2019 Community Health Needs Assessment Report

Primary Service Area

Northern Brevard County, Florida

Prepared for:
Parrish Medical Center

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Introduction

Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2016, 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 (northern Brevard County, Florida). 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 that historically have 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 PRC, Inc. PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments 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) and allows for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

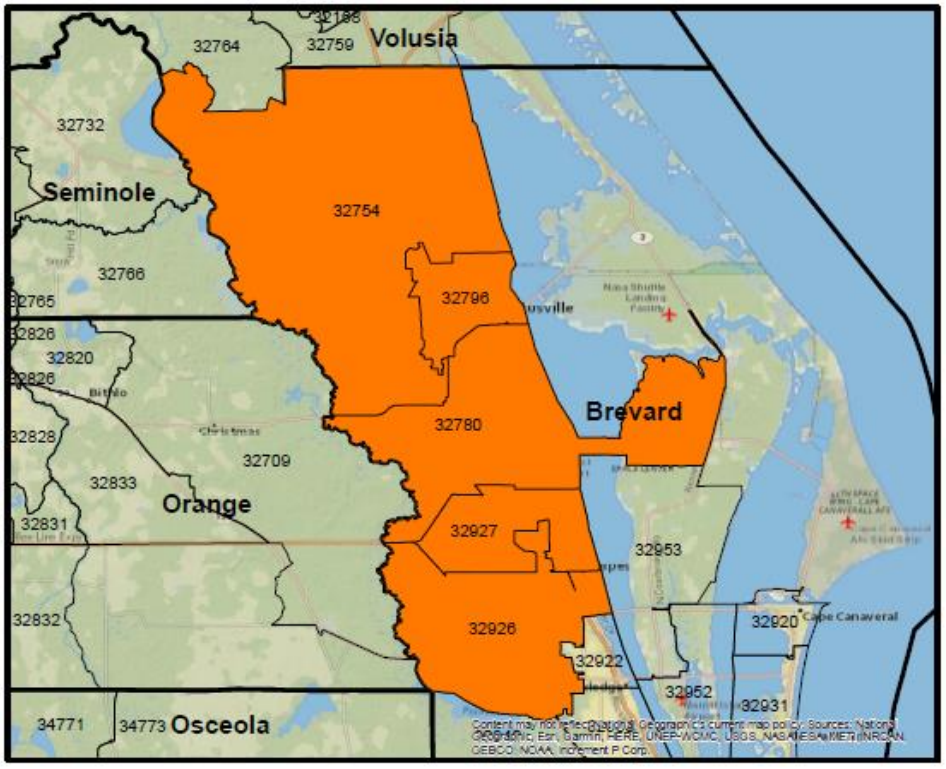
PRC Community Health Survey

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 and is similar to the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for this survey is defined as each of the Florida residential ZIP Codes comprising the Primary Service Area of Parrish Medical Center, including: 32754, 32796, 32780, 32927 and 32926. This community definition, determined based on ZIP Codes of residence of recent patients, generates the majority of inpatient admissions and is illustrated in the following map.



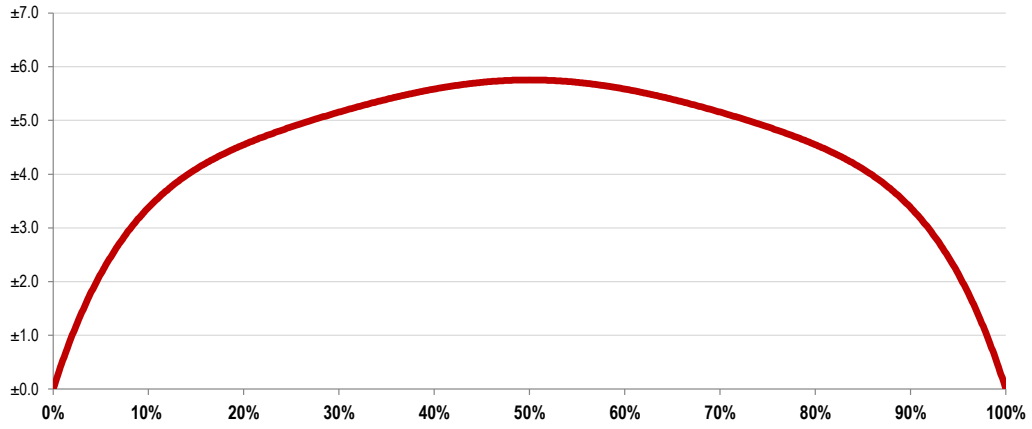
Sample Approach & Design

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 mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a random sample of 300 individuals age 18 and older in the 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 PRC.

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

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 400 respondents answered a certain question with a "yes," it can be asserted that between 6.6% and 13.4% (10% ± 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% ± 5.7%) of the total population would respond "yes" if asked this question.

Sample Characteristics

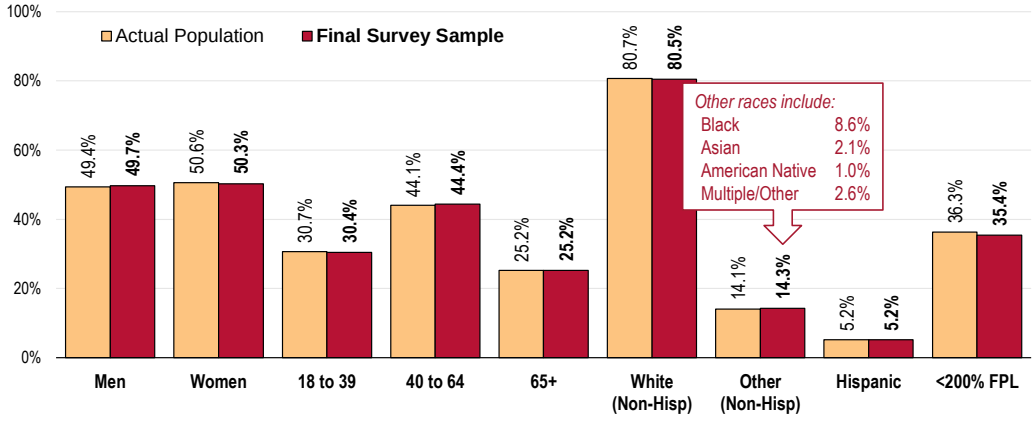
To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the 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

sex, 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, 2019)



Sources:
- U.S. Census Bureau, 2011-2015 American Community Survey.
- 2019 PRC Community Health Survey, PRC, Inc.

Notes:
- FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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 2019 guidelines place the poverty threshold for a family of four at $25,750 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 (<200% of) the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more (≥200% of) 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 also was 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, 75 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation	
Key Informant Type	**Number Participating**
Physicians	15
Public Health Representatives	3
Other Health Providers	11
Social Services Providers	21
Other Community Leaders	25

Final participation included representatives of the organizations outlined below.

- Parrish Medical Center
- Florida Health Care Plans (FHCP)
- 211 Brevard, Inc.
- American Cancer Society (ACS)
- Aging Matters in Brevard
- Brevard Tobacco Initiative
- Brevard YMCAs
- CareerSource Brevard
- Casting for Recovery
- Christ Community Church
- Community of Hope
- Eckerd Connects
- Encompass Health
- Housing Authority of Brevard County (HABC)
- Healthy Start Coalition of Brevard County
- Hospice of St. Francis
- Indian River Medical Office
- Jess Parrish Medical Foundation
- North Brevard Children's Medical Center (NBCMC)
- Neuropsychology Concierge and Niños Health
- No One Hungry, Inc.
- North Brevard Charities Sharing Center
- Palm Point Behavioral Health Hospital
- Parrish Health Network

- Parrish Medical Group
- Parrish Senior Consultation Center
- Rotary Club of Titusville
- Royal Oaks Nursing and Rehab
- Second Harvest Food Bank of Central Florida
- South Brevard Women's Center
- St. Francis Pathways to Healthcare
- The Children's Center
- Titusville Playhouse, Inc.
- United Way Health Initiatives
- United Way of Brevard County
- Women's Center

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

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 better be 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 regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Benchmark Data

Trending

A similar survey was administered in the Primary Service Area in 2016 by PRC on behalf of Parrish Medical Center. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available (note that because ZIP Code 32926 was not previously surveyed, comparisons are made for the "Comparative Area," which excludes 32926).

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 represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2017 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

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

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

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. For the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

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 medical conditions that are not specifically addressed.

Public Comment

Parrish Medical Center made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Parrish Medical Center had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Parrish Medical Center will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

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 Schedule H (Form 990), the following table cross-references related sections.

IRS Form 990, Schedule H (2018)	See Report Page
Part V Section B Line 3a *A definition of the community served by the hospital facility*	7
Part V Section B Line 3b *Demographics of the community*	30
Part V Section B Line 3c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	146
Part V Section B Line 3d *How data was obtained*	7
Part V Section B Line 3e *The significant health needs of the community*	15
Part V Section B Line 3f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 3g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	16
Part V Section B Line 3h *The process for consulting with persons representing the community's interests*	10
Part V Section B Line 3i *The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)*	151

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. 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).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly state and national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	• Difficulty Getting an Appointment • Routine Medical Care (Adults) • Emergency Room Utilization
Cancer	• Leading Cause of Death • Female Breast Cancer Screening [Age 50-74] • Colorectal Cancer Screening [Age 50-75] • *Key Informants: Cancer ranked as a top concern.*
Diabetes	• Prevalence of Borderline/Pre-Diabetes • *Key Informants: Diabetes ranked as a top concern.*
Heart Disease & Stroke	• Leading Cause of Death • High Blood Pressure Prevalence • Blood Cholesterol Screening • Overall Cardiovascular Risk
Injury & Violence	• Domestic Violence Experience
Mental Health	• Symptoms of Chronic Depression • *Key Informants: Mental health ranked as a top concern.*
Nutrition, Physical Activity & Weight	• Fruit/Vegetable Consumption • Overweight & Obesity [Adults] • Meeting Physical Activity Guidelines • Children's Physical Activity • *Key Informants: Nutrition, physical activity, and weight ranked as a top concern.*
Oral Health	• Regular Dental Care [Adults] • Regular Dental Care [Children]
Potentially Disabling Conditions	• Activity Limitations • Sciatica/Chronic Back Pain Prevalence • Multiple Chronic Conditions

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Areas of Opportunity (continued)	
Respiratory Diseases	• Asthma Prevalence [Adults] • Chronic Obstructive Pulmonary Disease (COPD) Prevalence • Flu Vaccination [Age 65+]
Substance Abuse	• Excessive Drinking • Binge Drinking • Illicit Drug Use • Personally Impacted by Substance Abuse (Self or Other's) • *Key Informants: Substance abuse ranked as a top concern.*
Tobacco Use	• Cigarette Smoking Prevalence • Use of Vaping Products • Cigar Smoking Prevalence

Community Feedback on Prioritization of Health Needs

On September 11, 2019, Parrish Medical Center convened the Community Health Partnership (CHP), a group of community stakeholders representing a cross-section of community-based agencies and organizations, to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). A total of 26 representatives were in attendance. 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. 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:

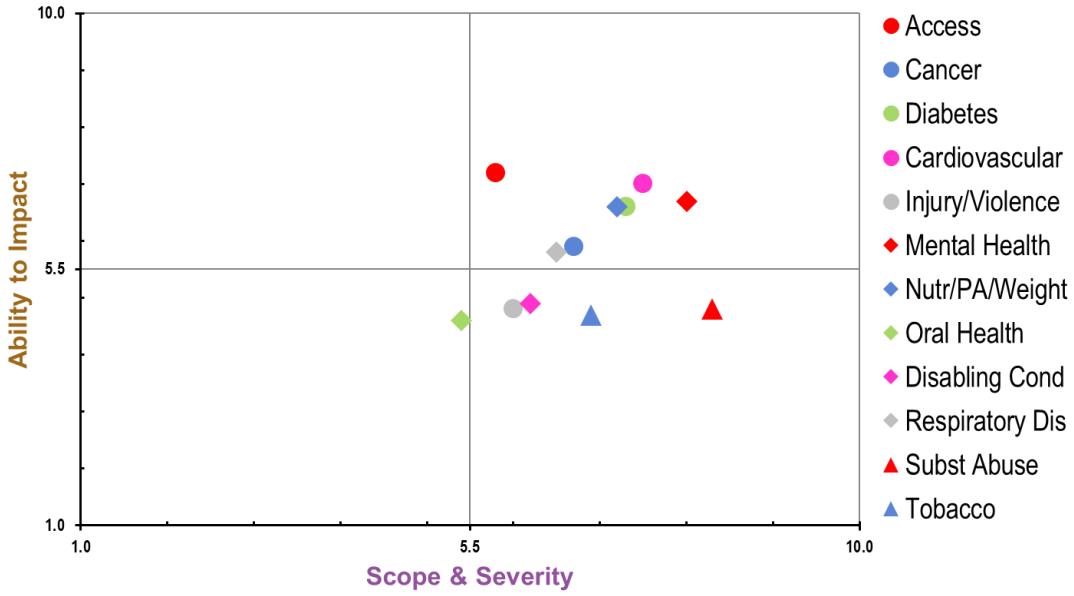
- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
  - How many people are affected?
  - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
  - To what degree does each health issue 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. **Mental Health**
2. **Heart Disease & Stroke**
3. **Diabetes**
4. **Nutrition, Physical Activity & Weight**
5. **Substance Abuse**
6. **Access to Healthcare**
7. **Cancer**
8. **Respiratory Diseases**
9. **Tobacco Use**
10. **Potentially Disabling Conditions**
11. **Injury & Violence**
12. **Oral Health**

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right quadrant represent health needs rated as most severe, with the greatest ability to impact.



Hospital Implementation Strategy

Parrish Medical Center will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Primary Service Area, including trend data. These data are grouped by health topic.

TREND SUMMARY
(Current vs. Baseline Data): Trends represent significant changes in the Comparative Area since 2016. Note that the Comparative Area does not include ZIP Code 32926, which was not included in previous surveys.

Reading the Summary Tables

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

The columns to the right of the Primary Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 objectives. Symbols indicate whether the Primary 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.

Social Determinants	Primary Service Area	Primary Service Area vs. Benchmarks			TREND
		vs. FL	vs. US	vs. HP2020	
% Worry/Stress Over Rent/Mortgage in Past Year	37.0		30.8		
% Written Health Info is "Seldom/Never" Easy to Understand	13.2		12.2		
		better	similar	worse	

Overall Health	Primary Service Area	Primary Service Area vs. Benchmarks			TREND
		vs. FL	vs. US	vs. HP2020	
% "Fair/Poor" Overall Health	21.4	19.4	18.1		19.8
		better	similar	worse	

Access to Health Services	Primary Service Area	Primary Service Area vs. Benchmarks			TREND
		vs. FL	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	12.5	20.9	13.7	0.0	8.5
% [Insured] Went Without Coverage in Past Year	10.7				9.7
% Difficulty Accessing Healthcare in Past Year (Composite)	47.3		43.2		42.8
% Difficulty Finding Physician in Past Year	18.0		13.4		15.5
% Difficulty Getting Appointment in Past Year	23.4		17.5		20.3
% Cost Prevented Physician Visit in Past Year	17.7		15.4		16.5
% Transportation Hindered Dr Visit in Past Year	9.6		8.3		5.4

Access to Health Services (continued)	Primary Service Area	Primary Service Area vs. Benchmarks			TREND
		vs. FL	vs. US	vs. HP2020	
% Inconvenient Hrs Prevented Dr Visit in Past Year	13.1		12.5		15.0
% Language/Culture Prevented Care in Past Year	1.7		1.2		
% Cost Prevented Getting Prescription in Past Year	16.7		14.9		15.7
% Skipped Prescription Doses to Save Costs	18.4		15.3		16.0
% Difficulty Getting Child's Healthcare in Past Year	8.5		5.6		2.0
% Have a Specific Source of Ongoing Care	72.8		74.1	95.0	72.9
% Have Had Routine Checkup in Past Year	66.9	74.9	68.3		72.7
% Child Has Had Checkup in Past Year	87.7		87.1		95.6
% Two or More ER Visits in Past Year	14.2		9.3		13.2
% Rate Local Healthcare "Fair/Poor"	15.4		16.2		20.1
		better	similar	worse	

Cancer	Primary Service Area	Primary Service Area vs. Benchmarks			TREND
		vs. FL	vs. US	vs. HP2020	
% Cancer (Other Than Skin)	6.7	7.6	7.1		10.4
% Skin Cancer	11.7	8.9	8.5		15.9
% [Women 50-74] Mammogram in Past 2 Years	66.4	81.8	77.0	81.1	76.8

Cancer (continued)	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. FL	vs. US	vs. HP2020	TREND
% [Women 21-65] Pap Smear in Past 3 Years	72.5	78.7	73.5	93.0	76.5
% [Age 50-75] Colorectal Cancer Screening	71.6	67.3	76.4	70.5	79.4
		better	similar	worse	

Diabetes	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. FL	vs. US	vs. HP2020	TREND
% Diabetes/High Blood Sugar	14.6	10.6	13.3		13.9
% Borderline/Pre-Diabetes	6.3	2.5	9.5		8.7
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	48.9		50.0		54.0
		better	similar	worse	

Heart Disease & Stroke	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. FL	vs. US	vs. HP2020	TREND
% Heart Disease (Heart Attack, Angina, Coronary Disease)	7.8		8.0		8.8
% Stroke	2.5	3.6	4.7		5.8
% Blood Pressure Checked in Past 2 Years	94.0		90.4	92.6	94.8
% Told Have High Blood Pressure (Ever)	45.5	34.6	37.0	26.9	45.8
% [HBP] Taking Action to Control High Blood Pressure	87.5		93.8		93.4

Heart Disease & Stroke (continued)	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. FL	vs. US	vs. HP2020	TREND
% Cholesterol Checked in Past 5 Years	82.8	89.3	85.1	82.1	93.6
% Told Have High Cholesterol (Ever)	35.4		36.2	13.5	30.9
% [HBC] Taking Action to Control High Blood Cholesterol	91.9		87.3		89.3
% 1+ Cardiovascular Risk Factor	90.9		87.2		86.4
		better	similar	worse	

Immunization & Infectious Diseases	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. FL	vs. US	vs. HP2020	TREND
% Have Completed Hepatitis B Vaccination Series	32.9				35.1
		better	similar	worse	

Injury & Violence	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. FL	vs. US	vs. HP2020	TREND
% Victim of Violent Crime in Past 5 Years	5.9		3.7		4.8
% Victim of Domestic Violence (Ever)	23.9		14.2		13.0
		better	similar	worse	

Kidney Disease	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. FL	vs. US	vs. HP2020	TREND
% Kidney Disease	3.5	2.8	3.8		2.1
		better	similar	worse	

Mental Health	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. FL	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	17.6		13.0		13.7
% Diagnosed Depression	26.7	17.1	21.6		19.6
% Symptoms of Chronic Depression (2+ Years)	38.3		31.4		27.3
% Typical Day Is "Extremely/Very" Stressful	13.4		13.4		11.9
% Have Ever Sought Help for Mental Health	31.6		30.8		23.8
% [Those With Diagnosed Depression] Seeking Help	82.1		87.1		80.2
% Unable to Get Mental Health Svcs in Past Yr	5.5		6.8		
		better	similar	worse	

Nutrition, Physical Activity & Weight	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. FL	vs. US	vs. HP2020	TREND
% 5+ Servings of Fruits/Vegetables per Day	25.7		33.5		37.6
% "Very/Somewhat" Difficult to Buy Fresh Produce	25.9		22.1		19.9

Nutrition, Physical Activity & Weight (cont.)	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. FL	vs. US	vs. HP2020	TREND
% No Leisure-Time Physical Activity	26.8	29.8	26.2	32.6	28.0
% Meeting Physical Activity Guidelines	16.4	20.5	22.8	20.1	
% Healthy Weight (BMI 18.5-24.9)	25.7	33.9	30.3	33.9	30.9
% Overweight (BMI 25+)	71.7	64.1	67.8		65.1
% Obese (BMI 30+)	41.4	28.4	32.8	30.5	30.4
% [Overweights] Trying to Lose Weight	63.4		61.3		31.9
% [Those Trying to Lose Weight] Eating Fewer Calories/Less Fat	83.6				88.9
% [Those Trying to Lose Weight] Using Physical Activity/Exercise	66.2				70.1
% Medical Advice on Weight in Past Year	28.4		24.2		24.0
% Medical Advice on Nutrition in Past Year	46.1				38.9
% Medical Advice on Physical Activity in Past Year	52.8				44.8
% [Overweights] Counseled About Weight in Past Year	31.1		29.0		29.1
% Children [Age 5-17] Healthy Weight	59.2		58.4		51.9
% Children [Age 5-17] Overweight (85th Percentile)	29.1		33.0		44.8
% Children [Age 5-17] Obese (95th Percentile)	18.0		20.4	14.5	32.7

Nutrition, Physical Activity & Weight (cont.)	Primary Service Area	Primary Service Area vs. Benchmarks			TREND
		vs. FL	vs. US	vs. HP2020	
% Child [Age 2-17] Physically Active 1+ Hours per Day	47.4		50.5		67.6
			better	similar	worse

Oral Health	Primary Service Area	Primary Service Area vs. Benchmarks			TREND
		vs. FL	vs. US	vs. HP2020	
% Have Dental Insurance	64.8		59.9		59.3
% [Age 18+] Dental Visit in Past Year	57.2	63.0	59.7	49.0	57.1
% Child [Age 2-17] Dental Visit in Past Year	74.8		87.0	49.0	70.3
			better	similar	worse

Potentially Disabling Conditions	Primary Service Area	Primary Service Area vs. Benchmarks			TREND
		vs. FL	vs. US	vs. HP2020	
% Activity Limitations	34.4	20.7	25.0		26.2
% [50+] Arthritis/Rheumatism	34.3		38.3		40.3
% [50+] Osteoporosis	12.6		9.4	5.3	11.6
% Sciatica/Chronic Back Pain	28.6		22.9		31.5
% Eye Exam in Past 2 Years	66.6		55.3		67.7
% 3+ Chronic Conditions	48.0		41.4		
			better	similar	worse

Respiratory Diseases	Primary Service Area	Primary Service Area vs. Benchmarks			TREND
		vs. FL	vs. US	vs. HP2020	
% [Adult] Currently Has Asthma	11.7	7.5	11.8		8.5
% [Child 0-17] Currently Has Asthma	3.2		9.3		11.8
% COPD (Lung Disease)	12.9	7.8	8.6		13.3
% [Age 65+] Flu Vaccine in Past Year	59.3	62.2	76.8	70.0	59.5
% [Age 65+] Pneumonia Vaccine Ever	72.5	68.4	82.7	90.0	81.4
		better	similar	worse	

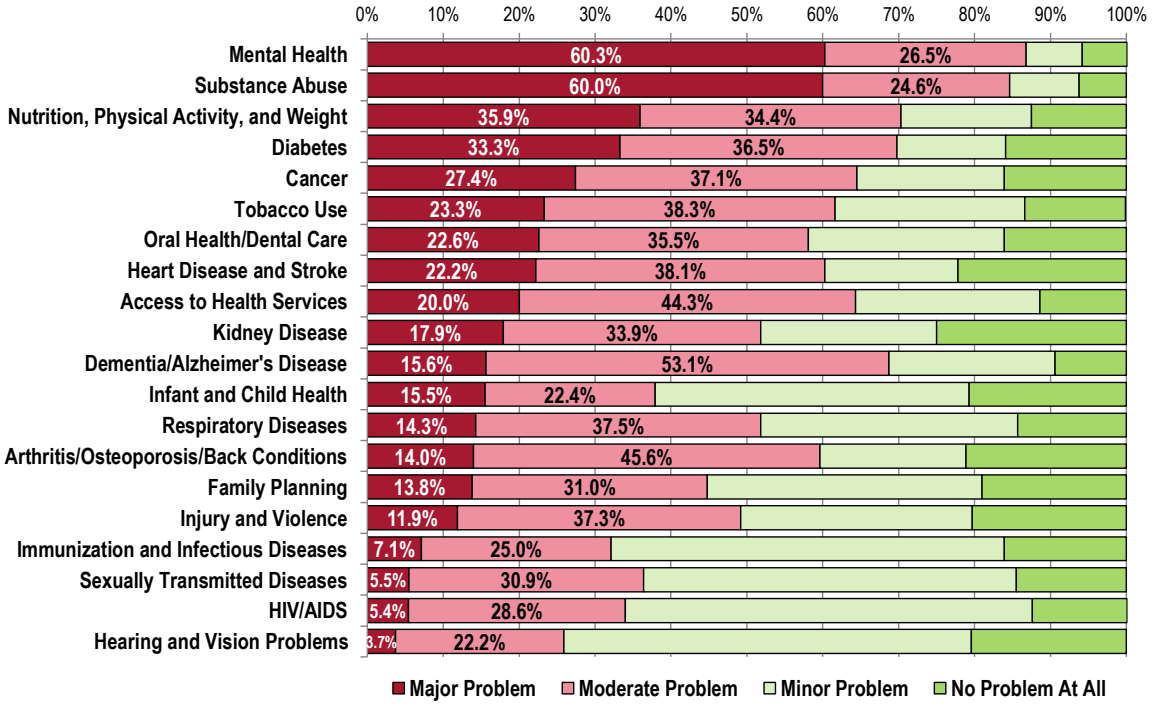
Substance Abuse	Primary Service Area	Primary Service Area vs. Benchmarks			TREND
		vs. FL	vs. US	vs. HP2020	
% Current Drinker	60.1	52.4	55.0		52.4
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	19.8	15.1	20.0	24.4	
% Excessive Drinker	23.4		22.5	25.4	10.0
% Drinking & Driving in Past Month	1.2	3.4	5.2		1.5
% Illicit Drug Use in Past Month	6.3		2.5	7.1	3.1
% Ever Sought Help for Alcohol or Drug Problem	6.8		3.4		4.3
% Personally Impacted by Substance Abuse	44.4		37.3		
		better	similar	worse	

Tobacco Use	Primary Service Area	Primary Service Area vs. Benchmarks			
		vs. FL	vs. US	vs. HP2020	TREND
% Current Smoker	21.8	16.1	16.3	12.0	15.7
% Someone Smokes at Home	13.3		10.7		13.1
% [Nonsmokers] Someone Smokes in the Home	6.8		4.0		5.5
% [Household With Children] Someone Smokes in the Home	14.8		7.2		12.3
% [Smokers] Have Quit Smoking 1+ Days in Past Year	42.4		34.7	80.0	
% [Smokers] Received Advice to Quit Smoking	70.5		58.0		
% Currently Use Vaping Products	11.1	4.3	3.8		
% Use Smokeless Tobacco	2.4	2.7	4.4	0.2	2.0
% Smoke Cigars	7.9		7.5	0.3	2.4
		better	similar	worse	

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of "major problem," "moderate problem," "minor problem," or "no problem at all." The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community

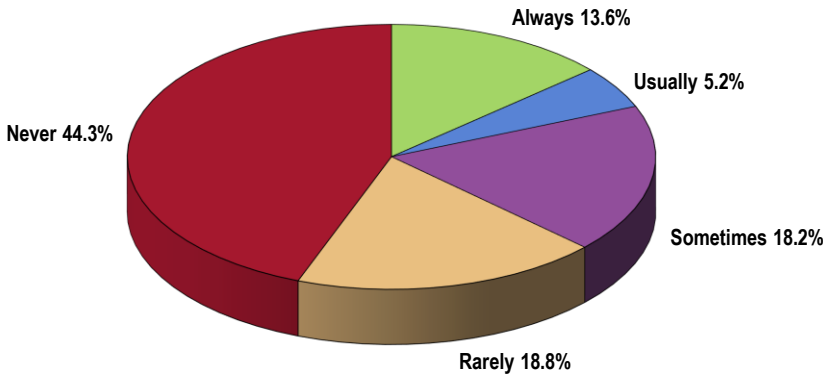


Social Determinants of Health

Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress Over Paying Rent/Mortgage in the Past Year
(Primary Service Area, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 71]
Notes: • Asked of all respondents.

However, a considerable share (37.0%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

- **BENCHMARK**: Less favorable than the national finding.
- **DISPARITY**: Higher among younger adults (strong negative correlation with age), those with lower incomes, and persons of color.

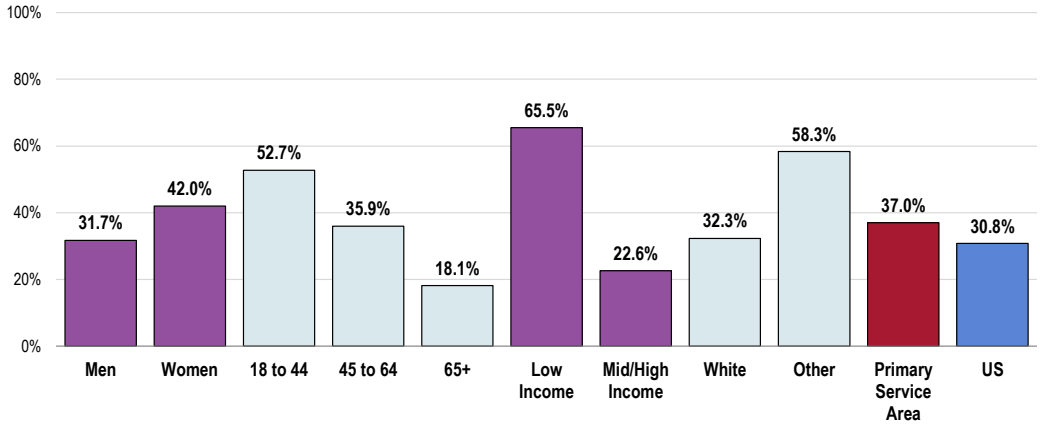
NOTE:

Text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

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

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year

(Primary Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 196]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "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.

Difficulty Accessing Fresh Produce

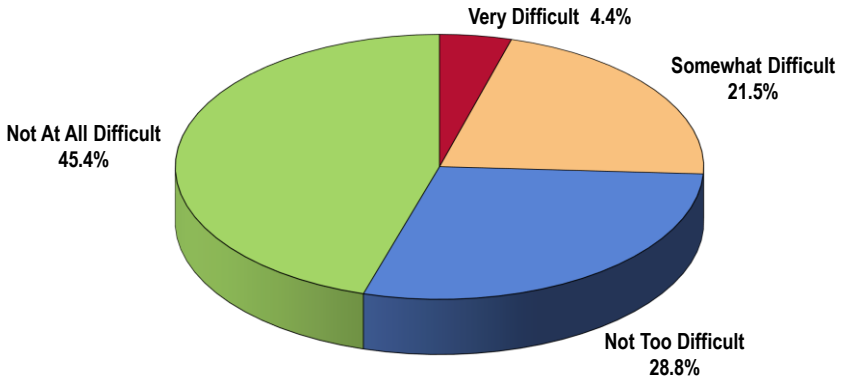
Most Primary Service Area adults report little or no difficulty buying fresh produce at a price they can afford.

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, 2019)

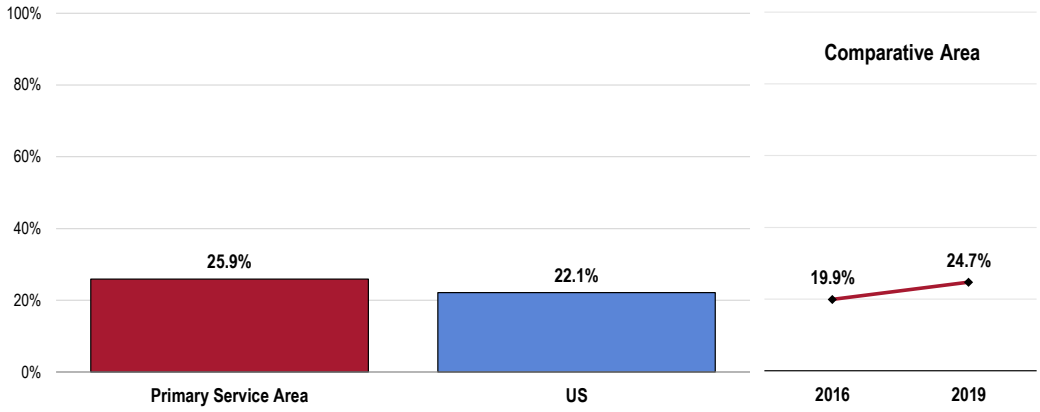


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 86]
Notes: • Asked of all respondents.

