

Executive Report

2016 Community Health Needs Assessment

Parrish Medical Center Primary Service Area

Prepared for:
Parrish Medical Center

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Introduction



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Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the primary service area of Parrish Medical Center. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Parrish Medical Center by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources.

Quantitative data input includes primary research (the PRC Community Health Survey) that allows for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

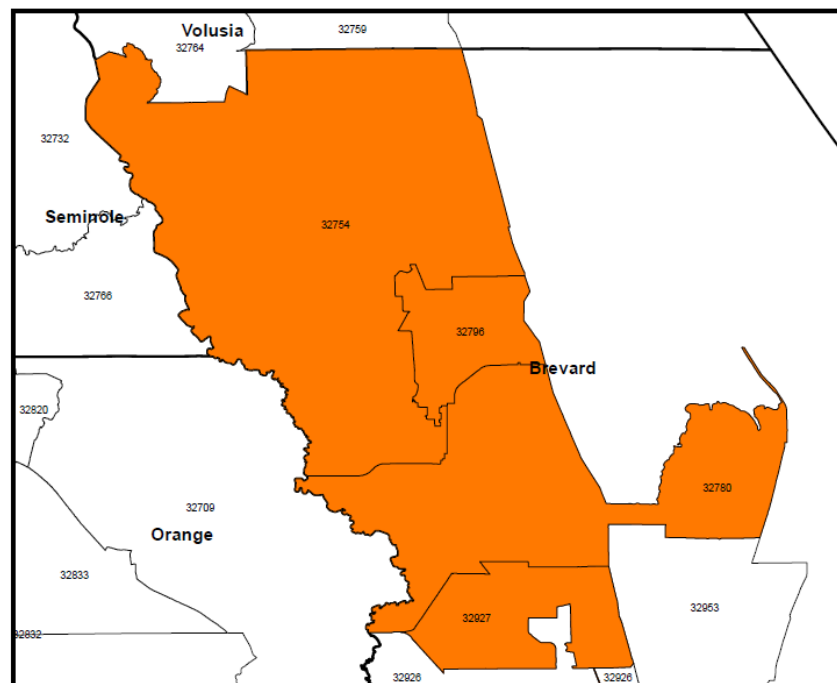
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Parrish Medical Center and PRC.

Community Defined for This Assessment

The study area for the survey is defined as each of the Florida residential ZIP Codes comprising the primary service area of Parrish Medical Center, including: 32754, 32780, 32796, and 32927. This community definition, determined based on the ZIP Codes of residence of recent patients, generates 90% of their inpatient admissions. The primary service area is illustrated in the following map.



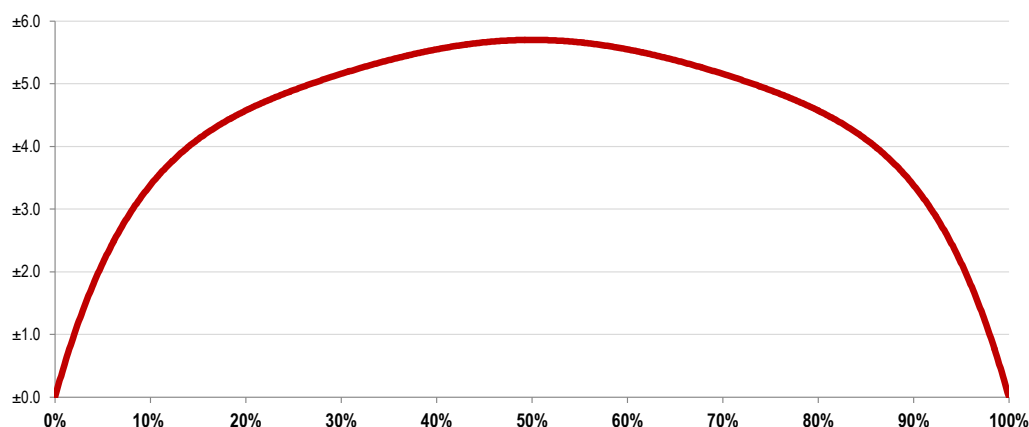
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 300 individuals age 18 and older in Parish Medical Center's primary service area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the service area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 300 respondents is $\pm 5.7\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 300 Respondents at the 95 Percent Level of Confidence



Note: • The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples: • If 10% of the sample of 300 respondents answered a certain question with a "yes," it can be asserted that between 6.6% and 13.4% (10% \pm 3.4%) of the total population would offer this response.
• If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 44.3% and 55.7% (50% \pm 5.7%) of the total population would respond "yes" if asked this question.

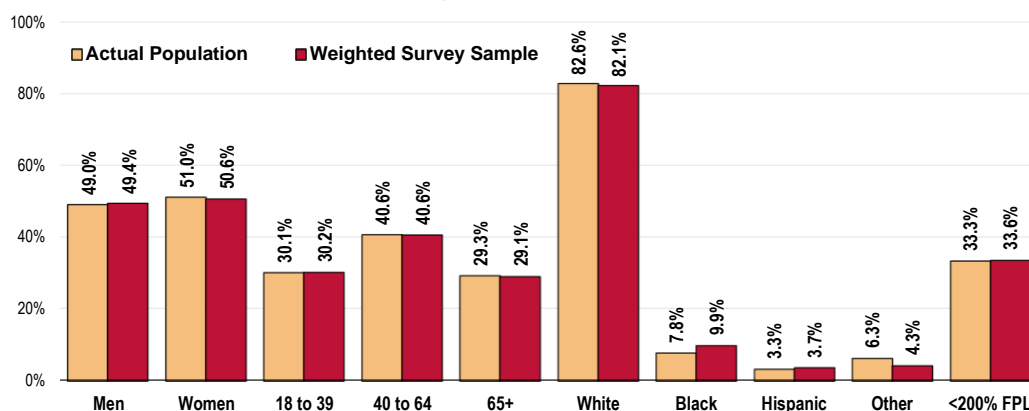
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw

data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the primary service area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(Primary Service Area, 2016)



Sources:

- Census 2010, Summary File 3 (SF 3). US Census Bureau.
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (*e.g., the 2014 guidelines place the poverty threshold for a family of four at \$23,850 annual household income or lower*). In sample segmentation: “**low income**” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; “**mid/high income**” refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 73 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Community/Business Leader	22	5
Other Health Provider	25	4
Physician	196	42
Public Health Representative	7	3
Social Services Provider	59	19

Final participation included representatives of the organizations outlined below.

- 2-1-1 Brevard, Inc.
- Brevard C.A.R.E.S.
- Brevard County
- Cancer Care Centers of Brevard
- CareerSource Brevard
- Circles of Care, Inc.
- First United Methodist Church of Titusville
- Florida Department of Health in Brevard County
- Greater Titusville Renaissance, Inc.
- Hospice of St. Francis
- Indian River City United Methodist Church
- Indian River Medical Office
- MedFast Urgent Care Centers, LLC
- NBMS
- North Brevard Children's Medical Center
- Omni Health Care
- Park Ave. Baptist Church
- Parrish Medical Center
- Parrish Medical Center ED
- Parrish Medical Group
- Parrish Occupational Health Clinic and Pharmacy
- Parrish Senior Services
- REF Nurse LLC

- St. Francis Pathways to Healthcare
- St. James AME Church
- TeamHealth
- United Way of Brevard County
- Women's Center

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

Minority populations represented:

African-Americans, Asians, Caucasians, children, Creole residents, the disabled, East Indians, the elderly, ethnic minorities, Haitian residents, Hindi residents, Hispanics, the homeless, low income residents, Medicare/Medicaid recipients, Muslims, Native Americans, and uninsured/underinsured individuals

Medically underserved populations represented:

children, the disabled, the elderly, the homeless, LGBT individuals, low income residents, Medicare/Medicaid recipients, the mentally ill, pregnant women, substance abusers, undocumented residents, uninsured/underinsured individuals, veterans, and young adults

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

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

Benchmark Data

Florida Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2015 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting

national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

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



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

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates.

Information Gaps

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

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

In addition, this assessment does not include secondary data from existing sources which can provide relevant data collected through death certificates, birth certificates, or notifications of infectious disease cases in the community.

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

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H	See Report Page(s)
Part V Section B Line 1a <i>A definition of the community served by the hospital facility</i>	8
Part V Section B Line 1b <i>Demographics of the community</i>	10
Part V Section B Line 1c <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>	171
Part V Section B Line 1d <i>How data was obtained</i>	8
Part V Section B Line 1f <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	Addressed Throughout
Part V Section B Line 1g <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>	16
Part V Section B Line 1h <i>The process for consulting with persons representing the community's interests</i>	11
Part V Section B Line 1i <i>Information gaps that limit the hospital facility's ability to assess the community's health needs</i>	13

Summary of Findings

Significant Health Needs of the Community

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

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> • Difficulties Accessing Healthcare <ul style="list-style-type: none"> ◦ Cost of Prescriptions ◦ Cost of Physician Visits ◦ Finding a Physician • Skipping/Stretching Prescriptions • Emergency Room Utilization • Ratings of Local Healthcare
Cancer	<ul style="list-style-type: none"> • Skin Cancer Prevalence
Diabetes	<ul style="list-style-type: none"> • <i>Diabetes ranked as a top concern in the Online Key Informant Survey.</i>
Heart Disease & Stroke	<ul style="list-style-type: none"> • Stroke Prevalence • High Blood Pressure Prevalence
Injury & Violence	<ul style="list-style-type: none"> • Firearm Prevalence • Firearm Storage/Safety
Mental Health	<ul style="list-style-type: none"> • Seeking Help for Mental Health • <i>Mental Health ranked as a top concern in the Online Key Informant Survey.</i>
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Trying to Lose Weight [Overweight Adults] • Overweight & Obesity [Children] • <i>Nutrition, Physical Activity & Weight ranked as a top concern in the Online Key Informant Survey.</i>
Oral Health	<ul style="list-style-type: none"> • Regular Dental Care • Dental Insurance Coverage • Children's Dental Care
Potentially Disabling Conditions	<ul style="list-style-type: none"> • Activity Limitations • Arthritis Prevalence (50+) • Sciatica/Back Pain Prevalence • Deafness/Hearing Trouble
Substance Abuse	<ul style="list-style-type: none"> • <i>Substance Abuse ranked as a top concern in the Online Key Informant Survey.</i>

Prioritization of Health Needs

On June 8, 2016, Parrish Medical Center convened the Community Health Partnership, a group of community stakeholders (representing a cross-section of community-based agencies and organizations), to evaluate, discuss and prioritize health issues for the community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
 - How many people are affected?
 - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
 - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. **Diabetes**
2. **Access to Healthcare Services**
3. **Oral Health**
4. **Mental Health**
5. **Heart Disease & Stroke**
6. **Nutrition, Physical Activity & Weight**
7. **Substance Abuse**
8. **Cancer**
9. **Potentially Disabling Conditions**
10. **Injury & Violence**

While the hospital will likely not implement strategies for all of these health issues, the results of this prioritization exercise will be used to inform the development of Parrish Medical Center's Implementation Strategy to address the top health needs of the community in the coming years.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Primary Service Area. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables























In the following charts, Primary Service Area results are shown in the larger, blue column.








The columns to the right of the Primary Service Area column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether the service area compares favorably (☀️), unfavorably (☔️), or comparably (☁️) to these external data.


















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

















Overall Health	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	19.8	☁️ 19.6	☁️ 18.3	
% Activity Limitations	26.2	☔️ 21.2	☔️ 20.0	
		☀️ better	☁️ similar	☔️ worse




















Access to Health Services	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	8.5	☀️ 29.1	☁️ 10.1	☔️ 0.0
% [Insured] Went Without Coverage in Past Year	9.7			
% Difficulty Accessing Healthcare in Past Year (Composite)	42.8		☔️ 35.0	
% Inconvenient Hrs Prevented Dr Visit in Past Year	15.0		☁️ 14.4	





Access to Health Services (continued)	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% Cost Prevented Getting Prescription in Past Year	15.7		 9.5	
% Cost Prevented Physician Visit in Past Year	16.5	 20.8	 11.5	
% Difficulty Getting Appointment in Past Year	20.3		 15.4	
% Difficulty Finding Physician in Past Year	15.5		 8.7	
% Transportation Hindered Dr Visit in Past Year	5.4		 5.0	
% Skipped Prescription Doses to Save Costs	16.0		 10.2	
% Difficulty Getting Child's Healthcare in Past Year	2.0		 3.9	
% [Age 18+] Have a Specific Source of Ongoing Care	72.9		 74.0	 95.0
% [Age 18-64] Have a Specific Source of Ongoing Care	71.1		 73.1	 89.4
% [Age 65+] Have a Specific Source of Ongoing Care	78.2		 76.8	 100.0
% Have Had Routine Checkup in Past Year	72.7	 70.3	 70.5	
% Child Has Had Checkup in Past Year	95.6		 89.3	
% Two or More ER Visits in Past Year	13.2		 8.5	
% Rate Local Healthcare "Fair/Poor"	20.1		 14.2	
		 better	 similar	 worse















Arthritis, Osteoporosis & Chronic Back Conditions	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% [50+] Arthritis/Rheumatism	40.3		 32.0	
% [50+] Osteoporosis	11.6		 8.7	 5.3
% Sciatica/Chronic Back Pain	31.5		 19.4	
		 better	 similar	 worse









Cancer	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% Skin Cancer	15.9	 9.2	 7.7	
% Cancer (Other Than Skin)	10.4	 7.6	 7.7	
% [Women 40+] Mammogram in Past 2 Years	75.0	 72.5	 74.4	
% [Women 50-74] Mammogram in Past 2 Years	76.8	 76.6	 80.3	 81.1
% [Women 21-65] Pap Smear in Past 3 Years	76.5	 75.3	 84.8	 93.0
% [Age 50-75] Colorectal Cancer Screening	79.4		 74.5	 70.5
		 better	 similar	 worse





Chronic Kidney Disease	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% Kidney Disease	2.1	 3.5	 3.6	
		 better	 similar	 worse
Diabetes	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% Diabetes/High Blood Sugar	13.9	 11.2	 14.5	
% Borderline/Pre-Diabetes	8.7		 5.7	
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	54.0		 55.1	
		 better	 similar	 worse
Hearing & Other Sensory or Communication Disorders	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% Deafness/Trouble Hearing	17.8		 8.6	
		 better	 similar	 worse










Heart Disease & Stroke	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% Heart Disease (Heart Attack, Angina, Coronary Disease)	8.8		 6.9	
% Stroke	5.8	 3.7	 2.6	
% Blood Pressure Checked in Past 2 Years	94.8		 93.6	 92.6
% Told Have High Blood Pressure (Ever)	45.8	 34.6	 36.5	 26.9
% [HBP] Taking Action to Control High Blood Pressure	93.4		 92.5	
% Cholesterol Checked in Past 5 Years	93.6	 79.5	 87.4	 82.1
% Told Have High Cholesterol (Ever)	30.9		 33.5	 13.5
% [HBC] Taking Action to Control High Blood Cholesterol	89.3		 84.2	
% 1+ Cardiovascular Risk Factor	86.4		 83.0	
		 better	 similar	 worse



HIV	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% [Age 18-44] HIV Test in the Past Year	22.7		 21.3	
		 better	 similar	 worse




















Immunization & Infectious Diseases	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% [Age 65+] Flu Vaccine in Past Year	59.5	 54.6	 58.9	 70.0
% [High-Risk 18-64] Flu Vaccine in Past Year	45.4		 48.0	 70.0
% [Age 65+] Pneumonia Vaccine Ever	81.4	 66.2	 76.3	 90.0
% [High-Risk 18-64] Pneumonia Vaccine Ever	40.6		 38.7	 60.0
% Have Completed Hepatitis B Vaccination Series	35.1		 40.2	
		 better	 similar	 worse





Injury & Violence Prevention	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% "Always" Wear Seat Belt	85.5	 88.2	 87.9	 92.0
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	96.3		 94.8	
% Firearm in Home	47.3		 33.8	
% [Homes With Children] Firearm in Home	42.8		 31.0	
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	30.2		 20.4	
% Victim of Violent Crime in Past 5 Years	4.8		 2.3	










Injury & Violence Prevention (continued)	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% Victim of Domestic Violence (Ever)	13.0			15.1
		 better	 similar	 worse









Mental Health & Mental Disorders	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	13.7			25.5
% Diagnosed Depression	19.6			16.8 17.9
% Symptoms of Chronic Depression (2+ Years)	27.3			29.9
% [Those With Diagnosed Depression] Seeking Help	80.2			91.7
% Typical Day Is "Extremely/Very" Stressful	11.9			11.7
		 better	 similar	 worse






Nutrition, Physical Activity & Weight	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% Eat 5+ Servings of Fruit or Vegetables per Day	37.6			27.4
% "Very/Somewhat" Difficult to Buy Fresh Produce	19.9			21.9
% Medical Advice on Nutrition in Past Year	38.9			












Nutrition, Physical Activity & Weight (continued)	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% Healthy Weight (BMI 18.5-24.9)	30.9	 35.0	 32.9	 33.9
% Overweight (BMI 25+)	65.1	 62.8	 65.2	
% Obese (BMI 30+)	30.4	 26.4	 33.4	 30.5
% [Overweights] Perceive Self "About the Right Weight"	18.9			
% Medical Advice on Weight in Past Year	24.0		 20.4	
% [Overweights] Counseled About Weight in Past Year	29.1		 27.1	
% [Obese Adults] Counseled About Weight in Past Year	45.0		 40.8	
% [Overweights] Trying to Lose Weight Both Diet/Exercise	31.9		 57.0	
% Children [Age 5-17] Overweight (85th Percentile)	44.8		 24.2	
% Children [Age 5-17] Obese (95th Percentile)	32.7		 9.5	 14.5
% No Leisure-Time Physical Activity	28.0	 27.7	 27.9	 32.6
% Meeting Physical Activity Guidelines	45.9		 23.6	
% Moderate Physical Activity	30.1			
% Vigorous Physical Activity	34.2			
% Medical Advice on Physical Activity in Past Year	44.8			





Nutrition, Physical Activity & Weight (continued)	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% Child [Age 2-17] Physically Active 1+ Hours per Day	67.6		 47.9	
		 better	 similar	 worse











Oral Health	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% [Age 18+] Dental Visit in Past Year	57.1	 59.8	 67.2	 49.0
% Child [Age 2-17] Dental Visit in Past Year	70.3		 90.7	 49.0
% Have Dental Insurance	59.3		 66.5	
		 better	 similar	 worse







Respiratory Diseases	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% COPD (Lung Disease)	13.3	 7.4	 9.5	
% [Adult] Currently Has Asthma	8.5	 8.3	 9.5	
% [Child 0-17] Currently Has Asthma	11.8		 6.5	
		 better	 similar	 worse

Sexually Transmitted Diseases	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	1.4		 10.3	
% [Unmarried 18-64] Using Condoms	34.0		 44.5	
		 better	 similar	 worse

Substance Abuse	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% Current Drinker	52.4	 54.7	 59.7	
% Excessive Drinker	10.0		 22.2	 25.4
% Drinking & Driving in Past Month	1.5		 4.1	
% Illicit Drug Use in Past Month	3.1		 3.0	 7.1
% Ever Sought Help for Alcohol or Drug Problem	4.3		 4.1	
		 better	 similar	 worse

Tobacco Use	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% Current Smoker	15.7	 16.8	 14.0	 12.0
% Someone Smokes at Home	13.1		 10.2	

Tobacco Use (continued)	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% [Nonsmokers] Someone Smokes in the Home	5.5		 3.9	
% [Household With Children] Someone Smokes in the Home	12.3		 10.2	
% Smoke Cigars	2.4		 3.6	 0.2
% Use Smokeless Tobacco	2.0	 2.6	 3.0	 0.3
		 better	 similar	 worse

Vision	Primary Service Area	Primary Service Area vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% Blindness/Trouble Seeing	8.8	 5.3	 7.3	
% Eye Exam in Past 2 Years	67.7		 59.3	
		 better	 similar	 worse

General Health Status



Professional Research Consultants, Inc.

Overall Health Status

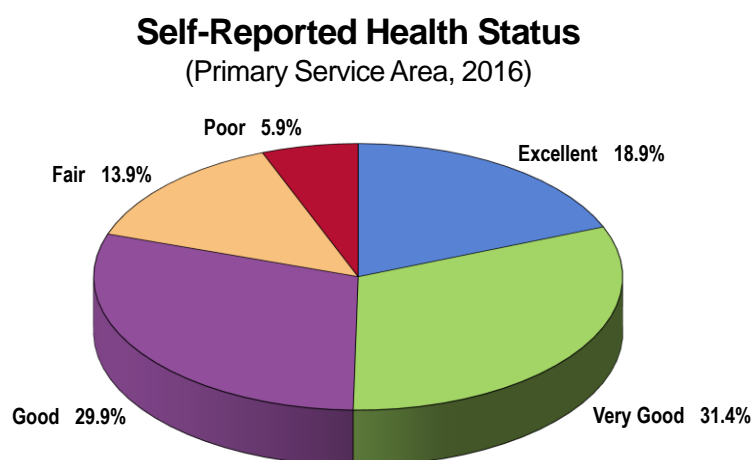
Self-Reported Health Status

One-half of Primary Service Area adults (50.3%) rate their overall health as “excellent” or “very good.”

- Another 29.9% gave “good” ratings of their overall health.

The initial inquiry of the PRC Community Health Survey asked respondents the following:

“Would you say that in general your health is: excellent, very good, good, fair or poor?”



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

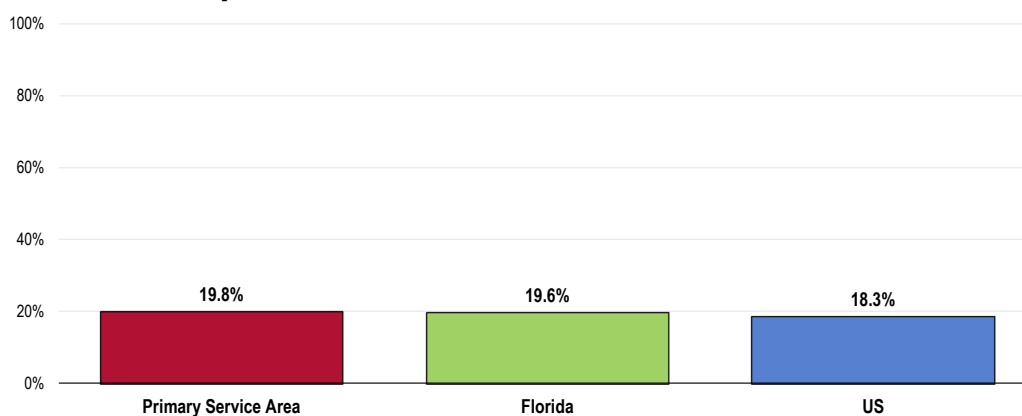
However, 19.8% of service area adults believe that their overall health is “fair” or “poor.”

- Nearly identical to statewide findings.
- Similar to the national percentage.

NOTE:

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

Experience “Fair” or “Poor” Overall Health



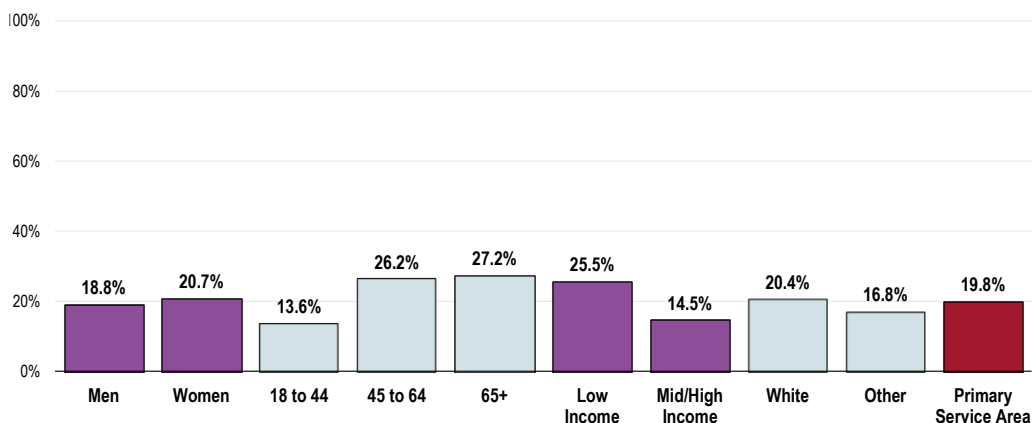
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Florida data.
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Adults more likely to report experiencing “fair” or “poor” overall health include:

- Adults age 45 and over (positive correlation with age).
- Residents living at lower incomes.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

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

Experience “Fair” or “Poor” Overall Health (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 - Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

RELATED ISSUE:
See also
*Potentially Disabling
Conditions in the
Death, Disease &
Chronic Conditions*
section of this report.

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

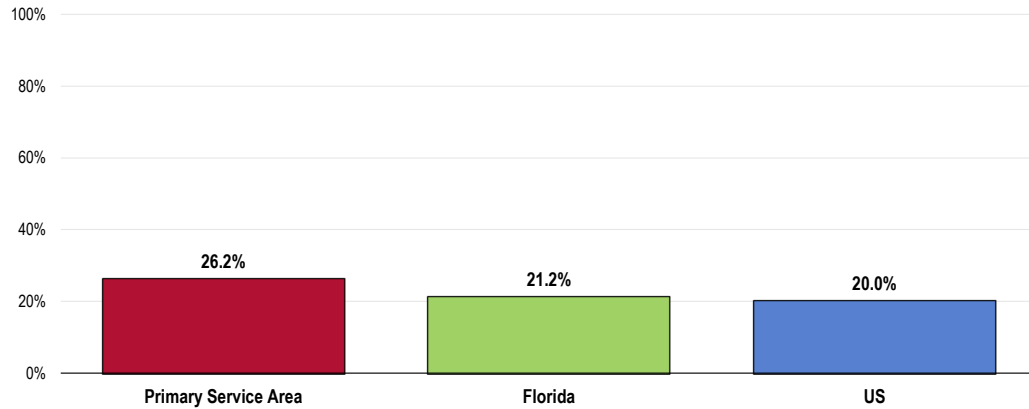
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

- Healthy People 2020 (www.healthypeople.gov)

Just over one-fourth of Primary Service Area adults (26.2%) are limited in some way in some activities due to a physical, mental or emotional problem.

- *Less favorable than the prevalence statewide and nationally.*

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



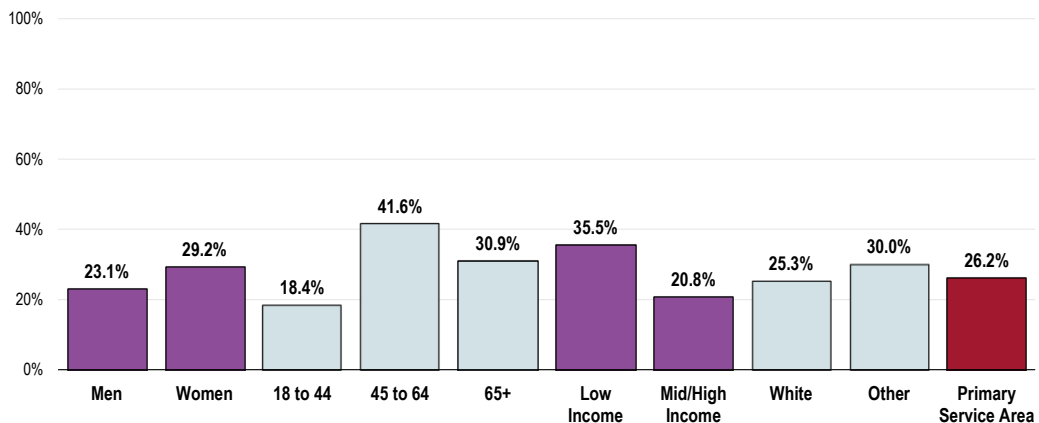
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- Adults age 45 and over are much more often limited in activities.
- Residents with low incomes are more likely than those with mid/high incomes to report activity limitations.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Primary Service Area, 2016)

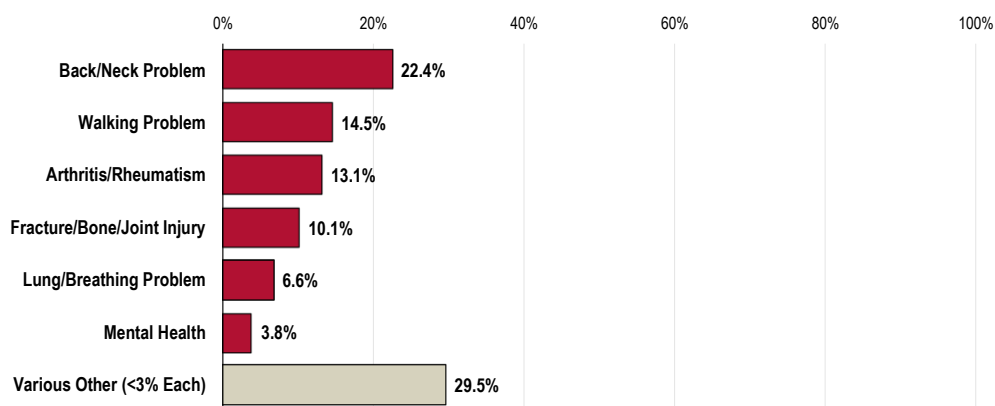


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as back/neck problems, difficulty walking, arthritis/rheumatism, and fractures or bone/joint injuries.

Other limitations noted with some frequency include those related to lung/breathing problems and mental health (depression, anxiety).

Type of Problem That Limits Activities (Among Those Reporting Activity Limitations; Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of those respondents reporting activity limitations.

Mental Health

RELATED ISSUE:

See also
*Potentially Disabling
Conditions in the
Death, Disease &
Chronic Conditions
section of this report.*

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

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

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

• Healthy People 2020 (www.healthypeople.gov)

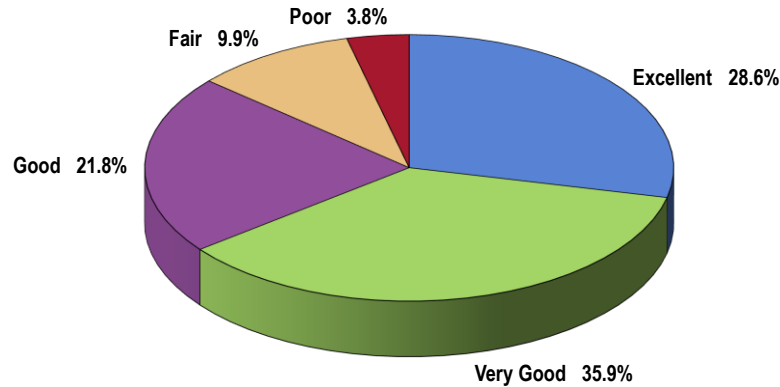
Self-Reported Mental Health Status

A total of 64.5% of Primary Service Area adults rate their overall mental health as “excellent” or “very good.”

- Another 21.8% gave “good” ratings of their own mental health status.

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

Self-Reported Mental Health Status (Primary Service Area, 2016)

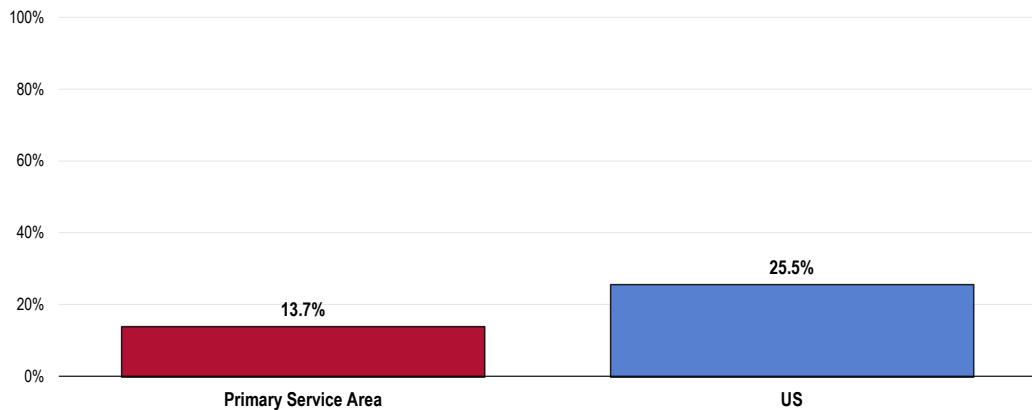


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: • Asked of all respondents.

A total of 13.7% of service area adults, however, believe that their overall mental health is “fair” or “poor.”

- Notably better than the “fair/poor” response reported nationally.

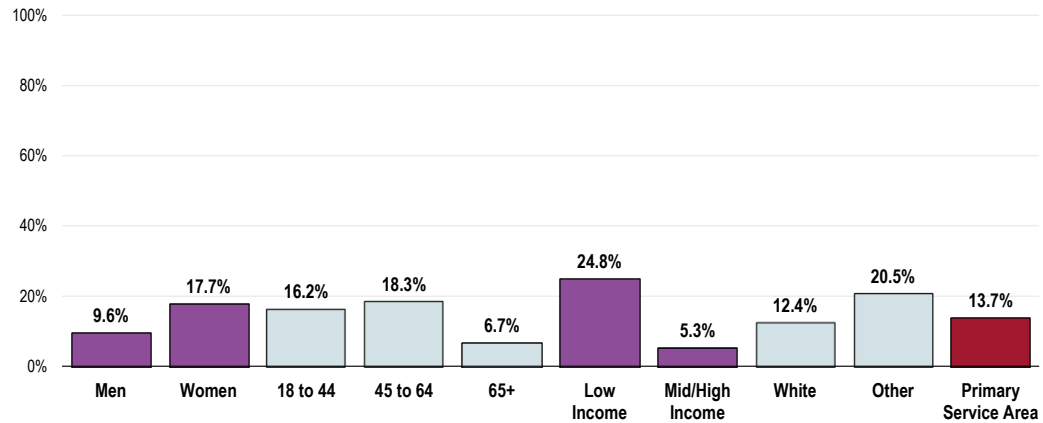
Experience “Fair” or “Poor” Mental Health



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Women, adults age 18-64, and low-income residents are much more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

Experience “Fair” or “Poor” Mental Health (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

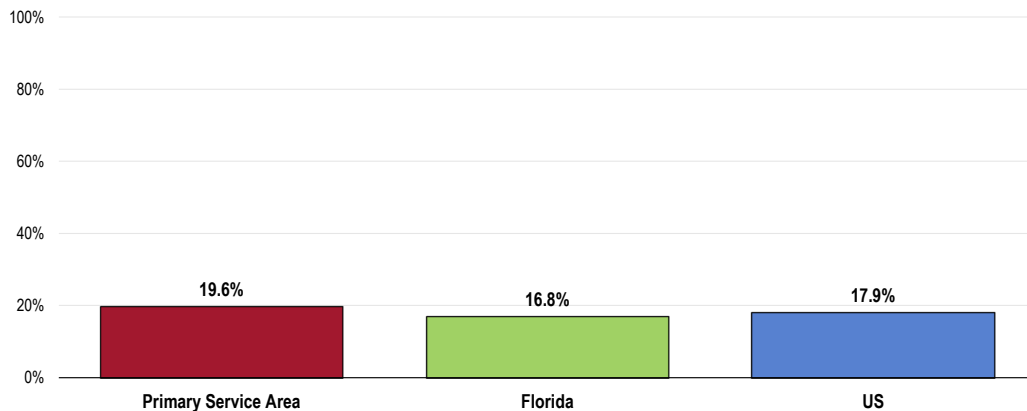
Depression

Diagnosed Depression

Around one in five Primary Service Area adults (19.6%) have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Similar to state and national findings.

