per 100,000 population exceeding the state rate of 61.5 dentists (Tables 111 and 113, Technical Appendix).

Orange County is not without health care facilities and some challenges with health care resources. According to 2023 data from the Florida Agency for Health Care Administration (AHCA), Orange County rates per 100,000 population for certain types of hospital beds were higher than for the state. Orange County rates for nursing home beds has lagged behind state rates for the reporting period of 2019-2023. The figures below show the comparisons (Table 109, Technical Appendix). AHCA data also of interest were rates of Orange County facilities well below state rates including adult day care centers, assisted living facilities, community mental health facilities (outpatient rehabilitation and crisis stabilization units), home health agencies, hospice, intermediate care facilities for the developmentally disabled, residential treatment for children and adolescents. Orange County had near state rates of ambulatory surgical centers, end stage renal disease centers, homemaker and companion services, and hospitals (Table 108, Technical Appendix).

FIGURE 14: ALL HOSPITAL BEDS, ACUTE CARE BEDS, AND SPECIALTY BEDS, RATES PER 100,000 POPULATION, ORANGE COUNTY AND FLORIDA, 2023
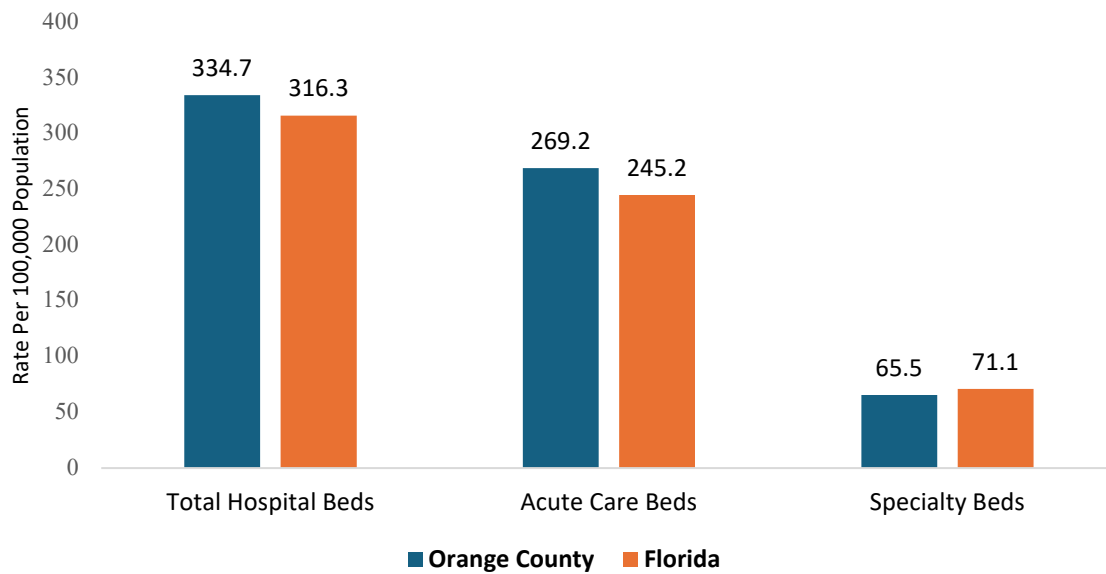
Source: Table 109, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council.

FIGURE 15: SPECIALTY HOSPITAL BEDS, RATES PER 100,000 POPULATION, ORANGE COUNTY AND FLORIDA, 2023
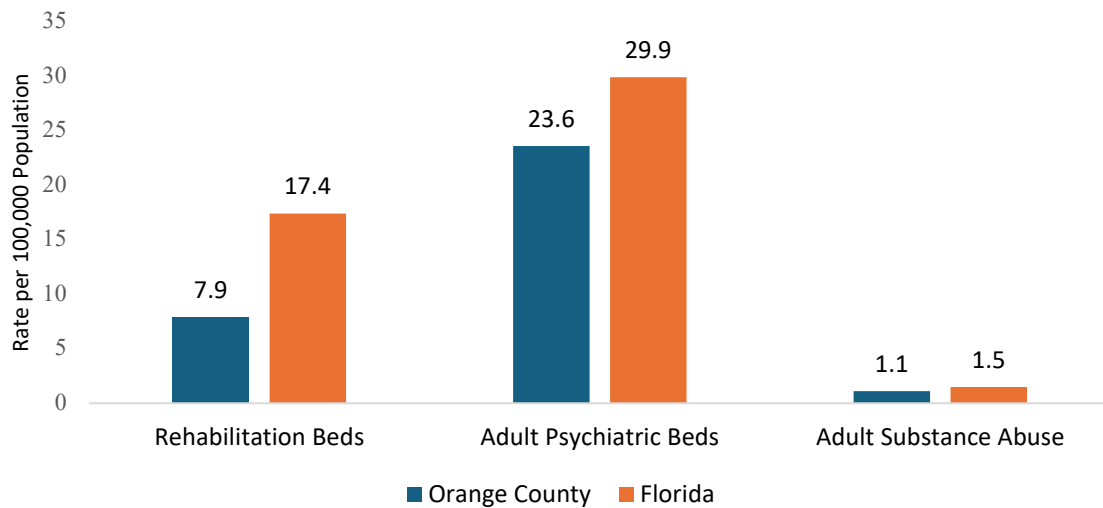
Source: Table 109, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council, 2024.

FIGURE 16: NURSING HOME BEDS, RATES PER 100,000 POPULATION, ORANGE COUNTY AND FLORIDA, 2019-2023
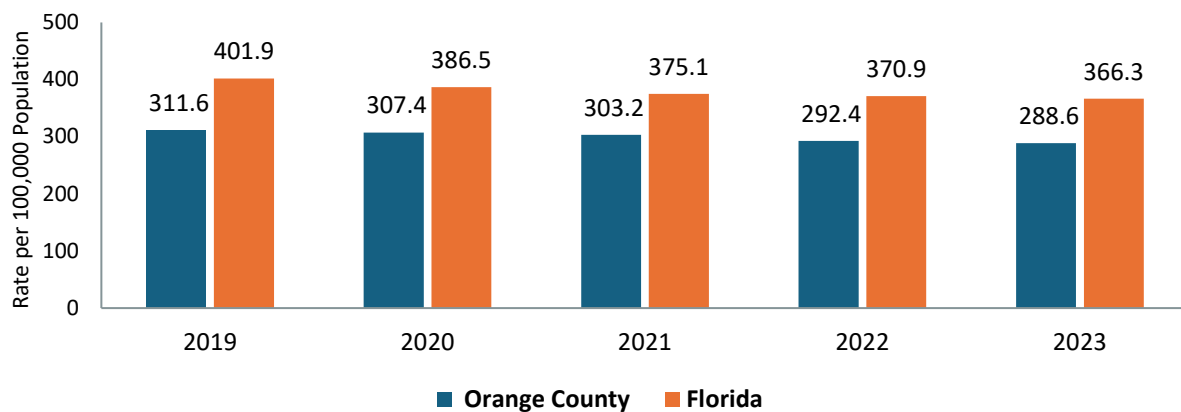
Source: Table 109, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council, 2024.

Payor sources for hospital stays (based on hospital discharge data) for 2023 for Orange County residents included Medicare (paid 37.1 percent of charges), Medicaid (18.3 percent), private insurance (33.1 percent), VA/Tri-Care (1.8 percent), self-pay or non-payment (6.7 percent), and all others (3.0 percent). The payor sources for those avoidable hospital discharges for Orange County for 2023 were Medicare (16.3 percent of charges), Medicaid (23.9 percent), private insurance (43.2 percent), VA/Tri-Care (2.0 percent), self-pay or non-payment (11.6 percent) and all others (3.1 percent) (Tables 93 and 96, Technical Appendix). The figures below show payor source percentages for all discharges and for avoidable discharges for Orange County and Florida.

FIGURE 17: PERCENTAGE OF DISCHARGES BY PAYOR SOURCE, ORANGE COUNTY AND FLORIDA, 2023
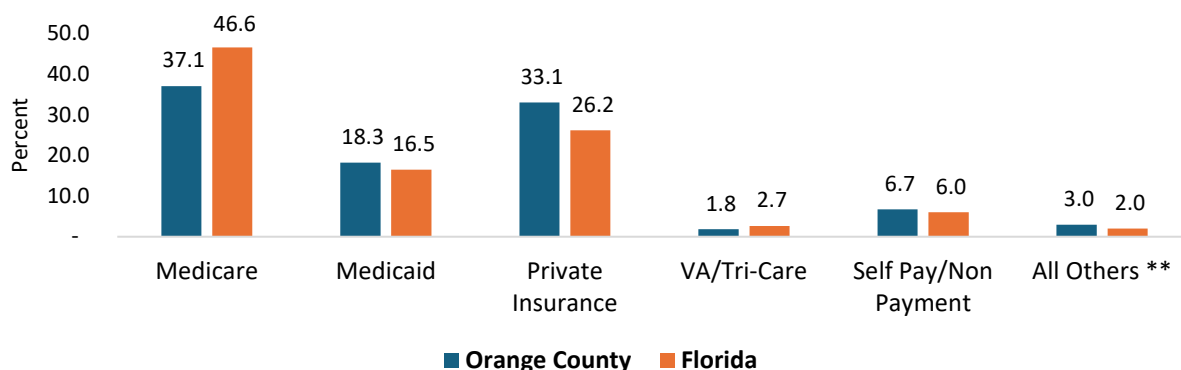
Source: Table 93, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council, 2024.

FIGURE 18: PERCENTAGE OF AVOIDABLE DISCHARGES BY PAYOR SOURCE, ORANGE COUNTY AND FLORIDA, 2023
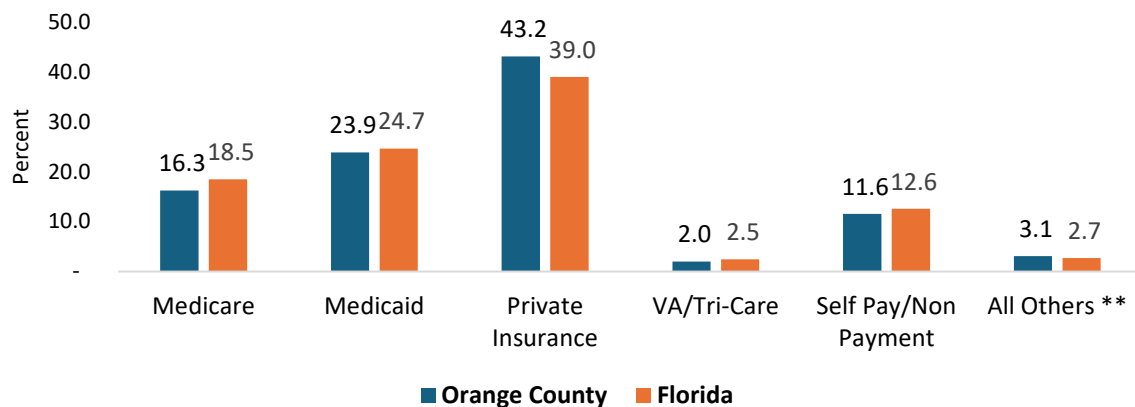
Source: Table 96, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council, 2024.

In 2022, the payor source with the largest percentage of charges for emergency department (ED) visits by Orange County residents was private insurance at 34.0 percent; this was lower than statewide at 28.8 percent. The graph below shows the distribution by payor sources for both Orange County and Florida for ED visits for that year (Table 99, Technical Appendix).

FIGURE 19: PERCENTAGE OF EMERGENCY DEPARTMENT VISITS BY PAYOR SOURCE, ORANGE COUNTY AND FLORIDA, 2022
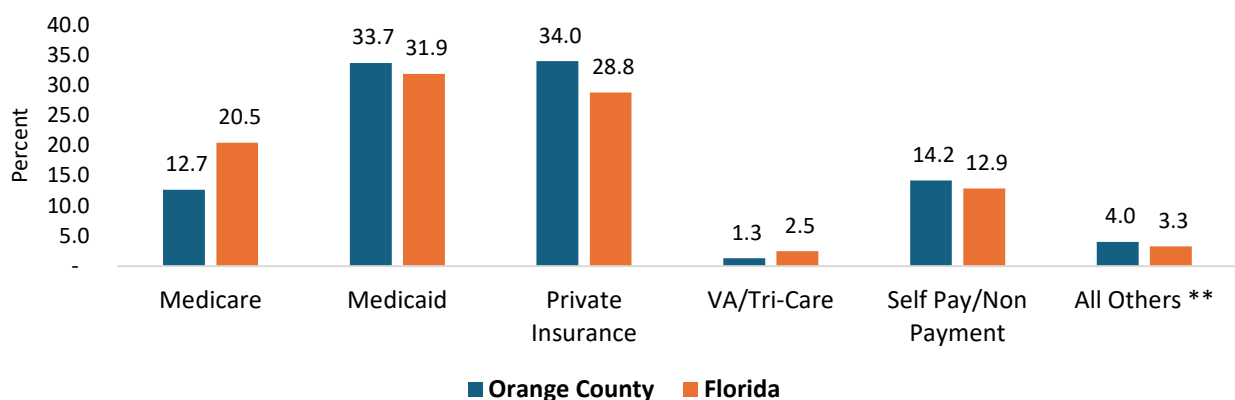
Source: Table 99, Orange County Community Assessment Technical Appendix, 2024. Prepared by WellFlorida Council, 2024.

In Orange County the percentage of persons deemed Medicaid eligibles (i.e., those who qualify for benefits but may or may not claim those benefits) for 2023 was 21.4 percent, which was the same as the state rate. For the same year, a lower percentage of Orange County residents aged zero (0) to 18 years of

age were eligible (46.4 percent) compared with 49.1 percent for Florida. This lower percentage was also reported for those aged 19 to 64 years (12.7 percent) versus 13.7 percent for the state while a higher percentage of Orange County residents aged 65 years and older (22.1 percent) were Medicaid eligible in comparison to 16.2 percent statewide (Table 103, Technical Appendix). Nearly a quarter (24.7 percent) of Orange County's population or about 369,000 people were enrolled in the Medicaid program in 2022; this was very near the state rate at 24.5 percent (median monthly enrollment for the year, Table 104, Technical Appendix).

Social and Community Context Factors that Impact Quality of Life

According to the Centers for Disease Control and Prevention (CDC), there are five categories of non-medical factors that affect health outcomes, well-being, and quality of life. Among these is the social and community context of a locale. This topic focuses on how characteristics of an environment can affect the well-being and quality of life of a population.

Food Insecurity

In 2021, about 10.2 percent of the Orange County population were reported to have food insecurity. This was slightly lower than the state rate of 10.6 percent. The child food insecurity rate in Orange County for the same time period was reported at 14.8 percent which was somewhat higher than for the state as a whole (14.3 percent) (Table 114, Technical Appendix). According to the Florida Department of Children and Families (DCF), in 2023 more than 200,000 Orange County residents, or 13.4 percent of the population, were food assistance clients. In 2022, 113,199 Orange County households received DCF food assistance, representing 23.0 percent of households in the county compared with 20.7 percent of households statewide (Table 101, Technical Appendix). Florida DCF's Temporary Assistance for Needy Families (TANF) program reported 4,284 clients in Orange County in 2023 at a rate of 0.3 percent of the population which was the same as the state rate. Also in 2023, TANF provided benefits to 2,075 Orange County families (Table 102, Technical Appendix). Latest data (2017-2019) showed that 29.6 percent of the Orange County population lived within a half mile of a fast food restaurant while a smaller percentage (27.0 percent) lived within a half mile of a healthy food source (Table 115, Technical Appendix).