However, one-quarter of Primary Service Area adults (25.9%) find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

- **DISPARITY**: Reported access difficulties are higher among women and (especially) low-income residents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

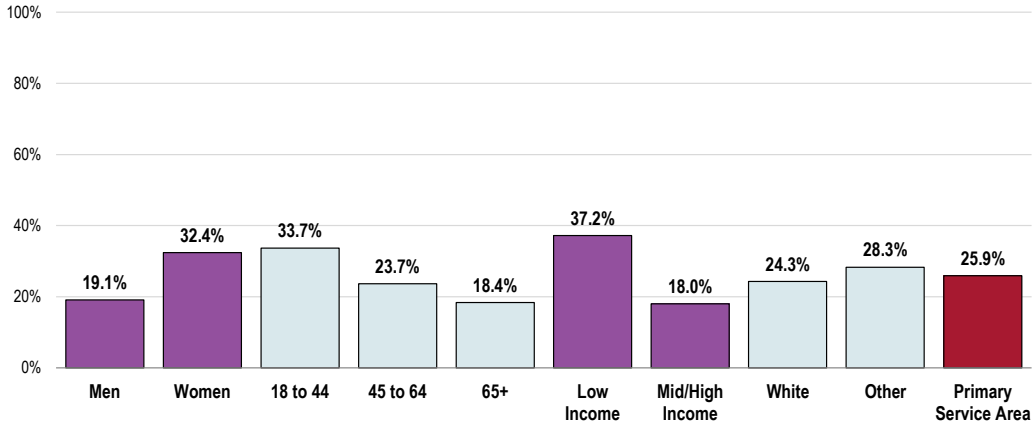


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 189]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

(Primary Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 189]

Notes:
- Asked of all respondents.
- "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.

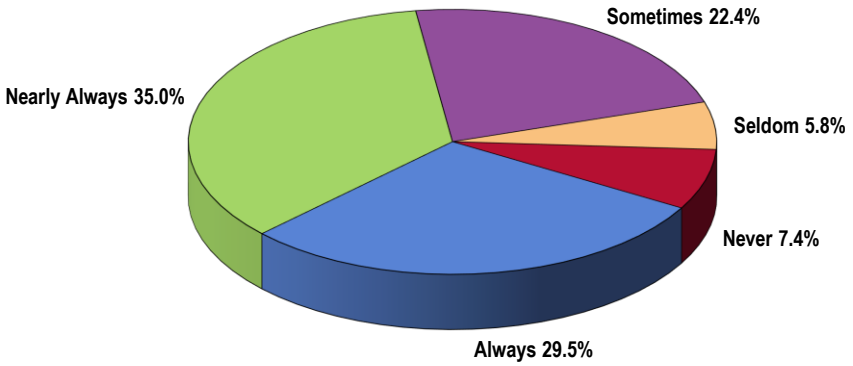
Health Literacy

"The next question is about any type of health care information you may receive. You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places. How often is health information written in a way that is easy for you to understand? Would you say: Always, Nearly Always, Sometimes, Seldom, or Never"

Most surveyed adults in the Primary Service Area report no significant difficulty understanding written health information.

Frequency of Understanding Written Health Information

(Primary Service Area, 2019)



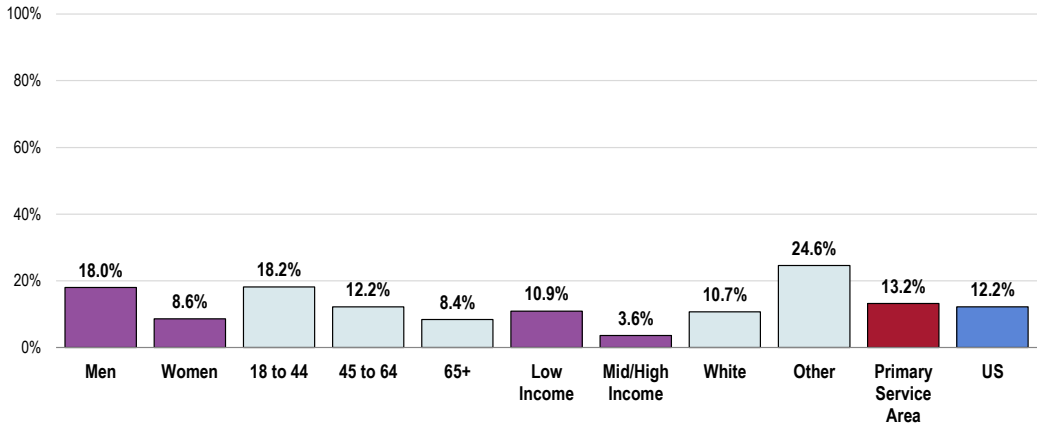
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 74]
Notes: • Asked of all respondents.

However, a total of 13.2% report that written health information is "seldom" or "never" easy to understand.

- **DISPARITY**: Reported difficulties are significantly higher among men and particularly "Other" race respondents.

Written Health Information is "Seldom/Never" Easy to Understand

(Primary Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 74]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "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.

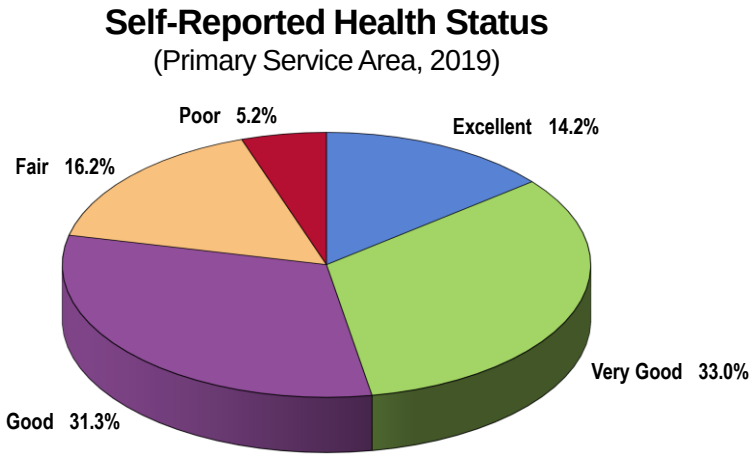
General Health Status

Overall Health Status

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?"

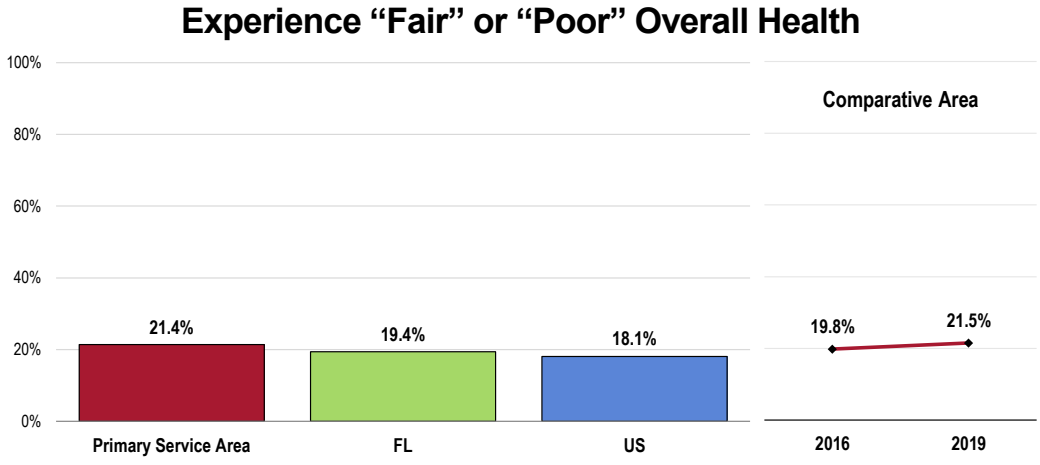
Most Primary Service Area residents rate their overall health favorably (responding "excellent," "very good," or "good").



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 21.4% of Primary Service Area adults believe that their overall health is "fair" or "poor."

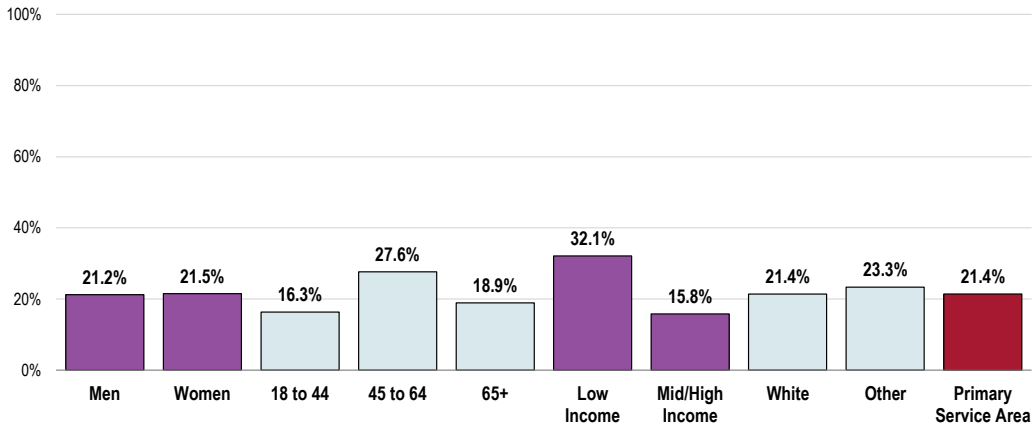
- **DISPARITY**: Note the 32.1% reported by low-income residents (compared against the 15.8% among higher-income residents).



Sources: • 2019 PRC Community Health Survey, PRC, 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): 2017 Florida data.
• 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Experience "Fair" or "Poor" Overall Health

(Primary Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 5]

Notes:
- Asked of all respondents.
- "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

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, and 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.

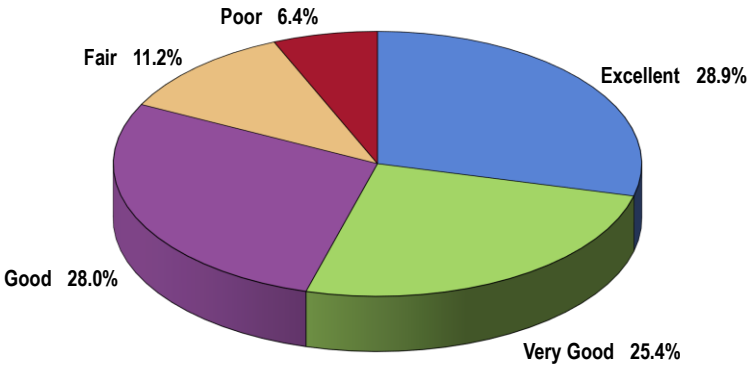
— Healthy People 2020 (www.healthypeople.gov)

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?"

Most Primary Service Area adults rate their overall mental health favorably ("excellent," "very good," or "good").

Self-Reported Mental Health Status
(Primary Service Area, 2019)

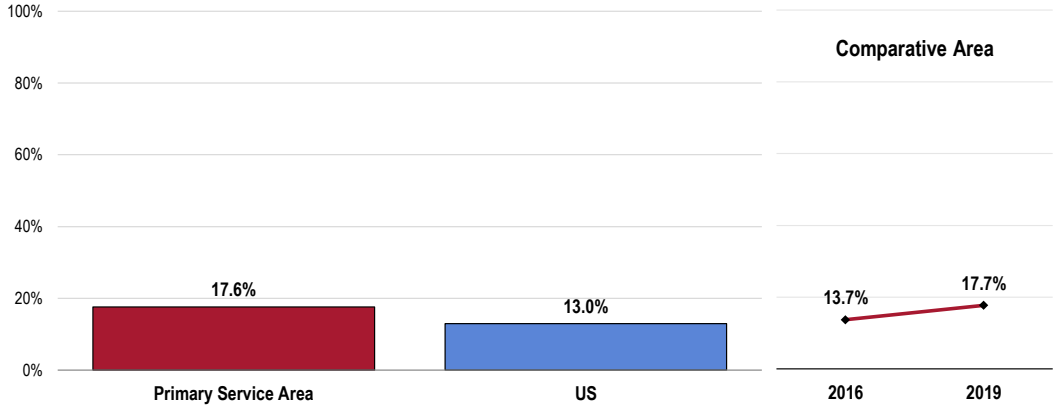


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 99]
Notes: • Asked of all respondents.

However, 17.6% believe that their overall mental health is "fair" or "poor."

- There are no significant differences to report (over time or against national findings).

Experience "Fair" or "Poor" Mental Health



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 99]
• 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

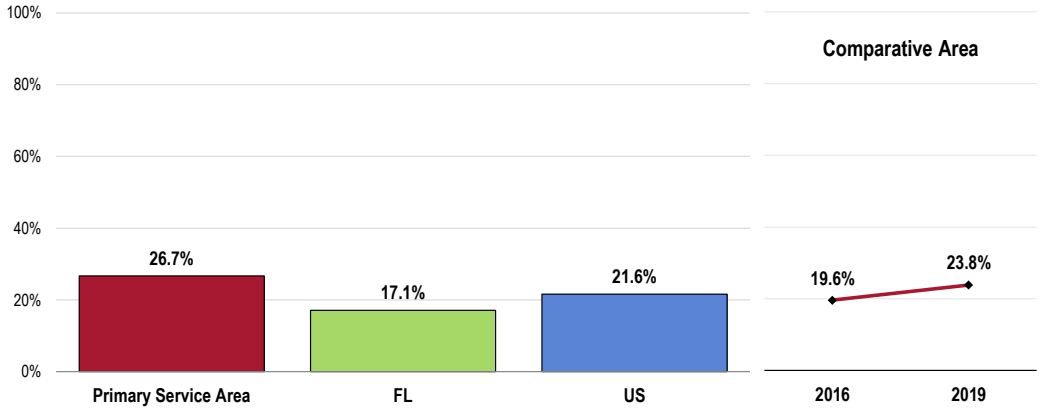
Depression

Diagnosed Depression

More than one-quarter of Primary Service Area adults (26.7%) have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- **BENCHMARK**: Less favorable than the Florida prevalence.

Have Been Diagnosed With a Depressive Disorder



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 102]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.
- 2017 PRC National Health Survey, PRC, Inc.

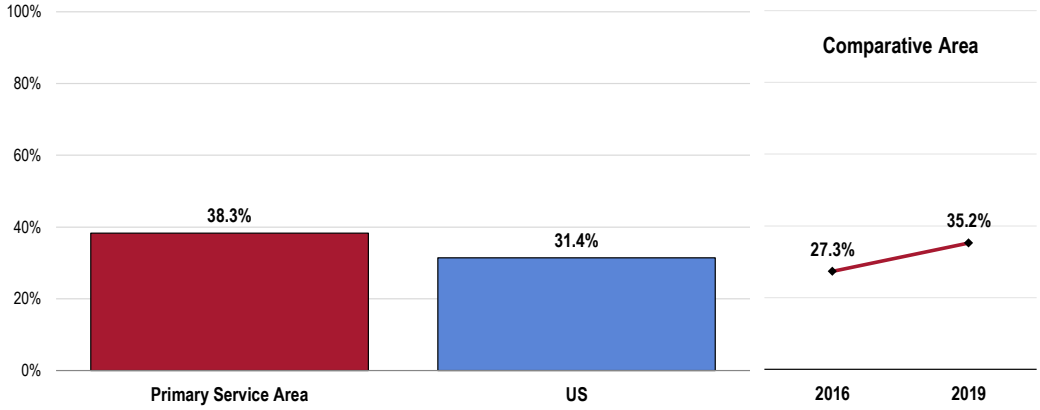
Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Symptoms of Chronic Depression

A total of 38.3% 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).

- **BENCHMARK**: Above the national finding.
- **DISPARITY**: Significantly high among women and (especially) low-income residents.

Have Experienced Symptoms of Chronic Depression

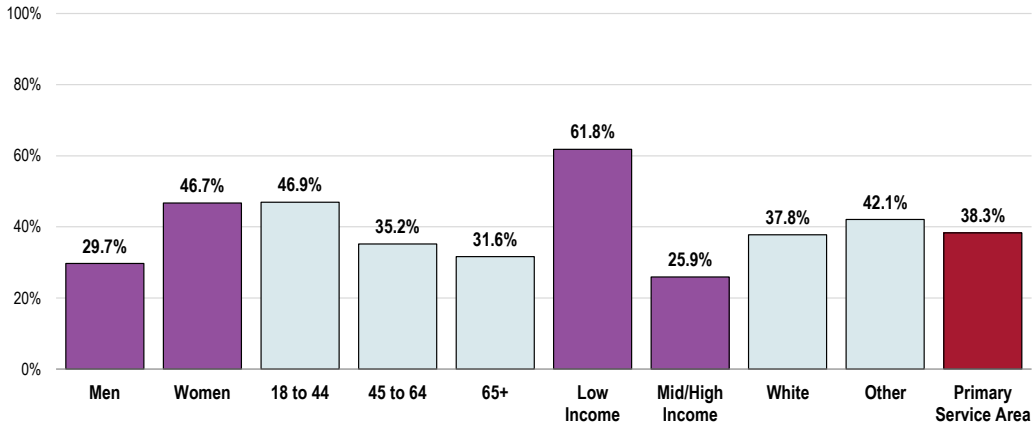


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 100]
- 2017 PRC National Health Survey, PRC, Inc.

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.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Have Experienced Symptoms of Chronic Depression

(Primary Service Area, 2019)

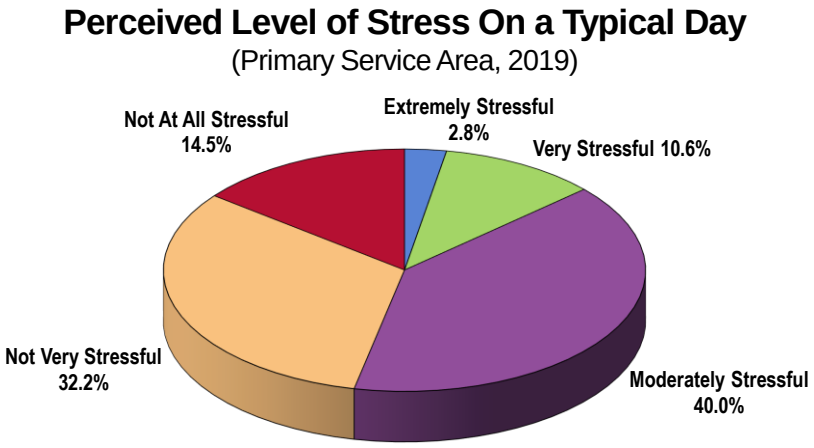


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 100]

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.
- "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

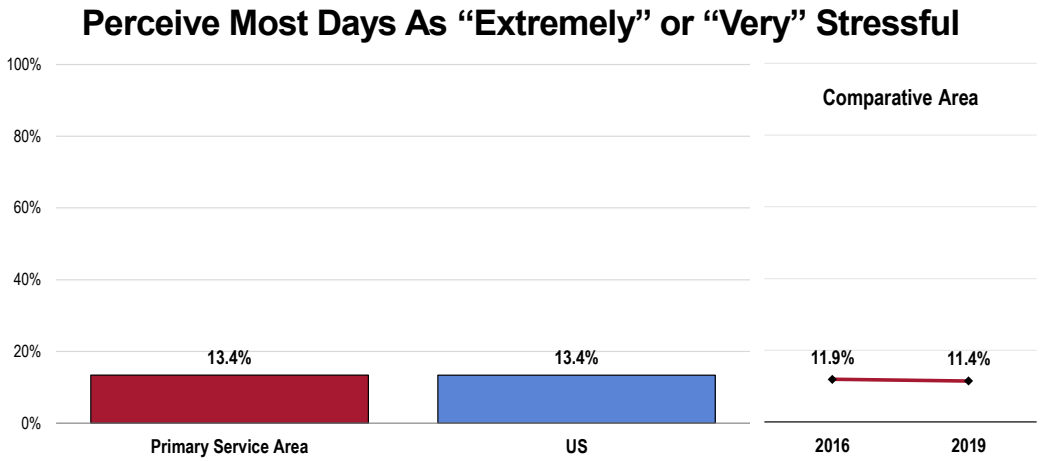
A majority of surveyed adults characterize most days as no more than "moderately" stressful.



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 101]
Notes: • Asked of all respondents.

In contrast, 13.4% of Primary Service Area adults feel that most days for them are "very" or "extremely" stressful.

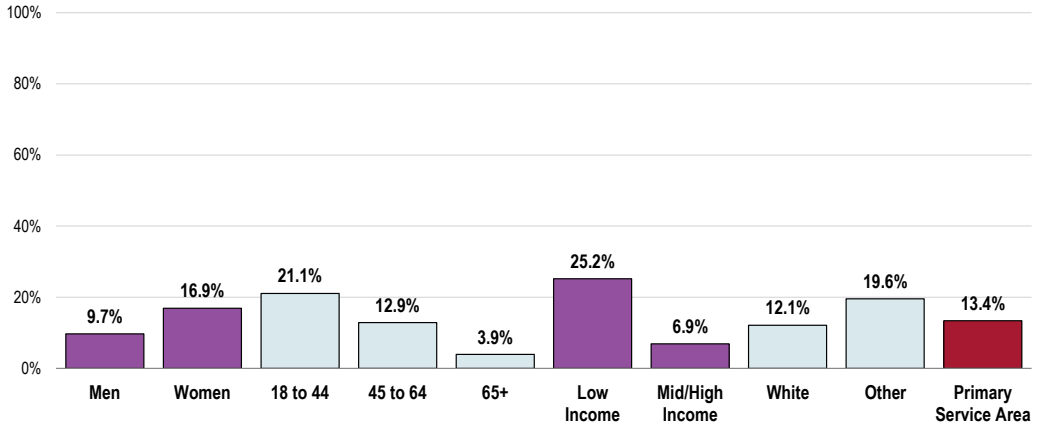
- **DISPARITY**: Adults under age 65 and low-income residents report higher stress levels.



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 101]
• 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Perceive Most Days as "Extremely" or "Very" Stressful

(Primary Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 101]

Notes:
- Asked of all respondents.
- "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.

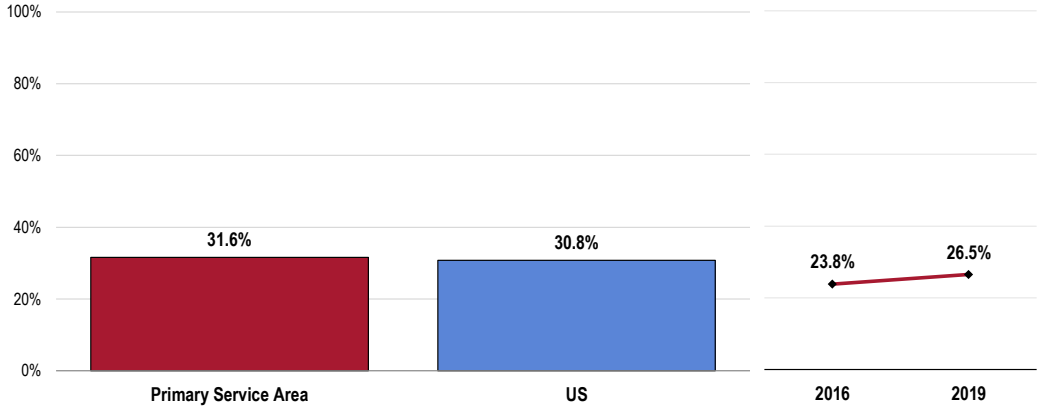
Mental Health Treatment

Have Ever Sought Help

A total of 31.6% of Primary Service Area residents have ever sought help for some type of mental health condition or emotional problem.

- No significant differences to report.

Have Ever Sought Help for a Mental or Emotional Problem



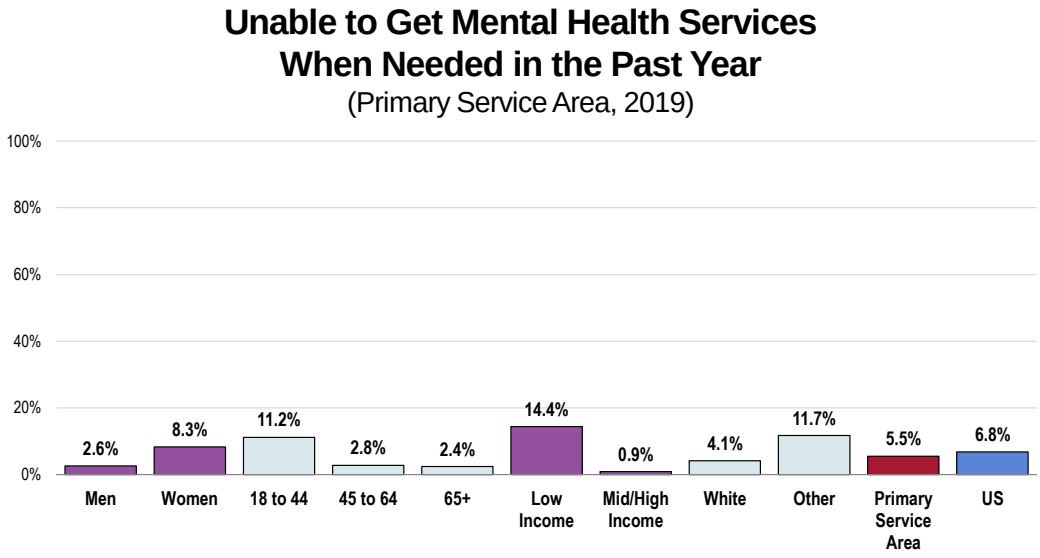
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 104]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Difficulty Accessing Mental Health Services

A total of 5.5% of Primary Service Area adults report a time in the past year when they needed mental health services but were not able to get them.

- **DISPARITY**: Note the significant differences by sex and (especially) income level.

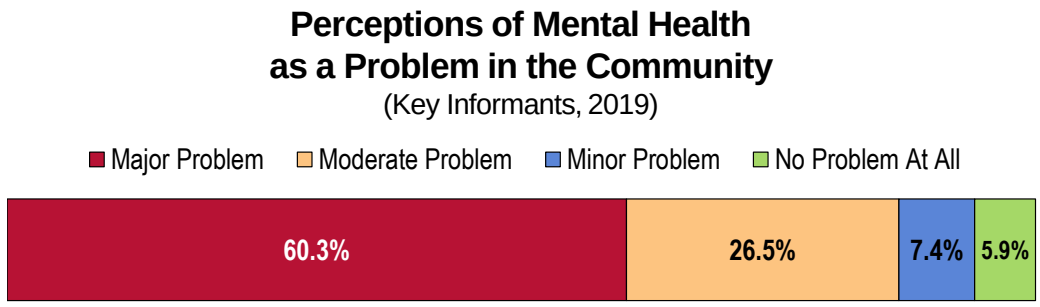


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 105]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "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: Mental Health

Six in 10 key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Access to Care/Services

There are limited substance detox programs in Brevard County, no such program in North Brevard. Also, families with no insurance and/or Medicaid will have to travel out of the county for treatment. — Social Services Leader

It is next to impossible to schedule outpatient services for someone in need of outpatient counseling. Managed care providers panels are full, and they are not accepting new patients. It is scary to think you are referring out with no knowledge of that individual. Palm Point Behavioral Health is not offering outpatient services yet. — Other Health Provider

Patients getting proper referrals in a prompt manner to programs, organizations or facilities which will meet the needs of the mental health patient once the problem has been noted by family or the health community. — Social Services Leader

Access to providers that see certain insurances, providers that see children, providers that see families and their children. — Social Services Leader

Children's mental health. Lack of access and cost for pediatric psychologists and psychiatrists. — Social Services Leader

Brevard County does not have the mental health resources to meet the need. — Social Services Leader

The main concern is accessibility. It is important to make the community aware of the resources. — Social Services Leader

Outpatient support for mental health services are limited. — Other Health Provider

Not enough resources. — Other Health Provider

There are limited beds in psychiatric facilities. — Other Health Provider

Lack of services and age appropriate programs. — Community/Business Leader

Access and resources. — Community/Business Leader

Access to care and providers not accepting enough insurances. — Community/Business Leader

Lack of Providers

No psychiatrist in the area. The new Palm Point is a great addition to our area, but they do not provide outpatient care for patients. — Physician

Limited providers, financial barriers to entry for care, community awareness and education. — Community/Business Leader

Not enough psychiatrists in town. Not enough outpatient psychiatric resources. Not enough inpatient psychiatric beds. — Physician

Two psychiatrists in the community. One is a staff psychiatrist for an HMO and can only see health plan members. The other psychiatrist is affiliated with Circles of Care, and there are long waits. — Physician

Not enough professionals to assist those with mental problems. — Community/Business Leader

Access to care as many providers are full or don't take insurance. Wait times of three months or more. — Physician

Limited access to a psychiatrist. — Physician

Cost/Insurance Issues

Cost. High CMS/Medicaid population in our county; lack of parity for psychological diagnostic services in pediatrics. Lack of licensed psychologists with expertise in pediatrics. Lack of licensed psychologists/health psychologists with expertise in geriatrics. Lack of pediatric psychiatrists; long-wait times in outpatient. Poor population management in community for children with behavioral health conditions leads to increased comorbidities, need for more intensive and costly treatment, and poor quality of life. Pediatricians are reluctant to prescribe medications for behavioral conditions such as ADHD. This is a major problem given the lack of specialists. Lack of developmental pediatricians in community to help identify problems earlier instead of solely relying on Early Steps… Many providers are not in-network. — Physician

> *Financial challenges- housing, jobs, etc. Pediatric access to outpatient child psychiatric care. Lack of emphasis on the importance of intact family structure and healthy spiritual communities to foster pediatric mental wellness. A belief that more providers is the answer when people are not aware of mental healthcare that is in place. — Physician*
>
> *Very difficult to access treatment without insurance. — Community/Business Leader*

Denial/Stigma

> *Youth mental health is a big problem in our area. We need to shatter the stigma with mental health and start the conversation so that more people can get the help they need. I think we need more resources for youth and adults with mental health problems so they can get the care they need. — Community/Business Leader*
>
> *People are ashamed to admit the need for mental health help. Thinking that only being on medications will help. — Social Services Leader*

Disease Management

> *Mental disease has many masks. — Social Services Leader*
>
> *Medication management and compliance. — Social Services Leader*

Funding

> *Lack of adequate state and local funding. — Social Services Leader*
>
> *Florida funding for mental health services is among the worst (or the worst) in the nation. Florida didn't expand Medicaid coverage. It is very difficult for those who are under or uninsured to access care. Transportation can also be a barrier to continuity of care. — Social Services Leader*

Homelessness

> *Diagnosing and treating mental health issues in individuals. We have a large homeless community and I'm not sure how they get help for their mental health. We've had a number of individuals that have committed suicide. It's very sad that they could not be diagnosed and get help. — Community/Business Leader*
>
> *The North area of Brevard seems to have many people who walk the streets who appear to have mental health issues. — Social Services Leader*

Suicide

> *Suicide rates are high. Many mental health issues result in health care issues. — Social Services Leader*
>
> *Young population taking their lives more often. — Other Health Provider*

Awareness/Education

> *Communication about all the local and free resources that are available. There seems to be a bunch, but no one knows about them. — Community/Business Leader*

Death, Disease & Chronic Conditions

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.

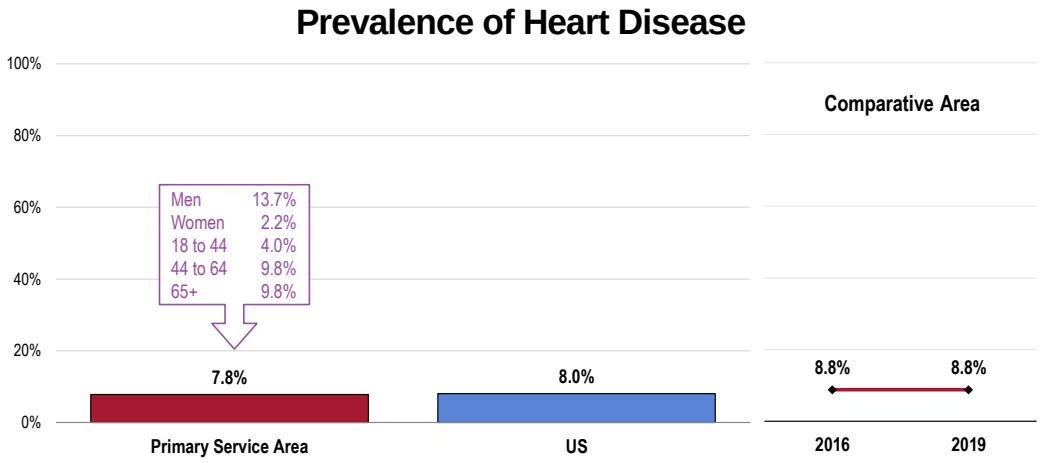
— Healthy People 2020 (www.healthypeople.gov)

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 7.8% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- **DISPARITY**: The prevalence is significantly higher among men than women in the Primary Service Area.