Have Been Diagnosed With a Depressive Disorder

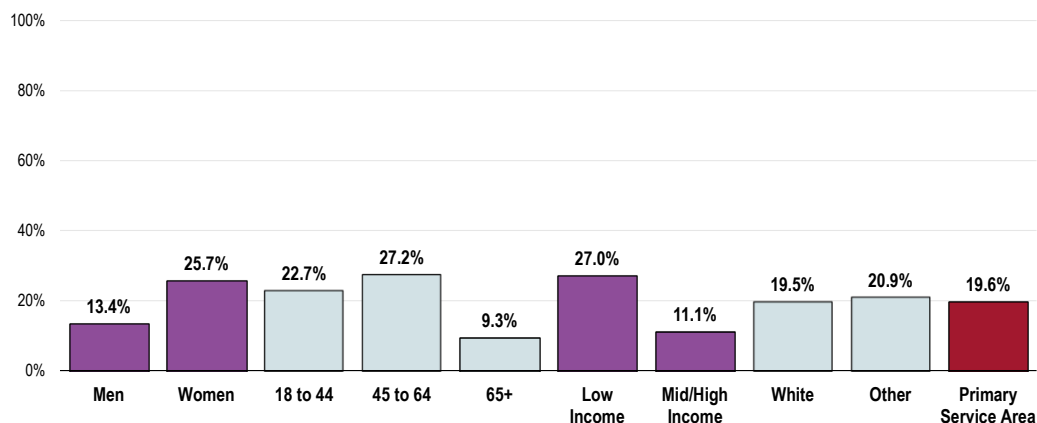


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Florida data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.

The prevalence of diagnosed depression is notably higher among:

- Women.
- Adults between the ages of 18 and 64.
- Community members living at lower incomes.

Have Been Diagnosed With a Depressive Disorder (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

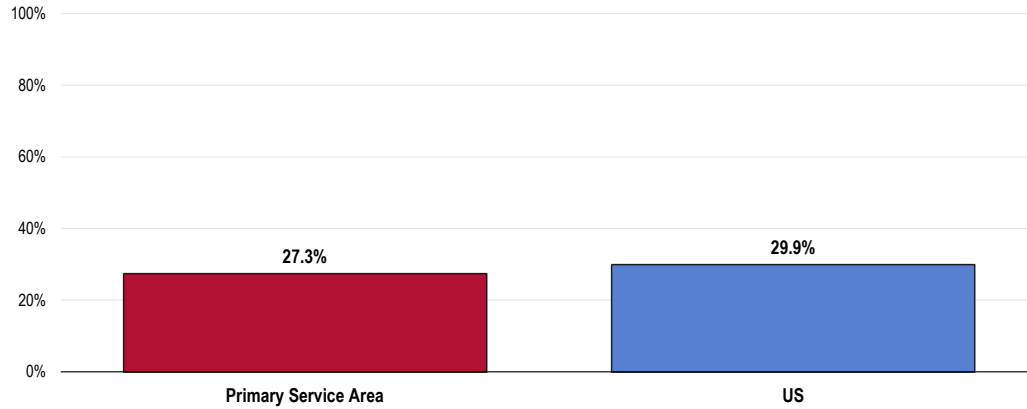
Notes: • Asked of all respondents.
• Depressive disorders include depression, major depression, dysthymia, or minor depression.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 27.3% of Primary Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Comparable to national findings.

Have Experienced Symptoms of Chronic Depression



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

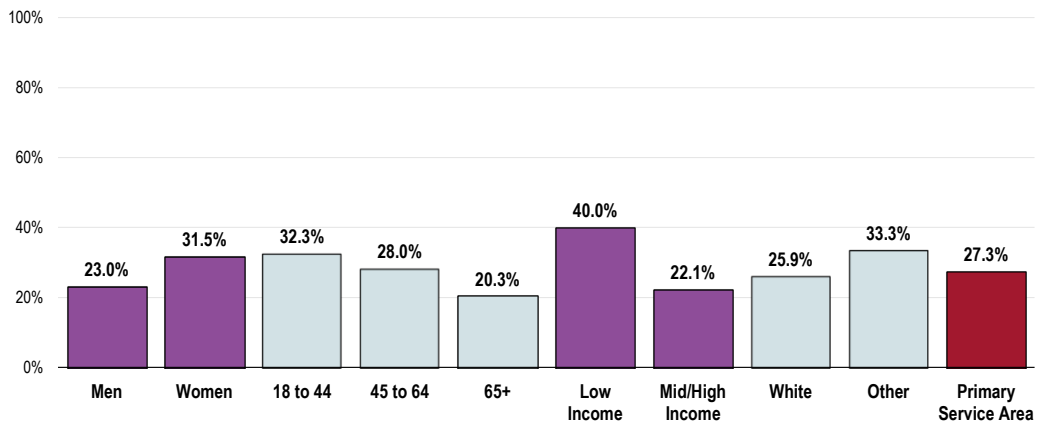
Notes: • Asked of all respondents.

• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is higher among:

- Young adults (negative correlation with age).
- Adults with low incomes.

Have Experienced Symptoms of Chronic Depression (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

Notes: • Asked of all respondents.

• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

More than one-half of Primary Service Area adults consider their typical day to be “not very stressful” (34.5%) or “not at all stressful” (22.3%).

RELATED ISSUE:

See also *Substance Abuse in the Modifiable Health Risks* section of this report.

- Another 31.3% of survey respondents characterize their typical day as “moderately stressful.”

Perceived Level of Stress On a Typical Day
(Primary Service Area, 2016)

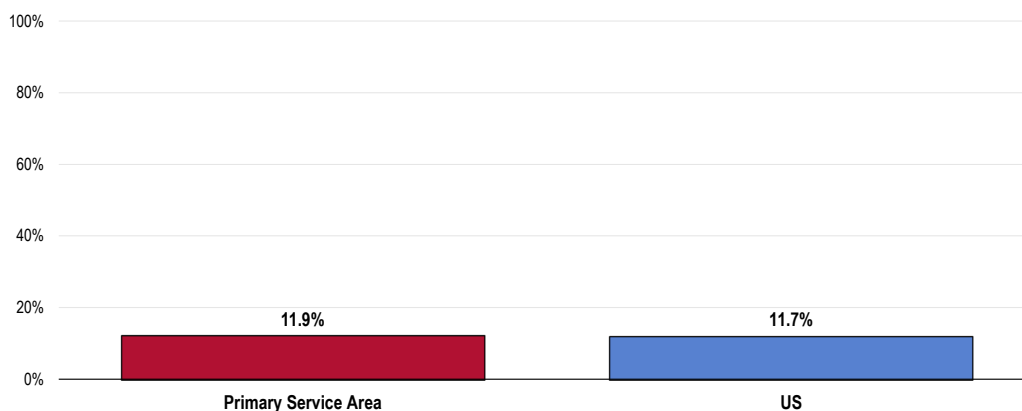


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: • Asked of all respondents.

In contrast, 11.9% of service area adults experience “very” or “extremely” stressful days on a regular basis.

- Nearly identical to national findings.

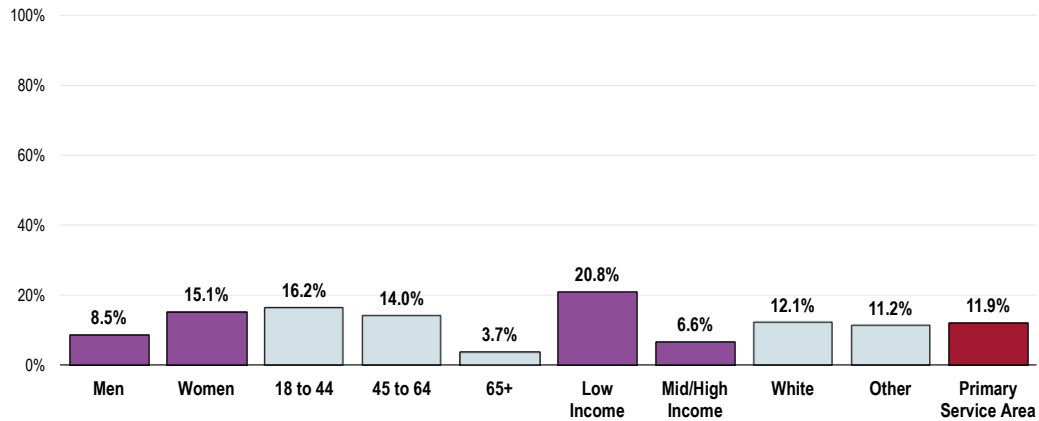
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Note the negative correlation with age.
- Also, high stress levels are much more prevalent among low income adults.

Perceive Most Days as “Extremely” or “Very” Stressful (Primary Service Area, 2016)



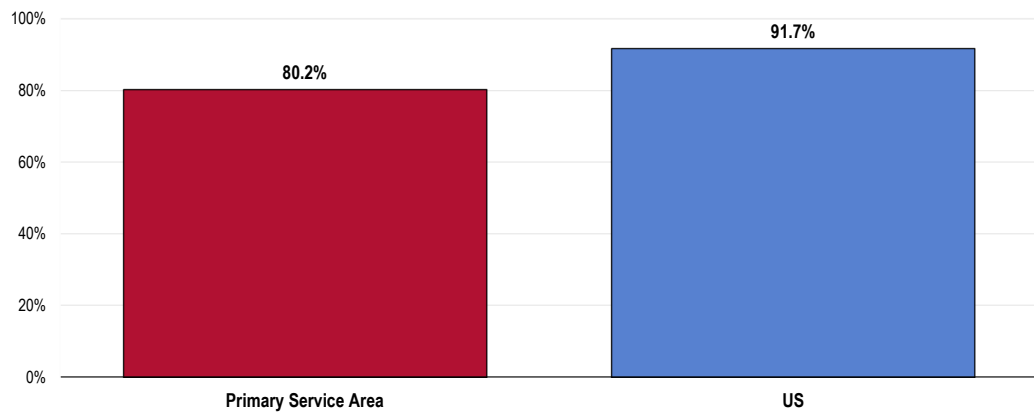
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Mental Health Treatment

Among service area adults with a diagnosed depressive disorder, 8 out of 10 (80.2%) acknowledge that they have sought professional help for a mental or emotional problem.

- Considerably lower than national findings.

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem (Among Adults With Diagnosed Depressive Disorder)

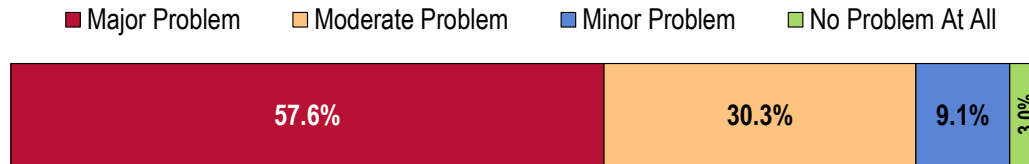


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).

Key Informant Input: Mental Health

Most key informants taking part in an online survey characterized **Mental Health** as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2016)



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

Challenges

Among those rating this issue as a “major problem,” the following represent what key informants see as the main challenges for persons with mental illness:

Access to Care/Services

- Limited access to care, finding a psychiatrist. However the clients themselves lack the desire to get well, seek help and continue treatment. - Other Health Provider*
- Finding the proper treatment and facilities. There are currently no psychiatrists in Titusville. - Social Services Provider*
- Availability of hospital beds and lack of adequate commitment to long term care of the mentally ill. Lack of consistent response to social service needs. - Physician*
- The biggest challenge for people with mental health issues is getting assistance at both the social security office and vocational rehab. - Social Services Provider*
- Abysmal community resources for the chronically mentally ill patient resulting in revolving door healthcare for these people. - Physician*
- Access to care and continued care since mental is a chronic disease. - Physician*
- Not enough access to care. Overworked mental health system. - Physician*
- Access to a psychiatrist. Especially child psychiatry. Limited participation in insurance plans by the psychiatrists. Lack of skilled psychologists. Cost of care both at office and for medications. - Physician*
- Lack of timely follow up with mental health care. Circles of care can often not see patients in crisis in a timely manner. – Physician*
- Access to psychiatrist. - Physician*
- Access to a psychiatrist. – Physician*
- The terrible legislation and lack of any infrastructure to support mentally ill people. - Social Services Provider*
- Finding adequate health care and support. - Public Health Representative*
- Access to programming for young adults with special needs. There are not, in my opinion, quality day programs in North Brevard for young adults with physical and mental disabilities. - Social Services Provider*

Affordability/Cost

Difficulty in getting them to see a psychiatrist, especially if they are on Medicaid. - Physician

There are not enough affordable mental health services in North Brevard. - Social Services Provider

Depending on the source, Florida ranks in the bottom 2 or 3 states in per capita funding for MH and SA services across the country, including Puerto Rico. Community Mental Health Agencies and other nonprofits that rely in part on state general revenue. - Social Services Provider

No consistent access and paying for medications. - Physician

Lack of affordable care, not knowing who to call, not recognizing that there is a problem. - Community/Business Leader

Inadequate financial, healthcare, transportation resources. Community stigma preventing people from getting necessary care. Fear of being labeled and affecting one's freedom to maintain privacy and conduct business. - Other Health Provider

Lack of Providers

Only one psychiatrist on the medical staff and one outpatient group for follow up. - Physician

No psychiatrist locally and almost none in the county for children. - Physician

Only one psychiatrist. Called today for appointment for a patient with major depression and was told could have April appointment. - Physician

No psychiatrists in town. Psychiatrists not doing psychotherapy. Therefore, also need more therapists. No PhD's in town, either. - Physician

Professionals that work with these community members are not trained in mental illness, so there are misunderstandings as to the behaviors. - Social Services Provider

Lack of psychiatric services in the area. Dr. Joseph is available through COC but appointment availability is limited. - Community/Business Leader

Lack of Inpatient Services

Lack of access to effective inpatient care throughout the county. Number of mentally ill individuals living on our streets. - Physician

Lack of inpatient services. - Other Health Provider

Lack of inpatient facility in North Brevard to address crisis care. - Physician

Diagnosis

Identifying the problem, and then seeking help. There are limited insurance benefits so most have to pay out of pocket for counseling. - Social Services Provider

Incidence/Prevalence

Larger than normal in comparison to other communities in which I've lived amount of untreated or self-medicated persons with mental health issues. - Social Services Provider

Socioeconomic Status

Based on information I have available, it appears that low-income and homeless individuals have great difficulty accessing mental health care. I have participated in several homeless counts and have spoken firsthand with individuals that have told me. - Social Services Provider

Death, Disease & Chronic Conditions



Professional Research Consultants, Inc.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

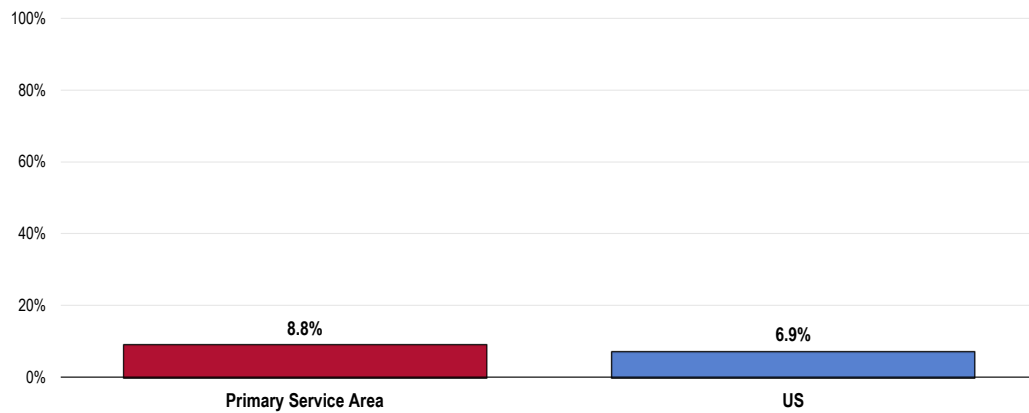
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 8.8% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.

Prevalence of Heart Disease



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

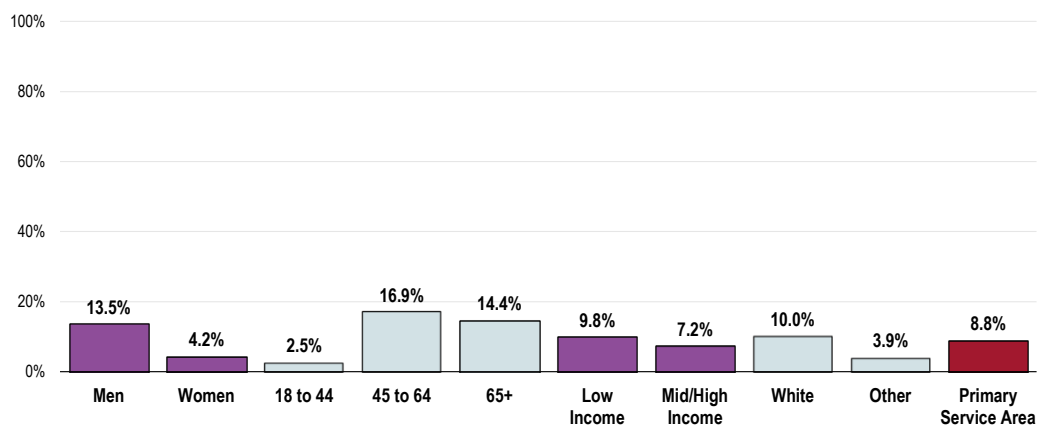
Notes: • Asked of all respondents.

• Includes diagnoses of heart attack, angina or coronary heart disease.

Adults more likely to have been diagnosed with heart disease include:

- Men.
- Adults age 45 and older.

Prevalence of Heart Disease (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]

Notes: • Asked of all respondents.

• Includes diagnoses of heart attack, angina or coronary heart disease.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

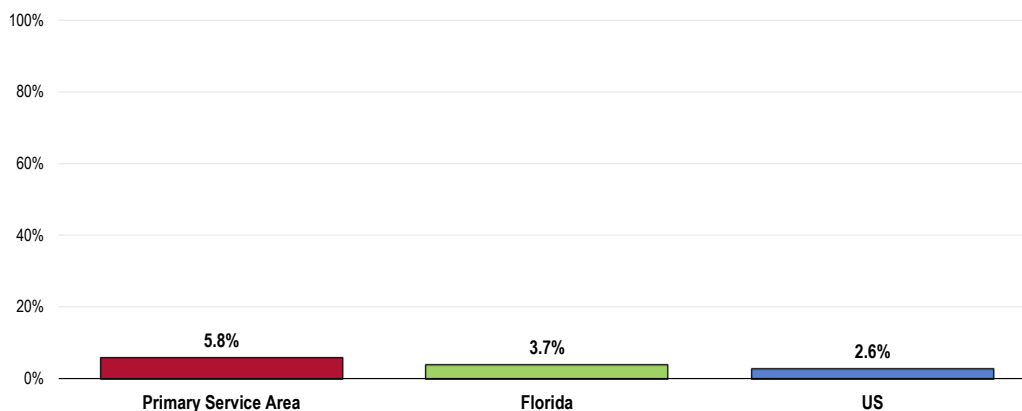
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 5.8% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings.
- Less favorable than national findings.

Prevalence of Stroke

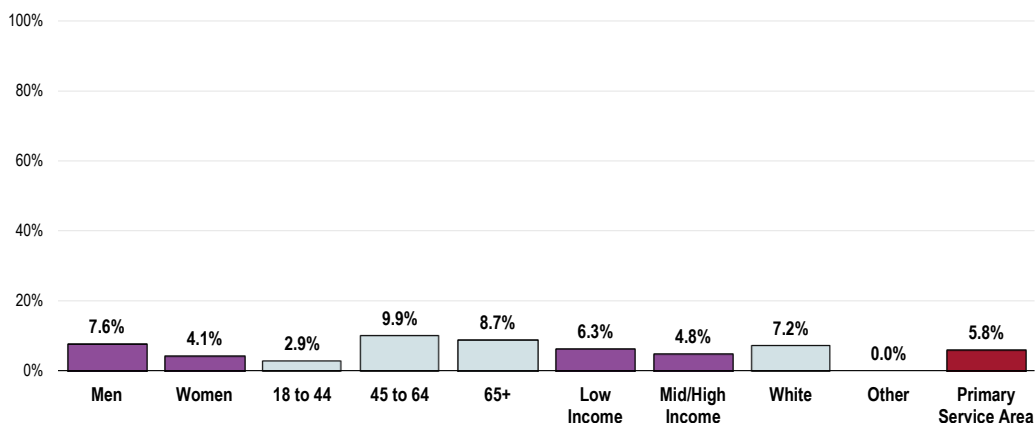


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.

Notes: • Asked of all respondents.

- Non-Hispanic White adults are more likely to have been diagnosed with a stroke than adults of other races.

Prevalence of Stroke (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

Hypertension (High Blood Pressure)

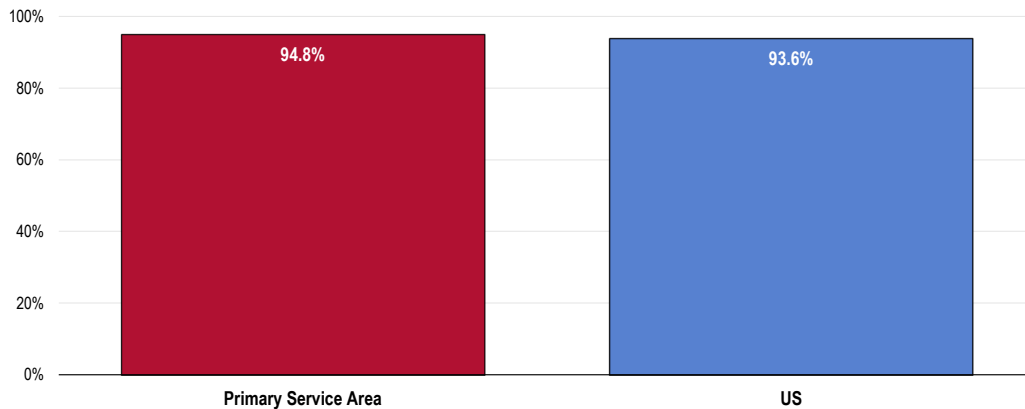
High Blood Pressure Testing

A total of 94.8% of Primary Service Area adults have had their blood pressure tested within the past two years.

- Similar to national findings.
- Similar to the Healthy People 2020 target (92.6% or higher).

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]
 Notes: • Asked of all respondents.

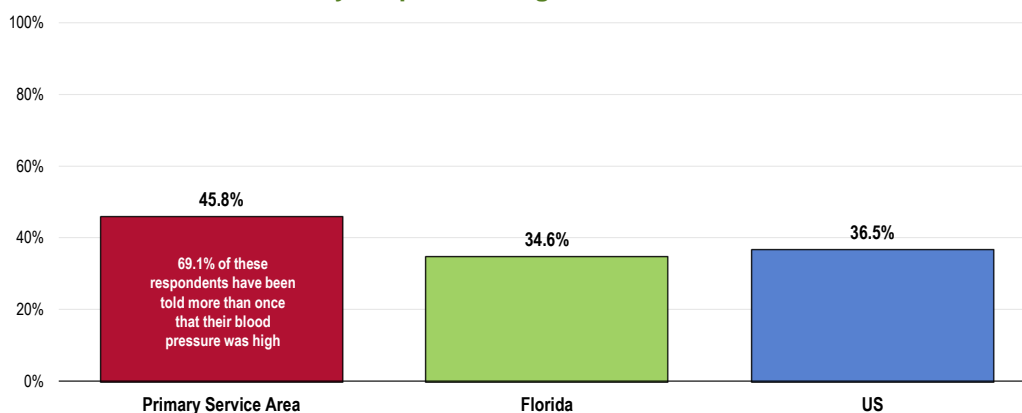
Prevalence of Hypertension

A total of 45.8% of service area adults have been told at some point that their blood pressure was high.

- Less favorable than the prevalence found in Florida and across the US.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Among hypertensive adults, 69.1% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 43, 125]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

Notes: • Asked of all respondents.

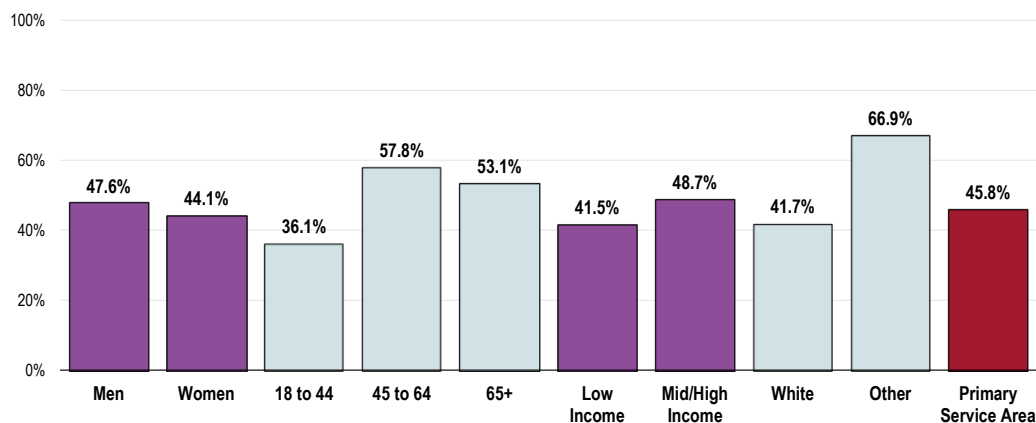
Hypertension diagnoses are higher among:

- Adults age 45 and older.
- “Other” race residents.

Prevalence of High Blood Pressure

(Primary Service Area, 2016)

Healthy People 2020 Target = 26.9% or Lower



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Hypertension Management

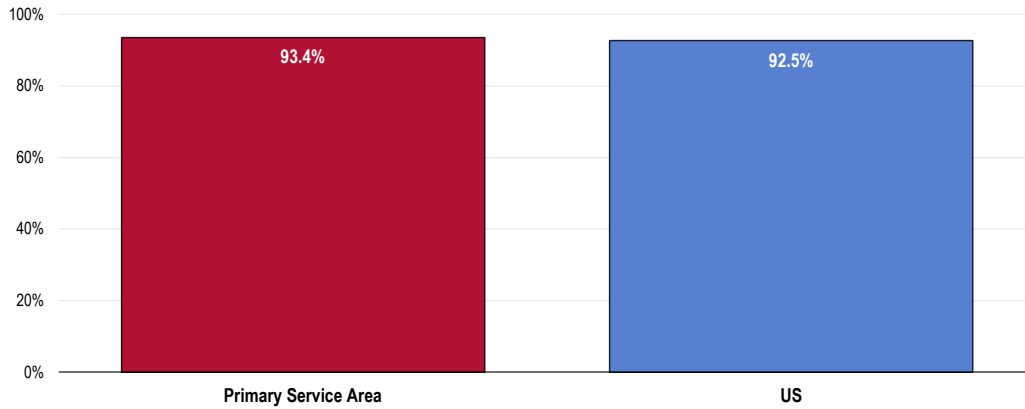
Among service area respondents who have been told that their blood pressure was high, 93.4% report that they are currently taking actions to control their condition.

- Comparable to national findings.

Respondents reporting high blood pressure were further asked:

“Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?”

Taking Action to Control Hypertension (Among Adults With High Blood Pressure)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents who have been diagnosed with high blood pressure.

• In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

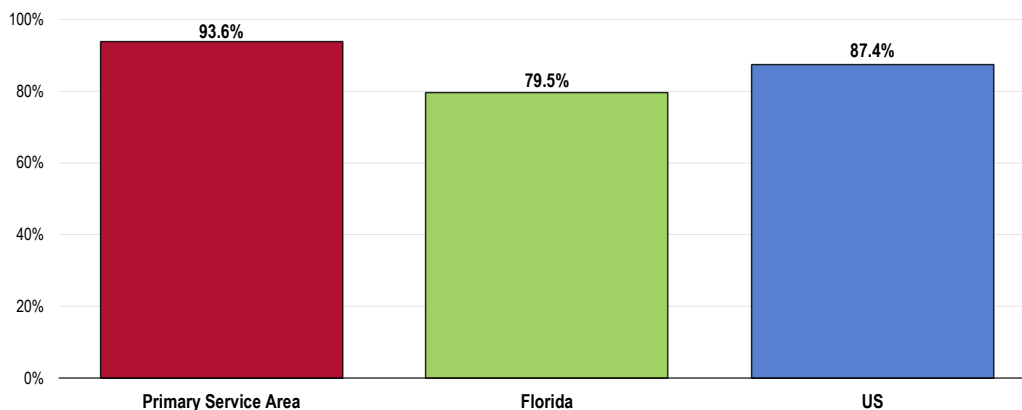
Blood Cholesterol Testing

A total of 93.6% of Primary Service Area adults have had their blood cholesterol checked within the past five years.

- Much more favorable than Florida findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Florida data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]

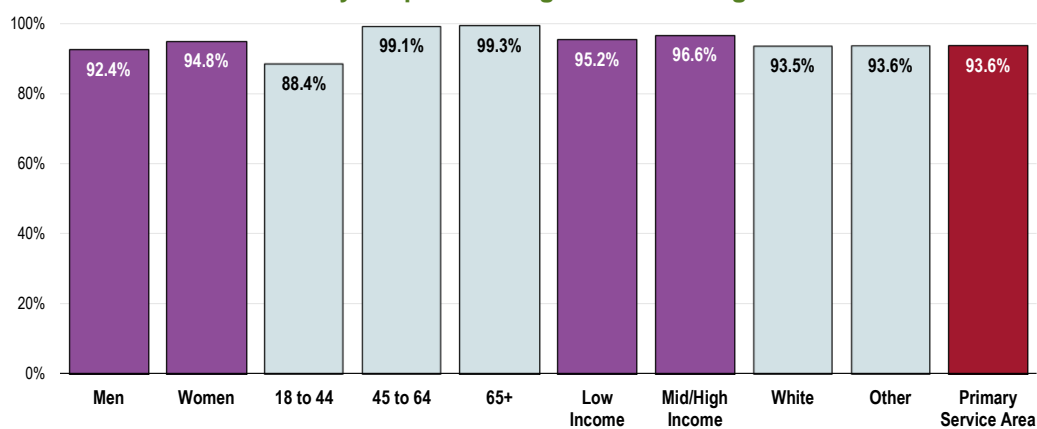
Notes: • Asked of all respondents.

- Primary Service Area adults age 18 to 44 report lower screening levels.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

(Primary Service Area, 2016)

Healthy People 2020 Target = 82.1% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]

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

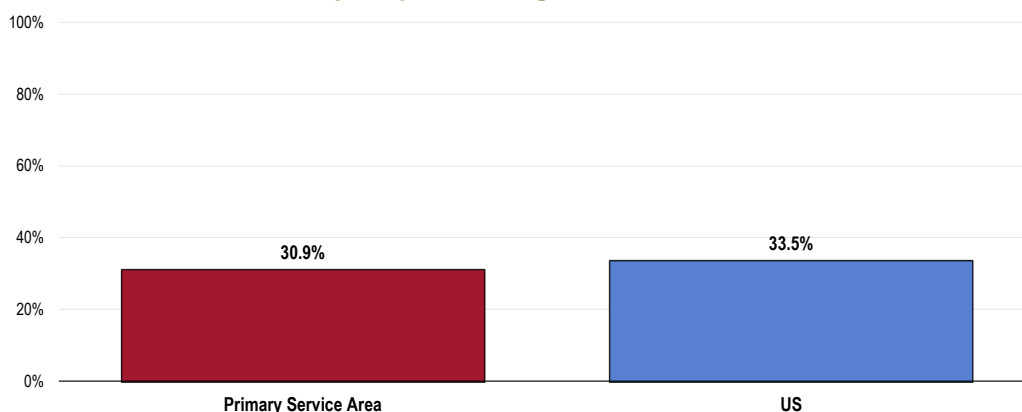
Self-Reported High Blood Cholesterol

A total of 30.9% of adults have been told by a health professional that their cholesterol level was high.

- Similar to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.
 • *The Florida data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

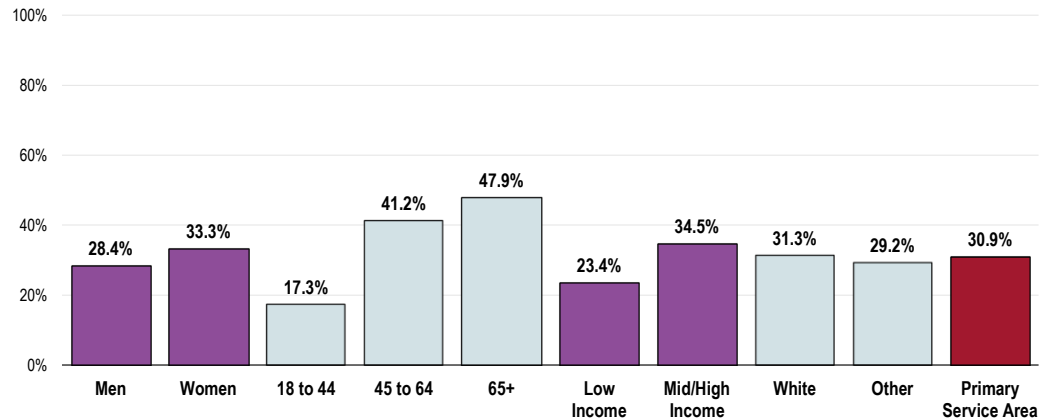
Note that 11.1% of service area adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

Further note the following:

- There is a positive correlation between age and high blood cholesterol.
- Keep in mind that “unknowns” are relatively high in young adults and lower-income residents.

Prevalence of High Blood Cholesterol (Primary Service Area, 2016)

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

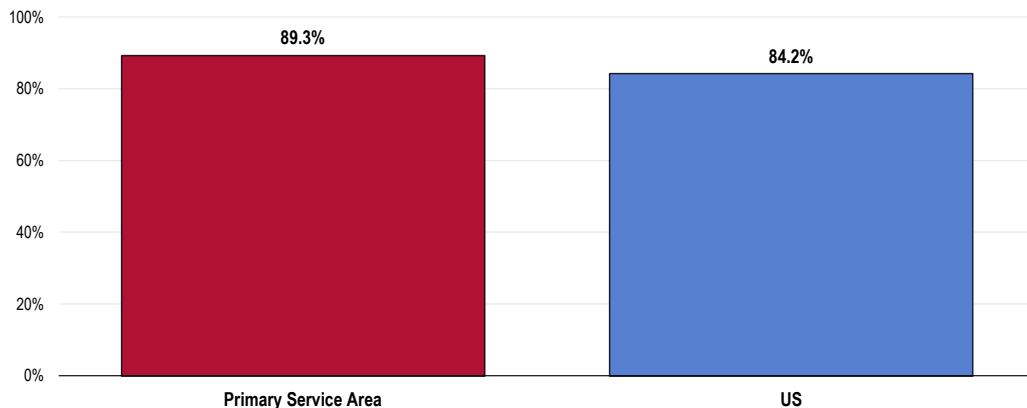
Respondents reporting high cholesterol were further asked:

"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 89.3% report that they are currently taking actions to control their cholesterol levels.