Arrests, Incarceration and Recidivism

The numbers and rates of drug arrests in Orange County have declined from 2018 to 2022. Most recently, there were 4,990 arrests (all ages) for a rate of 333.8 arrests per 100,000 population; Florida's rate was 372.6 arrests per 100,000 for 2022. The same pattern is seen for Orange County adult (18 years and older) drug arrests (414.3 arrests per 100,000) and juvenile drug arrests (146.8 arrests per 100,000 population) compared to state rates of 451.1 and 166.5 arrests per 100,000 population (2022, Table 80, Technical Appendix). For 2019-2023, the rate per 1,000 population of incarcerations for Orange County was 1.9 incarcerations compared with the state rate of 2.4 incarcerations per 1,000 persons. The Orange County rates were lower than state rates for that entire period. Notably lower for 2019-2023 in Orange County than in Florida was the rate per 100,000 population aged 19 years and older of inmate admissions. Orange County's rate of 68 inmate admissions per 100,000 was more than half the state rate

of 150.7 inmate admissions per 100,000. Lower 36-month recidivism rates were reported for 2018 (2022 report) for Orange County at a 17.5 percent return rate compared with the state rate of 21.2 percent (Tables 118-120, Technical Appendix).

Distressed Community Index (DCI)

Since 2015 the Distressed Communities Index (DCI) has been a resources for communities to examine disparities in economic well-being across the United States. U.S Census data is used to depict communities by zip code, county, and congressional districts into five (5) quintiles of well-being; that is, in a calculated index score, areas are rated as prosperous, comfortable, mid-tier, at risk, and distressed. The index uses seven (7) data components including 1) no high school diploma (the percentage of the 25 years of age and older population without a high school diploma or its equivalent), 2) housing vacancy rate (percentage of habitable housing that is unoccupied excluding seasonal, vacation or occasional use units), 3) adults not working (percentage of prime-age (25-54 years of age) population that is not currently employed, 4) poverty rate (percentage of the population below the poverty line according to federal poverty guidelines), 5) median income ratio (the share of the metropolitan area median income), 6) changes in employment (percentage of change in number of jobs over the past five (5) years), and 7) changes in establishments or businesses (percentage of change in the number of business establishments over the past five (5) years). The following table presents the DCI findings based on the U.S. Census Bureau's American Community Survey five (5) year estimates from 2017-2021 for the Division's eight (8) community centers by their zip codes.

TABLE 4: DISTRESSED COMMUNITY INDEX (DCI) BY ORANGE COUNTY COMMUNITY CENTER LOCATION ZIP CODES, 2017-2021

| Location | DCI Score | Distress Rank (of 922 Zip Codes) | Population (Percent) | | | No High School (Percent) | Vacant Housing (Percent) | Adults Not Working (Percent) | Poverty Rate (Percent) | Median Income Ratio | Employ-ment Change (Percent) | Business Change (Percent) |
			Non-Hispanic White	Black or African American	Hispanic or Latino							
Orange County	25.0	22/67	38.2	19.5	32.6	10.5	10.9	19.8	13.9	106.5	0.6	14.5
East Orange 32826	55.7	598	53.4	7.1	31.9	9.5	11.2	17.5	18.1	89.6	-0.5	10.9
Marston 32808	75.4	788	10.3	67.1	16.	21.4	6.5	24.5	22.1	64.9	-0.7	11.1
Holden Heights 32805	86.4	865	12.5	72.9	13.2	20.0	15.1	27.4	23.1	54.1	4.9	6.8
Bridges 32703	50.4	537	38.1	26.8	29.8	14.8	6.1	20.3	15.3	84.1	7.8	12.6
Maxey 34787	10.0	98	53.9	10.1	21.6	7.7	6.5	17.3	8.9	147.5	20.0	40.0
Multicultural 32818	55.1	592	10.9	67.3	14.6	17.6	4.9	21.8	19.7	78.5	9.4	15.5
Pine Hills 32818	55.1	592	10.9	67.3	14.6	17.6	4.9	21.8	19.7	78.5	9.4	15.5
Taft 32824	30.8	328	15.1	14.2	63.5	11.1	19.0	16.0	9.4	104.6	36.6	24.7

Source: Distressed Community Index, accessed October 21, 2024. Prepared by WellFlorida Council, 2024. Note: Index categories are described in narrative above.

TABLE 5: DISTRESSED COMMUNITY INDEX (DCI) DISTRESS TIER BY ORANGE COUNTY COMMUNITY CENTER LOCATION ZIP CODES, 2017-2021

Location	Distress Tier
Orange County	Comfortable
East Orange, 12050 E. Colonial Drive, Orlando 32826	Mid-tier
Hal P. Marston, 3933 W.D. Judge Drive, Orlando 32808	At Risk
Holden Heights, 1201 20th Street, Orlando 32805	Distressed
John H. Bridges., 445 W. 13th Street, Apopka 32703	Mid-tier
Maxey, 830 Klondike Road, Winter Garden 34787	Prosperous
Multicultural Center, 7149 W. Colonial Drive, Orlando 32818	Mid-tier
Pine Hills, 6408 Jennings Road, Orlando 32818	Mid-tier
Taft, 9450 S. Orange Avenue, Orlando 32824	Comfortable

Source: Distressed Community Index, accessed October 21, 2024. Prepared by WellFlorida Council, 2024.

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Civic Engagement

Civic engagement activities include but are not limited to volunteer work, participation in community improvement efforts, political and non-political advocacy and awareness work, community organizing, and voter participation. This type of engagement seeks to promote quality of life and equity for the entire community. As of August 2024, there were 819,907 registered voters in Orange County. The 2020 general election saw a 75.6 percent voter turnout in Orange County; turnout for the state as a whole was 70.0 percent (Tables 121, 122, Technical Appendix).

Division Community Service Opportunities

In fiscal year 2023-2024, the Division welcomed 1,505 volunteers across the eight (8) community centers. These individuals contributed more than 13,000 volunteer hours. Through the generosity of community residents, the Division received 99,256 dollars' worth in donations which came in the form food resources, backpacks, and school supplies. These gifts were in turn shared with community residents as much-needed resources. In addition, leadership opportunities are available in the community through service to the Division's Community Action Board (CAB). The tripartite board includes public, private, and community sector representation. CAB membership grew by 25 percent from 16 members to 20 members in this fiscal year (Community Action Division presentation to CAB, Oct. 30, 2024).

Asset Building

Assets allow individuals and families to build and follow a path to upward mobility and financial prosperity. As a strategy, asset building promotes the value of empowering individuals, families, and communities to marshal the resources they need for economic security for the present and future. As discussed in a previous section on income and poverty, Orange County faces challenges among some segments of its population. The Division strives to deliver services to address these challenges.

Division Training and Employment Services

These Division services assist individuals in overcoming barriers to steady employment and career growth. Through these programs persons with low incomes improve their capacity to achieve financial independence and self-sufficiency. In fiscal year 2023-2024, 108 individuals earned credentials in vocational skills; this exceeded the Division's goal of 100 persons credentialled. A host of employment support services were offered by the Division with more than 430 services delivered in job readiness (94 services), career counseling (137 services), resume development (141 services), and interview skills building (59 services). The Division exceeded goals this fiscal year by assisting 100 individuals through the Family Self-Sufficiency Program and 109 individuals through community center programs to obtain employment or increase their wages. Through the Community Services Block Grant, 21 clients transitioned out of poverty with 80 percent actively progressing towards self-sufficiency (Community Action Division presentation to CAB, Oct. 30, 2024).

Other Division Direct Services and Partner Services

Indicators point to continuing issues with meeting basic housing needs among Orange County residents, in particular those struggling lower incomes. The Division provides assistance to community members in critically important categories that include utility payment assistance and essential home repairs to maintain a safe, healthy living environment. In fiscal year 2023-2024, the Division's Low-Income Home Energy Assistance program helped 5,511 households avoid utility disconnection. The program assisted with more than 5,700 utility payments and 1,752 water payments, both to avoid shut-off of these essential services for community residents. Seventy-three (73) air conditioning system replacements were made possible through the Division's Senior Climate Efficiency Program in one year alone (Community Action Division presentation to CAB, Oct. 30, 2024).

The Division's community centers are healthcare service hubs for residents. Community partners bring resources to residents for wellness and prevention, mental and behavioral health, and for comfort and support. In fiscal year 2023-2024 the Division reports 3,146 individuals were served through community partners across the domains of employment, health, education, housing, and civic engagement. More than 800 wellness services were performed in the past year; these include wellness classes, exercise and fitness activities, and distribution of hygiene kits. Mental and behavioral health services were also in demand in fiscal year 2023-2024. Division partners delivered a total of 826 services with more than half in the area of crisis response (462 services), followed by mental health counseling (150 services), youth mentoring and behavioral intervention (136 services), and 78 services in the domestic violence program. Substance abuse support services were also made available with 264 services delivered. Mental health support group services was also a community partner contribution (46 services) (Community Action Division presentation to CAB, Oct. 30, 2024).

In summary, in fiscal year 2023-2024 the Division saw 223,649 visits to their community centers and served 10,477 clients. Customer satisfaction was high with 88 percent of customers reporting having had a positive experience. The Division appreciates comments on opportunities for improvement and seriously considers community input.

COMMUNITY INPUT THEMES AND STRENGTHS ASSESSMENT FINDINGS AND HIGHLIGHTS

Quantitative data from a vast array of secondary or administrative data sets can only describe part of a community's core needs and challenges. Including the community's perspectives on socio-economic conditions, education opportunities, health outcomes , and community assets and resources is essential to fully understanding the lived experience and community needs. The Community Input Themes and Strengths Assessment results in a strong understanding of community issues, concerns, gaps in resources, strengths, assets, and perceptions about quality of life through the lens of residents, community leaders, and agency/organization partners.

The Division's assessment process ensured that the community at large and community leaders contributed their observations, experiences, opinions, and expertise to the overall assessment and in particular to this phase of data collection. A community survey was distributed and available to adult Orange County residents. Four (4) focus groups were held to gather qualitative data through facilitated discussions. Focus group participants were community members with one (1) group representing front-line and support workers serving the Division's clients and customers. Further, seven (7) key informant interviews were conducted with individuals identified as community leaders actively engaged with the Division's Community Action Board and/or partners in serving individuals and families with low incomes. Results from the community survey, focus groups, and key informant interviews are provided below. The survey instrument, focus group script, and key informant script are included in the appendices.

Community Survey

Methodology

A community survey was developed to poll individuals about issues and their experience with local social, education, and economic systems from the perspective of Orange County residents. For the purposes of this assessment, a community member was defined as any person 18 years of age or older who resides in Orange County. Responses from individuals who did not meet these criteria were not included in the data analysis. The survey included seven (7) core questions and demographic items. The SurveyMonkey® web-based surveying platform was used to deliver the survey and collect responses. A web link and QR code made the survey accessible on any internet-enabled device, including smartphones. The survey was available in English and Spanish. Prior to deployment, the electronic survey was pre-tested for readability, functionality, and ease of use.

For the community survey, a convenience sampling approach (i.e., respondents self-select based on accessibility and willingness to participate) was utilized for collecting survey responses. The survey went live on September 12, 2024 and was available through September 28, 2024. Division staff and partners widely distributed and promoted the surveys using email blasts, social media posts, press releases, flyers, and other print and electronic promotional materials. At the time the survey closed there were 192 complete, eligible surveys. The majority of survey were taken in English; six (6) were completed in Spanish. Due to small numbers, the Spanish language survey results were analyzed with the English language surveys. The overall survey completion rate was calculated at 70.6 percent; note that the two

(2) surveys deemed ineligible due to non-residency were classified as complete because survey respondents answered all questions for which they qualified. The eligible, completed surveys from Orange County residents were analyzed using descriptive analysis methods. The demographic data below shows that females, non-Hispanics, and persons who identified their race as Black or African American were the most frequent survey respondents. The general demographic factors collected on respondents who completed surveys are presented in the table below. Tabulated results from survey items are presented in the following tables and figures.

Limitations

The limitations of this survey include the sampling method, the potential for self-reporting bias, and limited sample size. Due to the nature of convenience sampling, the following survey results cannot be considered representative of the Orange County population. There is also potential for self-reporting bias. Self-reporting bias may be present in any data that relies on the respondents to accurately report outcomes. Respondents' answers have the potential to reflect their own biases or a desirable outcome, rather than reality. This type of bias is limited by careful wording of the questions and multiple questions on the same topics. For decision-making, the data in this report should be complemented by other sources of data, including those reported in the 2024 Community Assessment and shown in the accompanying Technical Appendix.