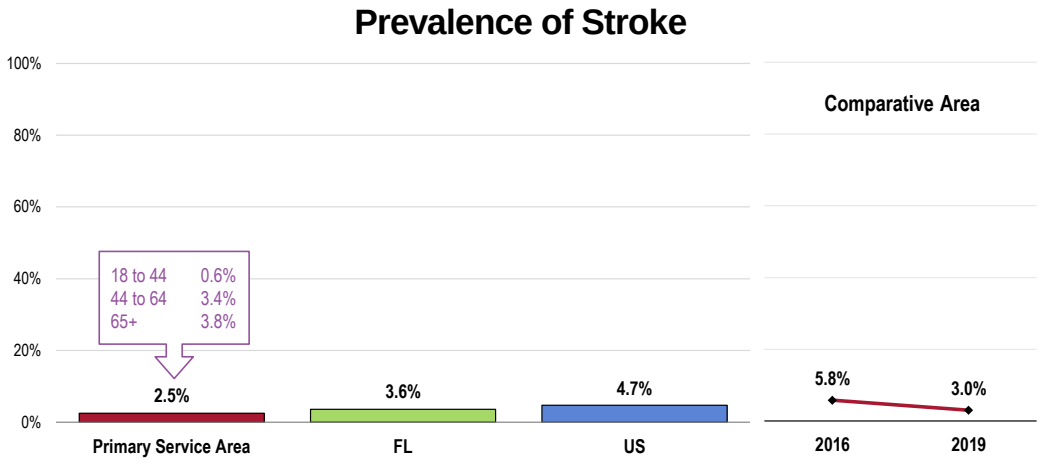
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 128]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Prevalence of Stroke

A total of 2.5% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- No significant differences to report.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

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)

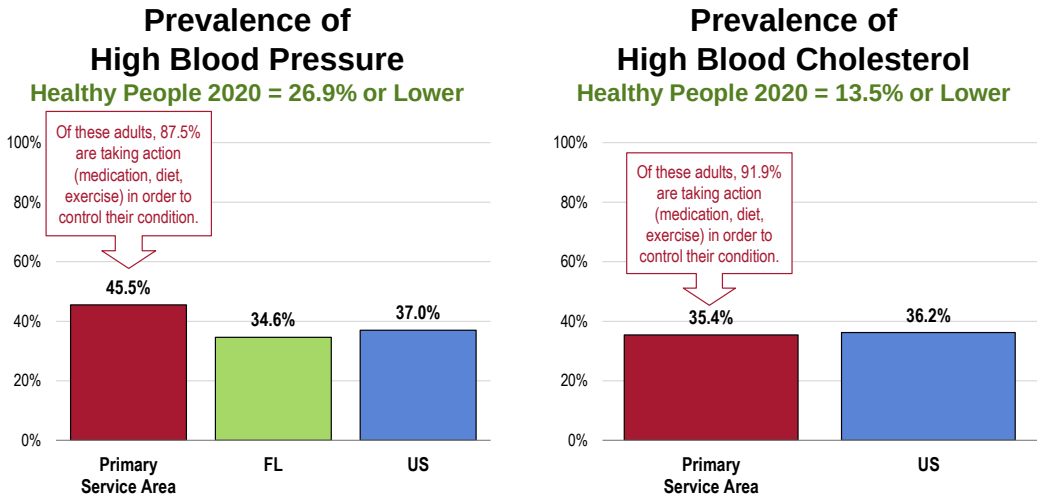
Blood Pressure & Cholesterol

A total of 45.5% of Primary Service Area adults have been told at some point that their blood pressure was high.

- **BENCHMARK**: Significantly above state and national findings, as well as the related Healthy People 2020 objective.

A total of 35.4% of adults have been told by a health professional that their cholesterol level was high.

- **BENCHMARK**: More than double the related Healthy People 2020 objective.



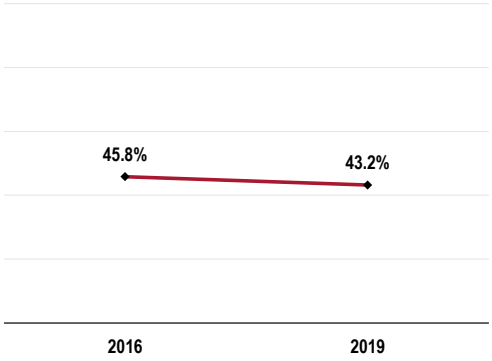
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 41, 44, 129, 130]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives HDS-5.1, HDS-7]

Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure

(Comparative Area)

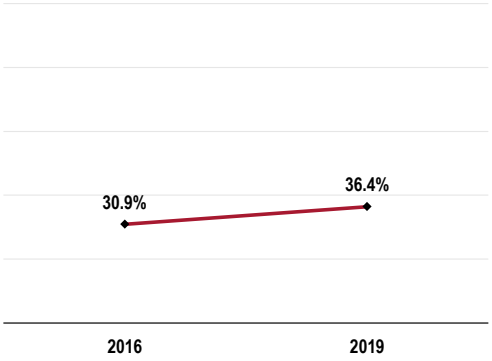
Healthy People 2020 = 26.9% or Lower



Prevalence of High Blood Cholesterol

(Comparative Area)

Healthy People 2020 = 13.5% or Lower



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 129, 130]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives HDS-5.1, HDS-7]

Notes:
- Asked of all respondents.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Total Cardiovascular Risk

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.

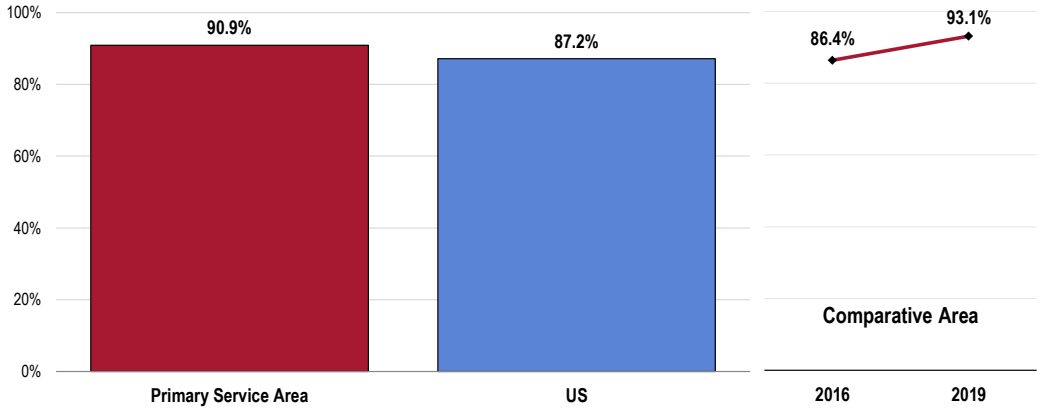
— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

RELATED ISSUE:
See also *Nutrition*, *Physical Activity*, *Weight Status,* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

Nine in 10 Primary Service Area adults (90.9%) report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- **TREND**: Significantly above 2016 findings in the Comparative Area.
- **DISPARITY**: Prevalence significantly increases past age 45.

Present One or More Cardiovascular Risks or Behaviors

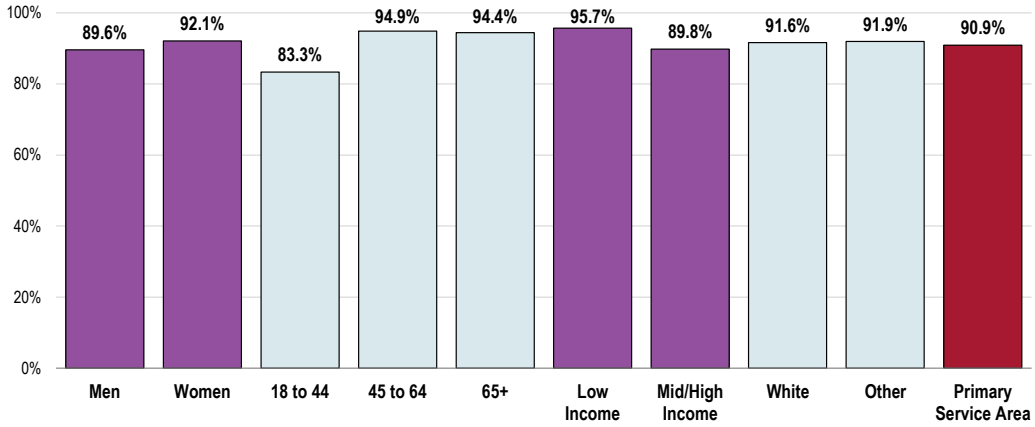


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 131]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects 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) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Present One or More Cardiovascular Risks or Behaviors

(Primary Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 131]

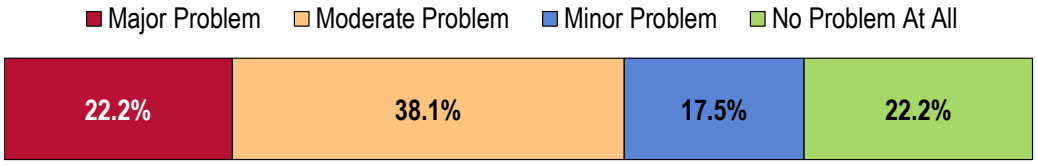
Notes:
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.
- "White" reflects non-Hispanic 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

The greatest share 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, 2019)



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

Top Concerns

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

Prevalence/Incidence

Because we treat a large population of stroke and cardiac patients, we are seeing a trending of increasing numbers with earlier onset. — Other Health Provider

We have seen more than half a dozen heart attack and stroke victims within our congregation in the last 12 months. — Social Services Leader

I see many patients in the Emergency Department with heart disease. — Other Health Provider

Very high incidence and mortality. — Social Services Leader

Heart disease and stroke are two of the highest mortality rates of the top 10. — Community/Business Leader

Among the top three diagnoses. — Other Health Provider

Silent killer. — Social Services Leader

Aging Population

Aging population, poor weight management, and lack of exercise. — Community/Business Leader

Elderly population. — Other Health Provider

Early Diagnosis/Prevention

Not enough prevention measures. Obesity, diabetes, inactivity. — Community/Business Leader

Food issues are not addressed at a young age. — Social Services Leader

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)

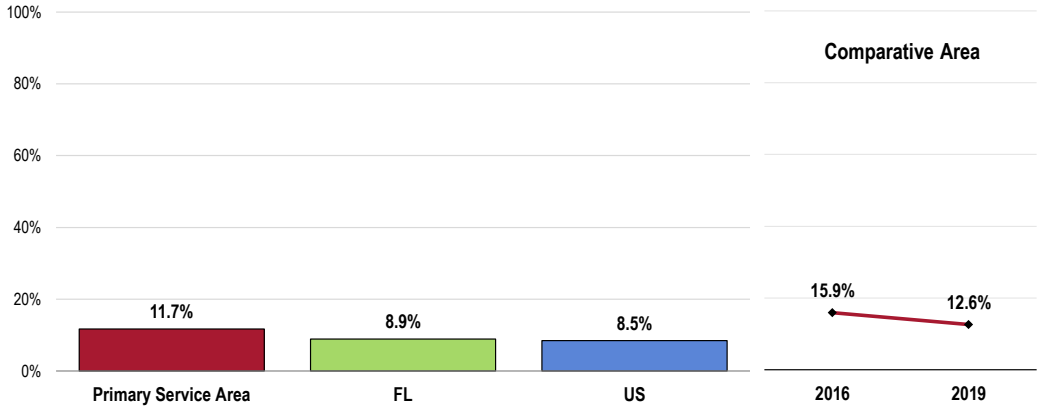
Prevalence of Cancer

Skin Cancer

A total of 11.7% of surveyed Primary Service Area adults report having been diagnosed with skin cancer.

- No significant differences to report.

Prevalence of Skin Cancer



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 28]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.
- 2017 PRC National Health Survey, PRC, Inc.

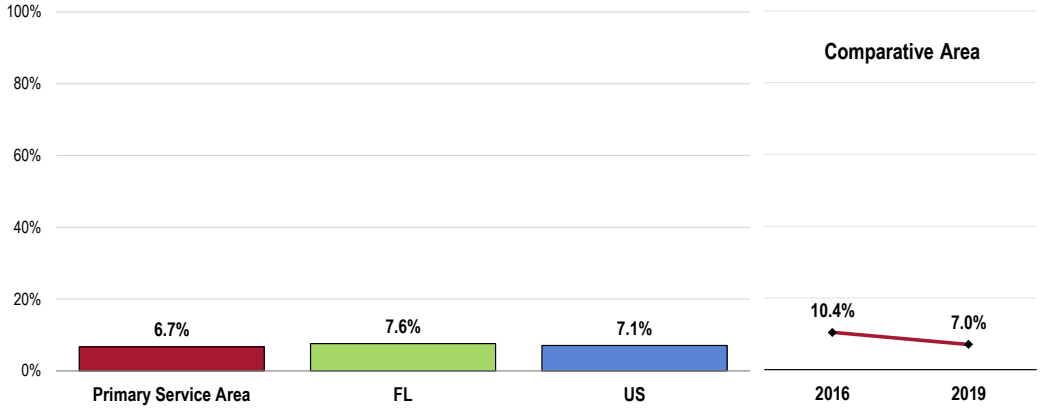
Notes:
- Asked of all respondents.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Other Cancers

A total of 6.7% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- No significant differences to report.

Prevalence of Cancer (Other Than Skin Cancer)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 27]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Cancer Risk

RELATED ISSUE:
See also *Nutrition*, *Physical Activity*, *Weight Status*, and *Tobacco Use* in the **Modifiable Health Risks** 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

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years.

Colorectal Cancer

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

— 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.

Among women age 50-74, almost two-thirds (66.4%) have had a mammogram within the past 2 years.

- **BENCHMARK**: Notably lower than Florida and US findings, as well as the related Healthy People 2020 objective.

Among Primary Service Area women age 21 to 65, 72.5% have had a Pap smear within the past 3 years.

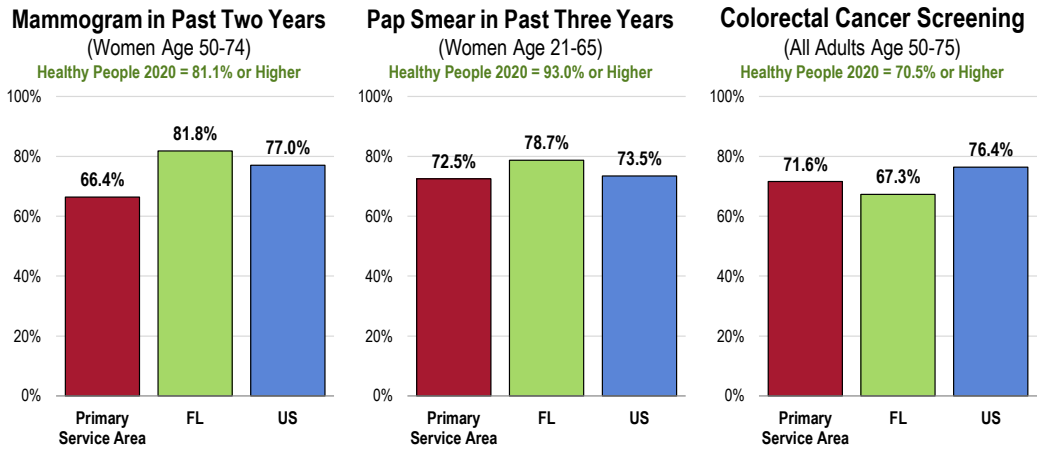
- **BENCHMARK**: Fails to satisfy the related Healthy People 2020 objective.

Among all adults age 50-75, 71.6% have had appropriate colorectal cancer screening.

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

- **TREND**: Marks an unfavorable decline in screening since 2016.
- **BENCHMARK**: Fails to satisfy the related Healthy People 2020 objective.

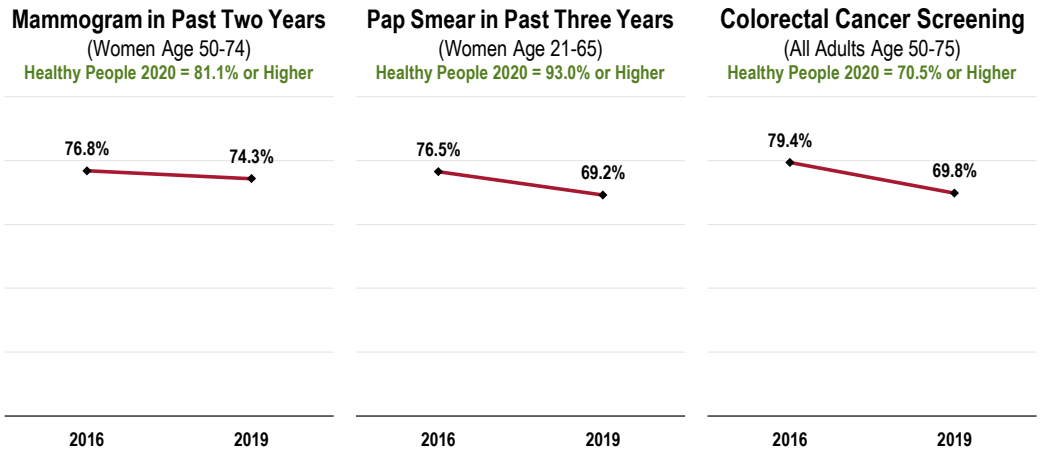
Cancer Screenings



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives C-15, C-16, C-17]

Notes:
- Each indicator is shown among the gender and/or age group specified.

Cancer Screenings: Comparative Area Trends

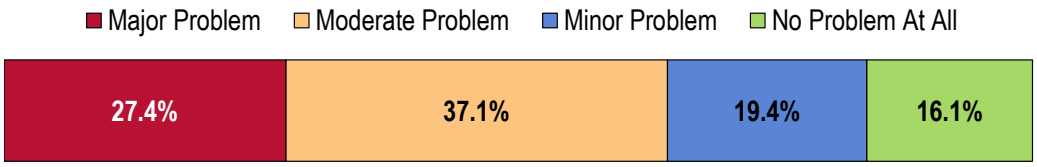


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137]
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives C-15, C-16, C-17]
Notes: • Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized *Cancer* as a "moderate problem" in the community.

Perceptions of Cancer as a Problem in the Community
(Key Informants, 2019)



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

Top Concerns

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

Prevalence/Incidence

> *We have all been affected by cancer by knowing a friend, family member or neighbor who has been diagnosed. We need to continue providing all the resources necessary to help fight this terrible disease. — Community/Business Leader*
>
> *As a nation we need to focus more on finding a cure for this disease that is continuing to plague our society. — Social Services Leader*
>
> *High incidence of late stage cancer among the top three cancer incidence rates. — Other Health Provider*
>
> *It is being diagnosed more often and it is difficult to get in with a doctor. — Other Health Provider*

> *High incidence of cancer, not enough specialists. — Community/Business Leader*
>
> *We seem to be seeing more cases each year. — Other Health Provider*
>
> *I hear of someone new with cancer daily. — Social Services Leader*
>
> *Many family and friends that are suffering county wide. — Social Services Leader*

Impact on Quality of Life

> *Cancer may cause significant physical harm to the individual; it can be deadly or disabling. Oftentimes there is metastasis to the brain in adults. It requires intensive and costly treatments, which may have secondary cognitive effects such as "chemo" brain and also creates vulnerability for mental health problems and has adverse effects on the family. — Physician*
>
> *The fear associated with cancer and the financial ramifications. Missing work for treatments. Family impact. May have waited too long to seek help. — Social Services Leader*

Awareness/Education

> *Increased lack of attention to people's chronic conditions. The poor environmental factors and genetics all have increased this debilitating disease. — Community/Business Leader*

Environmental Factors

> *Potential cancer-causing agents in localized areas of Brevard. — Social Services Leader*

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)

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)

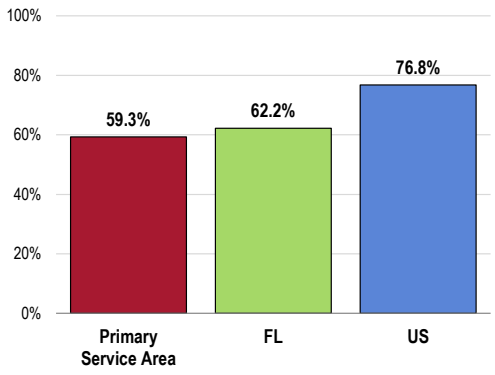
Among Primary Service Area adults age 65 and older, 59.3% received a flu vaccination within the past year.

- **BENCHMARK**: Notably lower than the national finding.

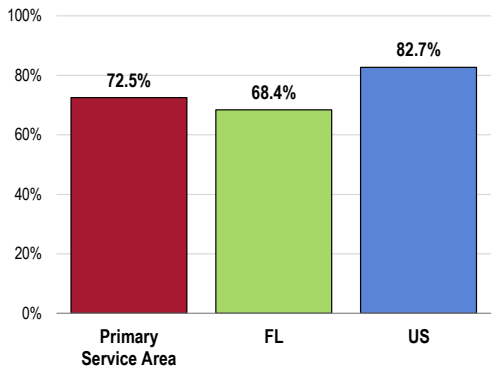
Among Primary Service Area adults age 65 and older, 72.5% have received a pneumonia vaccination at some point in their lives.

- **BENCHMARK**: Fails to satisfy the related Healthy People 2020 objective.

Older Adults:
Flu Vaccination in the Past Year
(Adults Age 65+)
Healthy People 2020 = 70.0% or Higher



Older Adults:
Ever Had a Pneumonia Vaccine
(Adults Age 65+)
Healthy People 2020 = 90.0% or Higher



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 144-145]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.
- 2017 PRC National Health Survey, PRC, Inc.
- 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.

Prevalence of Respiratory Disease

Asthma

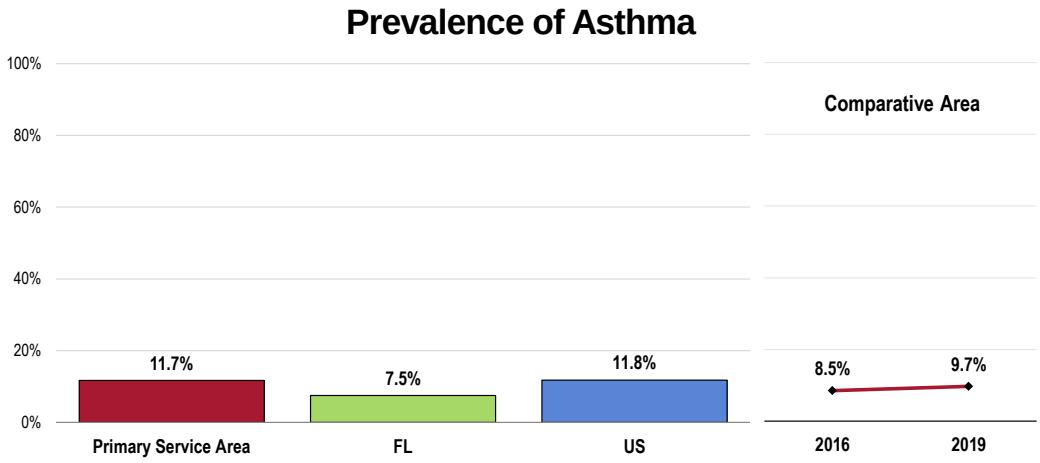
Adults

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

.

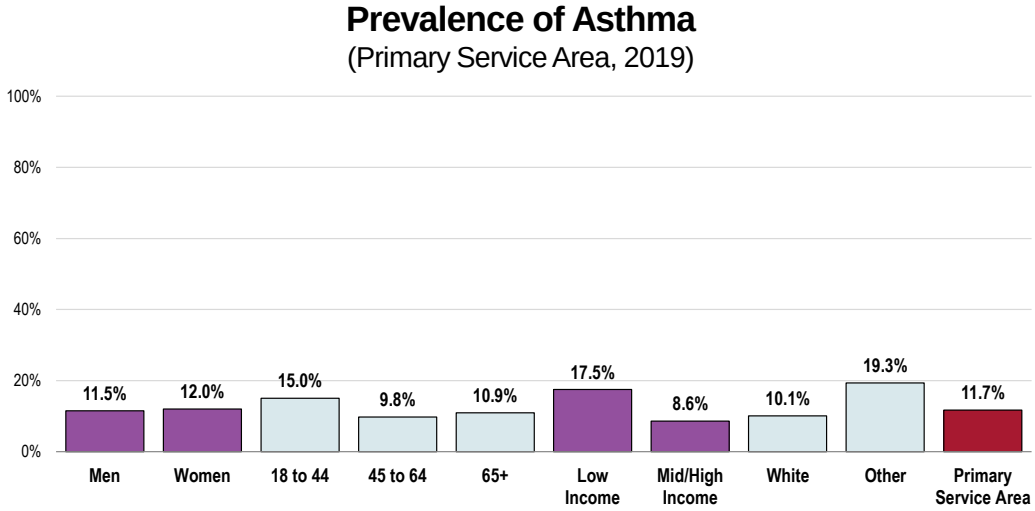
A total of 11.7% of Primary Service Area adults currently suffer from asthma.

- **BENCHMARK**: Above the state prevalence.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 138]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.



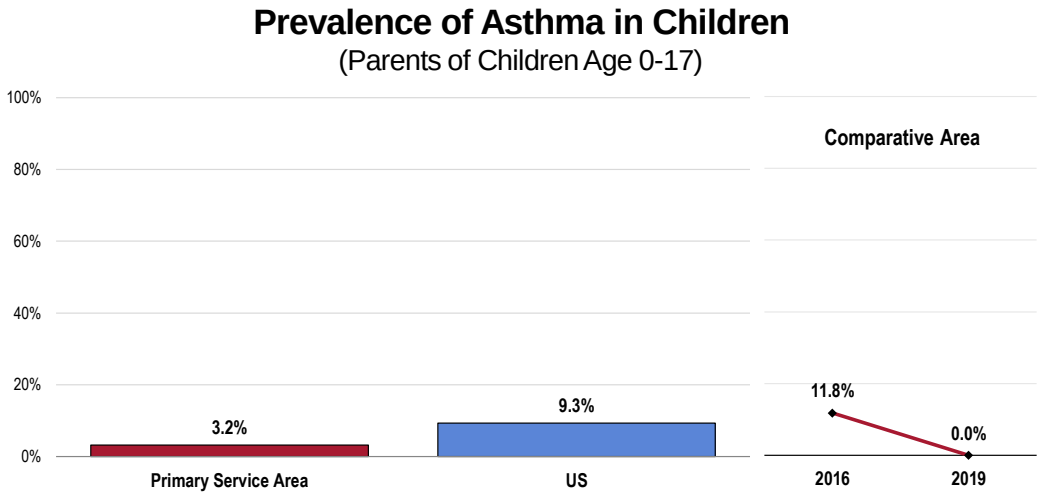
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 138]

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.
- "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 Primary Service Area children under age 18, 3.2% currently have asthma.

- **TREND**: Note the current 0% prevalence in the Comparative Area.
- **BENCHMARK**: Notably lower than found nationally.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 139]
- 2017 PRC National Health Survey, PRC, 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.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

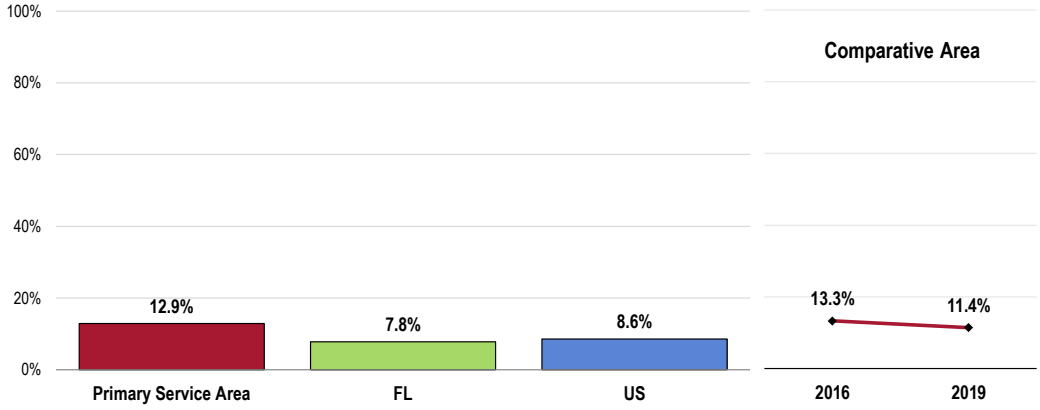
Chronic Obstructive Pulmonary Disease (COPD)

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

A total of 12.9% of Primary Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- **BENCHMARK**: Higher than state and national findings.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.
- 2017 PRC National Health Survey, PRC, Inc.

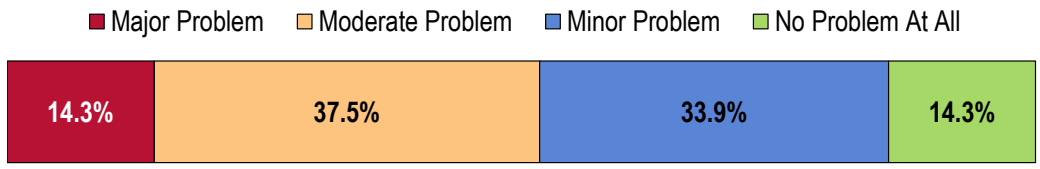
Notes:
- Asked of all respondents.
- Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Key Informant Input: Respiratory Disease

The greatest share 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, 2019)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Prevalence/Incidence

> *Incidence of COPD and congestive heart failure are among the most common reasons for admission. — Other Health Provider*
>
> *High incidence of COPD and only three practicing pulmonologists in the community. — Physician*
>
> *Work with pulmonary patients. — Other Health Provider*

Tobacco Use

> *The high number of community members who smoke. Community education and awareness. Limited smoking cessation programs. — Community/Business Leader*
>
> *High smoking population. — 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)

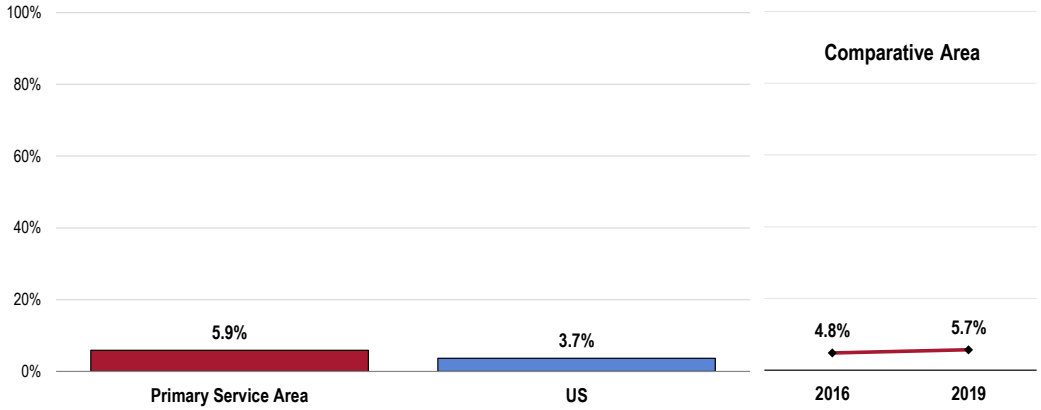
Intentional Injury (Violence)

Community Violence

A total of 5.9% of surveyed Primary Service Area adults acknowledge being the victim of a violent crime in the area in the past five years.

- **DISPARITY**: Younger adults, low-income residents, and (especially) persons of color are significantly more likely to have been a victim of violence in the community.

Victim of a Violent Crime in the Past Five Years

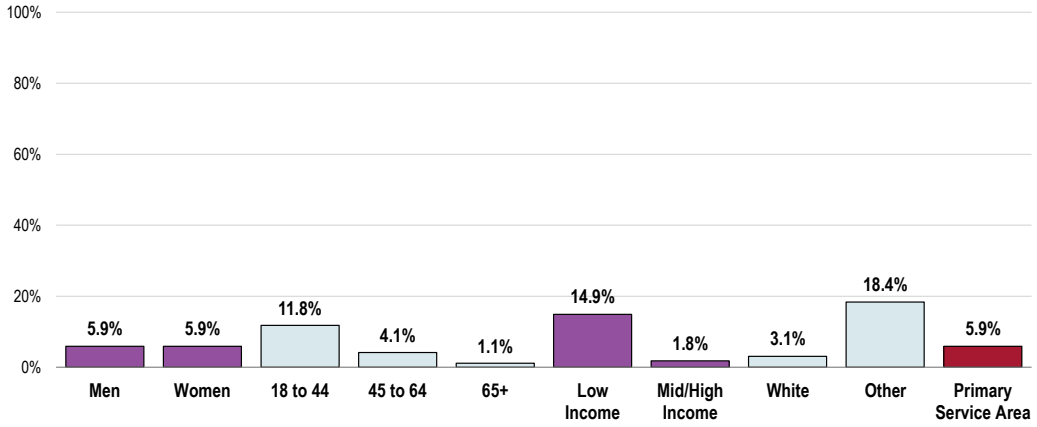


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 46]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Victim of a Violent Crime in the Past Five Years

(Primary Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 46]

Notes:
- Asked of all respondents.
- "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.

