



2019 Community Health Needs Assessment Report

Brevard County, Florida

Prepared for:
Space Coast Health Foundation

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Introduction



Professional Research Consultants, Inc.

Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2004, 2009, 2013, and 2016, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Brevard County. 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 Space Coast Health Foundation by Professional Research Consultants, Inc. (PRC). 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 primary research (the PRC Community Health Survey) and also allows for trending and comparison to benchmark data at the state and national levels.

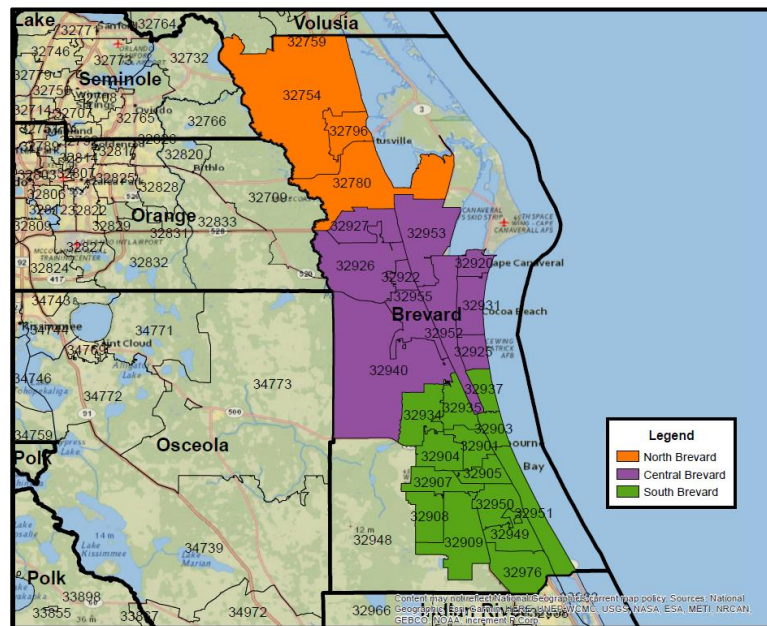
PRC Community Health Survey

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 Space Coast Health Foundation and PRC and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (Brevard County) is defined as each of the residential ZIP Codes comprising the county, divided into three strata (North, Central, and South Brevard). This community definition is illustrated in the following map.



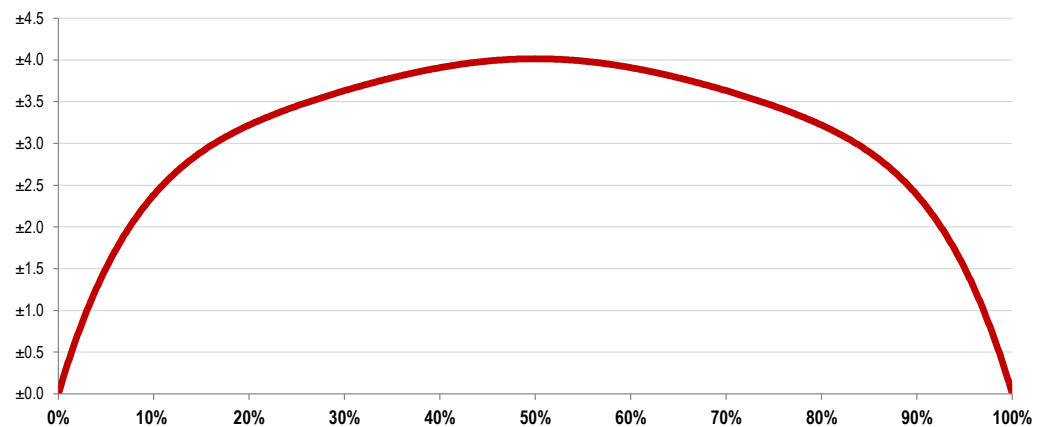
Sample Approach & Design

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 stratified random sample of 590 individuals age 18 and older in Brevard County, including 102 in North Brevard, 201 in Central Brevard, and 287 in South Brevard. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Brevard County 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 590 respondents is $\pm 4.0\%$ at the 95 percent confidence level.

Expected Error Ranges for a Sample of 590 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 590 respondents answered a certain question with a "yes," it can be asserted that between 7.6% and 12.4% ($10\% \pm 2.4\%$) 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 46.0% and 54.0% ($50\% \pm 4.0\%$) of the total population would respond "yes" if asked this question.

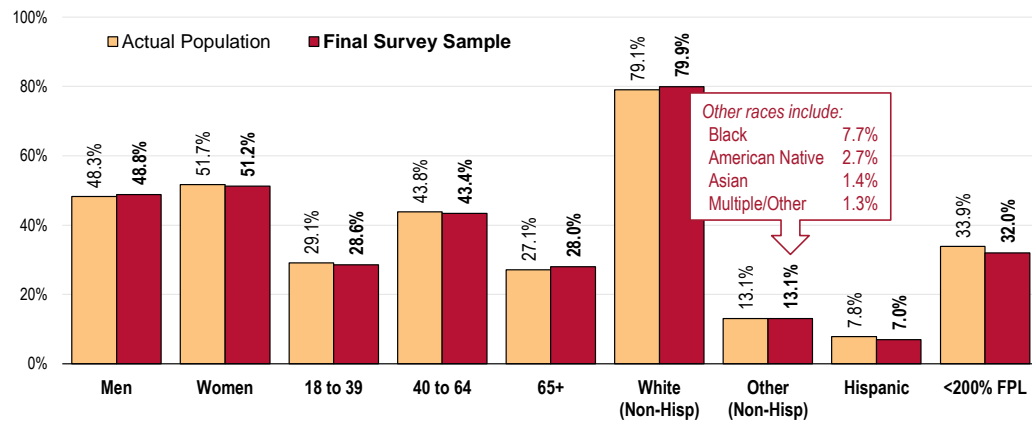
Sample Characteristics

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 Brevard County 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 (Brevard County, 2019)



Sources:

- US Census Bureau, 2011-2015 American Community Survey.
- 2019 PRC Community Health Survey, Professional Research Consultants, 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.

Benchmark Data

Trending

Similar surveys were administered in Brevard County in 2004, 2009, 2013, and 2016 by PRC on behalf of Space Coast Health Foundation. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

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.

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.

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 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.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> ● Barriers to Access <ul style="list-style-type: none"> ○ Inconvenient Office Hours ○ Cost of Prescriptions ○ Cost of Physician Visits ○ Appointment Availability ○ Finding a Physician ○ Lack of Transportation ● Skipping/Stretching Prescriptions ● Difficulty Accessing Children’s Healthcare ● Advance Directives ● Low Health Literacy
Cancer	<ul style="list-style-type: none"> ● Skin Cancer Prevalence ● Cancer (Non-Skin) Prevalence ● Female Breast Cancer Screening [Age 50-74] ● Cervical Cancer Screening [Age 21-65]
Diabetes	<ul style="list-style-type: none"> ● Diabetes Prevalence
Heart Disease & Stroke	<ul style="list-style-type: none"> ● High Blood Pressure Prevalence ● High Blood Pressure Management ● High Blood Cholesterol Management
Mental Health	<ul style="list-style-type: none"> ● Diagnosed Depression ● Symptoms of Chronic Depression ● Receiving Treatment for Mental Health ● Difficulty Obtaining Mental Health Services
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> ● Food Insecurity ● Overweight & Obesity [Adults] ● Children’s Physical Activity
Oral Health	<ul style="list-style-type: none"> ● Children’s Dental Care

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Areas of Opportunity (continued)	
Potentially Disabling Conditions	<ul style="list-style-type: none"> • Activity Limitations • Multiple Chronic Conditions • Caregiving
Respiratory Diseases	<ul style="list-style-type: none"> • Flu Vaccination [Age 65+] • Pneumonia Vaccination [Age 65+]
Substance Abuse	<ul style="list-style-type: none"> • Excessive Drinking • Illicit Drug Use • Personally Impacted by Substance Abuse (Self or Other's)
Tobacco Use	<ul style="list-style-type: none"> • Environmental Tobacco Smoke Exposure at Home <ul style="list-style-type: none"> ◦ Including Among Households with Children • Use of Vaping Products

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Brevard County, including comparisons among the individual areas within Brevard County, as well as trend data. These data are grouped by health topic.







Reading the Summary Tables








■ In the following tables, Brevard County results are shown in the larger, blue column.

■ The green columns [to the left of Brevard County column] provide comparisons among the three subareas within the county, identifying differences for each as “better than” (☀️), “worse than” (🌑), or “similar to” (☁️) the combined opposing areas.







■ ■ The columns to the right of Brevard County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 objectives. Again, symbols indicate whether Brevard County 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	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% Worry/Stress Over Rent/Mortgage in Past Year	 26.4	 24.6	 31.6
% Low Health Literacy	 33.7	 24.6	 25.9
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			
















Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
28.4		 30.8	 28.9	
26.5		 23.3	 18.1	
 better  similar  worse				



















Overall Health	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% "Fair/Poor" Overall Health	 20.6	 12.5	 18.2
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
16.5	 19.4	 18.1	 13.8	
 better  similar  worse				

Access to Health Services	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% [Age 18-64] Lack Health Insurance	 16.1	 27.0	 7.6
% Difficulty Accessing Healthcare in Past Year (Composite)	 52.5	 41.6	 47.0
% Difficulty Finding Physician in Past Year	 11.6	 16.9	 16.2
% Difficulty Getting Appointment in Past Year	 20.1	 21.5	 19.5
% Cost Prevented Physician Visit in Past Year	 27.8	 22.3	 16.1
% Transportation Hindered Dr Visit in Past Year	 8.1	 7.6	 8.6
% Inconvenient Hrs Prevented Dr Visit in Past Year	 19.7	 8.6	 16.4
% Language/Culture Prevented Care in Past Year	 1.3	 3.4	 2.0
% Cost Prevented Getting Prescription in Past Year	 24.8	 21.7	 19.8
% Skipped Prescription Doses to Save Costs	 25.0	 20.6	 18.8
% [Children] Lack of Healthcare Coverage			

Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
15.8	 20.9	 13.7	 0.0	 24.0
45.8		 43.2		 37.0
15.8		 13.4		 6.3
20.3		 17.5		 11.8
19.9	 16.3	 15.4		 11.8
8.2		 8.3		 4.7
14.0		 12.5		 8.1
2.4		 1.2		 1.2
21.2		 14.9		 13.3
20.3		 15.3		
12.4		 5.9		 10.3

Access to Health Services (continued)	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% Difficulty Getting Child's Healthcare in Past Year			
% Have a Specific Source of Ongoing Care	 68.4	 70.9	 75.0
% Have Had Routine Checkup in Past Year	 68.2	 68.3	 70.1
% Child Has Had Checkup in Past Year			
% Two or More ER Visits in Past Year	 11.1	 8.2	 13.0
% Rate Local Healthcare "Fair/Poor"	 17.4	 23.3	 14.4
% Have Completed Advance Directive Documents	 51.2	 45.9	 36.7
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
9.2		 5.6	 1.2	
72.6		 74.1	 95.0	
69.2	 74.9	 68.3	 70.5	
82.9		 87.1	 88.1	
11.0		 9.3	 9.8	
17.9		 16.2	 13.4	
42.0		 34.6	 48.9	
 better  similar  worse				

Cancer	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% Cancer (Other Than Skin)	6.7	10.8	10.5
% Skin Cancer	16.4	15.6	18.9
% [Women 50-74] Mammogram in Past 2 Years			
% [Women 21-65] Pap Smear in Past 3 Years			
% [Age 50-75] Colorectal Cancer Screening	72.6	72.8	74.8
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
10.1	7.6	7.1		7.4
17.4	8.9	8.5		14.6
75.3	81.8	77.0	81.1	86.7
66.4	78.7	73.5	93.0	79.5
73.8	67.3	76.4	70.5	77.5
	better	similar	worse	

Diabetes	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% Diabetes/High Blood Sugar	12.5	15.0	13.4
% Borderline/Pre-Diabetes	9.0	9.0	6.1
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	48.5	49.5	51.4
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			










Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
13.9	10.6	13.3		9.3
7.5		9.5		9.1
50.3		50.0		55.8
	better	similar	worse	

Heart Disease & Stroke	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% Heart Disease (Heart Attack, Angina, Coronary Disease)	12.3	6.7	7.8
% Stroke	3.6	0.8	3.4
% Blood Pressure Checked in Past 2 Years	88.8	89.1	93.3
% Told Have High Blood Pressure (Ever)	37.0	48.9	46.5
% [HBP] Taking Action to Control High Blood Pressure			
% Cholesterol Checked in Past 5 Years	76.8	85.7	87.5
% Told Have High Cholesterol (Ever)	41.5	36.7	40.9
% [HBC] Taking Action to Control High Blood Cholesterol			
% 1+ Cardiovascular Risk Factor	87.8	92.1	86.8
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			









Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
8.0		8.0	9.1	
2.5	3.6	4.7	6.3	
91.1		90.4	92.6	
46.1	34.6	37.0	26.9	
84.8		93.8	80.8	
85.4	89.3	85.1	82.1	
39.5		36.2	13.5	
79.0		87.3	77.4	
88.8		87.2	92.1	
	better	similar	worse	

Injury & Violence

Disparity Among Subareas



	North Brevard	Central Brevard	South Brevard
% [Age 45+] Fell in the Past Year	 39.9	 23.3	 28.1
% Victim of Violent Crime in Past 5 Years	 6.9	 1.8	 2.5
% Perceive Neighborhood as "Slightly/Not At All Safe"	 15.1	 13.8	 10.6

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.







Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
27.9		 31.6	 23.1	
2.8		 3.7		
12.4		 15.6	 19.5	
	 better	 similar	 worse	

Kidney Disease

Disparity Among Subareas

	North Brevard	Central Brevard	South Brevard
% Kidney Disease	 5.2	 3.8	 2.4

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
3.3	 2.8	 3.8	 6.4	
	 better	 similar	 worse	

Maternal & Infant Health	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% [Parents] Aware of the Healthy Start Coalition Services			
% [Parents] Have Used Healthy Start Coalition Services			
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
40.6				51.8
33.3				19.5
better similar worse				

Mental Health	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% "Fair/Poor" Mental Health	21.1	15.8	15.1
% [Children 5-17] "Fair/Poor" Mental Health			
% [Children 5-17] Child Needed Mental Health Svcs in the Past Yr			
% Diagnosed Depression	29.3	22.7	24.1
% Symptoms of Chronic Depression (2+ Years)	44.3	30.9	33.9
% Typical Day Is "Extremely/Very" Stressful	10.5	12.8	18.2








Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
16.2		13.0	12.8	
11.0			10.6	
19.7			19.3	
24.3	17.1	21.6	17.0	
34.2		31.4	21.7	
15.2		13.4	13.7	

























Mental Health (continued)	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% Taking Rx/Receiving Mental Health Trtmt	15.7	14.3	11.4
% Have Ever Sought Help for Mental Health	39.3	31.2	31.7
% [Those With Diagnosed Depression] Seeking Help			
% Unable to Get Mental Health Svcs in Past Yr	10.2	10.3	8.0
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
13.1		13.9	13.2	
32.6		30.8	24.9	
79.7		87.1	94.6	
9.2		6.8	5.6	
better similar worse				

Nutrition, Physical Activity & Weight	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% Food Insecure	36.6	29.0	27.1
% 5+ Servings of Fruits/Vegetables per Day	29.7	26.6	31.1
% "Very/Somewhat" Difficult to Buy Fresh Produce	31.1	24.3	21.6
% Professional Advice on Diet/Nutrition	44.4	44.5	48.8

Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
29.1		27.9	21.7	
29.2		33.5	29.2	
23.9		22.1	28.1	
46.7			35.6	

Nutrition, Physical Activity & Weight (continued)	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% No Leisure-Time Physical Activity	 30.5	 27.3	 26.3
% Meeting Physical Activity Guidelines	 12.9	 16.1	 23.9
% Professional Advice on Physical Activity	 49.6	 51.1	 55.5
% Healthy Weight (BMI 18.5-24.9)	 27.5	 28.5	 28.3
% Overweight (BMI 25+)	 64.1	 70.5	 68.9
% [Overweights] Trying to Lose Weight	 63.9	 55.1	 63.5
% Obese (BMI 30+)	 29.4	 36.5	 32.0
% [Overweights] Counseled About Weight in Past Year	 29.0	 35.7	 43.1
% Children [Age 5-17] Healthy Weight			
% Children [Age 5-17] Overweight (85th Percentile)			
% Children [Age 5-17] Obese (95th Percentile)			



















Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
27.2	 29.2	 26.2	 32.6	 24.2
19.6	 21.5	 22.8	 20.1	 24.2
53.1				 39.9
28.3	 33.9	 30.3	 33.9	 33.9
68.8	 64.0	 67.8		 58.7
60.4				
33.3	 28.4	 32.8	 30.5	 19.4
38.5				 28.6
45.8				 47.8
42.6				 29.4
26.6				 21.1















Nutrition, Physical Activity & Weight (continued)	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% Received Professional Advice on Child's [5-17] Weight			
% Child [Age 2-17] Physically Active 1+ Hours per Day			
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			







Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
22.3				11.0
29.4		50.5		46.7
better similar worse				




















Oral Health	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% Have Dental Insurance	66.7	54.5	64.6
% [Age 18+] Dental Visit in Past Year	70.5	58.1	62.6
% Child [Age 2-17] Dental Visit in Past Year			
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
61.2		59.9		60.4
62.0	63.0	59.7	49.0	59.9
69.9		87.0	49.0	74.7
better similar worse				






Potentially Disabling Conditions	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% Activity Limitations	 38.4	 31.1	 30.5
% [50+] Arthritis/Rheumatism	 34.7	 32.2	 31.6
% [50+] Osteoporosis	 7.2	 13.9	 11.2
% 3+ Chronic Conditions	 40.6	 49.8	 48.1
% Caregiver to a Friend/Family Member	 29.0	 26.7	 26.1
% Taking Rx for Chronic Condition(s)	 68.9	 63.6	 66.0
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			






















Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
31.8	 20.7	 25.0		 19.3
32.2		 38.3		 36.2
11.7		 9.4	 5.3	 15.5
47.7		 41.4		
26.7		 20.8		 24.1
65.5				
	 better	 similar	 worse	




















Respiratory Diseases	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% [Adult] Currently Has Asthma	 8.8	 6.8	 11.2
% [Child 0-17] Currently Has Asthma			
% COPD (Lung Disease)	 14.4	 9.3	 12.4
% [Age 65+] Flu Vaccine in Past Year			
% [Age 65+] Pneumonia Vaccine Ever			
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			













Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
9.3	 7.5	 11.8		 9.0
9.4		 9.3		 7.6
11.5	 7.8	 8.6		 9.9
51.2	 62.2	 76.8	 70.0	 72.9
72.8	 68.4	 82.7	 90.0	 67.4
	 better	 similar	 worse	






















Sexual Health	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% [Age 18-44] HIV Test in the Past Year			
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
24.9		 24.7		 32.2
	 better	 similar	 worse	

Substance Abuse	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% Current Drinker	 51.2	 62.4	 64.5
% Excessive Drinker	 16.3	 22.5	 28.0
% Drinking & Driving in Past Month	 13.5	 1.0	 3.3
% Illicit Drug Use in Past Month	 5.6	 7.7	 4.0
% Opiate Use in the Past Year	 17.7	 17.4	 15.7
% Ever Sought Help for Alcohol or Drug Problem	 6.6	 1.3	 8.3
% Personally Impacted by Substance Abuse	 52.6	 45.5	 48.5
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
62.0	 52.4	 55.0		 59.0
24.4		 22.5	 25.4	 18.5
4.0	 3.4	 5.2		 2.0
5.5		 2.5	 7.1	 3.5
16.6				
5.5		 3.4		 3.2
47.9		 37.3		 40.0
	 better	 similar	 worse	

Tobacco Use	Disparity Among Subareas		
	North Brevard	Central Brevard	South Brevard
% Current Smoker	 26.1	 17.6	 14.0
% Someone Smokes at Home	 24.3	 10.1	 16.8
% [Nonsmokers] Someone Smokes in the Home	 11.5	 5.6	 11.1
% [Household With Children] Someone Smokes in the Home			
% [Smokers] Have Quit Smoking 1+ Days in Past Year			
% [Smokers] Received Advice to Quit Smoking			
% Currently Use Vaping Products	 9.1	 12.4	 9.1
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Brevard County	Brevard County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
16.9	 16.1	 16.3	 12.0	 20.4
15.4		 10.7		 17.5
9.2		 4.0		 7.7
16.5		 7.2		 26.4
44.4		 34.7	 80.0	 51.5
68.5		 58.0		 80.7
10.3	 4.3	 3.8		 2.7
	 better	 similar	 worse	

Community Description



Professional Research Consultants, Inc.

Social Determinants of Health

About Social Determinants

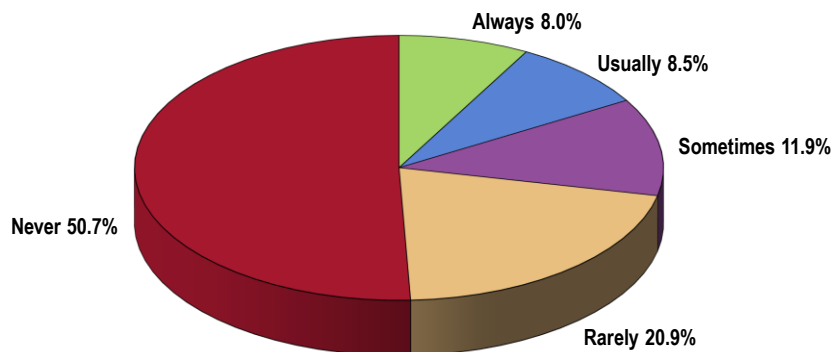
Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

— Healthy People 2020 (www.healthypeople.gov)

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
(Brevard County, 2019)



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

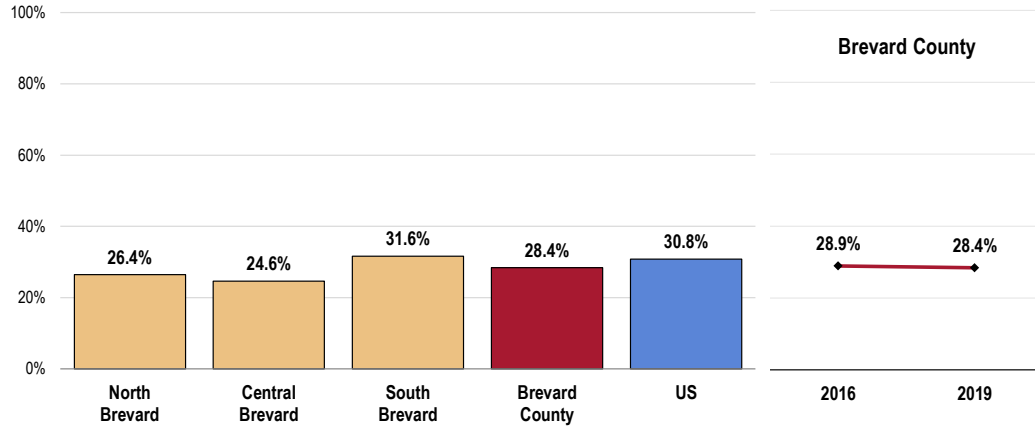
However, a considerable share (28.4%) report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

- **DISPARITY:** Significantly higher among women, young adults (correlates with age), and those in low-income households.

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.

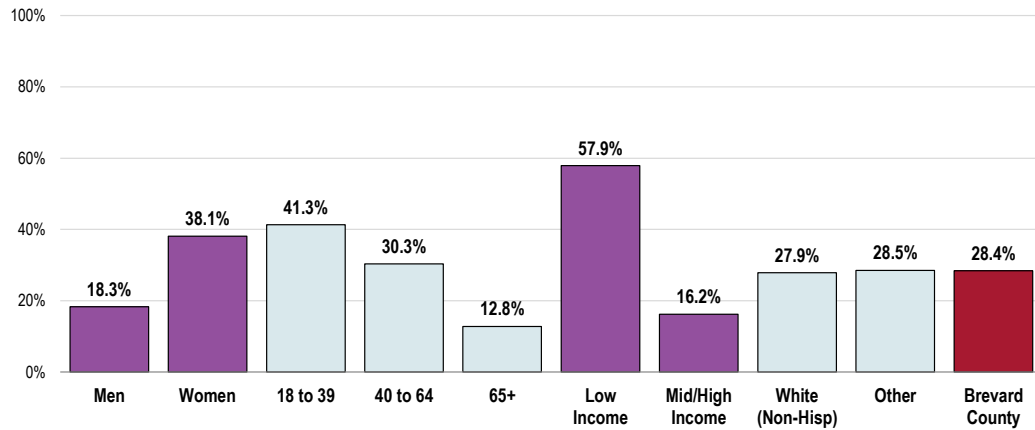
“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year



Sources: ● 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]
 ● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

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 (Brevard County, 2019)



Sources: ● 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]
 Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 ● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Food Access

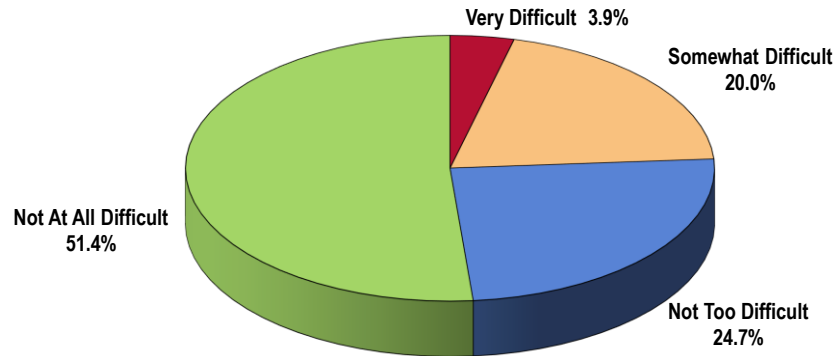
Difficulty Accessing Fresh Produce

Most Brevard County 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 (Brevard County, 2019)

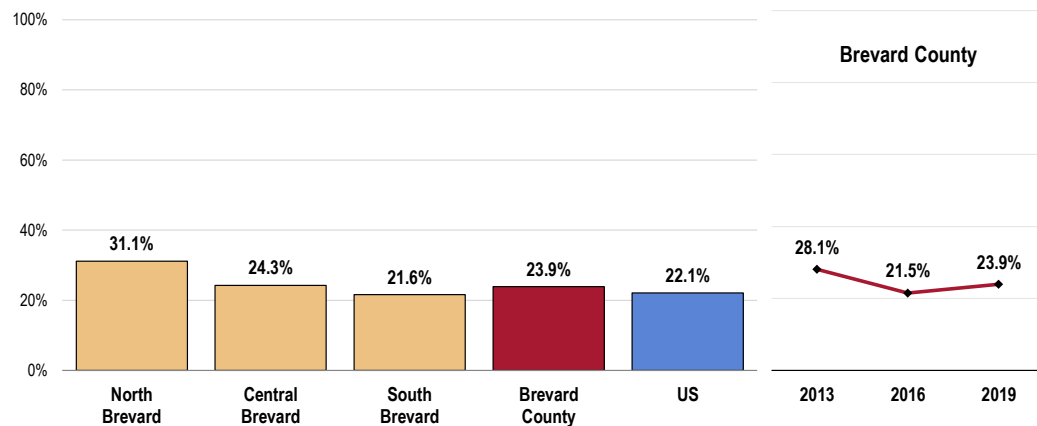


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: • Asked of all respondents.

However, 23.9% of Brevard County adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

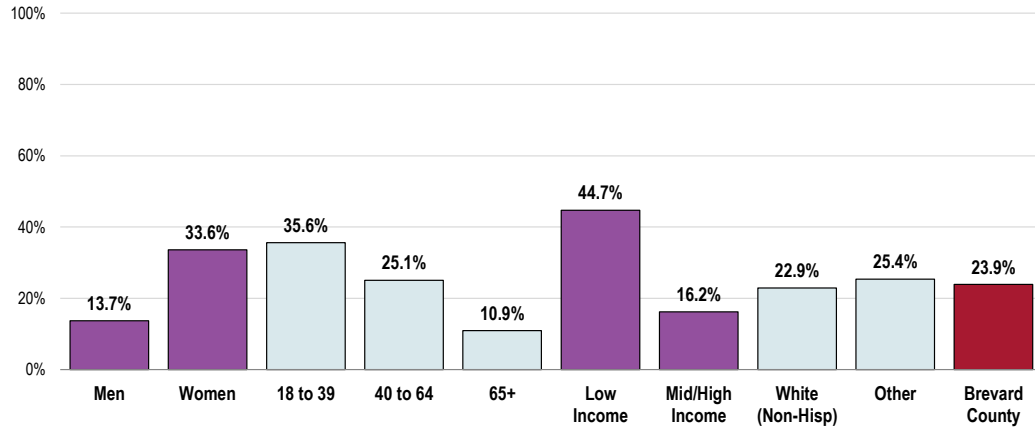
- **DISPARITY:** Statistically higher among women, young adults, and low-income residents.
- **TREND:** Marks a statistically significant decrease (improvement) since 2013.

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



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Brevard County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Food Insecurity

Overall, 29.1% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

- **DISPARITY:** Significantly higher among women and includes over half of young adults, low-income residents, and Other races.
- **TREND:** Denotes a statistically significant increase since 2016.