Community Survey Participant Profile

TABLE 6: DEMOGRAPHICS OF ORANGE COUNTY COMMUNITY SURVEY PARTICIPANTS, 2024

Demographics	n = 192	
	Number	**Percent**
Age Group		
18-29	16	8.3
30-39	56	29.3
40-49	45	23.4
50-59	30	15.6
60-64	16	8.3
65-69	14	7.3
70 years or older	15	7.8
Gender Identity		
Man	40	20.8
Woman	146	76.1
Non-binary	0	0
Prefer not to answer	4	2.1
Use a different term (1 each – transman, unknown)	2	1.0
Racial Identity		
American Indian/Alaskan Native	1	0.5

Demographics	n = 192	
	Number	Percent
Asian	1	0.5
Black or African American	93	48.5
Pacific Islander or Native Hawaiian	0	0
Some other race	7	3.6
Two or more races	14	7.3
White	48	25.0
Prefer not to answer	9	4.7
Other (14 – Haitian, 5 Hispanic)	19	9.9
Ethnicity		
Not of Hispanic, Latino/a/x, or Spanish origin	143	74.5
Of Hispanic, Latino/a/x or Spanish origin	37	19.3
Prefer not to answer	12	6.2
Number of People Living in Household		
1	34	17.7
2	41	21.4
3	32	16.7
4	37	19.2
5	19	9.8
6	15	7.8
7	3	1.6
8	3	1.6
9 or more	5	2.6
Prefer not to answer	3	1.6
Combined Annual Household Income		
$30,120 or less	90	46.9
$30,121 - $40,880	26	13.5
$40,881 - $51,640	15	7.8
$51,641 - $62,400	7	3.6
$62,401 - $73,160	5	2.6
$73,161 - $83,920	5	2.6
$83,921 - $94,680	5	2.6
$94,681 - $105,440	4	2.1
$105,441 and above	13	6.8
Prefer not to answer	22	11.5
Zip Code of Residence		
32703 Apopka	7	3.6
32704 Apopka	0	0
32709 Christmas	0	0
32710 Clarcona	0	0
32712 Apopka	5	2.6

Demographics	n = 192	
	Number	Percent
32751 Maitland	3	1.6
32768 Plymouth	0	0
32777 Tangerine	0	0
32789 Winter Park	2	1.0
32790 Winter Park	0	0
32792 Winter Park	3	1.6
32793 Winter Park	0	0
32794 Maitland	0	0
32798 Zellwood	0	0
32801 Orlando	2	1.0
32802 Orlando	0	0
32803 Orlando	2	1.0
32804 Orlando	2	1.0
32805 Orlando	5	2.6
32806 Orlando	5	2.6
32807 Orlando	3	1.6
32808 Orlando	42	21.9
32809 Orlando	2	1.0
32810 Orlando	10	5.2
32811 Orlando	9	4.7
32812 Orlando	4	2.1
32814 Orlando	0	0
32816 Orlando	0	0
32817 Orlando	2	1.0
32818 Orlando	14	7.3
32819 Orlando	3	1.6
32820 Orlando	0	0
32821 Orlando	0	0
32822 Orlando	8	4.2
32824 Orlando	13	6.9
32825 Orlando	4	2.1
32826 Orlando	2	1.
32827 Orlando	1	0.5
32828 Orlando	4	2.1
32829 Orlando	3	1.6
32830 Orlando	0	0
32831 Orlando	0	0
32832 Orlando	2	1.0
32833 Orlando	1	0.5
32834 Orlando	0	0

Demographics	n = 192	
	Number	Percent
32835 Orlando	5	2.6
32836 Orlando	0	0
32837 Orlando	5	2.6
32839 Orlando	4	2.1
32853 Orlando	0	0
32854 Orlando	0	0
32855 Orlando	0	0
32856 Orlando	0	0
32857 Orlando	0	0
32858 Orlando	0	0
32859 Orlando	0	0
32860 Orlando	0	0
32861 Orlando	3	1.6
32862 Orlando	0	0
32867 Orlando	0	0
32868 Orlando	0	0
32869 Orlando	0	0
32872 Orlando	0	0
32877 Orlando	0	0
32878 Orlando	0	0
32885 Orlando	0	0
32886 Orlando	0	0
32887 Orlando	0	0
32891 Orlando	0	0
32896 Orlando	0	0
32897 Orlando	0	0
34734 Gotha	0	0
34740 Killarney	0	0
34760 Oakland	0	0
34761 Ocoee	3	1.6
34777 Winter Garden	0	0
34778 Winter Garden	0	0
34786 Windermere	4	2.1
34787 Winter Garden	6	3.1
Other:		
32606 (Gainesville, Alachua County)	1	0.5
32757 (Mount Dora, Lake County)	1	0.5

Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024

FIGURE 20: AGE DISTRIBUTION OF ORANGE COUNTY COMMUNITY ASSESSMENT SURVEY RESPONDENTS, BY PERCENTAGE OF RESPONSES, 2024
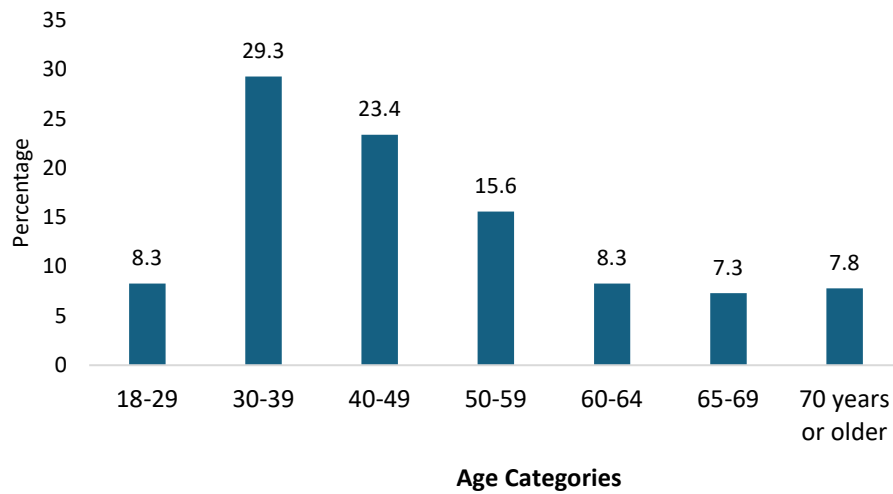
Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024

FIGURE 21: RACE DISTRIBUTION OF ORANGE COUNTY COMMUNITY ASSESSMENT SURVEY RESPONDENTS, BY PERCENTAGE OF RESPONSES, 2024
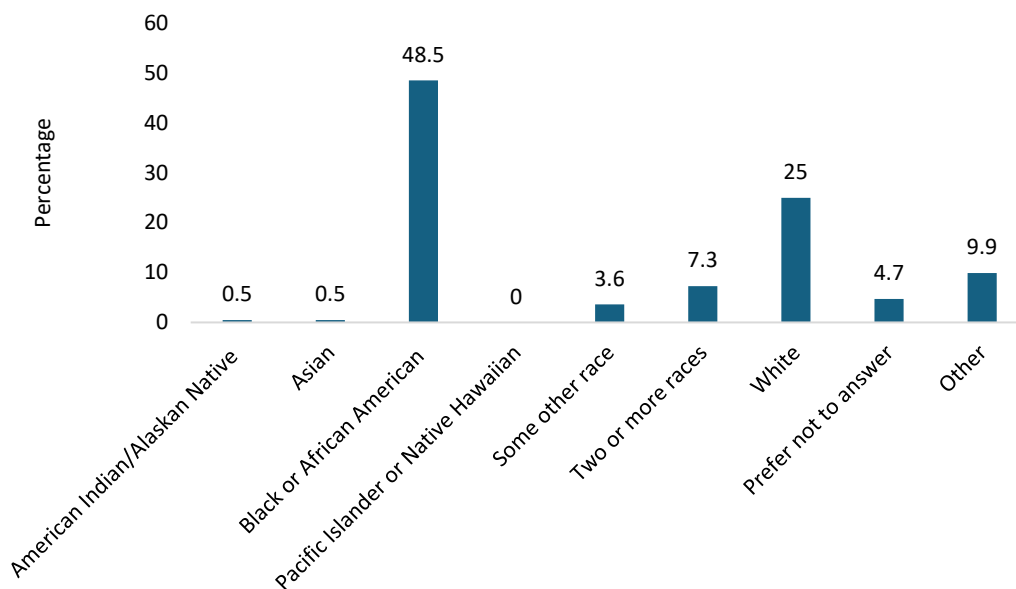
Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024

FIGURE 22: NUMBER OF PEOPLE LIVING IN ORANGE COUNTY COMMUNITY ASSESSMENT SURVEY RESPONDENT'S HOUSEHOLD, 2024
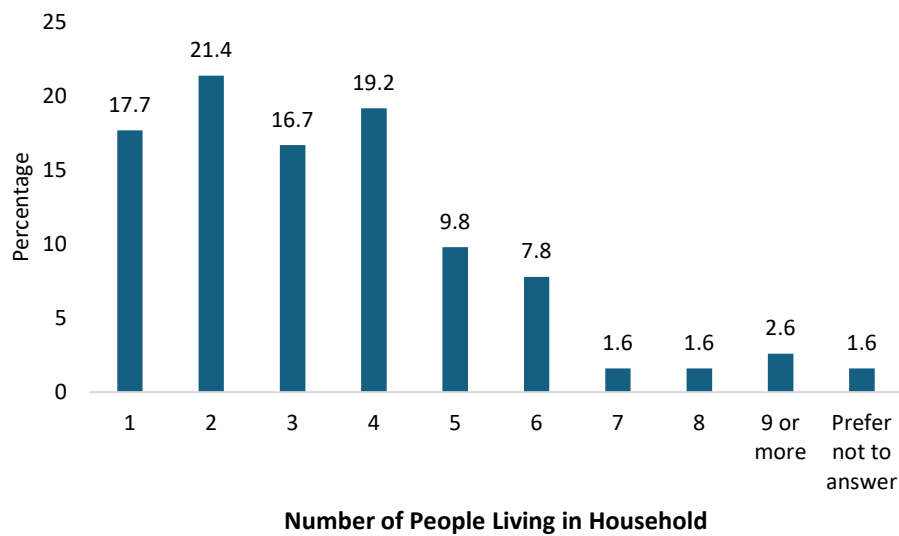
Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024

FIGURE 23: COMBINED ANNUAL HOUSEHOLD INCOME OF ORANGE COUNTY COMMUNITY ASSESSMENT SURVEY RESPONDENTS, BY PERCENTAGE OF RESPONSES, 2024
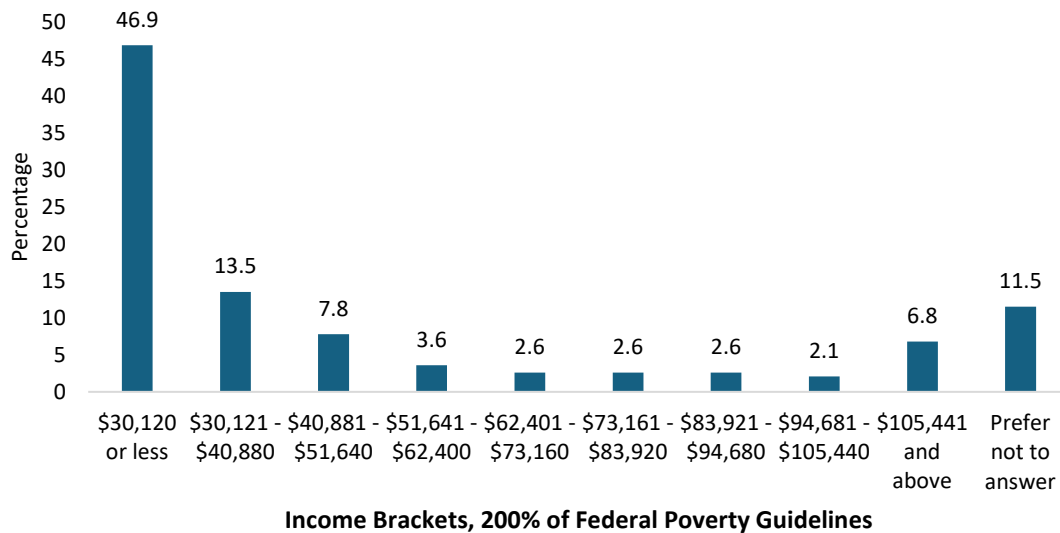
Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024

Community Survey Results

Figures below summarize the responses to the overarching survey questions. In general, all the response options are presented along with figures showing the top ten responses (ranked by percentage of responses) for each question. Survey results for questions on the following topics are included in the analysis:

- Most important issues that need to be addressed in the community
- Serious problems experienced in the past 12 months
- Experiences of survey respondent or members of their household in the past 12 months
- Causes of poverty in the community
- Conditions of poverty deemed most serious in the community
- Community Centers visited and Division programs and services used

The following tables and figures show the percentages of respondents who completed the survey who indicated the given responses for a question accompanied by a ranking, if applicable. The number of surveys completed by Orange County residents included in the analysis was 192. Small numbers of survey responses prevented the analysis by certain sub-categories such as race, ethnicity, and income. Again, due to small numbers and to protect survey participant anonymity, Spanish language surveys were analyzed together with English language surveys.

What are the three (3) most important issues in your community that need to be addressed? (Select up to three.)

TABLE 7: MOST IMPORTANT ISSUES IN YOUR COMMUNITY, RANKED BY PERCENTAGE OF RESPONSES, ORANGE COUNTY, 2024

Rank	Issues (Percentage of Responses)
1	Housing costs and availability including rentals (56.8)
2	Utility costs (electric, gas, water, internet) (45.3)
3	Homelessness (27.1)
4	Availability of jobs and job opportunities (26.6)
5	Hunger, food insecurity, access to affordable foods (26.0)
6	Availability and access to health care services (15.1)
7	Public transportation (13.5)
8	Crime, neighborhood safety (13.0)
9	Chronic health conditions (such as heart disease, diabetes, high blood pressure) (9.4)
	Availability and access to social services (8.3)

10, 11 tie	Quality and availability of public education (8.3)
12	Availability of recreation programs and facilities (7.8)
13	Other (please tell us) (6.8) (2 each – services for seniors, services for persons with disabilities, roads; 1 each – skateboard parks, Kreyol, taxes, making ends meet, mental health services, eligibility determination methods, rental assistance)
14	Roads and public infrastructure (such as bridges, power grid, water and sewer systems) (6.3)
15	Public safety (including availability of law enforcement, fire/rescue/EMS, emergency preparedness) (5.7)
16, 17 tie	Substance misuse (drug and/or alcohol) (4.7)
	Environment and climate change (such as threats to natural resources and extreme weather) (4.7)
18	Child neglect and/or abuse (4.2)
19	Infectious diseases (such as Sexually Transmitted Diseases (STDs), flu, HIV/AIDS, Hepatitis A, B or C) (1.0)

Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024.

FIGURE 24: TOP TEN MOST IMPORTANT ISSUES, RANKED BY PERCENTAGE OF RESPONSES, ORANGE COUNTY, 2024
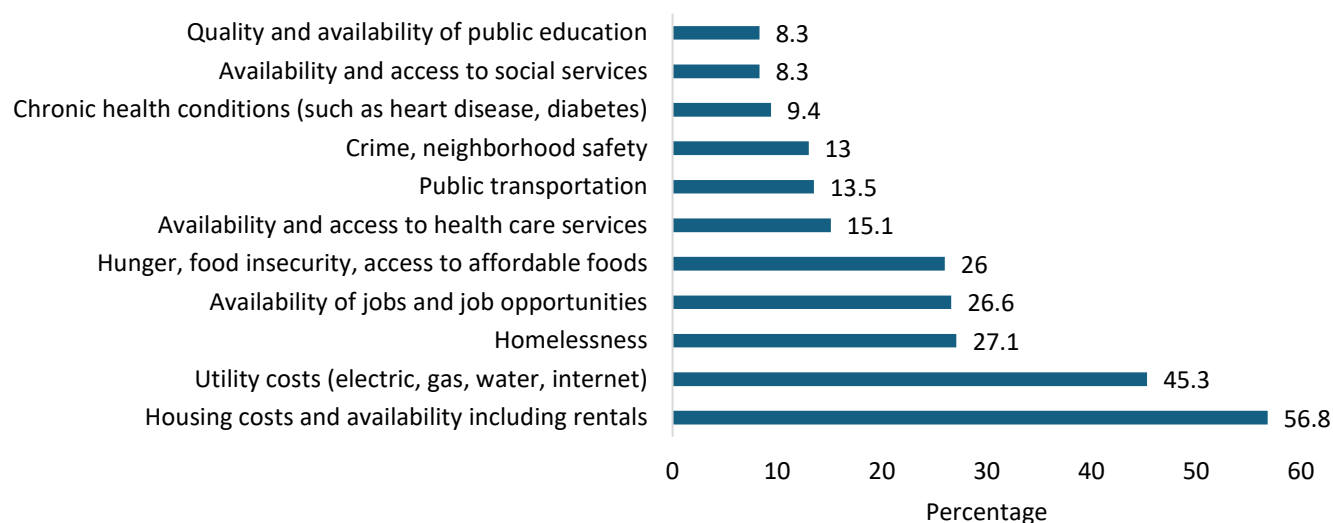
Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024.