Family Violence

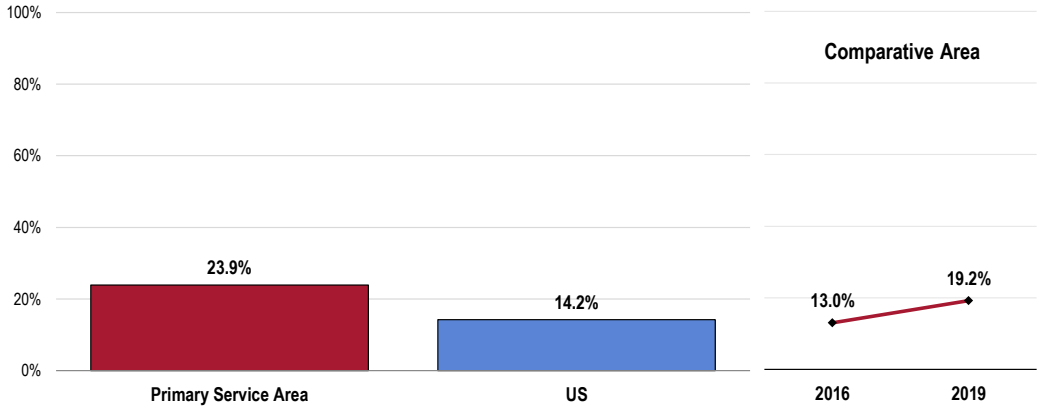
A total of 23.9% of Primary Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- **BENCHMARK**: Notably above the statewide prevalence.

Respondents were read:

"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."

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

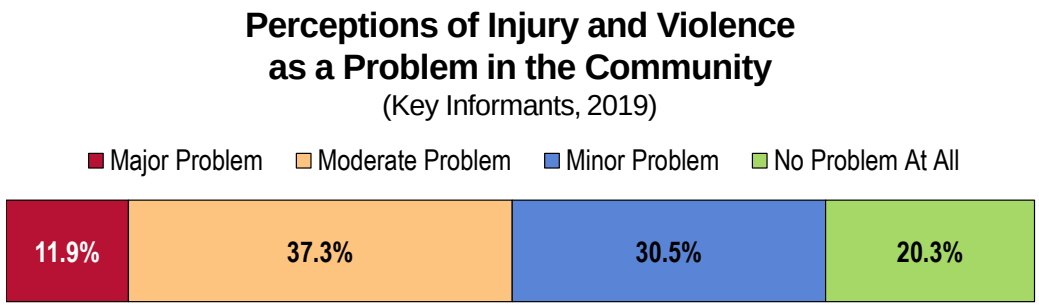


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 47]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "moderate problem" in the community.



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

Top Concerns

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

Prevalence/Incidence

> *Interpersonal [violence] is occurring and increasing at an expansive rate. — Social Services Leader*
>
> *Domestic violence is on the rise. — Social Services Leader*

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.

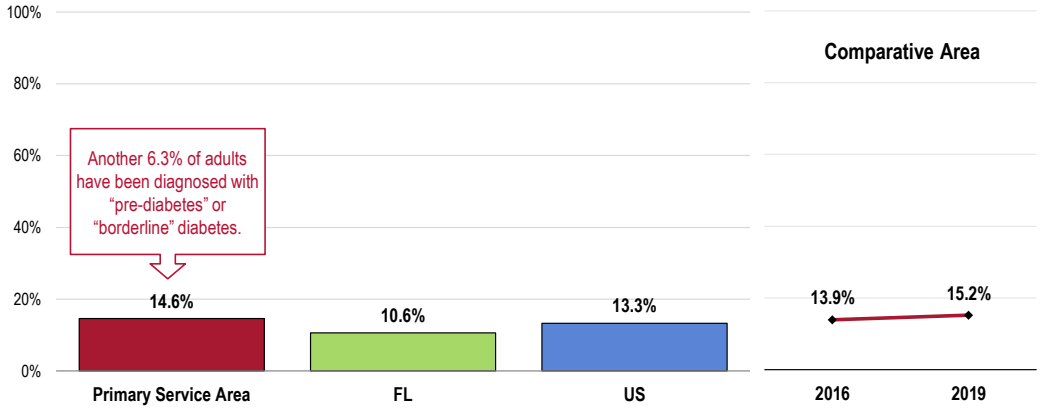
— Healthy People 2020 (www.healthypeople.gov)

Prevalence of Diabetes

A total of 14.6% of Primary Service Area adults report having been diagnosed with diabetes.

- **DISPARITY**: More common among men and (especially) those age 45 and older.

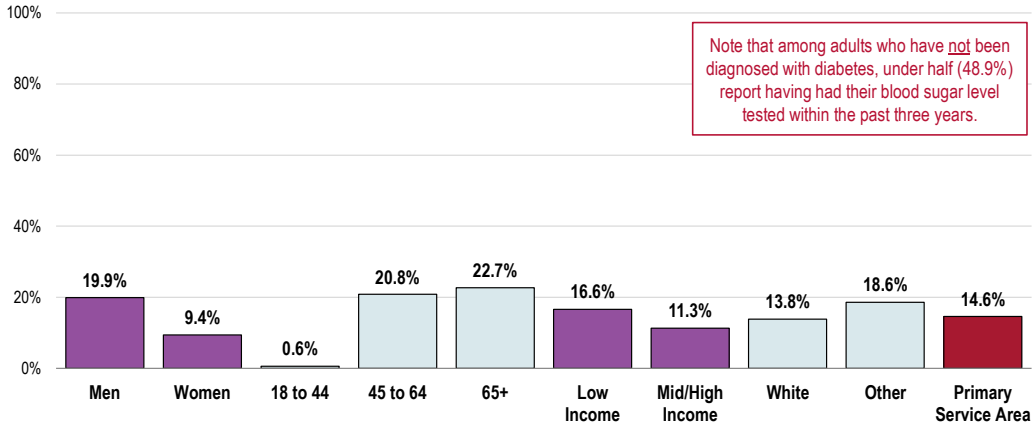
Prevalence of Diabetes



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 140]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Prevalence of Diabetes
(Primary Service Area, 2019)



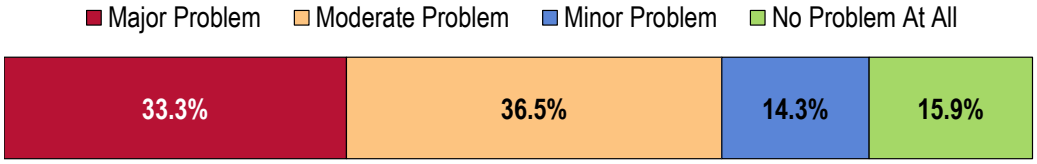
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 37, 140]

Notes:
- Asked of all respondents.
- "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 gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

Key informants taking part in an online survey characterized *Diabetes* as a "moderate problem" slightly more often than a "major problem" in the community.

Perceptions of Diabetes as a Problem in the Community
(Key Informants, 2019)



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

Top Concerns

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

Access to Healthy Food

Addressing good nutrition at a young age. — Social Services Leader

Ability to purchase health food options. — Other Health Provider

Having healthy food available. — Social Services Leader

Access to Care/Services

Obtaining a timely appointment with the doctor for the initial appointment, as well as follow-ups. Granted, there is an APRN, but the patients want to see the doctor for their first appointment. — Other Health Provider

Lack of resources to get information on diabetes management and prevention. Parrish provides this and so does FHCP, but I'm referring to the community at-large. — Community/Business Leader

Affordable Medications/Supplies

Cost of diabetes education, cost of medications. — Physician

Cost of medications, nutrition. — Other Health Provider

Awareness/Education

Education due to the poor health literacy and understanding. — Other Health Provider

Not enough education. — Other Health Provider

Disease Management

Patients do not follow care paths or plans; they do not follow a diet consistently, and medication management is difficult to manage. — Community/Business Leader

Following medical care recommendations 24/7. — Community/Business Leader

Lack of Providers

There is one physician available specializing in this specialty. — Physician

Lack of primary care, price on insulin and weight management. — Community/Business Leader

Affordable Care/Services

Costs. — Social Services Leader

Obesity/Overweight

> *Rates of overweight and obese children continue to rise in Brevard. The cost of healthy food choices continues to rise. According to recent studies, children are exercising less. As we continue to see an increase in body mass in youth and adults, we can expect to see an increase in the rates of Type 2 diabetes. The cost of treating diabetes and the health conditions associated with diabetes will continue to increase. — Social Services Leader*

Prevalence/Incidence

> *We have a very high prevalence of diabetes in our county. I think we should focus efforts on people with pre-diabetes to provide them with the tools and education necessary to make good decisions, so they do not get full blown diabetes. I also think we need to promote the resources we have available so that more people in our community can learn how to manage their diabetes with medication, nutrition and exercise. — Community/Business Leader*

Kidney Disease

About 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.

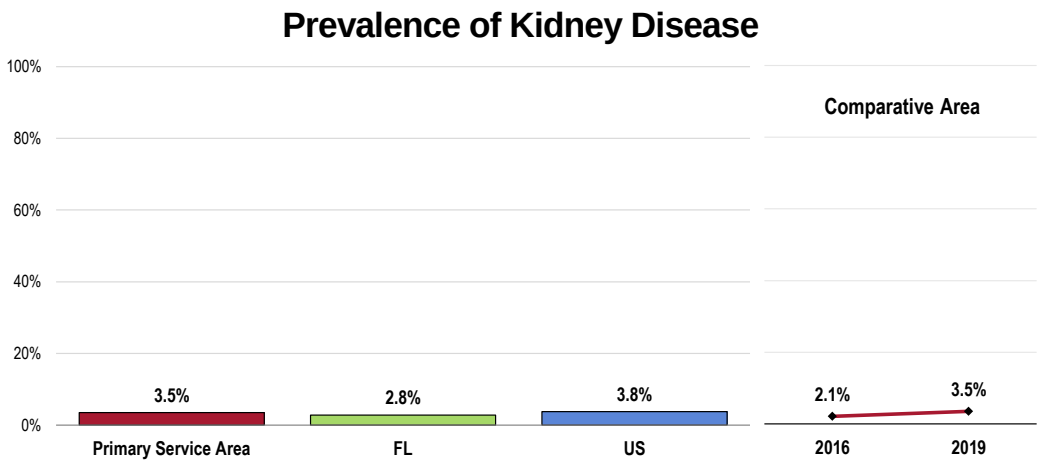
Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes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

— Healthy People 2020 (www.healthypeople.gov)

Prevalence of Kidney Disease

A total of 3.5% of Primary Service Area adults report having been diagnosed with kidney disease.

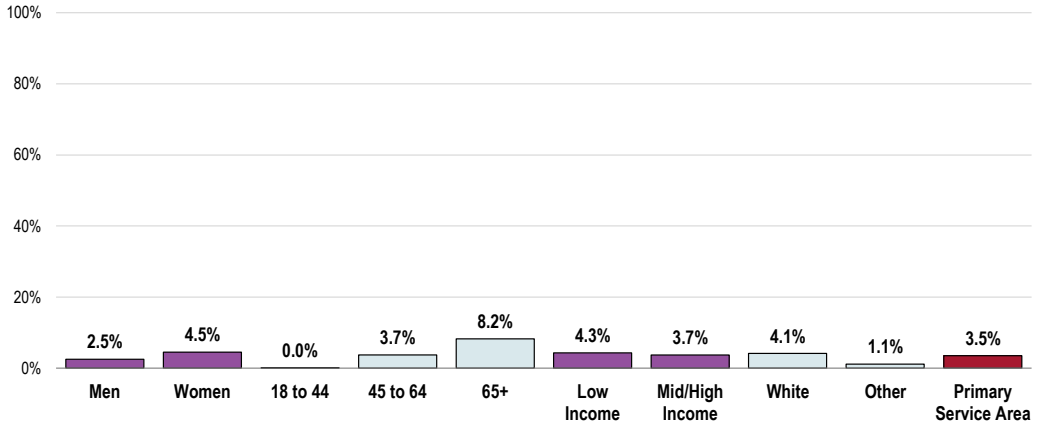
- **DISPARITY**: Prevalence increases with age.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Prevalence of Kidney Disease
(Primary Service Area, 2019)

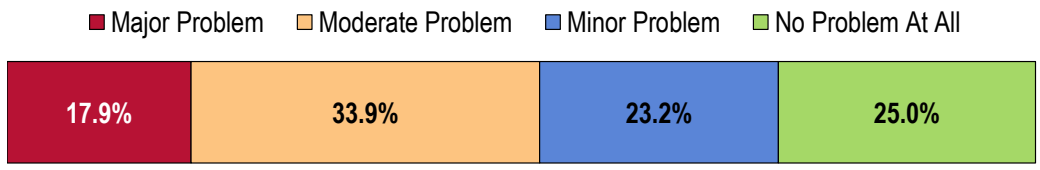


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 30]
Notes: • Asked of all respondents.
• "White" reflects non-Hispanic White respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes 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: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a "moderate problem" in the community.

Perceptions of Kidney Disease as a Problem in the Community
(Key Informants, 2019)



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

Top Concerns

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

Lack of Providers

> *Physician accessibility and primary care provider diagnosis of chronic kidney disease and patient referral. — Community/Business Leader*
>
> *Not enough quality, trained providers in town to deal with chronic kidney problems. — Physician*
>
> *There are only two nephrologists in the community. — Physician*

Disease Management

> *We see many dialysis patients in the hospital, who are non-compliant in the community. — Other Health Provider*
>
> *In the end, transplant or dialysis are the only choices. — Social Services Leader*

Co-Occurrences

> *Nutrition, alcoholism. — Other Health Provider*

Prevalence/Incidence

> *Top diagnosis within the last five years. Hypertension and diabetes predispose kidney disease. — Other Health Provider*

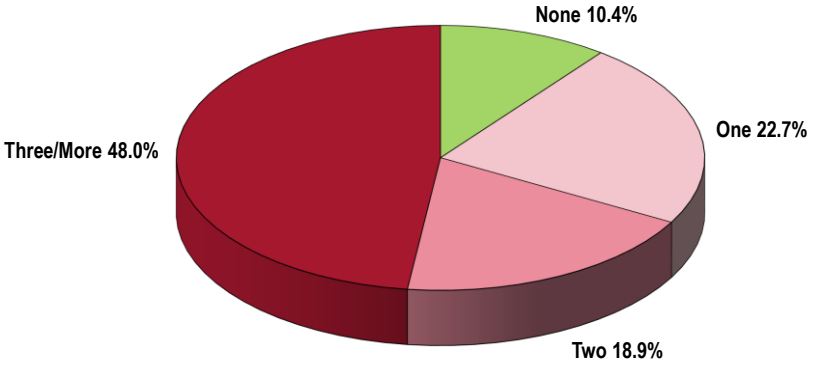
Potentially Disabling Conditions

Multiple Chronic Conditions

Among Primary Service Area survey respondents, most report currently having at least one chronic health condition.

For the purposes of this assessment, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression. Multiple chronic conditions are concurrent conditions.

Number of Current Chronic Conditions
(Primary Service Area, 2019)



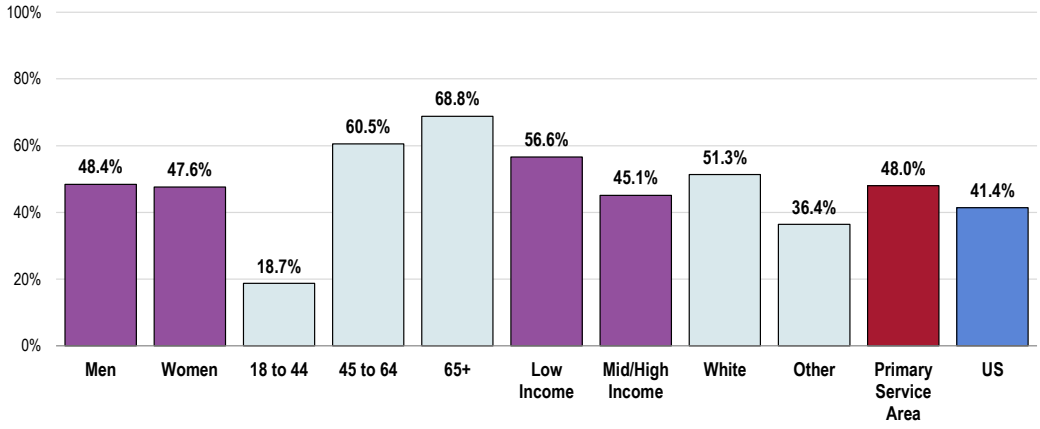
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 143]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

In fact, 48.0% of Primary Service Area adults report having three or more chronic conditions.

- **BENCHMARK**: Significantly higher than the prevalence seen nationally.
- **DISPARITY**: Increases significantly past age 45.

Currently Have Three or More Chronic Conditions
(Primary Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 143]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "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, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Activity Limitations

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.

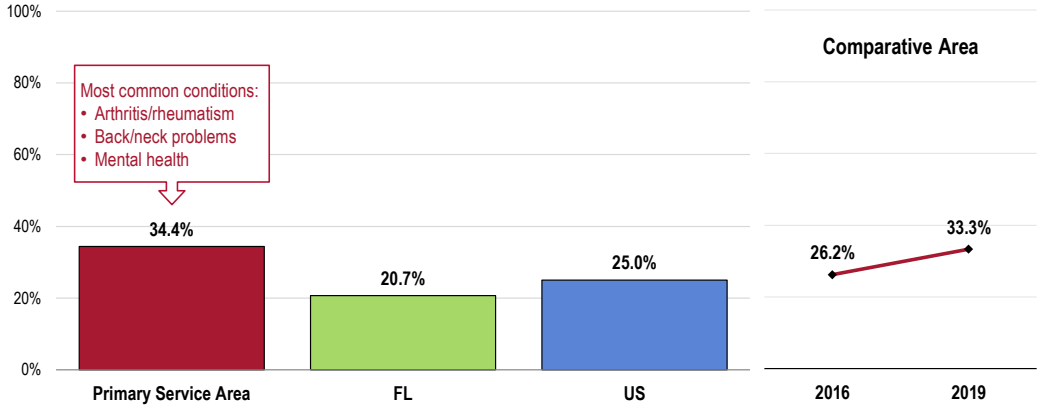
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **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)

A total of 34.4% of Primary Service Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

- **BENCHMARK**: Notably higher than Florida and US findings.
- **DISPARITY**: Note the 52.8% prevalence among low-income residents.

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

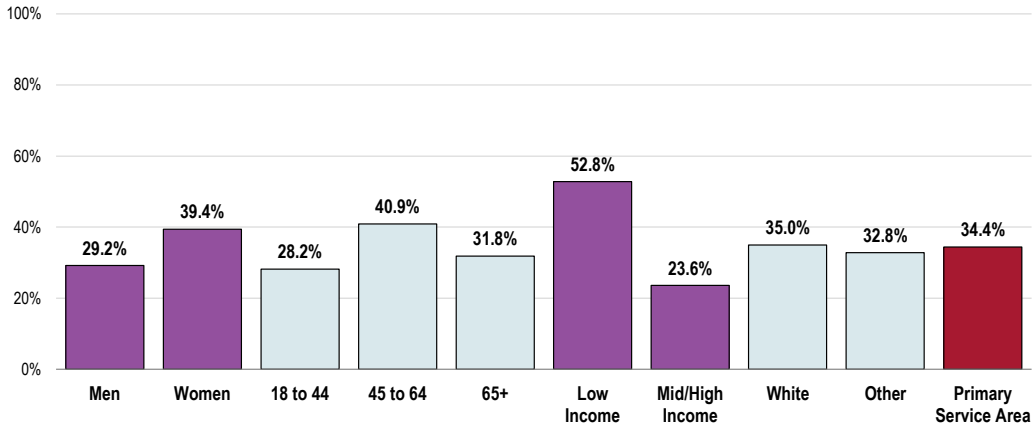


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 109-110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

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

(Primary Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 109]

Notes:
- Asked of all respondents.
- "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.

Arthritis, Osteoporosis & Chronic Back 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)

Over one-third (34.3%) of Primary Service Area adults age 50 and older reports suffering from arthritis or rheumatism.

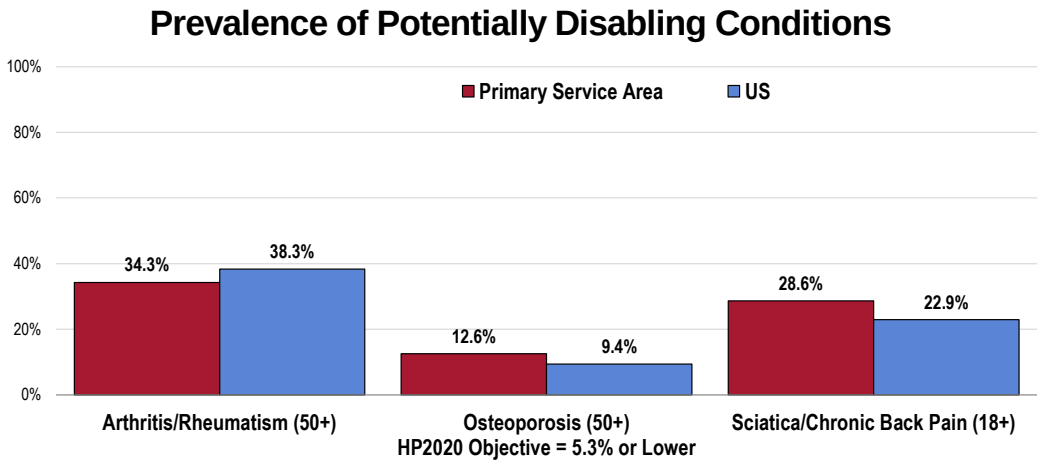
- No significant differences to report.

A total of 12.6% of Primary Service Area adults age 50 and older have osteoporosis.

- **BENCHMARK**: Fails to satisfy the related Healthy People 2020 objective.

A total of 28.6% of Primary Service Area adults (18 and older) suffer from chronic back pain or sciatica.

- **BENCHMARK**: Significantly higher than the national prevalence.

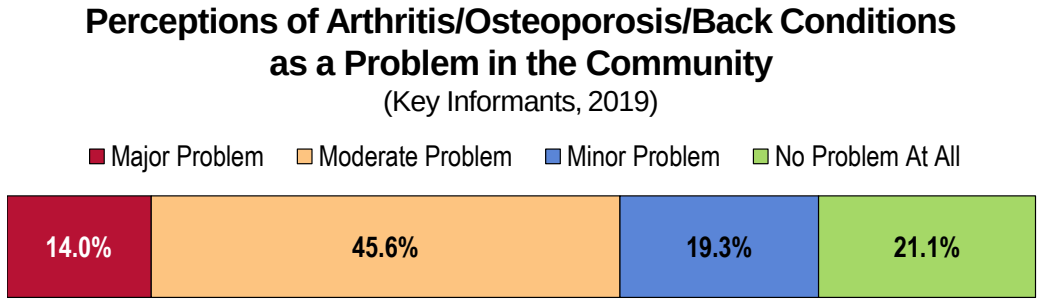


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 26, 141-142]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

Notes:
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

A plurality of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "moderate problem" in the community.



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Lack of Specialists

> *Only one neurosurgeon on the medical staff. Only one rheumatologist on the medical staff. — Physician*
>
> *There are no physicians available specializing in this specialty. — Physician*
>
> *Not enough specialists in North Brevard. — Community/Business Leader*

Co-Occurrences

> *Individuals with weight, blood pressure or heart disease attribute significantly to these conditions. Being physically active comes as an extra chore; many refuse to take 10 minutes to do. All of these factors lead to arthritis, osteoporosis and back conditions being leading problems why patients indicate pain and the inability to or carry out tasks. — Community/Business Leader*

Impact on Quality of Life

> *Affects quality of life in many people. Limits ability to exercise and also limits participation in things they enjoy. — Physician*

Insurance Issues

> *Specialty doctors require insurance. — Social Services Leader*

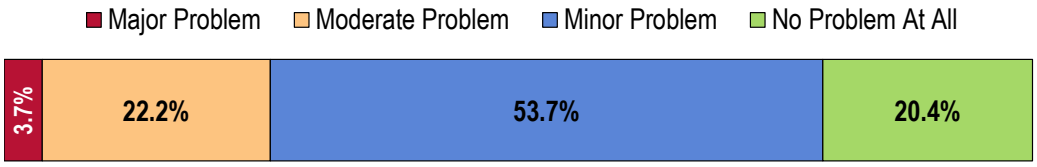
Prevalence/Incidence

> *As a rehab facility, we see a multitude of this type of patient. — Other Health Provider*

Key Informant Input: Vision & Hearing

More than half of key informants taking part in an online survey characterized *Vision & Hearing* as a "minor problem" in the community.

Perceptions of Vision and Hearing as a Problem in the Community
(Key Informants, 2019)



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

Top Concerns

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

Aging Population

> *Large elderly population. — Other Health Provider*

Insurance Issues

> *They require insurance. — Social Services Leader*

Alzheimer's Disease

About Dementia

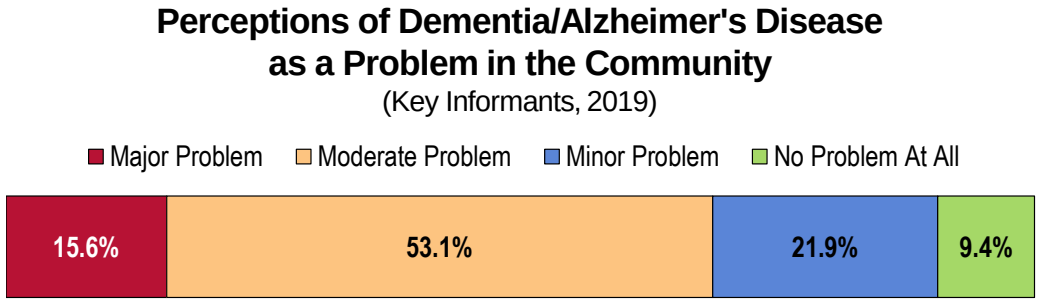
Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean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

Key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a "moderate problem" in the community.



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

Top Concerns

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

Access to Care/Services

People and doctors are unaware of services provided for the dementia/Alzheimer's population for this great need plaguing families who are under great stress taking care of loved ones 24/7. — Social Services Leader

There is a lack of providers and services to meet their needs. Generally someone with that disease is typically much older in age; however a few are younger in general. — Community/Business Leader

Limited resources for families that reside in the area. — Social Services Leader Awareness/Education

Aging Population

A significant proportion of the Space Coast is elderly and ~50% over 85 are at risk for development of Alzheimer's disease. We have limited neuropsychologists to assist with diagnosis of mild cognitive impairment, which is important since 10-15% of MCI individuals convert to dementia annually. There are significant driving risks. Many elderly individuals live here without family members. Not enough ALFs with memory care units. — Physician

> *Many seniors live in Brevard and there is a high number of nursing homes. Many people with dementia are still living at home. — Community/Business Leader*
>
> *Large elderly community. — Other Health Provider*

Prevalence/Incidence

> *There are more and more cases every day and it seems we don't have an adequate number of facilities to help. — Community/Business Leader*
>
> *We seem to have a rise in this diagnosis. — Other Health Provider*
>
> *Prevalent. — Social Services Leader*

Impact on Quality of Life

> *The long goodbye. — Social Services Leader*

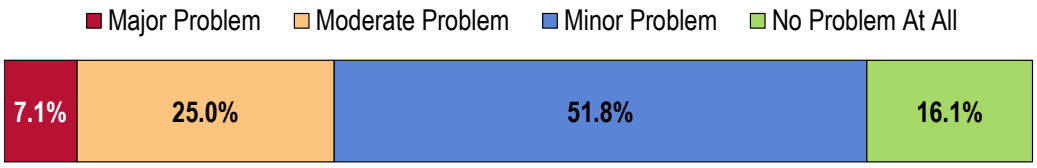
Immunization & Infectious Diseases

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, 2019)



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

Top Concerns

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

Awareness/Education

> *Many parents do not want to vaccinate. There is a lack of understanding of how vaccines work. — Community/Business Leader*
>
> *Many parents are not vaccinating their children. — Social Services Leader*

Lack of Providers

> *Limited providers in the immediate area. Community education and awareness. Primary care physicians not referring to infectious disease specialists. — Community/Business Leader*

Infant & Child Health

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).

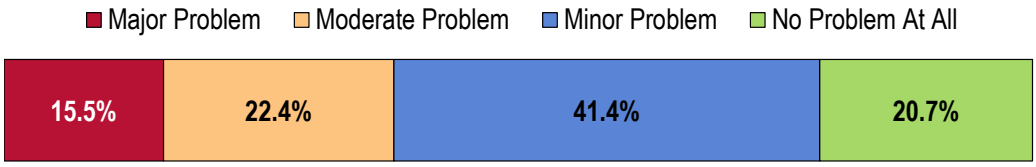
— Healthy People 2020 (www.healthypeople.gov)

Early and continuous prenatal care is the best assurance of infant health.

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, 2019)



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

Top Concerns

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

Access to Care/Services

> *We do not have a children's hospital and have overall lack of pediatric specialists. Diagnoses and treatment are often delayed or create significant psychological and economic burden on the family since many do not have access to the right education and/or travel outside of our county for care. This is across the board across specialties. — Physician*

> *Children need a strong beginning. — Social Services Leader*
>
> *Lack of resources. — Other Health Provider*

Socioeconomic Statues

> *Many homeless children. Florida does not have Medicaid Expansion, not all children qualify for KidCare. — Community/Business Leader*
>
> *Many children at or below poverty level. — Social Services Leader*

Insurance Issues

> *For families with no insurance and/or Medicaid, limited providers. Health Department and Brevard Health Alliance. Need more education and outreach for low income families. — Social Services Leader*

Obesity/Overweight

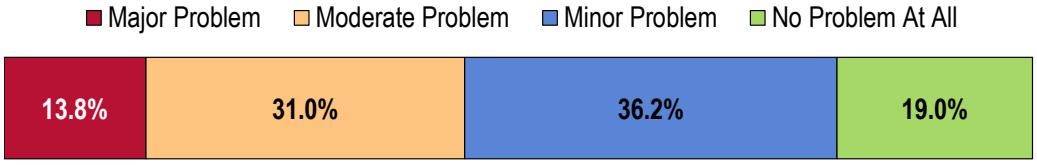
> *Level of obesity and inactivity has continued to increase. — Social Services Leader*

Family Planning

Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a "minor problem" in the community.

Perceptions of Family Planning as a Problem in the Community
(Key Informants, 2019)



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

Top Concerns

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

Awareness/Education

> *Mostly because young parents are not knowing the needs that a child presents when they are brought into the world. — Community/Business Leader*

Insurance Issues

> *We see a large amount of patients without insurance benefits delivering babies, also a considerable amount of substance abuse in mothers and babies. — Other Health Provider*

Parental Issues

> *Lack of responsibility. — Social Services Leader*

Policy

> *Family planning is becoming a major issue all across the country due to politics. — Community/Business Leader*

Socioeconomic Status

> *Low socioeconomic status, cannot afford many of these resources. — Social Services Leader*

Unplanned Pregnancies

> *We seem to have a high amount of unplanned pregnancies in the North area of Brevard. — Social Services Leader*

Modifiable Health Risks

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

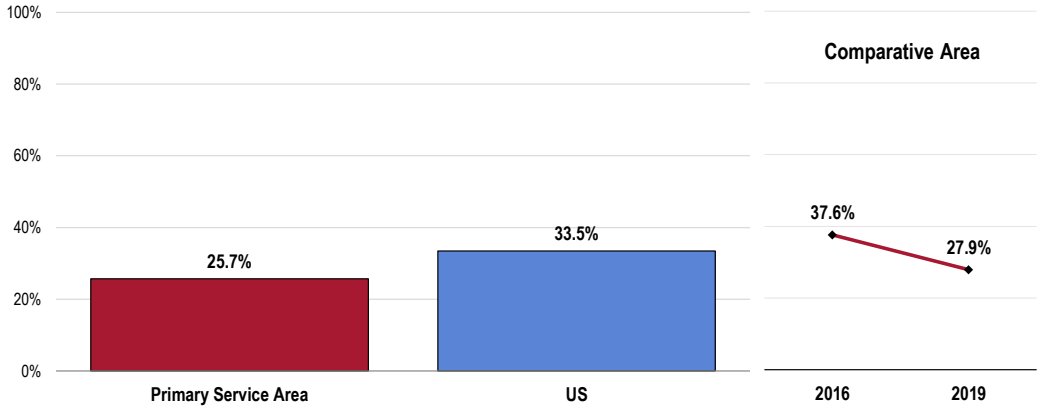
One-quarter (25.7%) of Primary Service Area adults report eating five or more servings of fruits and/or vegetables per day.

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.

RELATED ISSUE:
See also *Food Access* in the **Social Determinants of Health** section of this report.

- **TREND**: An unfavorable decrease over the past three years.
- **BENCHMARK**: Significantly lower than national findings.
- **DISPARITY**: Note the correlation with age.