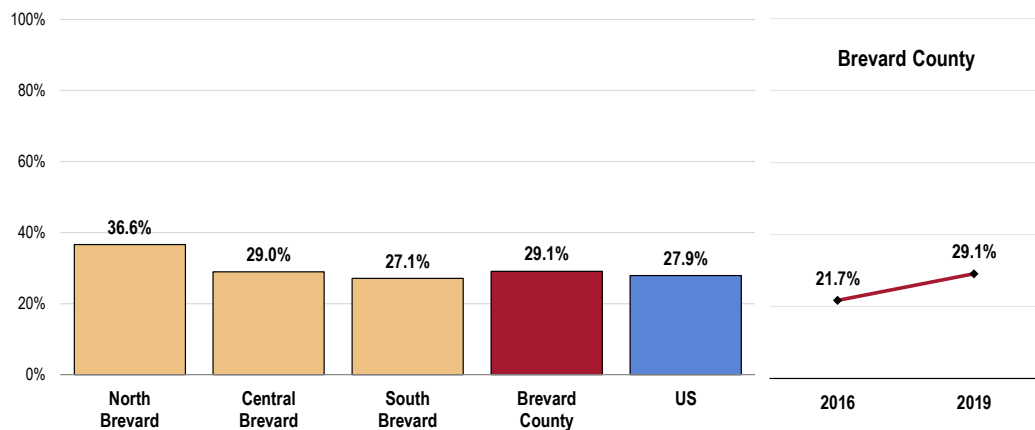
Surveyed adults were asked:

“Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was “Often True,” “Sometimes True,” or “Never True” for you in the past 12 months:

- *I worried about whether our food would run out before we got money to buy more.*
- *The food that we bought just did not last, and we did not have money to get more.”*

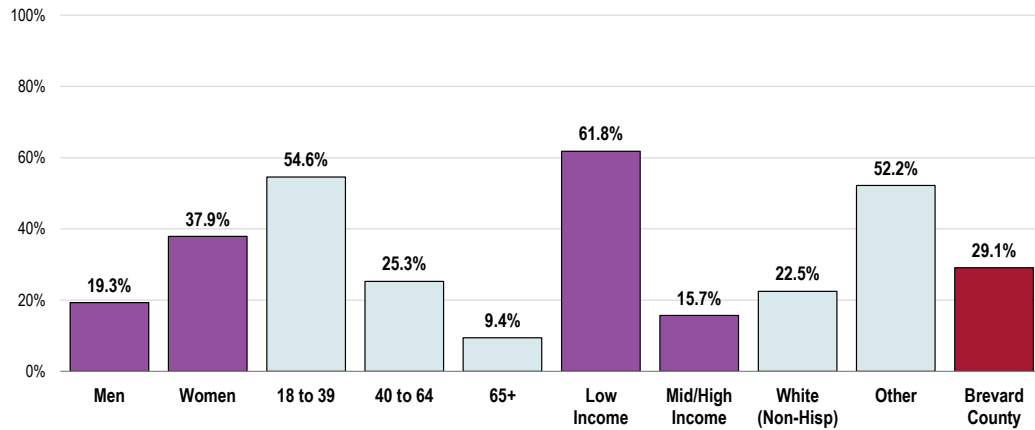
Those answering “Often” or “Sometimes True” for either statement are considered to be food insecure.

Food Insecurity



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecurity (Brevard County, 2019)



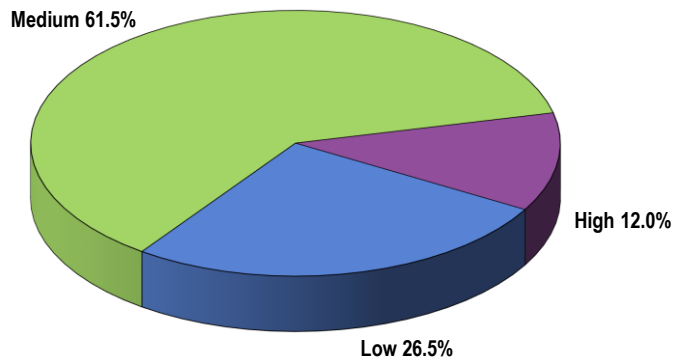
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Health Literacy

Most surveyed adults in Brevard County are found to have a moderate level of health literacy.

Low health literacy is defined as those respondents who "Seldom/Never" find written or spoken health information easy to understand, and/or who "Always/Nearly Always" need help reading health information, and/or who are "Not At All Confident" in filling out health forms.

Level of Health Literacy (Brevard County, 2019)

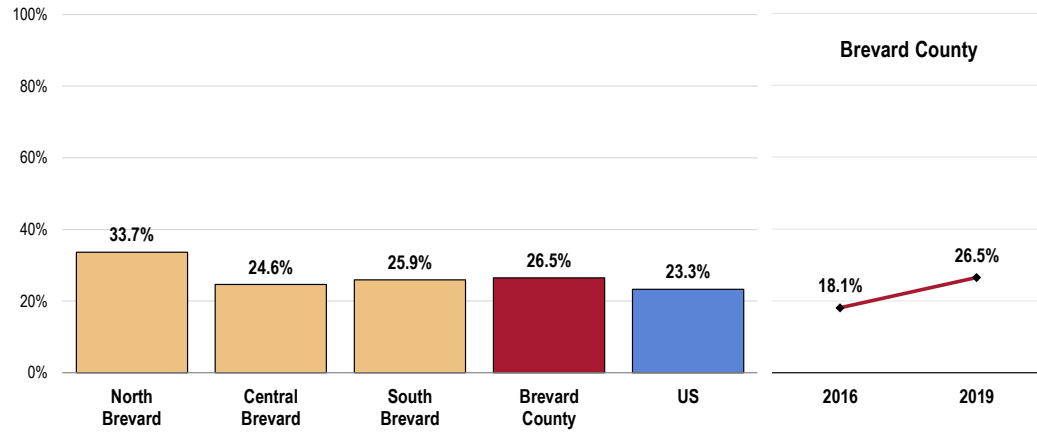


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 Notes: • Asked of all respondents.
 • Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

A total of 26.5% are determined to have low health literacy.

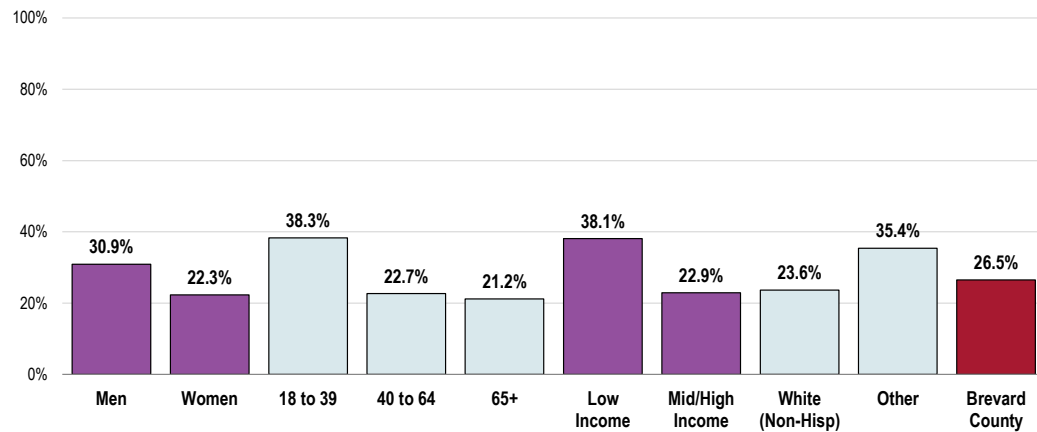
- **DISPARITY:** Higher among county men, adults under 40, those in low-income households, and Other races.
- **TREND:** Marks a statistically significant increase since 2016.

Low Health Literacy



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Low Health Literacy (Brevard County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

General Health Status



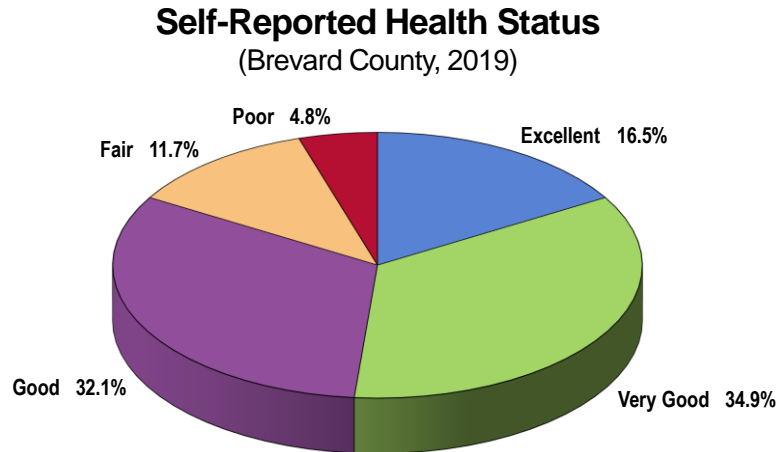
Professional Research Consultants, Inc.

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 Brevard County residents rate their overall health favorably (responding "excellent," "very good," or "good").

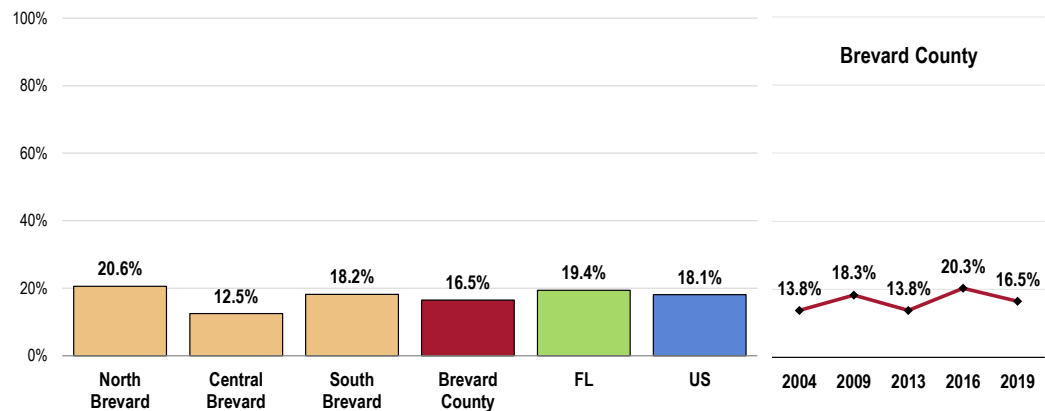


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 Notes: • Asked of all respondents.

However, 16.5% of Brevard County adults believe that their overall health is "fair" or "poor."

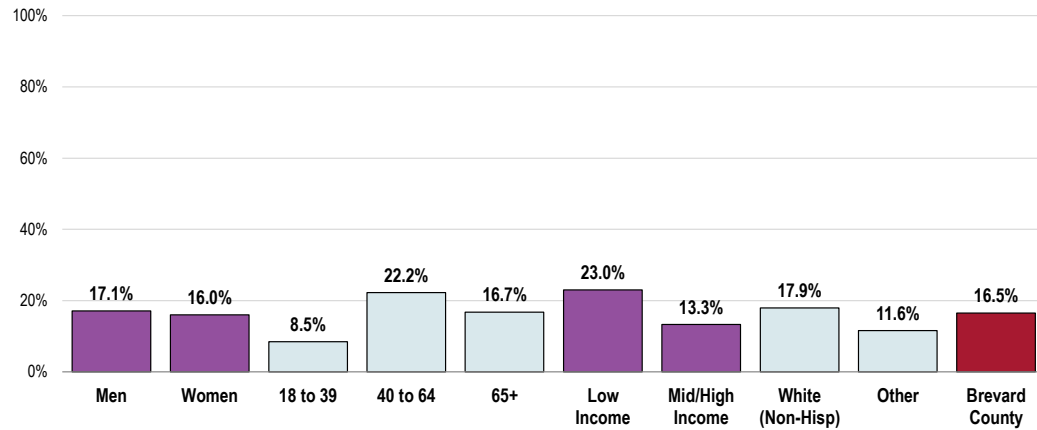
- **DISPARITY:** Favorably low in Central Brevard; by demographic characteristics, statistically higher among adults age 40-64 and those in low-income households.

Experience "Fair" or "Poor" Overall Health



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Florida data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health (Brevard County, 2019)



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes:

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

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)

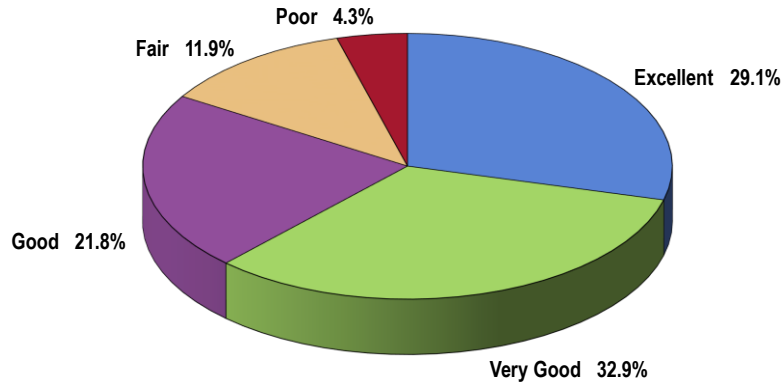
Mental Health Status

Adults

Most Brevard County adults rate their overall mental health favorably (“excellent,” “very good,” or “good”).

“Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: Excellent, Very Good, Good, Fair, or Poor?”

Self-Reported Mental Health Status
(Brevard County, 2019)

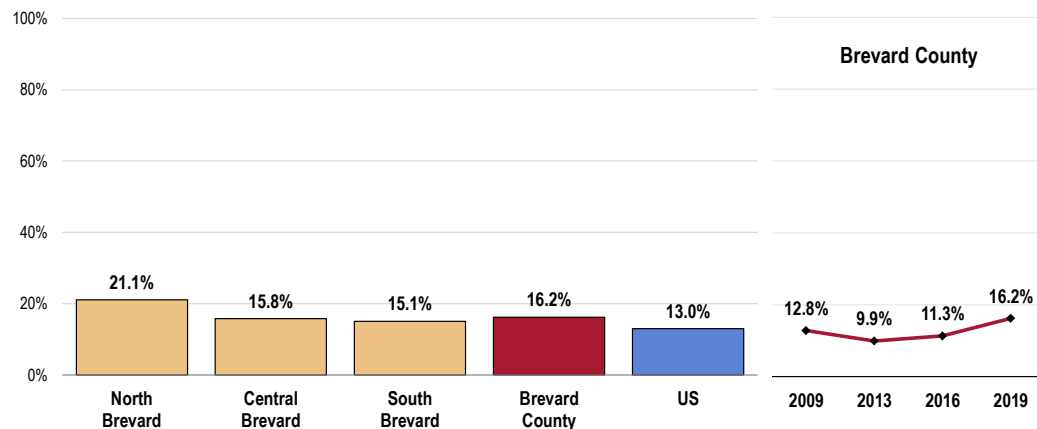


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: • Asked of all respondents.

However, 16.2% believe that their overall mental health is “fair” or “poor.”

- This finding does not differ significantly by geography and is similar to state and national data. It also has not changed significantly over time.

Experience “Fair” or “Poor” Mental Health



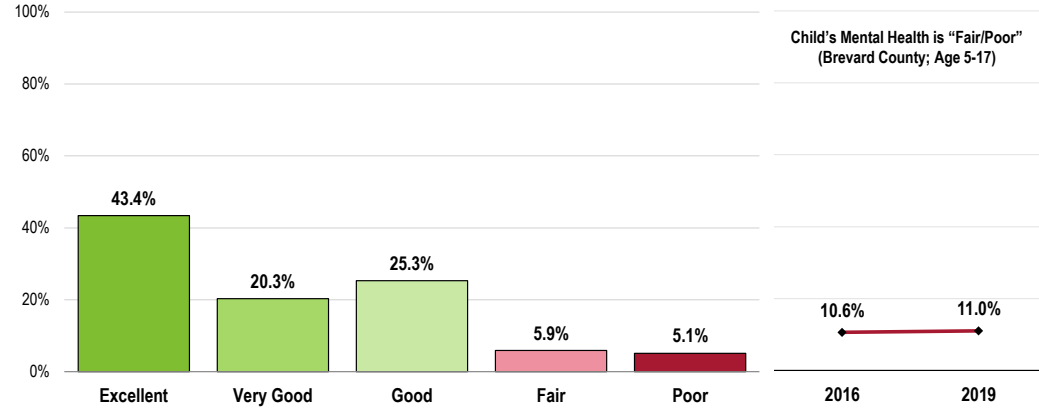
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Children

Most Brevard County parents of children age 5 to 17 consider their child’s mental health status to be “excellent,” “very good,” or “good.”

- On the other hand, 11.0% of parents say their child (age 5-17) has “fair” or “poor” mental health (unchanged over time).

Child’s Mental Health Status
(Brevard County Parents of Children Age 5-17)

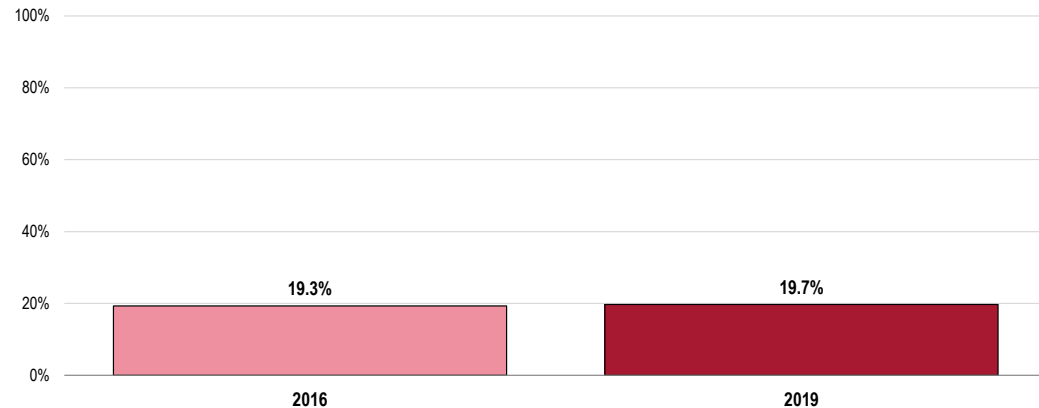


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 317]
Notes: • Asked of all respondents about a child age 5 to 17 at home.

In response to a related inquiry, 19.8% of county parents with children age 5 to 17 indicate that their child needed mental health services at some point in the past year.

- This finding has not changed significantly over time.

Child Needed Mental Health Services in the Past Year
(Brevard County Parents of Children Age 5-17)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 318]
Notes: • Asked of all respondents about a child age 5 to 17 at home.

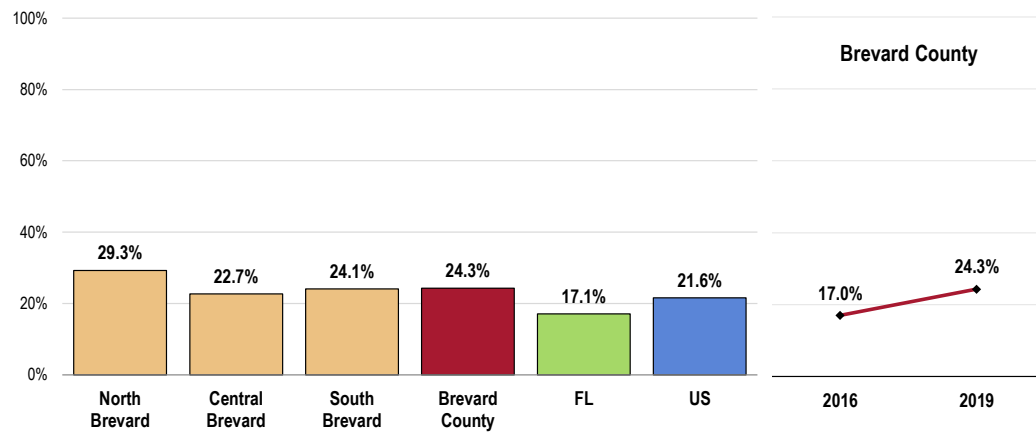
Depression

Diagnosed Depression

A total of 24.3% of Brevard County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- **BENCHMARK:** The prevalence is higher than the Florida benchmark.
- **TREND:** Diagnosed depression has increased significantly in the county since 2016.

Have Been Diagnosed With a Depressive Disorder



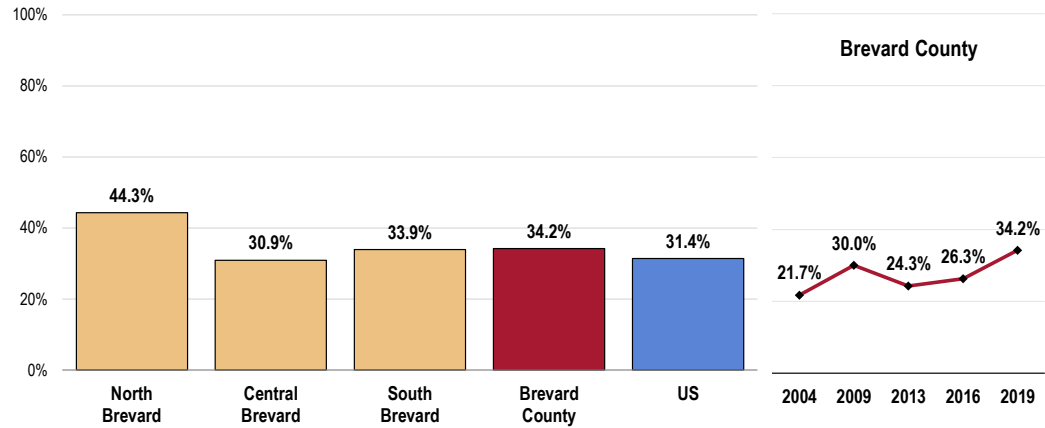
- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Florida data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 34.2% of Brevard County 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).

- **DISPARITY:** Unfavorably high in North Brevard. The prevalence is statistically higher among women and low-income residents, and correlates with age.
- **TREND:** Denotes a statistically significant increase since 2004.

Have Experienced Symptoms of Chronic Depression



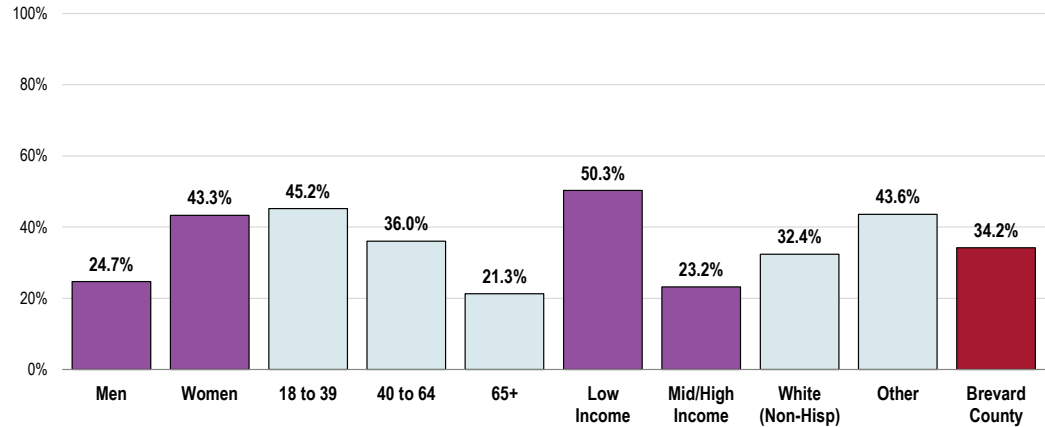
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

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

Have Experienced Symptoms of Chronic Depression (Brevard County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, 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.

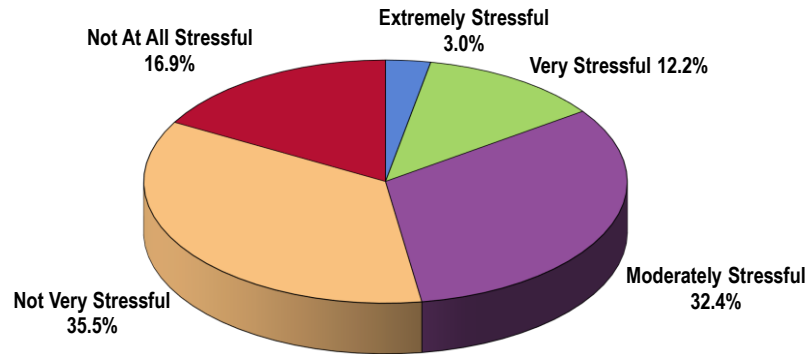
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

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

Stress

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

Perceived Level of Stress On a Typical Day
(Brevard County, 2019)

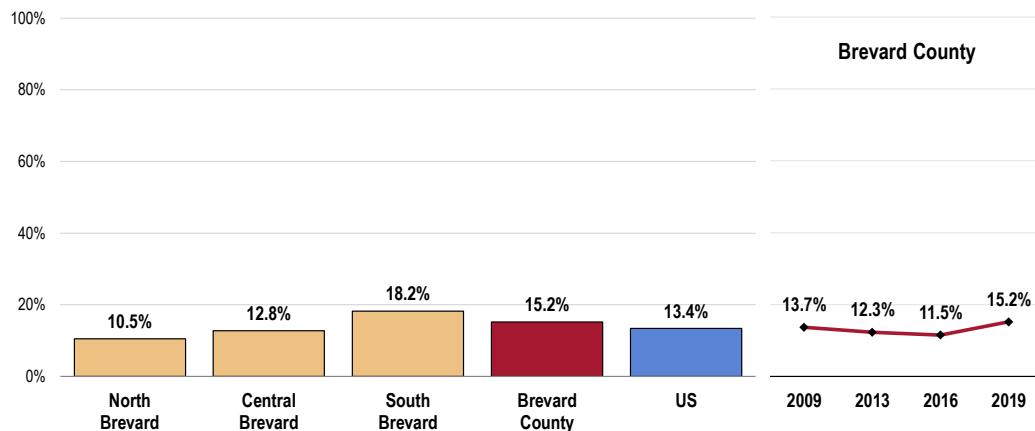


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: • Asked of all respondents.

In contrast, 15.2% of Brevard County adults feel that most days for them are “very” or “extremely” stressful.

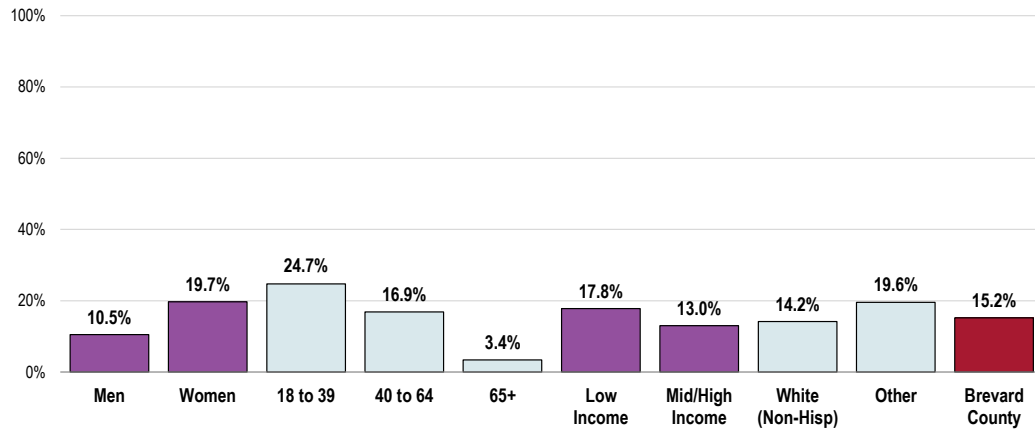
- **DISPARITY:** Unfavorably high in South Brevard; higher among women and young adults.

