

# 2016 Community Health Needs Assessment

## Brevard County, Florida

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*Prepared for:*  
Space Coast Health Foundation

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# Introduction



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## Project Overview

### Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2004, 2009, and 2013, 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 which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of 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 such as this in hundreds of communities across the United States since 1994.

## Methodology

This assessment incorporates data from primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data), allowing for trending and comparison to benchmark data at the state and national levels.

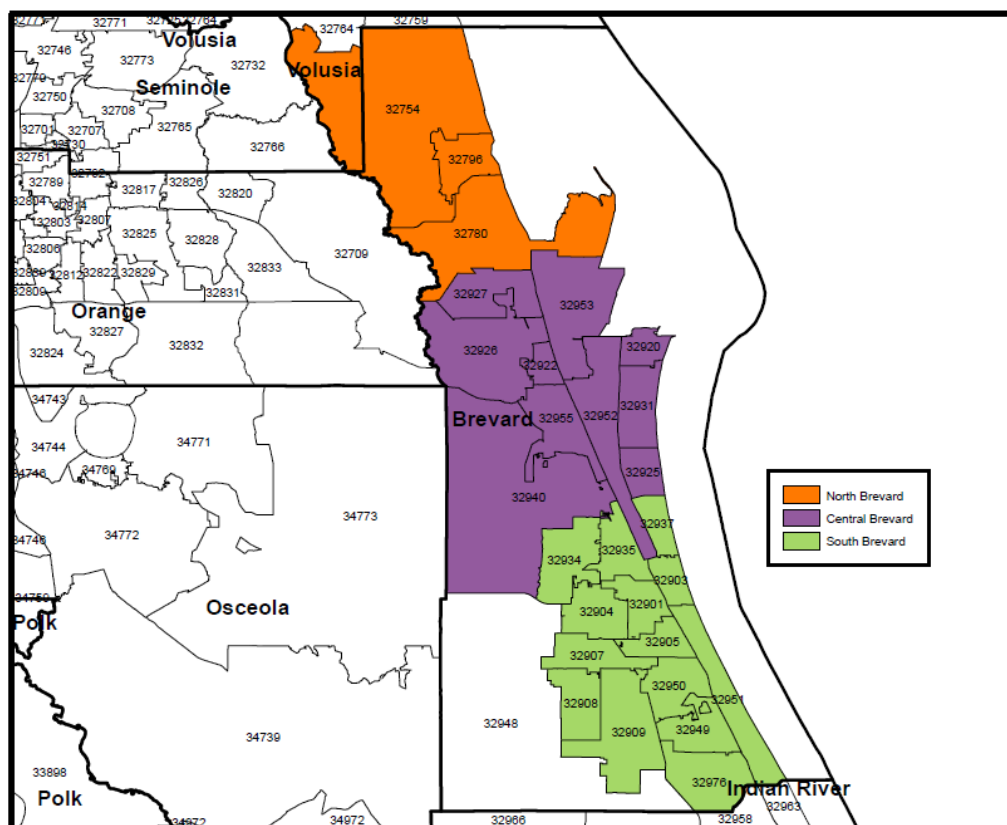
### PRC Community Health Survey

#### *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, grouped into three divisions (North, Central, and South Brevard). This community definition is illustrated in the following map.



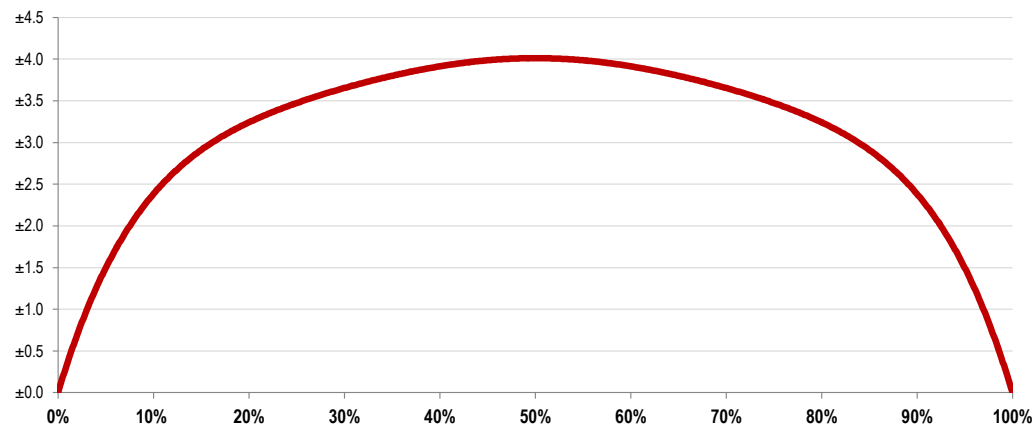
### Sample Approach & Design

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 telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 600 individuals age 18 and older in Brevard County, including 200 in North Brevard, 200 in Central Brevard, and 200 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 Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 600 respondents is  $\pm 4.0\%$  at the 95 percent level of confidence.