- Statistically similar to that found nationwide.

Taking Action to Control High Blood Cholesterol Levels (Among Adults With High Cholesterol)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents who have been diagnosed with high blood cholesterol levels.
 • In this case, the term "action" refers to medication, change in diet, and/or exercise.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
 - High Blood Cholesterol
 - Tobacco Use
 - Physical Inactivity
 - Poor Nutrition
 - Overweight/Obesity
 - Diabetes
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

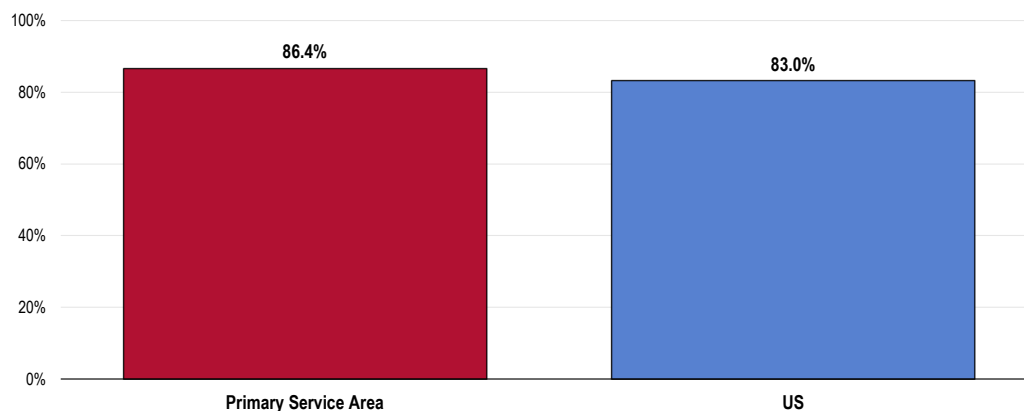
Total Cardiovascular Risk

A total of 86.4% of Primary Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Comparable to national findings.

RELATED ISSUE:
See also
Nutrition &
Overweight, Physical
Activity & Fitness and
Tobacco Use in the
Modifiable Health
Risk section of this
report.

Present One or More Cardiovascular Risks or Behaviors



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

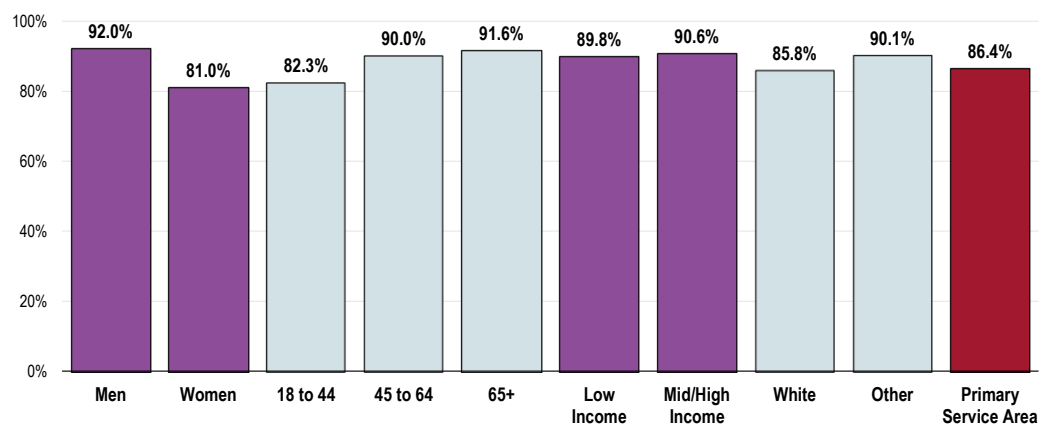
Notes: • Asked of all respondents.

• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Seniors (65+).

Present One or More Cardiovascular Risks or Behaviors (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]

Notes: • Asked of all respondents.

• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

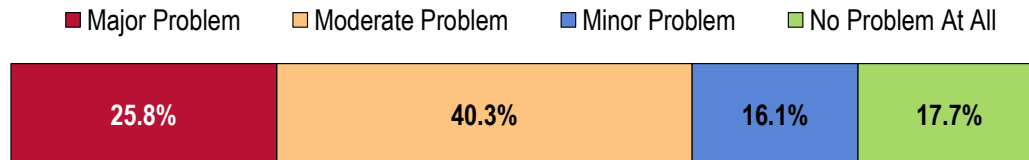
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

Two-fifths of key informants taking part in an online survey characterized **Heart Disease & Stroke** as a “moderate problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2016)



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

Top Concerns

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

Obesity

Obesity contributes. Lack of finances to get healthy food. - Public Health Representative
Obesity is on the rise in the area and this comes with stroke and heart disease but also the increase in the median age of residents in the area. – Physician
There is still a large population of people who are obese, do not exercise regularly and we also have an increasing population of over 50. - Community/Business Leader

Aging Population

Elderly population. - Physician
Age of our community and what we see are new cases diagnosed weekly. - Social Services Provider

Lifestyle

Poor diet and health care follow-up. - Physician
Stroke and heart disease are often silent killers. Poor eating habits, lack of exercise, smoking and use of alcohol all add to the problem. - Other Health Provider

Prevalence/Incidence

It is very prevalent. - Physician
North Brevard Community seems to experience a higher than usual amount of stroke and heart disease patients than other communities in which I've lived. Many TMI and heart disease patients. - Social Services Provider

Outcomes

It can kill you. - Social Services Provider

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 (www.healthypeople.gov)

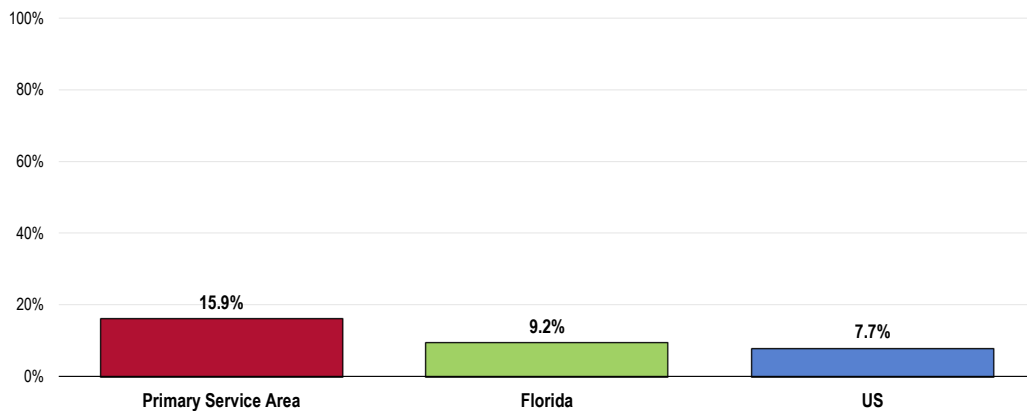
Prevalence of Cancer

Skin Cancer

A total of 15.9% of surveyed Primary Service Area adults report having been diagnosed with skin cancer.

- Higher than found statewide.
- More than twice the national average.

Prevalence of Skin Cancer



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 31]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

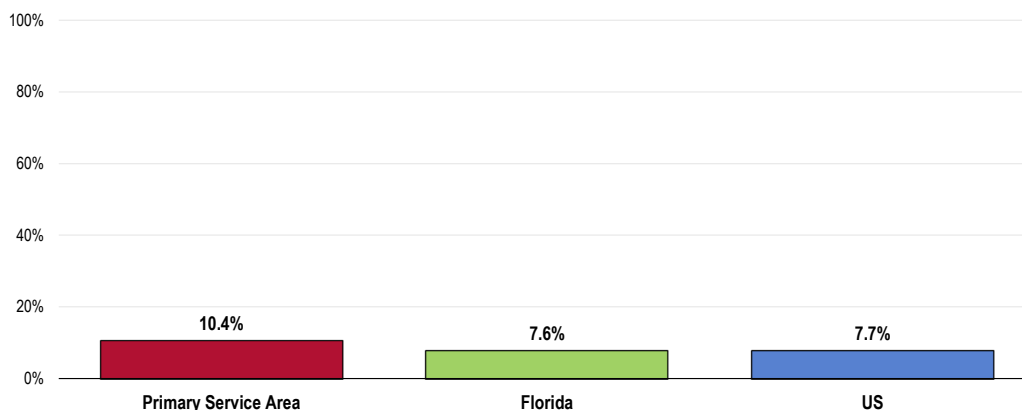
Notes: • Asked of all respondents.

Other Cancer

A total of 10.4% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide and national prevalence.

Prevalence of Cancer (Other Than Skin Cancer)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Cancer Risk

RELATED ISSUE:

See also
*Nutrition & Overweight,
 Physical Activity &
 Fitness and Tobacco
 Use in the Modifiable
 Health Risk section of
 this report.*

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
 - According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increases along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminishes from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

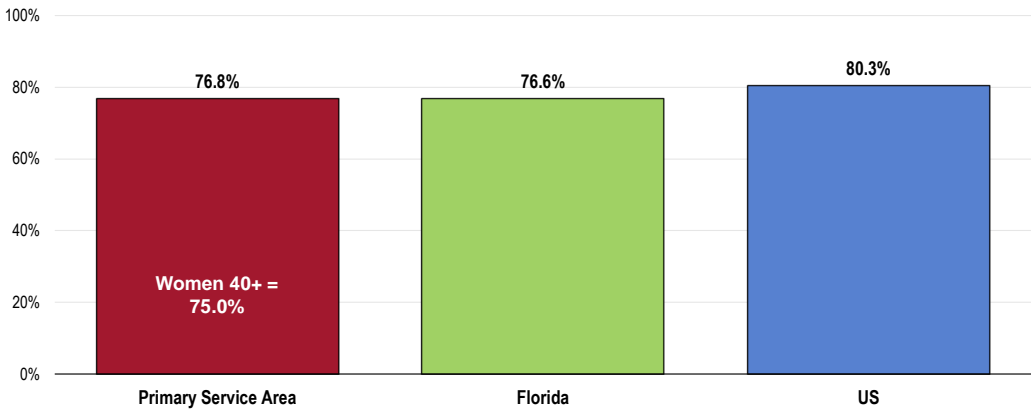
Mammography

Among women age 50-74, over three-fourths (76.8%) have had a mammogram within the past 2 years.

- Nearly identical to statewide findings (which represent all women 50+).
- Similar to national findings.
- Statistically similar to the Healthy People 2020 target (81.1% or higher).
- Among women 40+, 75.0% have had a mammogram in the past two years.

Have Had a Mammogram in the Past Two Years (Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 128-129]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Florida data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]
 Notes: • Reflects female respondents 50-74.
 • *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

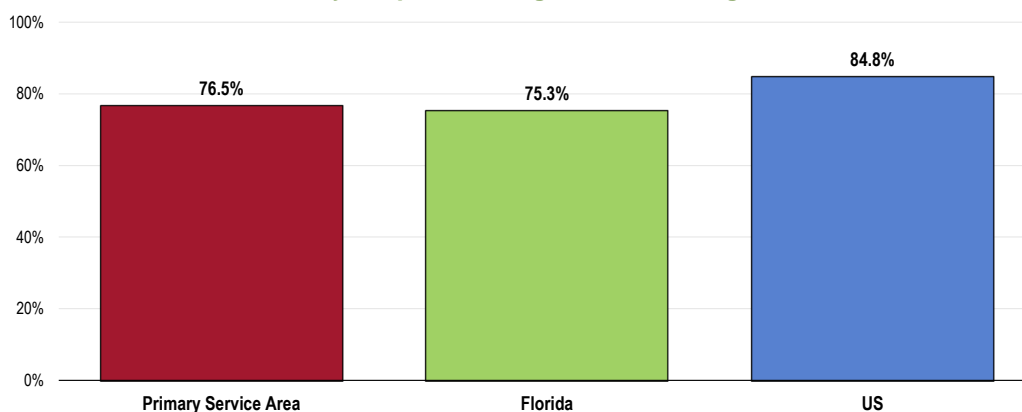
Among service area women age 21 to 65, 76.5% have had a Pap smear within the past 3 years.

- Comparable to Florida findings (which represents all women 18+).
- Statistically comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93.0% or higher).

Have Had a Pap Smear in the Past Three Years

(Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Florida data.
 - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]
- Notes:
- Reflects female respondents age 21 to 65.
 - *Note that the Florida percentage represents all women age 18 and older.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

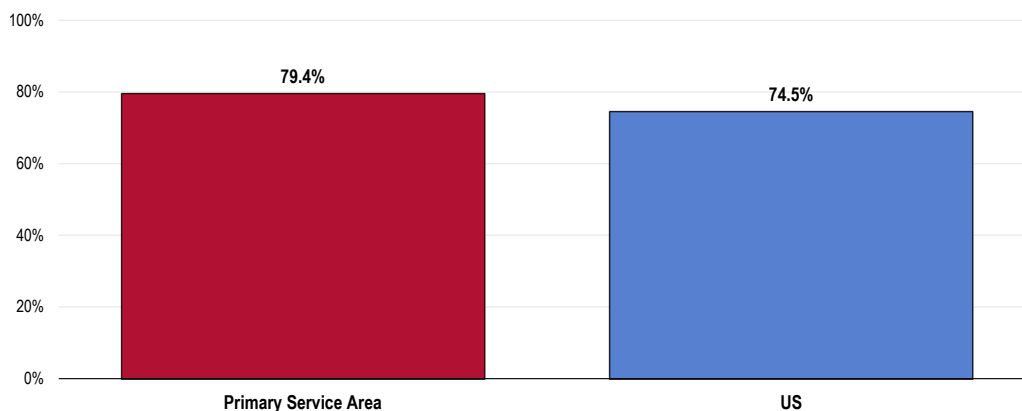
Colorectal Cancer Screening

Among adults age 50-75, 79.4% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Statistically similar to national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).

Have Had a Colorectal Cancer Screening (Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
 - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]
- Notes:
- Asked of all respondents age 50 through 75.
 - In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Lower Endoscopy

Among adults age 50 and older, 82.7% have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

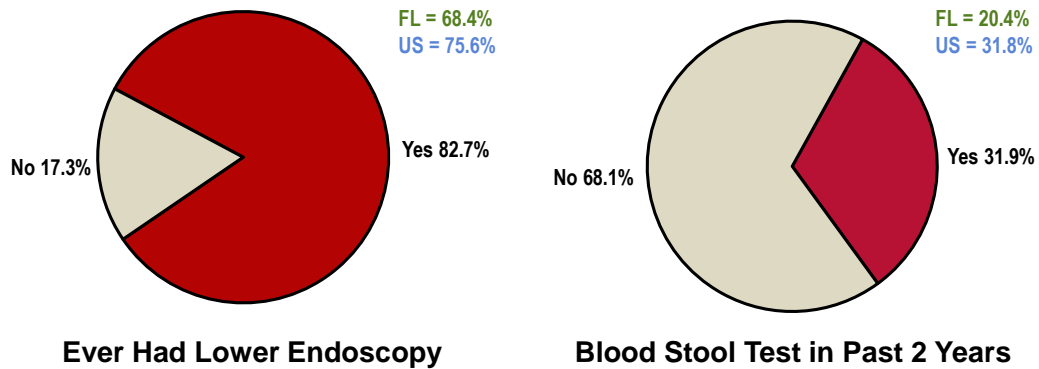
- Much more favorable than Florida findings.
- More favorable than national findings.

Blood Stool Testing

Among adults age 50 and older, 31.9% have had a blood stool test (aka "fecal occult blood test") within the past two years.

- Notably more favorable than Florida findings.
- Nearly identical to national findings.

Colorectal Cancer Screenings (Among Primary Service Area Adults Age 50 and Older, 2014)



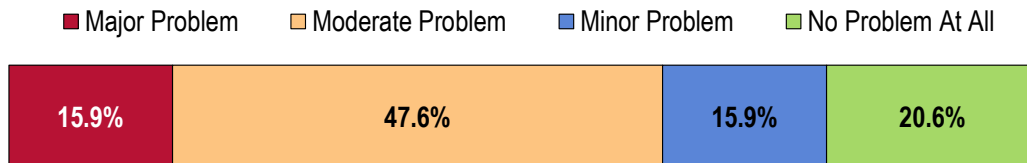
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 131-132]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Florida data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of respondents age 50 and older.
 • Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Key Informant Input: Cancer

Key informants taking part in an online survey largely characterized **Cancer** as a “moderate problem” in the community.

Perceptions of Cancer as a Problem in the Community (Key Informants, 2016)



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

Top Concerns

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

Access to Care/Services

Insurance gaps and lack of continuity of care as a result. - Physician
Lack of a comprehensive cancer center in Brevard County. - Physician
Don't really have a lot of choice with providers. Only one real group in town. – Physician
Most patients do not have insurance; they see the doctor when disease is already in an advanced stage. - Physician

Aging Population

Elderly population more prone to develop cancer. A lot of smokers, too. - Physician

Older population and environmental toxic exposure. Inadequate preventive care. - Other Health Provider

Prevalence/Incidence

Young women with breast cancer to older adults with a variety of cancers. Hear of new cases every week. - Social Services Provider

Cancer is bad. Cancer is prevalent. - Social Services Provider

Prevention

Skin cancer screening/surveillance. - Physician

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

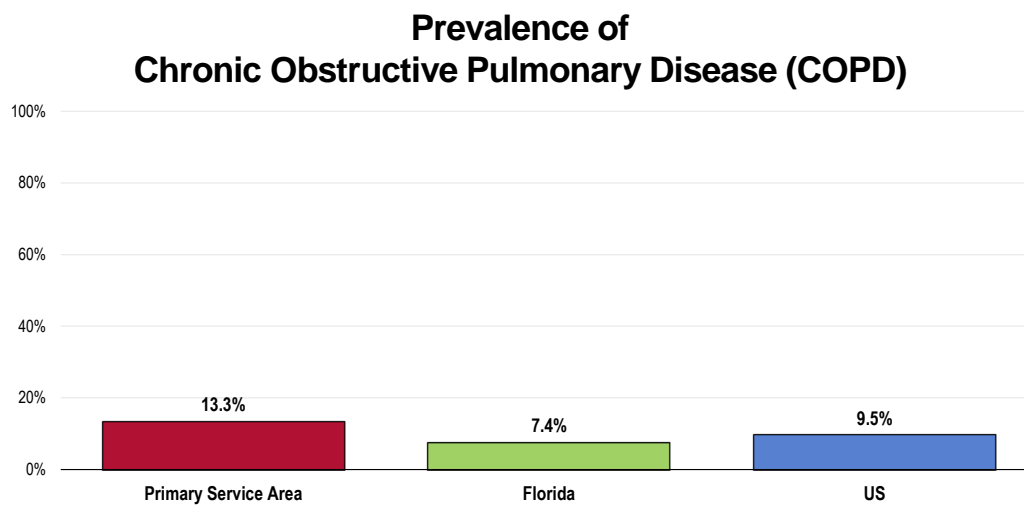
[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Chronic Obstructive Pulmonary Disease (COPD)

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 13.3% of Primary Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Higher than the state prevalence.
- Statistically similar to the national prevalence.



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Florida data.

Notes: • Asked of all respondents.
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

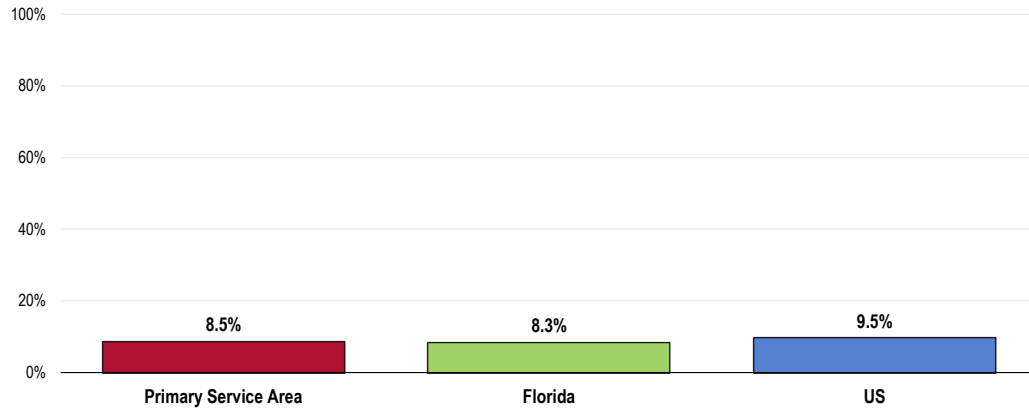
Asthma

Adults

A total of 8.5% of Primary Service Area adults currently suffer from asthma.

- Nearly identical to the statewide prevalence.
- Similar to the national prevalence.

Adult Asthma: Current Prevalence



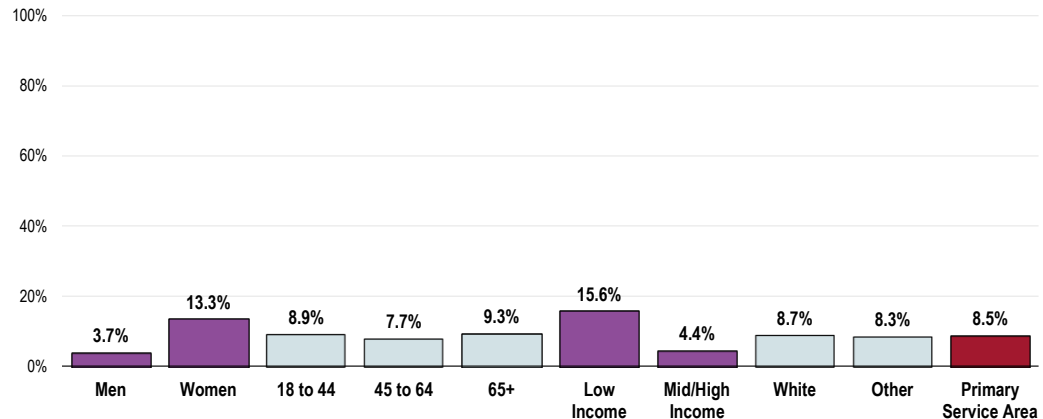
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Florida data.

Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

The following adults are more likely to suffer from asthma:

- Women.
- Low-income residents.

Currently Have Asthma (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

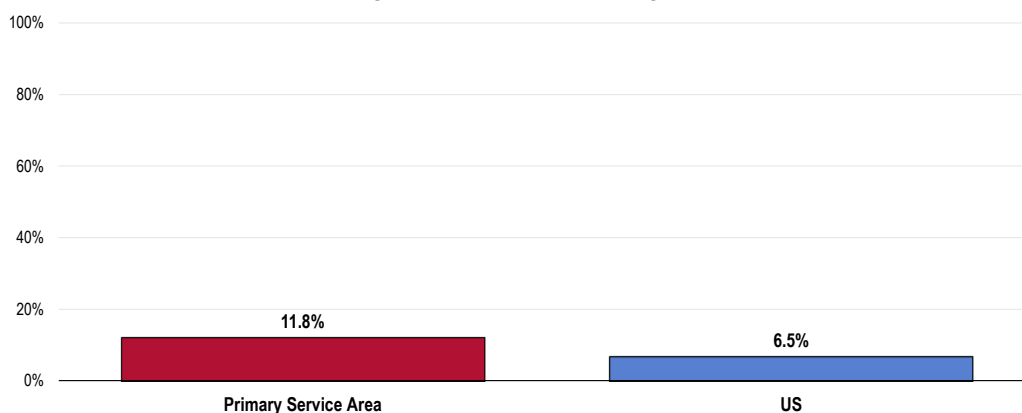
Children

Among service area children under age 18, 11.8% currently have asthma.

- Statistically comparable to national findings.

Childhood Asthma: Current Prevalence

(Among Parents of Children Age 0-17)



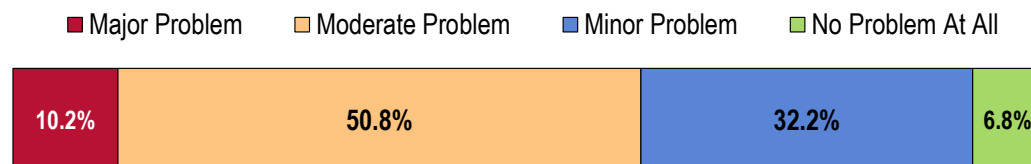
- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 135]
 - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents with children 0 to 17 in the household.
 - Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Key Informant Input: Respiratory Disease

Just over one-half of key informants taking part in an online survey characterized *Respiratory Disease* as a “moderate problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2016)



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

Top Concerns

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

Tobacco Use

Significant smoking use in community. - Physician

High amount of smokers. - Physician

Smokers. - Other Health Provider

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

• Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

Motor Vehicle Safety

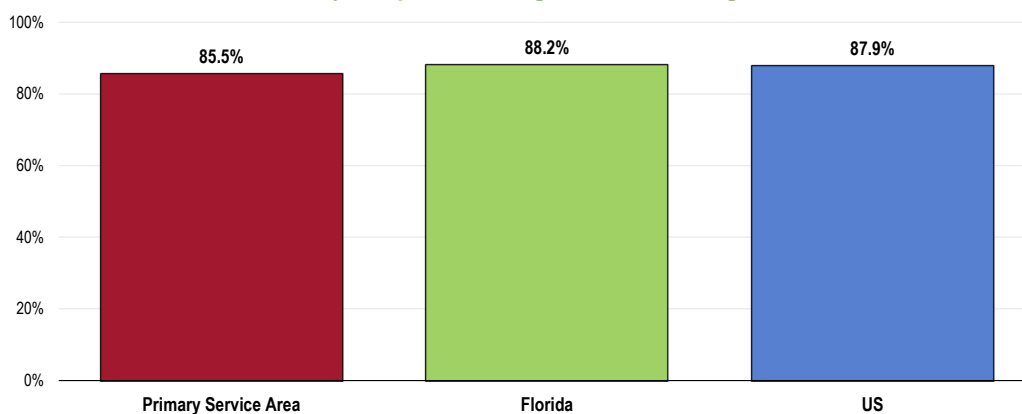
Seat Belt Usage - Adults

Most Primary Service Area adults (85.5%) report “always” wearing a seat belt when driving or riding in a vehicle.

- Similar to the percentages reported in Florida and nationwide.
- Fails to satisfy the Healthy People 2020 target of 92.0% or higher.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle

Healthy People 2020 Target = 92.0% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-15]

Notes: • Asked of all respondents.

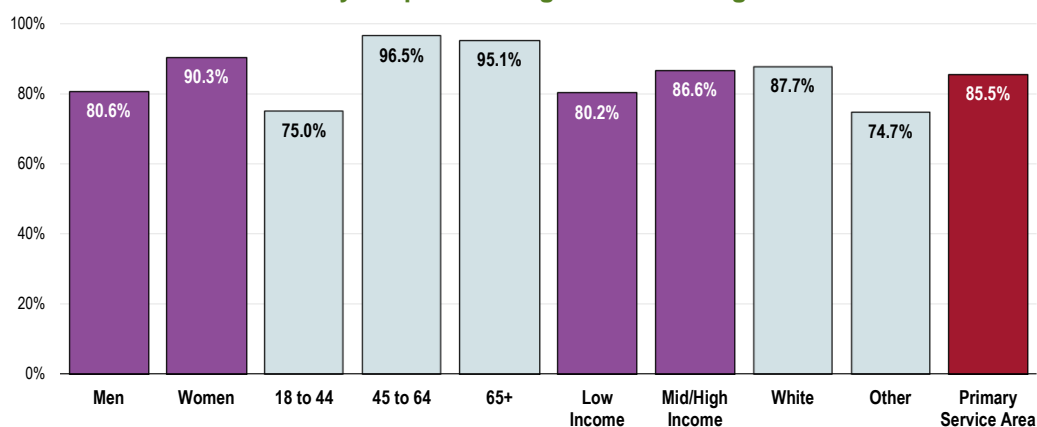
These population segments are less likely to report consistent seat belt usage:

- Men.
- Adults under age 45.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle

(Primary Service Area, 2016)

Healthy People 2020 Target = 92.0% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-15]
 • Asked of all respondents.

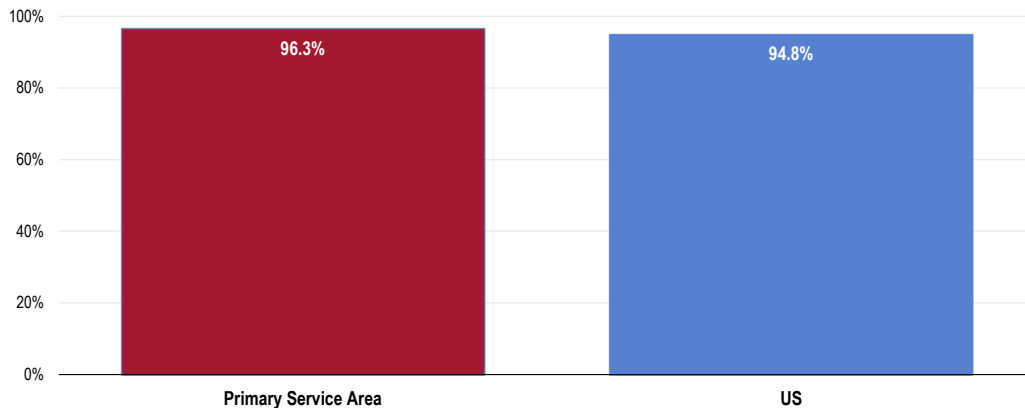
Notes: • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Seat Belt Usage - Children

A full 96.3% of Primary Service Area parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Comparable to what is found nationally.

Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle (Among Parents of Children Age 0-17)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Firearm Safety

Presence of Firearms in Homes

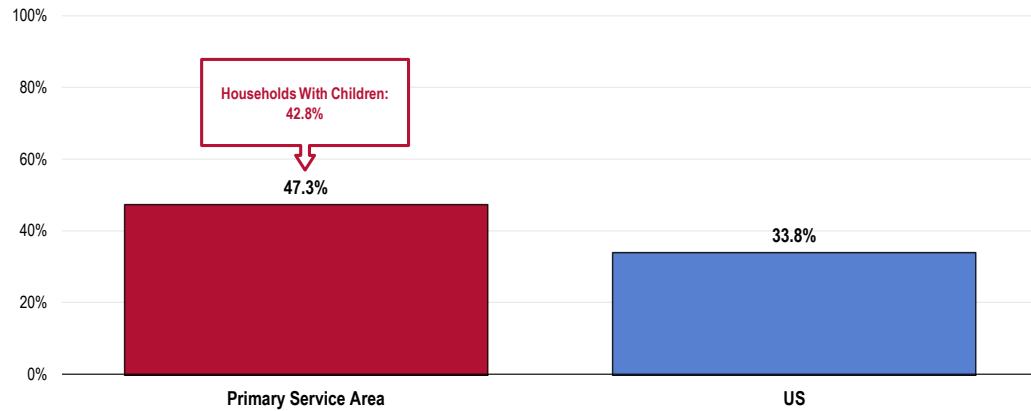
Survey respondents were further asked about the presence of weapons in the home:

“Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, ‘firearms’ include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire.”

Overall, nearly one-half of Primary Service Area adults (47.3%) have a firearm kept in or around their home.

- Notably higher than the national prevalence.
- Among Primary Service Area households with children, 42.8% have a firearm kept in or around the house.

Have a Firearm Kept in or Around the Home



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 137]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

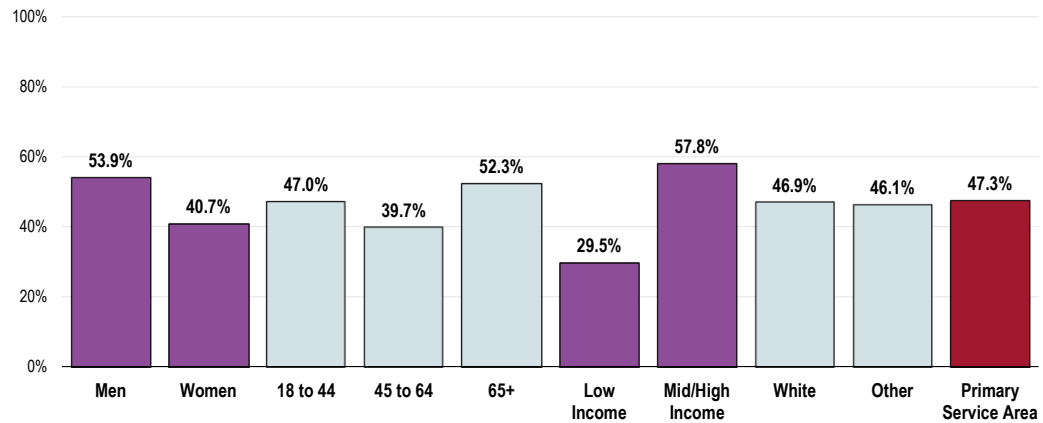
Notes: • Asked of all respondents.

• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- Men.
- Mid/high income households.

Have a Firearm Kept in or Around the House (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

Notes: • Asked of all respondents.

• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

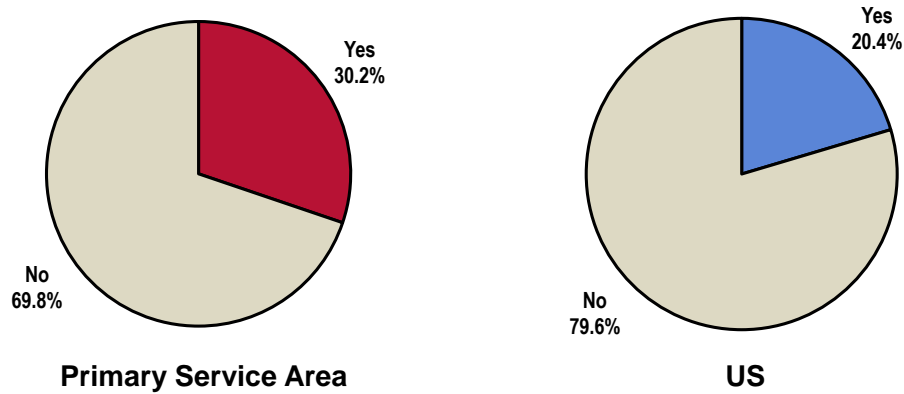
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Primary Service Area households with firearms, 30.2% report that there is at least one weapon that is kept unlocked and loaded.

- Higher than found nationally.

Household Has An Unlocked, Loaded Firearm (Among Respondents Reporting a Firearm in or Around the Home)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with a firearm in or around the home.

• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

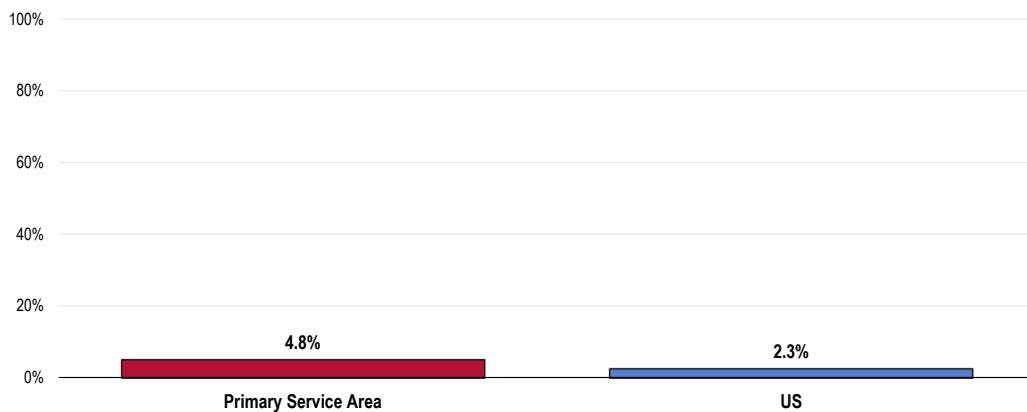
Intentional Injury (Violence)

Self-Reported Violence

A total of 4.8% of Primary Service Area adults acknowledge being the victim of a violent crime in the past five years.

- Statistically similar to national findings.

Victim of a Violent Crime in the Past Five Years



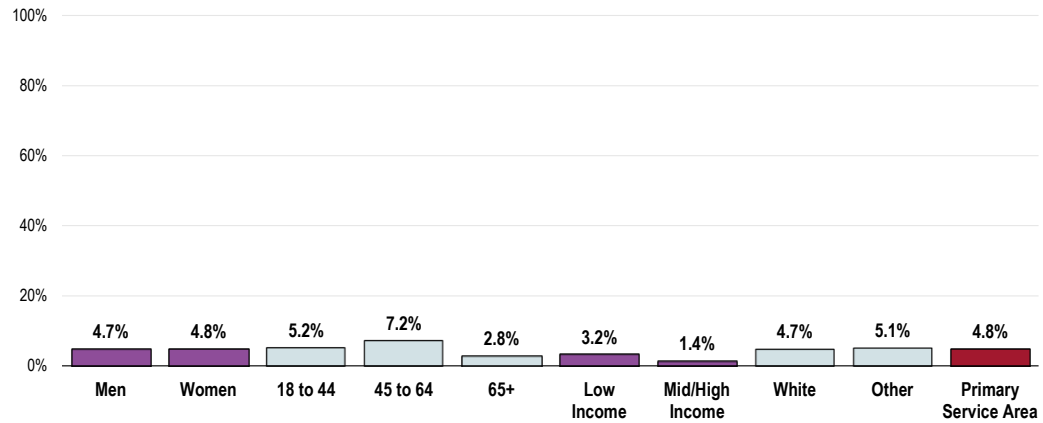
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Reports of violence are statistically similar across demographic characteristics.

Victim of a Violent Crime in the Past Five Years (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported Family Violence

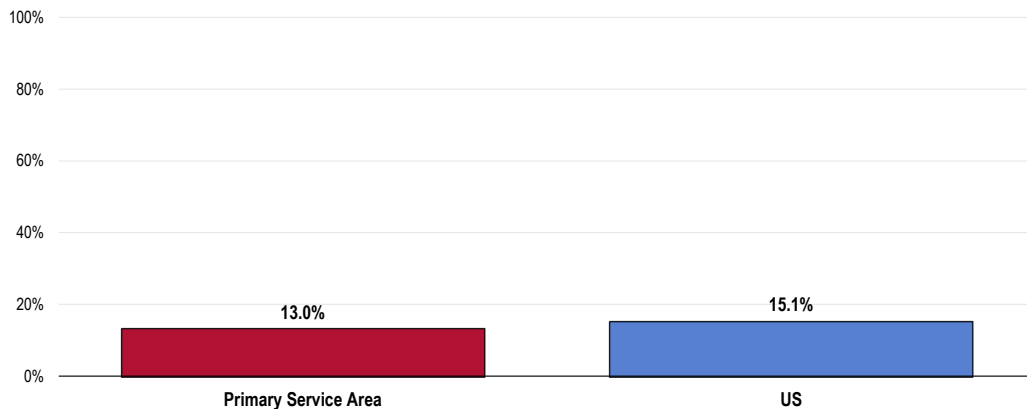
Respondents were told:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

A total of 13.0% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Similar to national findings.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]

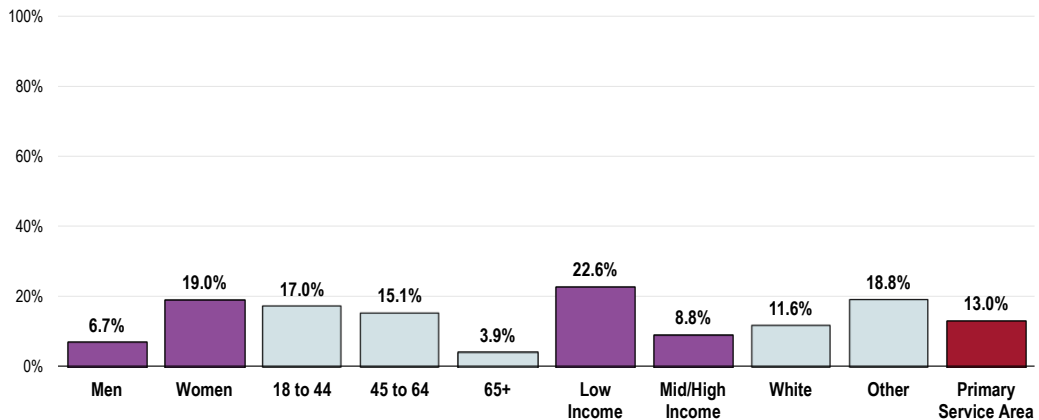
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Reports of domestic violence are notably higher among:

- Women.
- Adults between the ages of 18 and 64 (negative correlation with age).
- Those with lower incomes.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Primary Service Area, 2016)

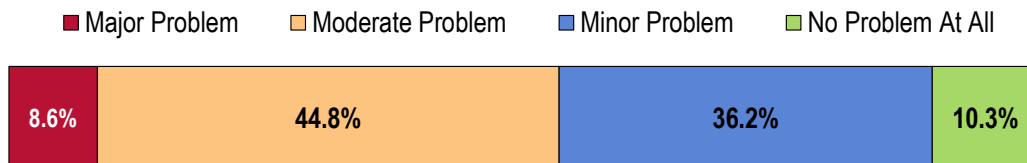


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

Key informants taking part in an online survey generally characterized *Injury & Violence* as a "moderate problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2016)



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

Top Concerns

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

Prevalence/Incidence

Based on patients I have seen. – Physician

Too many murders in this city and North Brevard. Many of them are drug-related. Larger than usual homeless and mentally ill population. - Social Services Provider

High crime rate. High substance abuse rate. Common complaint in mental health care. - Other Health Provider

Domestic and interpersonal violence touches 1 out of 4 women, but is often not addressed or seen by medical personnel. More marketing and community education may be needed to address the problem. - Social Services Provider

Location

Because we live and work in Cocoa. - Social Services Provider

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

Prevalence of Diabetes

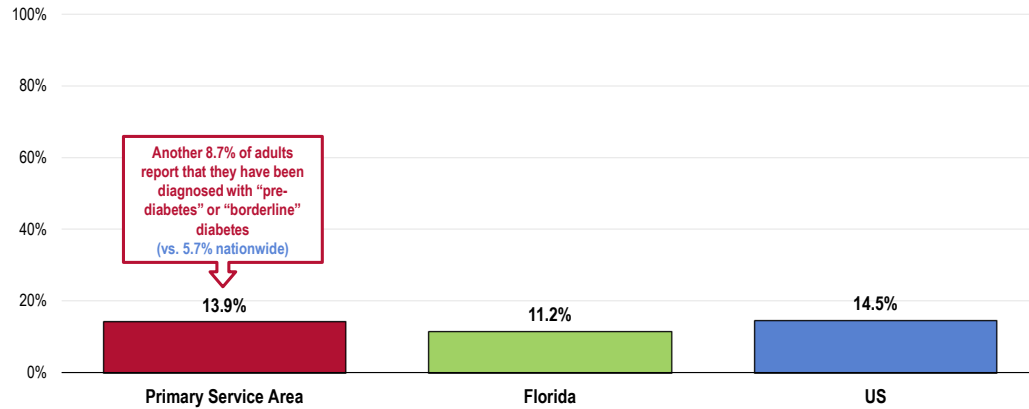
A total of 13.9% of Primary Service Area adults report having been diagnosed with diabetes.

- Similar to the statewide and national proportions.

In addition to the prevalence of diagnosed diabetes referenced above, another 8.7% of service area adults report that they have “pre-diabetes” or “borderline diabetes.”

- Comparable to the US prevalence.

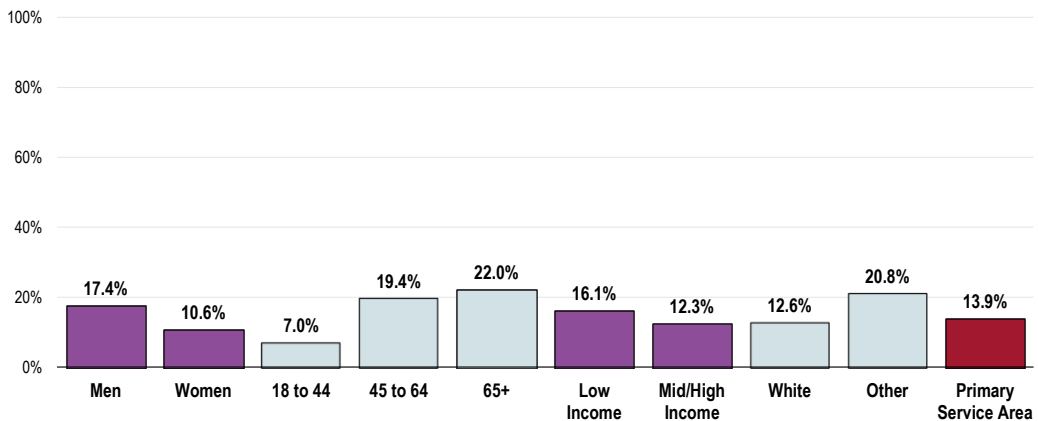
Prevalence of Diabetes



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]
 - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
- Notes:
- Asked of all respondents.
 - Data exclude gestation diabetes (occurring only during pregnancy).

- A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among adults over age 44, especially seniors (65+).

Prevalence of Diabetes (Primary Service Area, 2016)



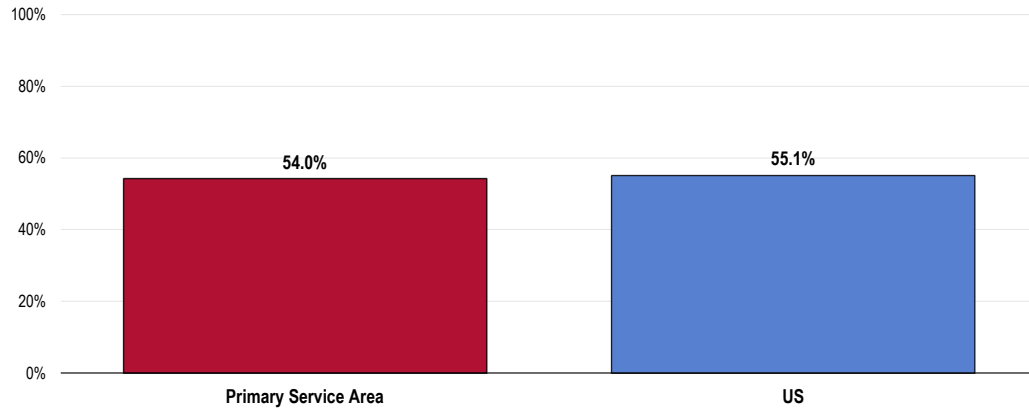
- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]
 - Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Testing

Of area adults who have not been diagnosed with diabetes, 54.0% report having had their blood sugar level tested within the past three years.

- Similar to the national proportion.

Have Had Blood Sugar Tested in the Past Three Years (Among Non-Diabetics)

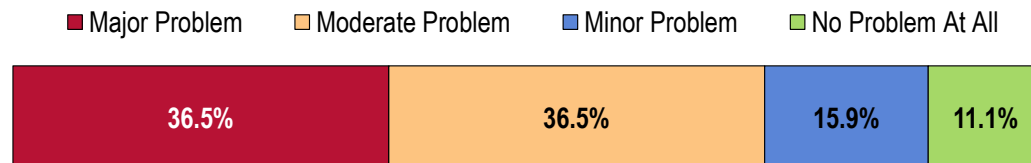


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

Key informants taking part in an online survey equally characterized *Diabetes* as a “major problem” and a “moderate problem” in the community.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2016)



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

Challenges

Among those rating this issue as a “major problem,” the biggest challenges for people with diabetes are seen as:

Nutrition, Physical Activity and Weight

Need to use NIH program for pre-diabetes to make a dent in the problem. Need community parks with stations. Limited bike trails south end of town. No real place for people who can't afford place to work out. Maybe discounted rates for diabetic's. - Physician

Inadequate healthy eating resources. Inadequate education. - Other Health Provider

Obesity, lack of exercise, cost of medications, lack of access to endocrinologist. - Physician

Obesity and development to Type 2 DM. There is a lack of resources to obtain the newer insulins, glucometers, etc. There is also lack of specialty care to assist them. - Public Health Representative

Obesity. - Community/Business Leader

Number of obese patients and high percentage of healthy patients with borderline diabetes. – Physician

We have diabetes education, however I believe the biggest challenge is getting people to fully understand the importance of sticking to a diet and exercise program to help manage their diabetes. - Community/Business Leader

Sugar. - Social Services Provider

Lack of Providers

Only one endocrinologist in town and his next available appointment is in 6 months. - Physician

Access to specialist. - Other Health Provider

There is only one endocrinologist in the area. When a referral is made to his office often it takes up to 6 months before a new patient can be established. Although referrals can and are often made to the Diabetic Educator at Parrish Medical Center. - Other Health Provider

We only have one endocrinologist in town and wait times can be several months. – Physician

Diabetes Type 2 and to an extent Type 1. Appropriate medical treatment, prescriptions and exercise programs. We need a local endocrinologist. - Social Services Provider

Affordability/Cost

Cost of medications and compliance with diet. - Physician

Cost of care. - Physician

Compliance

Lack of compliance with treatment. - Physician

Poor compliance and follow up, often due to monetary issues. - Physician

Health Education

Diabetic teaching is lacking and the access to the community for refresher courses in diabetes management is lacking. - Physician

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

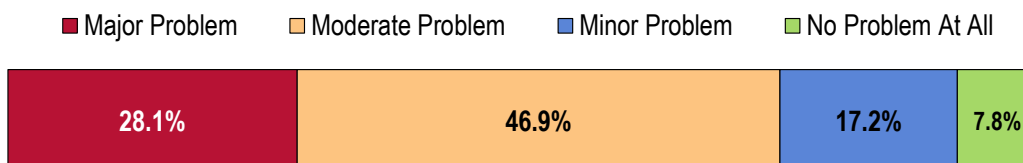
- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Dementias, Including Alzheimer's Disease

The largest share of key informants taking part in an online survey characterized *Dementias, Including Alzheimer's Disease* as a “moderate problem” in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community

(Key Informants, 2016)



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

Top Concerns

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

Aging Population

About 10-20% of senior citizens are affected by dementia and Alzheimer's disease directly or indirectly.
- Social Services Provider

Elderly population. - Physician

With the aging population in North Brevard County, the number of seniors with dementia is growing as well. There is also an increase in the number of individuals with a long history of alcohol abuse that has resulted in health problems namely dementia. - Other Health Provider

With the population we have, there are several new families dealing with these needs monthly. - Social Services Provider

We have a growing population of people over 60. - Community/Business Leader

There are a lot of senior citizens in this county. - Social Services Provider

Lack of Resources

People have limited resources and are keeping people in their homes. Daycare center alone is not enough. Families need help caring for loved ones. A safe place for caring for these people would be nice. - Physician

Older population, lack of family resources. Inadequate transportation to services. - Other Health Provider

Based on my experience with available dementia care in the community. – Physician

Due to the fact that in this area there is very little help and support for care givers of these individuals. As the population gets older because individuals live longer dementia is becoming more a part of everyday life. - Public Health Representative

Lack of Providers

There are not many qualified physicians to prescribe to these patients. – Physician

Number of elderly and limit of primary care doctors. – Physician

It is a major problem everywhere but there are few physicians in this area that treat this disease specifically. - Social Services Provider

Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

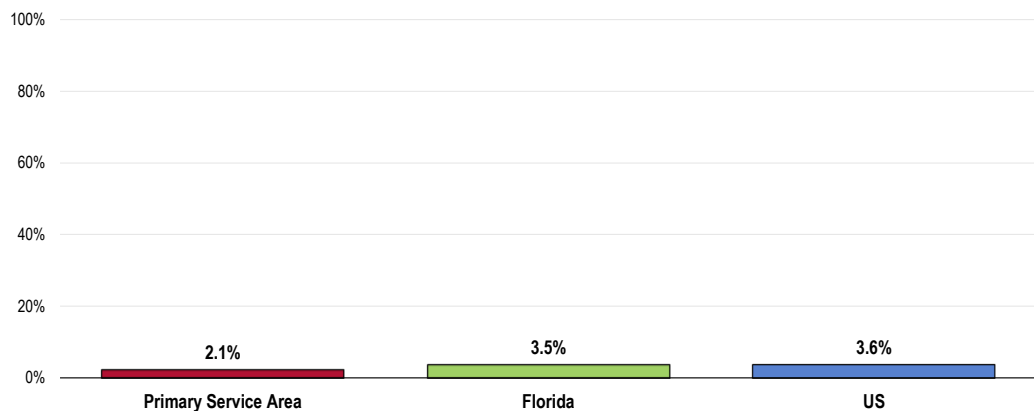
- Healthy People 2020 (www.healthypeople.gov)

Prevalence of Kidney Disease

A total of 2.1% of Primary Service Area adults report having been diagnosed with kidney disease.

- Similar to the state and national proportions.

Prevalence of Kidney Disease

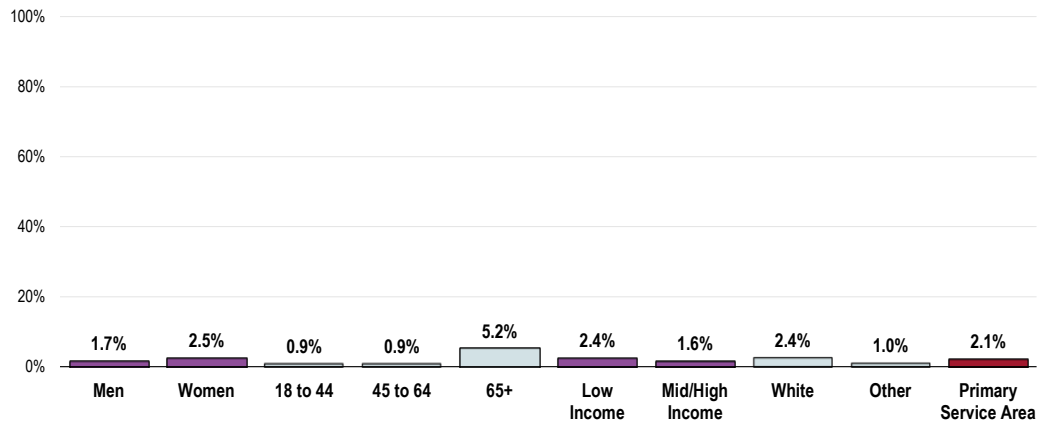


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Florida data.

Notes: • Asked of all respondents.

- There is no statistically significant difference in kidney disease prevalence among the following demographic segments.

Prevalence of Kidney Disease (Primary Service Area, 2016)

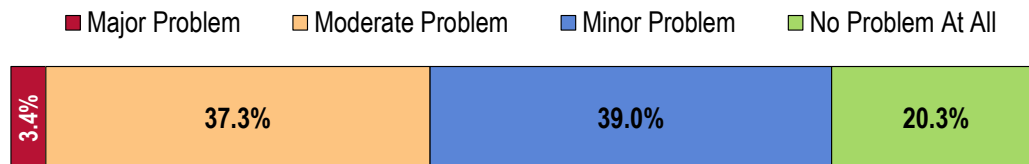


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Chronic Kidney Disease

A slightly greater share of key informants taking part in an online survey characterized **Chronic Kidney Disease** as a "minor problem" than a "moderate problem" in the community.

Perceptions of Chronic Kidney Disease as a Problem in the Community (Key Informants, 2016)



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

Top Concerns

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

Lack of Specialists

Access to urology is limited. Aging urologists limits North Brevard community in having a house.
 Residents leave the area for urology care. - Community/Business Leader
 We need a urologist urgently. - Physician

Result of Untreated Diabetes

History of diabetes not treated. - Physician

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Back Conditions

Prevalence of Arthritis/Rheumatism

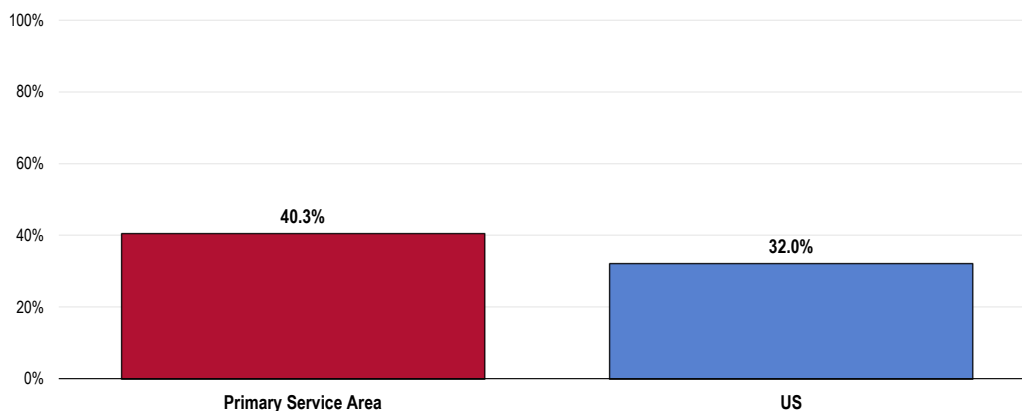
Two-fifths of Primary Service Area adults age 50 and older (40.3%) report suffering from arthritis or rheumatism.

- Less favorable than that found nationwide.

RELATED ISSUE:

See also *Activity Limitations* in the **General Health Status** section of this report.

Prevalence of Arthritis/Rheumatism (Among Adults Age 50 and Older)



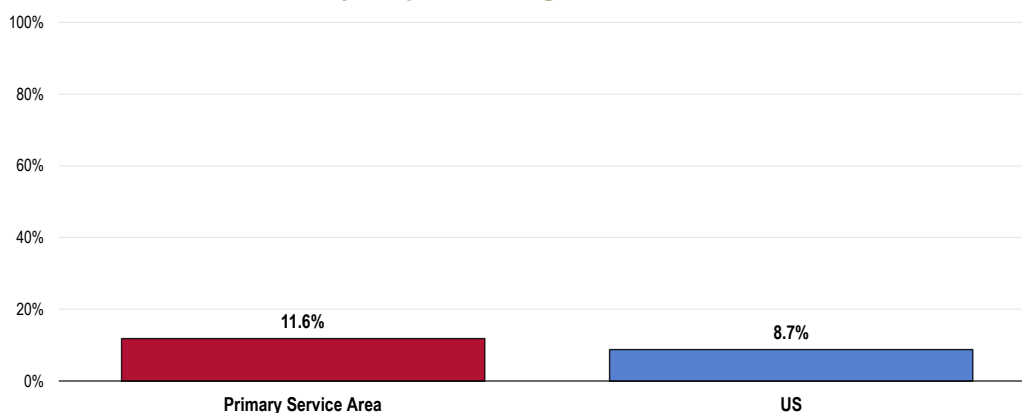
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents age 50 and older.

Prevalence of Osteoporosis

A total of 11.6% of survey respondents age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.

Prevalence of Osteoporosis (Among Adults Age 50 and Older) Healthy People 2020 Target = 5.3% or Lower



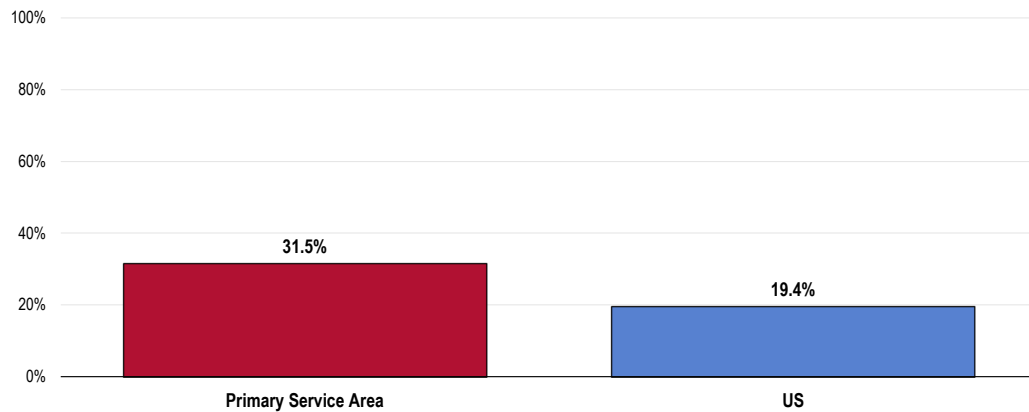
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]
 Notes: • Reflects respondents age 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 31.5% of service area residents suffer from chronic back pain or sciatica.

- Considerably less favorable than that found nationwide.

Prevalence of Sciatica/Chronic Back Pain



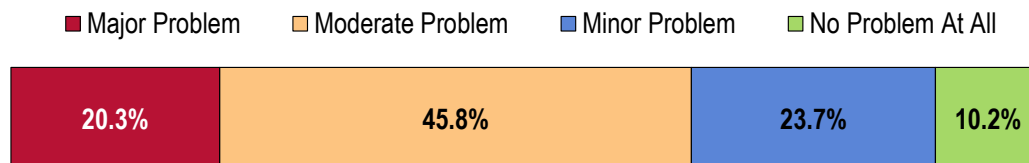
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Key informants taking part in an online survey mainly characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a “moderate problem” in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2016)



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

Top Concerns

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

Aging Population

Many people in their 40's admit to having the beginnings of arthritis. Over half the people who are 65 and above have some form of arthritis, osteoporosis or back condition. This seems to be a chronic condition in this community. - Social Services Provider

A lot of elderly people in our community with arthritis mostly osteoarthritis. Significant amount of people admitted to the hospital seem to have the complaint of back pain. - Physician

Many members are 55+ in age and treatments and surgery are frequent. Plus, we have younger individuals with birth defects impacting this area too. - Social Services Provider

We have a large population of people over 60. - Community/Business Leader

Because I see many patients referred for imaging of back problems. - Physician

Access to Treatment/Services

Large problem in most communities; however, with an underserved population, definitive care for these conditions is not always available for our patients. And sometimes recurring ED visits is their only option. - Physician

Medication is not the only treatment. Many seniors do not have access to the fitness center due to funding. This would improve their balance and strength as well as assist with pain management. The Matter of Balance classes and Health Bridge sessions. - Other Health Provider

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

Vision Trouble

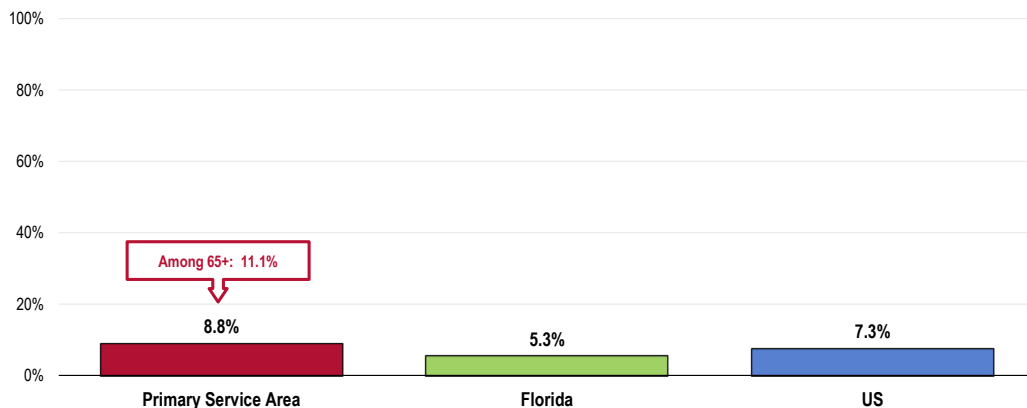
A total of 8.8% of Primary Service Area adults are blind or have trouble seeing even when wearing corrective lenses.

- More favorable than found statewide.
- Similar to the nationwide prevalence.
- Among service area adults age 65 and older, 11.1% have vision trouble.

RELATED ISSUE:

See also *Vision Care* in the **Access to Health Services** section of this report.

Prevalence of Blindness/Trouble Seeing



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Florida data.
 - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

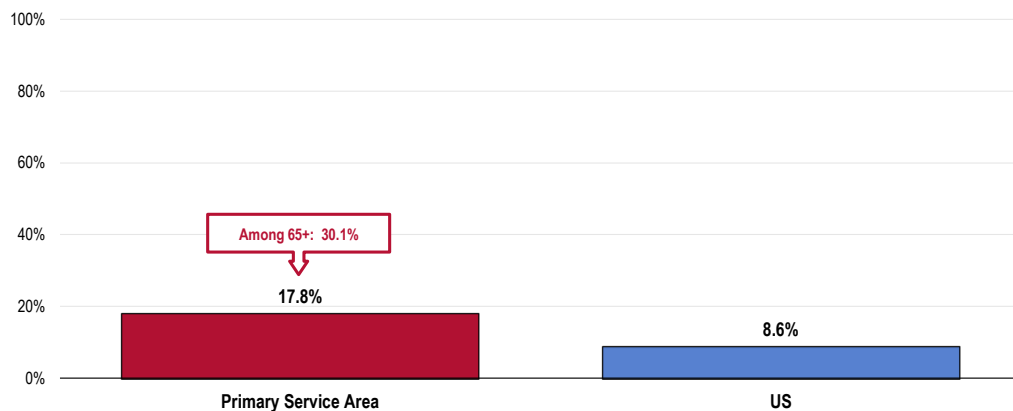
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

In all, 17.8% of Primary Service Area adults report being deaf or having difficulty hearing.

- More prevalent than found nationwide.
- Among service area adults age 65 and older, 30.1% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Key Informant Input: Vision & Hearing

Key informants taking part in an online survey characterized *Vision & Hearing* as a “moderate problem” slightly more often than a “minor problem” in the community.

Perceptions of Hearing and Vision as a Problem in the Community

(Key Informants, 2016)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



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

Top Concerns

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

Affordability/Cost

More elderly and less affordable hearing aids. - Physician

Although many of our patients can obtain a free hearing screening, they have difficulty affording the cost of a hearing aid if it is indicated. - Other Health Provider

Aging Population

Elderly population- a lot of cataracts. – Physician

We have an increasing population of people over 50. - Community/Business Leader

Infectious Disease



Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

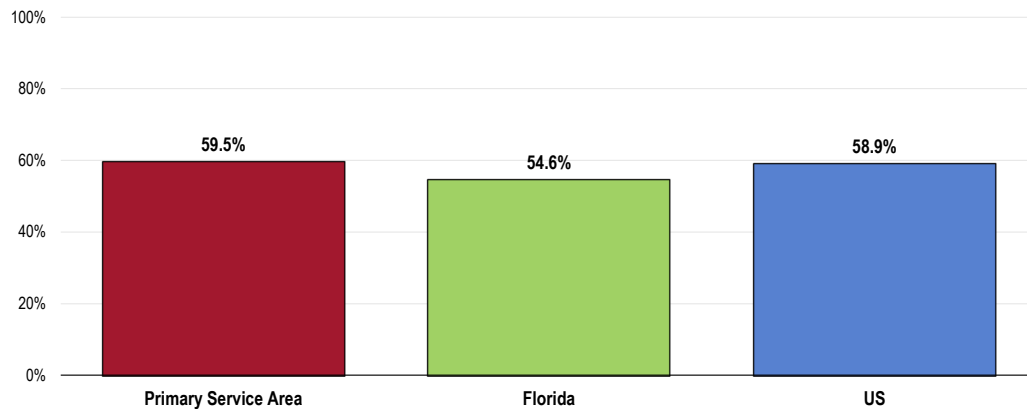
FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Among Primary Service Area seniors, 59.5% received a flu shot (or FluMist®) within the past year.

- Statistically comparable to the Florida and national findings.
- Fails to satisfy the Healthy People 2020 target (70.0% or higher).

Older Adults: Have Had a Flu Vaccination in the Past Year (Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]
 - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Florida data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects respondents 65 and older.
 - Includes FluMist as a form of vaccination.

High-Risk Adults

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

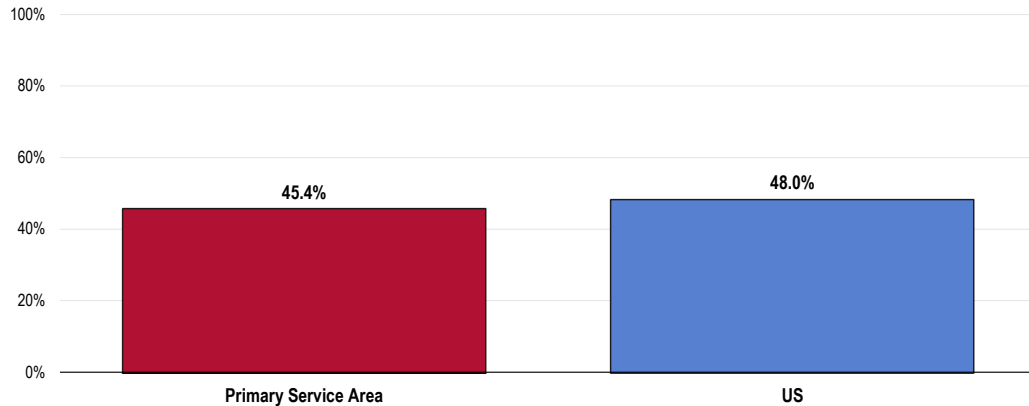
A total of 45.4% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (70.0% or higher).

High-Risk Adults: Have Had a Flu Vaccination in the Past Year

(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 70.0% or Higher



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]
 - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects high-risk respondents age 18-64.
 - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
 - Includes FluMist as a form of vaccination.