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



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Perceive Most Days as “Extremely” or “Very” Stressful (Brevard County, 2019)



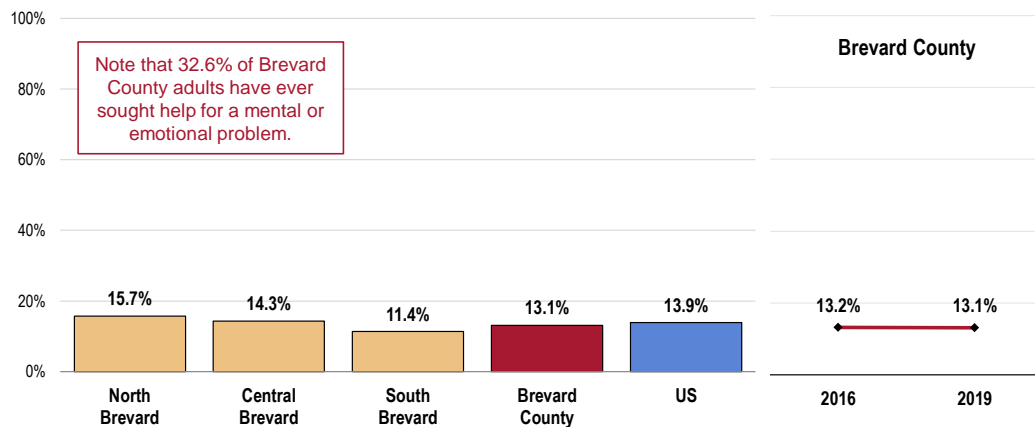
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Mental Health Treatment

Currently Receiving Treatment

A total of 13.1% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

Currently Receiving Mental Health Treatment



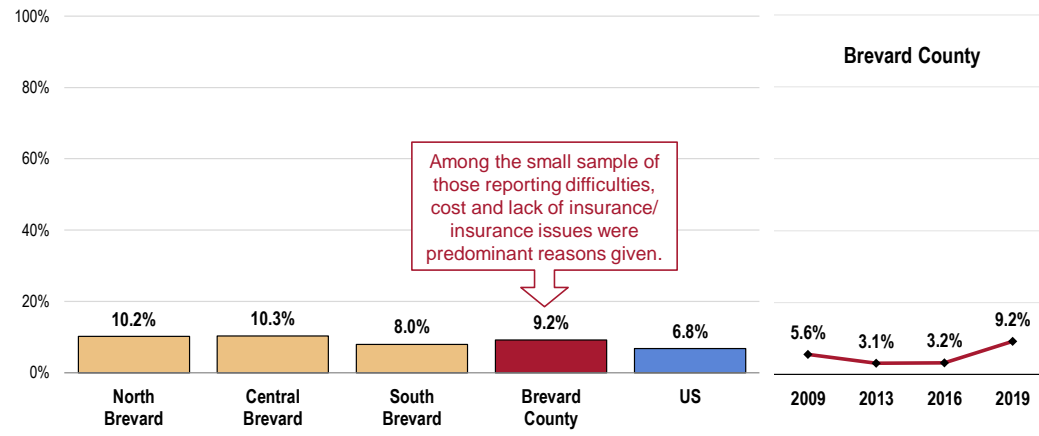
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • “Treatment” can include taking medications for mental health.

Difficulty Accessing Mental Health Services

A total of 9.2% of Brevard County adults report a time in the past year when they needed mental health services but were not able to get them.

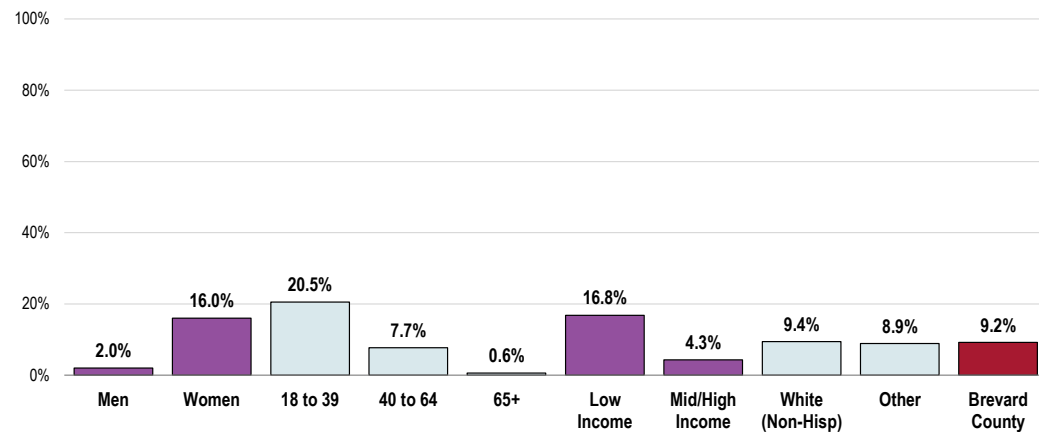
- **DISPARITY:** Markedly higher among women, young adults, and those in low-income households.
- **TREND:** Denotes a statistically significant increase from previous survey findings.

Unable to Get Mental Health Services When Needed in the Past Year



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 105-106]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year (Brevard County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

**Death, Disease &
Chronic Conditions**



Professional Research Consultants, Inc.

Cardiovascular Disease

About Heart Disease & Stroke

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

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

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

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

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

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

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

— Healthy People 2020 (www.healthypeople.gov)

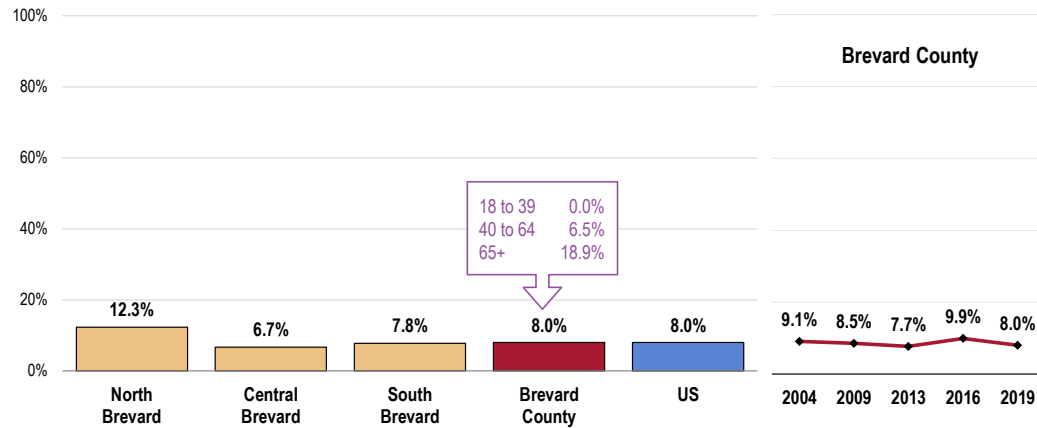
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 8.0% 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 correlates directly with age in Brevard County.

Prevalence of Heart Disease



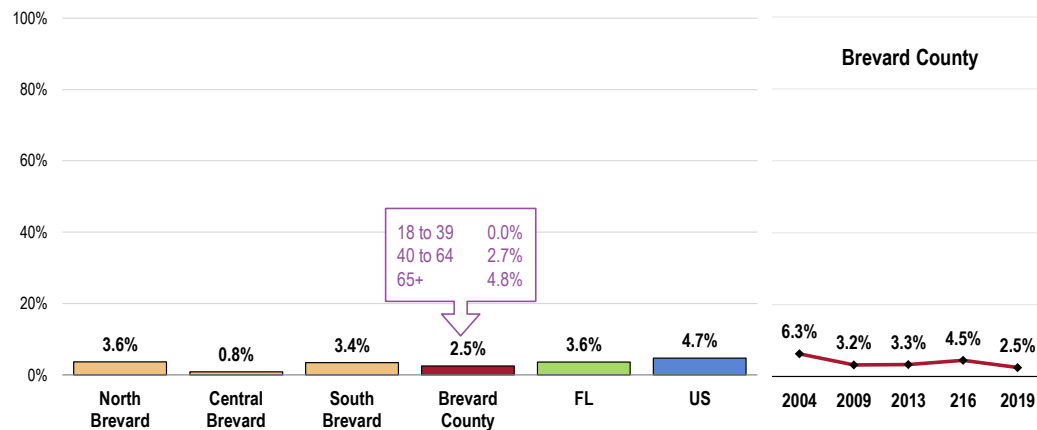
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina, or coronary heart disease.

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).

- **BENCHMARK:** Lower than the national prevalence.
- **DISPARITY:** Favorably low in Central Brevard; correlates directly with age.
- **TREND:** Marks a statistically significant decrease since 2004.

Prevalence of Stroke



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, 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, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

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

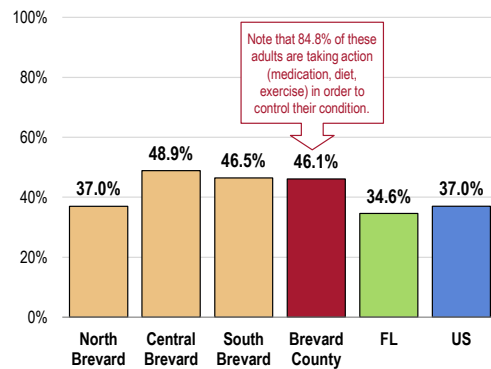
A total of 46.1% of Brevard County adults have been told at some point that their blood pressure was high.

- **BENCHMARK:** Higher than state and US benchmarks and fails to satisfy the Healthy People 2020 goal.
- **DISPARITY:** Favorably low in North Brevard. Correlates with age and is higher among Non-Hispanic Whites than residents of Other race (not shown).
- **TREND:** Denotes a statistically significant increase over time.

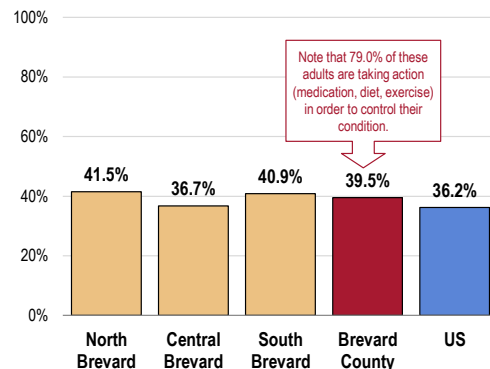
A total of 39.5% of adults have been told by a health professional that their cholesterol level was high.

- **BENCHMARK:** Fails to satisfy the Healthy People 2020 objective.
- **DISPARITY:** Statistically higher among men, older residents, and those in upper-income households (not shown).

Prevalence of High Blood Pressure
Healthy People 2020 = 26.9% or Lower

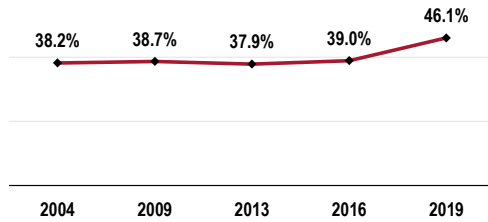


Prevalence of High Blood Cholesterol
Healthy People 2020 = 13.5% or Lower

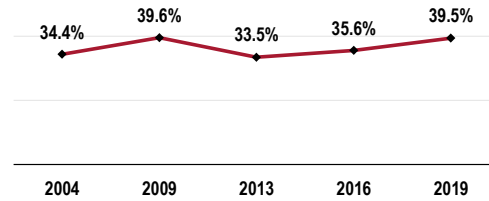


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 41, 44, 129-130]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Florida data.
 • 2017 PRC National Health Survey, Professional Research Consultants, 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 (Brevard County)
 Healthy People 2020 = 26.9% or Lower



Prevalence of High Blood Cholesterol (Brevard County)
 Healthy People 2020 = 13.5% or Lower



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, 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.

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.

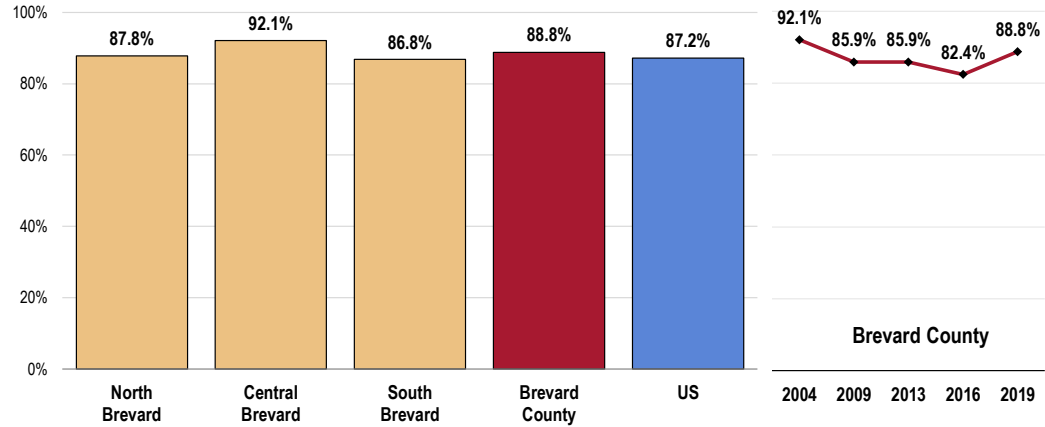
— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

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

A total of 88.8% of Brevard County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

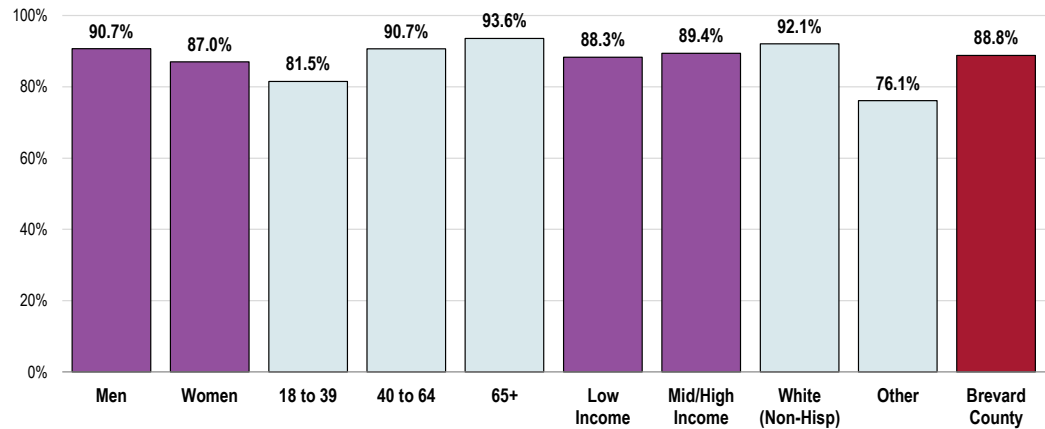
- **DISPARITY:** Unfavorably high in Central Brevard. The prevalence correlates with age and is higher among Whites.

Present One or More Cardiovascular Risks or Behaviors



Sources: ● 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
● 2017 PRC National Health Survey, Professional Research Consultants, 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.

Present One or More Cardiovascular Risks or Behaviors (Brevard County, 2019)



Sources: ● 2019 PRC Community Health Survey, Professional Research Consultants, 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.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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)

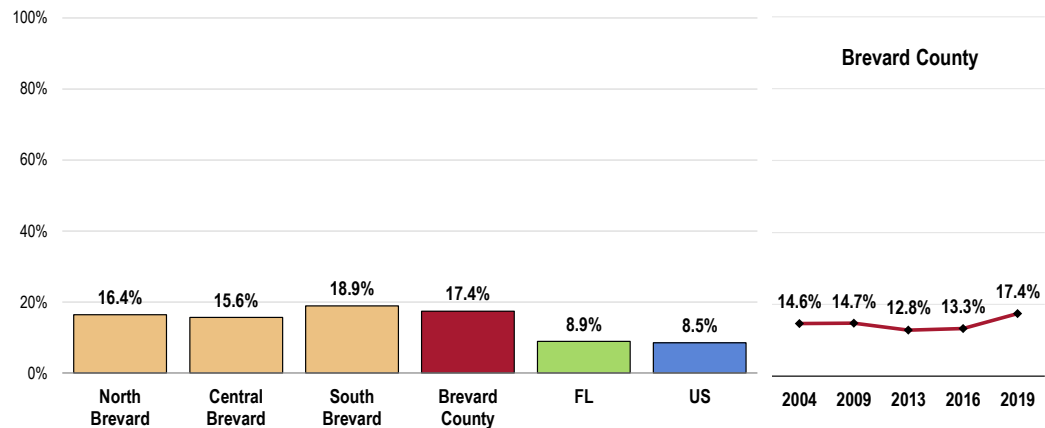
Prevalence of Cancer

Skin Cancer

A total of 17.4% of surveyed Brevard County adults report having been diagnosed with skin cancer.

- **BENCHMARK:** Twice the state and US percentages.

Prevalence of Skin Cancer



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, 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, Professional Research Consultants, Inc.

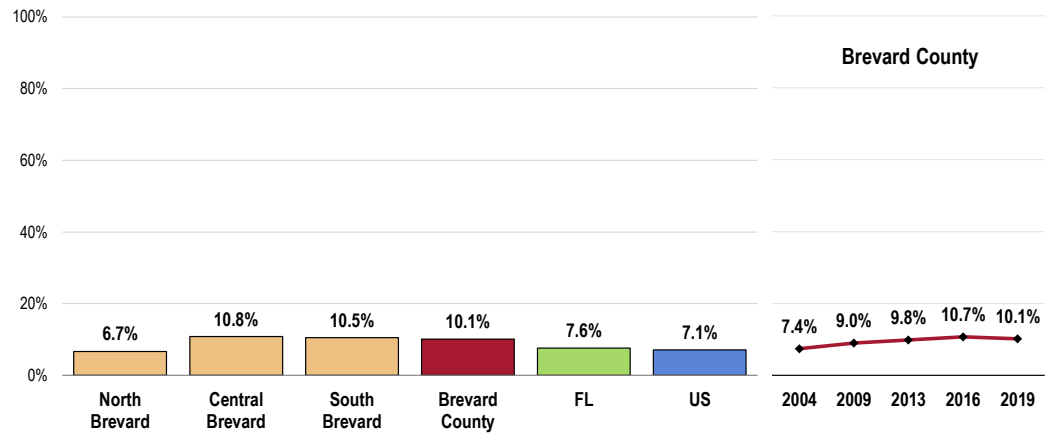
Notes: • Asked of all respondents.

Other Cancers

A total of 10.1% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- **BENCHMARK:** Higher than the Florida and US figures.

Prevalence of Cancer (Other Than Skin Cancer)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, 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, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

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, 75.3% have had a mammogram within the past 2 years.

- **BENCHMARK:** Lower than the state prevalence.
- **TREND:** Marks a statistically significant decrease over time.

Among Brevard County women age 21 to 65, 66.4% have had a Pap smear within the past 3 years.

- **BENCHMARK:** Lower than the Florida prevalence and fails to satisfy the Healthy People 2020 target.
- **TREND:** Denotes a statistically significant decrease over time.

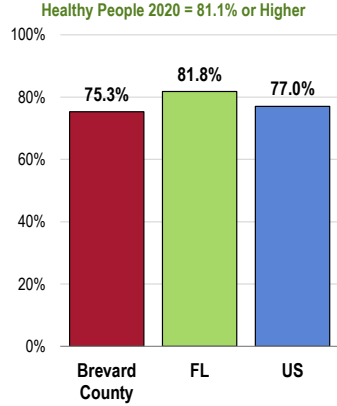
Among all adults age 50-75, 73.8% have had appropriate colorectal cancer screening.

- **BENCHMARK:** Above the Florida percentage.

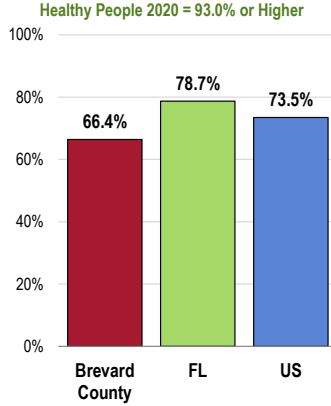
"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Cancer Screenings

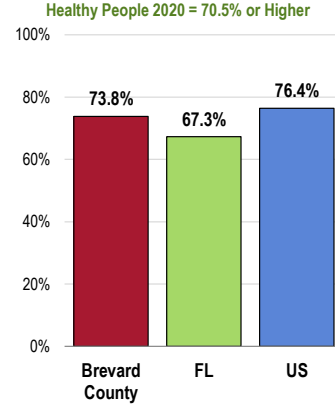
Mammogram in Past Two Years
(Women Age 50-74)
Healthy People 2020 = 81.1% or Higher



Pap Smear in Past Three Years
(Women Age 21-65)
Healthy People 2020 = 93.0% or Higher



Colorectal Cancer Screening
(All Adults Age 50-75)
Healthy People 2020 = 70.5% or Higher

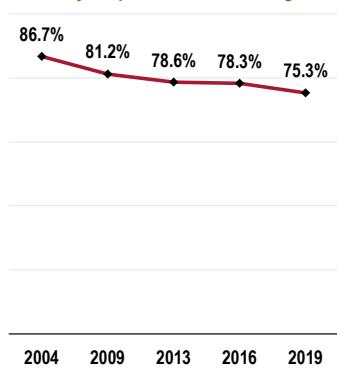


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 133-134, 137]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives C-15, C-16, C-17]

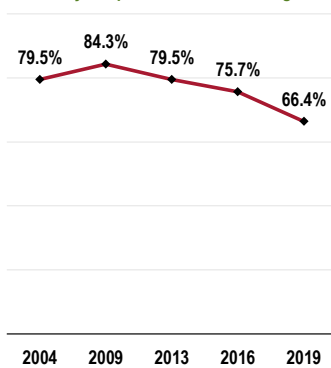
Notes: • Each indicator is shown among the gender and/or age group specified.

Cancer Screenings: Brevard County Trends

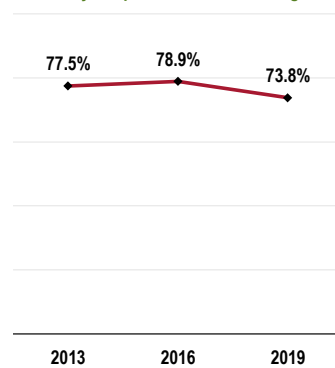
Mammogram in Past Two Years
(Women Age 50-74)
Healthy People 2020 = 81.1% or Higher



Pap Smear in Past Three Years
(Women Age 21-65)
Healthy People 2020 = 93.0% or Higher



Colorectal Cancer Screening
(All Adults Age 50-75)
Healthy People 2020 = 70.5% or Higher



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, 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.

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)

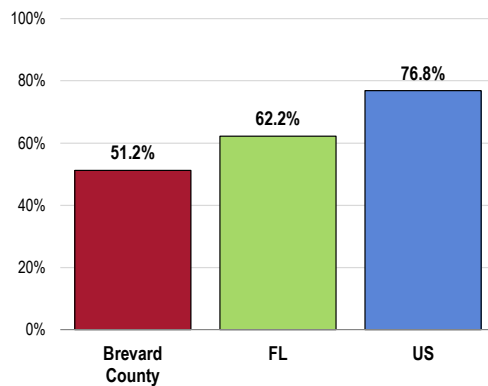
Among Brevard County adults age 65 and older, **51.2%** received a flu shot within the past year.

- **BENCHMARK:** Well below the state and US percentages and fails to satisfy the Healthy People 2020 target.
- **TREND:** Marks a statistically significant decrease over time (not shown).

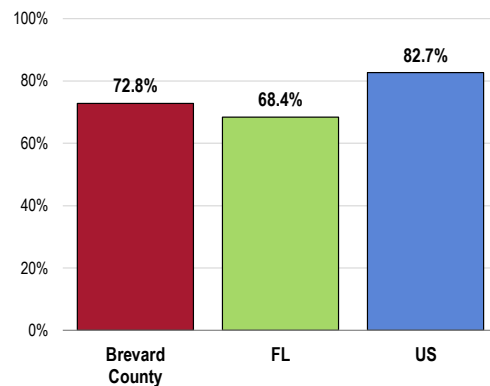
Among Brevard County adults age 65 and older, **72.8%** have received a pneumonia vaccination at some point in their lives.

- **BENCHMARK:** Lower than the US benchmark and failing to satisfy the Healthy People 2020 goal.

**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, Professional Research Consultants, 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, Professional Research Consultants, Inc.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
 Notes: ● Reflects respondents 65 and older.

Prevalence of Respiratory Disease

Asthma

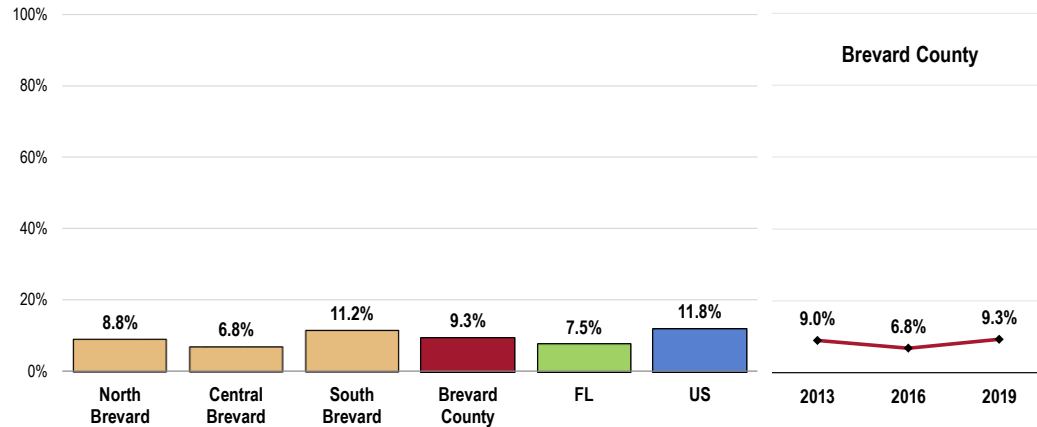
Adults

A total of 9.3% of Brevard County adults currently suffer from asthma.

- Similar findings by subarea and demographics, and similar to state and US benchmarks; stable over time.

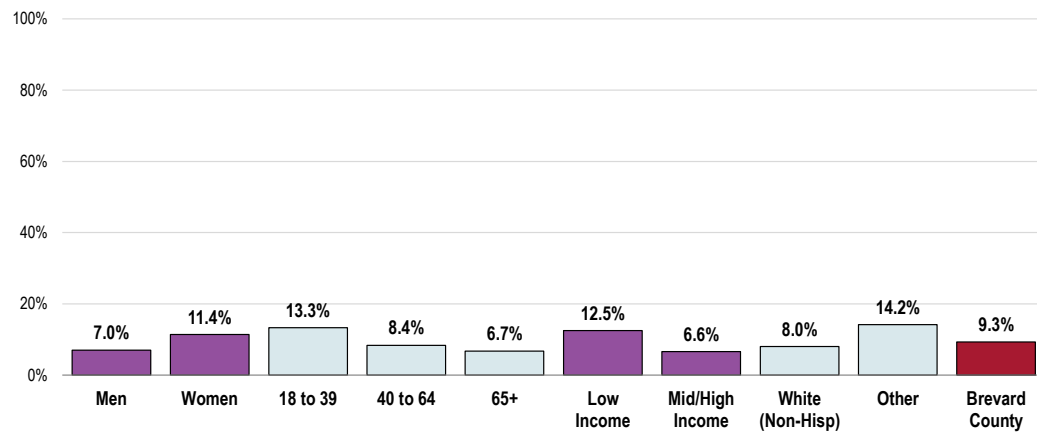
Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

Prevalence of Asthma



- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, 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, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

Prevalence of Asthma (Brevard County, 2019)



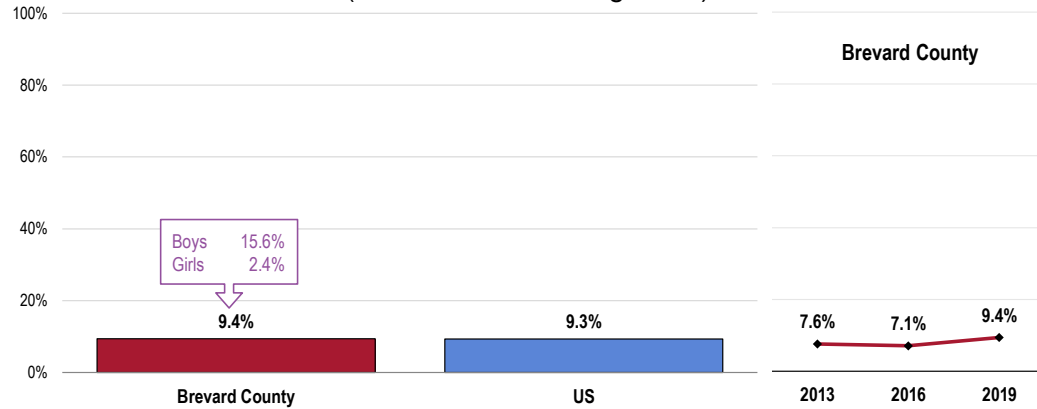
- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- Notes:
- Asked of all respondents.
 - Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Brevard County children under age 18, 9.4% currently have asthma.

- **DISPARITY:** Significantly higher among Brevard County boys than girls.

Prevalence of Asthma in Children
(Parents of Children Age 0-17)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

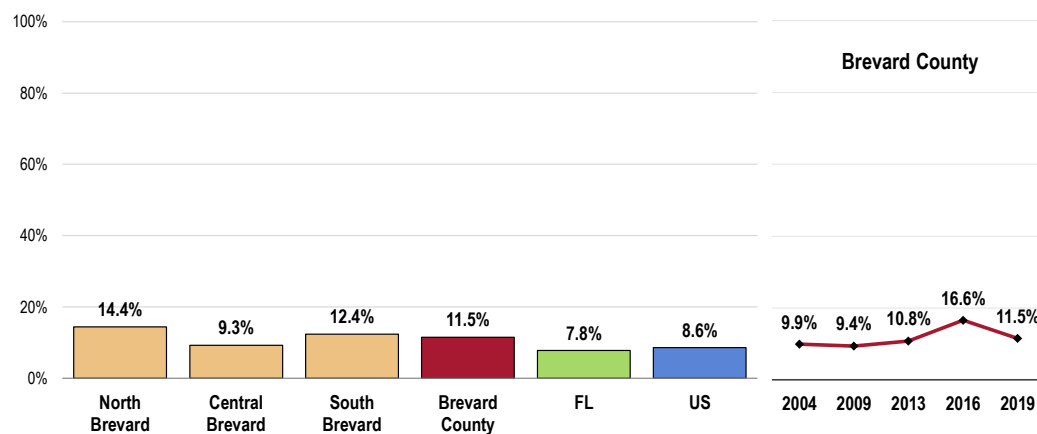
Chronic Obstructive Pulmonary Disease (COPD)

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

A total of 11.5% of Brevard County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- **BENCHMARK:** Higher than the Florida prevalence.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, 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, Professional Research Consultants, 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.