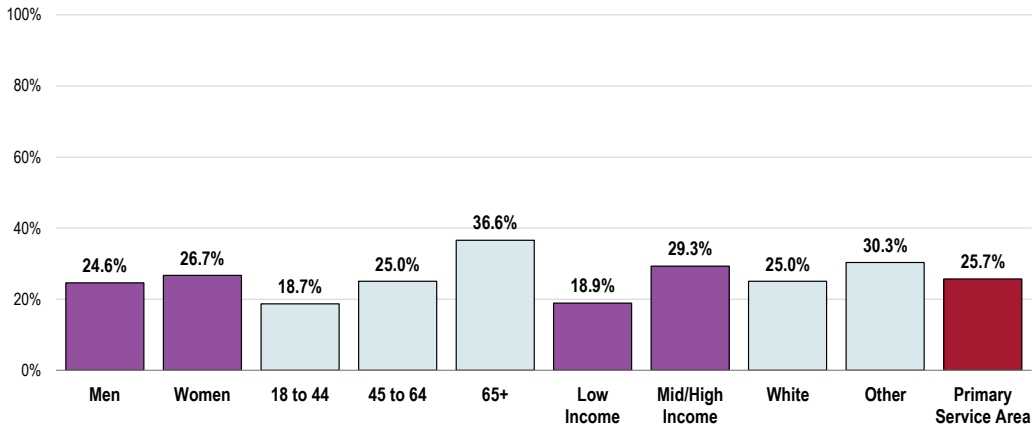
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 148]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Primary Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 148]

Notes:
- Asked of all respondents.
- "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.

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, 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

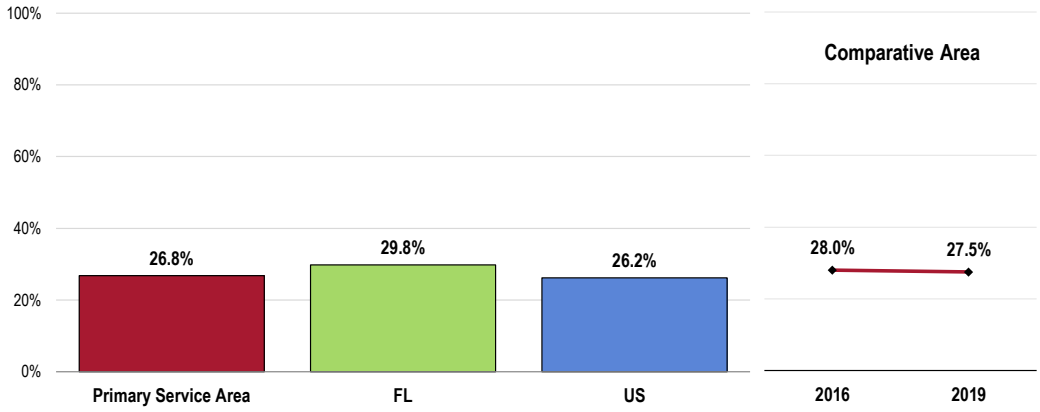
More than one in four Primary Service Area adults (26.8%) report no leisure-time physical activity in the past month.

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.

- **BENCHMARK**: Satisfies the related Healthy People 2020 objective.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 = 32.6% or Lower



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- 2017 PRC National Health Survey, PRC, 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.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Activity Levels

Adults

Recommended Levels of Physical Activity

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

— 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
— Learn more about CDC's efforts to promote walking by visiting http://www.cdc.gov/vitalsigns/walking.

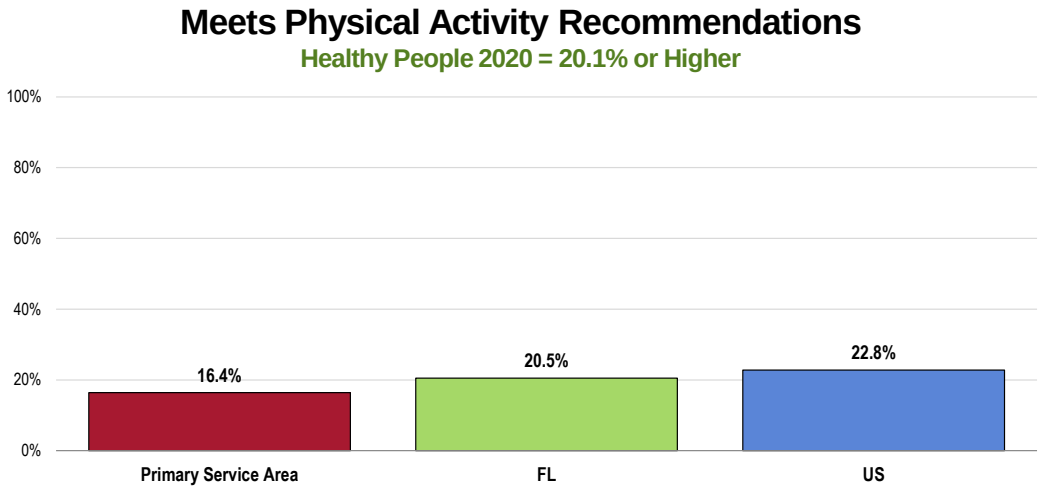
"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

A total of 16.4% of Primary Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

- **BENCHMARK**: Unfavorably lower than national findings.
- **DISPARITY**: Meeting physical activity recommendations is significantly less likely among women and adults under age 65.



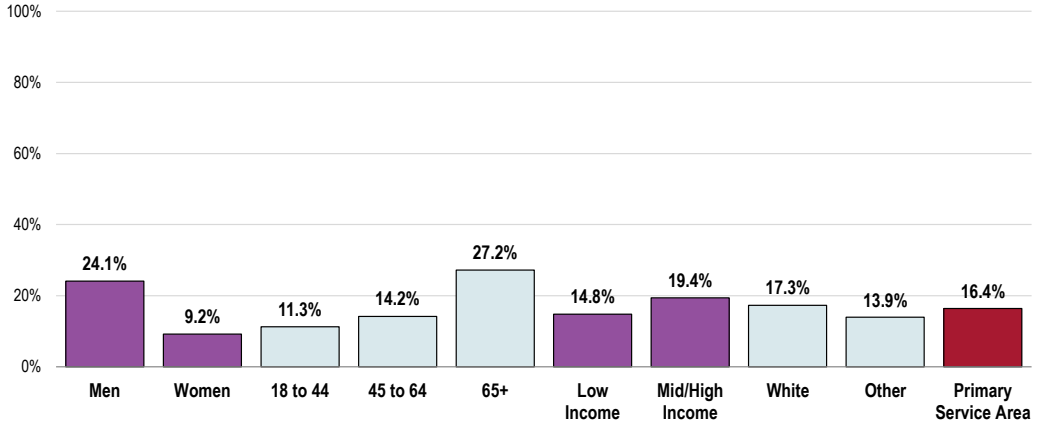
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Meets Physical Activity Recommendations

(Primary Service Area, 2019)

Healthy People 2020 = 20.1% or Higher



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 152]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.
- "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.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity *and* report doing physical activities specifically designed to strengthen muscles at least twice per week.

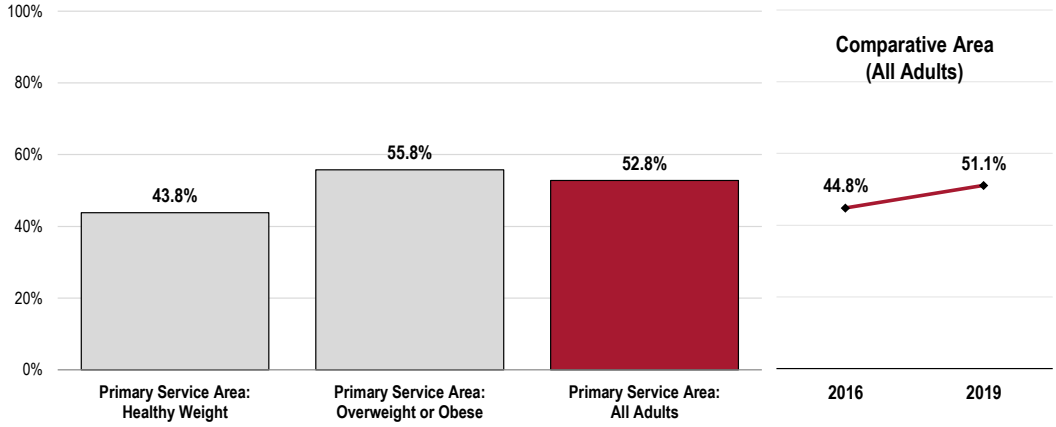
Health Advice About Physical Activity & Exercise

A total of 52.8% of Primary Service Area adults report that their physician has asked about or given advice to them about physical activity in the past year.

This increases to only 55.8% among overweight/obese respondents.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 302]

Notes:
- Asked of all respondents.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Children

Recommended Levels of Physical Activity

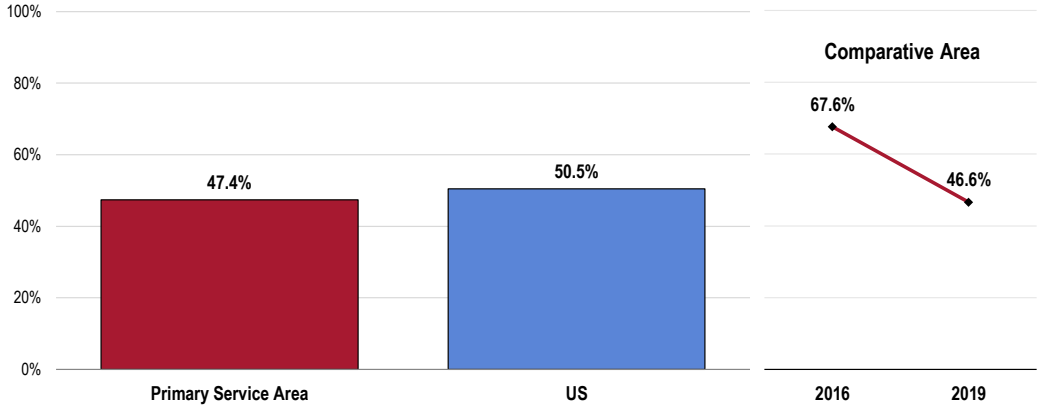
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

— 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Primary Service Area children age 2 to 17, 47.4% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

- **TREND**: Notably lower than 2016 findings.

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



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 124]
- 2017 PRC National Health Survey, PRC, 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.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

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 ≥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 ≥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.

Adult Weight Status

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.

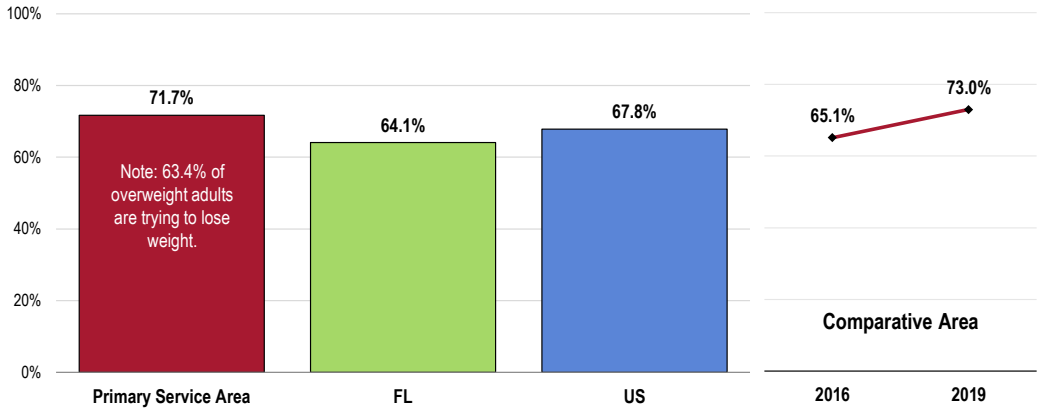
Overweight Status

A total of seven in 10 Primary Service Area adults (71.7%) are overweight.

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

- **TREND**: The prevalence has significantly increased since 2016.
- **BENCHMARK**: Significantly above state findings.

Prevalence of Total Overweight (Overweight and Obese)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 155, 191]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.
- 2017 PRC National Health Survey, PRC, Inc.

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.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Note that 31.1% of overweight adults have been given advice about their weight by a health professional in the past year (while over two-thirds have not).

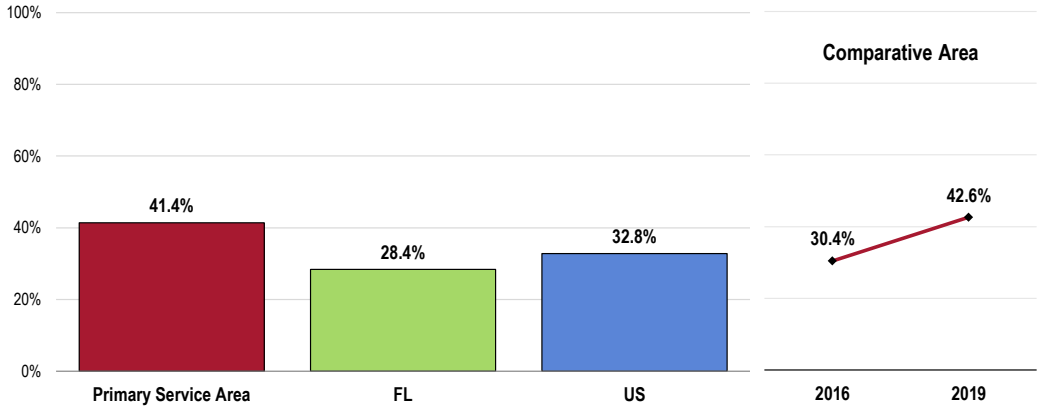
The overweight prevalence above includes 41.4% of Primary Service Area adults who are <u>obese</u>.

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

- **TREND**: Marks a significant increase over the past three years.
- **BENCHMARK**: Significantly higher than state and national findings; fails to satisfy the related Healthy People 2020 objective.
- **DISPARITY**: Note the 82.4% prevalence among "Other" race residents.

Prevalence of Obesity

Healthy People 2020 = 30.5% or Lower



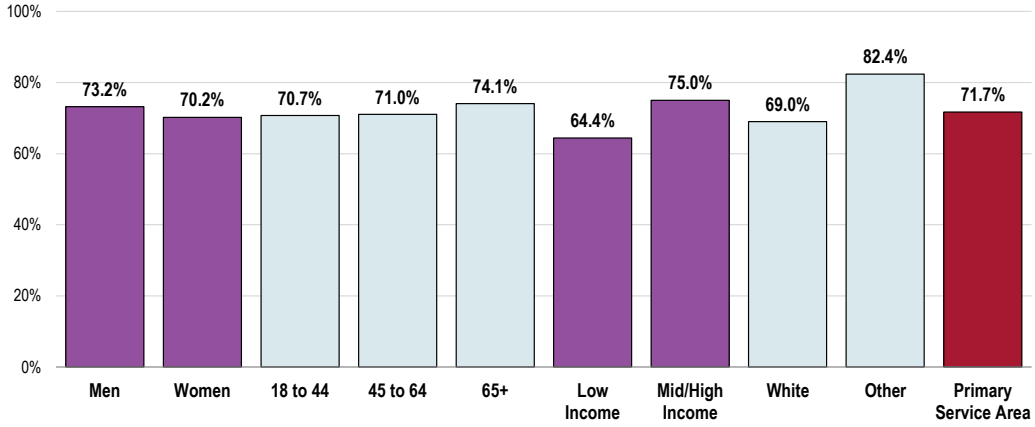
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.
- 2017 PRC National Health Survey, PRC, Inc.
- 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.
- 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.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Prevalence of Obesity

(Primary Service Area, 2019)

Healthy People 2020 = 30.5% or Lower



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
- 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.
- "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.

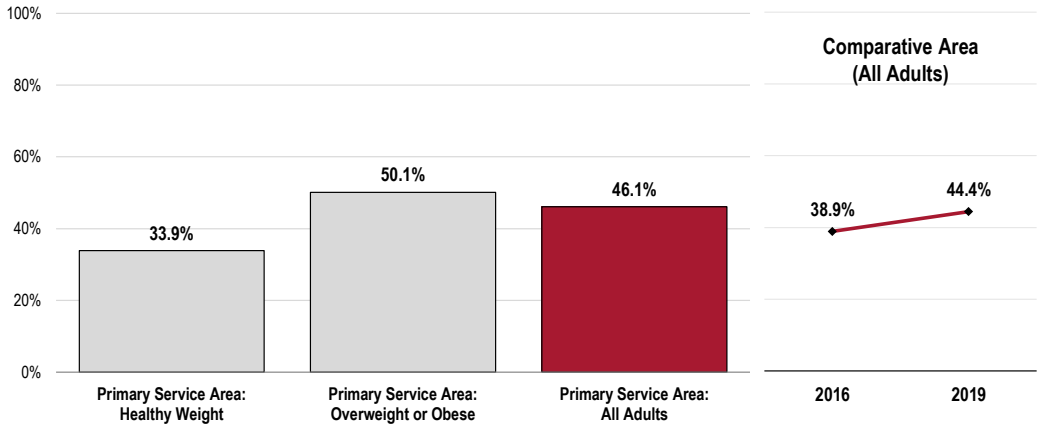
Health Advice About Diet & Nutrition

A total of 46.1% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

Just half (50.1%) of overweight/obese respondents report receiving diet/nutrition advice (meaning that the other 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: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: ● Asked of all respondents.
● Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

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.

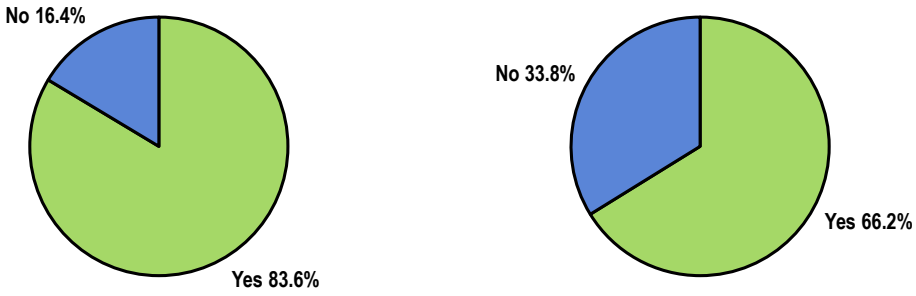
All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

— Healthy People 2020 (www.healthypeople.gov)

Of all Total Service Area adults trying to lose weight, 83.6% are modifying their diet, and 66.2% are increasing their physical activity.

Methods For Trying to Lose Weight

(Among Primary Service Area Adults Trying to Lose Weight)



Eating Fewer Calories/Less Fat | **Increasing Physical Activity**

Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 308-309]
Notes: ● Reflects those respondents who are trying to lose weight.

Children's Weight Status

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

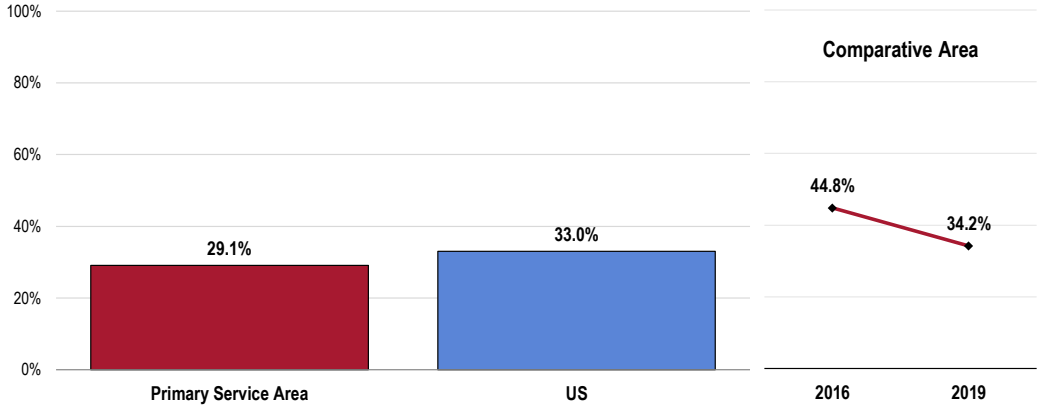
— Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 29.1% of Primary Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- No statistically significant differences to report.

Prevalence of Overweight in Children

(Parents of Children Age 5-17)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 192]
- 2017 PRC National Health Survey, PRC, 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.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

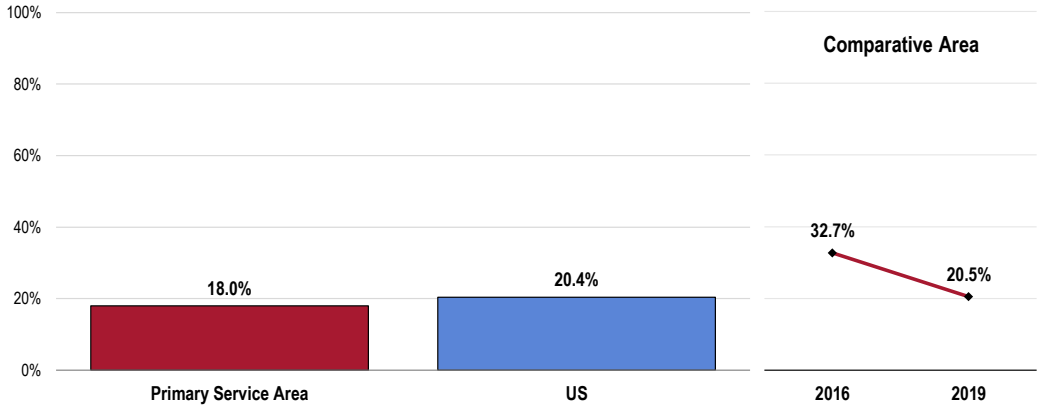
The childhood overweight prevalence above includes 18.0% of area children age 5 to 17 who are obese (≥95th percentile).

- No significant differences to report.

Prevalence of Obesity in Children

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

Healthy People 2020 = 14.5% or Lower



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 158]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

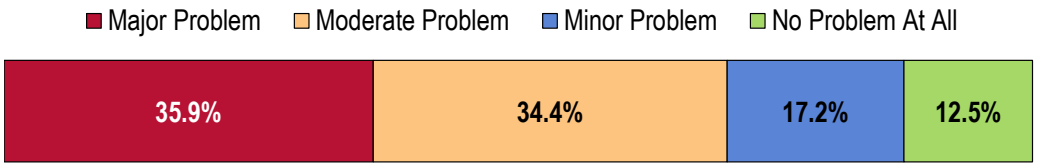
Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a "major problem" slightly more often than a "moderate problem" in the community.

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

(Key Informants, 2019)



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

Top Concerns

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

Access to Care/Services

Limited resources to gain access to fitness centers. Lack of motivation of the community. Education and community awareness. — Community/Business Leader

Not enough group behavioral support for those to track progress and provide emotional support. — Community/Business Leader

No designated weight loss center in the community. — Physician

Access to Healthy Food

Food insecurity especially among the elderly. A need to help homeless with housing and immediate food and other needs. We need an overnight shelter for homeless and a community funded and operated soup kitchen. Elderly need assistance with food through a joint effort of all food pantry locations. — Community/Business Leader

Food insecurity. Access to healthy foods that can minimize health care costs. — Social Services Leader

The cost of health food versus lower cost, unhealthy alternatives. Not always having the means to physically go get the food. — Social Services Leader

Awareness/Education

The fitness center offers many classes on these issues, but the community does not participate in them. I am not sure if it is cost, fear, shame or location. I hear the same people talking about PMC programs as they are the ones that attend. I realize you cannot "make or force" someone to want to make a change and it is a person choice, but PMC is all about health. — Other Health Provider

Education in diet and exercise advantages and the ability to pay for the costs associated with this. — Other Health Provider

The school system is looking at this issue, but it needs to begin much earlier and at home. — Social Services Leader

Affordable Care/Services

Most of our fitness clubs are very expensive in the North area. We do not have a community swimming pool, which is a challenge since we live in Florida and it's very hot outside. — Social Services Leader

Financial resources and education. — Other Health Provider

Denial/Stigma

People being motivated, workout options. — Social Services Leader

Lack of drive to change their lifestyle. — Physician

Obesity/Overweight

Obesity rates have increased dramatically resulting in multiple health issues. — Social Services Leader

Increased obesity and level of inactivity among children and adults in Brevard. — Social Services Leader

Socioeconomic Factors

Socioeconomics, education, age, health, race, geography and other factors influence individual challenges to eating well, beginning with personal factors and broadening to more social and public health factors. An estimated 21 percent of Brevard children live in poverty. Social and economic factors are the greatest influence on our overall health outcomes. It is clear that fast food represents a significant fraction of calories consumed for many people, and that this behavior contributes to excessive weight gain. Factoring in prepared and processed foods would increase this trend, and undoubtedly, factoring in restaurant visits in general would increase it further still (Georgetown University Food Study, Challenges to Good Nutrition; August 19, 2013). — Social Services Leader

Large welfare population. — Other Health Provider

Disease Management

Sticking with a plan consistently for a lifetime of change, healthy choices, access to nutrition information and meal prep. — Community/Business Leader

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)

Alcohol Use

Excessive Drinking

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

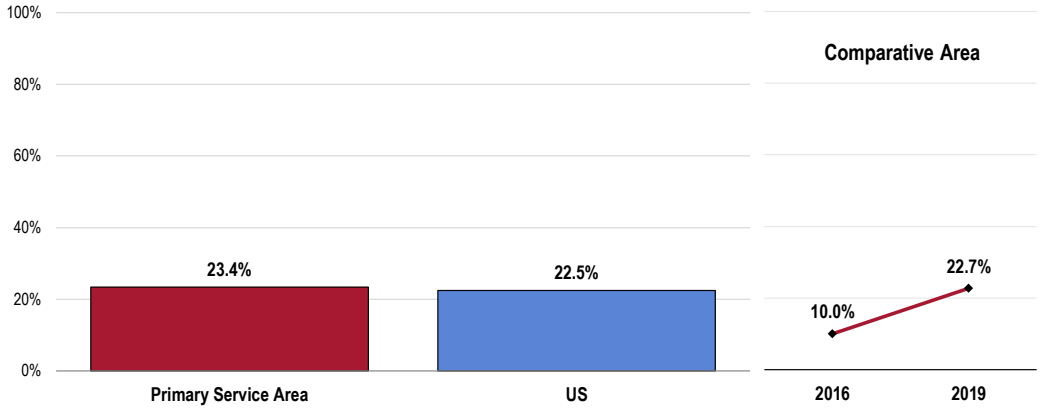
- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 23.4% of area adults are excessive drinkers (heavy and/or binge drinkers).

- **TREND**: This prevalence has more than doubled over the past three years.
- **DISPARITY**: Notably more prevalent among men than among women.

Excessive Drinkers

Healthy People 2020 = 25.4% or Lower



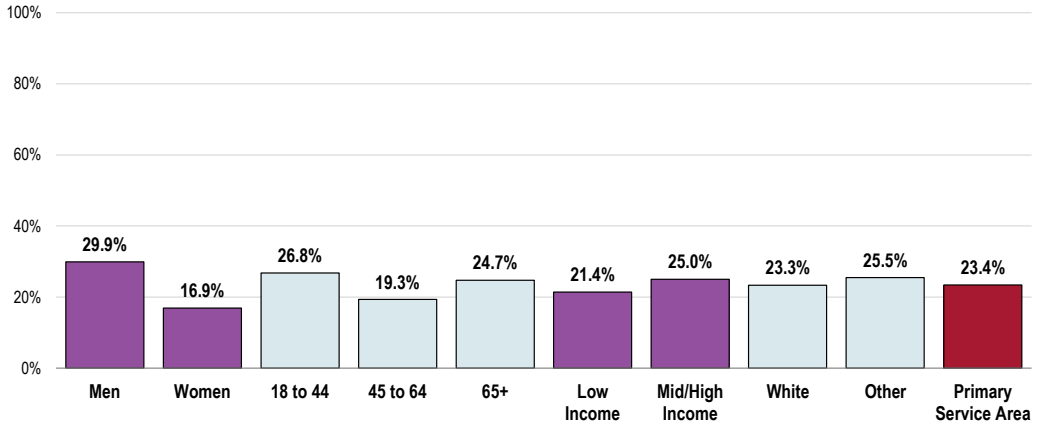
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 168]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

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.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Excessive Drinkers

(Primary Service Area, 2019)

Healthy People 2020 = 25.4% or Lower



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

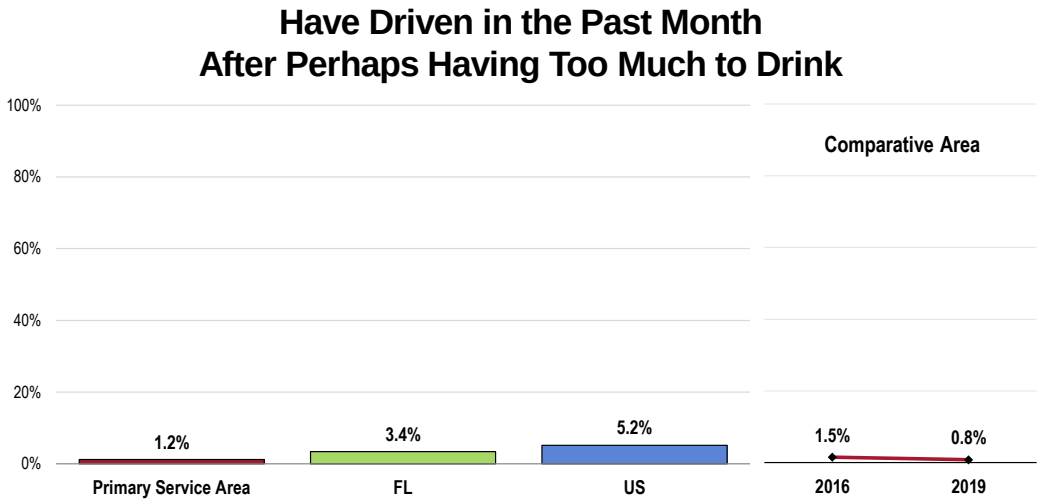
Notes:
- Asked of all respondents.
- "White" reflects non-Hispanic White respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "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 1.2% of Primary Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

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.

- **BENCHMARK**: Lower than seen statewide and nationally.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 58]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Illicit Drug Use

A total of 6.3% of Primary Service Area adults acknowledge using an illicit drug in the past month.

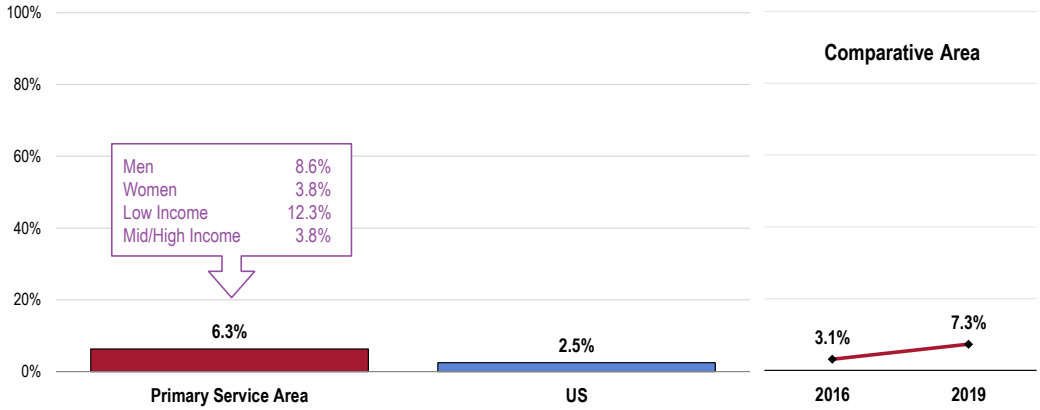
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

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 actual illicit drug use in the community is likely higher.

- **TREND**: Marks a significant increase since 2016 findings.
- **BENCHMARK**: Above the national finding.

Illicit Drug Use in the Past Month

Healthy People 2020 = 7.1% or Lower



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 59]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

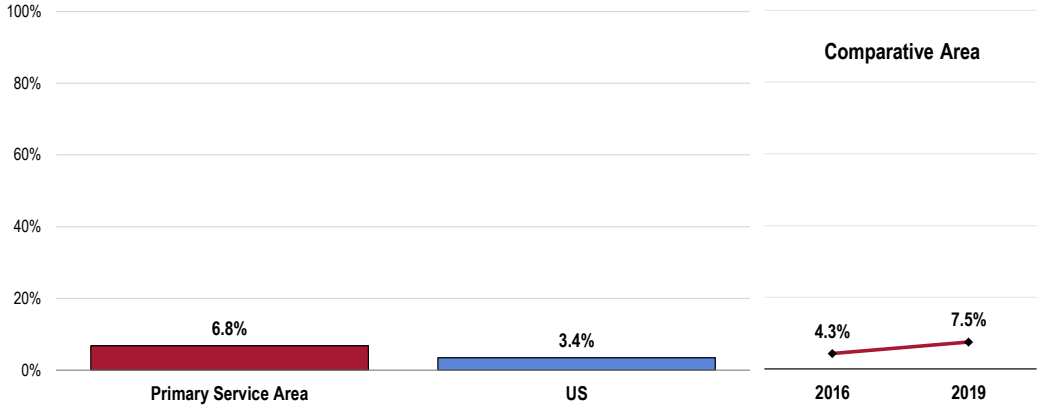
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Alcohol & Drug Treatment

A total of 6.8% of Primary Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- **BENCHMARK**: Notably above the US prevalence.