### Expected Error Ranges for a Sample of 600 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 600 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

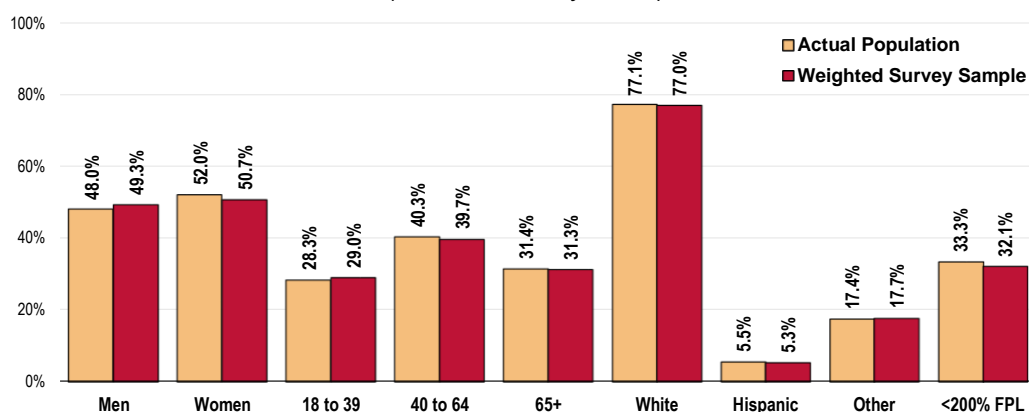
To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight"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



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

The following chart outlines the characteristics of the 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, 2016)



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

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (*e.g., the 2015 guidelines place the poverty threshold for a family of four at \$24,250 annual household income or lower*). In sample segmentation: “**low income**” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; “**mid/high income**” refers to those households living on incomes which are twice or more the federal poverty level.

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

## Benchmark Data

### *Trending*

Similar surveys were administered in Brevard County in 2004, 2009, and 2013 by PRC.

Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available.

### *Florida Risk Factor Data*

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

### *Nationwide Risk Factor Data*

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

### *Healthy People 2020*

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

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



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

### **Determining Significance**

Differences noted in this report represent those determined to be significant. For these 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.

## Summary of Findings

### Significant Health Needs of the Community

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

Areas of Opportunity Identified Through This Assessment	
<b>Access to Healthcare Services</b>	<ul style="list-style-type: none"> <li>• Barriers to Access               <ul style="list-style-type: none"> <li>◦ Inconvenient Office Hours</li> <li>◦ Appointment Availability</li> <li>◦ Finding a Physician</li> </ul> </li> <li>• Ratings of Local Healthcare</li> </ul>
<b>Cancer</b>	<ul style="list-style-type: none"> <li>• Skin Cancer Prevalence</li> <li>• Cancer (Non-Skin) Prevalence</li> <li>• Cervical Cancer Screening</li> </ul>
<b>Chronic Kidney Disease</b>	<ul style="list-style-type: none"> <li>• Kidney Disease Prevalence</li> </ul>
<b>Diabetes</b>	<ul style="list-style-type: none"> <li>• Diabetes Prevalence</li> <li>• Prevalence of Borderline/Pre-Diabetes</li> </ul>
<b>Heart Disease &amp; Stroke</b>	<ul style="list-style-type: none"> <li>• Heart Disease Prevalence</li> </ul>
<b>Nutrition, Physical Activity &amp; Weight</b>	<ul style="list-style-type: none"> <li>• Obesity [Adults]</li> <li>• Trying to Lose Weight [Overweight Adults]</li> <li>• Overweight &amp; Obesity [Children]</li> </ul>
<b>Oral Health</b>	<ul style="list-style-type: none"> <li>• Dental Insurance Coverage</li> <li>• Children's Dental Care</li> </ul>
<b>Potentially Disabling Conditions</b>	<ul style="list-style-type: none"> <li>• Activity Limitations</li> </ul>
<b>Respiratory Diseases</b>	<ul style="list-style-type: none"> <li>• Chronic Obstructive Pulmonary Disease (COPD) Prevalence</li> <li>• Flu Vaccination [65+]</li> <li>• Flu Vaccination [High-Risk 18-64]</li> </ul>
<b>Substance Abuse</b>	<ul style="list-style-type: none"> <li>• Negatively Affected by Substance Abuse (Self or Other's)</li> </ul>
<b>Tobacco Use</b>	<ul style="list-style-type: none"> <li>• Cigarette Smoking Prevalence</li> <li>• Smoking Cessation</li> </ul>













## 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 to correspond with the Focus Areas presented in Healthy People 2020.










### *Reading the Summary Tables*











- In the following charts, Brevard County results are shown in the larger, blue column.
- The green columns [to the left of the 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 the Brevard County column provide trending, as well as comparisons between the county and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the service area compares favorably (☀️), unfavorably (💩), or comparably (☁️) to these external data.