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)

Falls

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years ... In 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

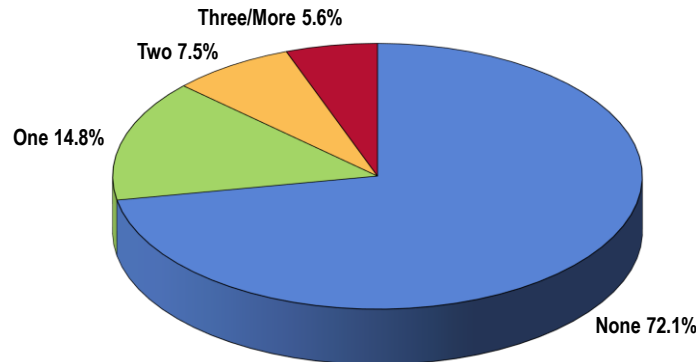
In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately \$19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

— Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Among surveyed Brevard County adults age 45 and older, most have not fallen in the past year.

Number of Falls in Past 12 Months
(Adults Age 45 and Older; Brevard County, 2019)

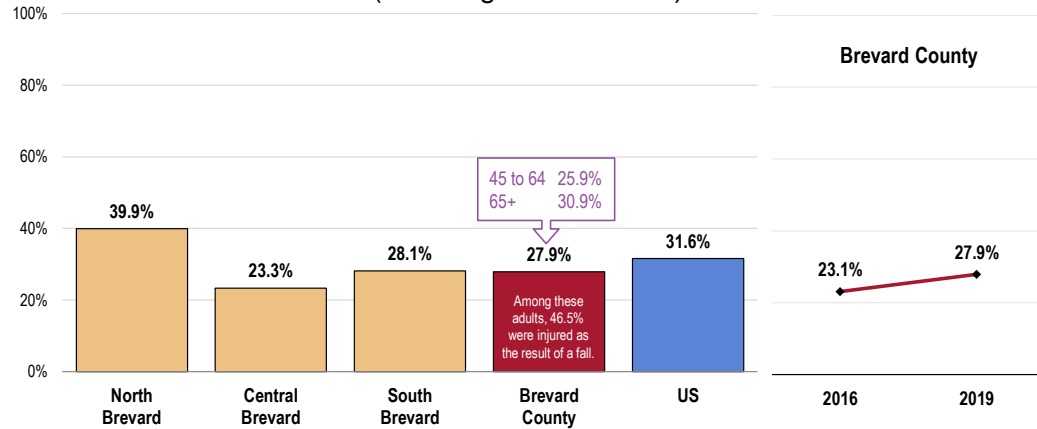


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
Notes: • Asked of all respondents age 45+.

However, 27.9% have experienced a fall at least once in the past year.

- **DISPARITY:** Unfavorably high in North Brevard.

Fell One or More Times in the Past Year (Adults Age 45 and Older)



Sources: ● 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 107-108]
 ● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of those respondents age 45 and older.

Violence

RELATED ISSUE:

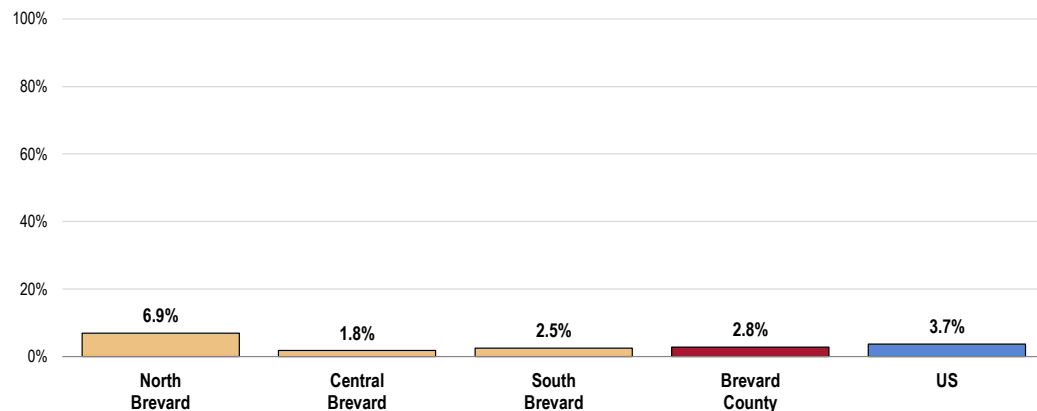
See also *Mental Health: Suicide* in the **General Health Status** section of this report.

Community Violence

A total of 2.8% of surveyed Brevard County adults acknowledge being the victim of a violent crime in the area in the past five years.

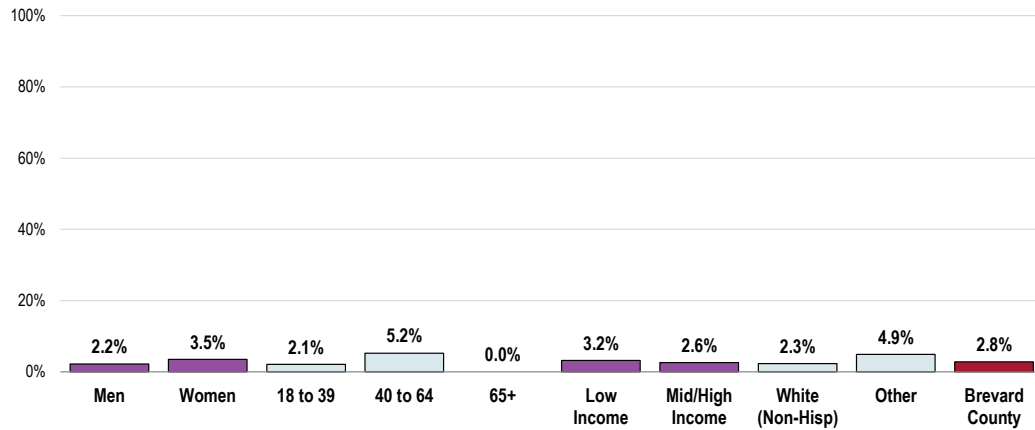
- **DISPARITY:** The prevalence is statistically higher in the 40-64 age group.

Victim of a Violent Crime in the Past Five Years



Sources: ● 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
 ● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

Victim of a Violent Crime in the Past Five Years (Brevard County, 2019)



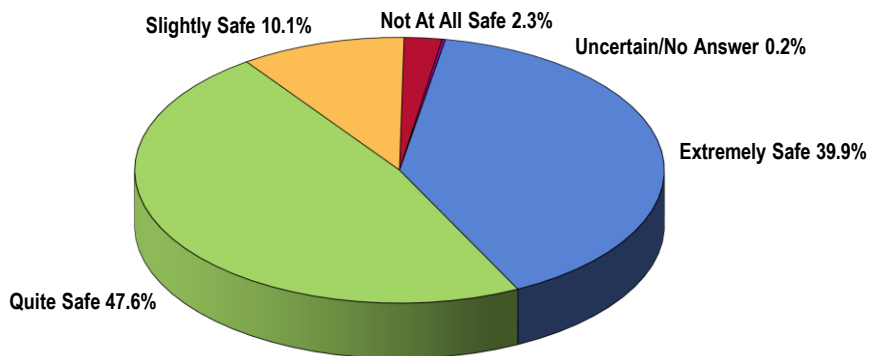
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Perceived Neighborhood Safety

While most Brevard County adults consider their own neighborhoods to be “extremely safe” or “quite safe,” 12.4% consider them to be only “slightly safe” or “not at all safe.”

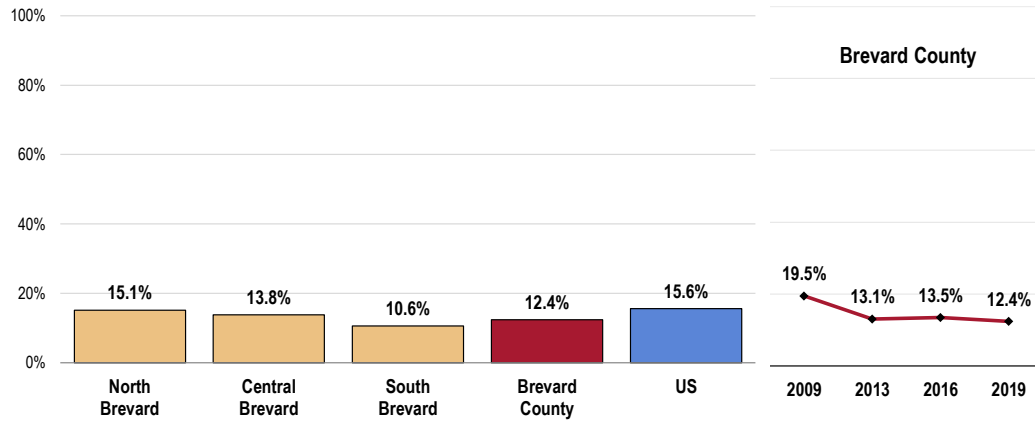
- **DISPARITY:** Correlates with age and is much higher among residents in low-income households.
- **TREND:** The prevalence has decreased significantly since 2009 (but is similar to 2013 and 2016 survey findings).

Perceived Safety of Own Neighborhood (Brevard County, 2019)



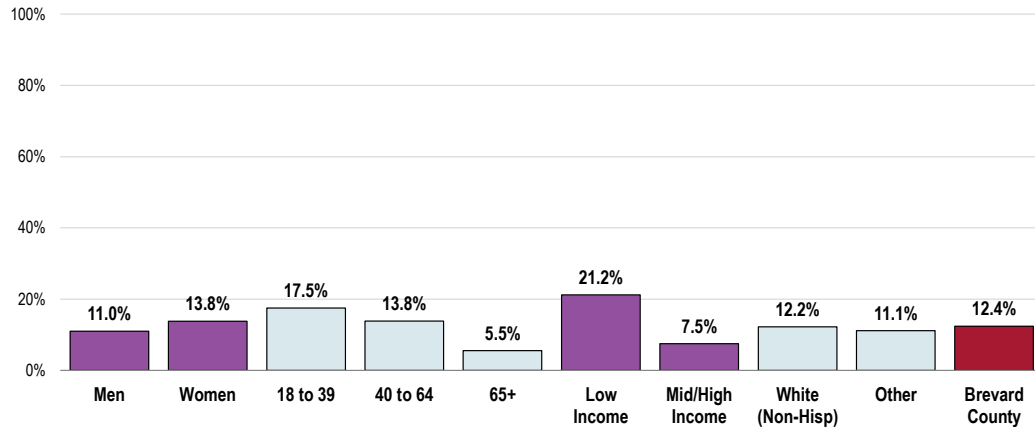
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
 Notes: • Asked of all respondents.

Perceive Own Neighborhood as “Slightly” or “Not At All” Safe



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Perceive Own Neighborhood as “Slightly” or “Not At All” Safe (Brevard County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Diabetes

About Diabetes

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

Diabetes mellitus:

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

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

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

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

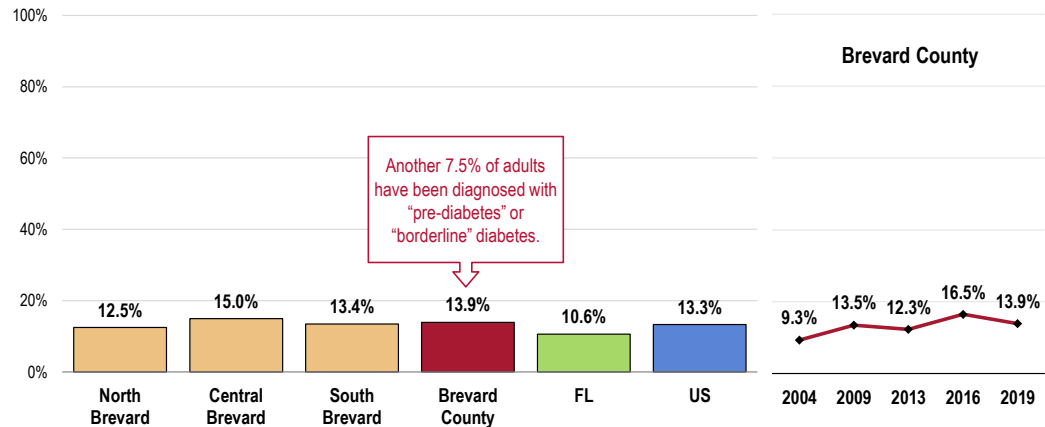
— Healthy People 2020 (www.healthypeople.gov)

Prevalence of Diabetes

A total of 13.9% of Brevard County adults report having been diagnosed with diabetes.

- **BENCHMARK:** Higher than the Florida prevalence.
- **DISPARITY:** Significantly higher among men and older residents in Brevard County.
- **TREND:** Marks a statistically significant increase since 2004.

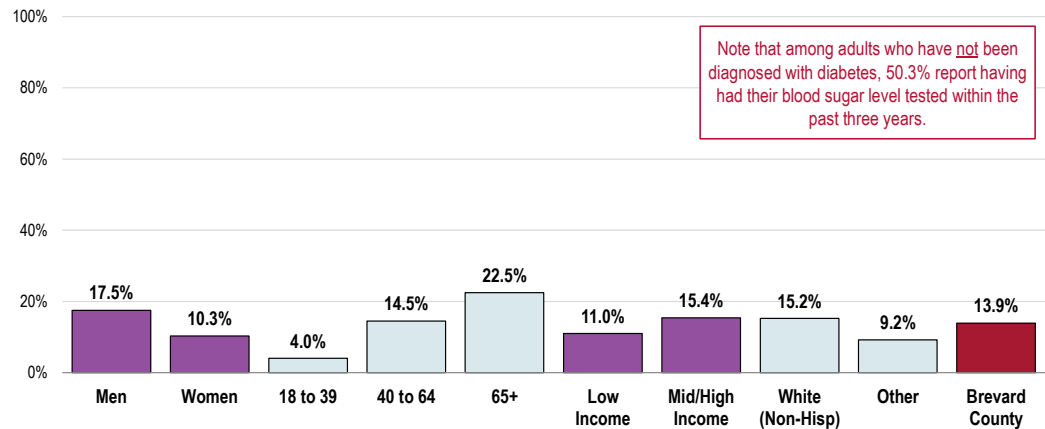
Prevalence of Diabetes



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, 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, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Prevalence of Diabetes (Brevard County, 2019)

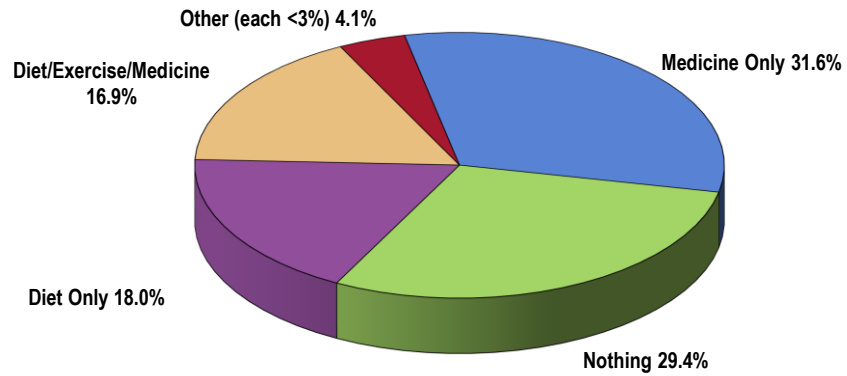


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 37, 140]

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

While 29.4% of respondents with diabetes do not need anything to help manage their diabetes, most would like help with some combination of these: diet, exercise, and medicine.

Current Needs for Assistance in Managing Diabetes
(Brevard County Adults with Diabetes, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]
Notes: • Asked of all respondents with diabetes.

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.

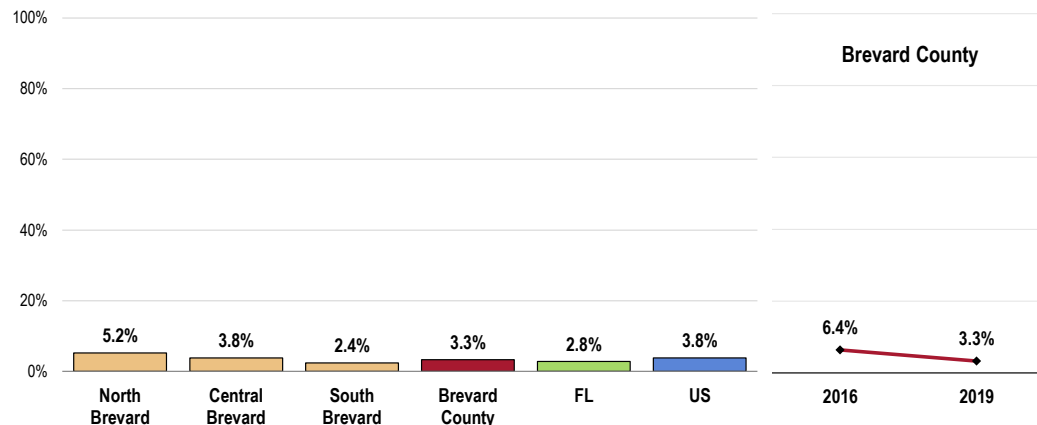
— Healthy People 2020 (www.healthypeople.gov)

Prevalence of Kidney Disease

A total of 3.3% of Brevard County adults report having been diagnosed with kidney disease.

- **DISPARITY:** Correlates directly with age in Brevard County.
- **TREND:** Denotes a statistically significant decrease since 2016.

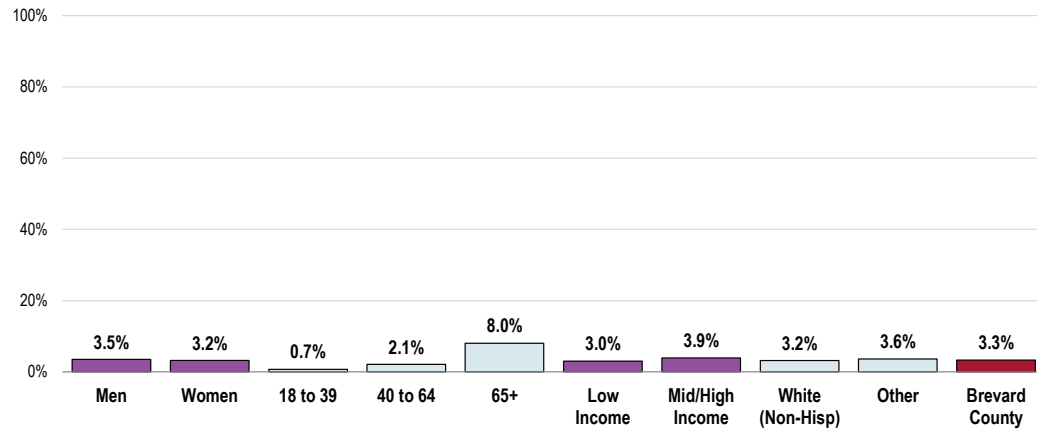
Prevalence of Kidney Disease



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, 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, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Prevalence of Kidney Disease (Brevard County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]

Notes: • Asked of all respondents.

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

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

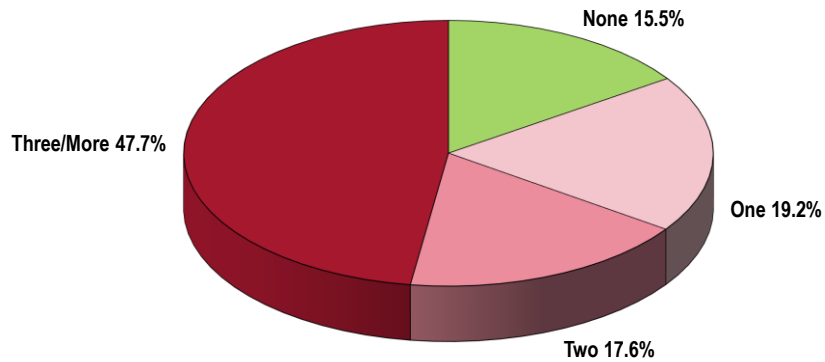
Potentially Disabling Conditions

Multiple Chronic Conditions

Among Brevard County 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
(Brevard County, 2019)

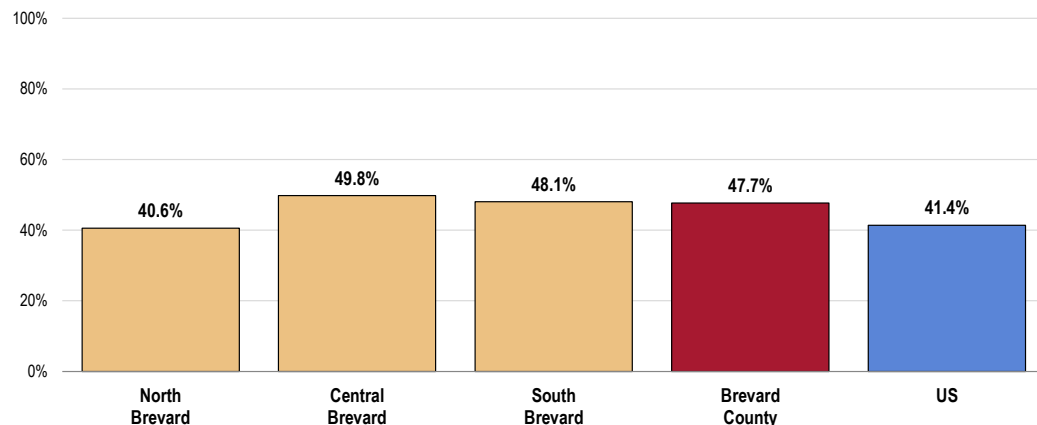


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

In fact, 47.7% of Brevard County adults report having three or more chronic conditions

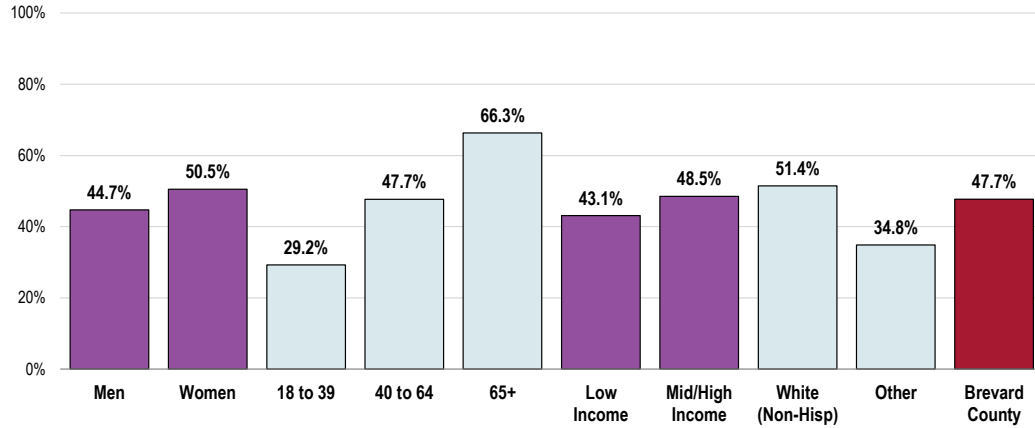
- **BENCHMARK:** Higher than the national prevalence.
- **DISPARITY:** The percentage correlates with age and is higher among Whites.

Currently Have Three or More Chronic Conditions



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 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.

Currently Have Three or More Chronic Conditions (Brevard County, 2019)



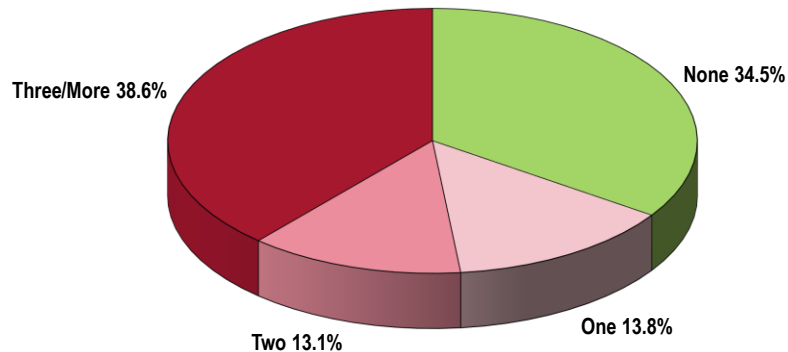
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
 Notes: • Asked of all respondents
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • In this case, 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 Prescriptions for Chronic Conditions

Nearly two-thirds (65.5%) of respondents currently take at least one prescription to treat a chronic condition (including 38.6% of respondents who have three or more prescriptions).

In this case, medications are for chronic conditions which have already lasted or are expected to last at least 12 months.

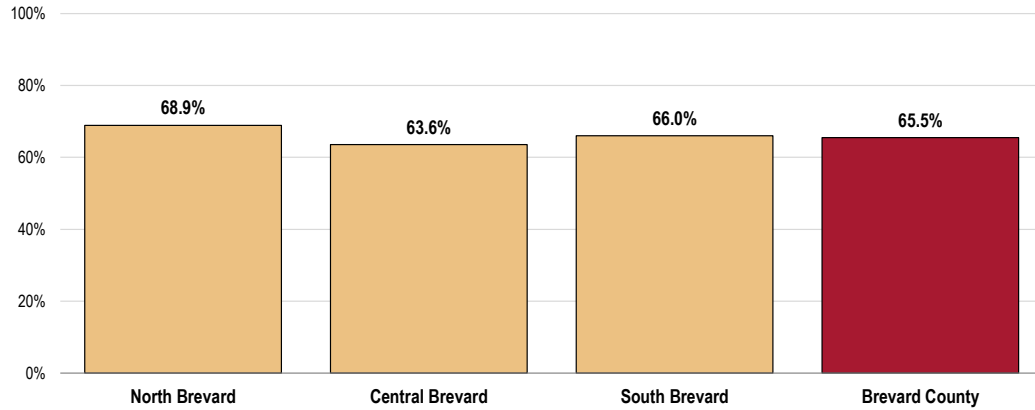
Number of Current Prescription Medications for Conditions That Have Lasted/Will Last Over 12 Months (Brevard County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]
 Notes: • Asked of all respondents.

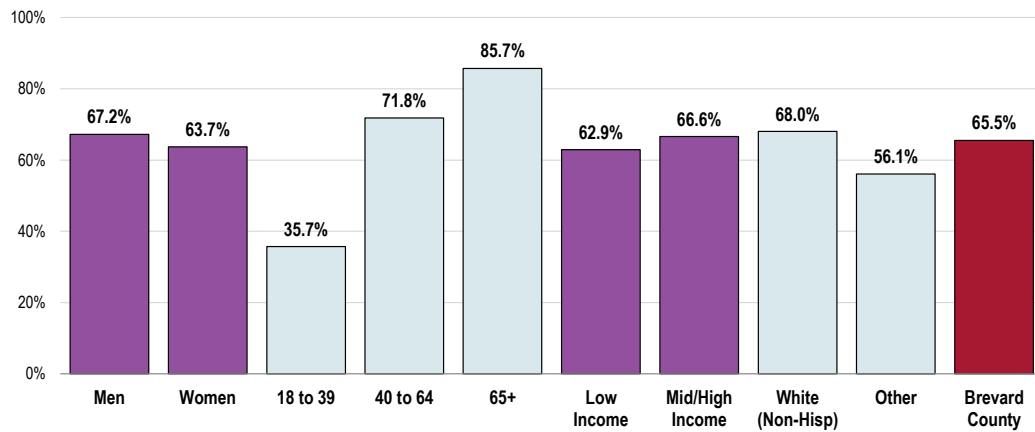
- **DISPARITY:** The prevalence of taking medication for a chronic condition correlates strongly with age in Brevard County and is statistically higher among Whites.

Currently Taking Medication for a Chronic Condition



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]
 Notes: • Asked of all respondents.

Currently Taking Medication for a Chronic Condition (Brevard County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

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.

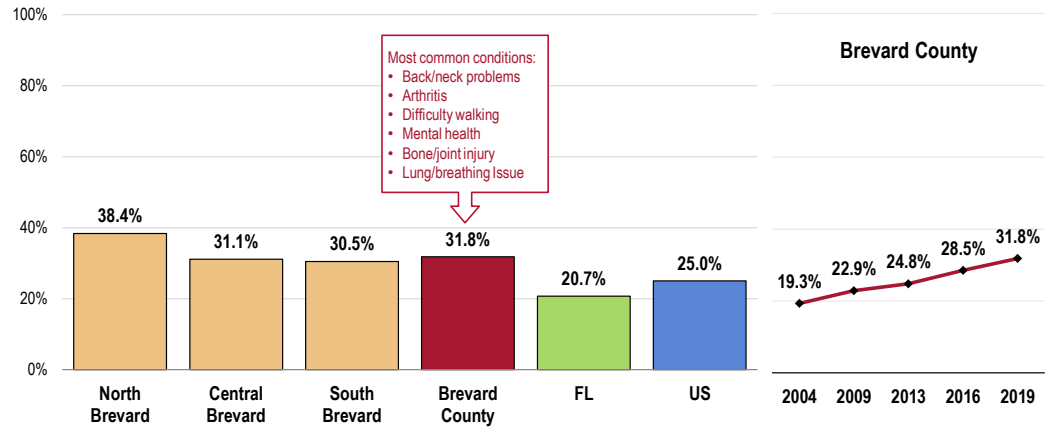
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **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 31.8% of Brevard County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

- **BENCHMARK:** Higher than the Florida and US percentages.
- **DISPARITY:** Statistically higher among adults age 40 to 64 and those in low-income households.
- **TREND:** Marks a steady and statistically significant increase since 2004.