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



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 60]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

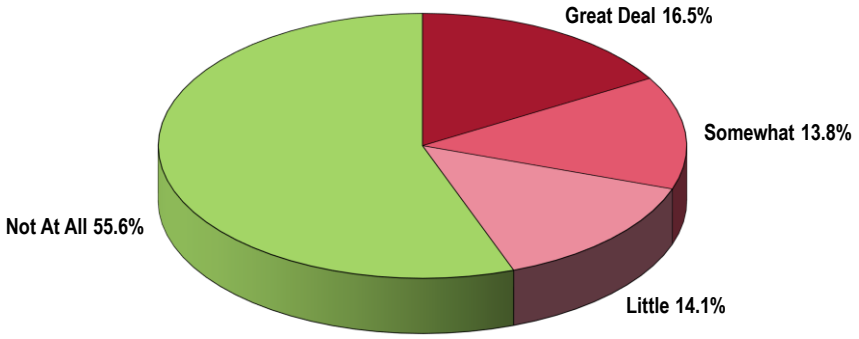
Personal Impact From Substance Abuse

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

Most Primary Service Area residents' lives have <u>not</u> been negatively affected by substance abuse (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)

(Primary Service Area, 2019)



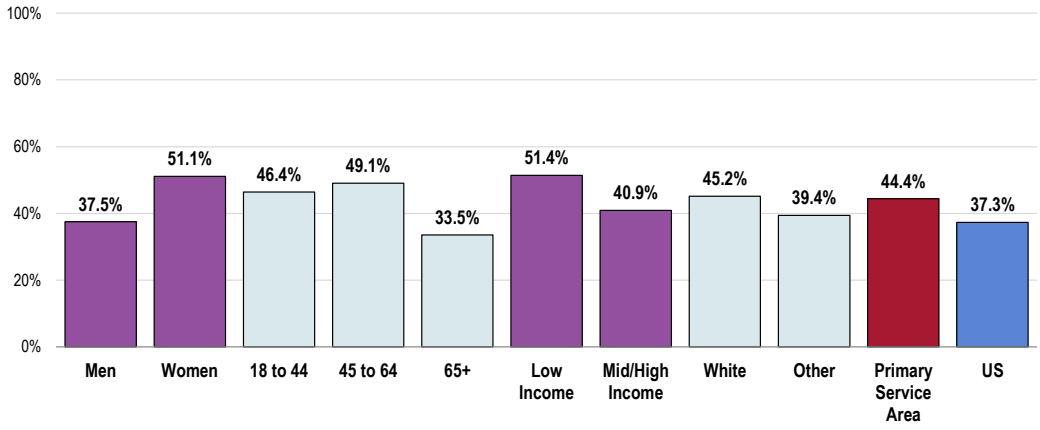
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 61]
Notes: • Asked of all respondents.

However, 44.4% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

- **BENCHMARK**: Unfavorably above national findings.
- **DISPARITY**: Unfavorably high among women and those under age 65.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

(Primary Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 195]
- 2017 PRC National Health Survey, PRC, Inc.

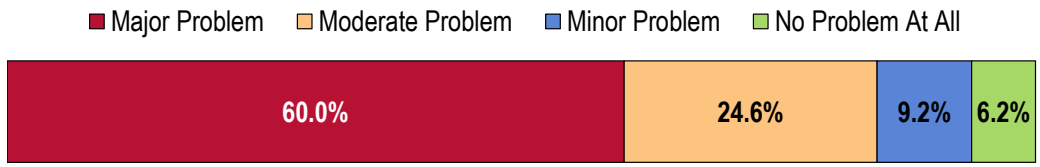
Notes:
- Asked of all respondents.
- Includes response of "a great deal," "somewhat," and "a little."
- "White" reflects non-Hispanic White respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes 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: Substance Abuse

Six in 10 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, 2019)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Access to Care/Services

> *Opioid addiction is an epidemic. We need to provide more resources for people who suffer from addiction, so they feel compelled to get the help they need. There needs to be long-term solutions to this problem as it cannot be fixed overnight. — Community/Business Leader*
>
> *Not enough community resources to treat substance abuse. Not enough community programs to increase substance abuse awareness. — Physician*

Need knowledgeable people to direct possible patients to proper resources once a problem presents itself. A system of order with clear direction. — Social Services Leader

Limited programs; detox and long-term treatment in Brevard County, no such programs in North Brevard. — Social Services Leader

Inpatient treatment for pregnant women and/or women with children, insurance. — Social Services Leader

Lack of resources and availability. Limited intensive rehab. — Community/Business Leader

Not enough facilities and education of families and young adults. — Community/Business Leader

Not enough services to meet the need. — Social Services Leader

Availability of help. — Other Health Provider

Affordable Care/Services

Most of the substance abuse programs are expensive. — Social Services Leader

Not enough resources. Financial limitations. — Other Health Provider

Financial and insurance issues and barriers to care. — Community/Business Leader

Very few treatment centers for people who cannot pay. — Other Health Provider

Cost, accessibility and desire of the individual. — Social Services Leader

Opioid Use

High incidence of opioid use in the community. — Other Health Provider

Opioid epidemic with several accidental overdose deaths. — Physician

Opioid use is very high in Brevard. — Community/Business Leader

Access for Uninsured/Underinsured

The uninsured or underinsured needs are not being met due to programs only being available on an outpatient basis. Even access to these programs are limited. — Other Health Provider

Lack of insurance, financial means, no detox, rehab or treatment facilities locally. — Social Services Leader

Lack of Providers

Lack of professionals to address this problem with teens and young adults. — Community/Business Leader

No psychiatrist. — Physician

Co-Occurrences

Self-medicating due to mental illness. — Social Services Leader

Denial/Stigma

The individual usually will not seek out help, so a family member or friend must intervene. — Community/Business Leader

Funding

FL funding for substance abuse services is among the worst (or the worst) in the nation. FL didn't expand Medicaid coverage. It is very difficult for those who are under or uninsured to access care. Transportation can also be a barrier to continuity of care. — Social Services Leader

Partnerships

This is the elephant in the room. Partner with your local legislative leaders, businesses, BPS, medical community, city and county leaders and address this rising problem in our communities. Together change can start. Health education is the responsibility for all of us. We all need affordable healthcare access and as a healthcare provider it starts with awareness. — Community/Business Leader

Socioeconomic Status

Low socioeconomic area with high substance abuse. We are seeing this throughout the country as well as in North Brevard. — Other Health Provider

Most Problematic Substances

Key informants (who rated this as a "major problem") clearly identified **heroin/other opioids** and **alcohol** as the most problematic substances abused in the community.

Problematic Substances as Identified by Key Informants				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	**Total Mentions**
Heroin or Other Opioids	35.7%	28.6%	11.1%	21
Alcohol	28.6%	25.0%	22.2%	21
Prescription Medications	25.0%	14.3%	3.7%	12
Methamphetamines or Other Amphetamines	3.6%	10.7%	18.5%	9
Cocaine or Crack	0.0%	3.6%	25.9%	8
Marijuana	7.1%	10.7%	7.4%	7
Over-The-Counter Medications	0.0%	3.6%	7.4%	3
Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)	0.0%	3.6%	0.0%	1
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	0.0%	3.7%	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.

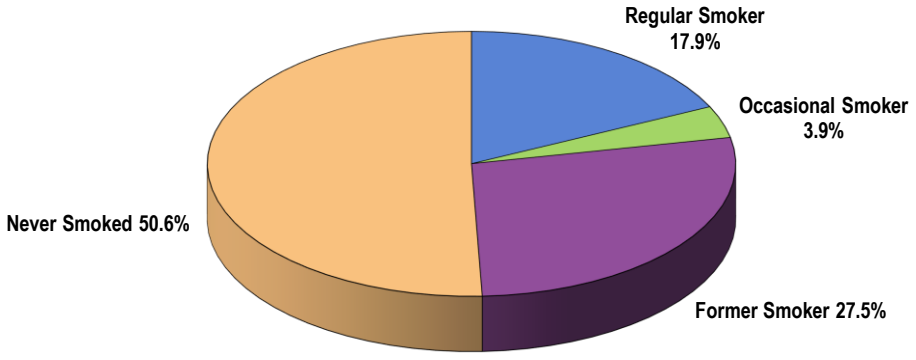
— Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 21.8% of Primary Service Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

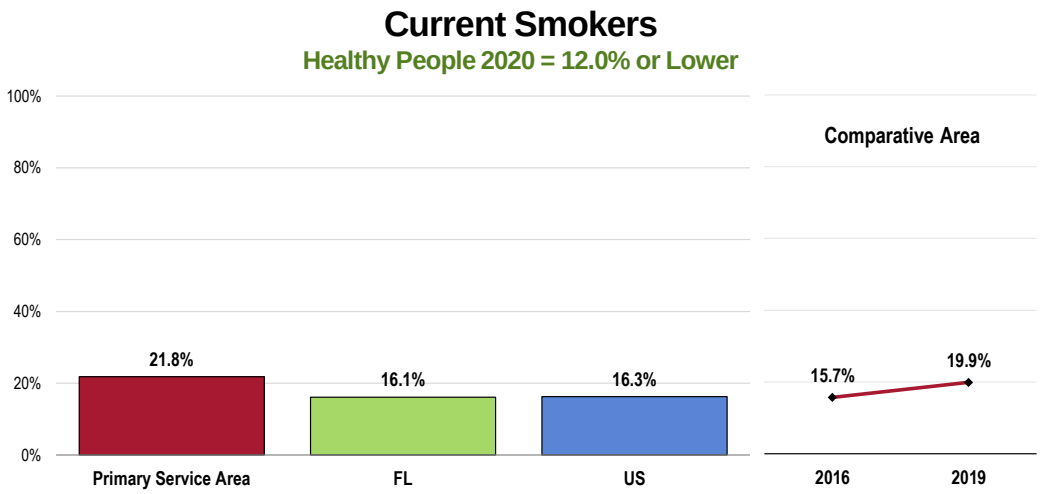
Cigarette Smoking Prevalence
(Primary Service Area, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 159]
Notes: • Asked of all respondents.

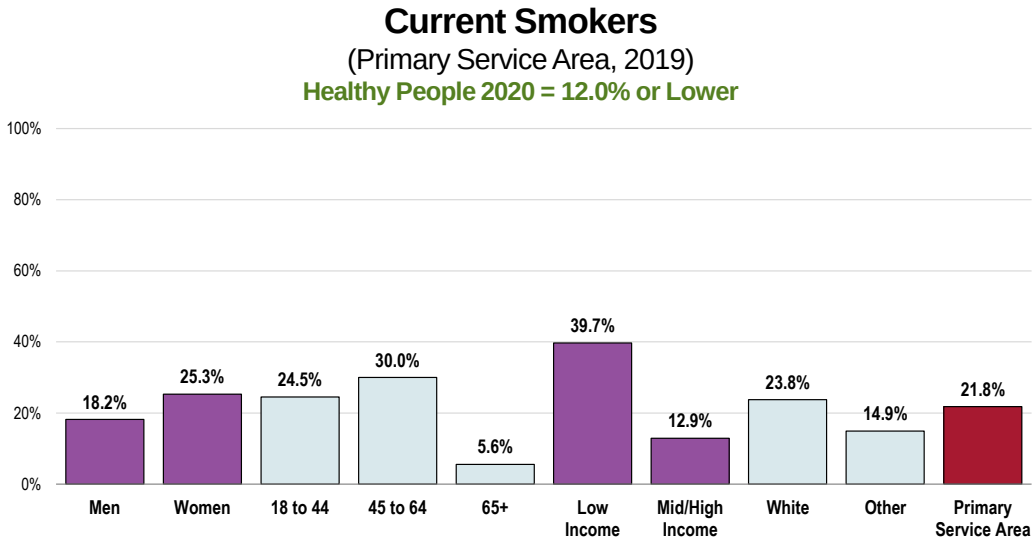
Note the following findings related to cigarette smoking prevalence in the Primary Service Area.

- **BENCHMARK**: A higher prevalence than Florida and US findings; far from satisfying the related Healthy People 2020 objective.
- **DISPARITY**: Notably more common among those under age 65 and especially low-income residents.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 193]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.
- 2017 PRC National Health Survey, PRC, Inc.
- 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 every day or on some days).
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.



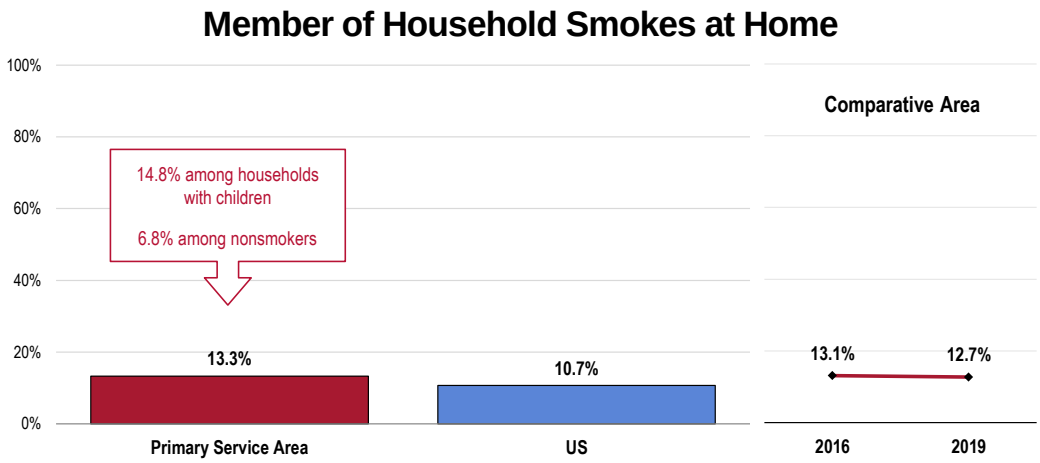
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 193]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- "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 occasion smokers (every day and some days).

Environmental Tobacco Smoke

Among all surveyed households in the Primary Service Area, 13.3% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

- No significant differences to report.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 52, 161-162]
- 2017 PRC National Health Survey, PRC, 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.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Smoking Cessation

About Reducing Tobacco Use

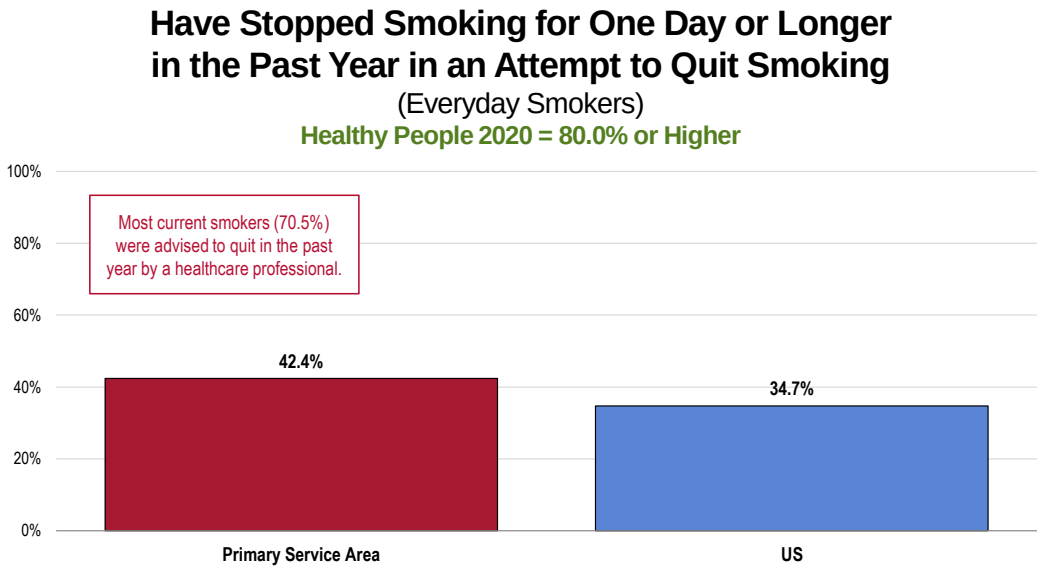
Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

— Healthy People 2020 (www.healthypeople.gov)

A total of 42.4% of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- **BENCHMARK**: Far from satisfying the related Healthy People 2020 objective.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 50-51]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-4.1]

Notes:
- Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

Use of Vaping Products

Most Primary Service Area adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 163]

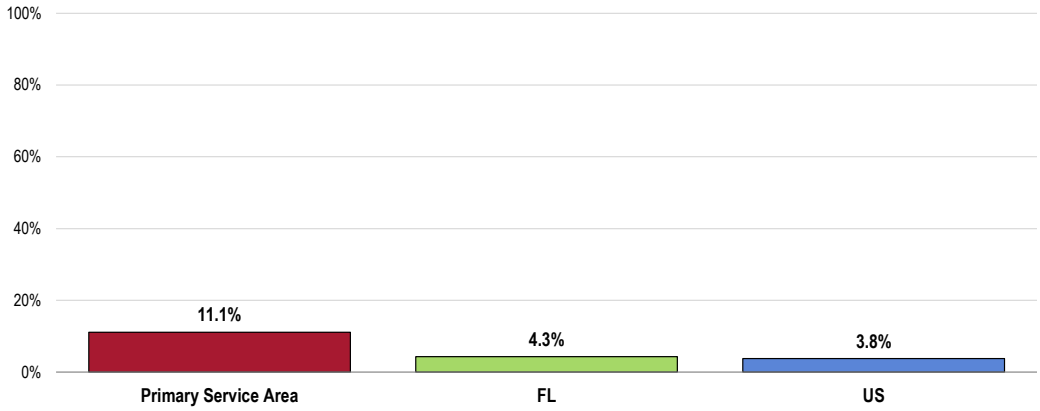
Notes:
- Asked of all respondents.

However, 11.1% currently use vaping products either regularly (every day) or occasionally (on some days).

- **BENCHMARK**: Above state and national findings.
- **DISPARITY**: Note the strong negative correlation with age.

Currently Use Vaping Products

(Every Day or on Some Days)

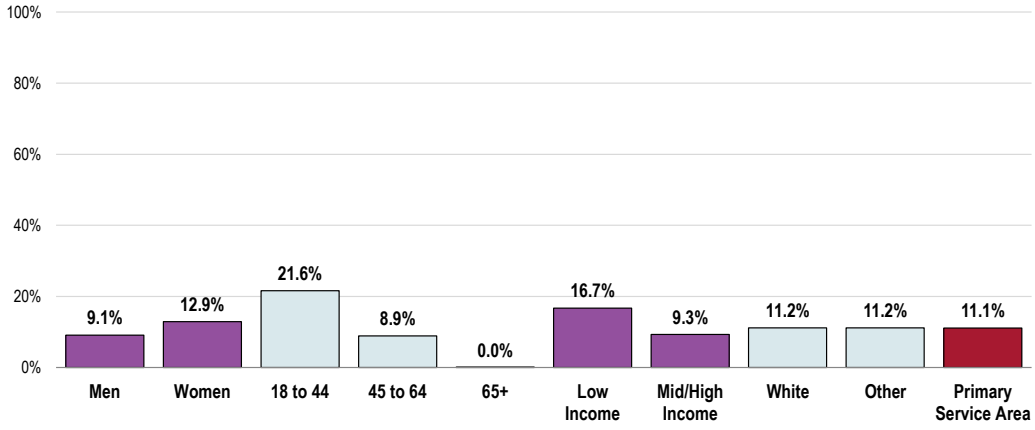


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 194]
- 2017 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.

Notes:
- Asked of all respondents.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Currently Use Vaping Products

(Primary Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 194]

Notes:
- Asked of all respondents.
- "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 users (those who smoke e-cigarettes every day or on some days).

Cigars & Smokeless Tobacco

A total of 7.9% of Primary Service Area adults use cigars every day or on some days.

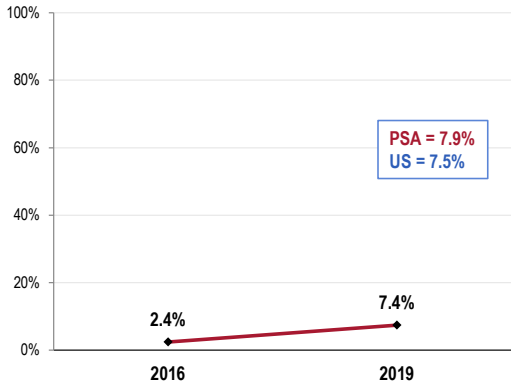
- **TREND**: The Comparative Area prevalence has increased since 2016 findings.
- **BENCHMARK**: Fails to satisfy the related Healthy People 2020 objective.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

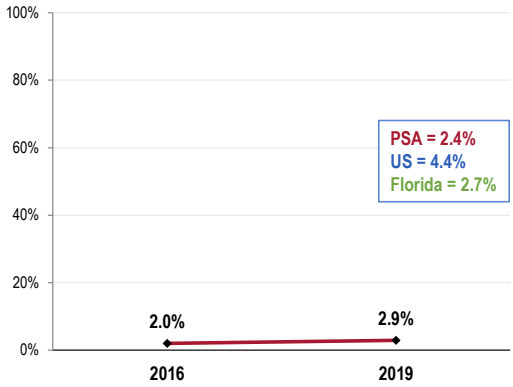
A total of 2.4% of Primary Service Area adults use some type of smokeless tobacco every day or on some days.

- **BENCHMARK**: Fails to satisfy the related Healthy People 2020 objective.

Currently Smoke Cigars
(Comparative Area)
Healthy People Goal = 0.3% or Lower



Currently Use Smokeless Tobacco
(Comparative Area)
Healthy People Goal = 0.2% or Lower

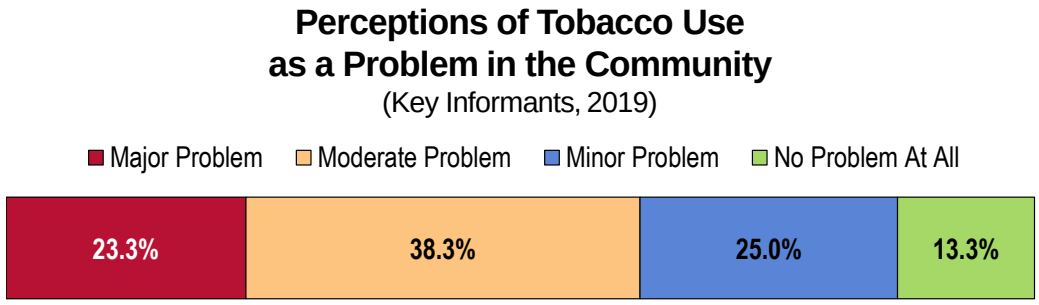


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 303-304]
- 2017 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives TU-1.2, TU-1.3]

Notes:
- Reflects the total sample of respondents in the Comparative Area (excluding ZIP Code 32926).
- Smokeless tobacco includes chewing tobacco or snuff.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a "moderate problem" in the community.



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

Top Concerns

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

Prevalence/Incidence

You see smokers at entrances to healthcare facilities, restaurants, retail stores, outdoor activities, etc. News clips regarding smoking problems and health conditions that follow. Young people now vaping where the healthcare problems that follow have not been fully identified. The noted increase in the lung cancer rate in North Brevard. — Community/Business Leader

Not a day goes by that I do not encounter individuals of all ages smoking everywhere I turn. The American Cancer, and not for the first time, is currently urging our lawmakers to the tax on all tobacco purchases in efforts to curtail smoking. CVS stopped the sale of cigarettes and other tobacco products in its stores. Cleary these organizations are making their make beyond the local community, but the local community is where this starts. — Community/Business Leader

Tobacco use is high in our community. — Social Services Leader

We continue to see many smokers in our area. — Other Health Provider

Large smoking population. — Other Health Provider

Addiction

Addiction and low socioeconomic opportunities. — Social Services Leader

Awareness/Education

Limited education and easy access. — Community/Business Leader

Sexual Health

HIV

About Human Immunodeficiency Virus (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:

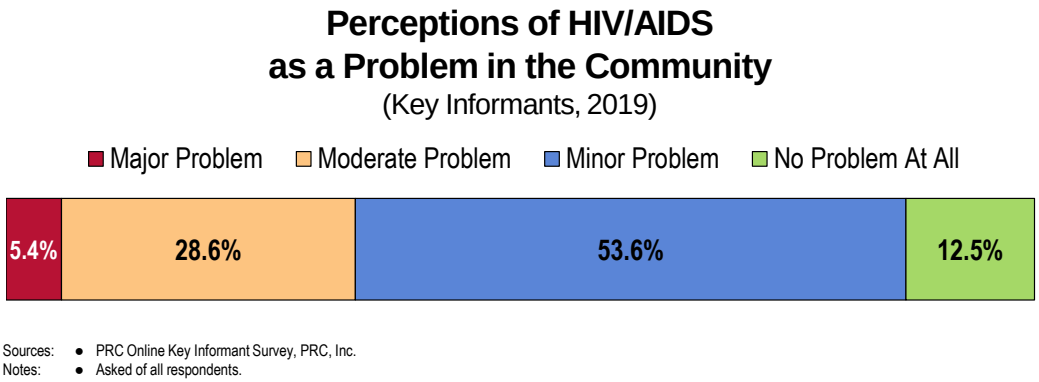
- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

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)

Key Informant Input: HIV/AIDS

More than half of key informants taking part in an online survey characterized *HIV/AIDS* as a "minor problem" in the community.



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

Top Concerns

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

Prevalence/Incidence

> *New infection rates are high in Florida, there is no Comp Sex Ed in Brevard schools, few public health messages and very high incidence in Orlando. — Community/Business Leader*
>
> *Still prevalent. — Social Services Leader*

Awareness/Education

> *Not a bigger problem, just greater awareness in Brevard County. — Social Services Leader*

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

“To be vaccinated against Hepatitis B, a series of three shots must be administered, usually at least one month between shots.

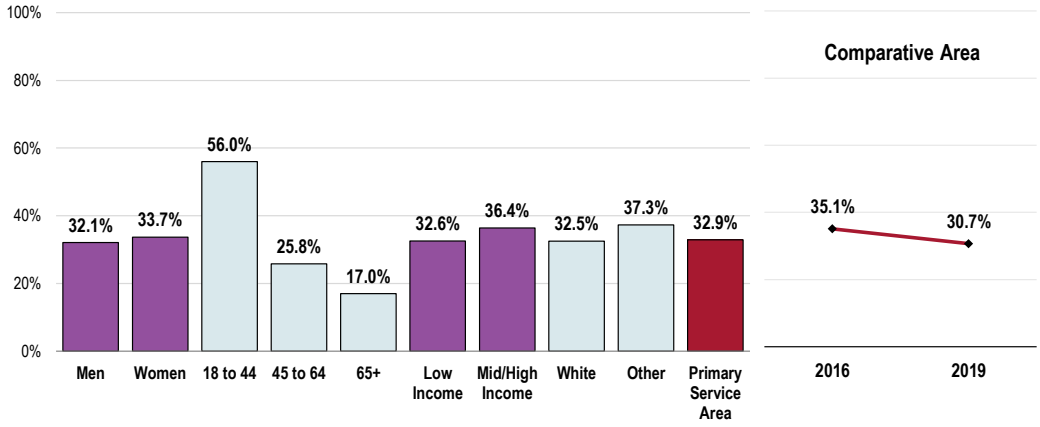
Have you completed a Hepatitis B vaccination series?”

Just under one-third (32.9%) of Primary Service Area adults report having received the hepatitis B vaccination series.

- **DISPARITY**: Less common for those age 45+.

Have Completed the Hepatitis B Vaccination Series

(Primary Service Area, 2019)



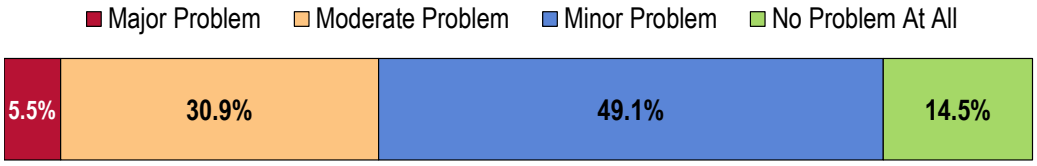
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: ● Asked of all respondents.
● "White" reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes 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 a series of three shots, usually administered at least one month between shots.
● Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Key Informant Input: Sexually Transmitted Diseases

A large portion 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, 2019)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Access to Health Services

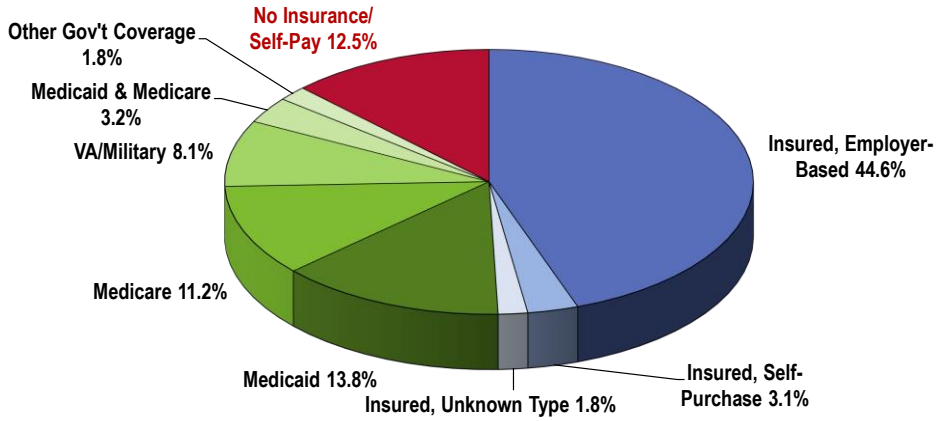
Health Insurance Coverage

Type of Healthcare Coverage

Just under half of Primary Service Area adults age 18 to 64 (49.5%) report having healthcare coverage through private insurance. Another 38.0% 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
(Adults Age 18-64; Primary Service Area, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 12.5% report having no insurance coverage for healthcare expenses.

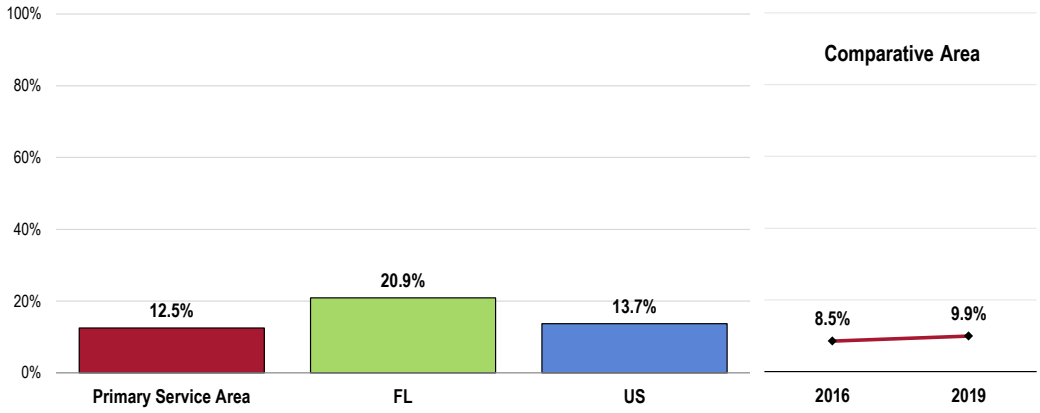
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- **BENCHMARK**: More favorable than the statewide proportion (the Healthy People 2020 objective is universal healthcare).
- **DISPARITY**: More common among low-income residents.