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



















Social Determinants	Each Sub-Area vs. Others		
	North Brevard	Central Brevard	South Brevard
% Worried About Paying Rent/Mortgage in the Past Year	 25.4	 25.6	 32.5
% Ran Out of Food at Least Once in the Past Year	 8.3	 11.6	 10.7
% Worried About Food Running Out in the Past Year	 13.2	 14.4	 21.2
% Food Insecurity	 14.6	 17.2	 23.0
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		
	vs. FL	vs. US	TREND
28.9	 31.6		
10.7	 19.9		
17.7	 21.0		
19.8	 25.9		 21.7
 better  similar  worse			

Overall Health	Each Sub-Area vs. Others		
	North Brevard	Central Brevard	South Brevard
% "Fair/Poor" Physical Health	 18.4	 15.5	 24.3
% Activity Limitations	 30.6	 22.1	 32.8
% Provide Care to a Friend/Family Member	 34.9	 21.2	 23.7
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		
	vs. FL	vs. US	TREND
20.3	 19.3	 18.3	 13.8
28.5	 22.4	 20.0	 19.3
24.1		 20.9	
 better  similar  worse			

Access to Health Services	Each Sub-Area vs. Others		
	North Brevard	Central Brevard	South Brevard
% [Age 18-64] Lack Health Insurance	 8.2	 7.6	 7.0
% [Insured] Went Without Coverage in Past Year	 7.9	 6.0	 9.0
% [18-64 w/Private Coverage/Medicaid] Coverage Under ACA	 9.5	 9.7	 5.5
% [Children] Lack of Healthcare Coverage			
% [Insured] Went Without Coverage in Past Year	 7.9	 6.0	 9.0
% Difficulty Accessing Healthcare in Past Year (Composite)	 40.2	 35.1	 38.4
% Inconvenient Hrs Prevented Dr Visit in Past Year	 14.6	 11.4	 12.6
% Cost Prevented Getting Prescription in Past Year	 17.0	 10.3	 12.5
% Cost Prevented Physician Visit in Past Year	 13.0	 10.8	 14.0
% Difficulty Getting Appointment in Past Year	 17.9	 13.5	 22.6
% Difficulty Finding Physician in Past Year	 14.7	 14.2	 10.0




Brevard County	Brevard County vs. Benchmarks			
	vs. FL	vs. US	vs. HP2020	TREND
7.3		<div> 10.1</div>	<div> 0.0</div>	<div> 24.0</div>
7.8				
7.6		<div> 10.8</div>		
6.4		<div> 6.5</div>		<div> 10.3</div>
7.8				
37.4		<div> 35.0</div>		<div> 37.0</div>
12.4		<div> 14.4</div>		<div> 8.1</div>
12.2		<div> 9.5</div>		<div> 13.3</div>
12.7		<div> 11.5</div>		<div> 11.8</div>
18.6		<div> 15.4</div>		<div> 11.8</div>
12.1		<div> 8.7</div>		<div> 6.3</div>

Access to Health Services (continued)	Each Sub-Area vs. Others			Brevard County	Brevard County vs. Benchmarks			
	North Brevard	Central Brevard	South Brevard		vs. FL	vs. US	vs. HP2020	TREND
% Transportation Hindered Dr Visit in Past Year	 3.7	 5.8	 8.8	7.1		 5.0	 4.7	
% Language/Cultural Differences Prevented Care	 0.6	 0.3	 2.0	1.2		 1.7		
% [Parents] Lack of Transportation Prevented Child's Med Care				3.2			 3.6	
% Skipped Prescription Doses to Save Costs	 18.1	 7.3	 12.1	11.0		 10.2		
% Difficulty Getting Child's Healthcare in Past Year				1.2		 3.9		
% Low Health Literacy	 14.2	 14.2	 21.9	18.1		 23.3		
% Have Had Routine Checkup in Past Year	 78.5	 73.0	 77.9	76.1	 73.0	 70.5	 70.5	
% Child Has Had Checkup in Past Year				91.8		 89.3	 88.1	
% Two or More ER Visits in Past Year	 10.9	 5.3	 11.3	8.9		 8.5	 9.8	
% Rate Local Healthcare "Fair/Poor"	 21.4	 20.1	 19.3	19.9		 14.2	 13.4	







### Access to Health Services (continued)

#### Each Sub-Area vs. Others







	North Brevard	Central Brevard	South Brevard
% Have Completed Advance Directive Documents	 44.7	 50.2	 49.1
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 vs. Benchmarks









Brevard County	vs. FL	vs. US	vs. HP2020	TREND
48.9		 33.7		
	 better	 similar	 worse	
















### Arthritis, Osteoporosis & Chronic Back Conditions


















#### Each Sub-Area vs. Others



	North Brevard	Central Brevard	South Brevard
% [50+] Arthritis/Rheumatism	 38.2	 39.5	 25.8
% [50+] Osteoporosis	 13.2	 14.6	 9.5
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 vs. Benchmarks