Pneumonia Vaccination

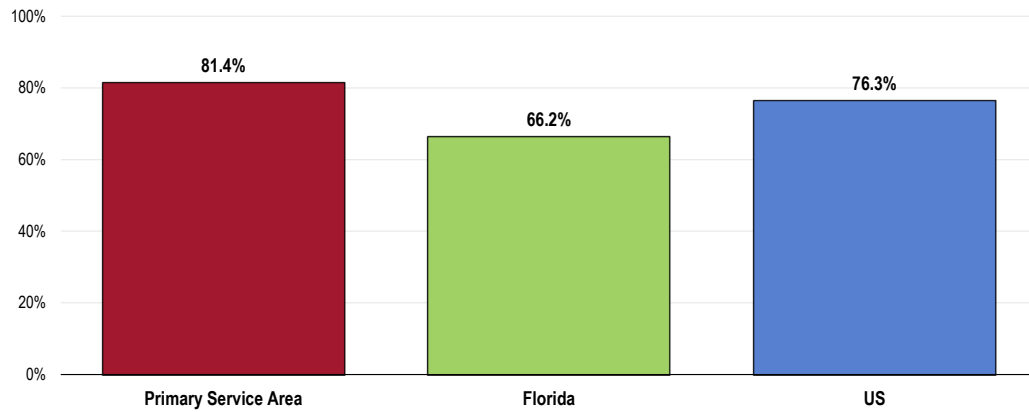
Among service area adults age 65 and older, 81.4% have received a pneumonia vaccination at some point in their lives.

- Much higher than the Florida finding.
- Statistically comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90.0% or higher.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Florida data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.1]
 Notes: • Reflects respondents 65 and older.

High-Risk Adults

“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

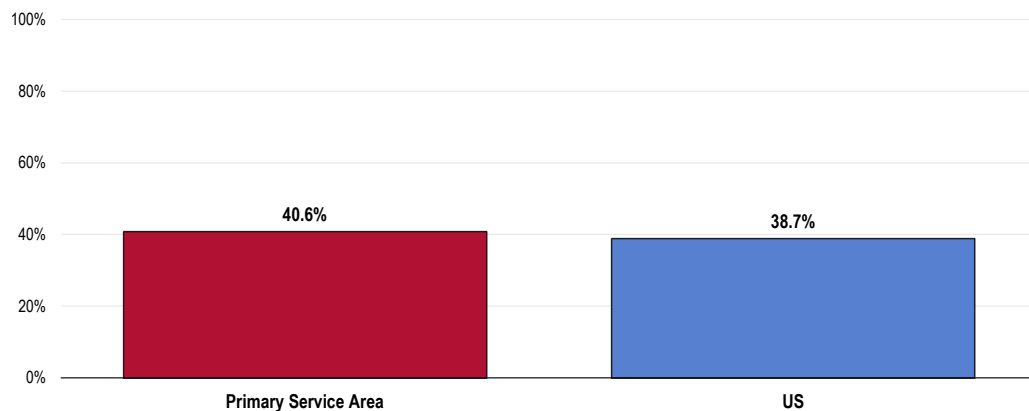
Two-fifths of high-risk adults age 18 to 64 (40.6%) have ever received a pneumonia vaccination.

- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 target (60.0% or higher).

High-Risk Adults: Have Ever Had a Pneumonia Vaccine

(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 60.0% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.2]
 Notes: • Asked of all high-risk respondents under 65.
 • “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

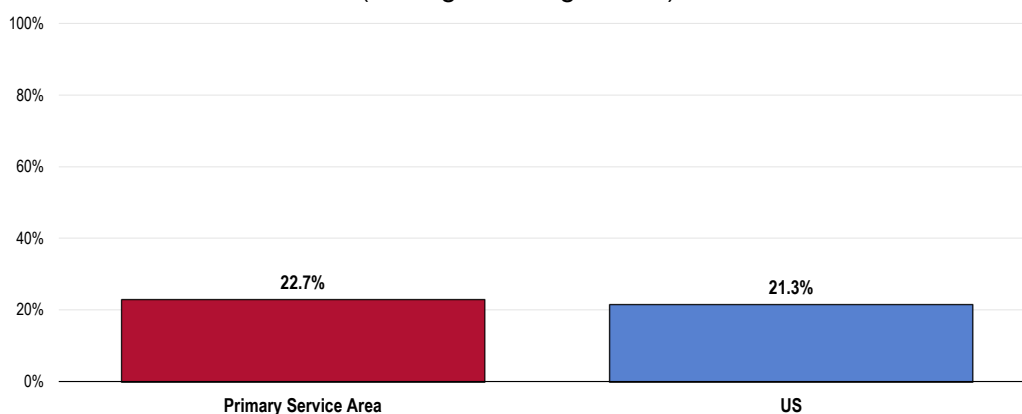
- Healthy People 2020 (www.healthypeople.gov)

HIV Testing

Among Primary Service Area adults age 18-44, 22.7% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Similar to the proportion found nationwide.

Tested for HIV in the Past Year (Among Adults Age 18-44)



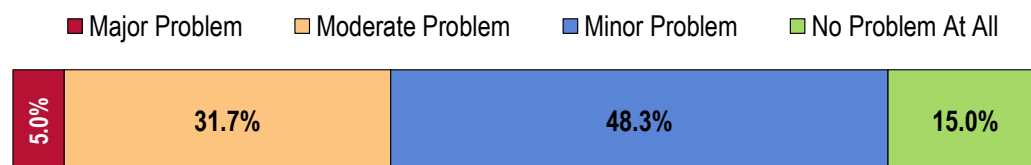
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects respondents age 18 to 44.

Key Informant Input: HIV/AIDS

A high percentage of key informants taking part in an online survey characterized **HIV/AIDS** as a “minor problem” in the community.

Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 2016)



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

Notes: • Asked of all respondents.

Top Concerns

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

Access to Care/Services

Clinic for these patients is far from here, and transportation is limited. - Physician

Vulnerable Populations

I think it needs to be addressed more in the African American community. - Social Services Provider

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons "linked" by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

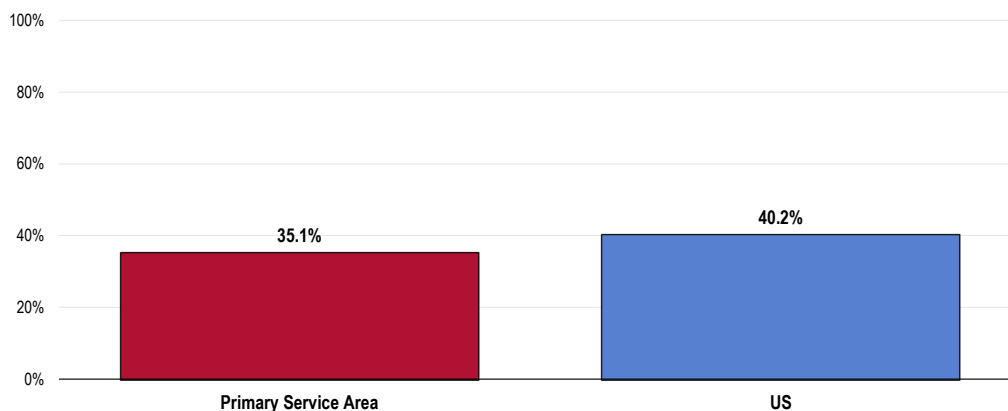
Hepatitis B Vaccination

Over one-third of Primary Service Area adults (35.1%) report having received the hepatitis B vaccination series.

- Statistically similar to what is reported nationwide.

Respondents were told that, to be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. They were then asked if they had completed this vaccination series.

Have Completed the Hepatitis B Vaccination Series

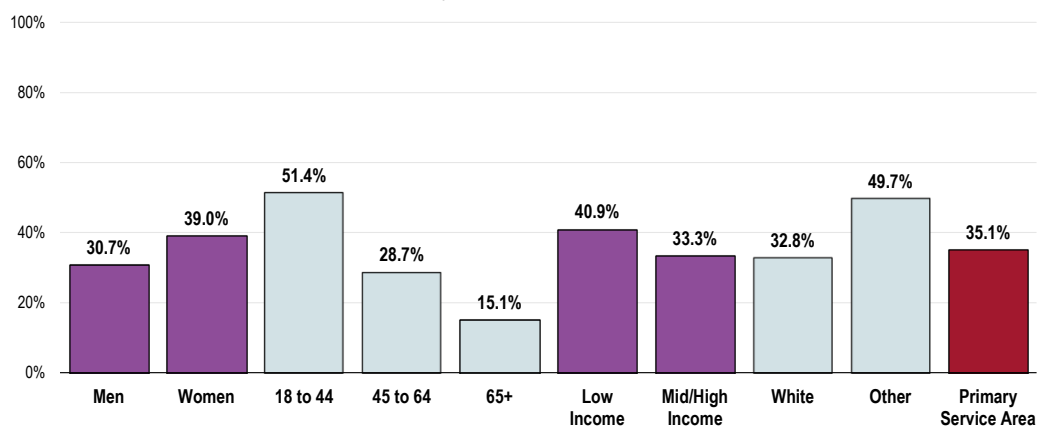


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Includes a series of three shots, usually administered at least one month between shots

- Note the negative correlation between age and hepatitis B vaccination.
- In addition, "Other" race residents are much more likely than non-Hispanic Whites to have received the hepatitis B vaccine.

Have Completed the Hepatitis B Vaccination Series (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]

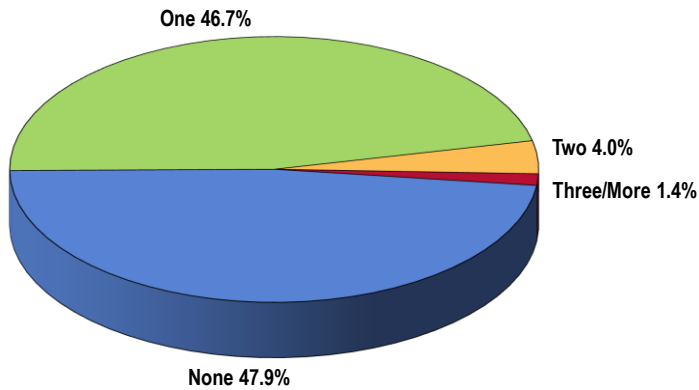
Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household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

Safe Sexual Practices

Sexual Partners

Among unmarried Primary Service Area adults under 65, the vast majority cites having one (46.7%) or no (47.9%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months
(Among Unmarried Adults Age 18-64; Primary Service Area, 2016)

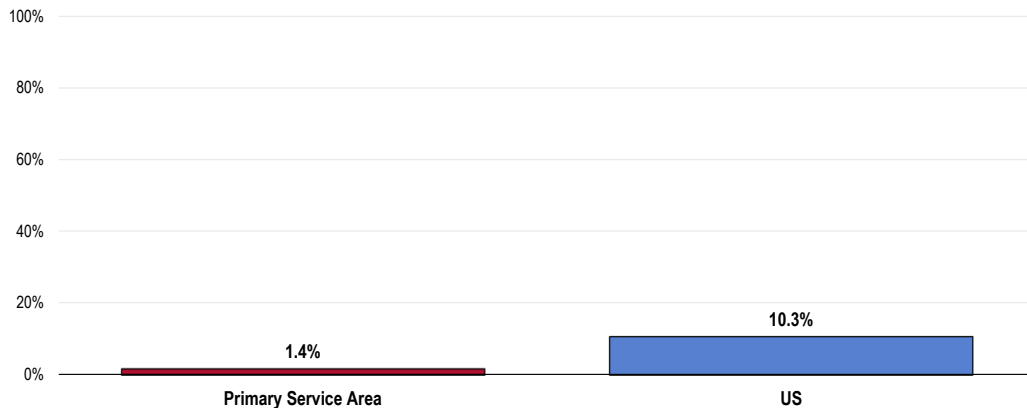


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 1.4% report three or more sexual partners in the past year.

- Much lower than that reported nationally.

Had Three or More Sexual Partners in the Past Year
(Among Unmarried Adults Age 18-64)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all unmarried respondents under the age of 65.

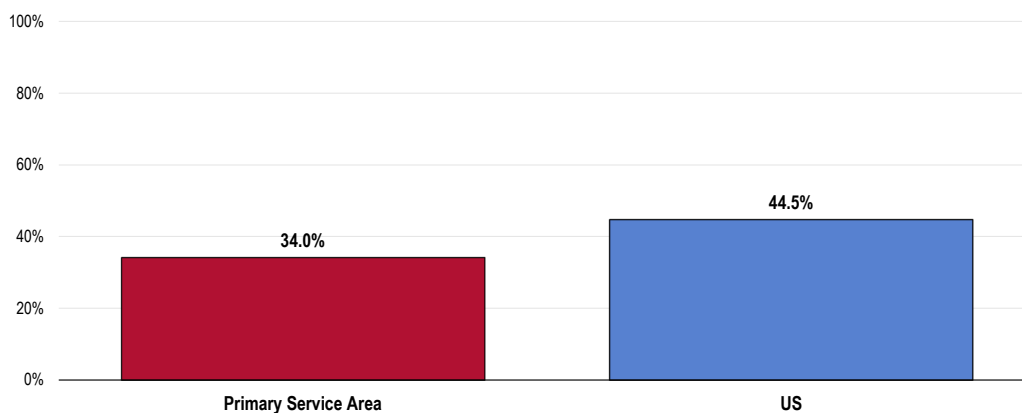
Condom Use

Among service area adults who are under age 65 and unmarried, 34.0% report that a condom was used during their last sexual intercourse.

- Notably lower than national findings.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults Age 18-64)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

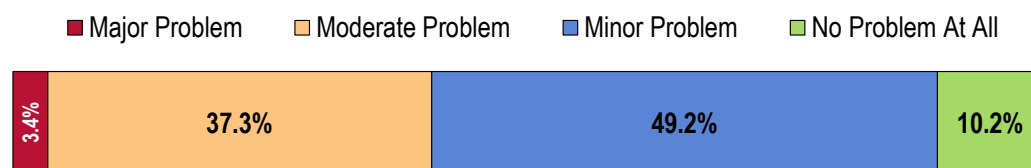
Notes: • Asked of all unmarried respondents under the age of 65.

Key Informant Input: Sexually Transmitted Diseases

Nearly half of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a “minor problem” in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2016)



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

Notes: • Asked of all respondents.

Top Concerns

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

Lack of Education

Due to lack of education in the schools and what can be taught at the health department. - Social Services Provider

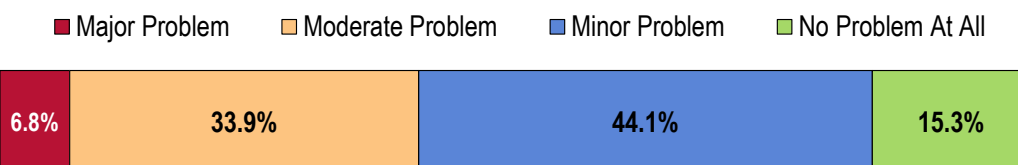
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often characterized *Immunization & Infectious Diseases* as a “minor problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2016)



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

Top Concerns

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

Lack of Providers

- Only one ID physician in the community. - Physician*
- Only one ID specialist, and he does not treat outpatients. - Physician*
- Needs outpatient infectious disease specialist. - Physician*

Births



Professional Research Consultants, Inc.

Infant & Child Health

About Infant & Child Health

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

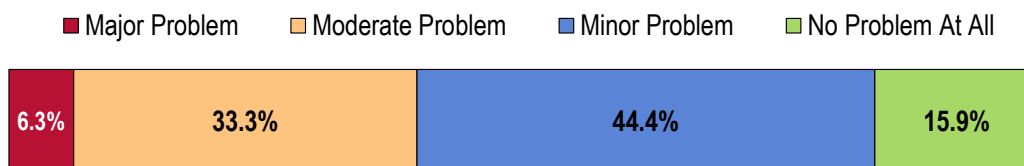
Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African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

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a “minor problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community (Key Informants, 2016)



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

Top Concerns

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

Family Stability

About 20% of the community's children and infants live at or below the poverty level. Many parents are ignorant about how to care for their offspring. This lack of knowledge leads to lower health care for infants and children. - Social Services Provider

Family stability, lack of core support that provides good, safe and loving boundaries while meeting basic needs of shelter, food, clothing and education. - Social Services Provider

Child abuse and neglect, large number of verified reports and increase in number of removals. - Social Services Provider

Number of Providers

There are enough pediatricians in town. – Physician

Not enough Pediatricians in the area for parents to choose from. Parents ask on Facebook who parents prefer and they actually are told by other parents to seek out another Pediatrician for care of their children. Also, due to insurance issues. - Social Services Provider

Access to Care

Health care for children and infants who are low income is a problem in Brevard County. For those who have Medicaid, you must find a physician who will accept it and those with no insurance can end up waiting for long periods to be seen. - Public Health Representative

Family Planning

About Family Planning

Family planning is one of the 10 great public health achievements of the 20th century. The availability of family planning services allows individuals to achieve desired birth spacing and family size and contributes to improved health outcomes for infants, children, and women. Family planning services include contraceptive and broader reproductive health services (patient education and counseling), breast and pelvic examinations, breast and cervical cancer screening, sexually transmitted infection (STI) and HIV prevention education/counseling/testing/referral, and pregnancy diagnosis and counseling. For many women, a family planning clinic is their entry point into the healthcare system and is considered to be their usual source of care. This is especially true for women with incomes below the poverty level, women who are uninsured, Hispanic women, and Black women.

Unintended pregnancies (those reported by women as being mistimed or unwanted) are associated with many negative health and economic outcomes. For women, negative outcomes associated with unintended pregnancy include:

- Delays in initiating prenatal care
- Reduced likelihood of breastfeeding
- Poor maternal mental health
- Lower mother-child relationship quality
- Increased risk of physical violence during pregnancy

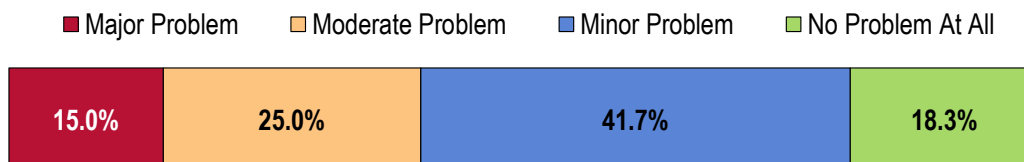
Children born as a result of an unintended pregnancy are more likely to experience poor mental and physical health during childhood and poor educational and behavioral outcomes.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Family Planning

The greatest share of key informants taking part in an online survey characterized ***Family Planning*** as a “minor problem” in the community.

Perceptions of Family Planning as a Problem in the Community (Key Informants, 2016)



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

Top Concerns

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

Socioeconomic Status

Low income, underserved populations are often associated with this problem. - Physician

The low socio-economic group folks are getting unplanned pregnancies at the age of 14, 15 and 16.

We have seen 33-year-old grandmothers. - Physician

I don't feel there is access to help with this for lower-income families. - Social Services Provider

There are numerous individuals, with children whom they cannot support, without ongoing contraception. - Physician

Health Education

I work with young adults who have little or no knowledge of family planning until they are already pregnant or parenting, and they often have a second child shortly after the first. - Social Services Provider

Access to Care

Women are always telling us that it is expensive and hard to get care. - Social Services Provider

Modifiable Health Risks



Professional Research Consultants, Inc.

Actual Causes of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

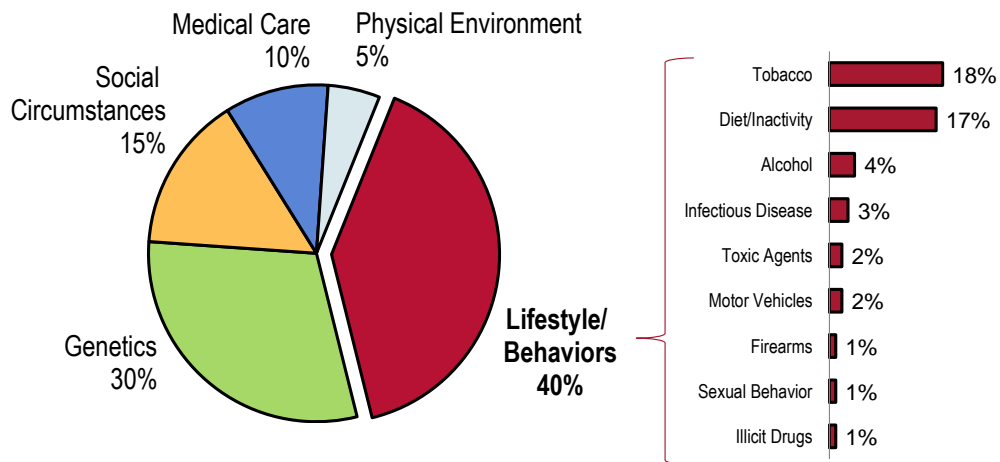
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States



Sources: • "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.
 "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular Disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular Disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental Injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic Lung Disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987.
DHHS Pub. No. (PHS) 88-1232.

Nutrition

About Healthful Diet & Healthy Weight

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

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

Americans with a healthful diet:

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

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

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

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

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

Social factors thought to influence diet include:

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

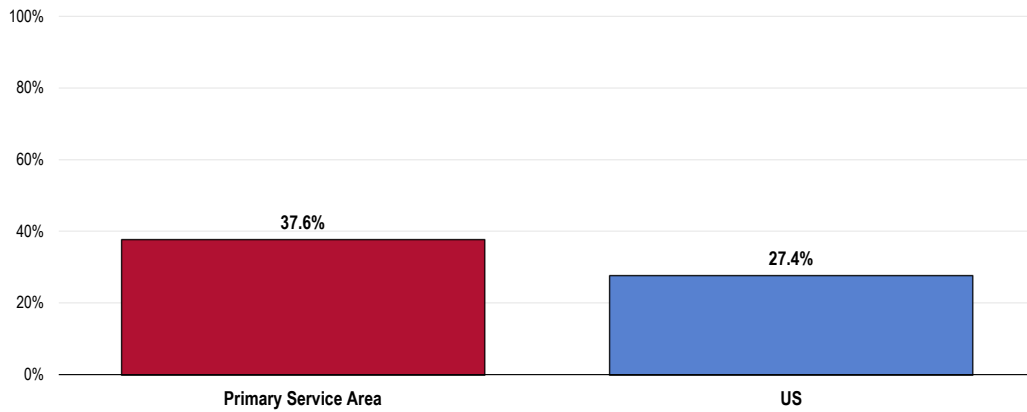
Daily Recommendation of Fruits/Vegetables

A total of 37.6% of Primary Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- More favorable than national findings.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

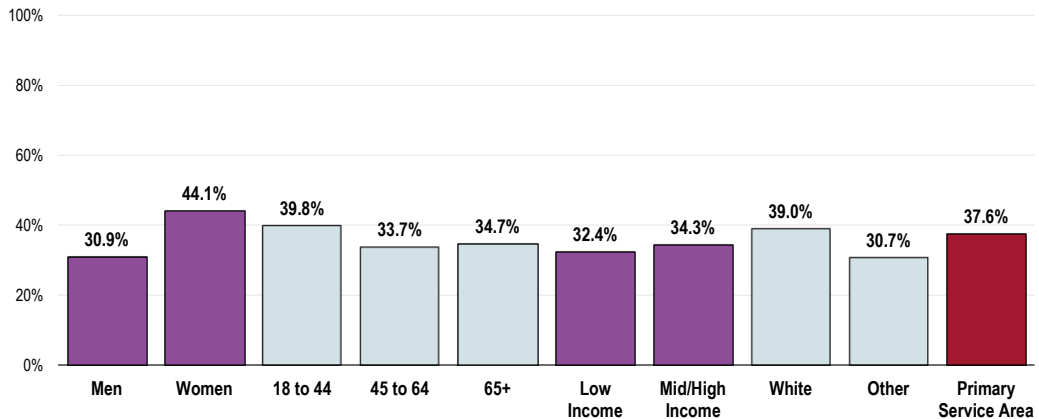
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

- Area men are less likely to get the recommended servings of daily fruits/vegetables.

Consume Five or More Servings of Fruits/Vegetables Per Day (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

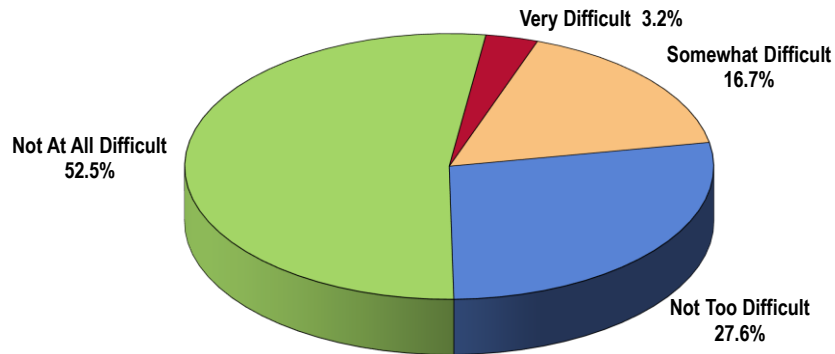
Difficulty Accessing Fresh Produce

While most report little or no difficulty, one-fifth of Primary Service Area adults (19.9%) report that it is “very” or “somewhat” difficult for them to access affordable, fresh fruits and vegetables.

Respondents were asked:

“How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?”

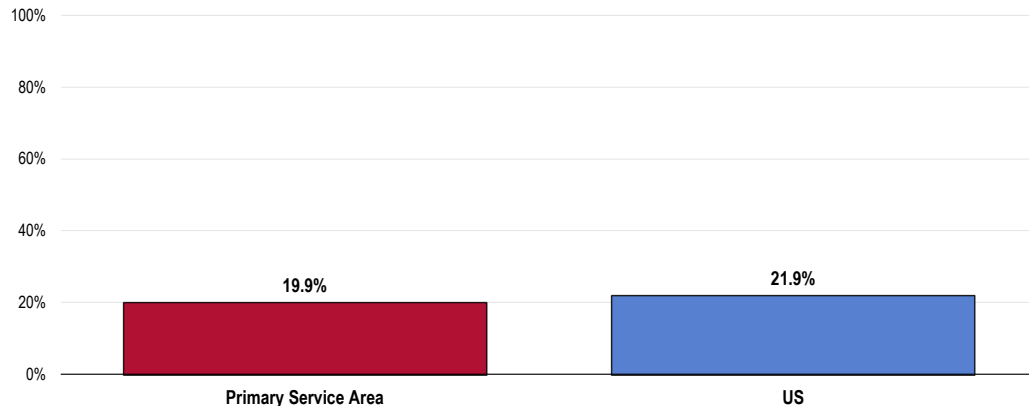
Level of Difficulty Finding Fresh Produce at an Affordable Price (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: • Asked of all respondents.

- Comparable to national findings.

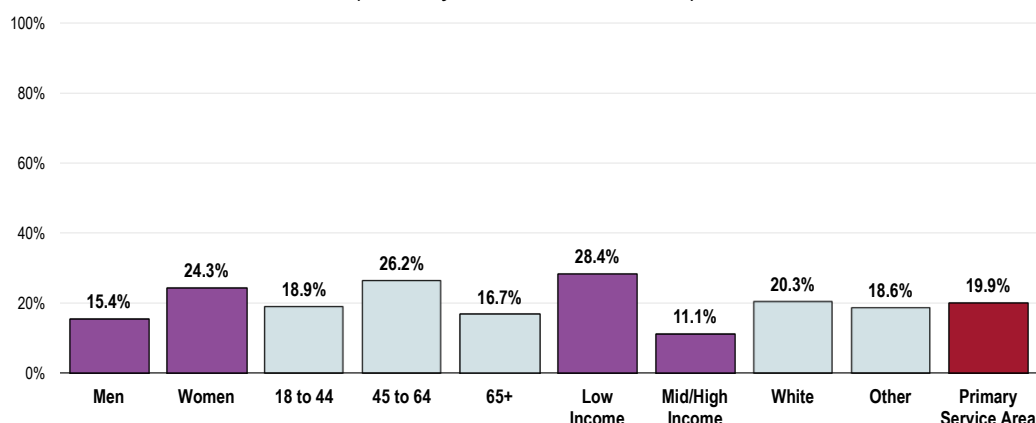
Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Residents with low incomes are more likely to report difficulty getting fresh fruits and vegetables.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]

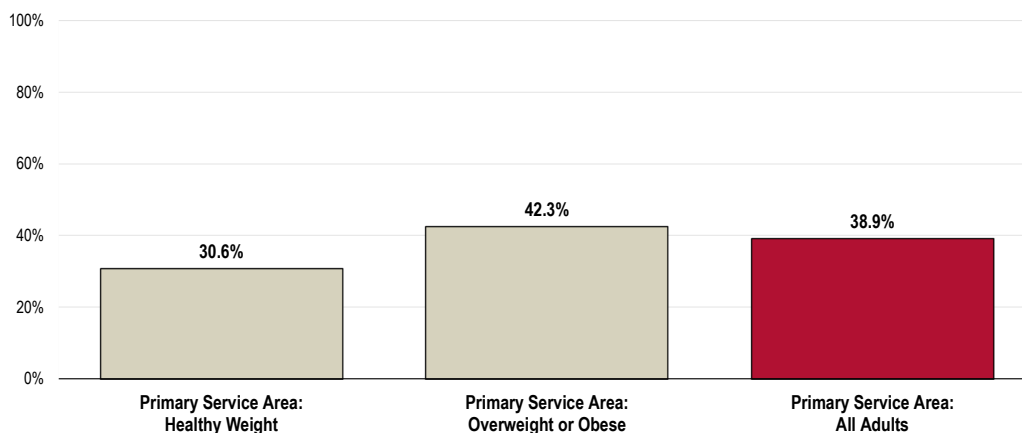
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household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

Health Advice About Diet & Nutrition

A total of 38.9% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Note: Among overweight/obese respondents, 42.3% report receiving diet/nutrition advice (meaning that over one-half did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]

Notes: • Asked of all respondents.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

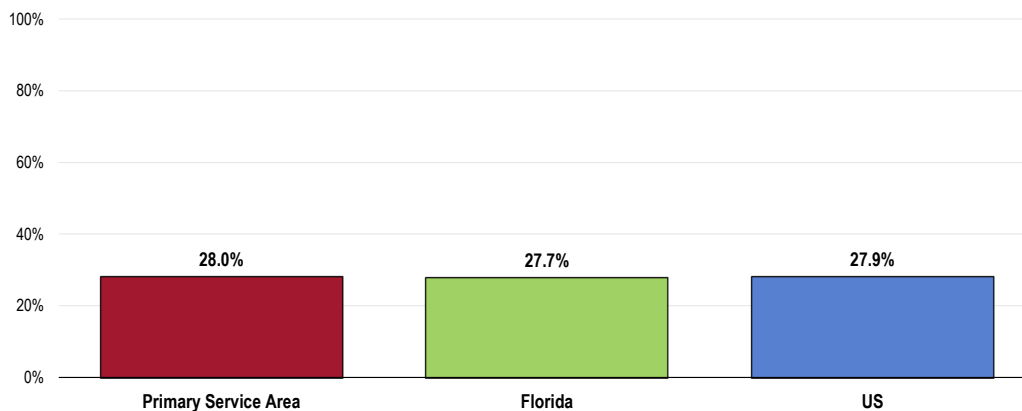
A total of 28.0% of Primary Service Area adults report no leisure-time physical activity in the past month.

- Nearly identical to both statewide and national findings.
- Statistically similar to the Healthy People 2020 target (32.6% or lower).

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

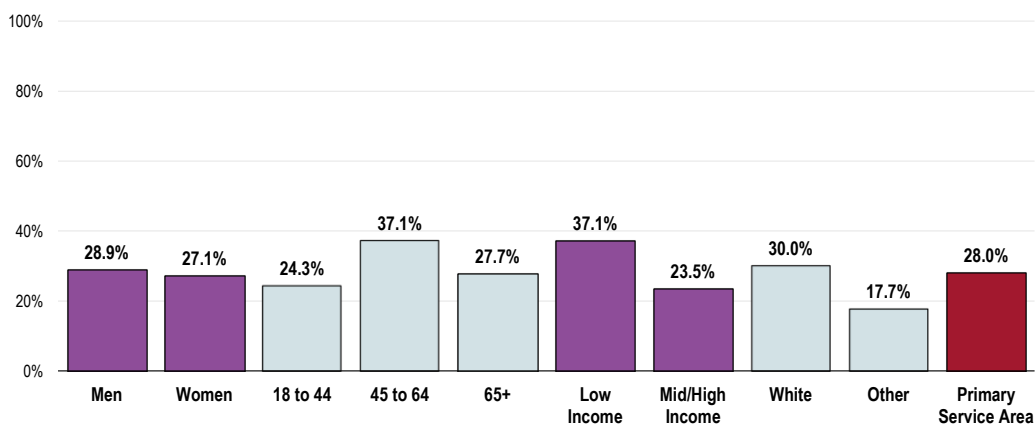
Notes: • Asked of all respondents.

- Lack of leisure-time physical activity in the area is higher among low-income residents than those with mid/high incomes.

No Leisure-Time Physical Activity in the Past Month

(Primary Service Area, 2016)

Healthy People 2020 Target = 32.6% or Lower



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

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

Activity Levels

Recommended Levels of Physical Activity

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

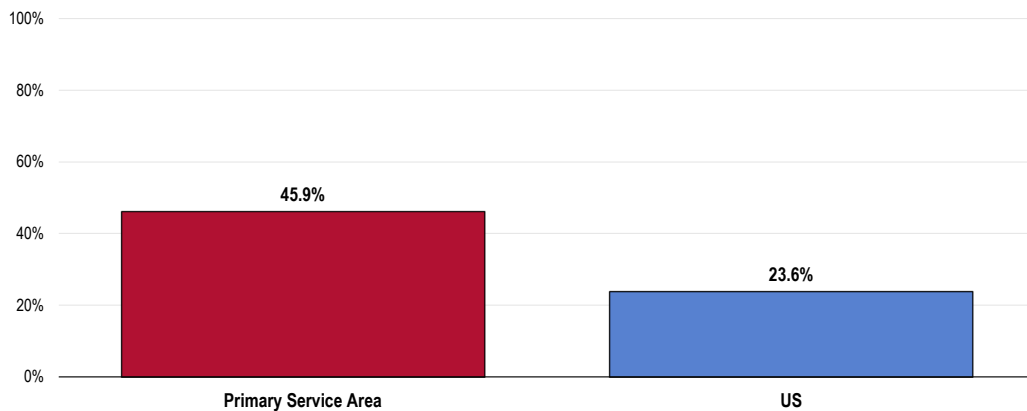
- 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 45.9% of Primary Service Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Nearly twice the national findings.