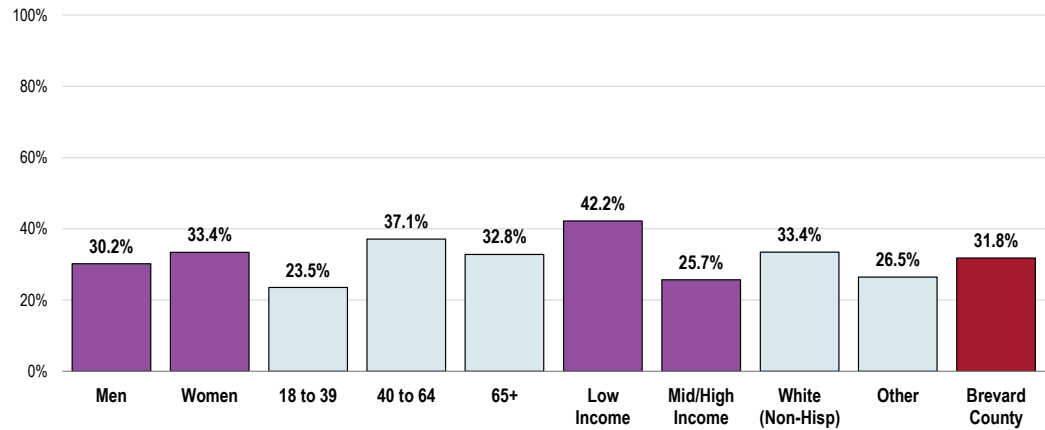
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, 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); 2015 Florida data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Brevard County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]

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

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)

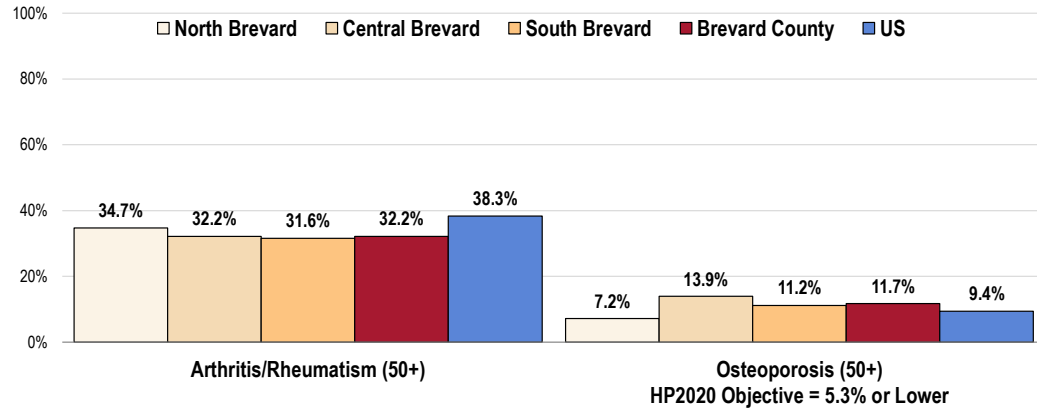
Nearly one-third of Brevard County adults age 50 and older (32.2%) report suffering from arthritis or rheumatism.

- **BENCHMARK:** Lower than the US prevalence.

A total of 11.7% of Brevard County adults age 50 and older have osteoporosis.

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

Prevalence of Potentially Disabling Conditions (Respondents Age 50+)



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

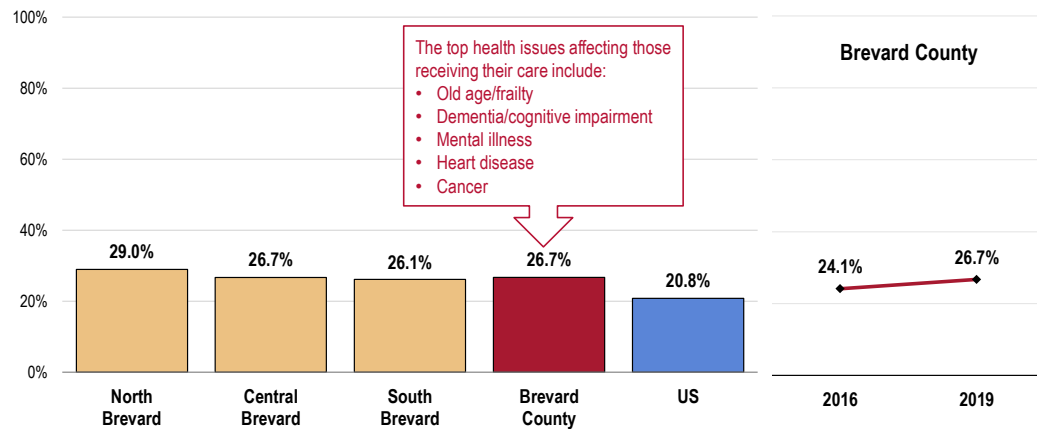
Notes: • Percentages reflect those respondents age 50 and older.

Caregiving

A total of 26.7% of Brevard County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- **BENCHMARK:** A higher prevalence than found nationally.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111-112]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Maternal & Infant Health



Professional Research Consultants, Inc.

Awareness of Healthy Start Coalition

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)

Florida's Healthy Start legislation provides for universal risk screening of all Florida's pregnant women and newborn infants to identify those at risk of poor birth, health, and developmental outcomes.

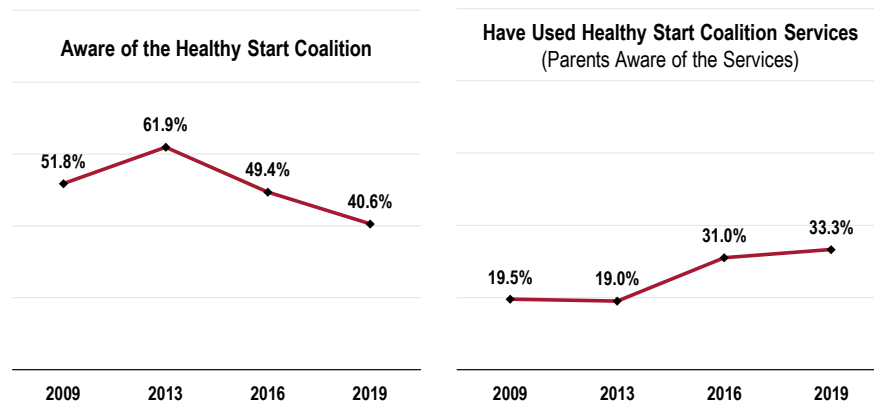
Among Brevard County parents, 40.6% are aware of the Healthy Start Coalition.

- **TREND:** Decreasing since 2013 (similar to other past findings).

Of those parents in the county who are aware of the coalition, 33.3% have used its services.

- **TREND:** Statistically unchanged among this relatively small sample of parents (n=43) who are aware of the coalition.

Awareness and Utilization of the Healthy Start Coalition (Brevard County Parents)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 323-324]
Notes: • Reflects respondents with children under 18 at home.

Modifiable Health Risks



Professional Research Consultants, Inc.

Nutrition

About Healthful Diet & Healthy Weight

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

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

Americans with a healthful diet:

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

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

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

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

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

Social factors thought to influence diet include:

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

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

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

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

— Healthy People 2020 (www.healthypeople.gov)

Daily Recommendation of Fruits/Vegetables

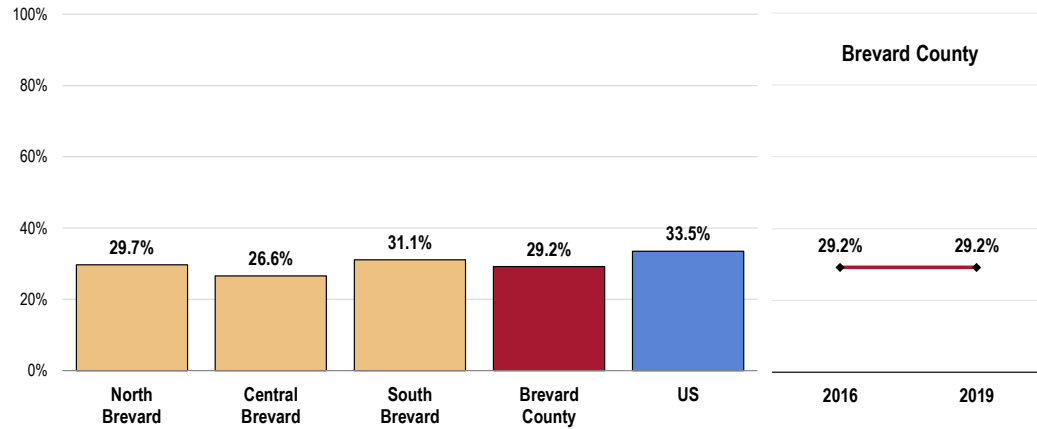
A total of 29.2% of Brevard County adults report eating five or more servings of fruits and/or vegetables per day.

- Similar findings by subarea and statistically unchanged over time. No significant differences by demographic characteristics.

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 Insecurity in the Social Determinants of Health* section of this report.

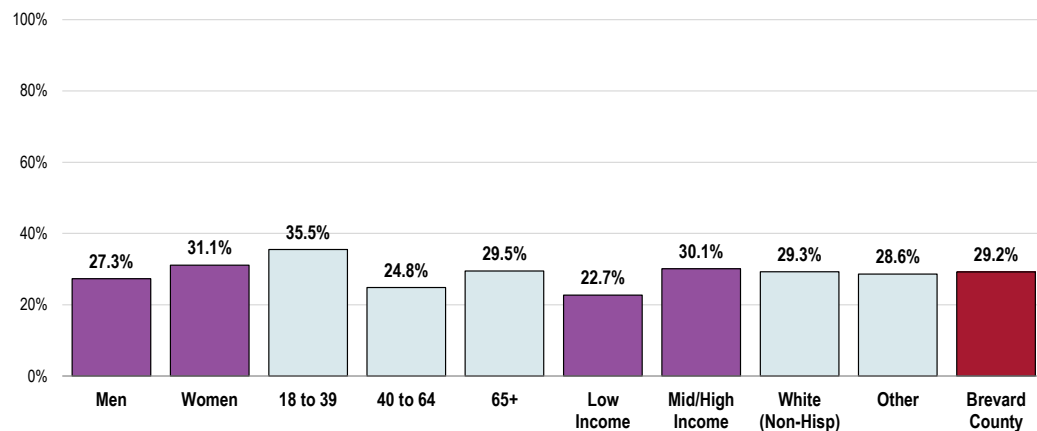
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall their food intake on the previous day.

Less than half of county adults (46.7%) have received professional advice on diet or nutrition (not shown).

Consume Five or More Servings of Fruits/Vegetables Per Day (Brevard County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• For this issue, respondents were asked to recall their food intake on the previous day.

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

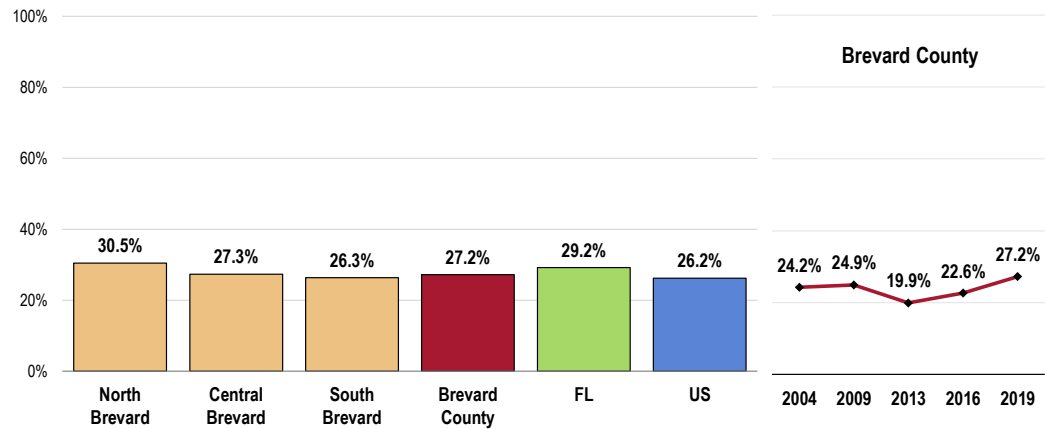
A total of 27.2% of Brevard County adults report no leisure-time physical activity in the past month.

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

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

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 = 32.6% or Lower



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, 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); 2017 Florida data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.

Activity Levels

Adults

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>.

A total of 19.6% of Brevard County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

- **DISPARITY:** Favorably high in South Brevard; unfavorably low in North Brevard. The prevalence is statistically low among residents in low-income households.

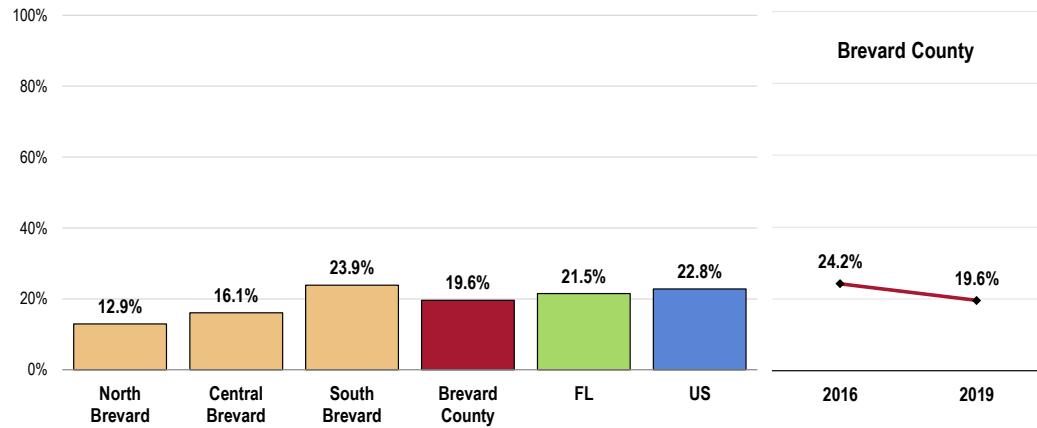
"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

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.

Meets Physical Activity Recommendations

Healthy People 2020 = 20.1% or Higher



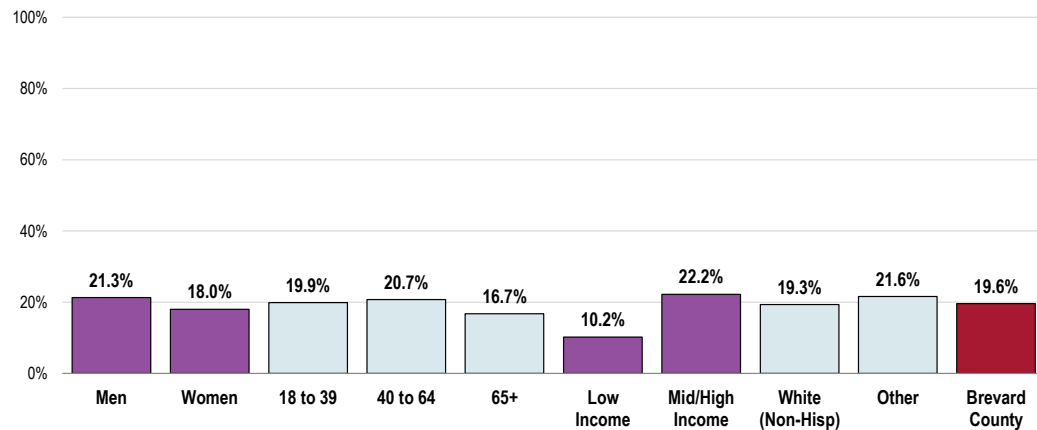
- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Florida data.
 - 2017 PRC National Health Survey, Professional Research Consultants, 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.

A total of 53.1% of county adults have received professional advice on physical activity (not shown).

Meets Physical Activity Recommendations

(Brevard County, 2019)

Healthy People 2020 = 20.1% or Higher



- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, 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.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - 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.

Children

Recommended Levels of Physical Activity

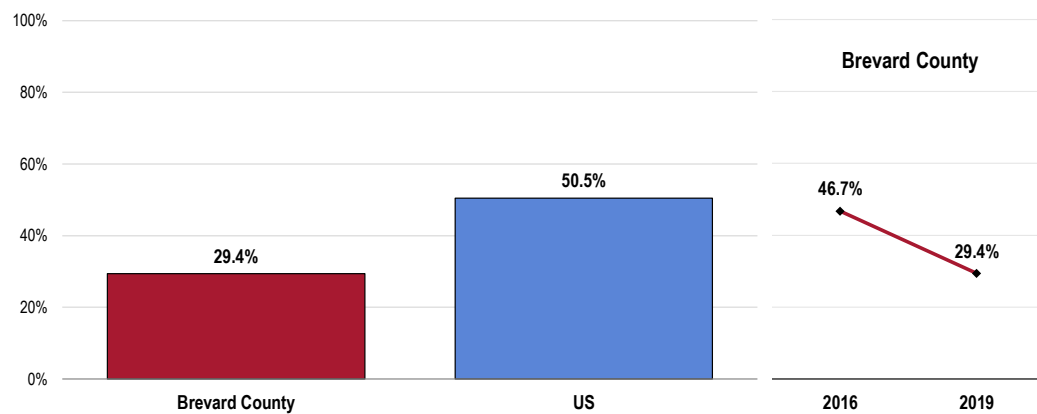
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

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

Among Brevard County children age 2 to 17, 29.4% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- **BENCHMARK:** Well below the US benchmark.
- **TREND:** Decreasing significantly over time.

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



- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents with children age 2-17 at home.
 - Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

About Overweight & Obesity

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

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

— Healthy People 2020 (www.healthypeople.gov)

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

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.

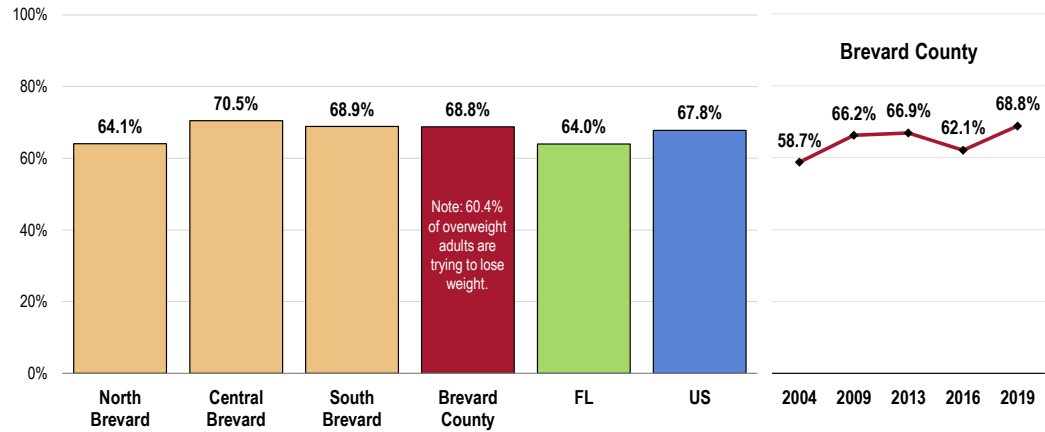
Overweight Status

Over two in three Brevard County adults (68.8%) are overweight.

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

- **BENCHMARK:** Above the Florida prevalence.
- **TREND:** Denotes a statistically significant increase since 2004.

Prevalence of Total Overweight (Overweight and Obese)



- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, 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, Professional Research Consultants, 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.

Note that 38.5% of overweight adults have been given advice about their weight by a health professional in the past year (while most have not).

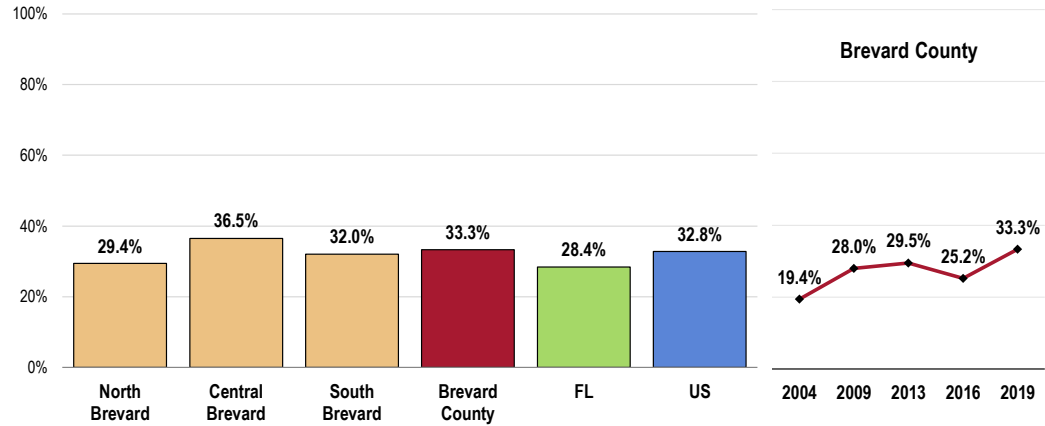
The overweight prevalence above includes 33.3% of Brevard County adults who are **obese**.

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

- **BENCHMARK:** Higher than the state prevalence.
- **TREND:** Obesity has increased significantly in Brevard County since 2004.

Prevalence of Obesity

Healthy People 2020 = 30.5% or Lower



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, 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, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

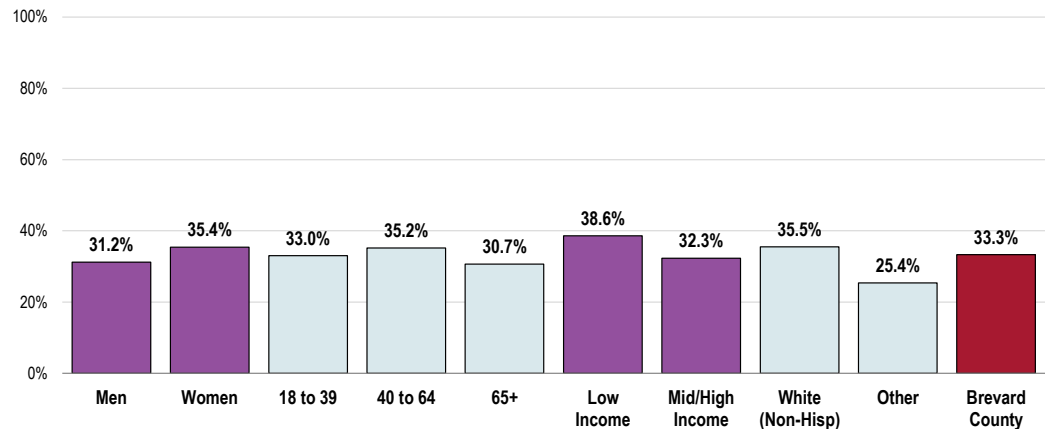
Notes:

- 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.

Prevalence of Obesity

(Brevard County, 2019)

Healthy People 2020 = 30.5% or Lower



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

Notes:

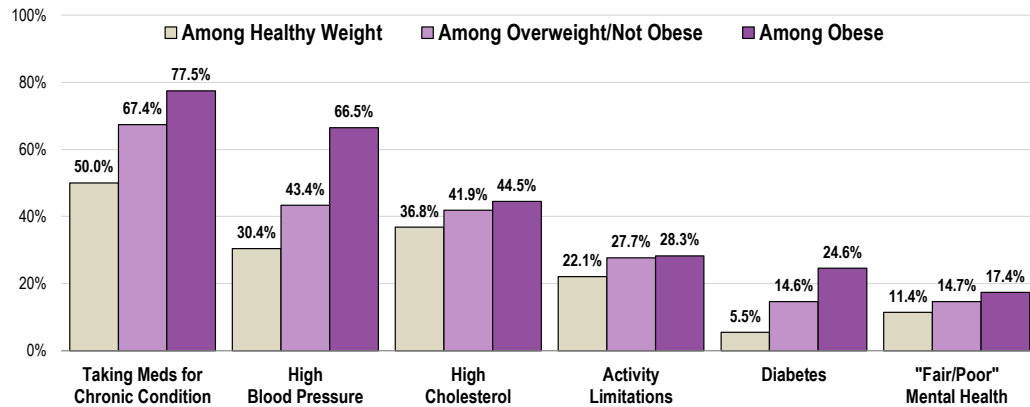
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty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

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

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

Relationship of Overweight With Other Health Issues
(Brevard County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
Notes: • Based on reported heights and weights, asked of all respondents.

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:

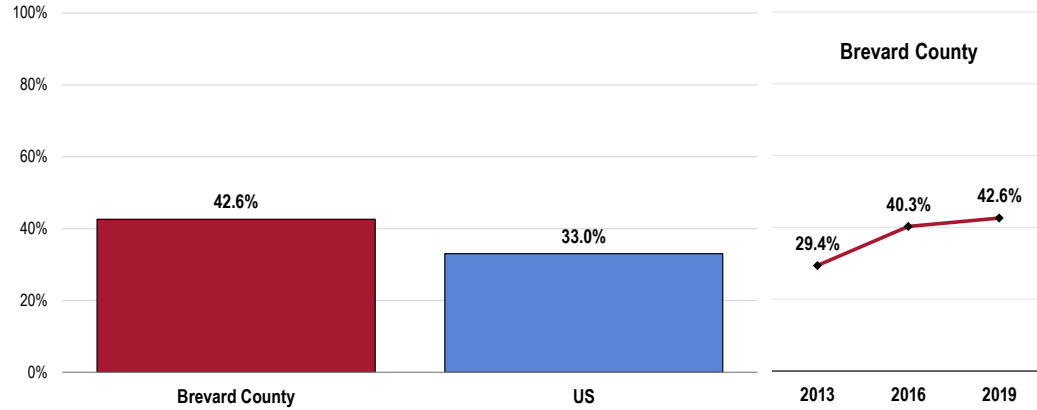
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

— Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 42.6% of Brevard County children age 5 to 17 are overweight or obese (≥85th percentile).

- Similar to the US prevalence and statistically unchanged over time.

Prevalence of Overweight in Children (Parents of Children Age 5-17)

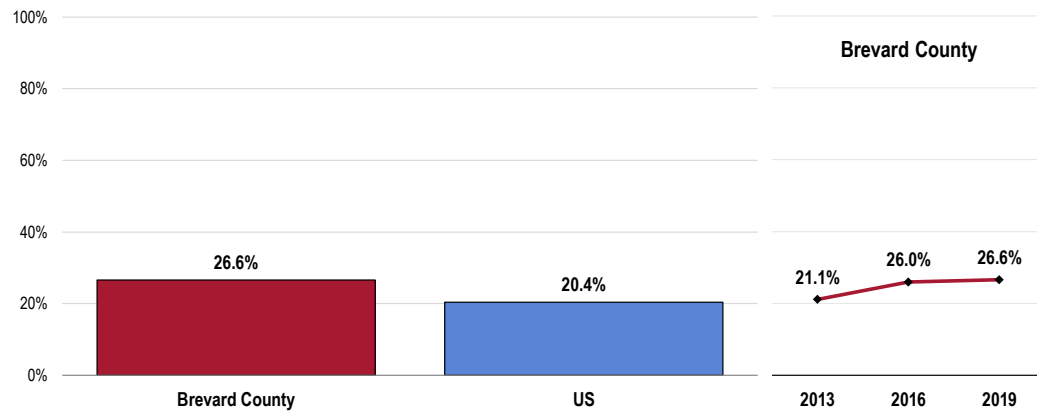


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 192]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

The overweight prevalence above includes 26.6% of Brevard County children age 5 to 17 who are obese (≥95th percentile).

- **BENCHMARK:** The percentage fails to satisfy the Healthy People 2020 target.

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, Professional Research Consultants, Inc. [Item 158]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

A total of 22.3% of respondents with children age 5-17 were given professional advice about their child's weight in the past year.

- Of these children, 55.9% are reported by parents to have followed specific strategies regarding the child's weight.