Brevard County	vs. FL	vs. US	vs. HP2020	TREND
32.1		 32.0		 36.2
11.8		 8.7	 5.3	 15.5
	 better	 similar	 worse	




Cancer	Each Sub-Area vs. Others		
	North Brevard	Central Brevard	South Brevard
% Skin Cancer	 14.9	 15.3	 11.4
% Cancer (Other Than Skin)	 8.7	 11.4	 10.7
% [Women 50-74] Mammogram in Past 2 Years	 73.5	 72.7	 84.1
% [Women 21-65] Pap Smear in Past 3 Years	 64.1	 69.8	 82.4
% [Age 50-75] Colorectal Cancer Screening	 73.3	 76.9	 81.6
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		
	vs. FL	vs. US	vs. HP2020
13.3	 8.9	 7.7	 14.6
10.7	 7.2	 7.7	 7.4
78.3	 78.5	 80.3	 81.1
75.7	 79.5	 84.8	 93.0
78.9		 74.5	 70.5
 better  similar  worse			

Chronic Kidney Disease	Each Sub-Area vs. Others		
	North Brevard	Central Brevard	South Brevard
% Kidney Disease	 5.7	 6.4	 6.6
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		
	vs. FL	vs. US	vs. HP2020
6.4	 3.8	 3.6	
 better  similar  worse			









### Dementias, Including Alzheimer's Disease




























	Each Sub-Area vs. Others		
	North Brevard	Central Brevard	South Brevard
% [Age 45+] Increasing Confusion/Memory Loss in Past Yr	 13.7	 18.9	 14.0
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 vs. Benchmarks				
Brevard County	vs. FL	vs. US	vs. HP2020	TREND
15.8		 12.8		
	 better	 similar	 worse	

### Diabetes

	Each Sub-Area vs. Others		
	North Brevard	Central Brevard	South Brevard
% Diabetes/High Blood Sugar	 14.3	 14.2	 18.8
% Borderline/Pre-Diabetes	 5.1	 5.8	 12.5
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	 61.4	 46.8	 61.9
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 vs. Benchmarks				
Brevard County	vs. FL	vs. US	vs. HP2020	TREND
16.5	 11.2	 14.5		 9.3
9.1		 5.7		
55.8		 55.1		
	 better	 similar	 worse	

Heart Disease & Stroke	Each Sub-Area vs. Others		
	North Brevard	Central Brevard	South Brevard
% Heart Disease (Heart Attack, Angina, Coronary Disease)	 10.2	 12.8	 7.8
% Stroke	 8.0	 3.3	 4.5
% Blood Pressure Checked in Past 2 Years	 92.0	 92.4	 98.9
% Told Have High Blood Pressure (Ever)	 47.7	 37.4	 38.1
% [HBP] Taking Action to Control High Blood Pressure	 91.0	 94.3	 94.4
% Cholesterol Checked in Past 5 Years	 95.8	 91.0	 92.7
% Told Have High Cholesterol (Ever)	 32.6	 35.1	 36.6
% [HBC] Taking Action to Control High Blood Cholesterol	 83.4	 88.5	 90.5
% 1+ Cardiovascular Risk Factor	 89.3	 77.8	 84.3
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		
	vs. FL	vs. US	vs. HP2020
9.9		 6.9	 9.1
4.5	 3.4	 2.6	 6.3
95.6		 93.6	 92.6
39.0	 34.6	 36.5	 26.9
93.8		 92.5	 80.8
92.4	 79.5	 87.4	 82.1
35.6		 33.5	 13.5
89.0		 84.2	 77.4
82.4		 83.0	 92.1
 better  similar  worse			

**HIV****Each Sub-Area vs. Others**







North Brevard	Central Brevard	South Brevard
<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>		

% [Age 18-44] HIV Test in the Past Year

**Brevard  
County****Brevard County vs. Benchmarks**

Brevard County	vs. FL	vs. US	vs. HP2020	TREND
25.5		<div><div></div><div>21.3</div></div>	<div><div></div><div>32.2</div></div>	
<div><div></div><div></div><div></div></div> <div><div>better</div><div>similar</div><div>worse</div></div>				

**Each Sub-Area vs. Others**

North Brevard	Central Brevard	South Brevard
 56.8	 62.3	 51.7
 74.6	 84.4	 70.7
<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>		

**Immunization & Infectious Diseases**


















% [Age 65+] Flu Vaccine in Past Year

% [High-Risk 18-64] Flu Vaccine in Past Year










% [Age 65+] Pneumonia Vaccine Ever








% [High-Risk 18-64] Pneumonia Vaccine Ever

**Brevard  
County****Brevard County vs. Benchmarks**

	vs. FL	vs. US	vs. HP2020	TREND
56.3	 53.1	 58.9	 70.0	 72.9
30.0		 48.0	 70.0	 36.0
76.3	 66.9	 76.3	 90.0	 67.4
41.2		 38.7	 60.0	 26.6
<div>  better            similar            worse         </div>				