Lack of Healthcare Insurance Coverage

(Adults Age 18-64)

Healthy People 2020 = 0.0% (Universal Coverage)



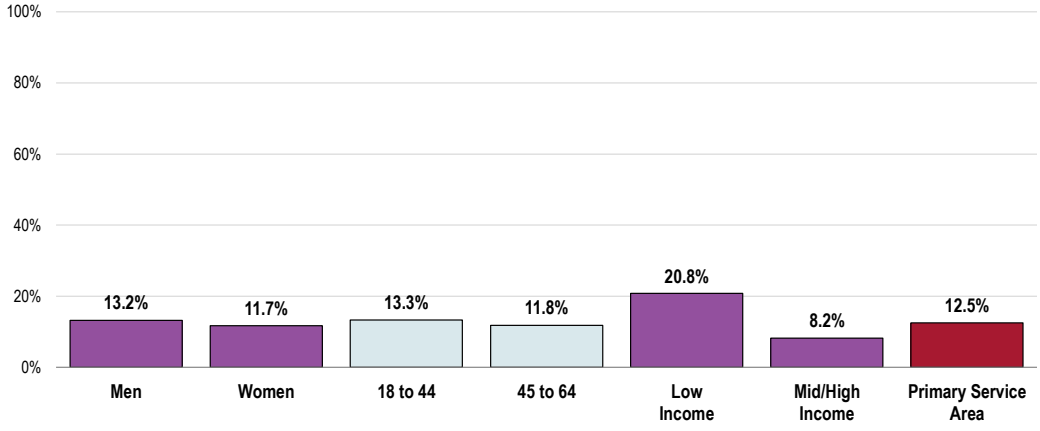
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.
- 2017 PRC National Health Survey, PRC, 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.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Lack of Healthcare Insurance Coverage

(Adults Age 18-64; Primary Service Area, 2019)

Healthy People 2020 = 0.0% (Universal Coverage)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
- 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.
- Note that the breakout by race is too small to be shown here.
- 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.

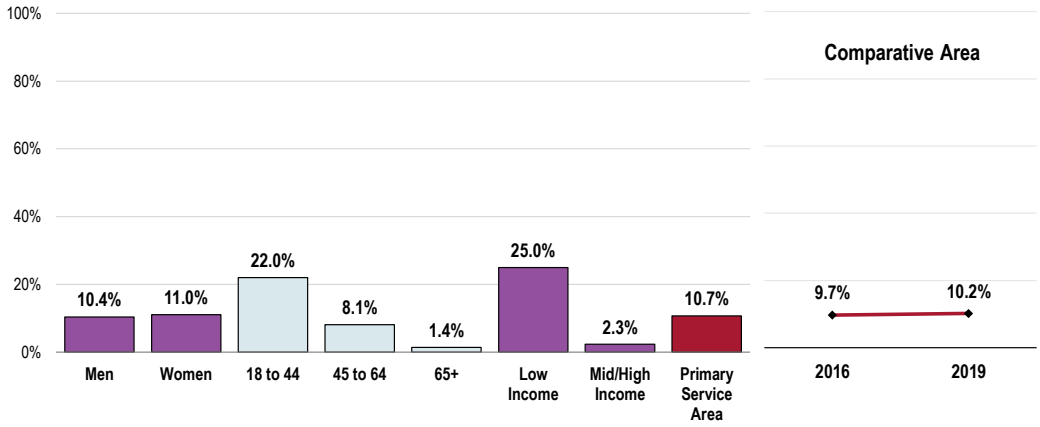
Insurance Instability

Among currently insured Primary Service Area adults, 10.7% report that they were without healthcare coverage at some point in the past year.

- **DISPARITY**: More common among younger adults (strong negative correlation with age) and low-income residents.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Insured Adults in the Primary Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 307]

Notes:
- Asked of all insured respondents.
- Note that the breakout by race is too small to be shown here.
- 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.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

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.

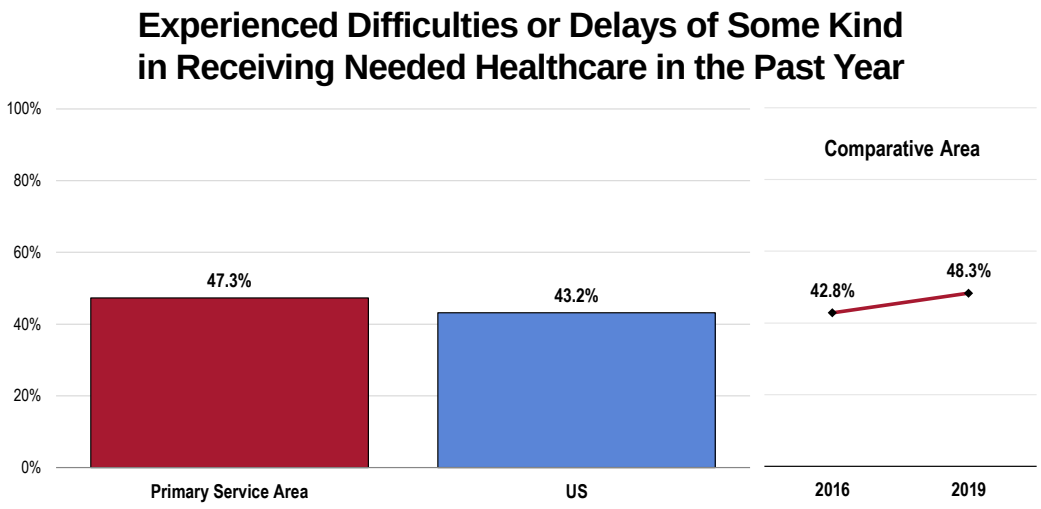
— Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

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. It is based on reports of the barriers outlined in the following section.

A total of 47.3% of Primary Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- **DISPARITY**: Reported difficulties decrease significantly past age 65.

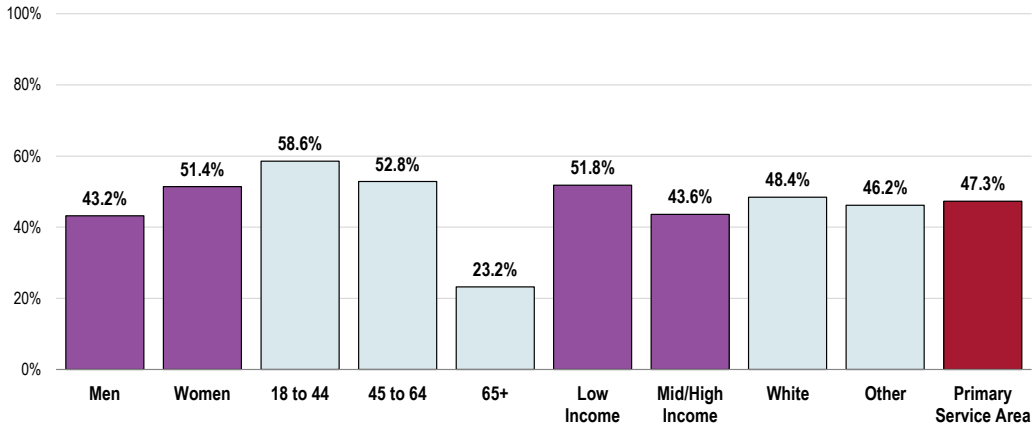


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 171]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Primary Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 171]

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- "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

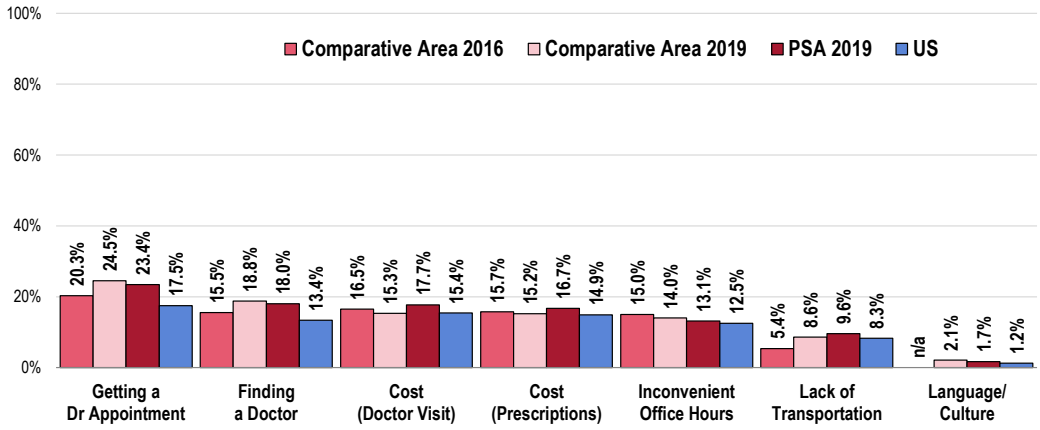
To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, appointment availability, finding a physician, and cost of a physician visit impacted the greatest shares of Primary Service Area adults.

- **BENCHMARK**: The experience of difficulty getting an appointment is significantly above the national finding (other barriers are comparable).

Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 7-13]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Note also that 18.4% of Primary Service Area adults have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

Accessing Healthcare for Children

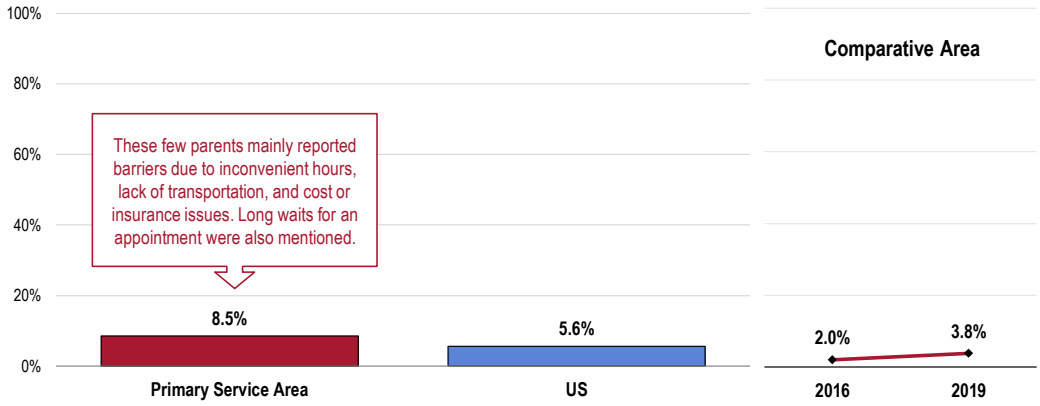
A total of 8.5% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

- No significant differences to report.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Parents of Children 0-17)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 118-119]
- 2017 PRC National Health Survey, PRC, Inc.

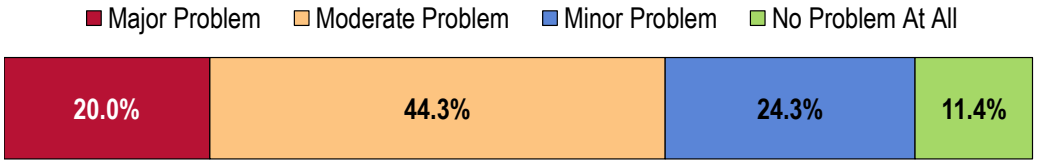
Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often 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, 2019)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Access to Specialized Care

No children's hospital. Lack of specialists. No medical school affiliation/etc. that creates a pipeline of specialists. Long wait times. Population is expected to double in size, but we are already not meeting healthcare demands. Lack of integrated care. — Physician

No dental care. No ready urology access. Placement for elderly patients can be difficult. Large number of drug addicts and overdoses. — Physician

Recruitment for specialists that are over the age of 65. — Community/Business Leader

Endocrinology. There is a 6-month wait to get in. — Physician

Access to mental health care services. — Community/Business Leader

Mental illness. — Community/Business Leader

Cost/Insurance Issues

Financial resources is most likely the primary reason for challenges related to accessing health care services. Education would be the next area that would be a barrier to accessing health care services. The limited number of providers (i.e. physicians, hospitals, and care centers) provide limited options for the community members. — Community/Business Leader

People without health insurance getting good, quality healthcare. I feel most probably go to the Emergency Room for treatment and cannot afford to pay, so the hospital has to deal with the burden of treating without the bills being paid. — Community/Business Leader

Patients that do not have insurance have a lot of trouble getting appointments. — Other Health Provider

Uninsured persons have very little specialty doctors. — Social Services Leader

Cost of services for low income, underinsured. — Public Health Representative

Socioeconomic Status

Homelessness has led to so many health issues. Although it may not be considered a health issue, if not addressed in a positive manner, it can and will lead to an increase in visits to the Emergency Department and increase in non-compliance to use of health series. — Other Health Provider

We have a very low socioeconomic presence in North Brevard. Poor literacy and the inability to access health care either due to cost or transportation is high. — Other Health Provider

Homelessness and finances are lacking. — Social Services Leader

Lack of Providers

Lack of oncologists with hospital privileges, lack of orthopedic surgeons with expertise, lack of sufficient thoracic surgeons. — Physician

Lack of family or primary care physicians. Lack of resources. Too many people without health coverage. Lack of awareness about preventive health. — Physician

Funding

The current administration cut funding for navigators and marketing for health care services. — Social Services Leader

Partnerships

Our local hospital is too small to survive in the future without associating with a larger system. — 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.

Medical Care Difficult to Access as Identified by Key Informants				
	Most Difficult	Second-Most Difficult	Third-Most Difficult	**Total Mentions**
Substance Abuse Treatment	33.3%	12.5%	42.9%	**7**
Mental Health Care	44.4%	25.0%	0.0%	**6**
Specialty Care	11.1%	25.0%	0.0%	**3**
Elder Care	0.0%	25.0%	14.3%	**3**
Dental Care	0.0%	12.5%	28.6%	**3**
Chronic Disease Care	11.1%	0.0%	0.0%	**1**
Pain Management	0.0%	0.0%	14.3%	**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

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).

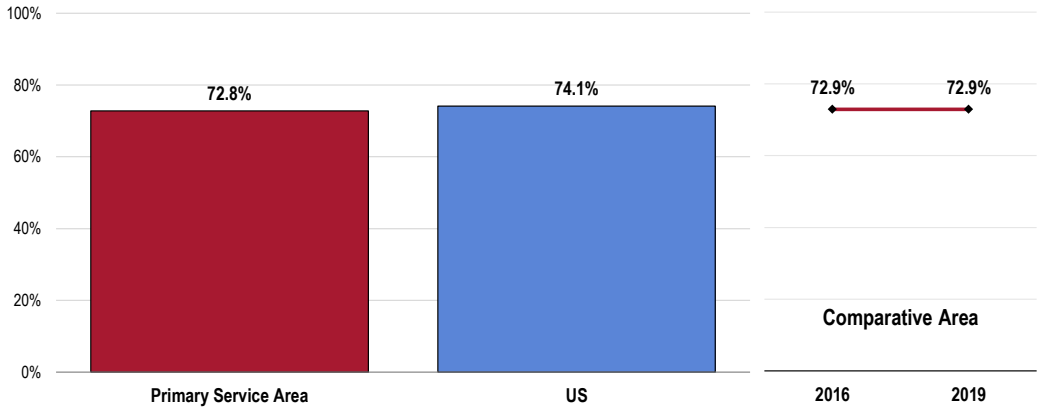
A hospital emergency room is not considered a specific source of ongoing care in this instance.

A total of 72.8% of Primary Service Area adults were determined to have a specific source of ongoing medical care.

- **TREND**: Identical to 2016 findings.
- **BENCHMARK**: Far from satisfying the related Healthy People 2020 objective.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 = 95.0% or Higher



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 170]
- 2017 PRC National Health Survey, PRC, 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.

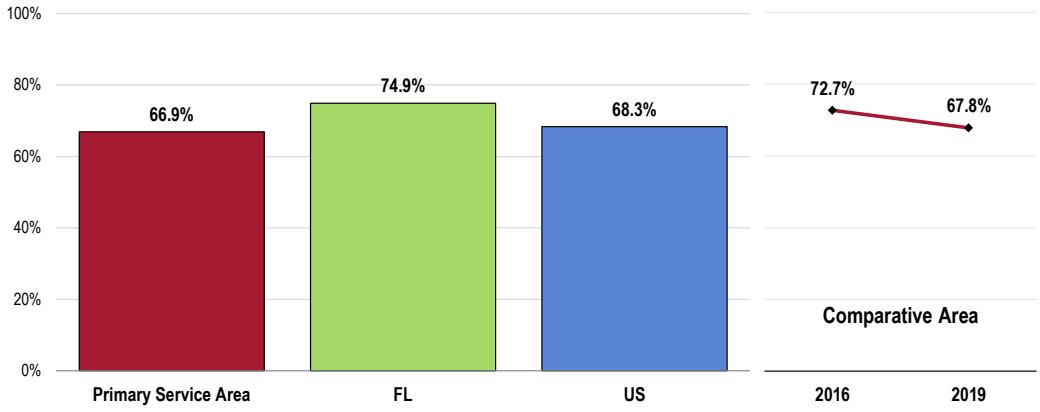
Utilization of Primary Care Services

Adults

Two-thirds (66.9%) of adults visited a physician for a routine checkup in the past year.

- **BENCHMARK**: Below the statewide proportion.
- **DISPARITY**: Less common among younger adults, as well as low-income residents.

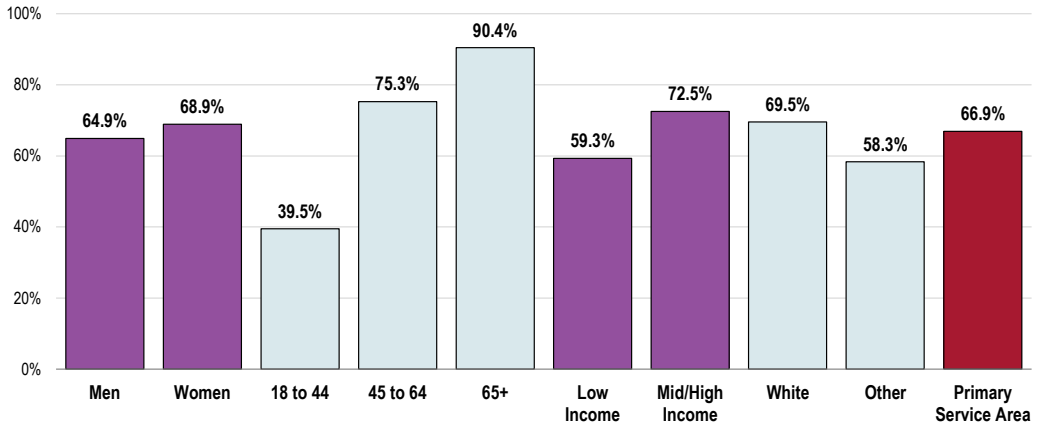
Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Florida data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Have Visited a Physician for a Checkup in the Past Year
(Primary Service Area, 2019)



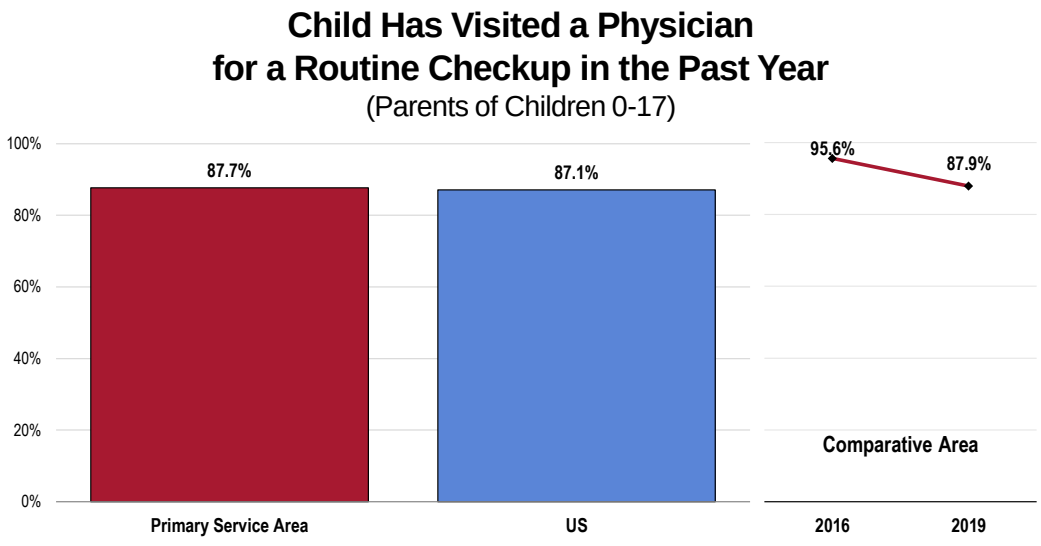
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 18]

Notes:
- Asked of all respondents.
- "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, 87.7% report that their child has had a routine checkup in the past year.

- No significant differences to report.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 120]
- 2017 PRC National Health Survey, PRC, Inc.

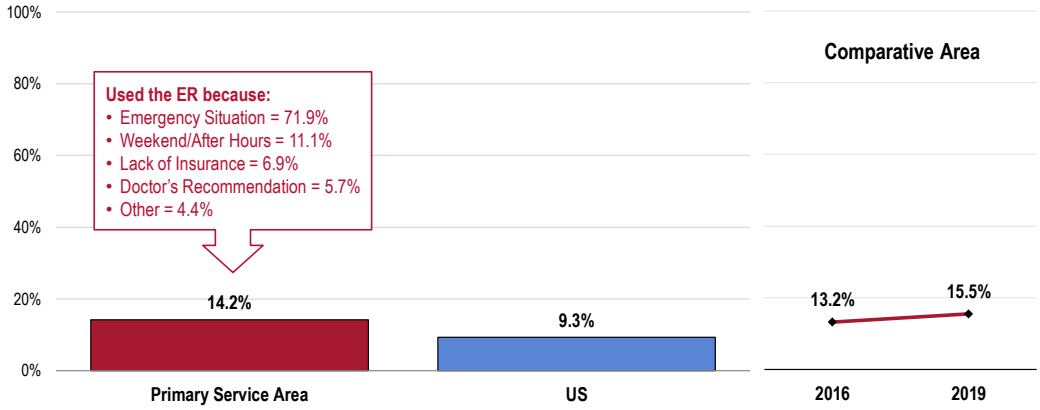
Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Emergency Room Utilization

A total of 14.2% of Primary Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- **BENCHMARK**: More common than seen nationally.
- **DISPARITY**: More common among younger adults and especially low-income residents.

Have Used a Hospital Emergency Room More Than Once in the Past Year

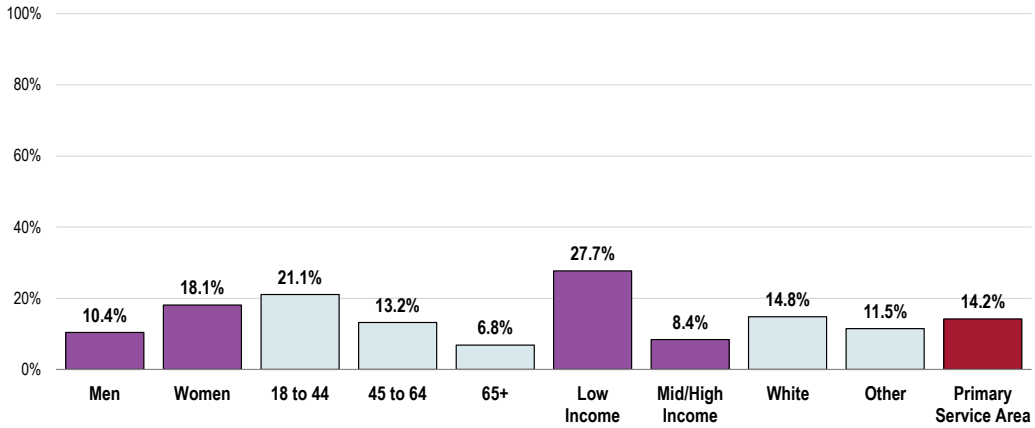


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 22-23]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Primary Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 22]

Notes:
- Asked of all respondents.
- "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.

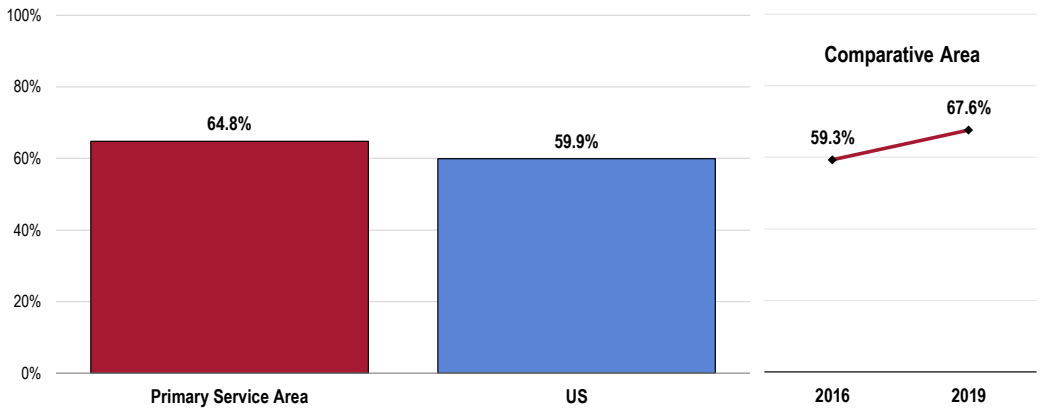
— Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

More than six in 10 Primary Service Area adults (64.8%) have dental insurance that covers all or part of their dental care costs.

- **TREND**: The prevalence has favorably increased since 2016.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 21]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Dental Care

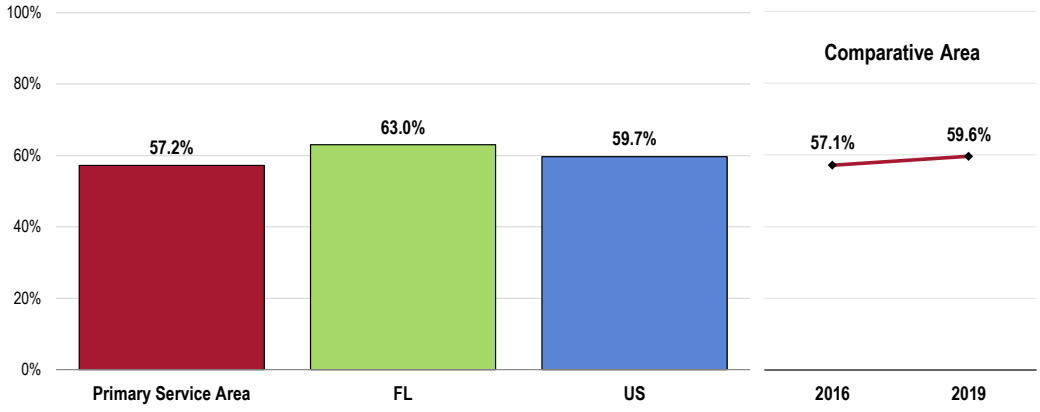
Adults

A total of 57.2% of Primary Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- **BENCHMARK**: Significantly under the statewide finding, though it satisfies the related Healthy People 2020 objective.
- **DISPARITY**: Recent dental care is least common among low-income adults and persons of color, as well as those without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 = 49.0% or Higher



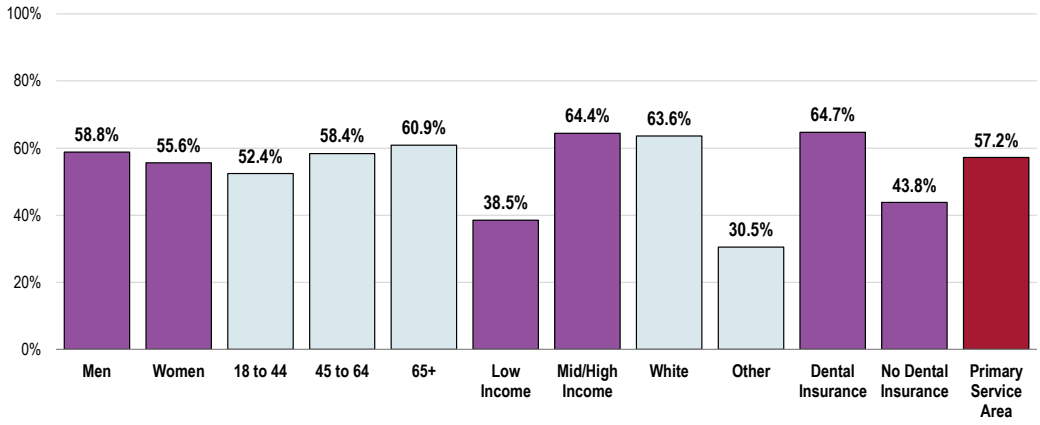
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- 2017 PRC National Health Survey, PRC, 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.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Primary Service Area, 2019)

Healthy People 2020 = 49.0% or Higher



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- "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

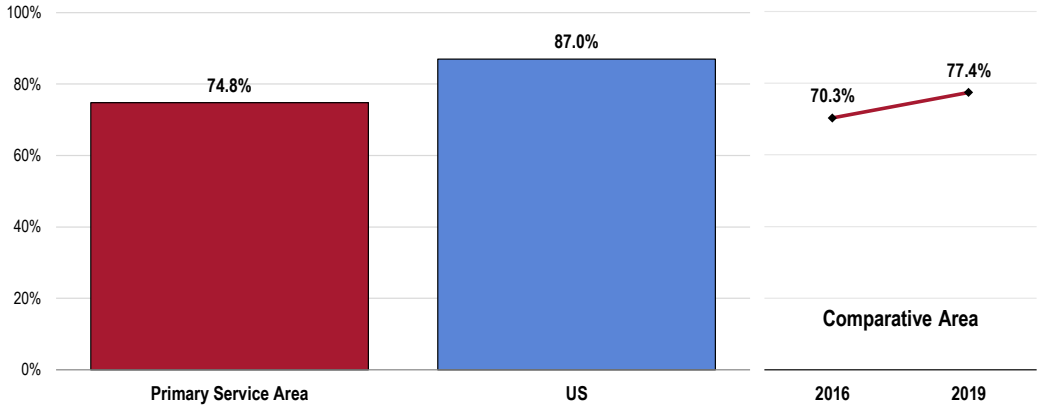
Almost three-quarters of parents (74.8%) report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- **BENCHMARK**: Far less favorable than the US proportion, though it satisfies the related Healthy People 2020 objective.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Parents of Children Age 2-17)

Healthy People 2020 = 49.0% or Higher

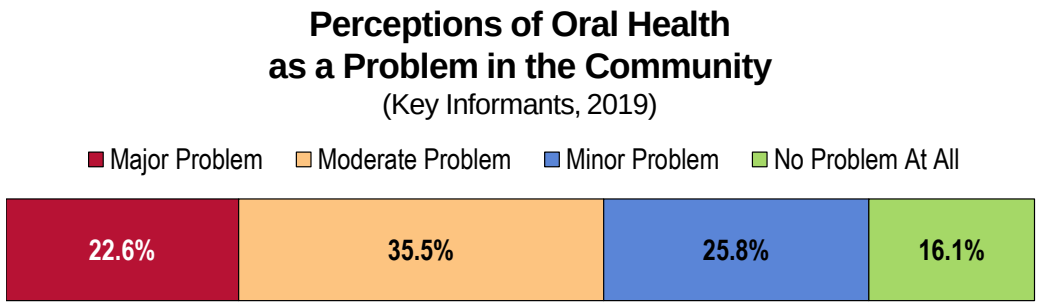


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 123]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents with children age 2 through 17.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "moderate problem" in the community.



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

Top Concerns

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

Insurance Issues

If patients do not have dental insurance, they have to pay privately for their dental care unless they qualify for the free dental clinic at the health dept. They only will provide cleanings and minor extractions. The referral process is simple, but the services are limited. — Other Health Provider

Limited dentists that accept Medicaid. Many low income families have to go out of county for dental care or they go without, including children. — Social Services Leader

Dental care is not offered even for folks on Medicaid, therefore, people in the North area often go without proper dental care. — Social Services Leader

Numerous dentists, but none that take Medicaid. The community is well served if you have dental insurance. — Physician

Not enough access to these services for people with no dental insurance. — Other Health Provider

Affordable Care/Services

Lack of affordable providers nearby. — Social Services Leader

Problem with paying for good dental care, not a priority for many low-income families. — Community/Business Leader

High cost for our preventative care, difficulty with transportation. — Other Health Provider

Awareness/Education

Education and community awareness. — Community/Business Leader

Lack of Providers

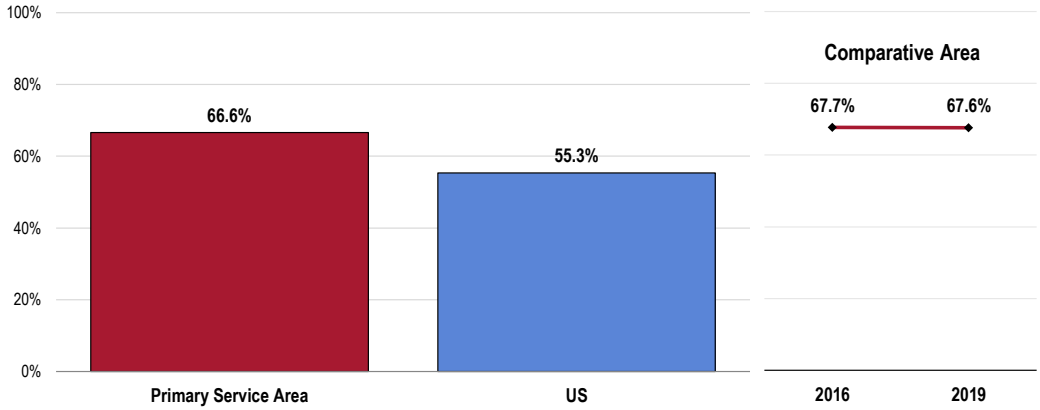
Not enough dentists in town. Health Department Dental Clinic has minimal resources. — Physician

Vision Care

Two-thirds of Primary Service Area residents (66.6%) had an eye exam in the past two years during which their pupils were dilated.