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:

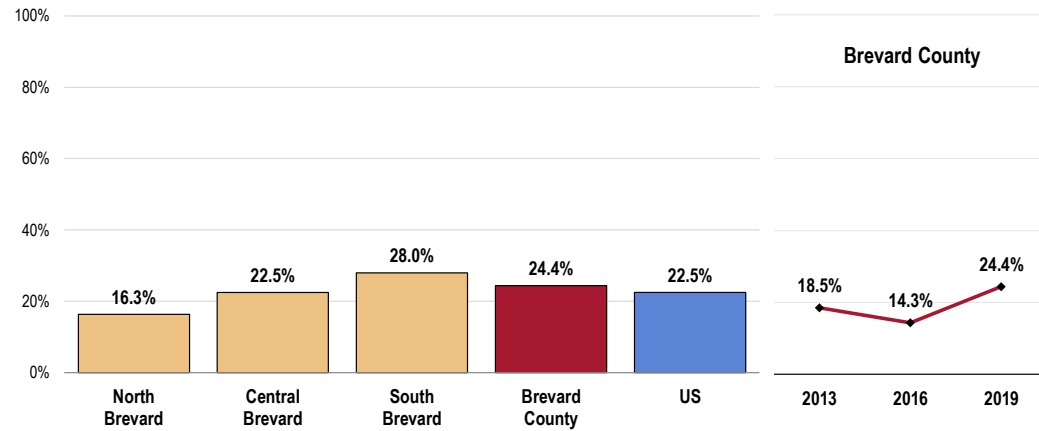
- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

RELATED ISSUE:
See also *Mental Health: Stress* in the **General Health Status** section of this report.

A total of 24.4% of area adults are excessive drinkers (heavy and/or binge drinkers).

- **DISPARITY:** Favorably low in North Brevard; unfavorably high in South Brevard.
- **TREND:** Denotes a statistically significant increase from previous survey findings.

Excessive Drinkers Healthy People 2020 = 25.4% or Lower

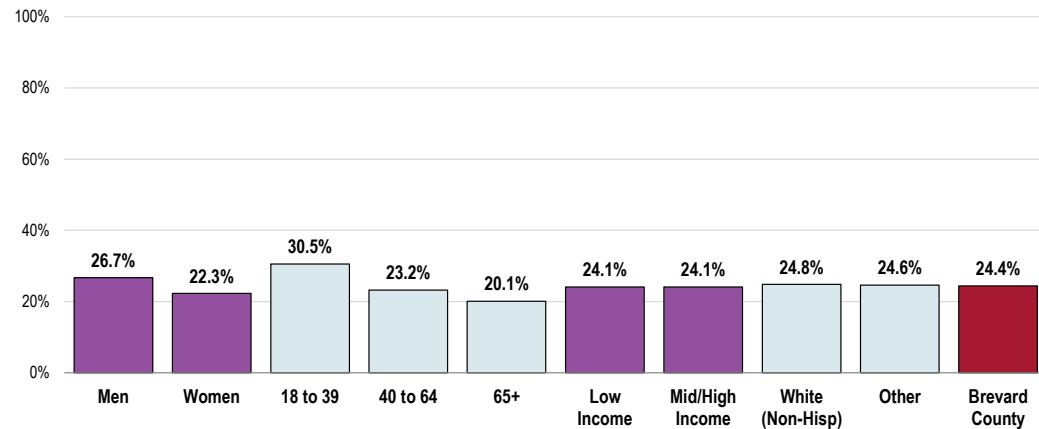


- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
- Notes:
- Asked of all respondents.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Excessive Drinkers

(Brevard County, 2019)

Healthy People 2020 = 25.4% or Lower



- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, 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.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

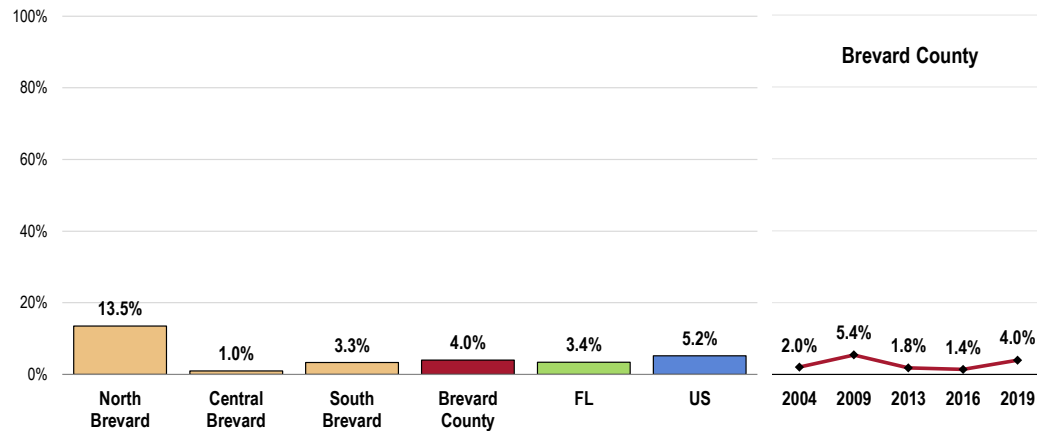
Drinking & Driving

A total of 4.0% of Brevard County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- **DISPARITY:** Significantly higher in North Brevard.

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

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



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, 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, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Illicit Drug Use

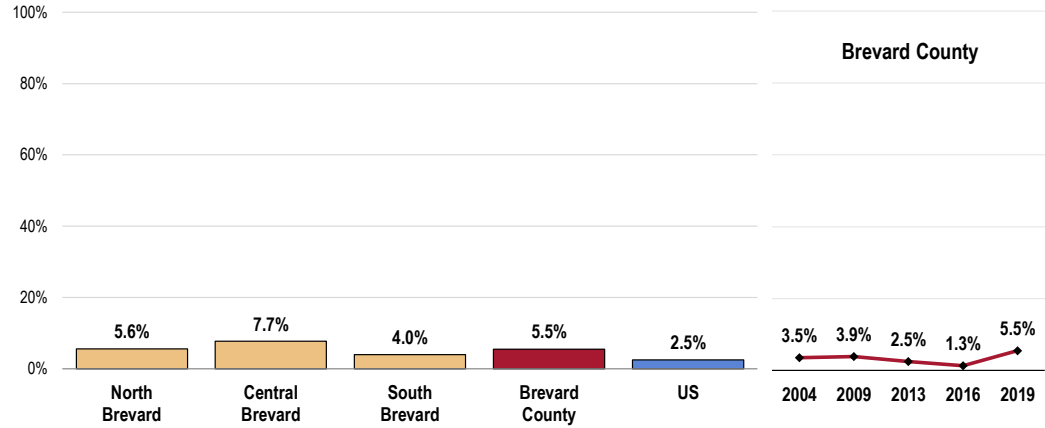
A total of 5.5% of Brevard County adults acknowledge using an illicit drug in the past month.

- **BENCHMARK:** Higher than the national prevalence.
- **DISPARITY:** Particularly high in young adults.

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

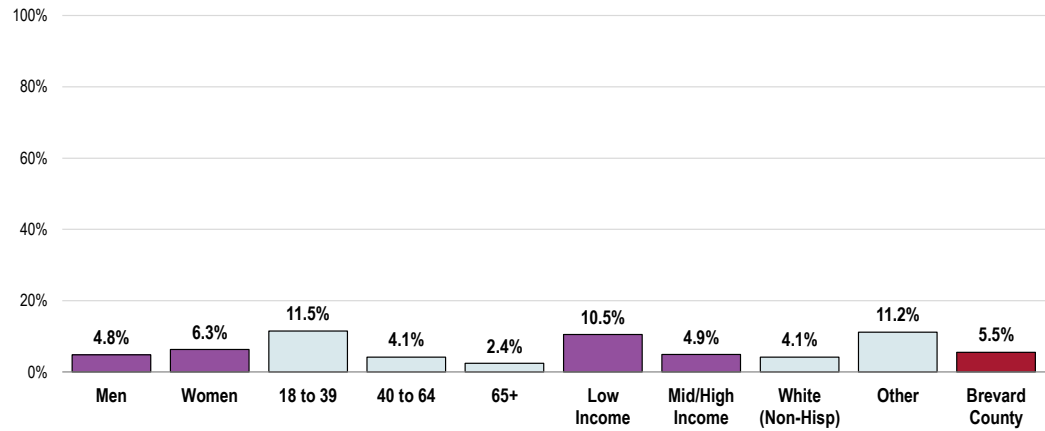
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

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



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of the respondents taking the survey by phone; this question was not included for those participating online.

Illicit Drug Use in the Past Month (Brevard County, 2019) Healthy People 2020 = 7.1% or Lower



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of the respondents taking the survey by phone; this question was not included for those participating online.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

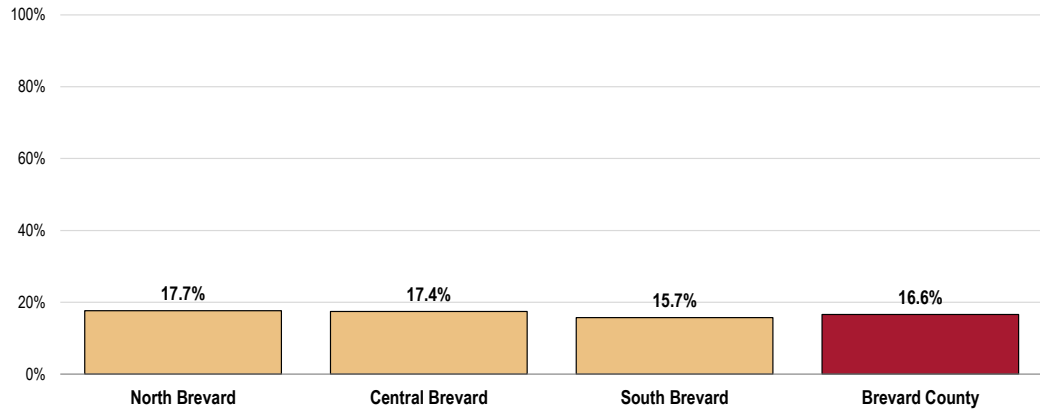
Opioids/Opiates

A total of 16.6% of Brevard County adults acknowledge using an opioid/opiate in the past year (whether prescribed to them by a physician or not).

- **DISPARITY:** Statistically higher among respondents age 40-64 and Whites.

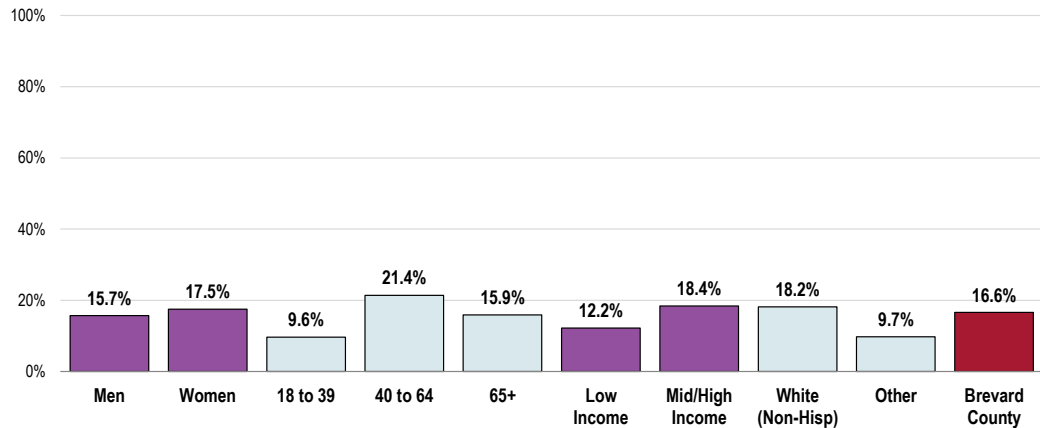
Examples of opioids/opiates include painkiller medications such as morphine, codeine, oxycodone, methadone, and fentanyl.

Opioid/Opiate Use in the Past Year (Whether Prescribed or Not)



Sources: ● 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
 Notes: ● Asked of all respondents.
 ● Examples of opiates/opioids include painkiller medications such as morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl.

Opioid/Opiate Use in the Past Year (Whether Prescribed or Not) (Brevard County, 2019)



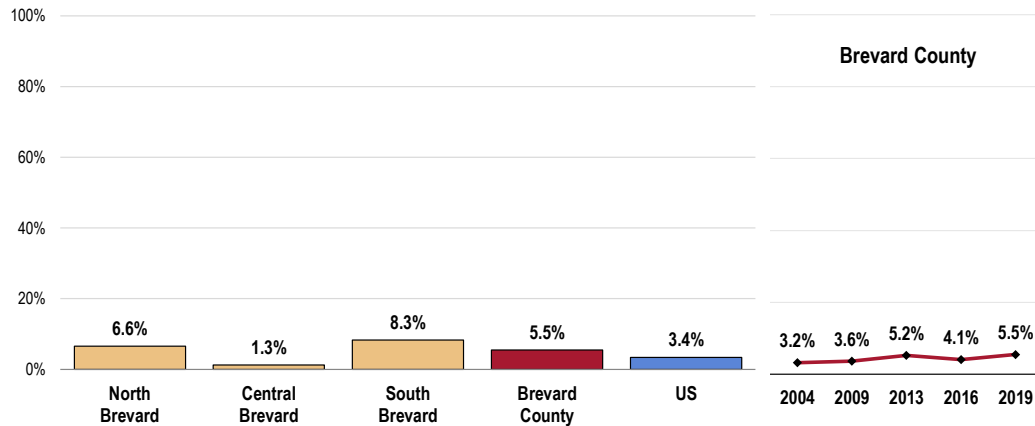
Sources: ● 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
 Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 ● Examples of opiates/opioids include painkiller medications such as morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl.

Alcohol & Drug Treatment

A total of 5.5% of Brevard County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- **DISPARITY:** Higher in South Brevard; lower in Central Brevard.

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



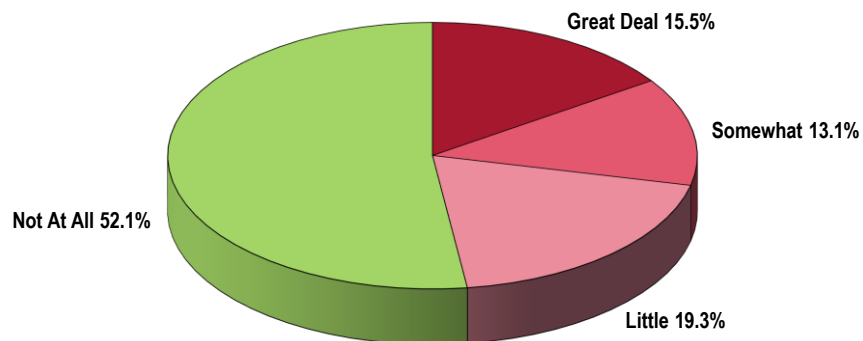
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

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 Brevard County residents' lives have not 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) (Brevard County, 2019)

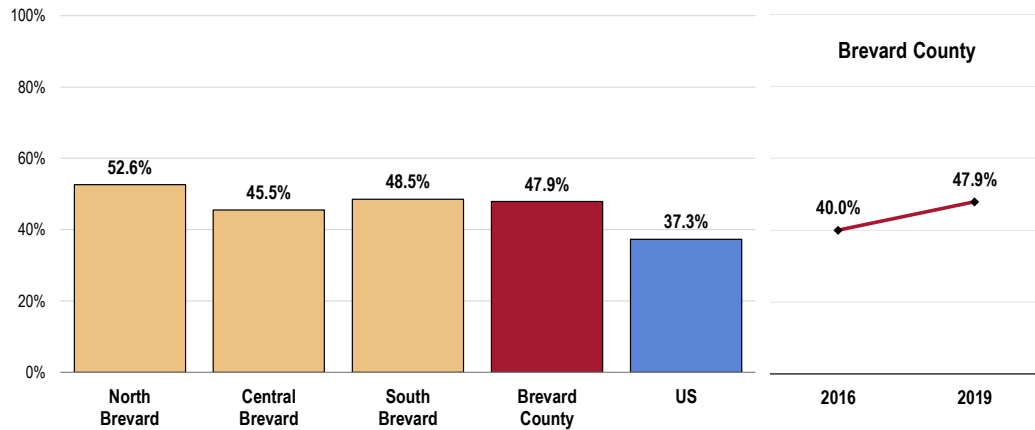


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
 Notes: • Asked of all respondents.

However, 47.9% have felt a personal impact to some degree (“a little,” “somewhat,” or “a great deal”).

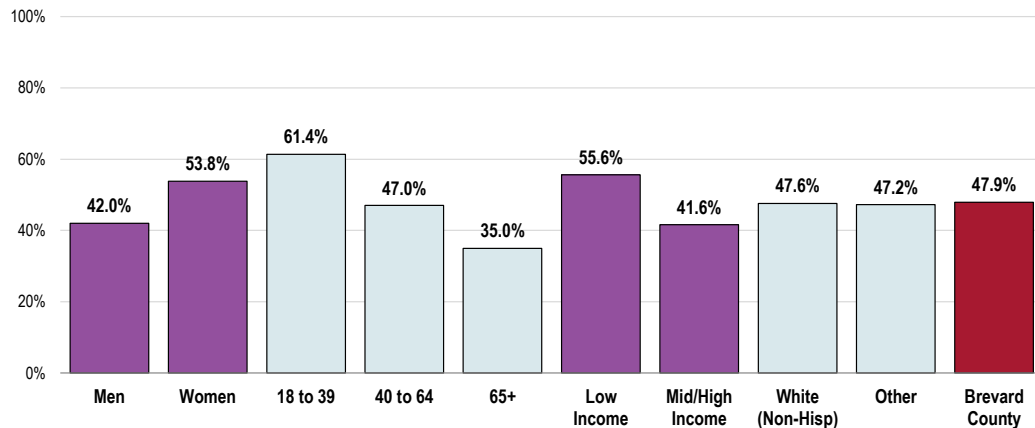
- **BENCHMARK:** Higher than the national benchmark.
- **DISPARITY:** Statistically higher among Brevard County women and low-income residents and especially prevalent in young adults.
- **TREND:** Denotes a statistically significant increase since 2016.

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



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Includes response of “a great deal,” “somewhat,” and “a little.”

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Brevard County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
 Notes: • Asked of all respondents.
 • Includes response of “a great deal,” “somewhat,” and “a little.”
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

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.

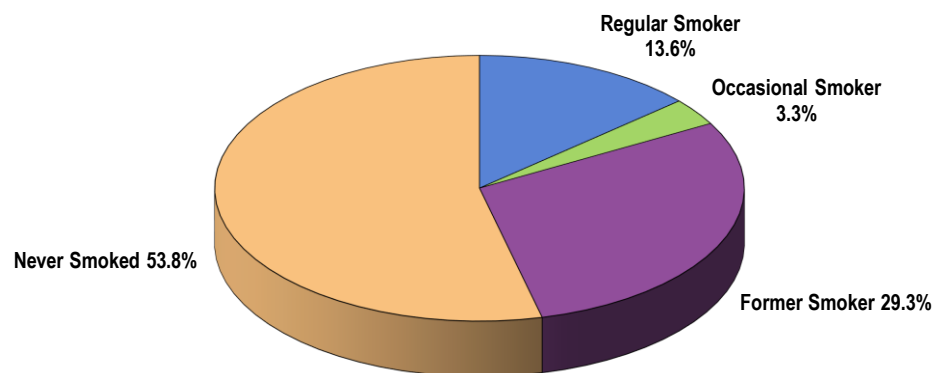
— Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 16.9% of Brevard County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence (Brevard County, 2019)



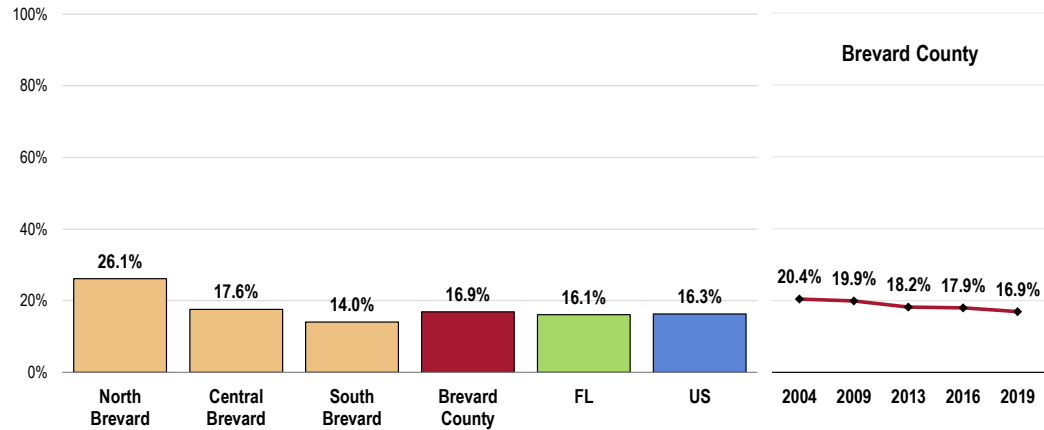
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
Notes: • Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in Brevard County.

- **BENCHMARK:** Fails to satisfy the Healthy People 2020 target.
- **DISPARITY:** Unfavorably high in North Brevard. Statistically higher among adults under 65, those in low-income households, and people of color.

Current Smokers

Healthy People 2020 = 12.0% or Lower



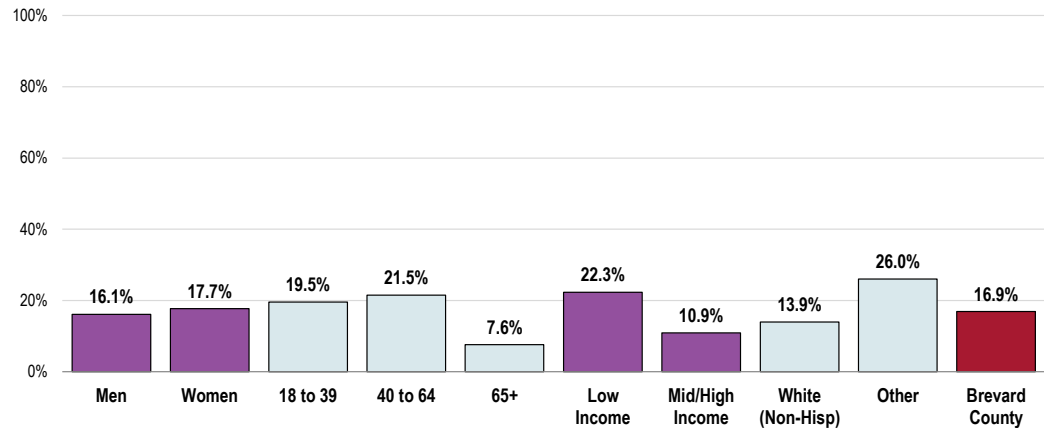
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 193]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Florida data.
 • 2017 PRC National Health Survey, Professional Research Consultants, 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).

Current Smokers

(Brevard County, 2019)

Healthy People 2020 = 12.0% or Lower



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

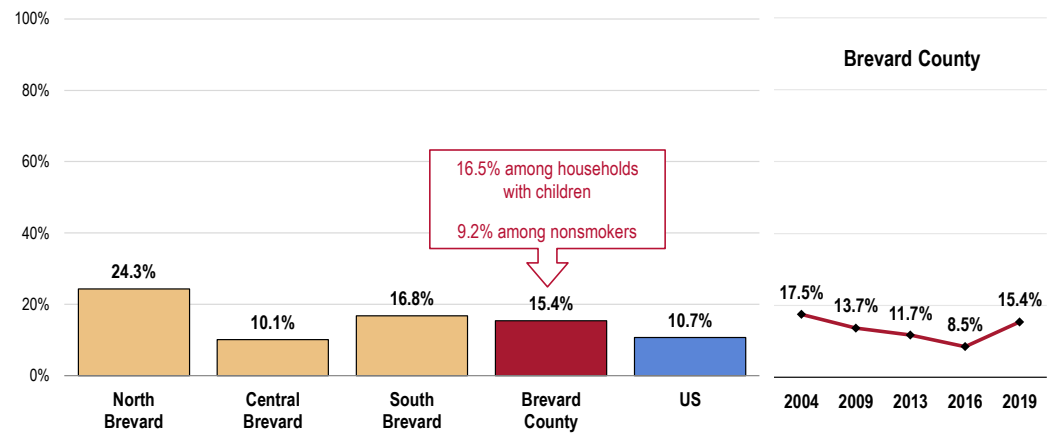
Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household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

Environmental Tobacco Smoke

Among all surveyed households in Brevard County, 15.4% report that someone has smoked cigarettes in their home an average of four or more times per week over the past month.

- **BENCHMARK:** Above the US prevalence.
- **DISPARITY:** Higher in North Brevard; lower in Central Brevard.
- **TREND:** Similar to the 2004 prevalence but marking a significant increase after a steadily declining trend.

Member of Household Smokes at Home



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 161-162]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

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)

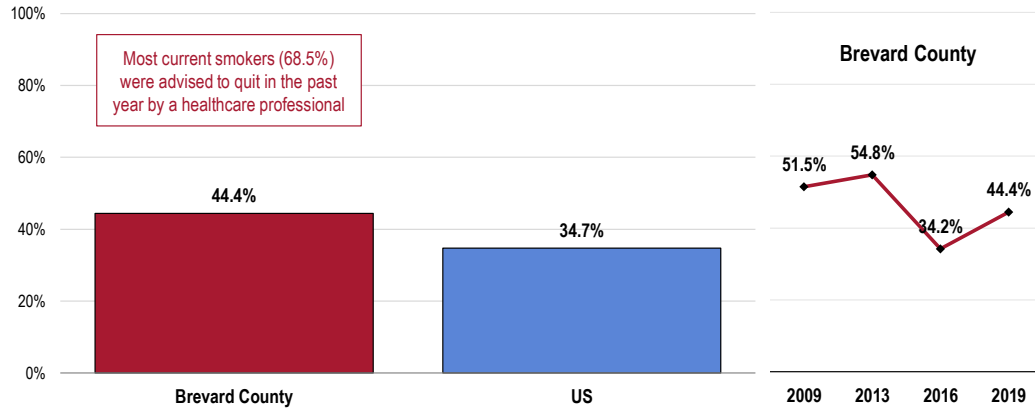
Smoking Cessation Attempts

A total of 44.4% 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 Healthy People 2020 objective.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking (Everyday Smokers)

Healthy People 2020 = 80.0% or Higher



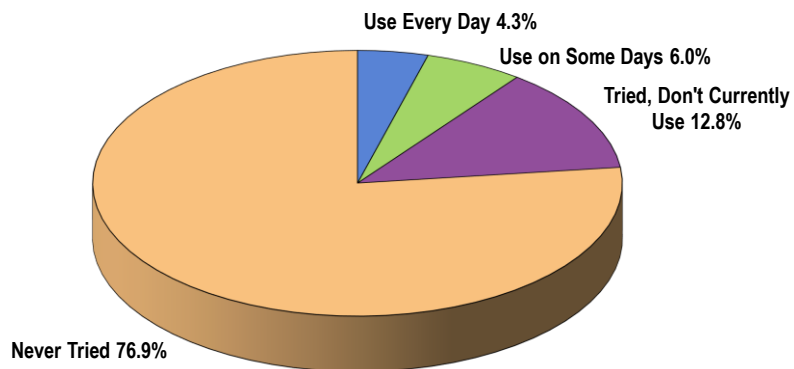
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 50-51]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]
 Notes: • Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

Use of Vaping Products

Most Brevard County adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products (Brevard County, 2019)

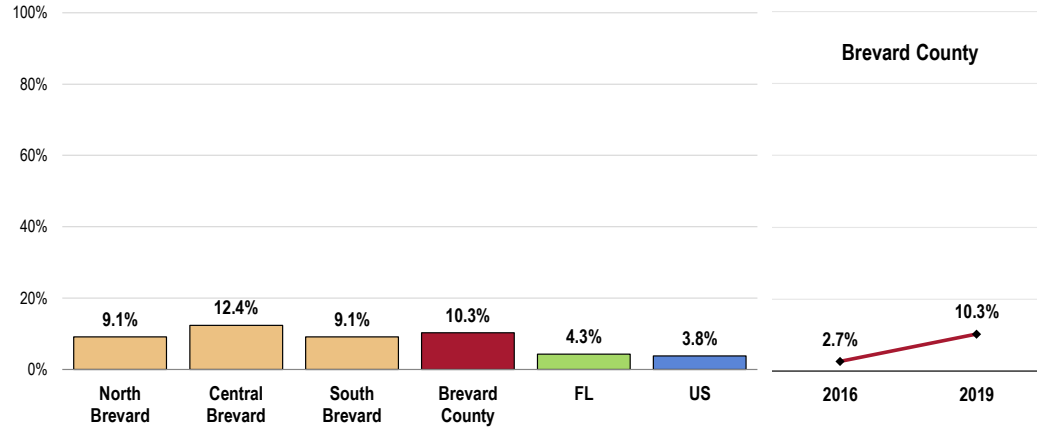


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
 Notes: • Asked of all respondents.

However, 10.3% currently use vaping products either regularly (every day) or occasionally (on some days).

- **BENCHMARK:** Over twice the state and national figures.
- **DISPARITY:** Higher in the low-income segment and among younger adults.
- **TREND:** Marks a statistically significant increase since 2016.