### Injury & Violence Prevention

























	Each Sub-Area vs. Others		
	North Brevard	Central Brevard	South Brevard
% Neighborhood is "Slight/Not At All Safe"	 14.4	 8.7	 17.0
% [Age 45+] Fell in the Past Year	 28.9	 24.4	 20.8
% [Age 45+] Injured as the Result of a Fall in the Past Year	 11.7	 13.5	 8.9
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		
	vs. FL	vs. US	vs. HP2020
13.5		 15.3	 19.5
23.1		 28.2	
11.0		 8.3	
 better  similar  worse			




















































### Maternal, Infant & Child Health

	Each Sub-Area vs. Others		
	North Brevard	Central Brevard	South Brevard
% [Parents] Aware of Healthy Start Coalition Services			
% [Parents] Have Used Healthy Start Coalition Services			
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		
	vs. FL	vs. US	vs. HP2020
49.4			 51.8
31.0			 19.5
 better  similar  worse			

















Mental Health & Mental Disorders	Each Sub-Area vs. Others		
	North Brevard	Central Brevard	South Brevard
% "Fair/Poor" Mental Health	 14.3	 8.2	 13.0
% Diagnosed Depression	 17.2	 14.3	 19.0
% Symptoms of Chronic Depression (2+ Years)	 27.9	 23.2	 28.3
% Typical Day Is "Extremely/Very" Stressful	 7.8	 8.8	 14.4
% Have Ever Sought Help for Mental Health	 24.4	 22.5	 26.9
% [Those With Diagnosed Depression] Seeking Help			
% Unable to Get Mental Health Svcs in Past Year	 4.5	 1.7	 4.0
% Currently Taking Meds/Receiving Mental Health Treatment	 10.6	 13.4	 13.6
% [Children 5-17] "Fair/Poor" Mental Health			
% [Children 5-17] Child Needed Mental Health Svcs in the Past Yr			
% Average <7 Hours of Sleep per Night	 28.0	 33.5	 34.3

Brevard County	Brevard County vs. Benchmarks		
	vs. FL	vs. US	TREND
11.3		 25.5	 12.8
17.0		 17.9	
26.3		 29.9	 21.7
11.5		 11.7	 13.7
24.9		 27.4	 22.6
94.6		 91.7	
3.2		 4.4	 5.6
13.2		 13.6	 20.9
10.6			
19.3			
33.2		 39.5	










Nutrition, Physical Activity & Weight	Each Sub-Area vs. Others			Brevard County	Brevard County vs. Benchmarks			TREND
	North Brevard	Central Brevard	South Brevard		vs. FL	vs. US	vs. HP2020	
% Eat 5+ Servings of Fruit or Vegetables per Day	 35.3	 30.8	 26.5	29.2				
% Had 7+ Sugar-Sweetened Drinks in the Past Week	 28.1	 26.6	 33.3	30.1		 30.2		
% "Very/Somewhat" Difficult to Buy Fresh Produce	 20.9	 28.0	 16.9	21.5		 21.9		 28.1
% Medical Advice on Nutrition in Past Year	 42.1	 40.3	 39.4	40.0				 35.6
% Healthy Weight (BMI 18.5-24.9)	 34.8	 36.3	 31.9	33.9		 32.9	 33.9	
% Overweight (BMI 25+)	 61.0	 58.0	 65.3	62.1	 62.2	 65.2		 58.7
% Obese (BMI 30+)	 28.1	 21.7	 27.0	25.2	 26.2	 33.4	 30.5	 19.4
% Medical Advice on Weight in Past Year	 29.2	 22.0	 23.7	23.7		 20.4		 21.1
% [Overweights] Counseled About Weight in Past Year	 33.8	 30.6	 30.5	30.9		 27.1		 28.6
% [Obese Adults] Counseled About Weight in Past Year				43.9		 40.8		 46.4
% [Overweights] Trying to Lose Weight Both Diet/Exercise	 33.2	 34.6	 30.8	32.4		 57.0		 30.9












Nutrition, Physical Activity & Weight (continued)	Each Sub-Area vs. Others		
	North Brevard	Central Brevard	South Brevard
% Child [Age 5-17] Healthy Weight			
% Children [Age 5-17] Overweight (85th Percentile)			
% Children [Age 5-17] Obese (95th Percentile)			
% No Leisure-Time Physical Activity	 21.5	 24.7	 21.3
% Meeting Physical Activity Guidelines	 15.8	 29.7	 22.1
% Medical Advice on Physical Activity in Past Year	 46.6	 45.7	 47.1
% Child [Age 2-17] Physically Active 1+ Hours per Day			
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		
	vs. FL	vs. US	vs. HP2020
47.8		 67.2	
40.3		 24.2	 29.4
26.0		 9.5	 14.5
22.6	 27.7	 27.9	 32.6
24.2	 19.9	 23.6	 20.1
46.5			 39.9
46.7		 47.9	
 better  similar  worse			