FIGURE 25: COMPARISON OF TOP FIVE MOST IMPORTANT ISSUES FOR SURVEY RESPONDENTS BY INCOME, BY PERCENTAGE OF RESPONSES, ORANGE COUNTY, 2024
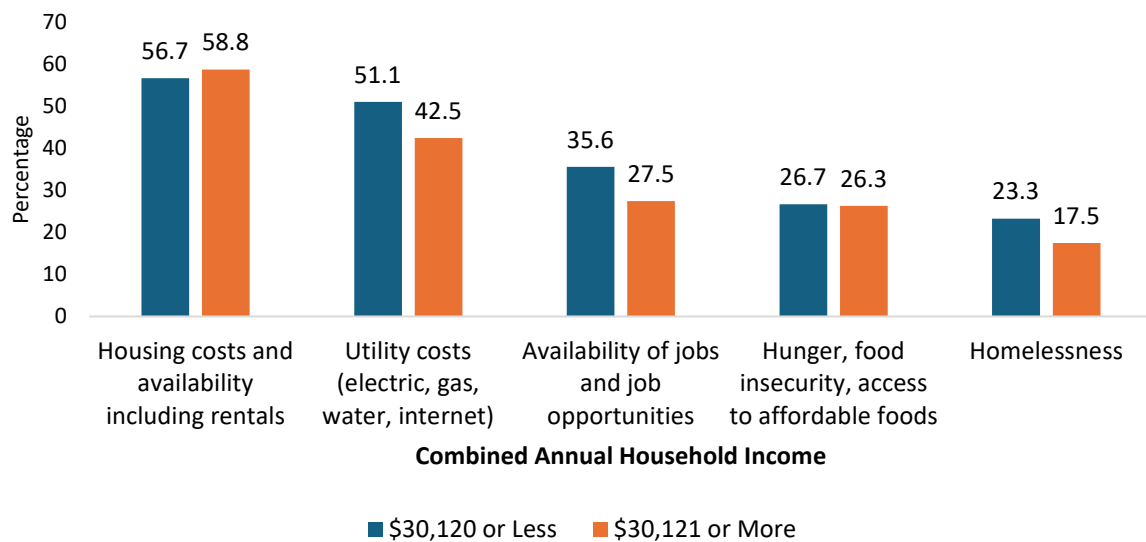
Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024. Note: Income categories are Federal Poverty Guidelines for 200% of FPG

In the past 12 months, which of the following has or have been serious problems for you or someone in your household? (Select all that apply.)

TABLE 8: SERIOUS PROBLEMS FOR YOU OR SOMEONE IN YOUR HOUSEHOLD IN THE PAST 12 MONTHS, BY PERCENTAGE OF RESPONSES, ORANGE COUNTY, 2024

Rank	Serious Problems (Percentage of Responses)
1	Finding or keeping a job (33.9)
2	Housing insecurity or homelessness (29.7)
3	Hunger, food insecurity, or poor nutrition (21.4)
4	Access to public assistance programs and benefits (such as WIC, SNAP, SSI) (19.3)
5	Transportation (such as getting rides to work, school, church, recreation) (18.2)
6	Getting health care services (including access to services and paying for services) (16.7)
7	Lack of services for persons with disabilities (15.1)
8	Lack of job training opportunities (14.6)
9	Lack of services for senior citizens (14.1)
10	None of these have been serious problems in the past 12 months (13.5)
11	Need for legal assistance (12.5)

| Rank	Serious Problems (Percentage of Responses)
12	Few or no recreation opportunities for youth and families (12.0)
13	Child care that is affordable (11.5)
14	Other (please tell us) (7.3) (4 – rent and utility assistance, 2 each – language, financial assistance, 1 each – affordable health insurance, no help for single people, programs do not want to help people, qualifying for disability, problems with benefits, who will help us solve these problems)
15	Issues with public education, schools (6.3)
16	Domestic violence (3.6)
17, 18, 19 tie	Drug and/or alcohol misuse (including opioid use) (2.1)
	Incarceration of parent(s) or head of households (2.1)
	Gang activity (including involvement or being a victim) (2.1)
20	Child abuse and/or neglect (1.6)
21	Child health and/or injury issues (1.0)

Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024.

FIGURE 26: TOP TEN SERIOUS PROBLEMS IN THE PAST 12 MONTHS, BY PERCENTAGE OF RESPONSES, ORANGE COUNTY, 2024
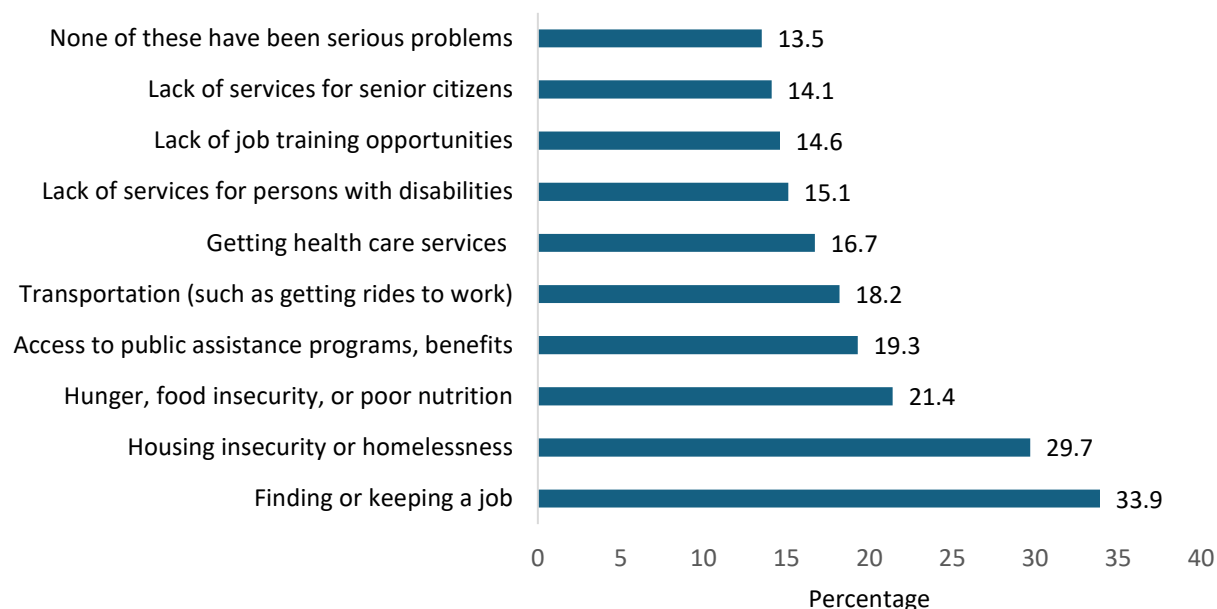
Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024.
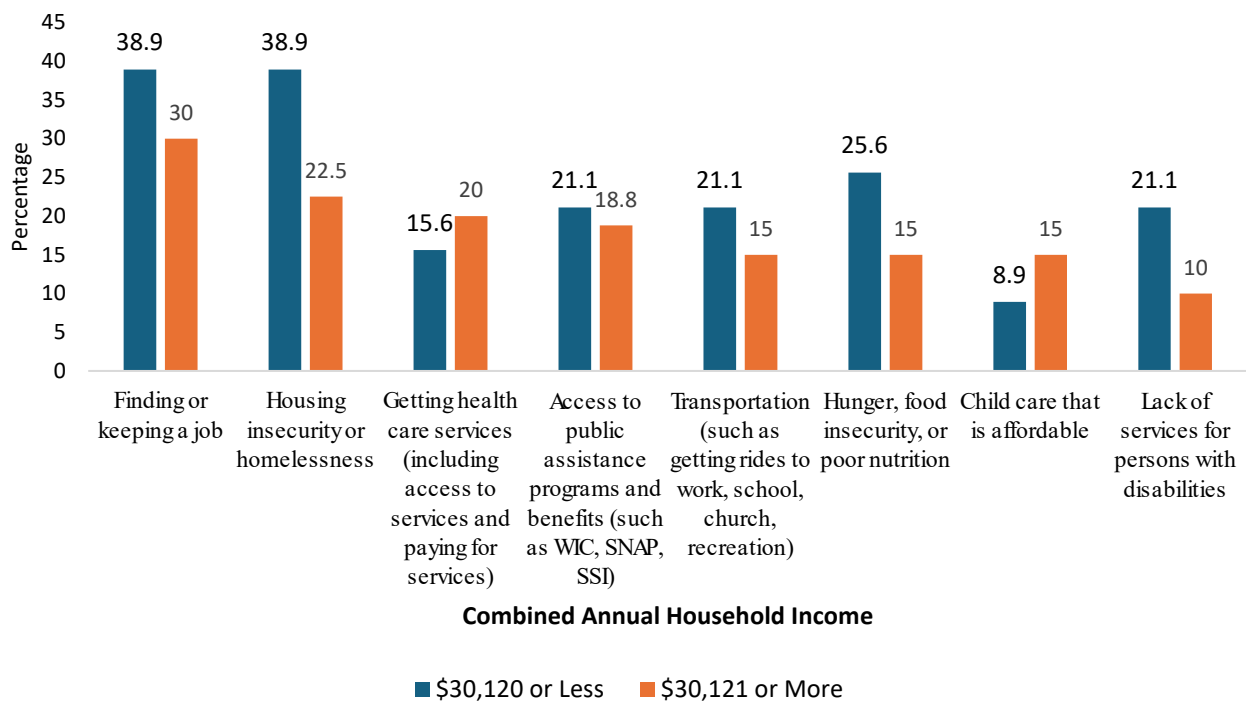
Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024. Note: Income categories are Federal Poverty Guidelines for 200% of FPG

In the past 12 months have you or someone in your household experienced the following? (Select all that apply.)

TABLE 9: CIRCUMSTANCES EXPERIENCED IN THE PAST 12 MONTHS, BY PERCENTAGE OF RESPONSES, ORANGE COUNTY, 2024

Rank	Experienced by Survey Respondent or Someone in the Household (Percentage of Responses)
1	Could not pay rent or mortgage (36.5)
2	Looked for work but couldn't find a job (32.8)
3	Needed to see a dentist but couldn't afford to (27.1)
4	Needed food but couldn't afford to buy it (25.5)
5	Needed assistance but didn't get it (25.0)
6	Had utilities turned off because you couldn't pay the bill (21.4)
7	Have experienced none of the above in the past 12 months (20.8)
8	Lost a job (18.8)
9	Needed to see a doctor but couldn't afford to (14.6)

Rank	Experienced by Survey Respondent or Someone in the Household (Percentage of Responses)
10	Needed to buy medicine but couldn't afford to buy it (12.5)
11	Experienced discrimination or harassment due to your age, race, ethnicity, gender, socio-economic status, disability, or religion (12.0)
12	Went hungry (10.9)
13	Needed mental health or substance misuse care or counseling but couldn't afford it (8.3)
14	Been evicted (5.2)
15	Had utilities turned off because your landlord didn't pay the bill (2.6)
16	Had your home condemned (2.1)

Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024.

FIGURE 28: TEN MOST FREQUENTLY CITED CIRCUMSTANCES EXPERIENCED IN THE PAST 12 MONTHS, RANKED BY PERCENTAGE OF RESPONSES, ORANGE COUNTY, 2024
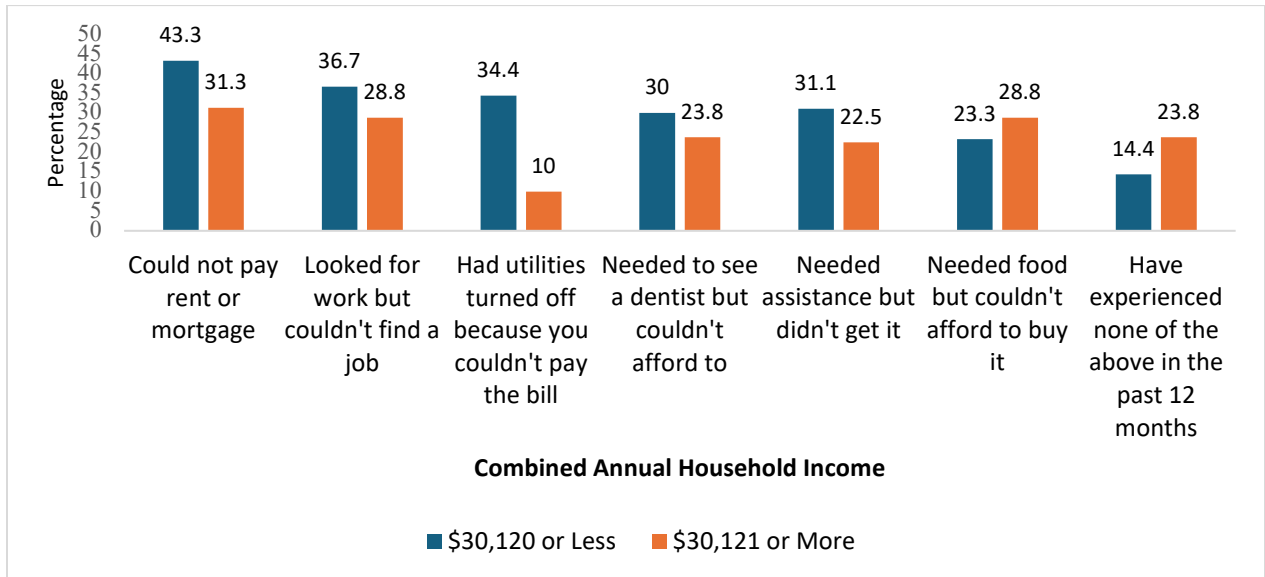
Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024.

Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024. Note: Income categories are Federal Poverty Guidelines for 200% of FPG.

Causes of poverty are factors that make it more difficult for people to provide for themselves and/or create barriers to resources that might help meet basic needs.

Please select the top three (3) factors that you feel are the primary cause of poverty in your community. (Select up to three.)

TABLE 10: PRIMARY CAUSES OF POVERTY, BY PERCENTAGE OF RESPONSES, ORANGE COUNTY, 2024

Rank	Causes of Poverty (Percentage of Responses)
1	High housing costs (66.1)
2	Low wages (43.8)
3	High utility costs (35.4)
4	Not enough jobs (18.2)
5	Lack of education and training opportunities (17.2)
6	Lack of child care options (15.1)
7, 8 tie	High health care costs (12.5)
	Systemic racism, prejudice, and/or discrimination (12.5)
9	Lack of transportation or few transportation options (12.0)
10	People lack job skills (11.5)

Rank	Causes of Poverty (Percentage of Responses)
11	People don't want to work (8.3)
12	Intergenerational poverty (7.3)
13	Substance misuse (drug and/or alcohol) (5.2)
14	Outdated policy, law, and/or regulatory standards (3.6)
15	None of these are primary causes of poverty (2.6)
16	Other (please tell us) (2.1) (2 each – difficulties with social security disability, 1 each – not allowing medical THC use, too many people on public assistance, can't answer)

Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024.