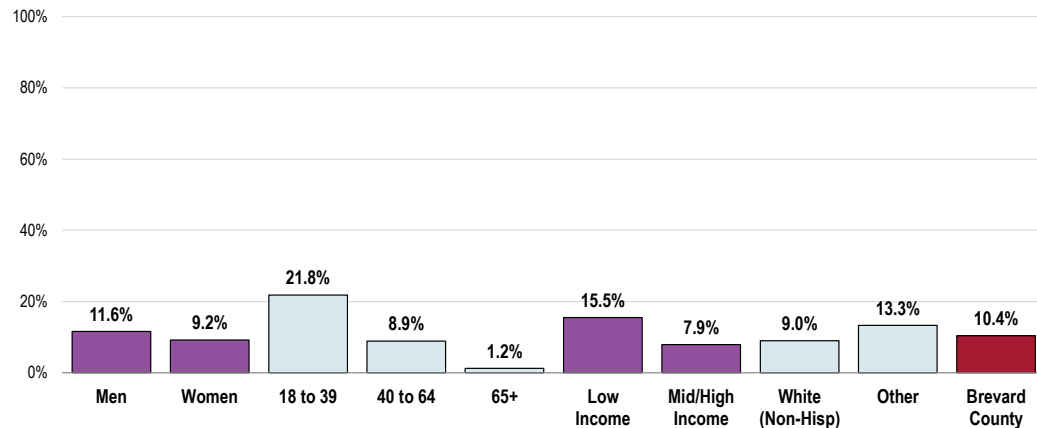
Currently Use Vaping Products (Every Day or on Some Days)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 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 (Brevard County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]

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

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.

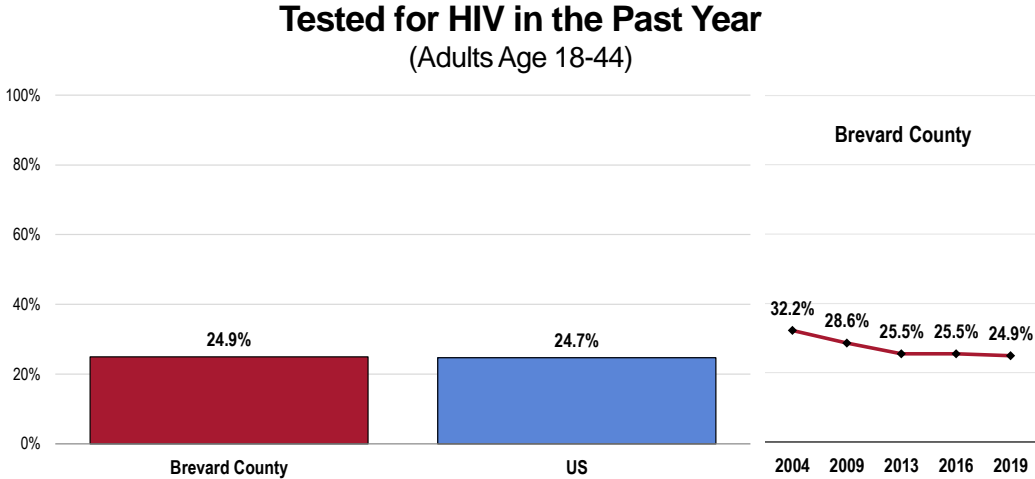
Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions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

— Healthy People 2020 (www.healthypeople.gov)

HIV Testing

Among Brevard County adults age 18-44, 24.9% report that they have been tested for HIV in the past year.

- Similar to the US benchmark; the decrease over time is not statistically significant.



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Reflects respondents age 18 to 44.

Access to Health Services



Professional Research Consultants, Inc.

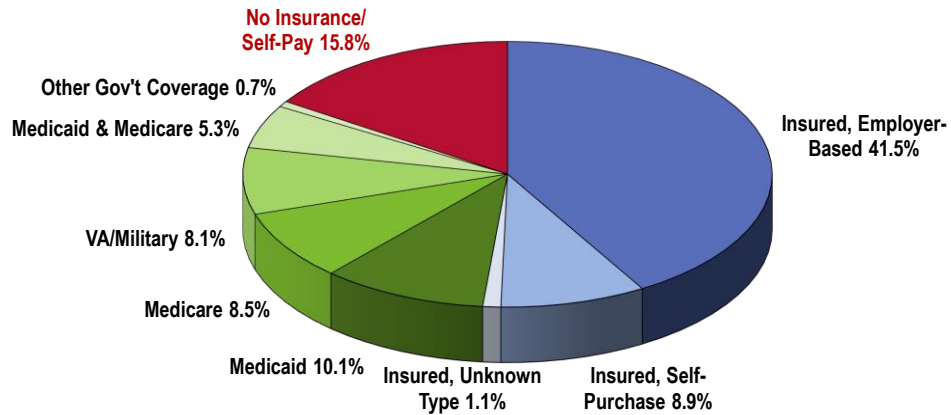
Health Insurance Coverage

Type of Healthcare Coverage

A total of 51.5% of Brevard County adults age 18 to 64 report having healthcare coverage through private insurance. Another 32.7% 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; Brevard County, 2019)



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

Lack of Health Insurance Coverage

Adults

Among adults age 18 to 64, 15.8% report having no insurance coverage for healthcare expenses.

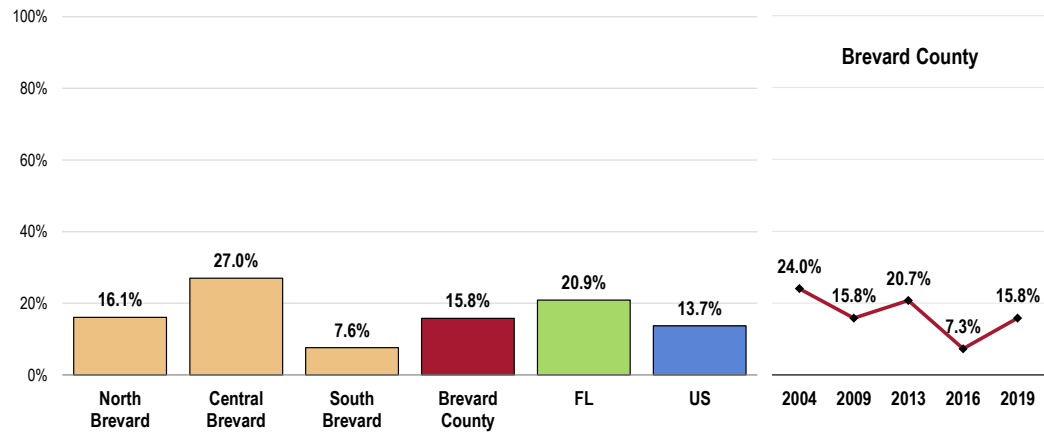
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- **BENCHMARK:** Lower than the state prevalence (the Healthy People 2020 objective is universal healthcare).
- **DISPARITY:** Unfavorably high in Central Brevard. Young adults and low-income residents are also more likely to be without insurance coverage.
- **TREND:** Though fluctuating, the percentage denotes a statistically significant decrease from baseline 2004 findings.

Lack of Healthcare Insurance Coverage

(Adults Age 18-64)

Healthy People 2020 = 0.0% (Universal Coverage)



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, 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, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

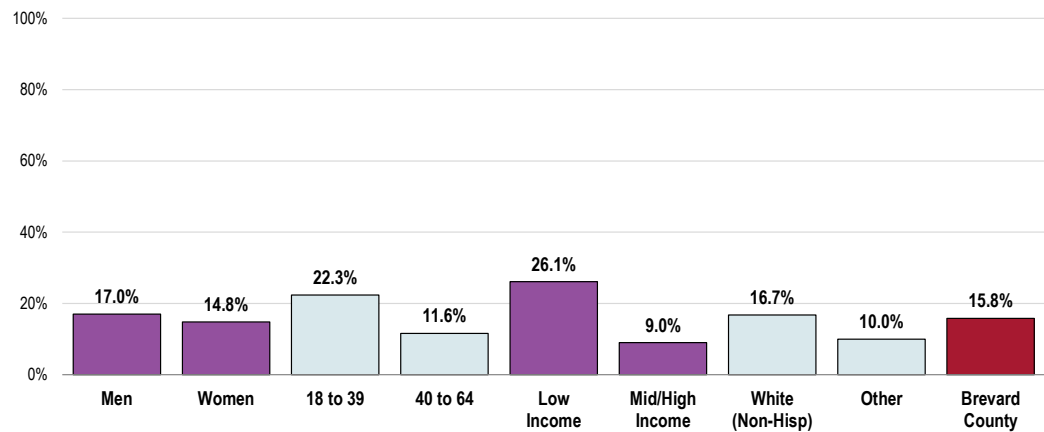
Notes:

- Asked of all respondents under the age of 65.

Lack of Healthcare Insurance Coverage

(Adults Age 18-64; Brevard County, 2019)

Healthy People 2020 = 0.0% (Universal Coverage)



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, 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.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

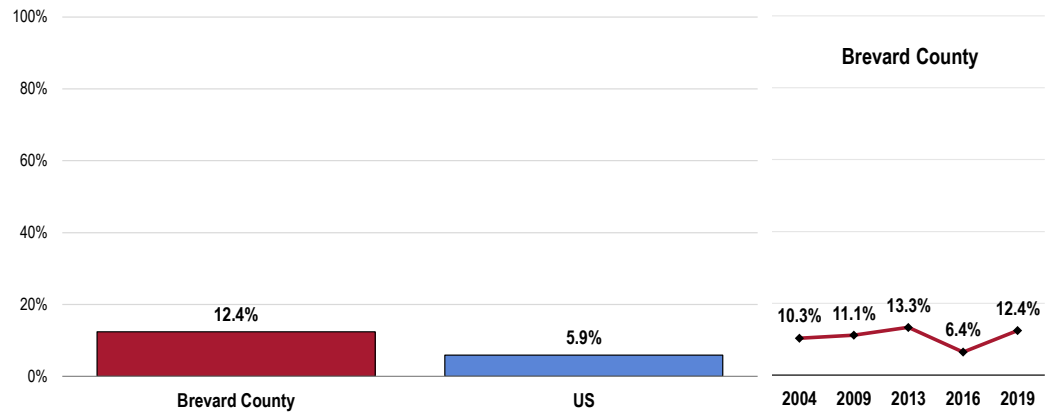
A total of 12.4% of Brevard County parents report that their child is without healthcare coverage.

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

Child Lacks Healthcare Insurance Coverage

(Among Brevard County Parents)

Healthy People 2020 = 0.0% (Universal Coverage)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 321-322]
 • 2017 PRC National Children's Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
 Notes: • Asked of all respondents with children under 18 at home.

Among those who are coverage by insurance, 56.3% have private insurance, and 43.7% are covered through a government-sponsored program (e.g., Medicaid, Florida KidCare/Healthy Kids, etc.).

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

— Healthy People 2020 (www.healthypeople.gov)

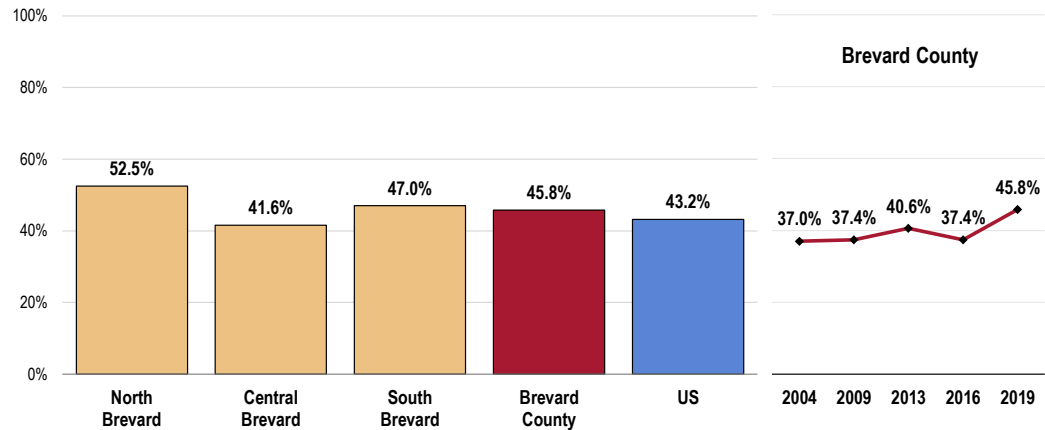
Difficulties Accessing Services

A total of 45.8% of Brevard County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

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.

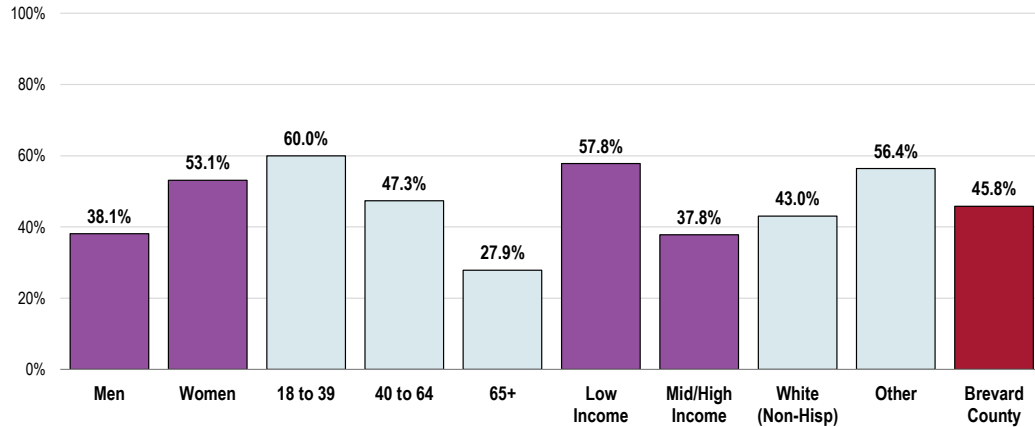
- **DISPARITY:** Significantly higher among women, adults under 65, low-income residents, and people of color.
- **TREND:** Marks a statistically significant increase from previous survey administrations.

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



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
 • 2017 PRC National Health Survey, Professional Research Consultants, 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.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Brevard County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, 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.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

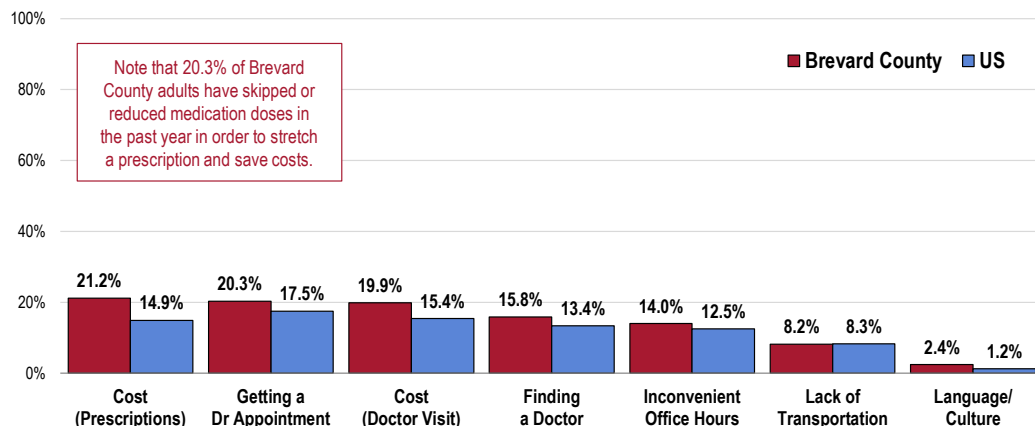
Of the tested barriers, cost of prescription medications, appointment availability, and cost of doctor visits impacted the greatest share of Brevard County adults.

- **BENCHMARK:** The barrier of cost (doctor visits and prescriptions) is higher in Brevard County than nationally.
- **TREND:** With the exception of language/culture, each access barrier shown has increased significantly since 2004.

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.

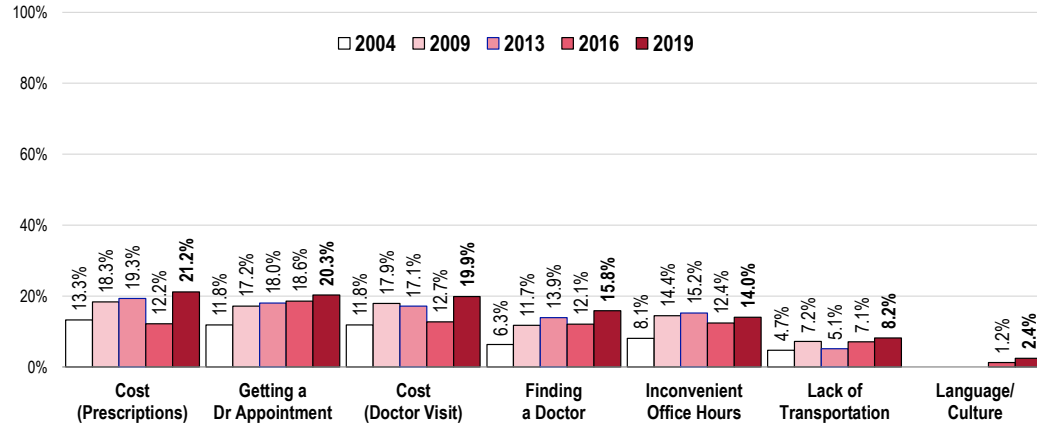
Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Barriers to Access Have Prevented Medical Care in the Past Year (Brevard County)



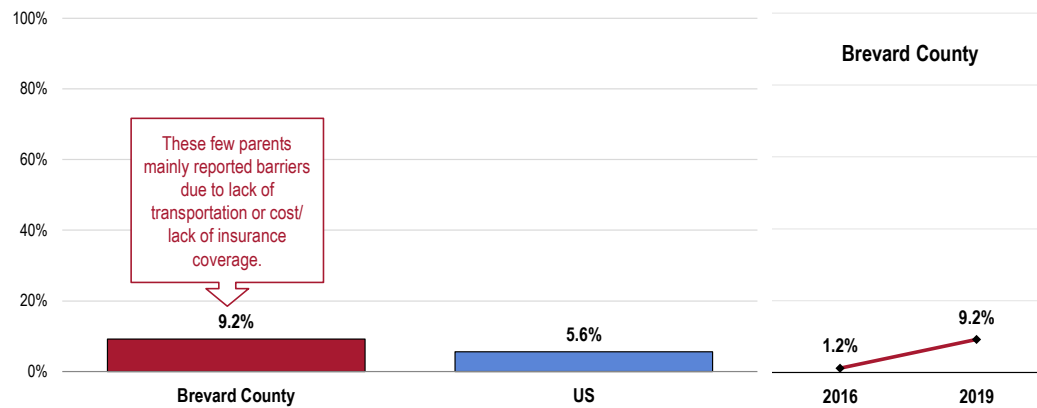
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Accessing Healthcare for Children

A total of 9.2% 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.

- **TREND:** Denotes a statistically significant increase since 2016.

Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118-119]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

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.

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

— Healthy People 2020 (www.healthypeople.gov)

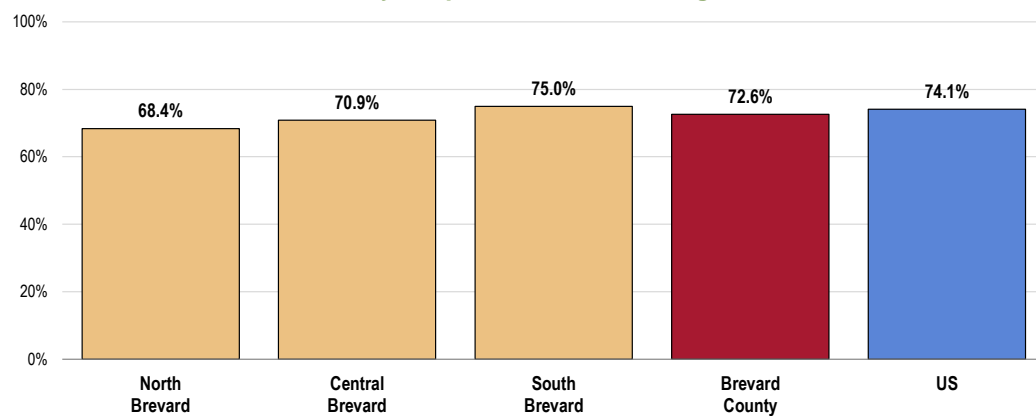
Specific Source of Ongoing Care

A total of 72.6% of Brevard County adults were determined to have a specific source of ongoing medical care.

- **BENCHMARK:** Fails to satisfy the 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, Professional Research Consultants, Inc. [Item 170]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
 Notes: • Asked of all respondents.

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.

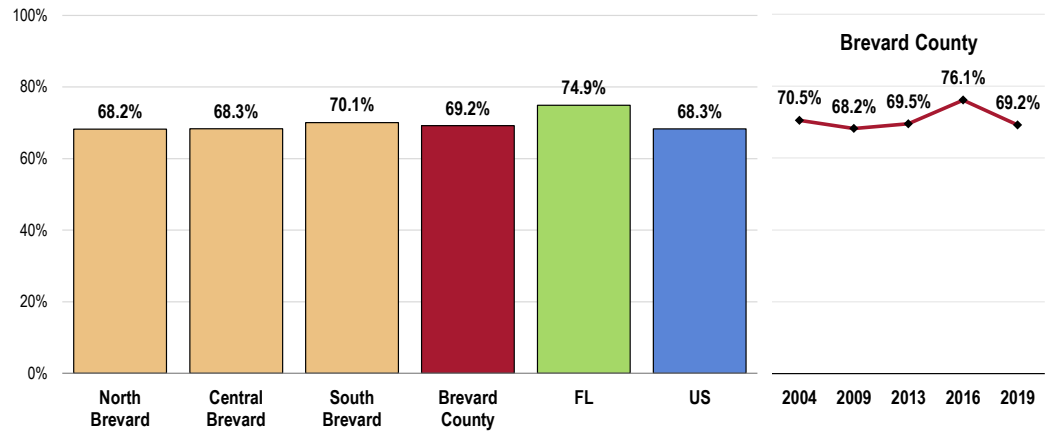
Utilization of Primary Care Services

Adults

Most respondents (69.2%) visited a physician for a routine checkup in the past year.

- **BENCHMARK:** Lower than the state benchmark.
- **DISPARITY:** Especially low among younger adults and respondents in low-income households.

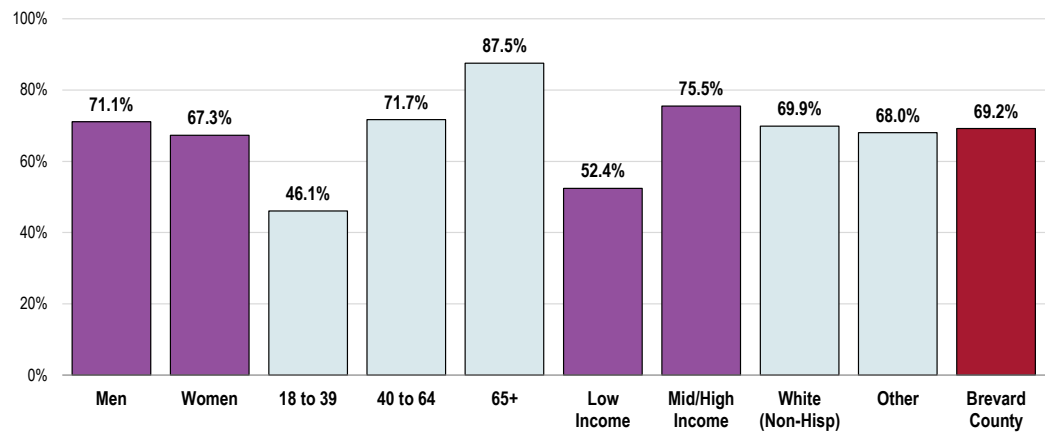
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, 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, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year (Brevard County, 2019)



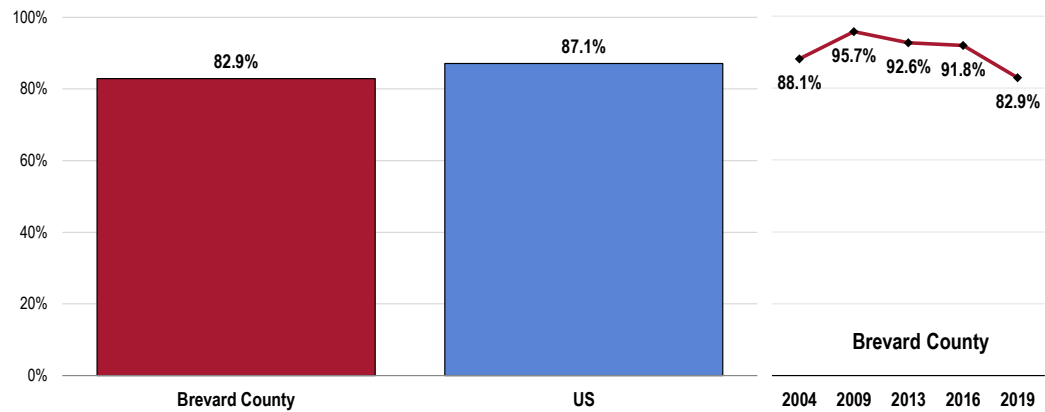
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 82.9% report that their child has had a routine checkup in the past year.

- **TREND:** Though similar to 2004 and 2016 survey findings, the prevalence has decreased significantly from 2009 and 2013 results.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)



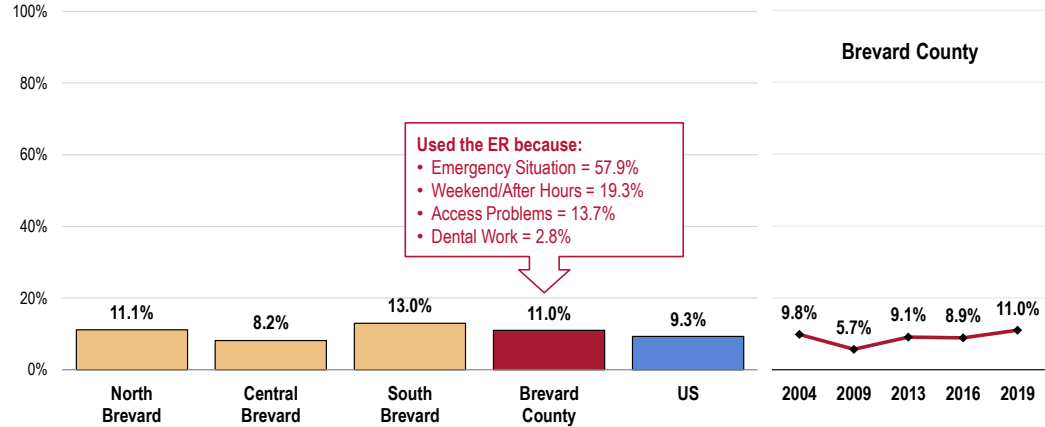
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 11.0% of Brevard County adults have gone to a hospital emergency room more than once in the past year about their own health.

- **DISPARITY:** Higher among women and low-income residents.

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

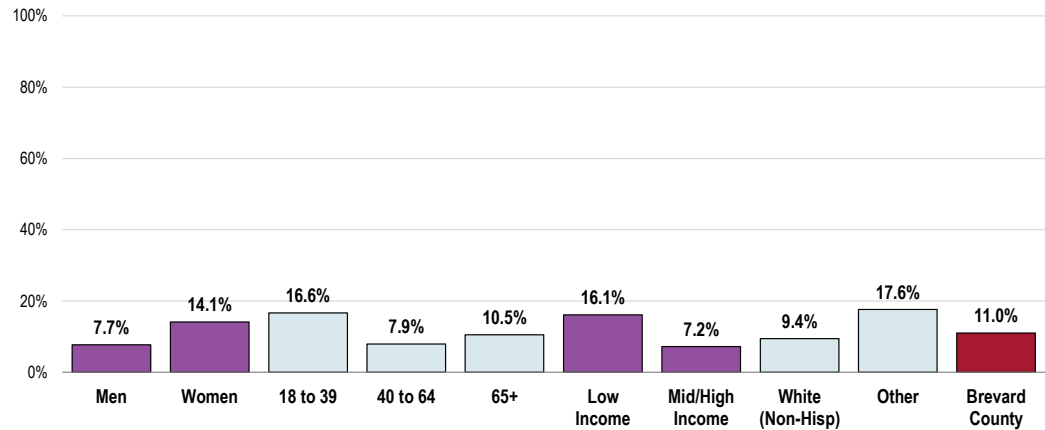


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Brevard County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

Notes: • Asked of all respondents.

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

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

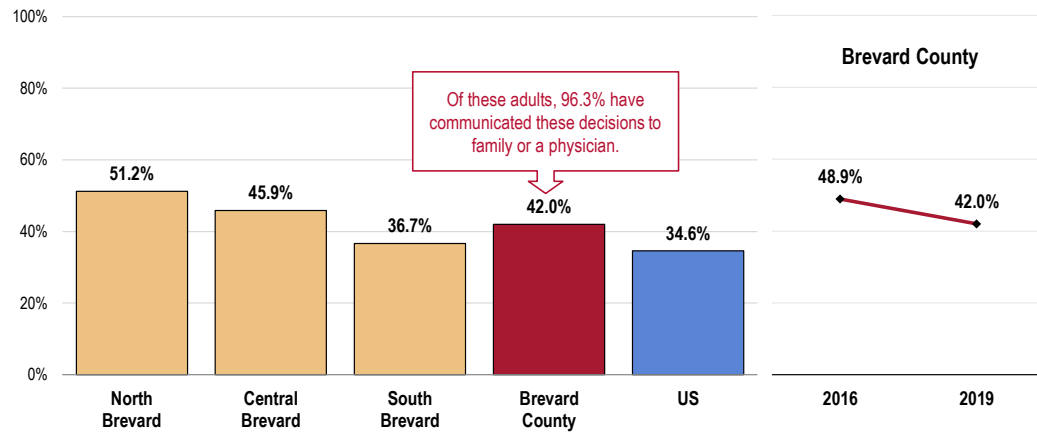
Advance Directives

A total of 42.0% of Brevard County adults have completed advance directive documents.