### Oral Health



















	Each Sub-Area vs. Others		
	North Brevard	Central Brevard	South Brevard
% [Age 18+] Dental Visit in Past Year	 66.5	 74.5	 71.0
% Child [Age 2-17] Dental Visit in Past Year			
% Have Dental Insurance	 53.6	 66.6	 56.9
% Untreated Dental Problems and No Dental Insurance	 23.5	 16.9	 17.7
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		
	vs. FL	vs. US	vs. HP2020
71.8	 61.9	 67.2	 49.0
81.9		 90.7	 49.0
60.1		 66.5	
18.1			
 better  similar  worse			



















### Respiratory Diseases
























	Each Sub-Area vs. Others		
	North Brevard	Central Brevard	South Brevard
% COPD (Lung Disease)	 12.9	 12.6	 20.3
% [Adult] Currently Has Asthma	 3.3	 6.4	 7.9
% [Child 0-17] Currently Has Asthma			
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		
	vs. FL	vs. US	vs. HP2020
16.6	 7.6	 9.5	 9.9
6.8	 8.0	 9.5	 9.0
7.1		 6.5	 7.6
 better  similar  worse			

Substance Abuse	Each Sub-Area vs. Others		
	North Brevard	Central Brevard	South Brevard
% Current Drinker	 54.8	 53.1	 50.3
% Excessive Drinker	 13.9	 11.6	 16.4
% Negatively Affected by Substance Abuse (Self/Other's)	 37.2	 39.1	 41.4
% Drinking & Driving in Past Month	 0.6	 2.5	 0.7
% Illicit Drug Use in Past Month	 2.1	 0.9	 1.5
% Ever Sought Help for Alcohol or Drug Problem	 4.8	 1.5	 5.9
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		
	vs. FL	vs. US	vs. HP2020
51.9	 54.4	 59.7	 59.0
14.3		 22.2	 25.4
40.0		 32.2	
1.4		 4.1	 2.0
1.3		 3.0	 7.1
4.1		 4.1	 3.2
 better  similar  worse			

Tobacco Use	Each Sub-Area vs. Others		
	North Brevard	Central Brevard	South Brevard
% Current Smoker	 18.5	 13.8	 21.0
% Someone Smokes at Home	 14.3	 10.4	 5.7
% [Nonsmokers] Someone Smokes in the Home	 7.4	 4.2	 2.1
% [Household With Children] Someone Smokes in the Home			
% Secondary Smoke is Perceived as "Very/Somewhat" Harmful	 85.5	 89.1	 91.1
% [Smokers] Received Advice to Quit Smoking			
% [Smokers] Have Quit Smoking 1+ Days in Past Year			
% Currently Use Electronic Cigarettes	 2.1	 2.0	 3.4
% Use Smokeless Tobacco	 5.0	 2.5	 0.8
<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	
17.9	 17.7	 14.0	 12.0	 20.4
8.5		 10.2		 17.5
3.5		 3.9		 7.7
7.5		 10.2		 26.4
89.7				 90.7
78.2		 76.0		 80.7
34.2		 43.7	 80.0	 51.5
2.7		 3.8		
1.9	 2.8	 3.0	 0.3	
 better  similar  worse				

# Community Description



**Professional Research Consultants, Inc.**

## Social Determinants of Health

### About Social Determinants

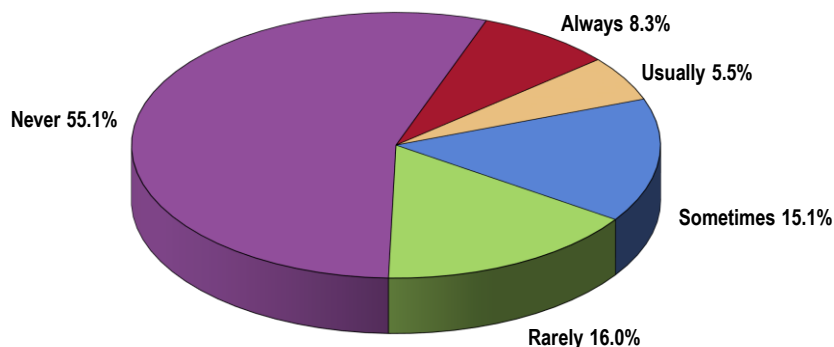
Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is 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](http://www.healthypeople.gov))

### Housing Insecurity

According to the PRC Community Health Survey, a total of 28.9% of community residents were concerned about affording their rent or mortgage payment in the past year (including 8.3% who are always concerned, 5.5% who are usually concerned, and 15.1% who are sometimes concerned).