FIGURE 30: TOP TEN PRIMARY CAUSES OF POVERTY, RANKED BY PERCENTAGE OF RESPONSES, ORANGE COUNTY, 2024
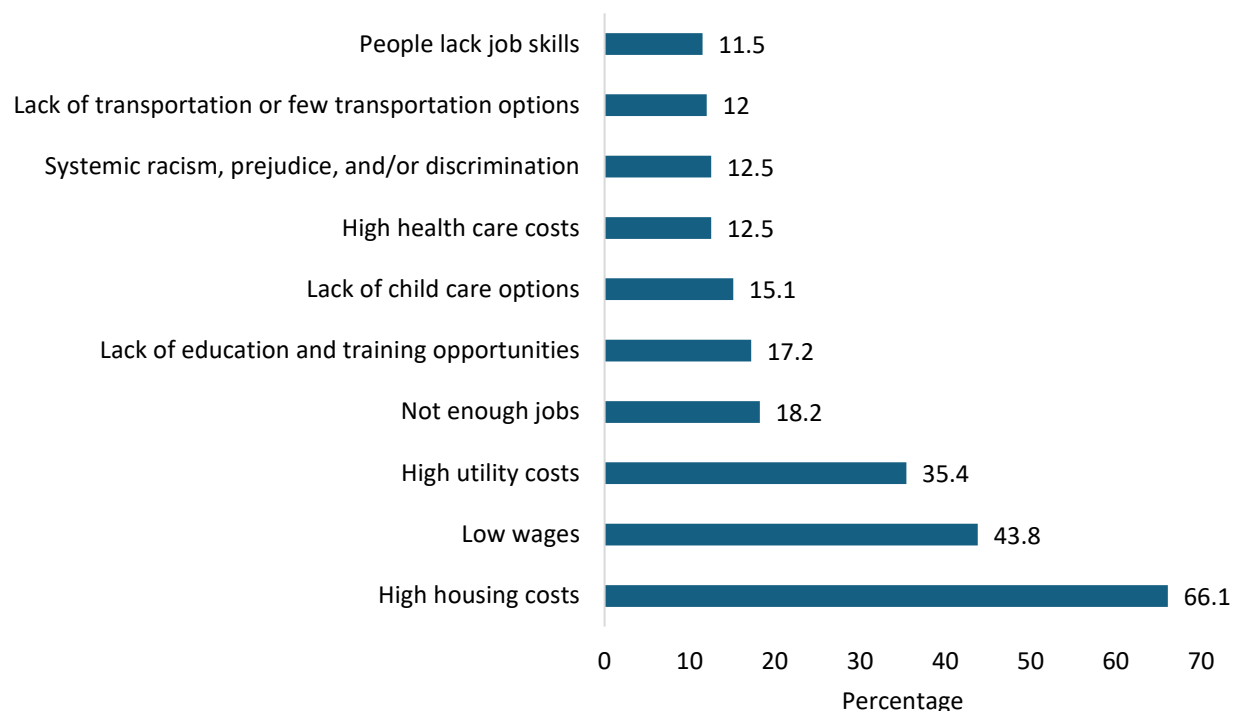
Cause	Percentage
People lack job skills	11.5
Lack of transportation or few transportation options	12
Systemic racism, prejudice, and/or discrimination	12.5
High health care costs	12.5
Lack of child care options	15.1
Lack of education and training opportunities	17.2
Not enough jobs	18.2
High utility costs	35.4
Low wages	43.8
High housing costs	66.1

Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024.

FIGURE 31: COMPARISON BY INCOME OF CAUSES OF POVERTY, BY PERCENTAGE OF RESPONSES, ORANGE COUNTY, 2024
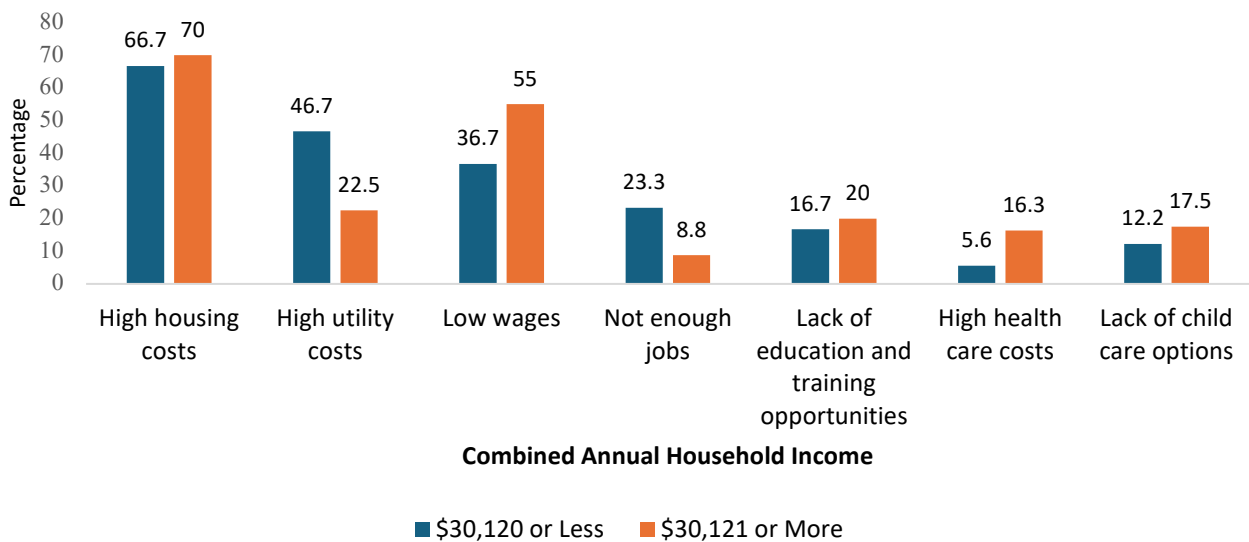
Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024. Note: Income categories are Federal Poverty Guidelines for 200% of FPG.

Conditions of poverty are negative environmental, safety, health, and/or economic factors that reduce investments or growth in communities where low-income individuals live. These factors or circumstances help reveal the impacts of poverty across all sectors of a community.

What do you think are the most serious conditions of poverty in your community? (Select up to three (3) conditions.)

TABLE 11: MOST SERIOUS CONDITIONS OF POVERTY, RANKED BY PERCENTAGE OF RESPONSES, ORANGE COUNTY, 2024

Rank	Conditions of Poverty (Percentage of Responses)
1	Housing market that makes home purchase or rental unaffordable (75.0)
2	Homelessness (33.9)
3	Hunger, food insecurity, lack of adequate nutrition (24.5)
4	Lack of financial or budgeting education (17.7)
5, 6 tie	Unsafe neighborhoods (15.1)
	Low-quality child care or few affordable child care options (15.1)
7	Lack of employers (13.5)
8, 9 tie	High crime rates (12.0)
	Lack of transportation options (12.0)

| Rank	Conditions of Poverty (Percentage of Responses)
10	Number of individuals on public assistance programs (such as Medicaid, SNAP) (11.5)
11	Lack of mental health and substance misuse care providers and services (9.4)
12	Poor performing schools (8.3)
13, 14 tie	Lack of health care providers (such as doctors, nurses) (7.3)
	Substandard or unsafe housing (7.3)
15	Other (please tell us) (6.8)
16	Vacant housing (4.7)
17	Threatened natural environments and natural resources (4.2)
18	Lack of dentists (3.1)
19	None of these are serious conditions of poverty (2.6)

Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024.

FIGURE 32: TOP RANKED CONDITIONS OF POVERTY, RANKED BY PERCENTAGE OF RESPONSES, ORANGE COUNTY, 2024
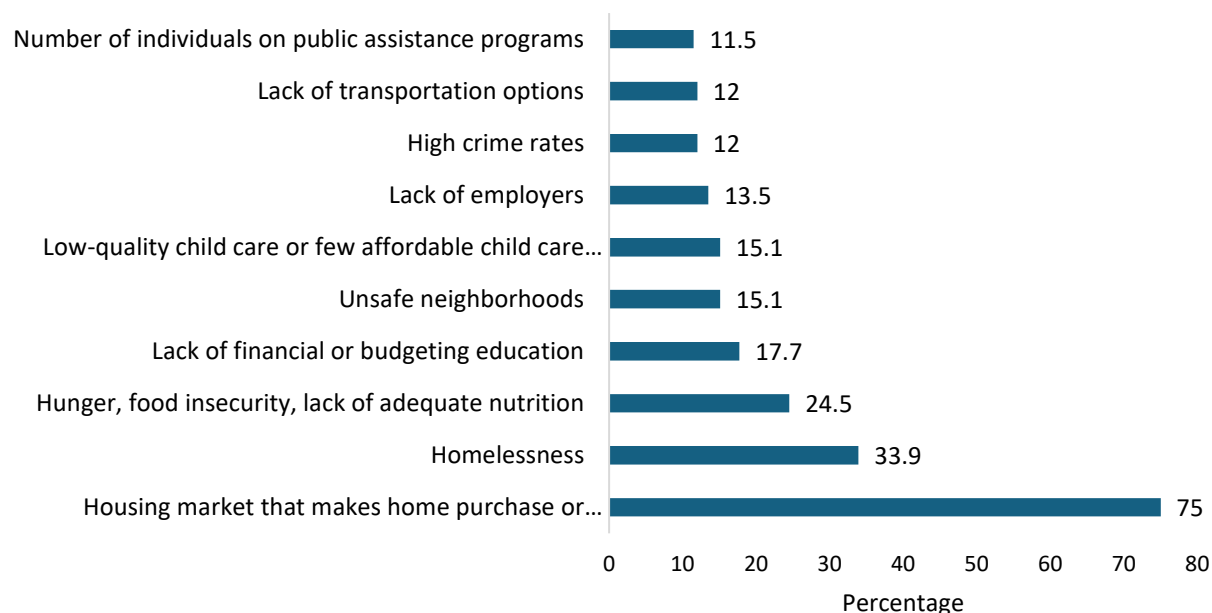
Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024.

In the past 12 months have you visited or received services at these Community Centers (Select all that apply.)

TABLE 12: COMMUNITY CENTERS VISITED OR WHERE SERVICES WERE RECEIVED IN THE PAST 12 MONTHS, BY PERCENTAGE OF RESPONSES, ORANGE COUNTY, 2024

Rank	Community Centers Visited or Where Services were Received (Percentage of Responses)
1	I have not visited nor received services at these Community Centers in the past 12 months (62.5)
2	Pine Hills (6408 Jennings Road, Orlando) (19.3)
3	East Orange (12050 E. Colonial Drive, Orlando) (7.8)
4, 5 tie	Multicultural Center (7149 W. Colonial Drive, Orlando) (5.7)
	Taft (9450 S. Orange Ave, Orlando) (5.7)
6	Hal P. Marston (3933 W.D. Judge Drive, Orlando) (4.2)
7	Holden Heights (1201 20th St., Orlando) (3.1)
8	Maxey (830 Klondike Road, Winter Garden) (1.6)
9	John H. Bridges (445 W. 13th St., Apopka) (1.0)

Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024.

FIGURE 33: COMMUNITY CENTERS VISITED OR WHERE SERVICES WERE RECEIVED IN THE PAST 12 MONTHS, BY PERCENTAGE OF RESPONSES, ORANGE COUNTY, 2024

Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024

In the past 12 months have you participated in any of these Orange County Community Action Division programs or services? (Select all that apply.)

TABLE 13: PARTICIPATION IN COMMUNITY ACTION DIVISION PROGRAMS OR SERVICES IN THE PAST 12 MONTHS, BY PERCENTAGE OF RESPONSES, ORANGE COUNTY, 2024

Rank	Community Action Division Programs or Services (Percentage of Responses)
1	I have not participated in any of these programs or services in the past 12 months (52.6)
2	Low-Income Home Energy Assistance Program (energy bill assistance) (39.6)
3	Computer labs (5.2)
4	Office on Aging programs (Life Information for Elders – A Helping Hand for Aging Well) (4.2)
5	Family Self-Sufficiency (employment skills training, employment services and referrals, case managed career coaching) (3.6)
6	Weatherization Assistance Program (home energy efficiency improvement referral) (1.6)
7	Senior Climate Efficiency Program (air conditioner system repairs, replacements, home health and safety improvements) (1.0)

Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024.

FIGURE 34: PARTICIPATION IN COMMUNITY ACTION DIVISION PROGRAMS OR SERVICES IN THE PAST 12 MONTHS, BY PERCENTAGE OF RESPONSES, ORANGE COUNTY, 2024

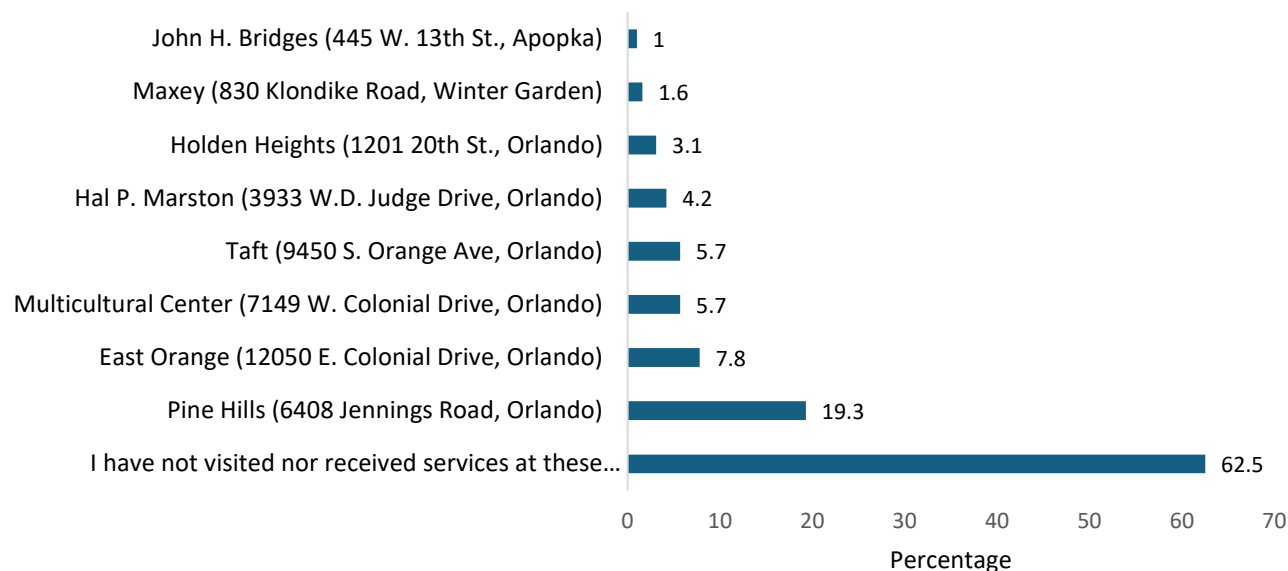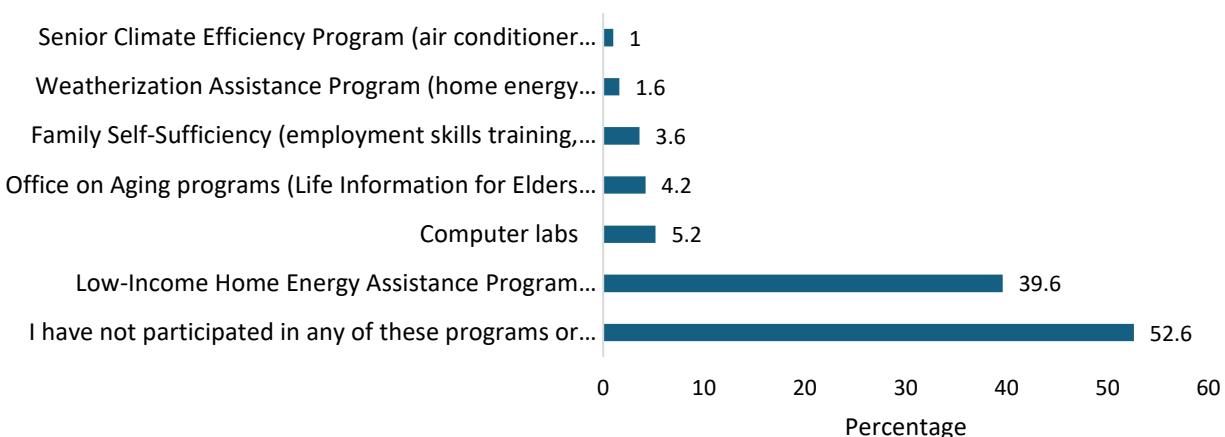Source: Orange County Community Assessment Survey, 2024. Prepared by WellFlorida Council, 2024

Themes from the Community Survey

Orange County community survey respondents made clear their concerns about issues that impact their everyday lives. As noted earlier in the survey demographic profile, more than half of respondents were between the ages of 18 and 49, nearly half (46.9 percent) reported annual household incomes placing them at 200 percent or less of federal poverty guidelines, and better than 80 percent live in households of two (2) or more people.