An advance directive document is a set of directions given about the medical health-care a person wants if he/she ever loses the ability to make those decisions. Formal advance directives include living wills and healthcare powers of attorney.

- **BENCHMARK:** Higher than the US prevalence.
- **DISPARITY:** Lowest in South Brevard.
- **TREND:** Denotes a statistically significant decrease since 2016.

Have Completed Advance Directive Documents



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 314-315]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • An advance directive is a set of directions given about the medical healthcare a person wants if he/she ever loses the ability to make those decisions. Formal advance directives include living wills and health care powers of attorney.

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.

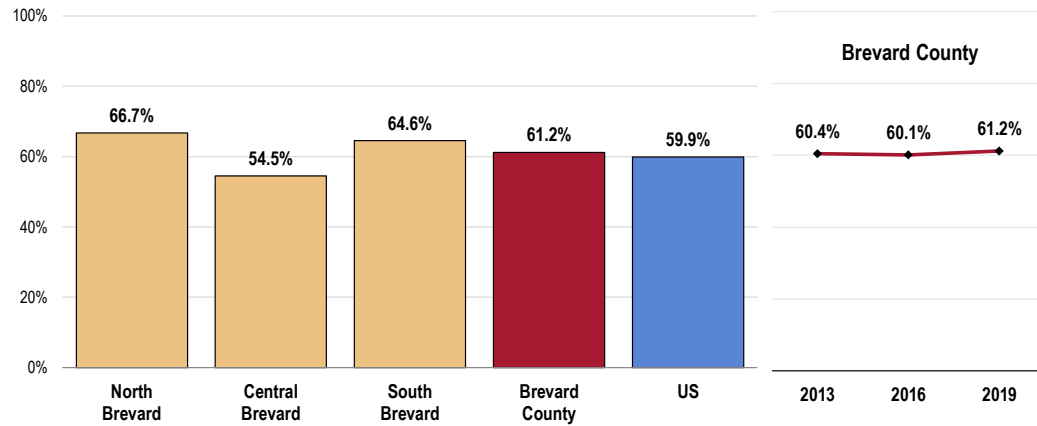
— Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Over 6 in 10 Brevard County adults (61.2%) have dental insurance that covers all or part of their dental care costs.

- **DISPARITY:** Unfavorably low in Central Brevard.

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



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Dental Care

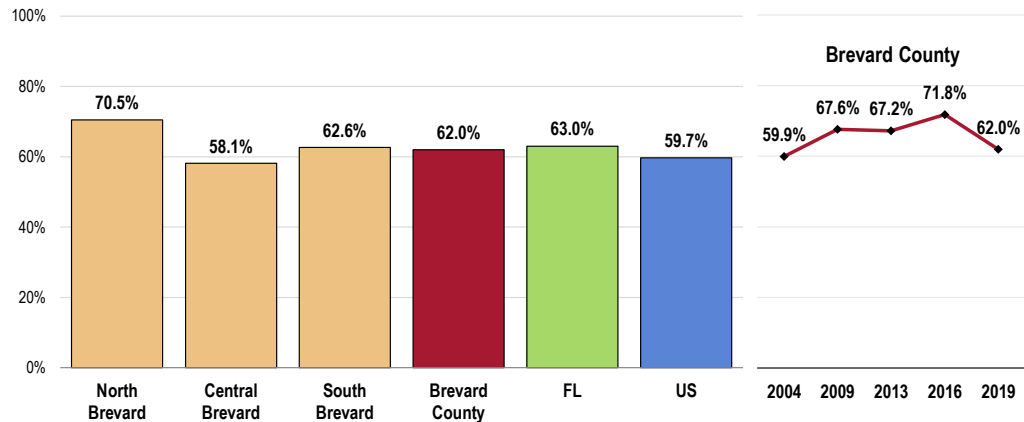
Adults

A total of 62.0% of Brevard County adults have visited a dentist or dental clinic (for any reason) in the past year.

- **BENCHMARK:** Easily satisfies the Healthy People 2020 target.
- **DISPARITY:** Statistically lower among adults age 40-64, those in low-income households, and those without dental insurance.
- **TREND:** Though fluctuating over time, the prevalence is similar to that in 2004.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 = 49.0% or Higher

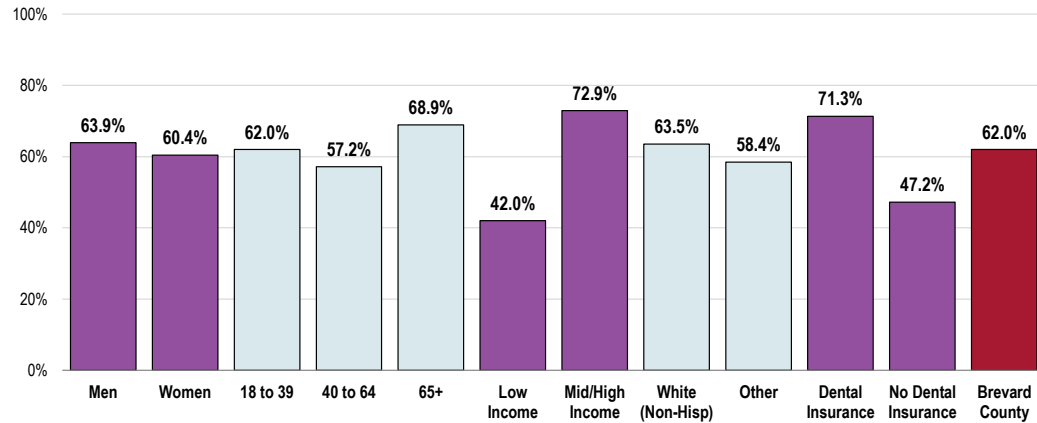


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Brevard County, 2019)

Healthy People 2020 = 49.0% or Higher



- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, 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.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

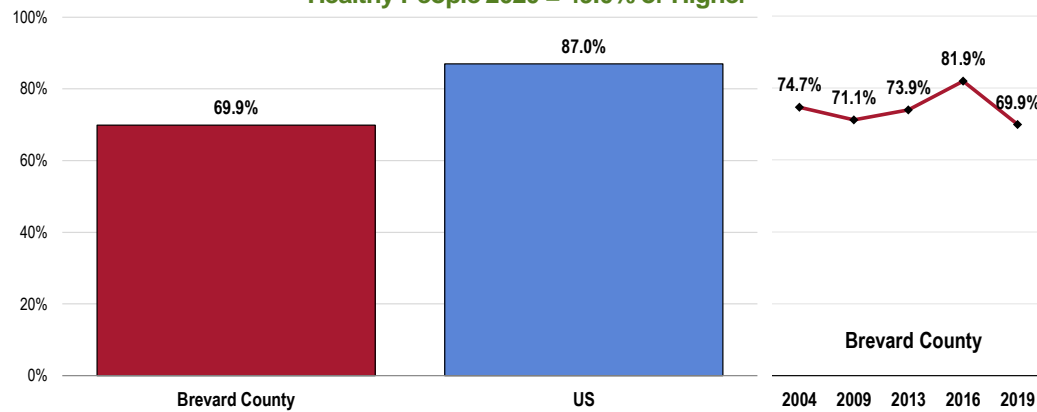
A total of 69.9% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- **BENCHMARK:** Well below the US prevalence but satisfies the Healthy People 2020 target.

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

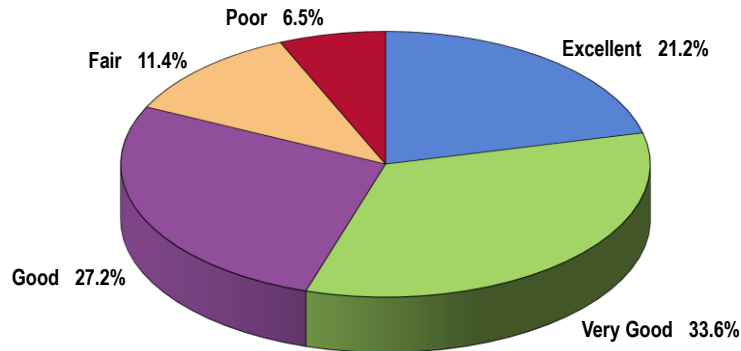


- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
- Notes:
- Asked of all respondents with children age 2 through 17.

Perceptions of Local Healthcare Services

Most Brevard County adults rate the overall healthcare services available in their community as “excellent” or “very good.”

Rating of Overall Healthcare Services Available in the Community
(Brevard County, 2019)

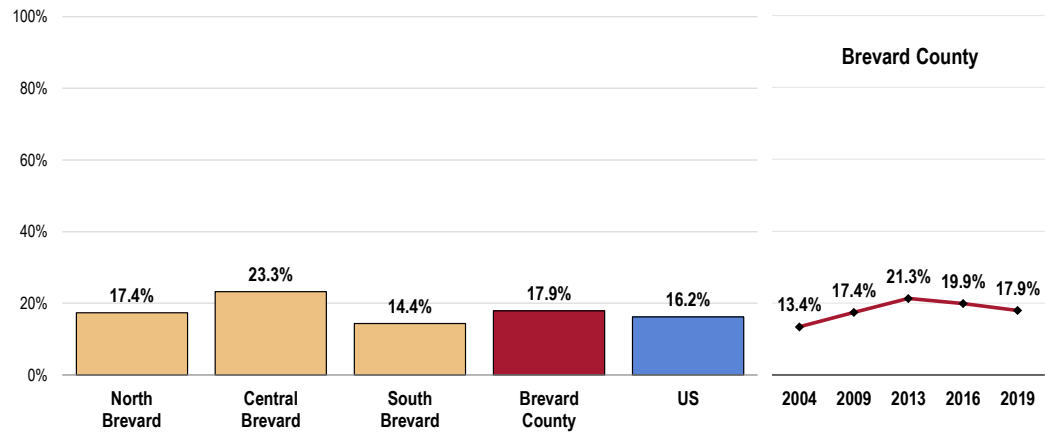


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 17.9% of residents characterize local healthcare services as “fair” or “poor.”

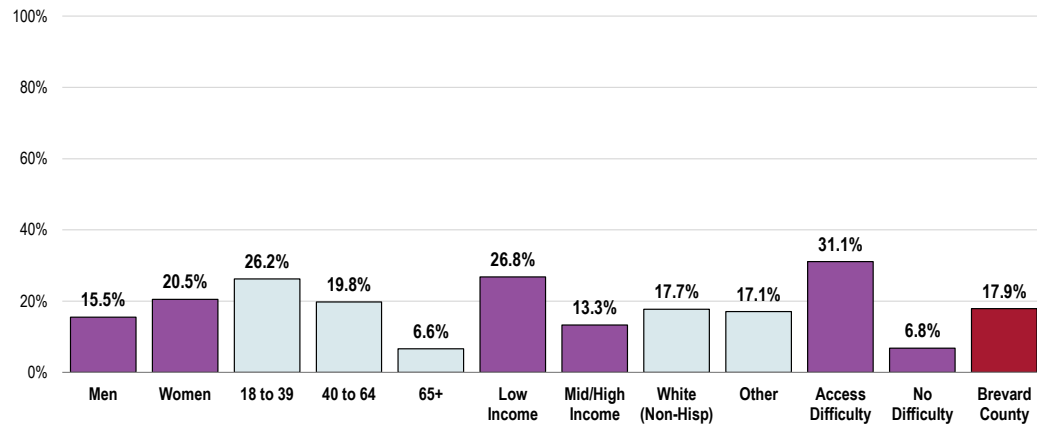
- **DISPARITY:** Unfavorably high in Central Brevard; lowest in South Brevard. These adults are more likely to be critical of local healthcare services: those under 65, low-income residents, and those who have reported some type of access difficulty in the past year.

Perceive Local Healthcare Services as “Fair/Poor”



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Perceive Local Healthcare Services as “Fair/Poor” (Brevard County, 2019)



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

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



DOH-Brevard Addendum to the 2019 Community Health Needs Assessment Report

The 2019 Community Health Needs Assessment (CHA) was approved May 2019 after presentations and discussions with the community and the Space Coast Health Foundation Health Advisory Council and Task Force Members.

This addendum has been added by DOH-Brevard and is not part of the widely published CHA. The purpose of this addendum is to provide additional pertinent information.

Table of Contents

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Prioritization Results

On a scale of 1 (low priority) to 10 (high priority)

7.96	Nutrition, Physical Activity & Weight
7.95	Mental Health
7.34	Substance Abuse
7.23	Access to Healthcare
6.59	Diabetes
6.47	Heart Disease & Stroke
6.36	Oral Health
6.03	Tobacco Use
5.91	Cancer
5.55	Respiratory Diseases
5.45	Potentially Disabling Conditions

A total of 62 individuals helped prioritize leading health issues during three meetings held in April/May:

- Community Agency Representatives
- SCHF Board Members
- SCHF Health Advisory Council, SCHF Task Force Members, SCHF Staff

Prioritization results average multiple criteria ratings (scope/severity and ability to impact) across all meetings.

SPACE COAST HEALTH FOUNDATION
2019 Community Health Needs Assessment
Presentation to Health Advisory Council and Task Force Members
April 30, 2019

Attendees:

Mark Broms – Brevard Homeless Coalition
Michael Seely – Health First
Chris McAlpine – Parrish Medical Center
Bruce Pierce – Florida Department of Health Brevard
Anita Stremmel – DOH - Brevard
Jane Benton – Brevard Health Alliance
Alicia Moore – Brevard Health Alliance
Kimberly Cribb – Health First
Lisa Conway – One Senior Place
Lori Parsons – Lifetime Counseling Center
Liz Gurri – Brevard Health Alliance
Catherine Galda – Catholic Charities Central FL
Maureen Tills – Health First
Angie Doucette – Head Start, Brevard Public Schools
Gayl Fording, RN – Rockledge Regional Medical Center
Victoria Follette, Phd – Clinical Psych/Florida Tech
Kelly Sarria – Brevard Public Schools/SEDNET

Space Coast Health Foundation Staff:

Johnette Gindling
Joy Blazek
Donna Larson
Sanette Rigney

Group Survey Results (real-time voting):

After presenting the survey findings, Bruce Lockwood, Professional Research Consultants, asked the group to rank the findings as follows: 1) First those items by “Scope and Severity” of the issue, and 2) Second, rank the “ability to impact the issue”. The blended results identified the following top 4 items:

- Nutrition, Physical Activity & Weight
- Mental Health
- Substance Abuse
- Access to Healthcare

Questions from the Group:

(Victoria Follette) Do we know if the diagnosis of depression is lower than it should be because the access to behavioral health services is lower than it should be? *Answer: Could be a fair assumption, but this is not measured.*

(Victoria Follette) When performing this survey, what percent of people refuse to participate? In other words, how many people respond to the phone inquiry to participate in the survey? *Answer: We measure the percentage of people who participate after being qualified, and this figure is between 60%-70%.*

(Johnette Gindling) In what area(s) were there improvements since the last CHNA and even over the past 12 years? *Answer: There are more people seeking mental health services, and there is an increase in the number of people receiving counseling about their weight.*

(Angie Doucette) The statistic showing the number of kids who exercise less than an hour per day; is this better or worse? *Answer: Worse.*

(Lisa Gurri) In this survey, is there any “filter” or “balance” for the growth in population over the past 3 years? *Answer: By design, this survey is a snap shot in time and does not account for changes in population size.*

(Victoria Follette) Regarding opioid use, is there research into how the phone survey question is being asked? The numbers proclaiming opioid use seem very low. *Answer. Not directly, but there is a tendency for respondents to “under report” when responding to questions about behavioral health.*

(Lori Parsons) Were there any questions about behavioral health stigma? *Answer: There were no specific questions about stigma.*

(Mark Broms) – Were there any questions about housing security? *Answer: There was one question about the frequency of worrying about making the mortgage payment. That is all.*

(Victoria Follette) It appears that food insecurity is higher in areas of higher income. What might this be attributed to? *Answer: That is likely people in middle income and not higher income.*

**Space Coast Health Foundation
2019 Community Health Needs Assessment
Presentation to the Community
May 21, 2019**

Presenter: Bruce Lockwood, Professional Research Consultants

Attendees

<u>Michael Ayers</u>	<u>President, Melbourne Regional Chamber of East Central Florida</u>
<u>Courtney Barker</u>	<u>Satellite Beach City Manager</u>
<u>Sky Beard</u>	<u>No Kid Hungry Florida</u>
<u>Ryan Brandt</u>	<u>Brandt Ronat</u>
<u>Mark Broms</u>	<u>Brevard Homeless Coalition</u>
<u>Sara Burke</u>	<u>Brevard Zoo</u>
<u>Dr. Jessica Calvo-Blanco</u>	<u>Brevard Women's Coalition</u>
<u>Jo Connell</u>	<u>Parrish Medical Center</u>
<u>Bunny Finney</u>	<u>Community volunteer</u>
<u>Abby Hemenway</u>	<u>Space Coast Transportation Planning Organization</u>
<u>Josh Jensen</u>	<u>Aging Matters</u>
<u>Tina Lange</u>	<u>Postpartum Support group founder, communications</u>
<u>Omar Torres</u>	<u>MIT Media Lab</u>
<u>Becky Lemstrom</u>	<u>Brevard Women's Coalition</u>
<u>Darby Miller</u>	<u>Cocoa Beach Regional Chamber of Commerce representative</u>
<u>Greg Pallone</u>	<u>Channel 13 News (Spectrum)</u>
<u>Travis Proctor</u>	<u>Artemis</u>
<u>Robert Rains</u>	<u>United Way of Brevard, president</u>
<u>Erin L. Schuck</u>	<u>Running Zone Foundation</u>
<u>Kim Smith</u>	<u>Space Coast Transportation Planning Organization</u>
<u>Gina Sousa, M.S.M.</u>	<u>Early Learning Coalition of Brevard</u>
<u>Maria Stahl DNP, RN</u>	<u>Florida Department of Health, Brevard County</u>
<u>Tracy Strodered</u>	<u>Greater Palm Bay Chamber of Commerce representative, President of Everything Brevard</u>
<u>Khalill Virgo</u>	<u>Intern for Housing for Homeless</u>
<u>Jerry Visco</u>	<u>Director of Human Resources for Brevard County</u>

<u>LaRisha Washington</u>	<u>Housing for Homeless</u>
<u>Mayor Jake Williams, Jr</u>	<u>Mayor City of Cocoa</u>
<u>Steve Phelps</u>	<u>Edward Jones Investments</u>
<u>Jeff Dangler</u>	<u>Satellite Beach Fire Department</u>
<u>Mark Ryan</u>	<u>City Manager of Indian Harbour Beach</u>
<u>Liz Lee</u>	<u>United Way</u>
<u>Robin Buckmaster</u>	<u>Brevard School District - Head Start health supervisor</u>
<u>Melanie Drake</u>	<u>Satellite Beach Fire Department, community medic</u>
<u>Stephen Hartselle</u>	<u>Titusville Fire Department</u>
<u>Terry Mott</u>	<u>SOBO Strategies, LLC</u>
<u>Frank Sullivan</u>	<u>Sullivan Groves, community volunteer</u>
<u>Deborah Carson</u>	<u>Edward Jones Investments</u>
<u>Maureen Tills</u>	<u>Health First</u>
<u>Scott Huff</u>	<u>Space Coast Health Foundation board member</u>
<u>Michael Seeley</u>	<u>Health First Foundation</u>
<u>Valerie Carver</u>	<u>Parrish Medical Network</u>
<u>Amy Tidd</u>	<u>St. Mary's Helping Hands, community activist</u>
<u>Ashley Carraro</u>	<u>Brevard Family Partnership</u>
<u>Steve Duba</u>	<u>Life Co.</u>
<u>David Abernathy</u>	<u>Satellite Beach Fire Marshal</u>
<u>Paulette Howell</u>	<u>Eastern Florida State College</u>
<u>Stephanie Husted</u>	<u>Brevard Women's Coalition</u>

Questions from public

Question 1: Are there indications in the survey that the rise in vaping is coming from people under the age of 18?

Lockwood: In our survey we really don't have a reliable way to get that information for the under-adult ages, but that appears to be the population leading the way.

Question 2: Was it primarily a phone survey?

Lockwood: Yes, it was primarily a phone survey with an Internet option. We talked to people on landlines and cell phones, obviously. It took a couple months during the first months of this year.

Question 3: Size of the survey?

Lockwood: It was 590 people?

Question 4: Is that a good qualitative measure?

Lockwood: If we look at the overall error rate as plus or minus 4 percent, which is a very good respectable error rate. It's a good sample size for the population. We usually recommend between 400-600 person surveys for this size population.

Question 5: How did you come up with the data for the children's activity levels?

Lockwood: That data, of course, is recorded after talking to the parent. It's asking how much activity – how many days - in the past seven days - did their child get an hour or more of physical activity. It's their parents' estimation.

Question 6: The mental health numbers seem high. Is that from people feeling like they have mental health issues or an actual diagnose of depression?

Lockwood: Some of those were actual diagnoses while others were people who reported symptoms related to depression. I will share with you that what we've seen in mental health here since the last assessment is not unique to Brevard. It is seen in a lot of communities. Part of that could be a reduction in the stigma and people are more willing to acknowledge mental health issues than they previously were. If so, that could be a positive.

Question 7: Were you able to survey some of the same people in the last assessments?

Lockwood: No. I guess it's possible but it was not intended. That would be a longer-term study. What we do is a snapshot.

Question 8: The illicit drug use in Brevard seemed high compared to the U.S population. Any thoughts why?

Lockwood: It could be people's attitude changing on marijuana and there is more acceptance in Florida than some other parts of the country. Unfortunately, there is only so much information you can get in an interview when the subject is illegal drug use.

Question 9: Was the opioid use in Brevard – 16.6 percent compared with state and national figures?

Lockwood: That's a relatively new question and we don't have any state or national data for that opioid question. Hopefully we will going forward.

Question 11: Did you incentivize people to respond?

Lockwood: We did not. There was no incentive for people to participate. I think once people start the survey and understand the purpose of it, that's what allows us to get away with a survey as long as this.

Question 12: The drop-in children's physical activity seems surprising.

Lockwood: It was a pretty dramatic drop. But please keep in mind that in our entire survey, only a third of households had children in them so it's a smaller sample being asked that question. And that means there is wider error range.

Question 13: Do you think parents don't think of activity, like walking to school, as an activity?

Lockwood: It's possible. But it's a question that has been used for quite a while now and has been pretty stable over time from community to community. It's not by any means a perfect question or measure, but I think it is fairly reliable in giving us a sense of activity for kids.

Community Demographics

Brevard County has a total area of 1,557 square miles, of which 34.8% is water. The county spans 72 miles from north to south and averages approximately 26.5 miles wide. Due to its size, the county is unofficially divided into 3 sections, North, Central, and South. Palm Bay is the largest of the 16 municipalities and the official county seat is in Titusville. A secondary set of county administrative offices is located in Viera; these offices serve the southern part of the county.

The median household income is \$51,536 which is only slightly higher than the state’s median income of \$50,883¹. Median income can define the ability of a household to have access to affordable housing, health care, higher education opportunities, and food.

In 2017, 13.4% of individuals in the county had incomes below 100% of the Federal Poverty Level; 19.4% of the county’s children live in poverty¹. Approximately 12% of residents do not have health insurance¹. The priorities noted in the CHA reflect the needs of these citizens.

Population by Age and Gender¹

Population by Age and Gender, Brevard County, Florida - 2018										
County								State		
Age Group	Data Year	Male	Female	Total	% Male by age	% Female by age	% Total by age	% Male by age	% Female by age	% Total by age
< 5	2018	14,196	13,437	27,633	5.0%	4.5%	4.7%	5.7%	5.2%	5.4%
5-14	2018	30,972	29,415	60,387	10.9%	9.8%	10.3%	11.6%	10.7%	11.1%
15-24	2018	32,818	29,337	62,155	11.5%	9.8%	10.6%	12.4%	11.3%	11.8%
25-44	2018	62,455	63,247	125,702	21.9%	21.2%	21.5%	25.8%	24.5%	25.1%
45-64	2018	82,436	89,667	172,103	28.9%	30.0%	29.5%	26.1%	26.9%	26.5%
65-74	2018	35,036	38,917	73,953	12.3%	13.0%	12.7%	10.5%	11.7%	11.1%
> 74	2018	27,129	34,988	62,117	9.5%	11.7%	10.6%	7.9%	9.8%	8.9%

Data Source: The Florida Legislature, Office of Economic and Demographic Research.

Race¹

County				State
Race	Data Year	Population	Percentage	Percentage
White	2018	487,122	83.4%	77.4%
Black	2018	62,544	10.7%	16.9%
Other	2018	34,384	5.9%	5.7%

Data Source: The Florida Legislature, Office of Economic and Demographic Research.

¹ Data obtained through <http://www.flhealthcharts.com/charts/Default.aspx>

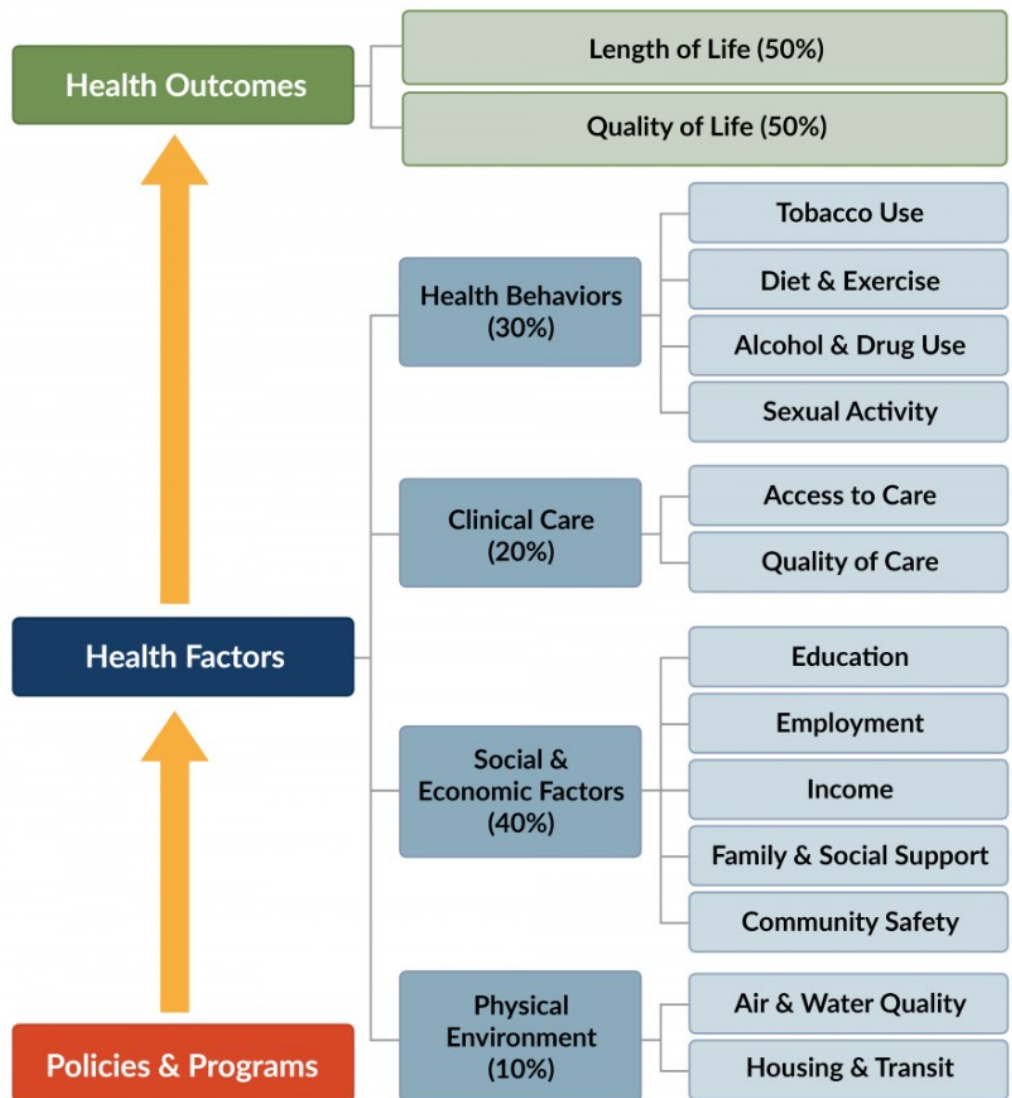
Social Determinants of Health

When completing a community health assessment, it is important to consider the social determinants of health (indicators included on pages 29-34).

This framework, created by the *University of Wisconsin Public Health* and the *Robert Wood Johnson Foundation* emphasizes factors, that when improved, can help improve the overall health of a community.

Three major components exist within the framework: Health Outcomes, Health Factors, and Policies and Programs.

As illustrated, Policies and Programs influence Health Factors which in turn impact the Health Outcomes of a community. For example, policies mandating childhood immunizations improve the health factors of those children throughout their life which improves the health outcomes of the community on a whole.



County Health Rankings model © 2014 UWPHI