**Frequency of Worry or Stress  
Over Paying Rent or Mortgage in the Past Year**  
(Brevard County, 2016)

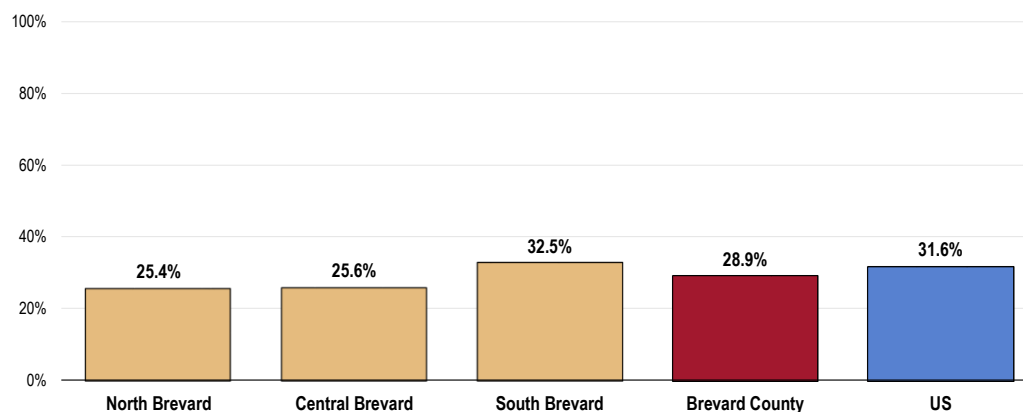


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]  
Notes: • Asked of all respondents.

On the other hand, most survey respondents rarely (16.0%) or never (55.1%) worried in the past year about paying for rent or mortgage.

- Compared to the US prevalence, the Brevard County proportion of adults who worried about paying for rent or mortgage in the past year is comparable.
- Statistically comparable findings by county subarea.

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



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]

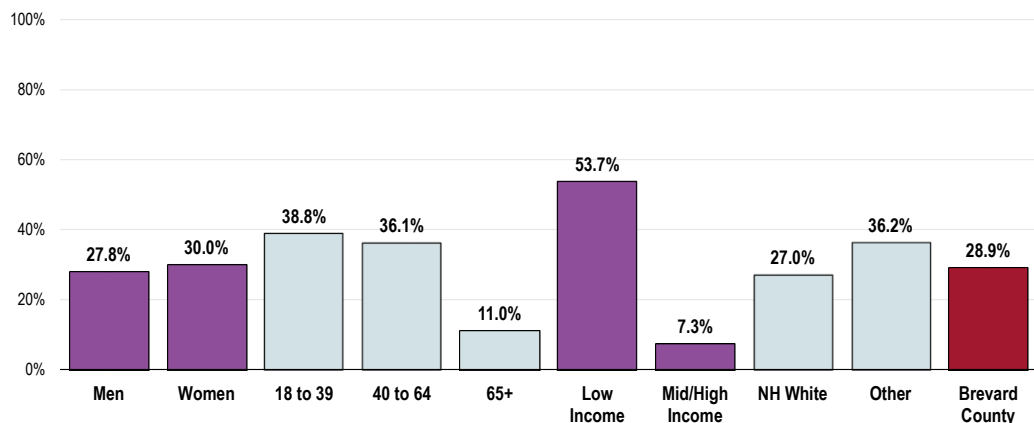
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Adults more likely to report housing insecurity include those under age 65 and residents living at lower incomes.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

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

### “Always/Usually/Sometimes” Worried About Paying Rent or Mortgage in the Past Year (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]

Notes: • Asked of all respondents.

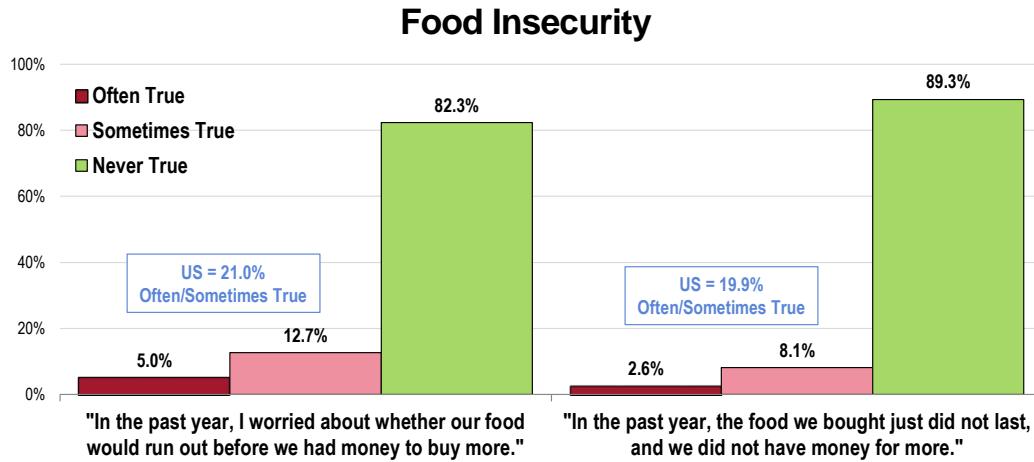
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

• 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

In the past year, 17.7% of survey respondents “often” or “sometimes” worried about whether their food would run out before there was money for more.

- Another 10.7% of respondents “often” or “sometimes” had food run out before there was money for more.