- **BENCHMARK**: Far higher than the national finding.
- **DISPARITY**: Note the strong correlation with age, as well as the relation to income level.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

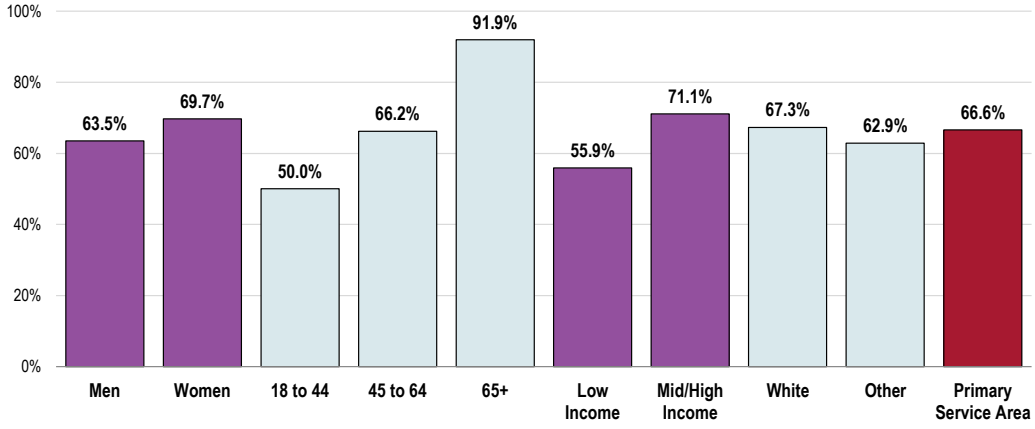


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 19]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(Primary Service Area, 2019)



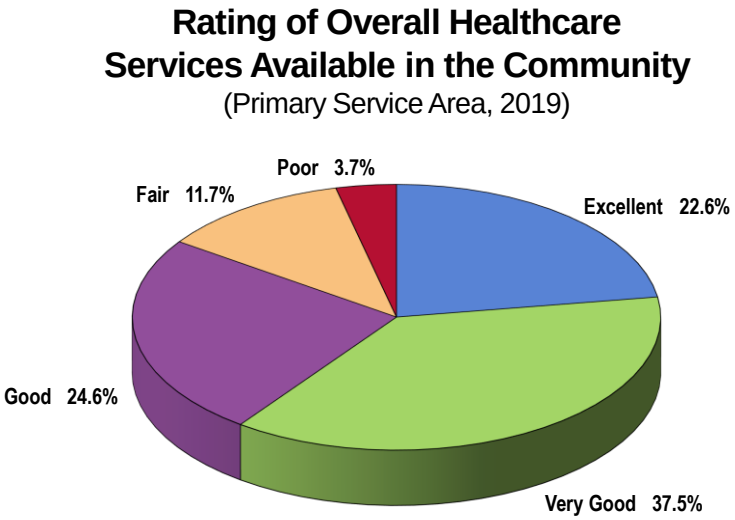
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 19]

Notes:
- Asked of all respondents.
- "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.

Local Resources

Perceptions of Local Healthcare Services

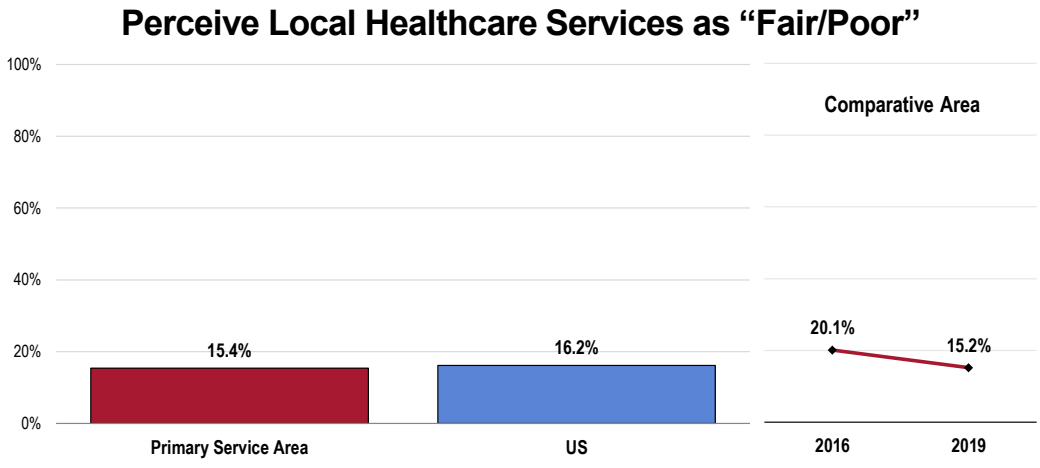
Most Primary Service Area adults rate the overall healthcare services available in their community as "excellent" or "very good."



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 15.4% of residents characterize local healthcare services as "fair" or "poor."

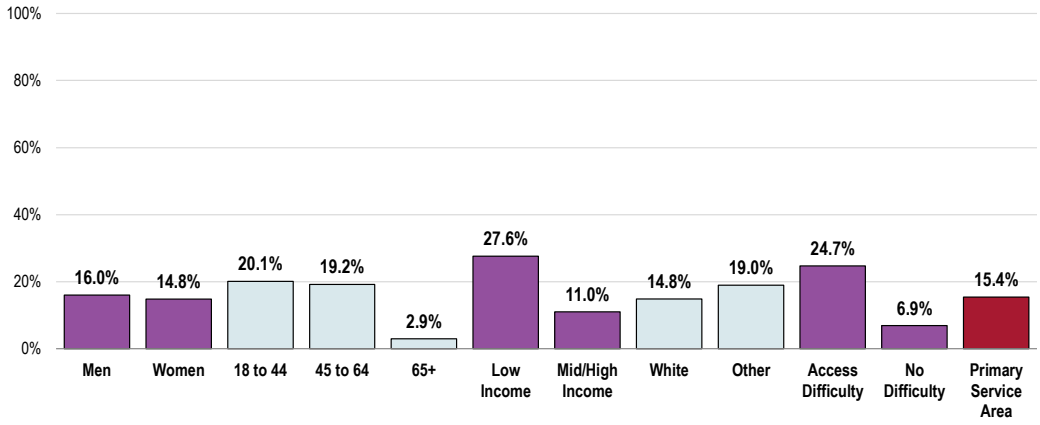
- **DISPARITY**: Adults under age 65 and low-income residents are more likely to be critical of local healthcare services, as are those who report overall access difficulties.



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 6]
• 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Trending: ZIP Code 32926 was not included in the 2016 study and is excluded from the Comparative Area data.

Perceive Local Healthcare Services as "Fair/Poor"

(Primary Service Area, 2019)



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 6]

Notes:
- Asked of all respondents.
- "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) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare Services

- *211 Brevard*
- *Brevard Health Alliance*
- *Brevard County Health Department*
- *CVS CarePass*
- *Doctor's Offices*
- *Health First Medical Services*
- *Housing Authority*
- *Housing for Homeless*
- *Medfast Urgent Care Center*
- *North Brevard Charities Sharing Center*
- *Omni Healthcare*
- *Palm Point Behavioral Health*
- *Parrish Medical Center*
- *Sea Pines Rehabilitation Hospital*
- *Space Coast Area Transit*
- *Stellar Transportation Service*
- *Steward Medical Group*
- *Taxi Service*

Arthritis, Osteoporosis & Chronic Back Conditions

- *Doctor's Offices*
- *Fitness Centers/Gyms*
- *Parrish Medical Center*
- *Parrish Medical Group*
- *Physical Therapy*

Cancer

- *American Cancer Society*
- *ASC Transportation*
- *Brevard Cancer Center*
- *Doctor's Offices*
- *Health First Cancer Institute*
- *Mayo Clinic*
- *Moffitt Cancer Center*
- *National Cancer Association*
- *North Brevard Charities*
- *Omni Cancer Center*
- *Parrish Cancer Center*
- *Parrish Medical Center*
- *Parrish/Mayo Clinic Partnership*
- *Reach to Recovery*
- *Rehab and Nutritional Referrals*
- *Space Coast Cancer Center*
- *Support Groups*

Dementias, Including Alzheimer's Disease

- *Aging Matters in Brevard*
- *Alzheimer's Association*
- *Assisted Living Facilities*
- *Brevard Alzheimer's Foundation*
- *Comfort Keepers*
- *Dementia Unit*
- *Doctor's Offices*
- *East Central Florida Memory Disorder Clinic*
- *Health First Medical Services*
- *Joe's Club*
- *Knight Neurology*
- *Meals on Wheels*
- *Neuropsychology Concierge*
- *Nursing Homes*
- *One Senior Place*
- *Parrish Medical Center*
- *Senior Solutions*
- *St. Francis Hospice*
- *St. Francis Pathways to Healthcare*
- *Support Groups*
- *Titusville Nursing Center*

Diabetes

- *American Diabetes Association*
- *Brevard Health Alliance*
- *Brevard Health Department*
- *Diabetic Services*
- *Doctor's Offices*
- *Florida Department of Health*
- *Florida Health Care Plans (FHCP)*
- *HealthBridge*

Health First Medical Services
Hospitals
Omni Healthcare
Parrish Health and Fitness
Parrish Medical Center
Pharmaceutical Companies
Pharmacy
School System
Support Groups
UF/IFAS Extension Services
Weight Watchers

Family Planning

211 Brevard
B.E.T.A. Pregnancy Center
Brevard Health Alliance
Brevard Health Department
Florida Department of Health
Parrish Medical Center

Vision & Hearing

Doctor's Offices

Heart Disease & Stroke

American Heart Association (AHA)
Brevard County Heart Walk
Brevard Health Alliance
Brevard Health Department
Cape Canaveral Hospital
Cardiac Rehab Program
Doctor's Offices
Holmes Medical Center
Hospitals
Mayo Clinic
Parrish Health and Fitness
Parrish Medical Center
Rockledge Rehab Center
School System
Support Groups
UF/IFAS Extension Services

HIV/AIDS

AIDS Drug Assistance Program (ADAP)
Comprehensive Care
Department of Health
HIV Data Center
Parrish Medical Center

Immunization & Infectious Diseases

Brevard Health Alliance
Brevard Health Department
CDC
Doctor's Offices
Florida Department of Health
Mayo Clinic

Infant & Child Health

Brevard Health Alliance
Department of Health
Doctor's Offices
Early Childhood Coalition
Early Start
Head Start and Early Head Start
Health First Medical Services
Healthy Families
Healthy Start
Hospitals
Nemours
Parrish Medical Center
United Way

Injury & Violence

211 Brevard
911
North Brevard Charities
Parrish Medical Center

Kidney Disease

211 Brevard
DaVita Dialysis
Dialysis Services
Doctor's Offices
Hospitals
Mayo Clinic
National Kidney Foundation of Florida
Parrish Medical Center

Mental Health

211 Brevard
Aspire Health Partners
Brevard Health Alliance
Circles of Care
Department of Health
Doctor's Offices
Florida Institute of Technology Psychology Interns
Free Call Number
Hannah's Heros
Hospice
Hospitals
Kinder Konsulting

- *LCSW Mental Health Mindfulness*
- *Lifetime Counseling*
- *LMHC Providers*
- *Mental Health Services*
- *National Suicide Hotline*
- *Neuropsychology Concierge/Ninos Health*
- *Palm Point Behavioral Health*
- *Parrish Medical Center*
- *Puzzle Box Academy/Kaleidoscope Interventions*
- *School System*
- *Scott Center for Autism*
- *Sources of Strength*
- *Women's Behavioral Health Center*
- *Women's Center*

Nutrition, Physical Activity & Weight

- *Anytime Fitness*
- *Brevard County Parks and Recreation*
- *Childcare Facilities*
- *Countdown to Fitness*
- *Doctor's Offices*
- *Fitness Centers/Gyms*
- *Food Stamps*
- *HealthBridge*
- *Health First Medical Services*
- *Healthy Families*
- *Healthy Start*
- *Independent Work Out Options*
- *Local 5K Runs and Walks*
- *Meal Delivery Services*
- *Meals on Wheels*
- *Parks and Recreation*
- *Parrish Health and Fitness*
- *Parrish Medical Center*
- *Support Groups*
- *Weight Watchers*

Oral Health

- *Brevard Health Alliance*
- *Brevard Health Department*
- *Dentist's Offices*
- *Department of Health*

Respiratory Diseases

- *American Lung Association*
- *Department of Health*
- *Doctor's Offices*
- *Parrish Medical Center*
- *Respiratory Therapy*
- *Smoking Cessation Programs*
- *Titusville Home Health Services*

Substance Abuse

- *211 Brevard*
- *AA/NA*
- *Aspire Health Partners*
- *Center for Drug-Free Living*
- *Central Florida Treatment Center*
- *Circles of Care*
- *County Methadone Clinic*
- *Drug Abuse Peer Assistance Program*
- *Eckerd I Choose Me Campaign*
- *Law Enforcement*
- *Liberty Lodge*
- *Mental Health Services*
- *New Horizons*
- *New Visions - Cape Canaveral Hospital*
- *North Brevard Charities*
- *Palm Point Behavioral Health*
- *Parrish Medical Center*
- *Project Maybe*

Tobacco Use

- *American Cancer Society*
- *Area Health Education Centers (AHEC)*
- *Brevard Tobacco Initiative*
- *Doctor's Offices*
- *Parrish Health and Fitness*
- *Smoking Cessation Programs*
- *State of Florida Tobacco Cessation Program*
- *Tobacco Free Florida*

Appendix

Community Benefit: Evaluation of Past Activities 2018

OUR HISTORY

North Brevard County Hospital District, dba Parrish Medical Center, was formed in 1958 by the State of Florida as a special taxing district and public, not-for-profit 501(c)(3) community medical center. We began as a humble 28-bed, single-story hospital set in the middle of an orange grove on the banks of the Indian River.

Today, we are Parrish Healthcare, an integrated network of healthcare providers serving the region with proven quality; proven safety; and proven service—all of which is proven to lower health care costs for all. Parrish Healthcare includes:

- Parrish Medical Center, a Mayo Clinic Care Network member and 210-bed acute care hospital recognized as One Of America's Finest Evidence-Based Healing Environments®
- Parrish Healthcare Centers, featuring outpatient diagnostics, urgent care, physician offices and other services
- Parrish Medical Group, an NCQA-certified multi-specialty physician group featuring primary care and specialty care practices throughout North Brevard
- Parrish Medical Group Diagnostics, the retail-based diagnostics
- Parrish Health & Fitness Center, a comprehensive medical wellness center
- Parrish Home Health
- Parrish Sleep Center
- Parrish Wound Healing Center
- Parrish Health Network®, a regional network of health care providers, services, insurers, and others.

Throughout our distinguished history, as the communities we serve change and grow, so do we.

Our Vision: Healing Families — Healing Communities®

Our Mission: Healing Experiences For Everyone All The Time®.

Our Values: Safety | Loyalty | Integrity | Compassion | Excellence | Stewardship

CERTIFIED INTEGRATED CARE

Parrish Healthcare® earned America's first Integrated Care Certification from The Joint Commission, the nation's premier health care accrediting organization. This voluntary certification was awarded after a rigorous examination revealed how well the hospital and physicians share information and coordinate care on behalf of patients. This certification demonstrates the integration between Parrish Medical Center and Parrish Medical Group physicians, as well as how well we integrate and coordinate care with members of the Parrish Health Network. Parrish Medical Center created this regional integrated network of health care providers who are committed to working together to practice evidence-based care and to engage in collaborative initiatives that result in superior levels of patient safety and quality outcomes and reduced healthcare costs.

HEALING PARTNERSHIPS

As the first hospital in Central Florida selected to be a Mayo Clinic Care Network member, Parrish is also a part of the Mayo Clinic's Teleneurology program. Mayo Clinic neurologists are members of the Parrish medical staff. Through technology, they provide consultative care within the Emergency Department as well as in the Intensive Care and medical/surgical units. As a member of the MCCN, Parrish physicians enhance locally provided care. Members of the network have direct access to the latest Mayo Clinic expertise and clinical care information. Parrish physicians consult directly with Mayo specialists on complex cases. Through such collaboration, Parrish and Mayo Clinic believe that physicians will benefit, patients will benefit, and the delivery of health care will be increasingly efficient and cost effective.

OUR COMMUNITY

We conduct a biannual Community Health Needs Assessment to determine the health priorities specifically relevant to the people within our community. We invest in programs and services to prevent, detect, diagnose, treat and manage diabetes, cancer, heart disease and stroke, respiratory disease, mental health, orthopedic conditions, among other health conditions, all of which were identified as North Brevard's health priorities.

Primary Service Area |30 minute drive surrounding PMC

TOTAL POPULATION:	110,685	FINANCIAL:	
Projected Population Growth:	4.50%	Average Household Income	$63,478
Total # Households:	44.255	Median Household Income	$48,795

FY2018 CBISA Report

CATEGORY	ENCOUNTERS
Community Health Education	42,354
Health Support Services	1,120
Community Health Improvement Services	43,474
Health Professions Education	2,539
Cash and In-Kind Donations	13,718
Community Building Activities	540
TOTAL POPULATION SERVED	**103,745**

CHNA PRIORITIES

PRIORITY #1 | ACCESS TO SPECIALTY CARE

GOAL Strengthen access to specialty provider-based and supportive services and increase the utilization of healthcare services by community members.

OBJECTIVE Increase access to specialty care services for residents of North Brevard County.

OUTCOMES

- Parrish expanded patient availability of specialty care by expanding Parrish Health Network (PHN) membership.
- Parrish expanded network membership from 198 to 380 increasing patient access and reducing wait times.
- PHN PCPs established a patient medical history, signs and symptoms protocol to identify and screen patients for pre-diabetes/diabetes. This resulted in 11% of the population being identified with pre-diabetes.
- Parrish provided diabetes screening at health fairs and at select critical need population focused community events. PHN PCPs maintained staffing and information technology to identify and provide a screening test for their patients.
- Parrish Diabetes Education department maintained office hours in the community and provided diabetes education classes as needed to make available initial and refresher patient education.

PRIORITY #2 | ACCESS TO HEALTHCARE SERVICES

Primary Care Services and Supportive Services

GOAL Strengthen access to provider-based and supportive services, and increase the utilization of healthcare services by community members.

OBJECTIVE Increase access to primary care services for residents of North Brevard County.

OUTCOMES

- Parrish fostered community availability and enrollment in affordable prescription drug coverage and use of generic prescriptions.
    - 98% of Parrish Health Network covered lives fill and take their prescriptions as prescribed by the physician.
    - 85% of Parrish Health Network providers prescribe generic prescription drugs
- Cost of Physician Visits
    - Through Parrish Health Network, community availability and enrollment in ACA affordable health insurance has increased by 30%.
    - Decreasing Emergency Department utilization for non-emergency services remains an opportunity.
    - Parrish committed more than $600,000 per year to make physician visits accessible to community members through its partnership with OMNI Healthcare, expansion of the Network, and investment in technology.
- Finding a Physician
    - Parrish maintains a list of hospital-credentialed physicians on its website and promotes use of the website through community outreach resources. More than 12 million media impressions were achieved in FY2018 alone.
    - Physician locator resources are promoted through our website, paid search and organizations like 2-1-1 Brevard and the Community Health Foundation.
    - During 2016 and 2018, Parrish recruited 182 primary care and specialty physicians in Brevard into the Network.
- Ratings of Local Healthcare
    - All Parrish Medical Group primary care physician members are certified Patient Centered Medical Home. This puts PMG in the top 20 percent of all primary care providers in the nation regarding quality, cost and access.
    - Parrish is a top ranked hospital for value-based purchasing, which is a primary benchmark for organizational ratings.
    - Parrish is rated an 'A' for Hospital Safety from the LeapFrog Group and is a five-star patient safety hospital as rated by the national Patient Safety Movement Foundation.

Dental Care

GOAL Strengthen access to provider-based dental and supportive services and increase the utilization of healthcare services by community members.

OBJECTIVE Increase access to dental care for uninsured and underinsured residents in North Brevard County.

OUTCOMES

- Working with the Department of Health, Oral Health Florida, the University of Florida and other school systems, the state and local dental associations, dental providers and dental insurance companies, Parrish continues to grow a core system of basic dental care for the community.
- Parrish has invested $24,000 per year and the utilization of staff for dental referrals and special events to provide these services. We continue to work with others to increase this funding and patient access.
- Parrish fosters community availability and enrollment in affordable dental insurance. There was an increase from 59.3% in 2016 to 64.8% in 2019 of individuals reported to have dental coverage in Northern Brevard County, Florida. Parrish Medical Center also participated in community events across the county from 2016-2019 which provided 2009 dental related services, an estimated $212,933.00 total value, to those who are underinsured.

Mental Health Services (Mental/Emotional/Behavioral – MEB)

GOAL Improve access to evidence-based screening, assessment, treatment and support programs for MEB health and child protection.

OBJECTIVE Strengthen access to MEB programs and services for adults and children in North Brevard County.

OUTCOMES

- Parrish commits funding and resources to raise awareness of MEB services available in the community.
    - Employs a psychiatrist; works with Florida Institute of Technology's psychology program, providing residency opportunities; and partners with Palm Point Behavioral Health hospital.
- Parrish, together with other community health partners, formed the community Mental Health Taskforce and introduced Sources of Strength programming to Brevard. These efforts resulted in expansion of the Sources of Strength program into Brevard County schools to support teen MEB health programming; de-stigmatization of mental health issues and treatment.
- Working with 2-1-1 Brevard, law enforcement and other Community Health Partnership members, including news and educational publications, community members are informed about MEB contact information and services.

PRIORITY #3 | HEALTHY LIFESTYLES

Heart Disease/Stroke Prevention

GOAL Reduce incidence or acute heart attack and stroke among North Brevard adults.

OBJECTIVE Increase the percentage of North Brevard adults who report knowing signs of heart attack and stroke and knowledge of actions to take; support resources available.

OUTCOMES:

Stroke Prevalence:

- Parrish provides educational and support offerings to our Stroke Support Group which meets monthly.
- We dedicate the necessary care partners to lead and teach the support group.

High Blood Pressure Prevalence

- Parrish uses a variety of community outreach mechanisms to educate the population on ways to avoid high blood pressure, including health fair/screening events, education provided in the primary care setting and through standard marketing media channels.

Nutrition/Physical Activity/Weight Management

GOAL Increase engagement in physical activity and educational opportunities to reduce obesity among North Brevard adults.

OBJECTIVE Reduce adult and childhood obesity rates in North Brevard County.

OUTCOMES

- Parrish Health and Fitness Center, Weight Watchers, YMCA, Department Health and other partners offer programs to assist adults and children with nutrition education and physical activity.
- Parrish makes available discounts and limited scholarships for Health and Fitness Center services. Incentives and in-kind staff provisions assist the DOH in their Healthy Weight Brevard initiative.

Tobacco Cessation and Substance Abuse

GOAL Increase access to evidence-based tobacco cessation and substance abuse prevention programs and services in North Brevard County.

OBJECTIVE Reduce percentage of adults reporting tobacco products/other substance abuse in North Brevard County.

OUTCOMES

- By utilizing the Parrish MEB health team and incorporating programs like Sources of Strength, we work with the school system and community centers to educate and support young people concerning the dangers of tobacco and substance abuse and how to break the addiction if needed.
- These efforts increase the presence and utilization of Sources of Strength and other programs in schools and community centers and reduce tobacco-use and substance abuse by school-age children.
- Parrish funds and provides resources to Sources of Strength and other programmatic and outreach efforts.
- Through our information technology systems, development of protocols and other activities, Parrish strengthens safe prescribing protocols for opioids.
- Parrish works with organizations such as Doctors' Goodwill Foundation and Eckerd Kids Opioid Taskforce to provide community addiction resources and support materials.

Cancer Prevention and Education

GOAL Reduce incidence of skin and colorectal cancers among North Brevard residents.

OBJECTIVE Increase the percentage of North Brevard adults who report engaging in preventive behaviors (early detection screenings and use of sunscreen).

OUTCOMES

- Skin and colorectal cancers prevalence education is provided annually through marketing communications channels (print, digital, broadcast).
- Education on avoidance and early detection to reduce the life-years lost through skin cancer deaths.
- Early detection screening will be coordinated through physician practices and the American Cancer Society.
- Parrish established an outpatient Cancer Center in partnership with OMNI Healthcare. The center continues to grow and to improve access to Parrish's Commission on Cancer accredited community cancer program.

Injury & Violence Prevention

GOAL Reduce the prevalence of firearms accidents/injuries/fatalities through increased access to weapons safety and safe storage training.

OBJECTIVE Increase the percentage of North Brevard adults who report engaging in safe weapon practices and storage.

OUTCOMES

- Parrish works closely with local law enforcement, Knights Armaments (weapons manufacturers), gun ranges and community members to provide professional training on the proper storage and use of weaponry to include the comprehensive responsibilities of gun ownership.
- Parrish established a domestic violence task force to provide safe and confidential assistance and resources for employees /care partners to seek help if in a violent relationship.
- Parrish provided the seed funding to create a Women's Center/shelter within North Brevard. Parrish continues to provide funding and resources to support the ongoing operations for convenient access to victims of domestic violence and shelter services within North Brevard. The Women's Center has grown to serve victims of domestic violence, sexual assault, and those suffering the ill effects of poverty, homelessness, and mental health challenges. Services have been expanded to include safe housing and crisis hotlines for those in need. Through all of these efforts women were able to change their dire circumstances and develop safe and self-sufficient lives.

HEALTH EDUCATION IN THE COMMUNITY

In 2018, our team of care partners helped our community learn how to be and stay healthy by providing health screenings, workshops, seminars, as well as digital and printed resource materials across Brevard County.

- Nearly **22,000** community members attended our workshops, classes, seminars, health fairs, and support groups.
- Our digital, print, and broadcast health content—resulted in **12 million impressions** in 2018; assuring access to relevant health information to the community we serve.
- EMMI is a robust patient education solution to help people prepare for procedures, tips on talking with their physician and chronic condition management assistance.
- Personalized health portals providing access to communicate with physicians, schedule appointments, prescription refills, and lab results.

HEALTHBRIDGE EDUCATION EVENTS

January
- Meet the Cancer Navigators
- Healing Chronic Wounds

February
- Sweet Hearts
- Take Care of Your Diabetes from Head to Toe

March
- Go Further with Food

April
- Meet the Parrish Cancer Center Team
- Put Your Best Foot Forward

May
- Life Moves Orthopedic Panel Discussion
- Sleep and Your Heart

June
- Staying Healthy Naturally

July
- Planning Your Healthcare Future
- Stroke | Symptoms, Types, Treatment and Prevention

August
- Meet the Parrish Cancer Center Team
- Life Moves Orthopedic Panel Discussion

September
- Take Care of Your Diabetes from Head to Toe

October
- Cancer Survivor Celebration

November
- Restarting Wellness
- Sleep and Your Heart

December
- New Year, New You

SUPPORT GROUPS

- AWAKE Sleep Disorders Support Group
- Cardiac & Pulmonary Wellness Programs
- Caregiver Academy
- Caregiver Support Group
- Crash Course on Aging
- Diabetes Support Group
- Grandparents Raising Grandchildren
- Look Good, Feel Better for Cancer Survivors
- New Baby Day Camp
- New Parent Support Group
- Parkinson Support Group of North Brevard
- Parrish Partners Cancer Support Group
- Pulmonary Hypertension Support Group
- Stroke-Heart Survivors Group

REACHING OUT

Parrish Healthcare recognizes other organizations working to improve the quality of life for families within the community. We are proud to have the opportunity to support with financial and in-kind donations, as well as participation in fundraising and awareness events:

- Aging Matters
- American Cancer Society
- American Heart Association
- American Red Cross
- Big Brothers Big Sisters
- Brevard Indian Medical and Dental Association
- Boy Scouts of America
- Brevard Achievement Center
- Cocoa Rotary Club
- Doctors' Goodwill Foundation
- Economic Development Commission
- Greater Titusville Renaissance
- Healing in Motion Van Transportation
- Junior Achievement
- Junior League of North Brevard
- National Association for the Advancement of Colored People
- National Veteran's Homeless Support
- North Brevard Charities
- North Brevard Coalition of Human Services
- North Brevard NAACP
- North Brevard Renaissance
- Pilot Club
- Prevent of Brevard
- Promise in Brevard
- Sentinels of Freedom
- Space Coast Economic Development Commission
- Titusville Area Chamber of Commerce
- Titusville Rotary Club

- Juvenile Diabetes Foundation
- LEAD Brevard
- Local churches, schools and sports leagues
- March of Dimes
- Moore Heritage Cultural Festival, plus other local cultural events and organizations
- The City of Titusville
- United Way
- Women's Center
- YMCA Family Center

PROVEN QUALITY. PROVEN SAFETY. PROVEN SERVICE.

- The nation's first Integrated Care Certification by The Joint Commission.
- Patient Safety Movement Foundation's Five-Star Hospital Ranking
- Rank in the top of U.S. hospitals for best processes, outcomes and effective care, The SafeCare Group's Top 100 Safecare Hospitals® list.
- Grade 'A' Hospital Safety Score® from The Leapfrog Group every grading period 2012-2017, 2019).
- Top Performer on Key Quality Measures® by The Joint Commission, the leading accreditor of healthcare organizations in the United States.
- American College of Surgeons Commission on Cancer Accredited.
- Rated #1 safest hospital in Florida by Consumer Reports (2014).
- American's #1 Healing Hospital, Baptist Healing Trust, Nashville, TN

PARRISH MEDICAL CENTER LEADERSHIP

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Aluino Ochoa, MD, Immediate Past President

EXECUTIVE MANAGEMENT COMMITTEE
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Natalie Sellers, VP, Communications, Community & Corporate Services
Drew Waterman, VP, Ambulatory Services
Kent Bailey, VP, Finance

2018 Department Chiefs
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Diagnostic Imaging – Joseph Flynn, DO
Emergency Medicine – Gregory Cuculino, MD
Family Practice – Christopher Manion, MD
Internal Medicine – Biju Mathews, MD
Obstetrics/Gynecology – Lena Weinman, DO
Pathology – Pedro A. Carmona, MD
Pediatrics – Douglas G. Barimo, MD
Surgery – Ramesh Patel, MD

Members-at-Large
Kiran Modi, MD
Simon Symeonides, MD

COMMUNITY HEALTH PARTNERSHIP MEMBERS

2-1-1 Brevard	Grace Equine Rescue and Therapy for Humans, Inc.
Aging Matters of Brevard	Happenings of Port St. John, Inc.
American Cancer Society	Healthy Start Brevard
American Health Association	Hospice of St. Francis
BETA (Birth, Education Training and Acceptance) of Titusville	Indian River City United Methodist Church
Boys and Girls Club of Central Florida	Individual Community Members
Brevard Achievement Center	Jess Parrish Medical Foundation
Brevard Alzheimer's Foundation	Joe's Club
Brevard County Emergency Services	Love Inc. of Brevard
Brevard County Schools	March of Dimes
Brevard County Sheriff's Office	National Veterans Homeless Support
Brevard Family Partnership Brevard Cares	North Brevard Charities Sharing Center
Brevard Parks and Recreation	North Brevard Coalition of Human Services – Representing over 100 agencies
Brevard Senior Center	North Brevard Medical Support/Parrish Medical Group
Brevard Workforce	Palm Point Behavior Health
Cancer Care Centers of Brevard	Parrish Health Network
Changes Youth & Family Services	Royal Oaks Nursing and Rehabilitation Center
Children's Home Society of Florida	Sand Point Assisted Living
Circles of Care	Second Harvest Food Bank of Central Florida
City of Titusville	Serving Health Insurance Needs of Elders
Coalition for the Hungry & Homeless	Space Coast Area Transit
Comfort Keepers	Space Coast Center for Independent Living
Community Based Care of Brevard	Space Coast Health Foundation
Community Services Council	Space Coast Volunteers in Medicine
District 1 County Commissioner's Office	St. Gabriel's Episcopal Church
Eastern Florida State College	The Children's Center, a service of Parrish Healthcare
Economic Development Commission of Florida's Space Coast	Titusville Chamber of Commerce
Florida Department of Children and Families	Titusville Fire Department
Florida Department of Health Brevard County – Multiple Departments	Titusville Police Department
Florida Health Care Plans	United Way of Brevard County – Representing more than 80 agencies
Florida Institute of Technology	University of Central Florida
Florida's 8th District Congressional Office	Vista Manor
Food Bank of Central Florida	Vitas Innovative Hospice Care
Goodwill of Central Florida	Wellcare