Meeting Basic Needs is Top Priority

The top five (5) most important issues are listed below. When analyzed by income (200 percent FPG versus all other incomes), the results were similar with more than half of respondents putting housing at the top of the list.

- Housing costs
- Utility costs
- Homelessness
- Availability of jobs and job opportunities
- Food insecurity and hunger

Serious Problems and Experiences Compound Ability to Meet Needs

Survey respondents reported recently having challenges with finding or losing employment, housing and food insecurity or not being able to pay for housing or food, and encountering barriers to healthcare services. Again examined by annual household income, the ranking orders were similar but those at 200 percent FPG or below reported higher percentages of problems. The most frequently chosen serious problems and experiences were as follows:

- Finding or keeping a job
- Housing insecurity including not being able to pay rent, or homelessness
- Hunger, food insecurity, or poor nutrition
- Needing to see a dentist but could not afford to
- Needing assistance but did not get it

In addition, those at 200 percent FPG or below cited problems with access to benefit programs, transportation, and issues with utilities.

Common Causes and Conditions of Poverty

Far and away, high housing costs were cited as the leading driver of poverty. Other contributing factors and conditions that are seen as the manifestations of poverty in their communities are listed below.

- Causes
  - Housing costs
  - Low wages
  - Utility costs
  - Not enough jobs
  - Lack of education and training opportunities
- Conditions of Poverty Seen in Communities
  - People priced out of the housing market
  - Homelessness
  - Hunger
  - Lack of financial and budgeting education and skills
  - Unsafe neighborhoods

Focus Groups

A focus group is a facilitated, small-group discussion focused on a specific topic or issue. Participants are often selected to represent the voices of a particular subset of the population of interest or to be reflective of the community as a whole. The purpose of these focus groups was to better understand the perspectives of Orange County residents on community strengths, causes and conditions of poverty, barriers to resources and services including health care and education, and strategies to improve economic mobility, address obstacles to resources, and enhance Division services.

Methodology

Four (4) focus groups were facilitated by WellFlorida Council as part of the 2024 community needs assessment process. All were conducted virtually using the Zoom® platform. Trained facilitators conducted the focus groups using a focus group script which included a brief introduction and a series of questions asked sequentially. The focus group script was designed and implemented with final approval from the Division Core Team. The Division was responsible for recruiting, screening, and registering focus group participants.

Facilitators began each session with a review of the focus group purpose, eligibility criteria, and read an informed consent statement. Participants were given the opportunity to decline and disconnect or sign in using the chat feature and continue. Focus group participants who met eligibility criteria (i.e., were 18 years of age or older and Orange County, Florida residents) were actively engaged in the discussions, and responded to a post focus group demographic survey were offered a 20-dollar Amazon gift card. The sessions were recorded and facilitators took detailed notes. Both were used to conduct thematic and descriptive analyses resulting in the identification of themes and key discussion highlights. The following tables describe focus group meeting and participant demographic details. In a rare and unfortunate occurrence, 14 participants were disqualified and their comments stricken from the record when it was discovered that they were untruthful about their residency in Orange County, Florida. Please note that since demographic information was collected via a post focus group survey, not all participants took the survey and therefore the demographic information is not complete.

TABLE 14: FOCUS GROUP MEETING DETAILS, ORANGE COUNTY COMMUNITY ACTION DIVISION NEEDS ASSESSMENT, 2024

Participants	Date and Time	Location	Number of Eligible Participants
Community Action Division Staff	September 18, 2024 2:00 -3:30 pm	Virtual	11
Community Residents	September 23, 2024 10:00 – 11:30 am	Virtual	6 (3 disqualified)
Community Residents	September 23, 2024 6:30 – 8:00 pm	Virtual	7 (2 disqualified)
Community Residents	October 1, 2024 10:00 – 11:30 am	Virtual	1 (9 disqualified)

Source: Orange County Community Needs Assessment Focus Groups, 2024. Prepared by WellFlorida Council, 2024

Demographics	n = 20	
	Number	Percent
Age Group		
18-29	1	5.0
30-39	11	55.0
40-49	5	25.0
50-59	3	15.0
60-64	0	0
65-69	0	0
70 years or older	0	0
Gender Identity		
Man	14	70.0
Woman	6	30.0
Non-binary	0	0
Prefer not to answer	0	0
Use a different term	0	0
Racial Identity		
American Indian/Alaskan Native	0	0
Asian	0	0
Black or African American	11	55.0
Pacific Islander or Native Hawaiian	1	5.0
Some other race	0	0
Two or more races	0	0
White	8	40.0
Prefer not to answer	0	0
Other	0	0
Ethnicity		
Not of Hispanic, Latino/a/x, or Spanish origin	18	90.0
Of Hispanic, Latino/a/x or Spanish origin	2	10.0
Prefer not to answer	0	0
Number of People Living in Household		
1	3	15.0
2	6	30.0
3	5	25.0
4	5	25.0
5	1	5.0
6	0	0
7	0	0
8	0	0

Demographics	n = 20	
	Number	Percent
9 or more	0	0
Prefer not to answer	0	0
Combined Annual Household Income		
$30,120 or less	0	0
$30,121 - $40,880	3	15.0
$40,881 - $51,640	3	15.0
$51,641 - $62,400	4	20.0
$62,401 - $73,160	1	5.0
$73,161 - $83,920	5	25.0
$83,921 - $94,680	0	0
$94,681 - $105,440	0	0
$105,441 and above	3	15.0
Prefer not to answer	1	5.0
Zip Code of Residence		
32042	1	5.0
32606	1	5.0
32703	1	5.0
32708	1	5.0
32712	1	5.0
32805	1	5.0
32806	1	5.0
32808	2	10.0
32810	1	5.0
32822	3	15.0
32832	1	5.0
32839	3	15.0
32872	1	5.0
34761	1	5.0
34787	1	5.0

Source: Orange County Community Needs Assessment Focus Groups, 2024. Prepared by WellFlorida Council, 2024.

Limitations

Focus group participants were recruited through convenience sampling, meaning, not all community members living in Orange County had equal opportunity to learn and participate in the focus groups. All focus groups were facilitated virtually using the meeting platform, Zoom. As such, only community members with access to internet, an internet capable device, and knowledge of how to use the technology were able to participate.

Themes from Focus Groups

Facilitated discussions were conducted using a structured focus group script with eight targeted questions. These questions aimed to engage participants in sharing their experiences with poverty, exploring its causes and impacts, identifying opportunities for poverty alleviation in Orange County, and discussing the specific needs of individuals living in poverty. Key themes that emerged from the discussions included:

- Community Strengths
- Causes and Conditions of Poverty
- Barriers to Services
- Community Awareness
- Strategies for Eliminating Poverty

Community Strengths

Participants expressed a strong sense of pride in Orange County, highlighting aspects they see as valuable community assets. These included the diversity of the population, a robust network of social service organizations, high-quality hospitals and healthcare providers, relative affordability compared to other large Florida cities, a well-developed transit system, welcoming neighborhoods, access to parks and natural spaces, and a variety of recreational activities. Together, these factors create a supportive environment for community members, though they acknowledged that these strengths are not always equally accessible to those living in poverty. Selected quotes are included below.

> *"The environments and easy transportation and very accessible transportation system."*
>
> *"What I like best about my community is the events we have at Camping World Stadium and the collaboration we have with other neighborhoods near our neighborhood and we are going to have marketplace soon."*
>
> *"Moving here has really been a positive experience for me. In particular, for me, I have two kids and one of my kids is autistic and it is really nice to have access to medical services."*
>
> *"Speaking from life experience, my family and I were having a problem, almost ended my marriage, I think living in a place where you can get mental health services can help – it saved my marriage."*
>
> *"I find the environment interactive in the sense that there are lots of things in the county that I like to engage myself with and I am an outdoor person and I like to go to the parks.."*

Causes and Conditions of Poverty

Poverty was commonly described as an ongoing struggle to meet basic needs, often involving difficult trade-offs between essential expenses rather than discretionary ones. Participants cited a range of causes, from individual factors like personal motivation and financial choices to systemic issues such as

generational poverty, limited high-wage job opportunities, under-education, and lack of financial literacy. Other significant challenges included transportation limitations, rising housing costs, and health-related barriers. Participants also expressed concern about the lack of awareness surrounding available resources for individuals on the brink of poverty. Discussions touched on homelessness in particular, with participants describing the stark contrast between new investments in Downtown Orlando and the presence of homeless individuals in public spaces, underscoring a need for more temporary housing solutions. Participants expressed significant concern about housing costs, particularly the rise in prices that outpaces wage growth. Rising housing costs may create additional hardships for families and may increase risk for poverty and inability to meet basic needs. Selected quotes are included below.

"What I can say for sure is that you always see homeless people wherever you go."

"I live in 32805, so I don't think my community looks in poverty, it just looks a mess. If we could just have beautification, or resources to help support us, better ways to get resources, we could make better decisions…"

"We need to be able to have the resources we need, we need to be able to get our lights back on…we need to get up and do these things, procrastination is our own fault."

"One of the things that keep family in poverty is they don't know how to manage their finances…another thing I think will make people be in poverty is lack of opportunity and lack of information."

"I agree, if you are not informed, you don't have the right information about where to invest finances, natural disaster can make poverty, loss of job, move of a company…there are so many factors that can put people in poverty, one is a health challenge…"

"Poverty can impact anyone because they raise the rent and people working 40 hours a week can't afford it. "

Barriers to Services

Participants identified several obstacles that prevent individuals from accessing essential services, as well as potential strategies for addressing these challenges. External barriers included limited awareness of existing services, restrictive eligibility criteria, service provider hours that do not align with working schedules, and complicated application processes, which can be particularly difficult for individuals with literacy challenges. Transportation and childcare issues were also noted as common barriers, as was the loss of income when participating in job training or educational programs. Internal barriers were also discussed, such as stigma, pride, and a sense of acceptance of one's current situation, which can deter some individuals from seeking help. Participants emphasized the importance of addressing both external and internal barriers to better support individuals striving to overcome poverty. Selected quotes are included below.

> "Before you can access a service or support, you must have information about how to get the information."
>
> "There is just so much paperwork and so much information required when you are in need of services, so it could be lack of education when you need to fill out these forms, some people are prideful and they won't go after services that are offered to them."
>
> "People don't follow up to get the services after they fill out the forms…they wait so long that they have to start over with the paperwork process."
>
> "You need to have the adequate and accessible information so you can get it when you need it."
>
> "Stigma can be a barrier."
>
> "I was trying to seek mental health services, but waiting time was very much, so I had to wait hours and I could not wait that long. The waiting time was too long and conflicted with my work schedule."

Community Awareness

A recurring theme in the discussions was the need to improve community awareness of available resources. Many participants felt that those in need were often unaware of services designed to assist them. Suggestions for raising awareness included expanding outreach through social media, distributing informational flyers, conducting door-to-door outreach, and holding community events. Participants emphasized the role of word of mouth not only as a means to share information but also to help build trust and reduce stigma around using services. Participants noted that once individuals accessed a particular service, they were often referred to additional support, creating a ripple effect that connected them to other resources available within Orange County's collaborative social service network. Selected quotes are shown below.

> "The best way to learn about these resources is word of mouth."
>
> "I put boot to pavement, I knock on doors, I give this information at our community meetings so nobody missed out."
>
> "I haven't been able to access service, this is a result of not getting the adequate information."

Focus Group Summary

The focus group discussions provided valuable insights into the complexities of poverty in Orange County, highlighting the resilience and strengths of the community as well as the barriers many individuals face in accessing support. Participants' reflections underscore the need for continued efforts to raise awareness of available resources, address systemic obstacles, and develop more comprehensive strategies to alleviate poverty and high housing costs.

Key Informant Interviews

Purpose

The purpose of the key informant interviews was to gather and include the perspectives and opinions of recognized, informed community leaders in the needs assessment. Information collected through these structured interviews will be considered when selecting strategic priority issues, planning interventions and programs, identifying priority populations and communities, and considering performance management measures.

Methodology

Key leader interviews were one part of the primary qualitative data collection plan for the Division's needs assessment. Division leaders identified leaders representing various sectors of the community including an elected county commissioner, school board member, governmental and community-based organization leaders, service organizations, as well as a highly regarded long-time community resident and neighborhood advocate. The key interview questions were developed by WellFlorida Council, with input and final approval by the Orange County Community Action Division Core Team. The interviews were conducted virtually via Zoom or phone or by two WellFlorida Council staff between September 19-30, 2024. Each key informant was asked the same set of eight questions and given an opportunity to contribute any further comments at the close of the interview. The interview questions covered community strengths; causes and conditions of poverty and factors that prolonged and/or improved socio-economic status; barriers to services and resources, in particular, health care and social services, food access, and education, job, and career resources; example or model programs, initiatives, and/or policies successfully implemented to reduce poverty; and recommendations for the Division's continued work towards eliminating poverty. Using notes and transcripts, content analysis examined patterns and ideas or concepts that were repeated in the interviews while thematic analysis was used to identify recurring themes.