Meets Physical Activity Recommendations



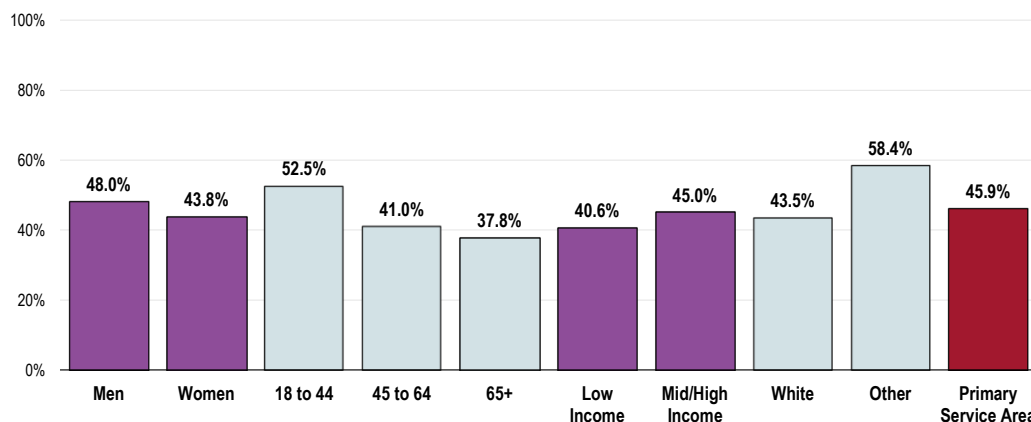
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

- Note the negative correlation between meeting physical activity requirements and age.

Meets Physical Activity Recommendations (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]

Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

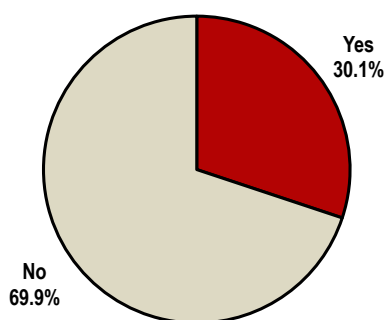
In the past month:

A total of 30.1% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

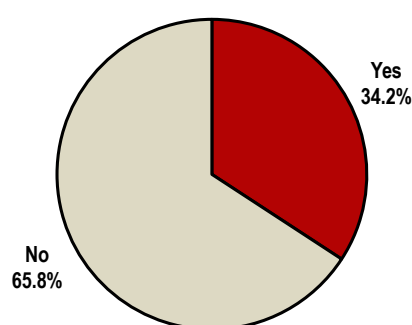
A total of 34.2% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

The individual indicators of moderate and vigorous physical activity are shown here.

Moderate & Vigorous Physical Activity (Primary Service Area, 2016)



Moderate Physical Activity



Vigorous Physical Activity

Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 148-149]

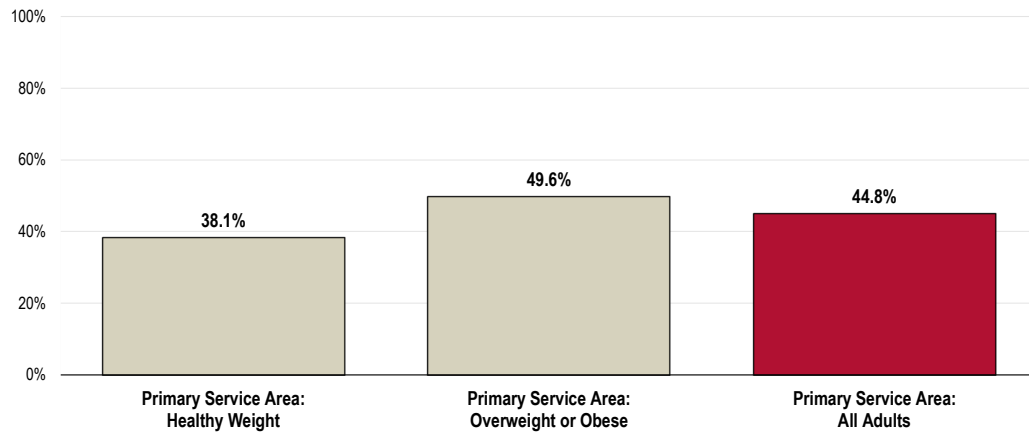
Notes: • Asked of all respondents.
• Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
• Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

Health Advice About Physical Activity & Exercise

A total of 44.8% of Primary Service Area adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Note: nearly one-half of overweight/obese respondents (49.6%) say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



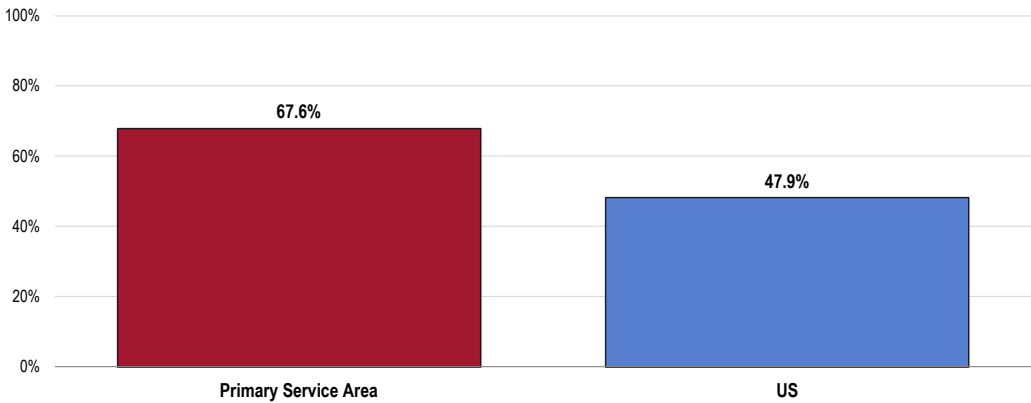
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
Notes: • Asked of all respondents.

Children's Physical Activity

Among service area children age 2 to 17, more than two-thirds (67.6%) are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Much more favorable than found nationally.

Child Is Physically Active for One or More Hours per Day (Among Children Age 2-17)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children age 2-17 at home.
• Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Healthy Weight

Based on self-reported heights and weights, **30.9% of Primary Service Area adults are at a healthy weight.**

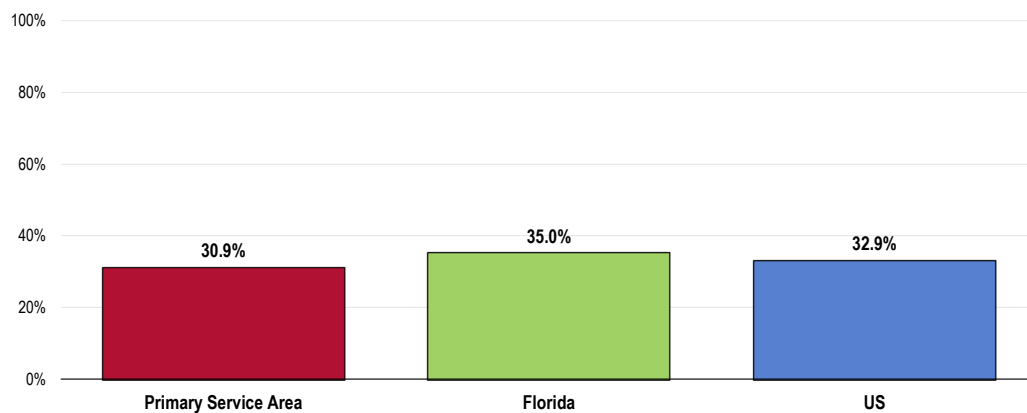
“Healthy weight” means neither underweight, nor overweight (BMI = 18.5-24.9).

- Statistically comparable to state and national findings.
- Close to the Healthy People 2020 target (33.9% or higher).

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]
 Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

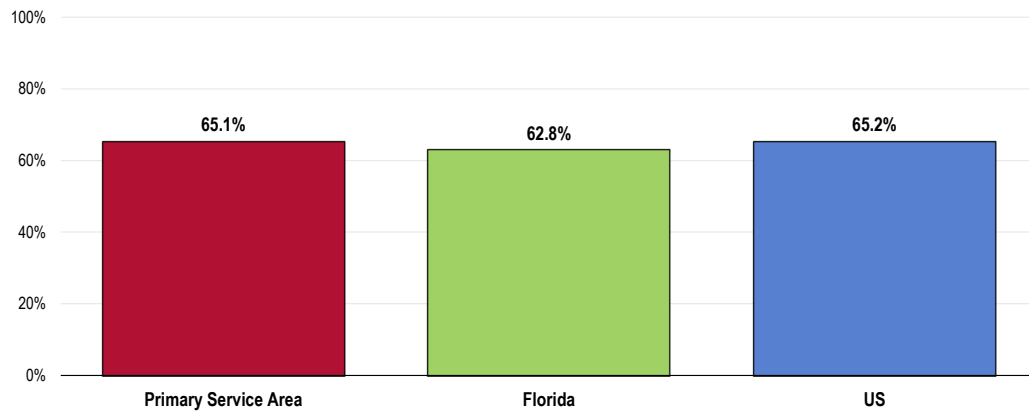
A total of 65.1% of Primary Service Area adults are overweight.

Here, “overweight” includes those respondents with a BMI value ≥ 25 .

- Comparable to the Florida prevalence.
- Nearly identical to the US overweight prevalence.

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
 - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 3 in 10 service area adults (30.4%) are obese.

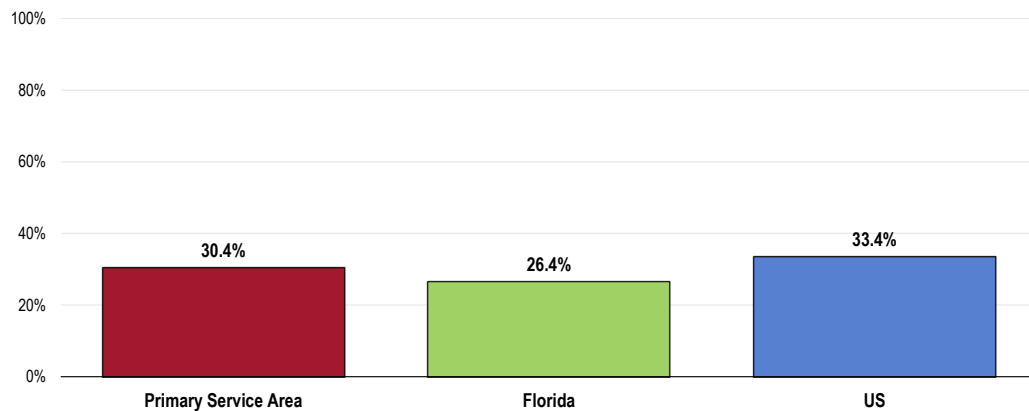
“Obese” (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

- Statistically similar to the Florida and US figures.
- Nearly identical to the Healthy People 2020 target (30.5% or lower).

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower



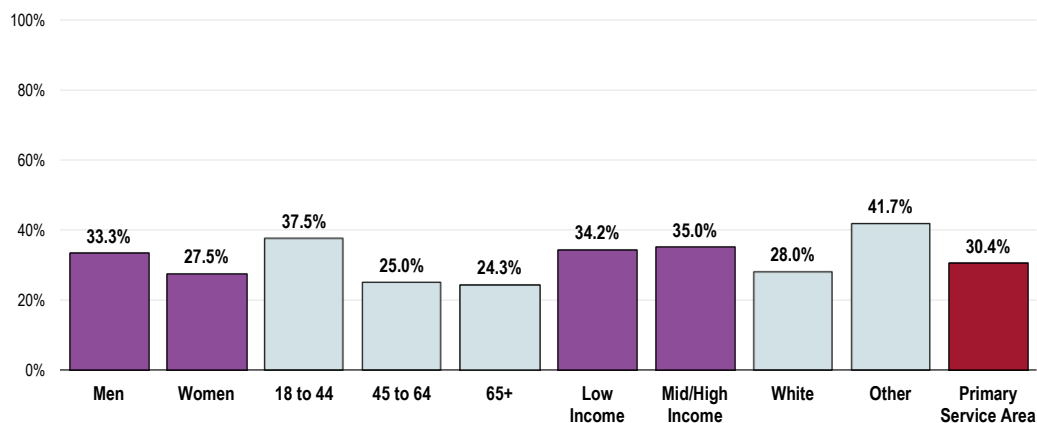
- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
 - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

- Obesity is notably more prevalent among adults age 18 to 44.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Primary Service Area, 2016)

Healthy People 2020 Target = 30.5% or Lower



Sources:

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

Notes:

- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

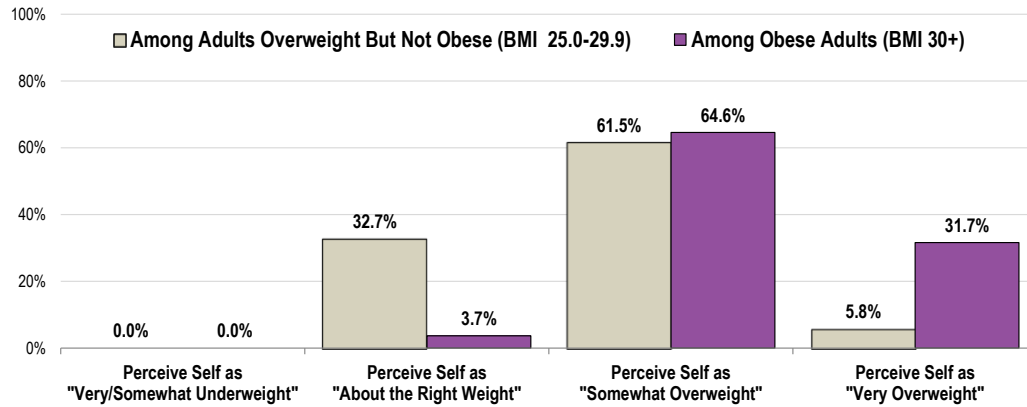
Actual vs. Perceived Body Weight

A total of 3.7% of obese adults and 32.7% of overweight (but not obese) adults feel that their current weight is "about right."

- 61.5% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 31.7% of obese adults see themselves as "very overweight."

Actual vs. Perceived Weight Status

(Among Overweight/Obese Adults Based on BMI; Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
 Notes: • BMI is based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions.

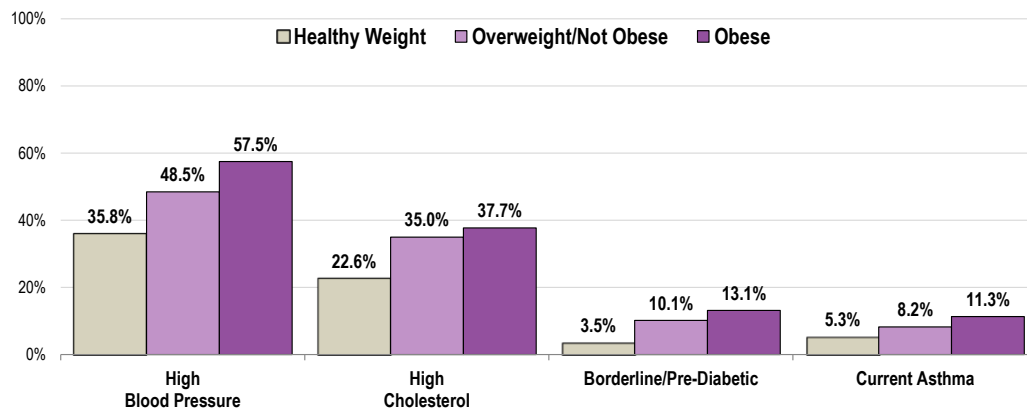
Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- Borderline/pre-diabetes.
- Asthma.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues

(By Weight Classification; Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 125,126,134,136]
 Notes: • Based on reported heights and weights, asked of all respondents.

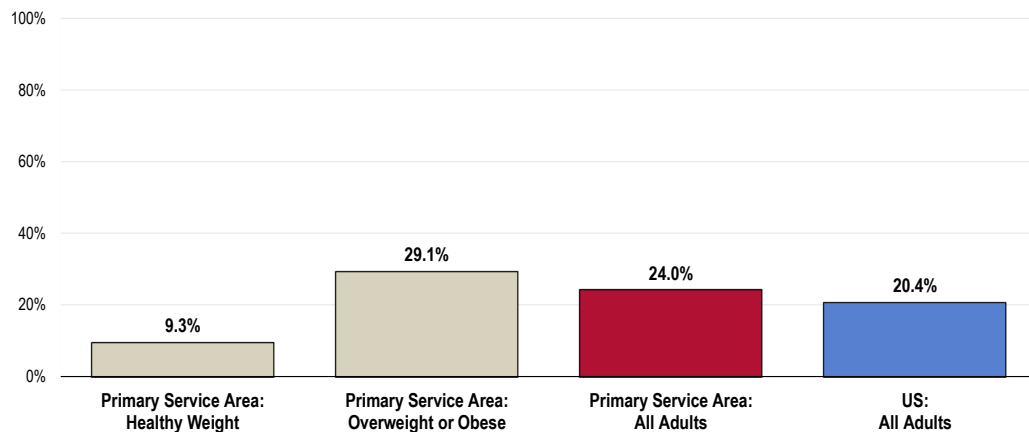
Weight Management

Health Advice

A total of 24.0% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- Note that 29.1% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while around 70% have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 98]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Weight Control

About Maintaining a Healthy Weight

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

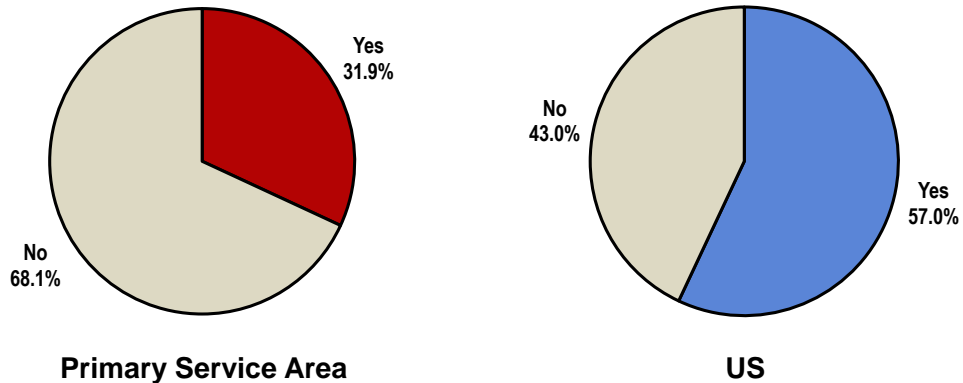
All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

- Healthy People 2020 (www.healthypeople.gov)

A total of 31.9% of Primary Service Area adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Notably less favorable than national findings.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity (Among Overweight or Obese Respondents)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects respondents who are overweight or obese based on reported heights and weights.

Childhood Overweight & Obesity

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

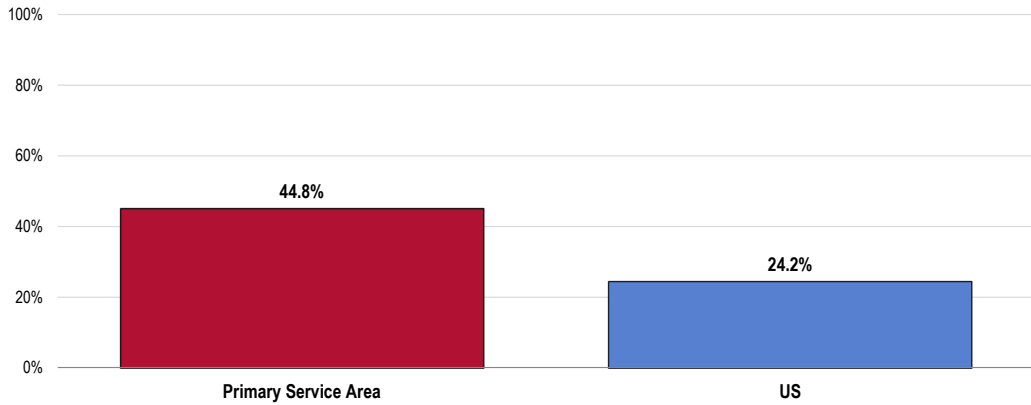
• Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 44.8% of Primary Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Much less favorable than found nationally.

Child Total Overweight Prevalence

(Percent of Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5-17 at home.

• Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

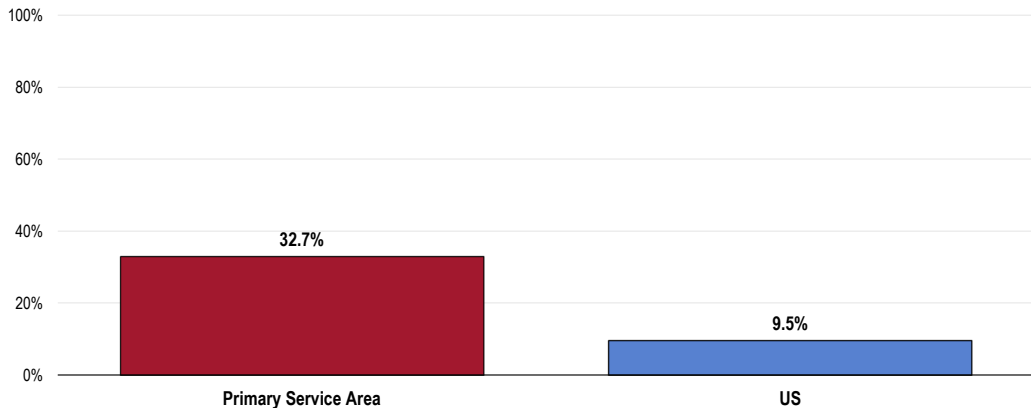
Further, 32.7% of area children age 5 to 17 are obese (≥95th percentile).

- More than three times the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).

Child Obesity Prevalence

(Percent of Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]

Notes: • Asked of all respondents with children age 5-17 at home.

• Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

The same proportion of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a “major problem” and a “moderate problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2016)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



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

Top Concerns

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

Obesity

A big number of adults and children are overweight or obese and don't participate in physical activity and/or muscle strengthening exercises to meet guidelines. Our population is sedentary and this needs to change so that people can live healthy lives. - Public Health Representative

Overall community BMI increasing with less physical activity. - Physician

Obesity is a national problem. - Physician

Obesity is becoming the #1 health problem in the area that leads to chronic disease, HTN, DM, Sleep Apnea and Heart Disease. – Physician

Obesity is rampant in our community. Need to provide incentive for healthier lifestyles. - Physician

Poor Nutrition

Easy access to cheap junk food and high expense of fresh nutritious food and gym memberships. - Other Health Provider

There are many people who request and receive limited adequate nutrition and there is a need for community-wide affordable physical conditioning for weight loss. - Social Services Provider

A lot of fast food restaurants, low income areas are causing less healthy, cheaper foods to be bought. - Physician

Lack of and cost of healthy dietary supplies. Inadequate emphasis on physical fitness in schools and at home. Lack of education of healthy nutritional intake. - Other Health Provider

Lifestyle

Fitness center and YMCA are available but the use is not what you would expect. - Physician

Lack of motivation of individuals to help themselves. - Other Health Provider

Obesity and poor nutrition linked to high blood pressure and heart failure. - Social Services Provider

People still tend to go for fast foods. Jobs where you sit at a desk all day. Very little physical activity. Children sitting in front of the electronics and not getting out and doing physical activities. Busy families not eating correctly. - Community/Business Leader

Access to Care/Services

Readily accessible dietetic resources. - Physician

Free, low cost access to nutritionists. Cooking classes. Self-motivation to change, efforts are focused toward those who can pay. - Social Services Provider

Coverage and availability of dietary consultations and follow up. Affordable healthy foods. Cost of gym memberships. – Physician

People cannot afford to go to the local gym for exercise assistance or nutritional information. I'm currently running a weight loss challenge and not one woman was under 240 lbs. at the start up. These women are all relatively young as well. - Social Services Provider

Health Education

Lack of knowledge about healthy lifestyle choices. – Physician

Need more outreach to healthy patients. - Physician

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

High-Risk Alcohol Use

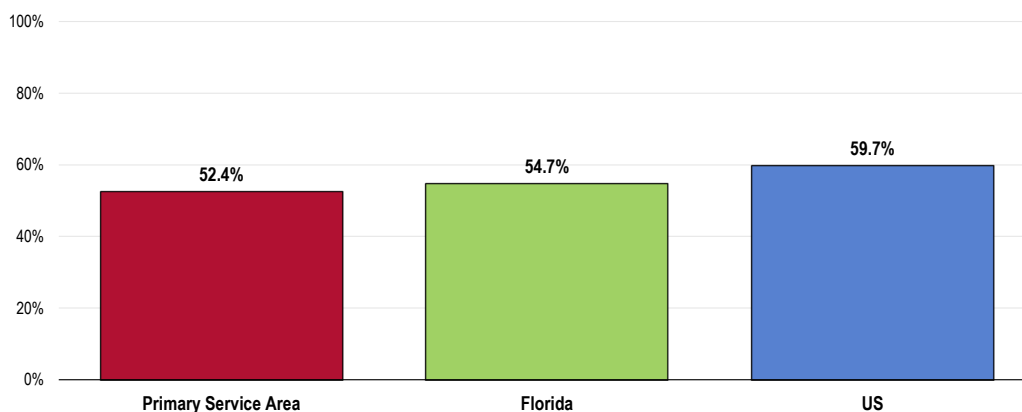
Current Drinking

A majority of area adults (52.4%) had at least one drink of alcohol in the past month (current drinkers).

- Similar to the statewide proportion.
- Lower than the national proportion.

"Current drinkers" include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

Current Drinkers

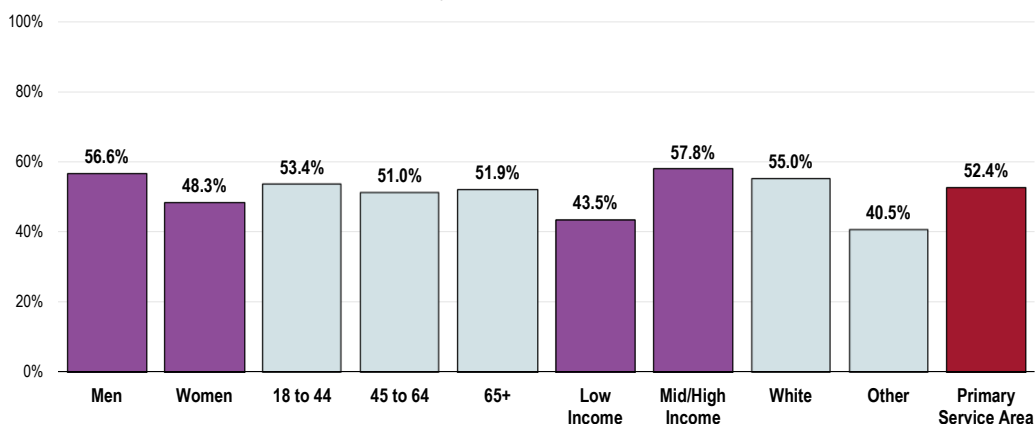


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Current drinkers had at least one alcoholic drink in the past month.

- Current drinking is more prevalent among residents with mid/high incomes.

Current Drinkers (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Current drinkers had at least one alcoholic drink in the past month.

Excessive Drinking

A total of 10.0% of area adults are excessive drinkers (heavy and/or binge drinkers).

- Considerably more favorable than the national proportion.
- Satisfies the Healthy People 2020 target (25.4% or lower).

Excessive Drinkers

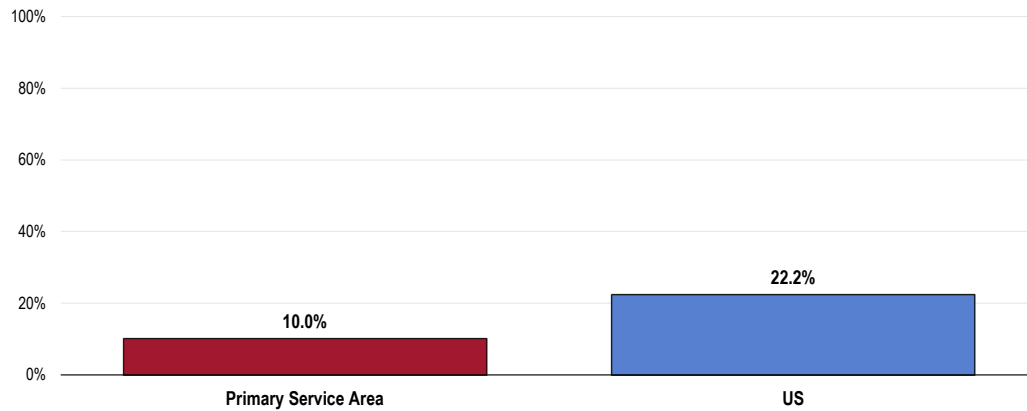
Healthy People 2020 Target = 25.4% or Lower

"Excessive drinking" includes heavy and/or binge drinkers:

Heavy drinkers include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview; and

Binge drinkers include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

RELATED ISSUE:
See also Stress in the Mental Health & Mental Disorders section of this report.



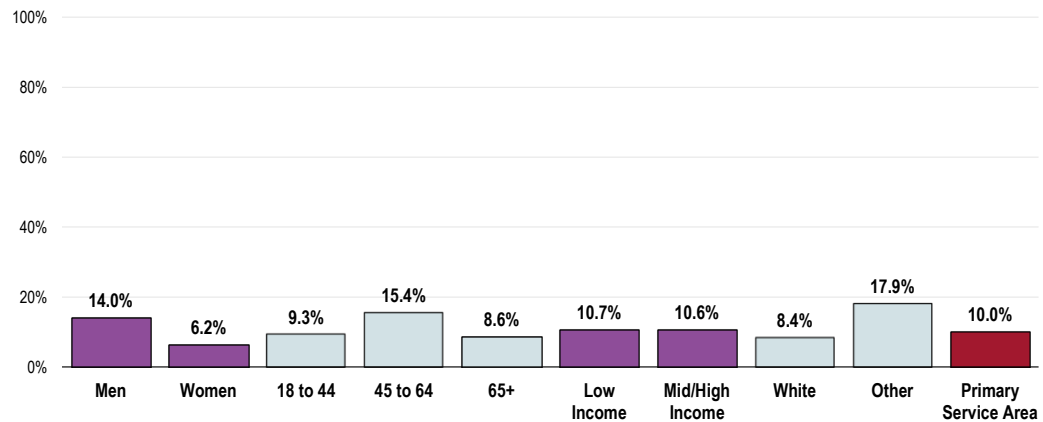
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
Notes: • Asked of all respondents.
• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

- Excessive drinking is more prevalent among men in the service area.

Excessive Drinkers

(Total Area, 2016)

Healthy People 2020 Target = 25.4% or Lower



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

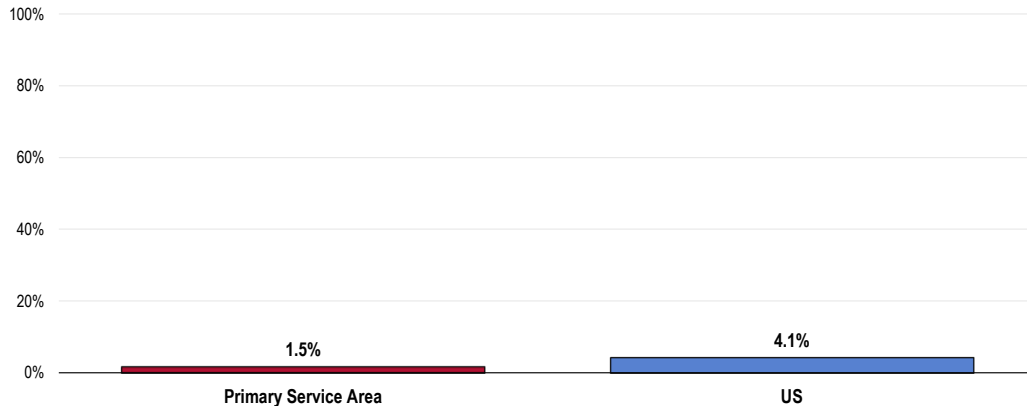
Drinking & Driving

A total of 1.5% of Primary Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Lower than national findings.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 65]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

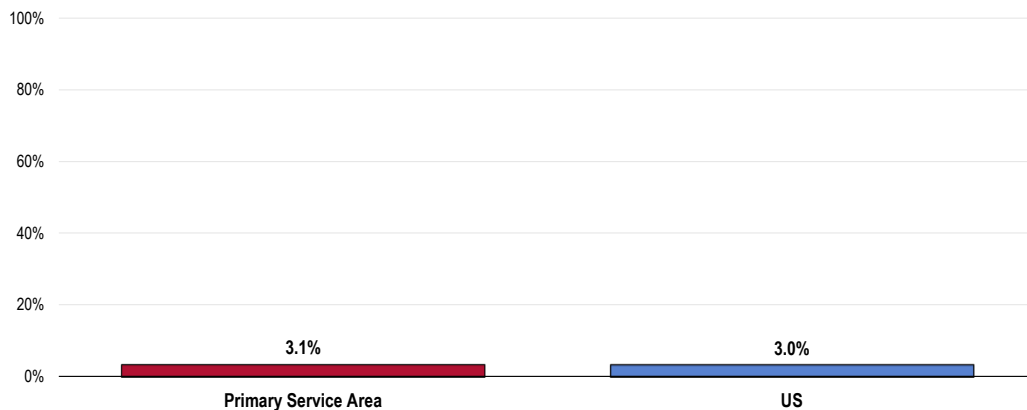
Illicit Drug Use

A total of 3.1% of adults acknowledge using an illicit drug in the past month.

- Nearly identical to the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.

For the purposes of this survey, “illicit drug use” includes use of illegal substances or of prescription drugs taken without a physician’s order.

Illicit Drug Use in the Past Month Healthy People 2020 Target = 7.1% or Lower



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

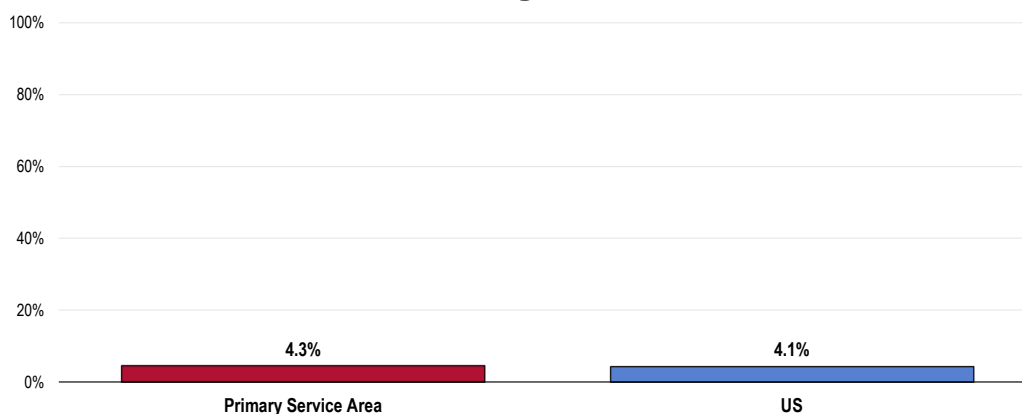
Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
• Asked of all respondents.