Limitations

The intent of the key informant interviews was to solicit qualitative responses from a variety of key leaders and community representatives. The opinions expressed are those of the participants and not necessarily representative of the entire county. Thus, these results are useful in conjunction with other supporting data such as community surveys, focus groups, and county secondary data to characterize social, education, and economic factors and quality of life in Orange County for the identification of strategic issues and ranking of priorities for action.

Key informant interviews are a way to capture and gauge the opinions, thoughts, experiences, and feedback of those impacted and/or those who hold a stake in the well-being and quality of life of the people in Orange County. Please note that the summary of the observations and opinions provided are not filtered nor are they validated for factual basis. Although they provide highly valuable insights, comments should not be overly generalized.

Themes from Interviews

Themes denote summarized common ideas and their supporting factors and contributing causes as articulated by key leaders in Orange County. These key themes, presented in no particular order, are many resources and many barriers, economic and attitudinal causes of poverty, challenges to economic mobility, and potential to build on success.

Many Resources, Many Barriers

Resources. Among the most frequently cited strengths of Orange County were its assets and resources. These included its people--with their diversity of cultures and languages—and strong community, elected, philanthropic, and business leaders. Orange County's geographic location in the center of the state, national reputation as a destination site, and its dynamic economy were among its assets listed. Health care, social service, education, community-based, and governmental resources to serve Orange County residents' needs were often mentioned as being available throughout the county.

> "People really care about their neighborhoods and want to share the positive things about where they live."
> – Key community leader

> "…resources are here but not being marketed…" – Key community leader

Barriers. The key leaders were vocal about the obstacles Orange County residents often face in accessing these resources. Issues with transportation, in particular public transportation, were mentioned by every leader interviewed. Lack of awareness about resources and flawed communication in general were also cited frequently along with competition for resources that are not limitless. Relatedly were language barriers, both for non-English speaking residents and those with low literacy skills. Not meeting eligibility requirements often bars access; this includes problems with accessing and navigating on-line systems. Leaders also described discrimination and stigma as barriers encountered by residents.

Causes of Poverty

Economic Causes and Conditions of Poverty. Leaders were very much aware of the technical definition of poverty according to federal poverty guidelines and the need to adhere to these guidelines for programmatic and service eligibility. They also expanded on economic causes most frequently listing high housing costs and low wages as major drivers of poverty in Orange County. Simply not being able to afford basic needs of food, shelter, child care, and health care despite working was a sentiment expressed often. Poverty was described as a cycle that was difficult to rise above, compounded by the rising cost of living and salaries that do not keep pace. In Orange County, poverty manifests itself in homelessness, the number of people and families barely making ends meet, hunger and food insufficiency, and in under- and unemployment.

> "…housing and rent prices make it nearly impossible for those not making a livable wage, no roof over your head equals poverty." – Key community leader

Attitudinal and Other Causes. Interviewees expanded on other causes or factors that create or keep residents in poverty. These include generational poverty that stems from following in the footsteps of family or community customs, standards, and history. Mindsets that lack vision, engender procrastination or a sense of entitlement can contribute to poverty. Frustration and feelings of defeat were mentioned as contributing to a cycle of poverty. Having health challenges including mental health problems and substance misuse issues were factors also discussed.

> "….poverty results from a toxic cycle of repeating the same actions." – Key community leader

> "People can't get ahead. It's a vicious cycle." – Key community leader

Challenges to Economic Mobility

Discussions tied economic mobility to job opportunities that pay livable wages. Employment opportunities were linked to education and skills training. A particular challenge mentioned related to high-paying, obtainable jobs was Orange County's lack of strong manufacturing industries, largely due to geography (i.e., no port, transportation issues) and dedication to tourism. Although Orange County has education and training assets, barriers and obstacles were cited. These include costs associated with pursuing an education and/or technical or skills training. In addition to the direct financial costs, residents bear child care costs, time investments that may impede current employment, balancing family obligations, and transportation costs. Assistance programs are available for those who are aware of resources, who are eligible, and can navigate an application process. Another potential barrier to enrolling and completing a degree or training program is access to reliable internet service. As mentioned earlier, awareness of existing resources also applies to education and training. Also a challenge for leaders and decision makers is the lack of up-to-date data on poverty that points to neighborhoods and populations with emerging problems and/or gains made.

> "Balancing the everyday struggles to make ends meet, there's no time for education or training to raise oneself up." – Key community leader

> "Careers, not jobs." – Key community leader

Potential to Build on Success

Proven Successes. Orange County leaders proudly cited collaboration, cooperation, and communication among county, city, businesses, neighborhoods, and residents as achievements. Many initiatives and programs were mentioned as having positive impacts on the lives and well-being of Orange County residents. To name a few, these included the federal earned income tax credits, HeadStart, Second Harvest, Career Source, Orange County community centers, senior services, school system programs, and the use of multiple communication channels such as billboards, radio and television, and social media.

> "….need common sense, centralized approaches with county and cities coming together to reduce confusion and duplication, and no red tape." – Key community leader

Build for the Future. At the top of the leaders' lists for Division growth were outreach, greater presence in communities, and expanded and targeted awareness and education efforts. Many cited the need to continue reaching persons and families with low incomes and add more efforts to assist those who might not qualify for programs but still need help. A focused effort to address housing costs was frequently mentioned.

Improvements in communication methods, in particular, the Division web site was another idea. Leaders expressed interest in seeing the Division create and work towards measurable, achievable goals and objectives and communicate progress and results widely.

Summarized Highlights from Key Informant Interviews

Resources and Barriers

- Orange County resources include its diverse population, leadership, economic potential
- Barriers to resources include awareness, transportation, language, eligibility requirements, stigma and discrimination

Causes and Conditions of Poverty

- Poverty is defined by federal poverty guidelines, compounded by geography, discrimination, inequities
- Conditions of poverty manifest in homelessness, hunger, under- and unemployment
- Drivers of poverty include high housing costs (including rents and utilities), low wages, child care costs and availability, food costs, poor health (including mental health and substance misuse issues), and lack of opportunities (including education and skills development for advancement)
  - Influences that cause and/or perpetuate poverty include generational cycles of poverty, frustration and exhaustion, attitudes of entitlement and anger, and experiencing discrimination and stigma

Challenges and Potential for Success

- Challenges to economic mobility include lack of jobs that pay livable wages, obstacles to skills and job training (including costs, time, transportation, program eligibility, competing priorities)
- For continued success and wider impact suggestions for the Division include
  - More outreach, education, and presence in communities
  - Services and programs for low- and middle-income individuals and families
  - Focused, measurable goals and objectives with results reporting

INTERSECTING THEMES AND STRATEGIC PRIORITY IDENTIFICATION

Intersecting Themes

The intersecting themes, recurring issues, and notable gaps and needs in Orange County as identified through the community needs assessment process are listed below. The themes articulated below emerged from the two assessments conducted as part of the Division's countywide, tailored MAPP process. That process included the community assessment through a comprehensive secondary data review, the community themes assessment that generated primary data collected from the community at large and community leaders and stakeholders, and a facilitated discussion with the Division's board members and unit leaders about the collected data. These intersecting themes were considered in the identification and prioritization of potential strategic issues. For ease of understanding common themes and root causes, the key issues are grouped below into categories including poverty in specific populations, basic needs, employment opportunities and outcomes, health and health care access, health literacy, and policy and systems change. Some of the key issues emerged as concerns across the intersecting theme areas shown below; however, each issue is only listed once.

Poverty in Specific Populations

Secondary data examined by FPG, age, race and ethnicity, and geography (i.e., zip code) pointed to groups with disparities in poverty when compared to the county and state as wholes. These include:

- Children (zero (0) to 17 years of age)
- Senior citizens (65 years and older)
- Residents of numerous zip codes (including those of all ages, children and senior citizens)

Challenges in Meeting Basic Needs

Several secondary data sources and all three (3) sources and two (2) types (i.e., qualitative and quantitative) of primary data articulated issues for Orange County residents in meeting basic individual and family human needs. These same needs were frequently cited as both causes and conditions of poverty. These challenges include:

- Housing costs and availability (including rentals and homeownership, housing stock availability and quality, safety)
- Utility costs of electricity, water, sewer, gas, internet and other public utilities such as trash removal and maintenance of neighborhood drainage systems
- Food insufficiency, hunger, poor nutrition
- Childcare costs, quality, and availability
- Transportation both public and private

Employment Opportunities and Outcomes

Community needs assessment participants consistently made clear their concerns about the potential for economic mobility, both currently and in future generations, without pathways to meaningful employment with livable wages. This apprehension traced back to barriers to education and skills training, lack of life skills to prepare for and keep jobs, scarce personal finance and budgeting education,

need to balance family and other obligations with employment. Data on poverty and incomes in Orange County lent confirmation to these concerns listed below.

- Education and skills training
- Availability of jobs that pay living wages
- Managing many life, family demands

Health and Health Care Access

Assessment findings in secondary data sources on health status and outcomes among Orange County residents pointed to concerns about issues. These are mental health problems, substance misuse including opioid and alcohol use, and infectious (e.g., hepatitis, tuberculosis) and sexually transmitted diseases to include HIV/AIDS. Also seen was troubling healthcare service use, such as hospitalizations, for mental health reasons and opioid overdoses. The community expressed concerns related to nutrition and food insecurity, availability and affordability of health care, and chronic health conditions. Focus group participants and key leaders voiced alarm about the role of mental health problems and substance misuse in the cycle of poverty in Orange County. In brief, these issues include:

- Mental health problems
- Substance misuse issues
- Infectious and sexually transmitted diseases

Health Literacy and Communications

Healthy literacy is often defined as an "individual's capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (Healthy People 2020, accessed Oct. 25, 2024). That definition has been expanded to address both personal health literacy as previous defined, and organizational health literacy that addresses the extent to which "organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others" (Healthy People 2030, accessed Oct. 25, 2024). Secondary data in the assessment pointed to challenges with health literacy, in particular with navigating a complicated healthcare system, as seen in high usage of emergency departments and hospitalizations for avoidable causes. Topping the list of barriers to services was lack of awareness about Orange County resources. This challenge with communication was expressed by community members and key leaders. Health literacy themes include:

- Communication methods and media
- Awareness and access to resources for all
- Systems navigation including healthcare, social service, education, governmental agencies
- Equitable eligibility criteria for services and benefit programs

Policy and System Change

Input from the community at large, conversations with residents through focus groups, and frank discussions with key community leaders all highlighted the need for overarching, systemwide changes and enhancements to positively impact the economic mobility and well-being of Orange County

residents. Deficiencies and/or inequities in these systems was frequently mentioned as root causes of the poverty. The needed systems changes and improvements include:

- Public transportation system
- Housing including obtainable, affordable, safe homes and rentals
- Education system and resources focus on skills and trades in addition to college preparation
- Wages and job opportunities to foster a higher standard of living
- Systemic racism, discrimination, and disparities
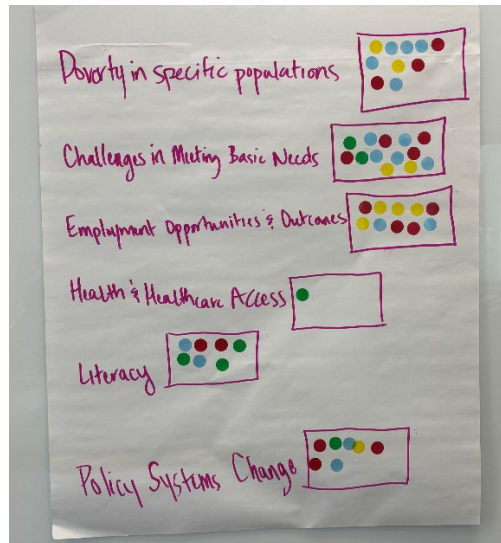
Strategic Priority Issues

The Orange County Community Action Division Community Action Board (CAB) members, the assessment core team, and other partners reviewed the data and findings from the entire community assessment process at their October 30, 2024 meeting. Meeting participants discussed the issues and themes and confirmed that the list above accurately reflected the areas of concern for Orange County. In addition, the characteristics of strategic issues were reviewed to assure a common understanding of their scope, scale, and purpose. The prioritization criteria included importance and urgency, impact, feasibility, and resource availability (see the below). In a large group through a facilitated consensus conversation, participants questioned, debated, discussed and agreed upon three (3) strategic priorities for the Division for the next three (3) years. Next, in self-selected workgroups, meeting participants drafted goals, identified strategies, and suggested implementation activities for the priority area of interest. The priorities listed below move forward for further planning and implementation in the Division's strategic plan.

TABLE 16: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, ORANGE COUNTY COMMUNITY ACTION DIVISION COMMUNITY NEEDS ASSESSMENT, 2024

Importance and Urgency	Impact	Feasibility	Resource Availability
•Issue severity •Burden to large or priority populations •Of great community concern •Focus on equity	•Potential effectiveness •Cross cutting or targeted reach •Ability to demonstrate progress	•Community capacity •Political will •Acceptability to the community	•Financial costs •Staffing •Stakeholder support •Time

Source: Adapted from National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved October 25, 2024, Phase 4: Identifying and prioritizing strategic issues - NACCHO

Source: Orange County Community Action Board Meeting, Oct. 30, 2024. Prepared by WellFlorida Council, 2024.

Orange County Community Action Division Strategic Priorities, Goals, Strategies and Select Activities

At their October 30, 2024 meeting, the Division CAB members and invited staff and partners met to select priority issues, determine goals, identify strategies, and list activities to address the issues. Further, community leaders and partners recognized that many of the strategies cut across the distinct priorities and pledged to cooperatively select the most effective solutions and tactics. Below are the resulting goals and strategies that will move forward to the next phase, that is, development of the Division strategic plan. The priorities are listed in no particular order.

Strategic Priority: Poverty in Three (3) Targeted Orange County Zip Codes

Goal: Reduce poverty in Zip Codes 32703 (served by John Bridges Community Center in Apopka), 32818 (served by Pine Hills and Multicultural Community Centers), and 32826 (served by the East Orange Community Center)

- Outcome measure (proposed): Decrease the percentage of persons in the specified zip code who are within the federal poverty guidelines (FPG)

Strategies:

- Provide employment and training services
  - Activities
    - Schedule monthly employment activities at community centers
    - Schedule services consistently

- Hold and promote career fairs
- Assist with job readiness
- Create and promote partnership to provide professional clothing and work attire
- Assure access to financial literacy education
  - Activities
    - Promote and support participation in the Financial Empowerment program by Habitat for Humanity
    - Engage with local credit unions and banks for services
    - Expand partnerships with major corporations including Orlando Magic, Kia, University of Central Florida, and Orlando Pride
- Promote awareness of opportunities and programs
  - Activities
    - Community Action Division conducts quarterly activities and sessions about resources focused on employment and financial literacy
    - Expand and enhance scheduling
    - Build and strengthen partnerships
    - Offer services and information in different languages

Other Considerations:

- Barriers to be addressed
  - Transportation
    - Partner with Lynx for transportation
    - Provide gas cards
  - Childcare
    - Have onsite childcare and activities
  - Language
    - Assure communications in languages that meet community needs
- Board Engagement
  - Continue strategic work on targeted activities at CAB meetings
  - Assure better measures of success

Strategic Priority: Employment Opportunities and Outcomes

Goal: Increase long-term, sustained employment numbers

Outcome measure (proposed): Increase number of participants in skills and trade training, employment search assistance, and education access programs

Strategies:

- Continue and expand collaboration with community organizations and agencies
  - Activities
    - Hold and promote collaborative career and education fairs throughout the county
- Increase awareness of programs and benefits

- o Activities
  - ▪ Improve communications about benefits and eligibility requirements
  - ▪ Connect Community Action Division programs to K-12 public education so that information is shared with all families in the Orange County school system

Strategic Priority: Addressing Challenges in Meeting Basic Needs

Goal: Identify and address basic need gaps unique to Orange County

Strategies:

- Aid access to public transportation
  - o Activities
    - ▪ Procure and distribute annual bus passes for income-qualified residents
- Remove barriers to healthcare services
  - o Activities
    - ▪ Expand access to Affordable Care Act health insurance by partnering with the Primary Care Access Network (PCAN) through Community Centers
    - ▪ Enhance Lynx access and medical transportation from Community Centers
    - ▪ Provide mobile medical clinic and mobile dental clinic services at Community Centers
- Implement housing assistance programs
  - o Activities
    - ▪ Provide rental assistance ($1,700/household) by partnering with existing non-profits organizations with referrals through Community Centers
    - ▪ Institute homeless reunification program through Amtrak and Greyhound in partnership with local non-profit organizations, shelters, or directly through Community Centers
- Assist families with childcare and other family needs
  - o Activities
    - ▪ Partner with the Central Florida Diaper Bank for better access to diapers through the Community Centers
    - ▪ Sponsor job fairs exclusively for employers who hire persons with criminal and/or eviction records

Appendix A – Community Action Board Members

The tripartite board includes representatives from the public, community, and private sectors.

Public Sector

Commissioner Nicole H. Wilson, Orange County Board of County Commissioners

Commissioner Mayra Uribe, Orange County Board of County Commissioners

Commissioner Maribel Gomez Cordero, Orange County Board of County Commissioners

Melissa Byrd, School Board Member, Orange County Public Schools

Council Member Susan Lomas, City of Edgewood

Mayor John Lowndes, City of Maitland

Representative Jennifer "Rita" Harris, Florida House of Representatives

Community Sector

Erma Dennard, District 1 Representative

Pastor Hezekiah Bradford, Jr., District 2 Representative

Eric Gray, District 4 Representative

Evangeline Richardson, District 6 Representative

Barbara Hoosier, At-Large Districts 1, 2, and 6 Representative

Jesse Boyd, At-Large Districts 3, 4, and 5 Representative

Private Sector

Vivian Tindal, Minority Organizations Representative

Pastor Chauncey Brown, Religious Organizations Representative

Debi Meli, Private Social Service and Charitable Organizations Representative

Tadar Mahummad, Workforce Labor Organizations Representative

Teresa Adams, Private Community-Based Professional Organizations Representative

Darnellion Brown, Head Start Policy Council Representative

Dextor Nelson, Jr., Major Employers Representative

Appendix B – Community Survey Instrument

Orange County Community Action Division 2024 Assessment Survey

Dear Neighbor

What are the most important and pressing issues facing your community? The Orange County Community Action Division invites you to answer this community assessment survey. The survey will be available from September 12 - 28, 2024.

Community leaders will use your answers to plan and take action towards a better community for all.

The survey has seven (7) core questions. It should take less than ten minutes to finish the survey. Your answers cannot be used to identify you. Please take the survey only once.

To be eligible to take this survey:

· You must be 18 years of age or older
· Be an Orange County resident

If you have questions about this survey or the assessment process, you may contact Christine Abarca at email: cabarca@wellflorida.org or phone: 352 727 3767. The survey begins on the next page. Thank you for sharing your opinions with us.

* 1. Are you **18 years of age or older** <u>and</u> **live in Orange County, Florida?**

○ Yes
○ No

* 2. What are the **three (3) most important issues** in your community that need to be addressed? (Select up to three.)

☐ Substance misuse (drug and/or alcohol)

☐ Availability of jobs and job opportunities

☐ Housing costs and availability including rentals

☐ Utility costs (electric, gas, water, internet)

☐ Crime, neighborhood safety

☐ Homelessness

☐ Child neglect and/or abuse

☐ Availability and access to health care services

☐ Availability and access to social services

☐ Hunger, food insecurity, access to affordable foods

☐ Quality and availability of public education

☐ Chronic health conditions (such as heart disease, diabetes, high blood pressure)

☐ Infectious diseases (such as Sexually Transmitted Diseases (STDs), flu, HIV/AIDS, Hepatitis A, B or C)

☐ Roads and public infrastructure (such as bridges, power grid, water and sewer systems)

☐ Public safety (including availability of law enforcement, fire/rescue/EMS, emergency preparedness)

☐ Environment and climate change (such as threats to natural resources and extreme weather)

☐ Public transportation

☐ Availability of recreation programs and facilities

☐ Other (please tell us)

* 3. In the past 12 months, which of the following has or have been **serious problems** for you or someone in your household? (Select all that apply.)

☐ Finding or keeping a job

☐ Lack of job training opportunities

☐ Hunger, food insecurity, or poor nutrition

☐ Housing insecurity or homelessness

☐ Child care that is affordable

☐ Drug and/or alcohol misuse (including opioid use)

☐ Gang activity (including involvement or being a victim)

☐ Transportation (such as getting rides to work, school, church, recreation)

☐ Lack of services for persons with disabilities

☐ Lack of services for senior citizens

☐ Child abuse and/or neglect

☐ Child health and/or injury issues

☐ Incarceration of parent(s) or head of households

☐ Domestic violence

☐ Getting health care services (including access to services and paying for services)

☐ Access to public assistance programs and benefits (such as WIC, SNAP, SSI)

☐ Few or no recreation opportunities for youth and families

☐ Issues with public education, schools

☐ Need for legal assistance

☐ Other (please tell us)

☐ None of these have been serious problems in the past 12 months

* 4. In the past 12 months have you or someone in your household **experienced the following**? (Select all that apply.)

- ☐ Needed to see a dentist but couldn't afford to
- ☐ Needed to see a doctor but couldn't afford to
- ☐ Needed mental health or substance misuse care or counseling but couldn't afford it
- ☐ Could not pay rent or mortgage
- ☐ Looked for work but couldn't find a job
- ☐ Lost a job
- ☐ Had utilities turned off because you couldn't pay the bill
- ☐ Needed food but couldn't afford to buy it
- ☐ Needed to buy medicine but couldn't afford to buy it
- ☐ Needed assistance but didn't get it
- ☐ Had utilities turned off because your landlord didn't pay the bill
- ☐ Been evicted
- ☐ Went hungry
- ☐ Had your home condemned
- ☐ Experienced discrimination or harassment due to your age, race, ethnicity, gender, socio-economic status, disability, or religion
- ☐ Have experienced none of the above in the past 12 months

* 5. **Causes of poverty** are factors that make it more difficult for people to provide for themselves and/or create barriers to resources that might help meet basic needs.

Please select the **top three (3) factors** you feel are the **primary causes of poverty** in your community. (Select up to three.)

☐ Low wages

☐ High housing costs

☐ Not enough jobs

☐ High health care costs

☐ High utility costs

☐ Lack of child care options

☐ Lack of education and training opportunities

☐ People don't want to work

☐ People lack job skills

☐ Lack of transportation or few transportation options

☐ Substance misuse (drug and/or alcohol)

☐ Intergenerational poverty

☐ Systemic racism, prejudice, and/or discrimination

☐ Outdated policy, law, and/or regulatory standards

☐ Other (please tell us)

_____

☐ None of these are primary causes of poverty

* 6. **Conditions of poverty** are negative environmental, safety, health, and/or economic factors that reduce investments or growth in communities where low-income individuals live. These factors or circumstances help reveal the impacts of poverty across all sectors of a community.

What do you think are the **most serious conditions of poverty** in your community? (Select up to three (3) conditions.)

☐ Number of individuals on public assistance programs (such as Medicaid, SNAP)	☐ Poor performing schools
☐ Low-quality child care or few affordable child care options	☐ Homelessness
	☐ Vacant housing
☐ Lack of employers	☐ Hunger, food insecurity, lack of adequate nutrition
☐ Housing market that makes home purchase or rental unaffordable	☐ Lack of financial or budgeting education
☐ Lack of transportation options	☐ High crime rates
☐ Substandard or unsafe housing	☐ Unsafe neighborhoods
☐ Lack of mental health and substance misuse care providers and services	☐ Threatened natural environments and natural resources
☐ Lack of health care providers (such as doctors, nurses)	
☐ Lack of dentists	

* 7. In the past 12 months have you **visited or received services** at these **Community Centers**? (Select all that apply.)

☐ East Orange (12050 E. Colonial Drive, Orlando)

☐ Hal P. Marston (3933 W.D. Judge Drive, Orlando)

☐ Holden Heights (1201 20th St., Orlando)

☐ John H. Bridges (445 W. 13th St., Apopka)

☐ Maxey (830 Klondike Road, Winter Garden)

☐ Multicultural Center (7149 W. Colonial Drive, Orlando)

☐ Pine Hills (6408 Jennings Road, Orlando)

☐ Taft (9450 S. Orange Ave, Orlando)

☐ I have not visited nor received services at these Community Centers in the past 12 months.

* 8. In the past 12 months have you **participated in** any of these Orange County Community Action Division **programs or services**? (Select all that apply.)

- [ ] Family Self-Sufficiency (employment skills training, employment services and referrals, case managed career coaching)

- [ ] Low-Income Home Energy Assistance Program (energy bill assistance)

- [ ] Senior Climate Efficiency Program (air conditioner system repairs, replacements, home health and safety improvements)

- [ ] Weatherization Assistance Program (home energy efficiency improvement referral)

- [ ] Office on Aging programs (Life Information for Elders – A Helping Hand for Aging Well)

- [ ] Computer labs

- [ ] I have not participated in any of these programs or services in the past 12 months

* 9. Please tell us a little more about yourself by answering these questions.

What is your age?

- ( ) Less than 18 years
- ( ) 18-29 years
- ( ) 30-39 years
- ( ) 40-49 years
- ( ) 50-59 years
- ( ) 60-64 years
- ( ) 65-69 years
- ( ) 70 years or older

* 10. Which of the following best describes you?

◯ Asian

◯ Black or African American

◯ American Indian or Alaska Native

◯ Pacific Islander or Native Hawaiian

◯ White

◯ Some other race

◯ Two or more races

◯ I prefer not to answer

◯ Other (please tell us)

[   ]

* 11. Are you Hispanic or Latino/a/x?

◯ Yes, I am Hispanic or Latino/a/x

◯ No, I am not Hispanic nor Latino/a/x

◯ I prefer not to answer

* 12. Which of the following best describes your gender identity?

◯ Man ◯

Woman

◯ Non-binary

◯ I prefer not to answer

◯ I use a different term (please tell us)

[   ]

* 13. What is the zip code of your residence?

[   ]

* 14. Including yourself, how many people currently live in your household? (Choose one (1) answer.)

○ 1

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7

○ 8

○ 9 or more

○ I prefer not to answer

* 15. What is the combined annual income for everyone living in your household? (Select the bracket that applies to your household.)

○ $30,120 or less

○ $30,121 - $40,880

○ $40,881 - $51,640

○ $51,641 - $62,400

○ $62,401 - $73,160

○ $73,161 - $83,920

○ $83,921 - $94,680

○ $94,681 - $105,440

○ $105,441 and above

○ I prefer not to answer

Appendix C – Focus Group Script

Orange County Community Action Division 2024 Assessment

Focus Group Script and Questions (9/25/24)

Facilitators: Lindsey Redding, Chris Abarca

Hello and welcome to our focus group. A focus group is basically just a chance to talk with people who have something in common. So, I'd like to thank you for joining our discussion group as we talk about issues that impact your community here in Orange County.

My name is _____ and I work with WellFlorida Council. WellFlorida is a nonprofit organization that provides services in 16 counties in north central Florida. We also work with the East Central Florida Health Council that serves Orange County and a few other surrounding counties. We are working on a community needs assessment for the Orange County Community Action Division (OCCAD). As you may know the OCCAD provides programs and services that help individuals and families be self-sufficient and live well.

Today, we will discuss your views on issues and factors that cause, hinder, and promote self-sufficiency, socio-economic mobility, and quality of life in general for you, your family or household, and community.

The information you give us will be an important part of the community assessment report.

I want to tell you a few rules before we get started. The first rule is that everything you say will stay between us. We will not include your name in the written report. You may notice that we will be recording this video session. We will also be taking notes today to help make the written report of our talk. According to the informed consent that we will read to you, your identities will be kept confidential, and all recorded names will be pseudonyms. Once the recorded audio has been accurately transcribed, the recording will be destroyed. By signing in using the chat function, you have agreed to these rules.

As a second group rule, please do not repeat what we talk about today outside this video conference. It is important that we trust each other because we want you to feel comfortable talking.

The only other rule that I need you to follow is to speak only one person at a time. We don't want to miss anything anyone says, so it is important to not talk over one another or break into separate conversations.

I have some questions, but they are only to help make sure we cover all of the ideas. I will use them to get us started and to keep our talk going, but you can talk about other things that you might think of along the way if they relate to quality of life in your community.

Are there any questions about the focus group or what we are going to do today?

Strengths
1. What do you like best about your community?

Poverty
2. How do you define poverty? What does poverty look like in your community?
3. What keeps individuals and families in poverty?

Health and Well-being
4. Tell us about the barriers that get in the way of accessing health care services, food, or social services?

Services, Supports, Resources
5. What services, supports, and resources have helped you, your family or community to have better lives?
6. Do you think people in your community have the support and services they need to achieve their education and career goals. Why or why not?
7. How do community members generally learn about the services and resources available in your community? What methods work best? What doesn't work?
8. What can OCCAD do to support the community to eliminate poverty in your neighborhood, community, city, county?

Appendix D - Key Informant Interview Script

Orange County Community Action Division 2024 Assessment

Key Informant Interview Questions

Conducted by WellFlorida Council

Strengths

1. What are the strengths of this community ?

Poverty

2. How do you define poverty? What are the conditions and causes of poverty in your community?

3. What keeps individuals and families in poverty?

4. What barriers do community members face in achieving upward socio-economic mobility?

Health and Well-being

5. What barriers get in the way of accessing health care services, food, or social services?

Services, Supports, Resources

6. Please identify programs, strategies, initiatives, resources, policies and laws that have been successful in reducing poverty

7. Do you think people in your community have the support and services they need to achieve their education and career goals. Why or why not?

8. What can OCCAD do to support the community to eliminate poverty in your neighborhood, community, city, county?