Alcohol & Drug Treatment

A total of 4.3% of Primary Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



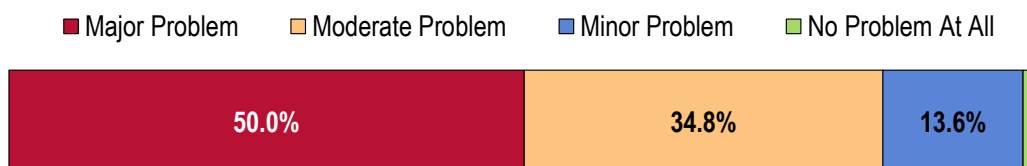
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Key Informant Input: Substance Abuse

One-half of key informants taking part in an online survey characterized *Substance Abuse* as a “major problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2016)



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

Notes: • Asked of all respondents.

Barriers to Treatment

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

Access to Care/Services

No transportation, no insurance, substance abuse resources don't help people and families that deal with those that abuse marijuana. - Social Services Provider

Having the proper treatment available. - Social Services Provider

Lack of accessible care. - Physician

Center for substance abuse. – Physician

Inpatient long term care. - Physician

Transportation, availability of services in the community or home based services, residential available for mothers and infants, cost and motivation by the user. - Social Services Provider

Addiction, fear and transportation. Adequate healthcare and transportation resources. - Other Health Provider

Individuals with substance abuse connecting with treatment centers is always difficult. Money issues, transportation issues, following rules of the facility, and space at limited facilities. - Public Health Representative

Lack of substance abuse service providers. Lack of treatment facilities. Cost of services. Transportation to services. Most individuals requiring residential treatment are forced to seek assistance outside of the county. - Social Services Provider

Prevalence/Incidence

Much higher substance abuse in Titusville than other towns in which I've lived, especially among neighbors who are homeless or marginalized. Crack use and meth use are going down a bit. Heroin use is on the rise. A lot of marijuana and synthetic drug use. - Social Services Provider

The drug and alcohol and contraband drug use is too high in this community. - Physician

Overprescribing or inappropriate prescribing by physician. - Physician

Prescription drug abuse and IV drug abuse plague our Emergency Room and inpatient hospital beds. - Physician

Health Education

They lack education. Heroin is cheap and causes instant dependence. Young people feel they are invincible. Many parents 401K's are being spent on getting kids out of jail and putting them in rehab, over and over again. - Physician

Not much information given to the public, especially to those with little to no insurance. Need better advertising and more prompt response to the public, when they seek out such programs. – Physician

There are resources to help treat this disease, but as with any other disease that is lifelong, the goal should be prevention. More education and awareness for the youth of our community is extremely important to prevent a lifelong disease like addiction. - Physician

Affordability/Cost

Depending on the source, Florida ranks in the bottom 2 or 3 states in per capita funding for MH and SA services across the country, including Puerto Rico. Community Mental Health Agencies and other nonprofits that rely in part on state general revenue. - Social Services Provider

Cost, desire to not quit and friend influence. - Physician

The cost as well as having to go out of Brevard County. Circles of Care only provides detox. - Other Health Provider

Lack of Motivation to Change

Many do not feel it a problem, especially marijuana. - Physician

Lack of desire to seek recovery. - Other Health Provider

Noncompliance, detox facilities often overwhelmed. - Physician

Lack of Providers

*No substance abuse specialist in town. Closest is a doctor in Viera. - Physician
Counseling. – Physician*

Social Support

Family patterns, Lack of support, family or law enforcement and income. - Social Services Provider

Most Problematic Substances

Key informants (who rated this as a “major problem”) most often identified alcohol, prescription medications, heroin or other opioids, and cocaine or crack as the most problematic substances abused in the community.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	40.7%	7.7%	23.1%	19
Prescription Medications	33.3%	19.2%	15.4%	18
Heroin or Other Opioids	14.8%	30.8%	7.7%	14
Cocaine or Crack	3.7%	11.5%	26.9%	11
Marijuana	0.0%	11.5%	11.5%	6
Methamphetamines or Other Amphetamines	3.7%	11.5%	3.8%	5
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	7.7%	11.5%	5
Over-The-Counter Medications	3.7%	0.0%	0.0%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

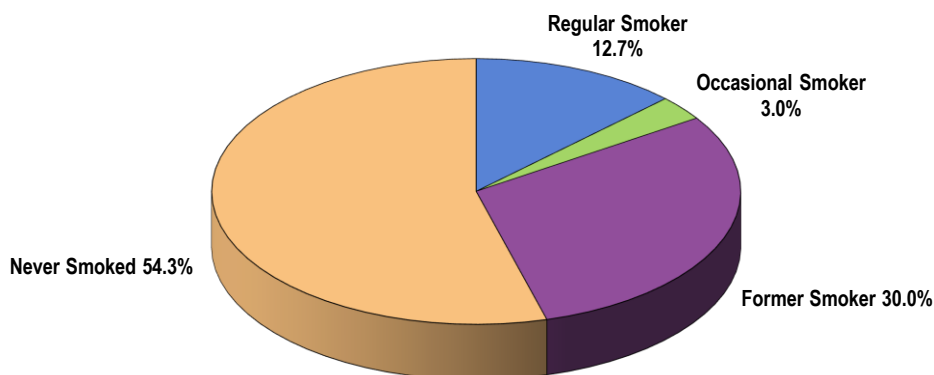
Cigarette Smoking

Cigarette Smoking Prevalence

A total of 15.7% of Primary Service Area adults currently smoke cigarettes, either regularly (12.7% every day) or occasionally (3.0% on some days).

Cigarette Smoking Prevalence

(Primary Service Area, 2016)

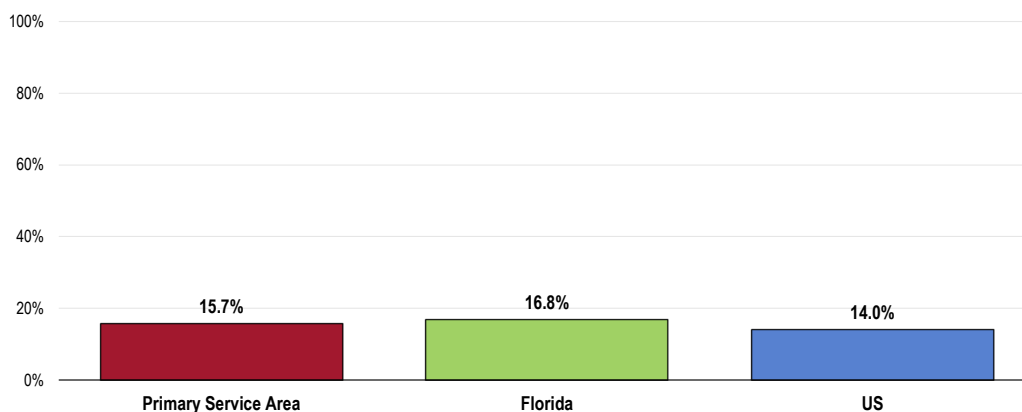


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: • Asked of all respondents.

- Comparable to statewide and national findings.
- Comparable to the Healthy People 2020 target (12.0% or lower).

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
 - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

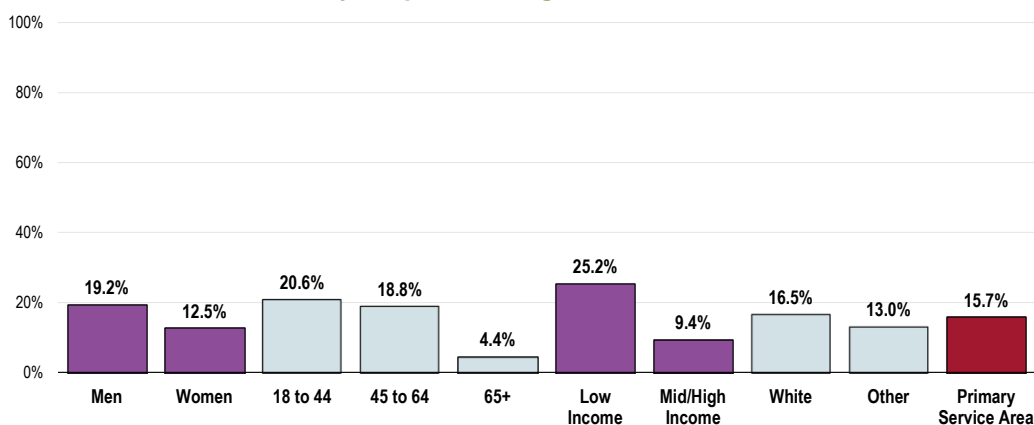
Cigarette smoking is more prevalent among:

- Adults under age 65 (negative correlation with age).
- Low-income residents.

Current Smokers

(Primary Service Area, 2016)

Healthy People 2020 Target = 12.0% or Lower



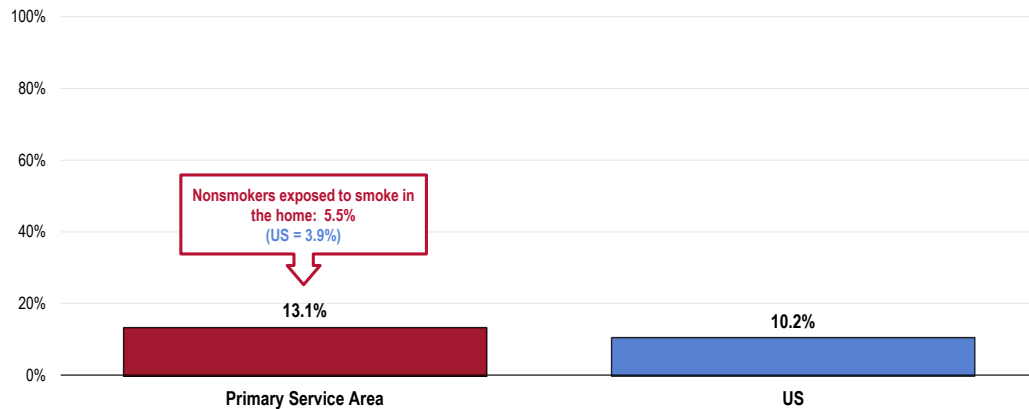
- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Includes regular and occasional smokers (everyday and some days).

Environmental Tobacco Smoke

A total of 13.1% of Primary Service Area adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Statistically similar to national findings.
- Note that 5.5% of service area nonsmokers are exposed to cigarette smoke at home, similar to what is found nationally.

Member of Household Smokes at Home



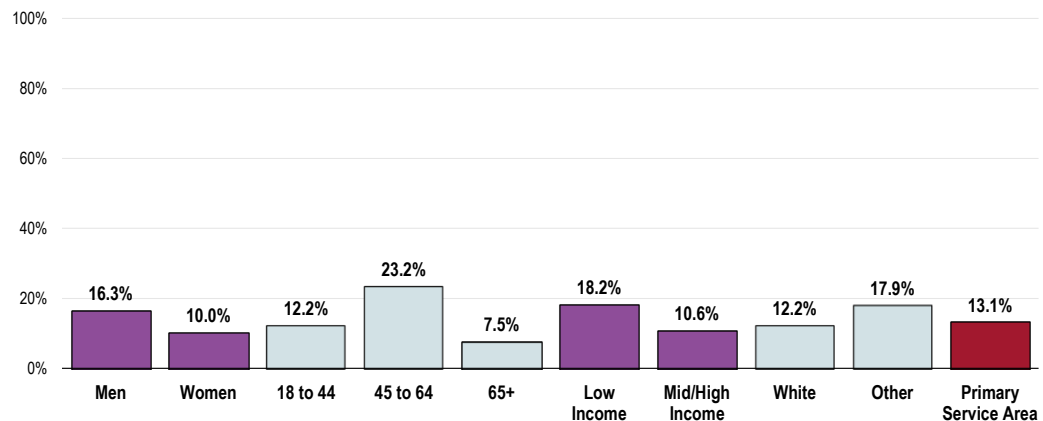
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 59, 158]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Higher among residents age 45 to 64.

Member of Household Smokes At Home (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]

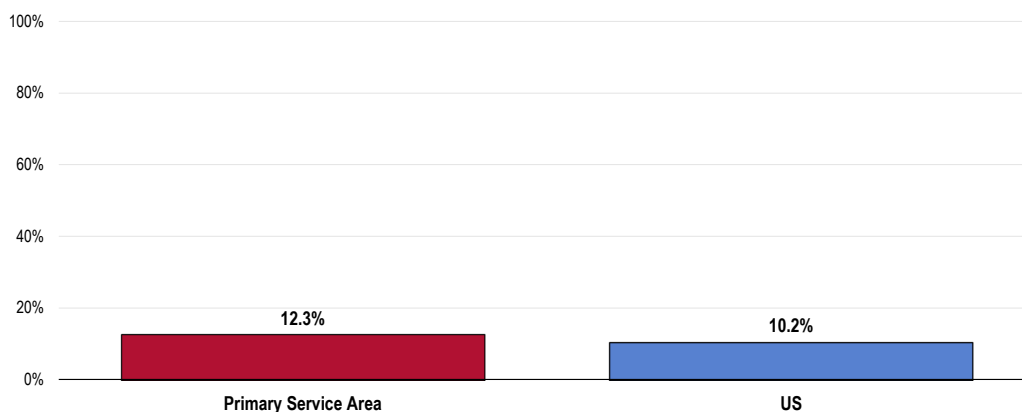
Notes: • Asked of all respondents.

- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 12.3% have someone who smokes cigarettes in the home.

- Similar to national findings.

Percentage of Households With Children In Which Someone Smokes in the Home (Among Households With Children)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects respondents with children 0 to 17 in the household.

• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

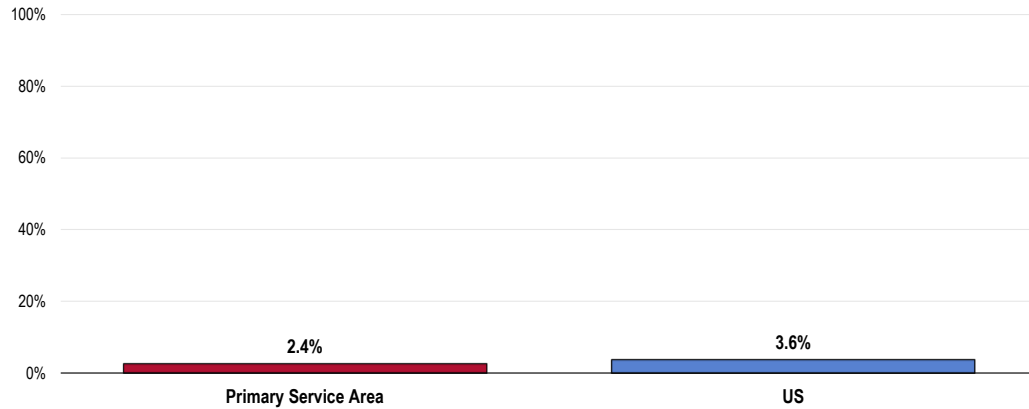
Cigars

A total of 2.4% of Primary Service Area adults use cigars every day or on some days.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).

Use of Cigars

Healthy People 2020 Target = 0.2% or Lower



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.3]
 Notes: • Asked of all respondents.

Smokeless Tobacco

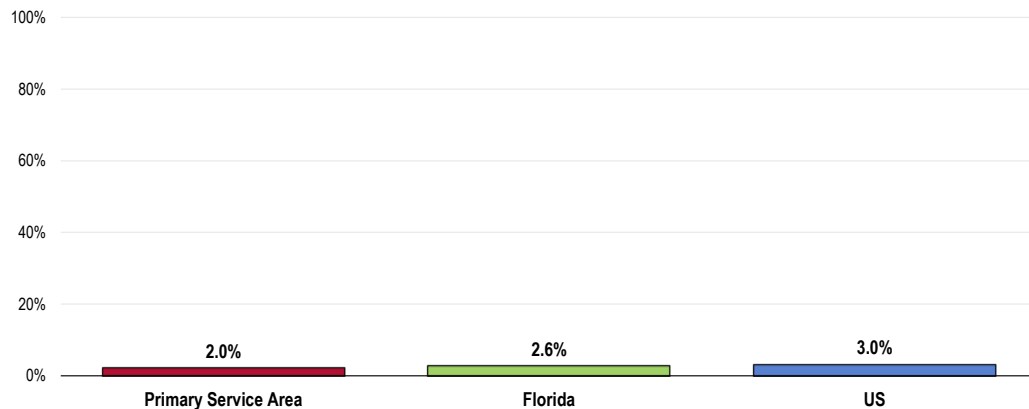
A total of 2.0% of Primary Service Area adults use some type of smokeless tobacco every day or on some days.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

- Comparable to the state and national percentages.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).

Use of Smokeless Tobacco

Healthy People 2020 Target = 0.3% or Lower

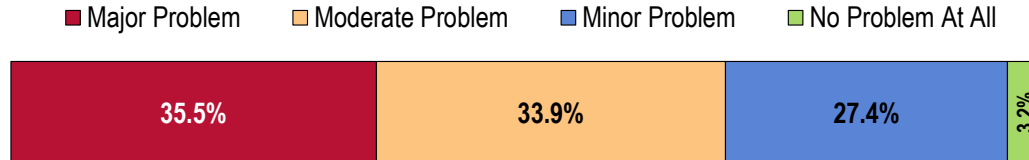


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Florida data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]
 Notes: • Asked of all respondents.
 • Smokeless tobacco includes chewing tobacco or snuff.

Key Informant Input: Tobacco Use

Key informants taking part in an online survey characterized *Tobacco Use* as a “major problem” slightly more often than a “moderate problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2016)



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

Top Concerns

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

Prevalence/Incidence

In my field of cancer, tobacco history is noted in almost all patients. These people seem to have little to no access to tobacco cessation programs, especially if they have little to no insurance. - Physician

Many people continue to smoke one pack or more. It is expensive and often they will not buy medication or see providers but will buy cigarettes. - Physician

Based upon patient experience. - Physician

There are more smokers coming through the Emergency Room for a small town than I would expect in this day and age. - Physician

A lot of smokers. - Physician

Higher than average use of tobacco in this community as compared to other communities in which I've lived, especially among those who are homeless or marginal income and also among minors and young adults. - Social Services Provider

Chronic smokers. - Physician

Patients continue to smoke and there are a lot of people with end stage COPD. - Physician

Just see a lot of tobacco user in the hospital. - Physician

Youth

It is easily obtained for minors. - Social Services Provider

Underage smoking. - Social Services Provider

Addiction

Addiction. - Other Health Provider

Access to Health Services



Professional Research Consultants, Inc.

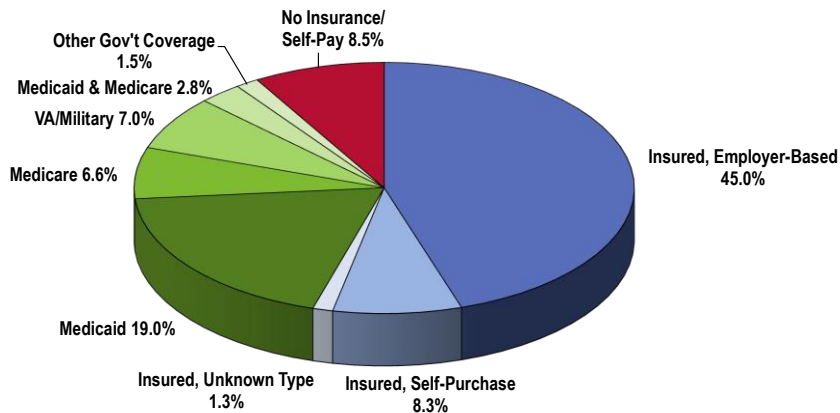
Health Insurance Coverage

Type of Healthcare Coverage

A total of 54.6% of Primary Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 36.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Healthcare Insurance Coverage
(Among Adults Age 18-64; Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 8.5% report having no insurance coverage for healthcare expenses.

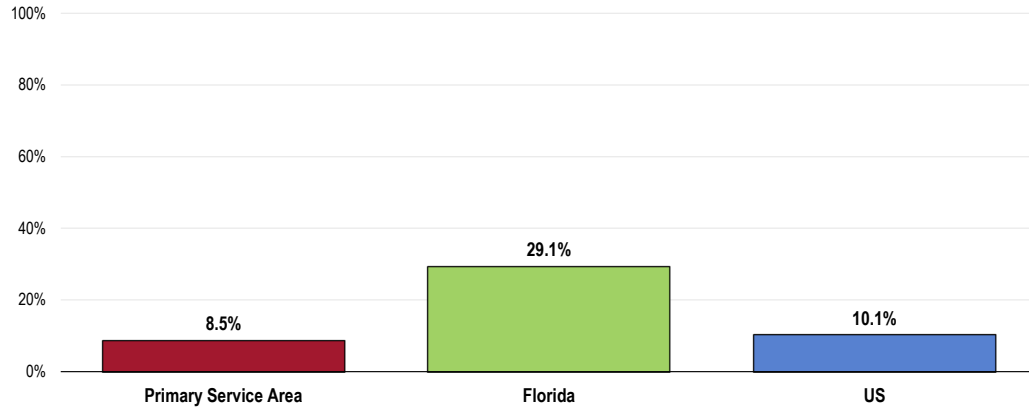
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Far below the latest state benchmark; note, however, that state data predate the implementation of the health insurance marketplace.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0.0% uninsured).

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Florida data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

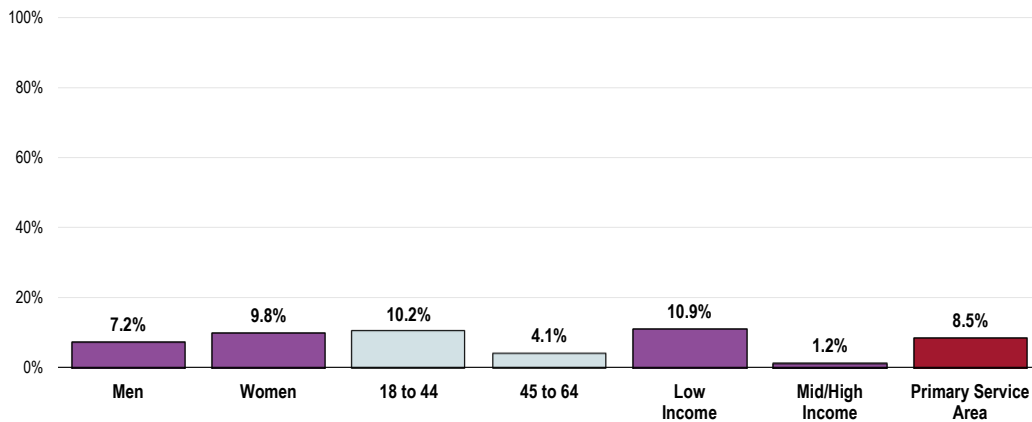
Notes: • Asked of all respondents under the age of 65.

- Adults with low incomes are more likely to be without healthcare insurance coverage.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Primary Service Area, 2016)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

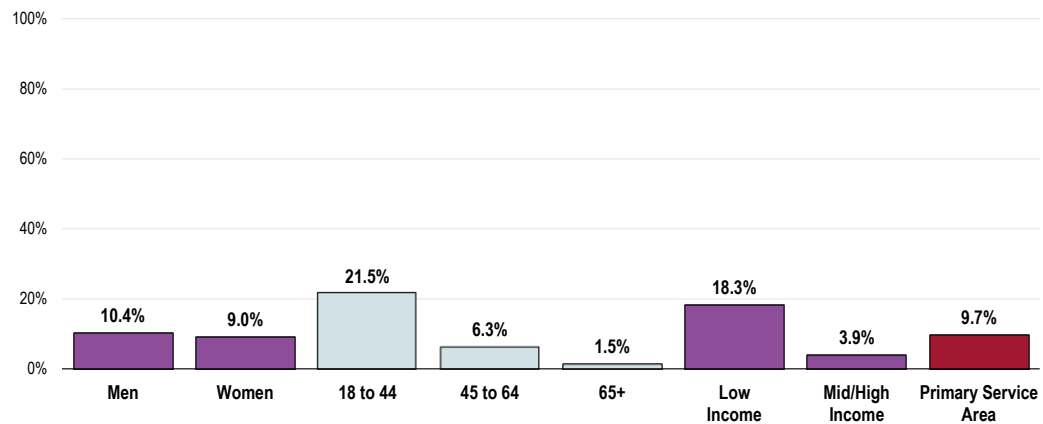
Notes: • Asked of all respondents under the age of 65.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Recent Lack of Coverage

Among currently insured adults in the Primary Service Area, 9.7% report that they were without healthcare coverage at some point in the past year.

- Among insured adults, those that are younger and those with low incomes are more likely to have gone without healthcare insurance coverage at some point in the past year (negative correlation with age).

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults; Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]

Notes: • Asked of all insured respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

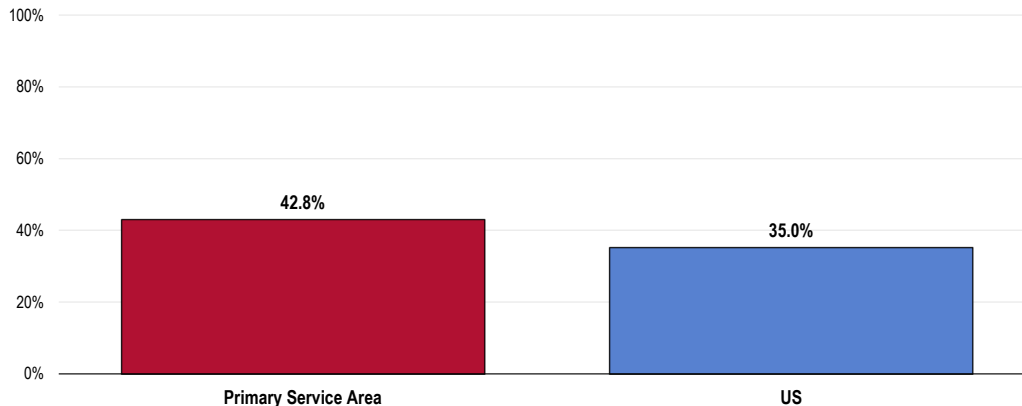
Difficulties Accessing Services

A total of 42.8% of Primary Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Less favorable than national findings.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

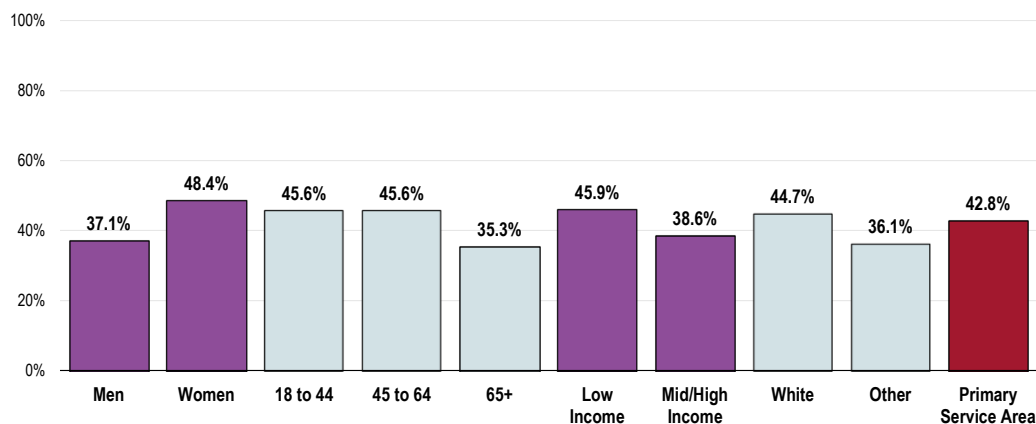


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

- When viewed by demographic characteristics, there is no statistical difference in difficulty accessing healthcare.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]

Notes: • Asked of all respondents.

• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

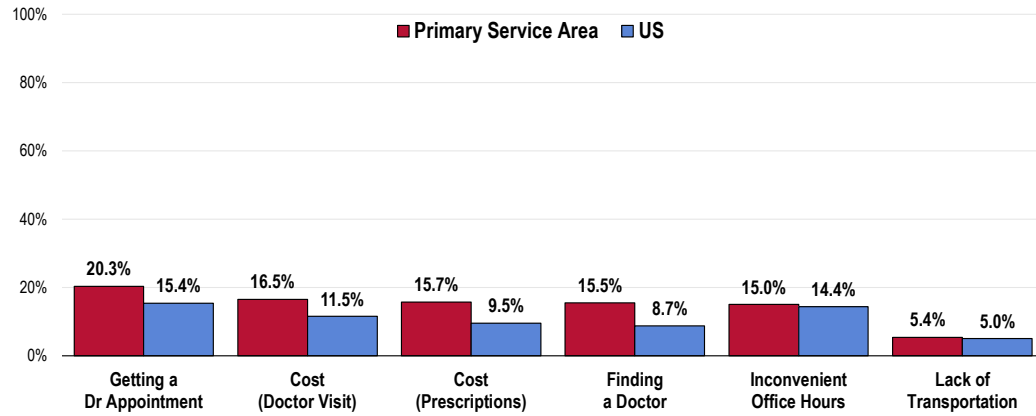
Of the tested barriers, difficulty getting a doctor's appointment impacted the greatest share of Primary Service Area adults (20.3% say that lack of appointment availability prevented them from obtaining a visit to a physician in the past year).

- The proportion of Primary Service Area adults impacted was statistically comparable to that found nationwide for difficulty getting an appointment, inconvenient office hours, and lack of transportation.
- However, a higher proportion of Primary Service Area adults than seen nationwide reported difficulty finding a physician and barriers related to cost (doctor's visit and prescription).

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year



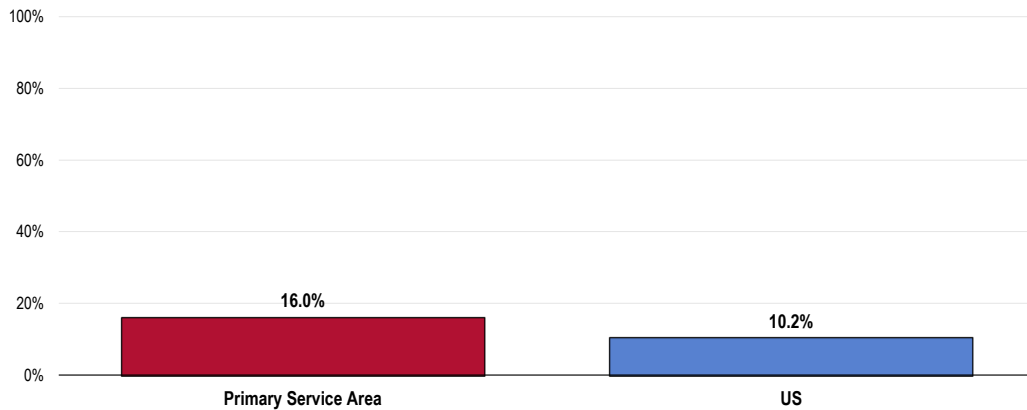
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Prescriptions

Among all Primary Service Area adults, 16.0% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Higher than national findings.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

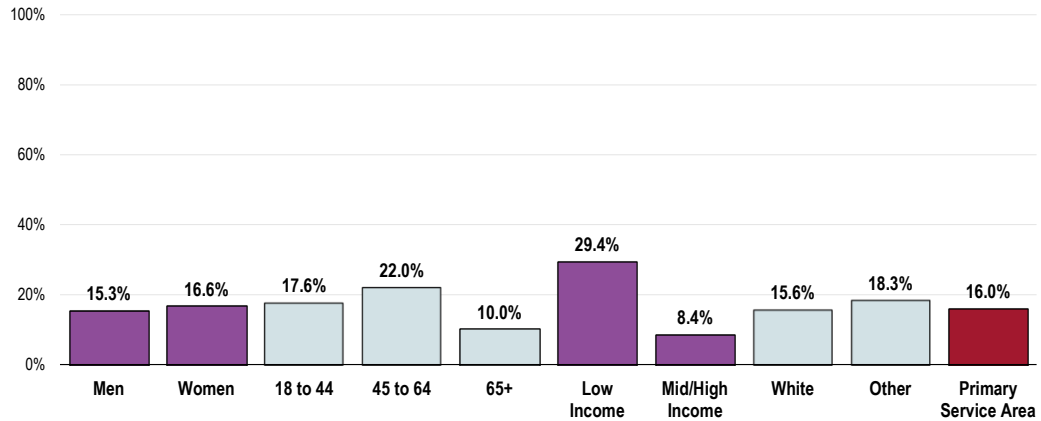


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Adults age 45 to 64.
- Respondents with low incomes.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

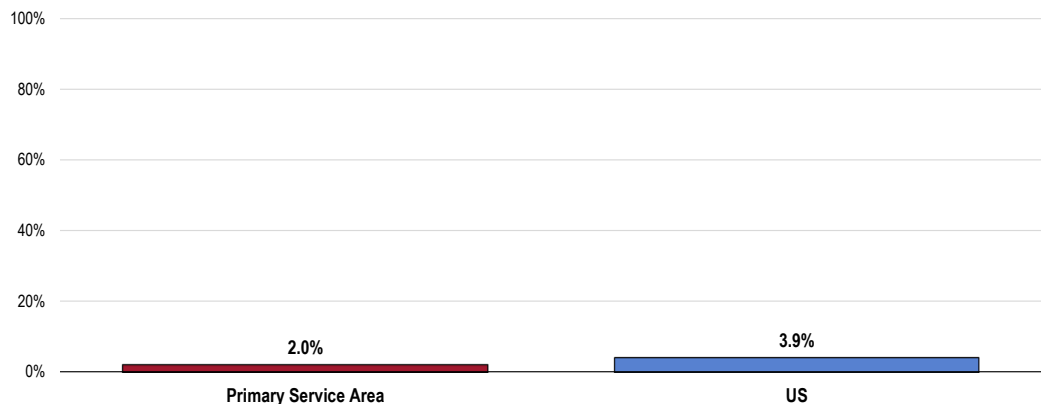
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

A total of 2.0% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to what is reported nationwide.

Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111-112]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Healthcare Services

A majority of key informants taking part in an online survey characterized **Access to Healthcare Services** as a “moderate problem” in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2016)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



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

Top Concerns

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

Wait Time

Timely access to outpatient psychiatric care. - Physician
Transition planning for a physician to replace one who has limited her practice this past year. Additionally, you wait for weeks for an appointment. Has AHP but still wait for service. Also, PHC does not accept Health First Plans. - Community/Business Leader

Lack of Specialists

Epilepsy, not enough neurologists. - Physician
We have only one ENT in our local area. - Physician

Affordability/Cost

Prescription assistance is a much needed service in our community. Many go without their prescriptions because they cannot afford them, or even the co-pay. - Social Services Provider

Collaboration

Hospitals, physicians and insurance companies need to work together to improve health care and preventive medicine, especially to the public who have little or no insurance. - Physician

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified substance abuse treatment and mental health care as the most difficult to access in the community.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Substance Abuse Treatment	0.0%	33.3%	66.7%	3
Mental Health Care	66.7%	0.0%	0.0%	2
Pain Management	33.3%	0.0%	0.0%	1
Chronic Disease Care	0.0%	33.3%	0.0%	1
Primary Care	0.0%	33.3%	0.0%	1
Specialty Care	0.0%	0.0%	33.3%	1

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

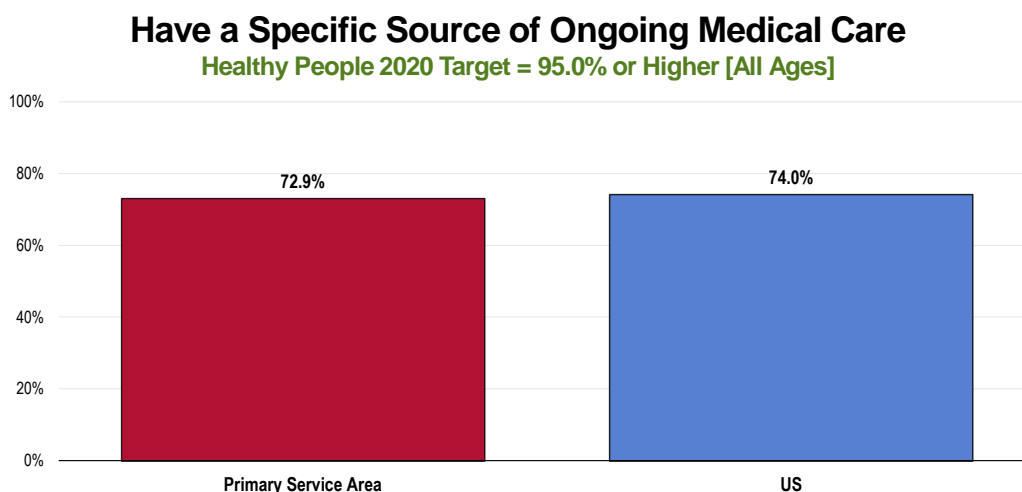
Specific Source of Ongoing Care

A total of 72.9% of Primary Service Area adults were determined to have a specific source of ongoing medical care.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95.0% or higher).

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.



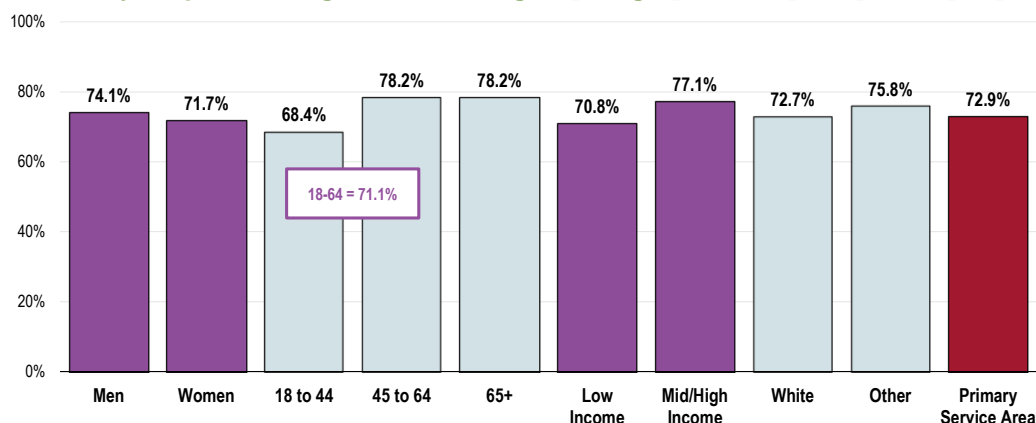
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
 Notes: • Asked of all respondents.

- The proportion of adults that have a specific source of care is statistically similar across key demographic characteristics.
- Among adults age 18-64, 71.1% have a specific source for ongoing medical care, similar to national findings.
 - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 78.2% have a specific source for care, similar to the percentage reported among seniors nationally.
 - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care

(Primary Service Area, 2016)

Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]



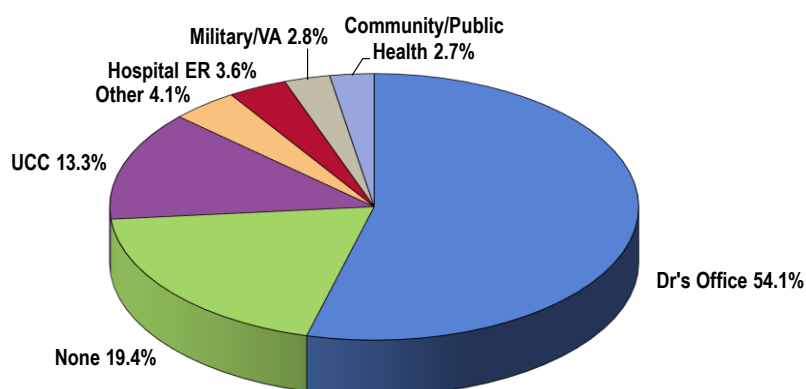
- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-168]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.1, 5.3, 5.4]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (54.1%) identified a particular doctor's office, followed by references to an urgent-care center (mentioned by 13.3%).

Note that 3.6% rely on a hospital emergency room, 2.8% use some type of military/VA facility and only 2.7% go to a public or community health center.

Particular Place Utilized for Medical Care (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
 Notes: • Asked of all respondents.

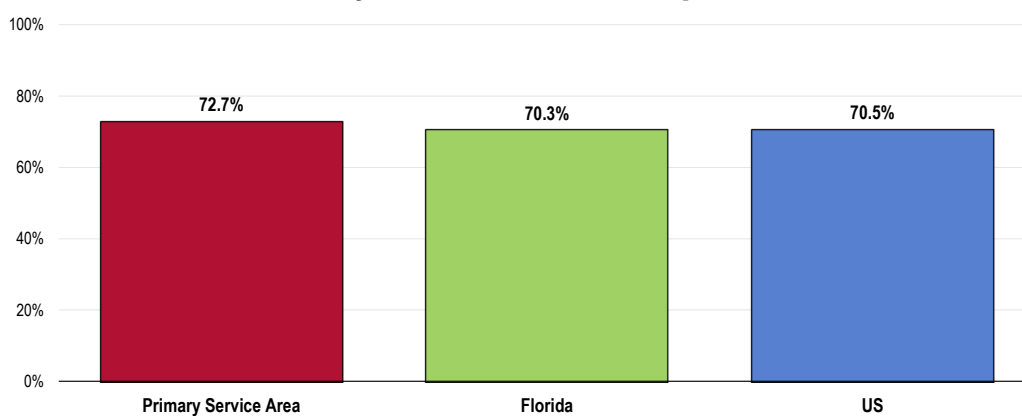
Utilization of Primary Care Services

Adults

A total of 72.7% of adults visited a physician for a routine checkup in the past year.

- Comparable to state and national findings.

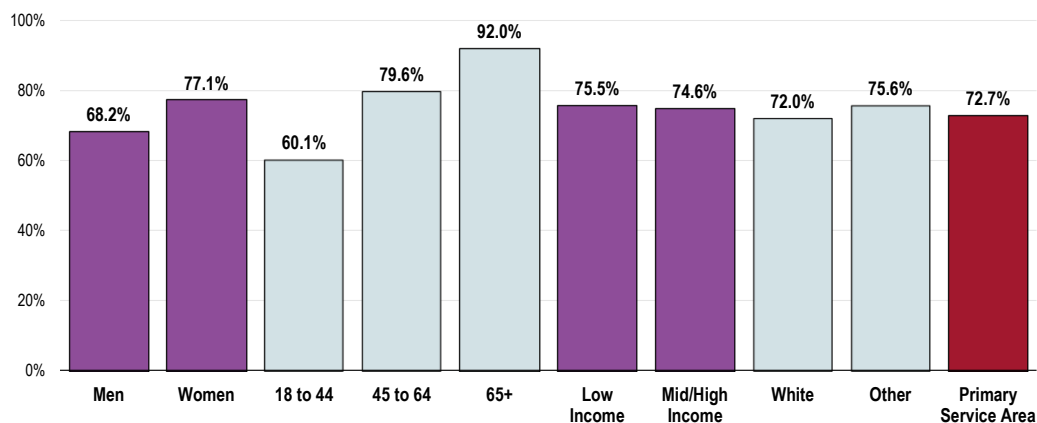
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Note the strong positive correlation between those receiving a routine checkup in the past year and age.

Have Visited a Physician for a Checkup in the Past Year (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

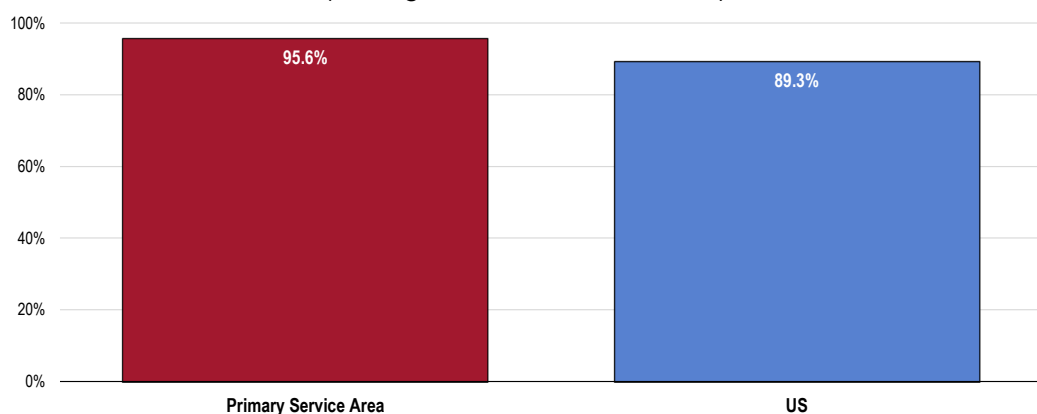
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 95.6% report that their child has had a routine checkup in the past year.

- More favorable than national findings.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]

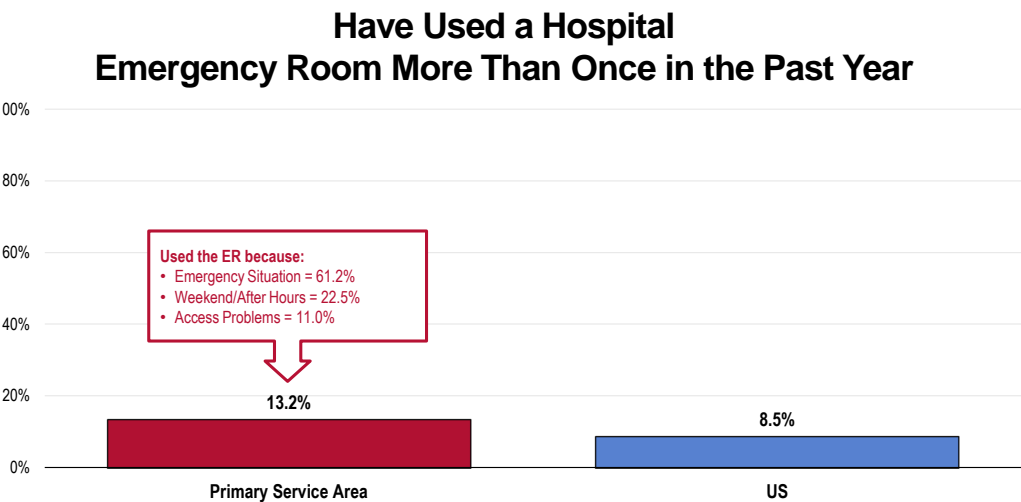
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 13.2% of Primary Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Higher than national findings.



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 23-24]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

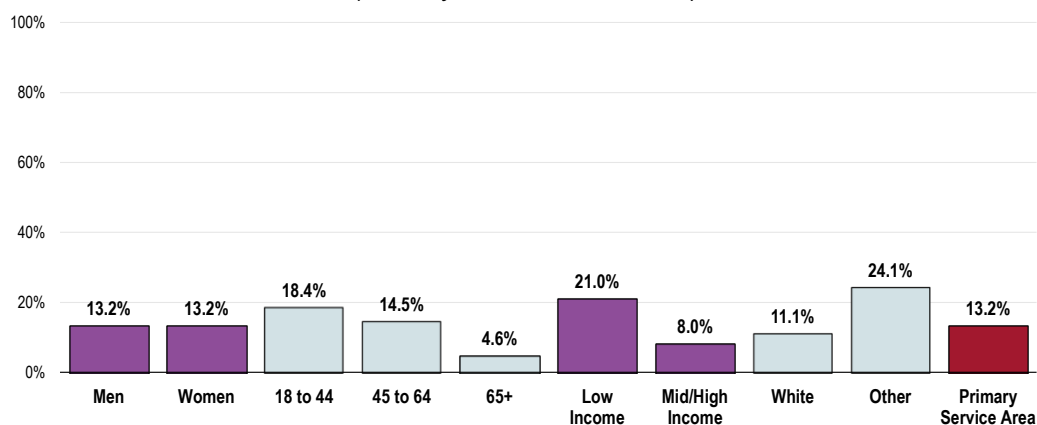
Of those using a hospital ER, 61.2% say this was due to an **emergency or life-threatening situation**, while 22.5% indicated that the visit was during **after-hours or on the weekend**. A total of 11.0% cited **difficulties accessing primary care** for various reasons.

These population segments are more likely to have used an ER for their medical care more than once in the past year:

- Young adults (negative correlation with age).
- Low-income residents.
- “Other” race residents.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

• Healthy People 2020 (www.healthypeople.gov)

Dental Care

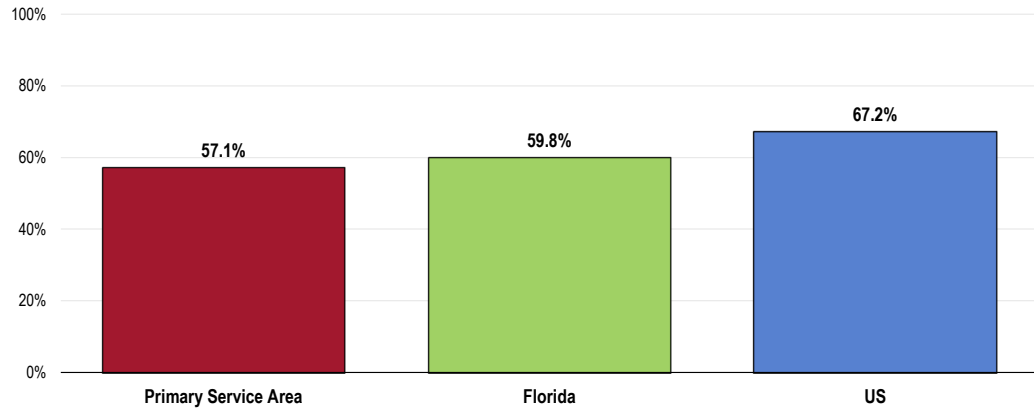
Adults

A majority of Primary Service Area adults (57.1%) have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide findings.
- Notably less favorable than national findings.
- Satisfies the Healthy People 2020 target (49.0% or higher).

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Florida data.

Notes: • Asked of all respondents.

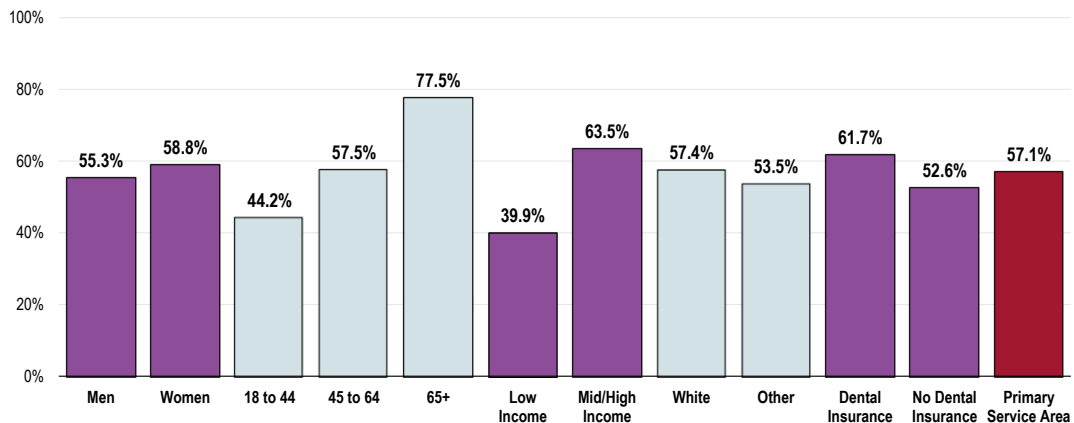
Note the following:

- There is a positive correlation between age and recent dental visits.
- Persons living in the mid/high income category report much higher utilization of oral health services.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Primary Service Area, 2016)

Healthy People 2020 Target = 49.0% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

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

Children

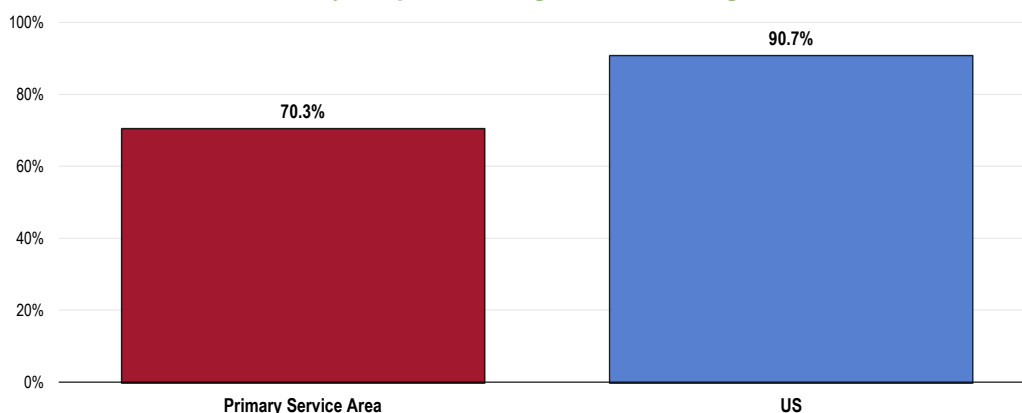
7 in 10 parents (70.3%) report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Much less favorable than national findings.
- Satisfies the Healthy People 2020 target (49.0% or higher).

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher



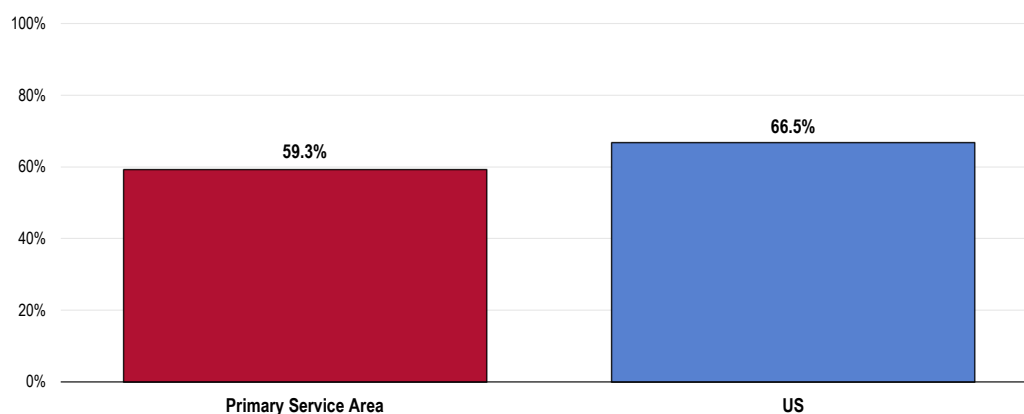
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents with children age 2 through 17.

Dental Insurance

Nearly three-fifths of Primary Service Area adults (59.3%) have dental insurance that covers all or part of their dental care costs.

- Lower than the national finding.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

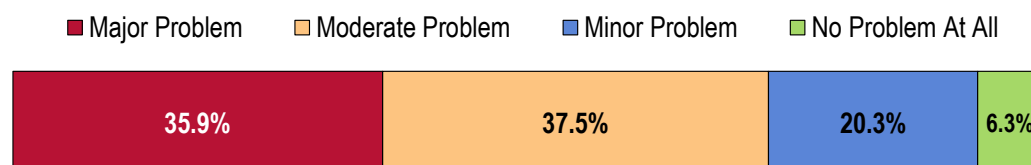


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Oral Health

Key informants taking part in an online survey typically characterized *Oral Health* as a “moderate problem” or a “major problem” in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2016)



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

Top Concerns

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

Dental Insurance Coverage

Rare insurance to cover basic dental care and the link to heart and general health. - Physician

No insurance that covers it. - Physician

Adequate dental care unaffordable for most citizens. Secondary disease, neglected cancers prominent. - Physician

Cost of services and poor coverage, not part of health insurance. - Physician

Even patients with dental insurance have a problem paying for dental care. - Physician

Many people cannot afford health insurance, let alone dental insurance. The health department only assists with extraction which is not always the best solution. - Social Services Provider

Patients with no dental insurance, patients who are strapped financially. – Physician

Low income prevents dental care and follow up. Poor dental hygiene. – Physician

Brevard County has limited access to dental care for people without insurance or adequate insurance. Our public services like BHA and health department are playing catch-up to be proactive. Need an initiative to start education early for dental health. – Physician

Access to Care/Services

Large emergency medicine complaint without follow up resource. – Physician

Inadequate community based resources for the underinsured patients with dental problems as well as the acute after hours and weekend/holiday resources. Severe Emergency Department overutilization for chronic dental problems. - Physician

Not enough access to dental health for low income or no dental insurance persons. - Social Services Provider

Finding dentist who will assist those with Medicaid or no dental insurance. Dental assistance for ages 3 to 5 is even more difficult. - Public Health Representative

Lack of Providers

Many dentists taking only limited patients. Most don't accept insurance as full payment. Most people don't have dental insurance. Major problem with preventive care not being done. – Physician

Lack of adult dental providers for uninsured. - Public Health Representative

There are no Medicaid dental providers in the area. - Physician

Prevalence/Incidence

Based on my experience with patients. – Physician

There seems to be a higher than average amount of poor oral health and lack of appropriate dental care in this community as compared to other communities in which I've lived, especially among neighbors who are marginalized and homeless. - Social Services Provider

Vision Care

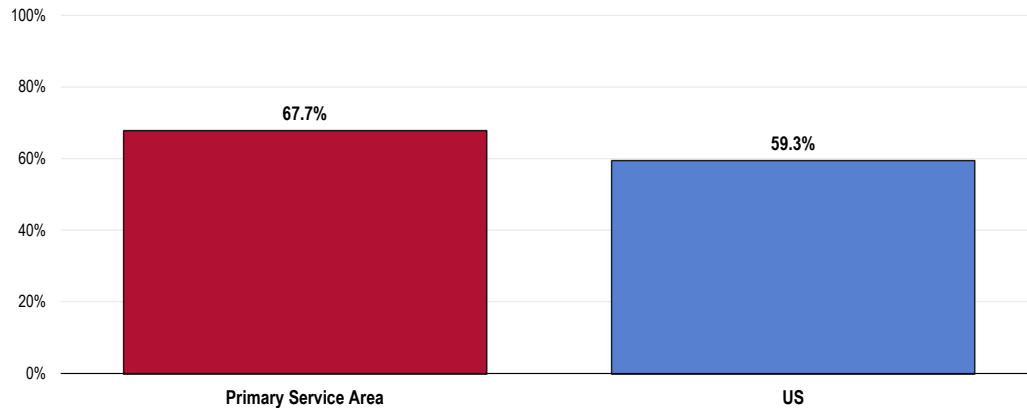
Just over two-thirds of service area residents (67.7%) had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE:

See also [Vision & Hearing](#) in the [Death, Disease & Chronic Conditions](#) section of this report.

- More favorable than national findings.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

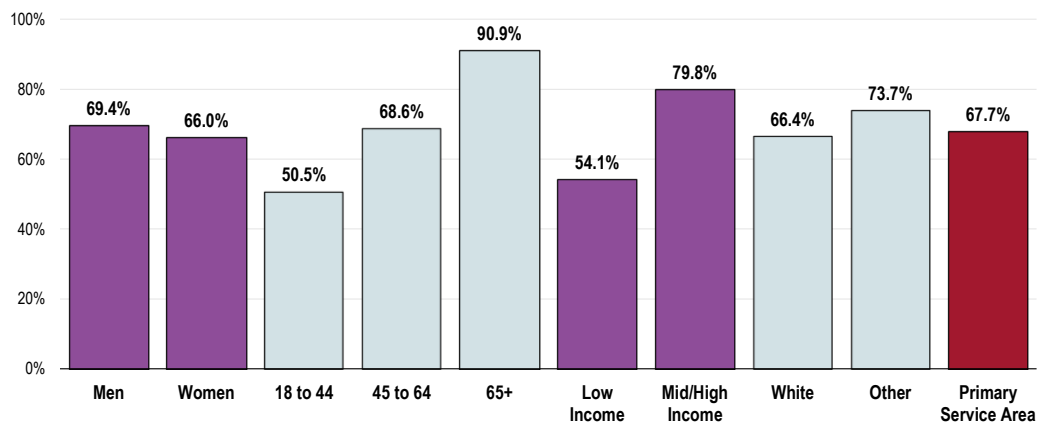


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Recent vision care in the Primary Service Area is more often reported among:

- Older residents (strong positive correlation with age).
- Residents with higher incomes.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
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Local Resources



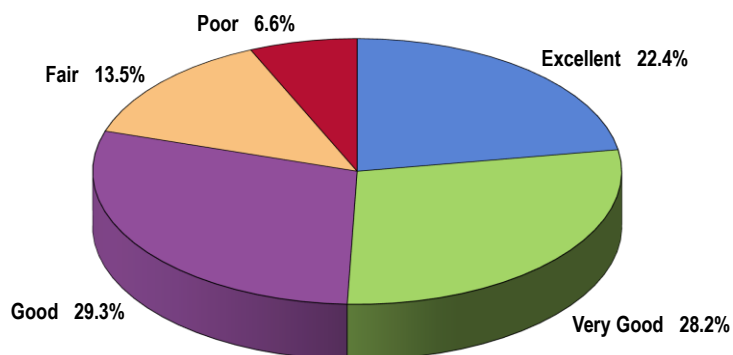
Professional Research Consultants, Inc.

Perceptions of Local Healthcare Services

Just over one-half of Primary Service Area adults (50.6%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 29.3% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community
(Primary Service Area, 2016)

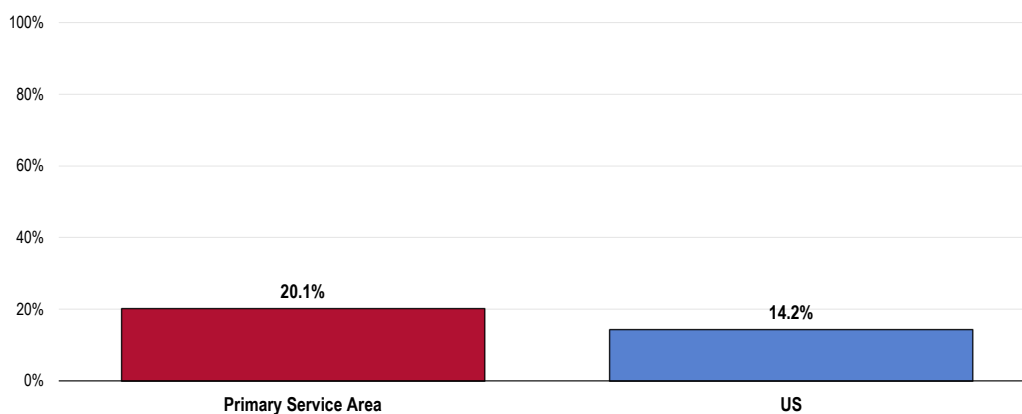


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 20.1% of residents characterize local healthcare services as “fair” or “poor.”

- Less favorable than reported nationally.

Perceive Local Healthcare Services as “Fair/Poor”

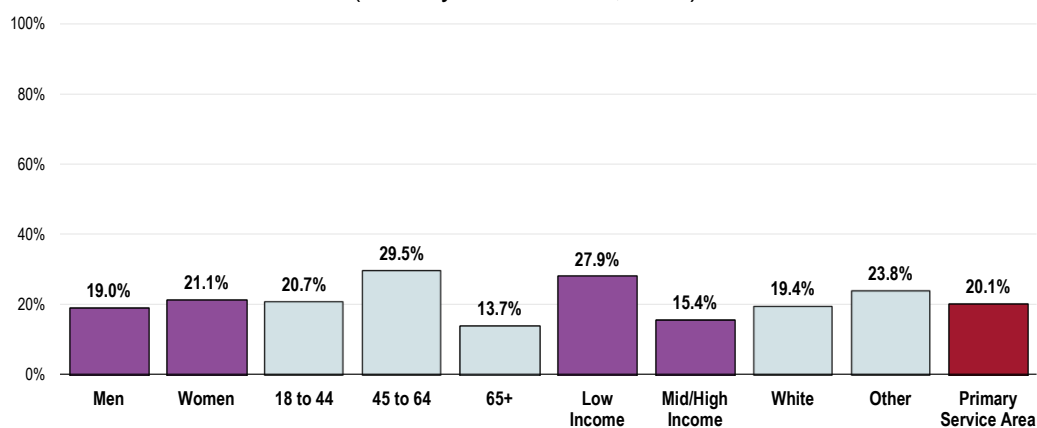


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- Adults age 45 to 64.
- Residents with lower incomes.

Perceive Local Healthcare Services as “Fair/Poor” (Primary Service Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

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

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

Brevard Health Alliance
Chiron Healthcare
Circles of Care
Health Department
Parrish Medical Center
Royal Oak Medical Center
Women's Center

Health First
Hospice
Hospitals
Mayo Clinic
Medicaid
Nursing Homes
Parrish Medical Center
Space Coast Cancer Center/Moffit
Tertiary Care Cancer Facilities

Arthritis, Osteoporosis & Chronic Back Conditions

Brevard Health Alliance
Chiropractors
Deck Spine Institute
Doctor's Office
Fitness Center/Gym
Florida Sports and Spinal Rehab
Health Bridge Class
Home Health Agency
Massage Therapy
Matter of Balance Program
Parrish Health and Fitness
Parrish Medical Center
Parrish Physical Therapy
Physical Therapy
PMC Neurosurgery
PMC Orthopedists
PMC Pain Management and Neurologists
PSJ Physicians
Rehabilitation Center
Vin and Vigor Magazine
Vocational Rehabilitation
YMCA

Chronic Kidney Disease

Dialysis Center

Dementias, Including Alzheimer's Disease

211
Adult Day Care
Aging Matters
Alzheimer Specialty Unit in Palm Bay
Alzheimer's Assoc. of Central Florida
Alzheimer's Care - Brevard
Alzheimer's Day Care Center
Assisted Living Facilities
Benton House
Brevard Alzheimer's Foundation
Brevard Health Alliance
Caregiver Support Group
Carriage House
Doctor's Office
Health First
Joe's Club
Long Term Care Facilities
Melbourne Florida Neurologist - Dementia Center
Memory Care Nursing Homes
Nursing Homes
Outpatient Centers
Parrish Medical Center
Private Sitters

Cancer

American Cancer Society
Brevard Health Alliance
Cancer Centers of Brevard
Cancer Foundations

Sunflower House

Diabetes

American Diabetes Association
Brevard Health Alliance
Diabetes Support Groups
Diabetic Education
Doctor's Office
GNC and Sunshine Health
Health First
Hospitals
Parrish Health and Fitness
Parrish Medical Center
Pharmacy

Family Planning

211
BETA
Brevard Cares
Brevard Health Alliance
Doctor's Office
Health Department
Local OB/Gyn offices

Hearing & Vision

Aggarwal Clinic
Doctor's Office
Eye Doctors
Parrish Medical Center
Retina Center
Sound Hearing Centers

Heart Disease & Stroke

211
American Heart Association
Brevard Health Alliance
Cardiopulmonary Rehab
Doctor's Office
Health Bridge Class
Health First
Holmes Regional and Florida Hospital
Hospitals
Nutritionists
Parks and Recreation
Parrish Health & Fitness
Parrish Medical Center
Pharmacy
Trainers
Vin and Vigor Magazine
YMCA

HIV/AIDS

Comprehensive Health Clinic
Health Department

Immunization & Infectious Diseases

Doctor's Office

Infant & Child Health

Early Learning Coalition
Brevard Health Alliance
Doctor's Office
Florida's Department of Child Welfare
Head Start - Brevard Public Schools
Health Department
Local Pediatrician Offices
North Brevard Pediatrics
Parrish Medical Center
Pediatrics of Brevard
WIC Food Stamps

Injury & Violence

Brevard County Sheriff's Department
Churches
Circles of Care
Crisis Counselors
Media
Parrish Medical Center
Police
Shelters
Titusville Police Department
Women's Center

Mental Health

211
Brevard Health Alliance
Changes Youth and Family Services
Churches
Circles of Care
Doctor's Office
Emergency Department
FIT Psych Students
Florida Alcohol and Drug Abuse
Association - FADAA
Florida Council for Community Mental
Health - FCCMH
Integrated Mental Health Services
Outpatient Centers
Parrish Medical Center
Pharmacy
Social Security Administration

Sources of Strength
Vocational Rehabilitation
Women's Center
Wuesthoff Behavioral Health Services
Wuesthoff Hospital
Wuesthoff Inpatient Psych Facility

Nutrition, Physical Activity & Weight

4H
Awareness for Education on Physical Activity
Brevard County Health Department
CHIP Facilitator
Churches
County Parks & Recreation
Cross Fit Providers
Doctor's Office
Fitness Center/Gym
Florida Extension Services
Health Department
Hospital
Online Resources
Parks and Recreation
Parrish Health and Fitness
Parrish Medical Center
Pharmacy
Restaurants
School System
Self-Directed
Trainers
Weight Watchers
WIC Food Stamps
YMCA

Oral Health

Brevard County Health Department
Brevard Health Alliance
Churches
Doctor's Office
FDOH - Volunteer Dental Program
Florida Eastern Dental Program
Harry T. Moore Social Service Center
Health Department
North Brevard Charities
Parrish Medical Center
Remote Indigent Programs
Smile Foundation

Respiratory Diseases

Cardiopulmonary Rehab

Doctor's Office

Sexually Transmitted Diseases

Health Department
Schools

Substance Abuse

AA/NA
ACT Center
Aggressive Monitoring by Feds and State
Aspire
Center for Drug Free Living
Christ Central Church
Churches
Circles of Care
Community Treatment Center
Crysalsis Health
Doctor's Office
Emergency Department
Florida Alcohol and Drug Abuse Association - FADAA
Florida Council for Community Mental Health – FCCMH
Frances Walker Halfway House
Halfway House
Hospital
HOW House - Walk About Ministries
Liberty Lodge
Men's Home
Methadone Outpatient Treatment Center
Police Education
Recovery Programs
STEPS
Titusville Police Department
Wuesthoff Hospital

Tobacco Use

American Cancer Association
American Cancer Society
Brevard Health Alliance
Doctor's Office
Florida Quit Hotline
Hospital
Insurance Company
Local Youth Groups
Media
School System
Tobacco Free Florida
Tobacco Quit Assist