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 104-105]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

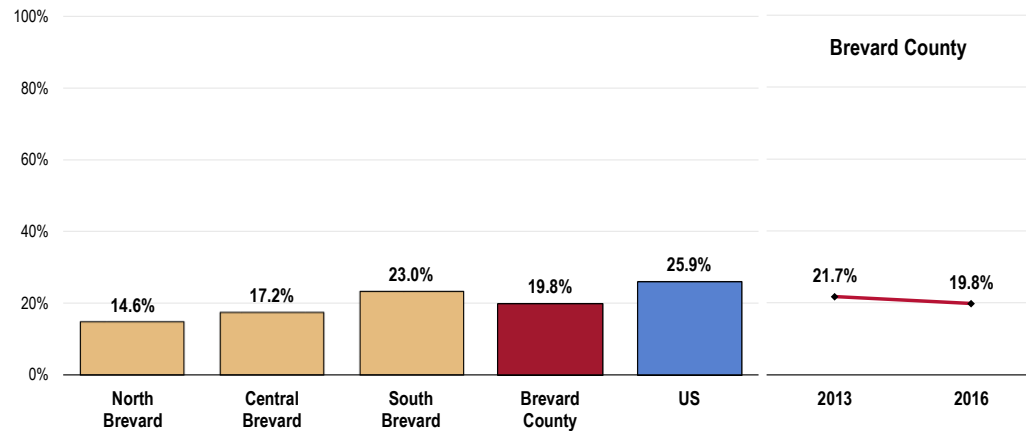
Notes: • Reflects the total sample of respondents.

Overall, 19.8% of community residents are “food insecure,” running out of food in the past year and/or worried about running out of food.

- More favorable than the US norm.
- Statistically similar findings by county subarea.
- TREND: Statistically unchanged from 2013 survey findings.



## Food Insecurity



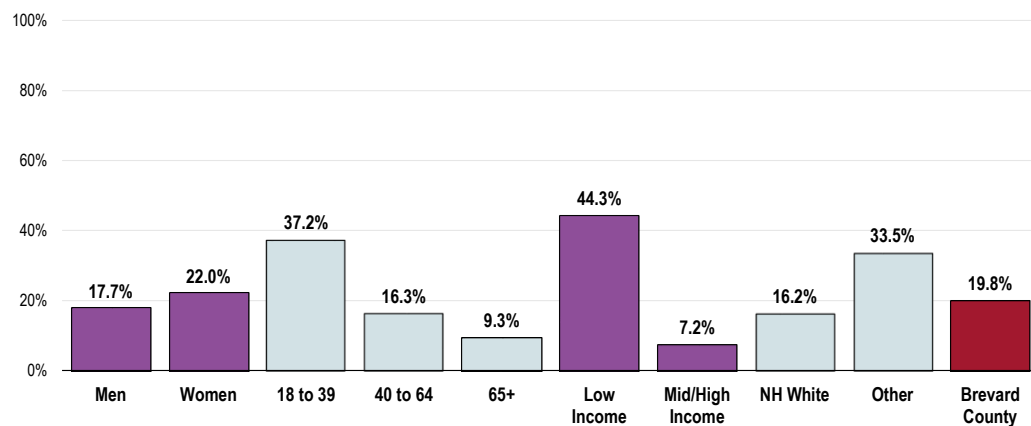
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
 • 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.

Adults more likely to report food insecurity include:

- Residents living at lower incomes.
- Adults of Other races.
- Note also the negative correlation between age and food insecurity in Brevard County.

## Food Insecurity (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]

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.

## General Health Status



**Professional Research Consultants, Inc.**

## Overall Health Status

### Self-Reported Health Status

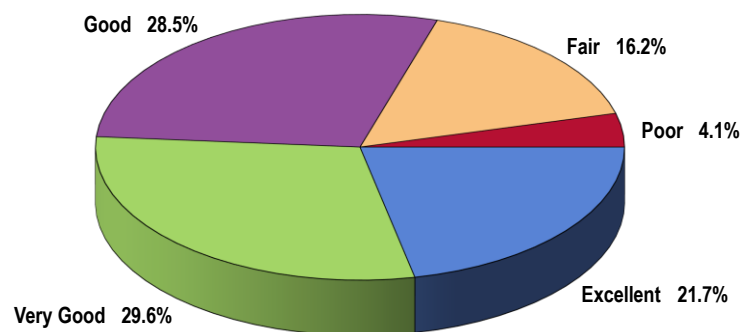
Just over half of Brevard County adults (51.3%) rate their overall health as “excellent” or “very good.”

- Another 28.5% gave “good” ratings of their overall health.

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

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

**Self-Reported Health Status**  
(Brevard County, 2016)



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

However, 20.3% of service area adults believe that their overall health is “fair” or “poor.”

- Similar to statewide and national findings.
- Lower in Central Brevard; higher in South Brevard.
- TREND: Denotes a statistically significant increase in “fair/poor” overall health from baseline 2004 survey results.

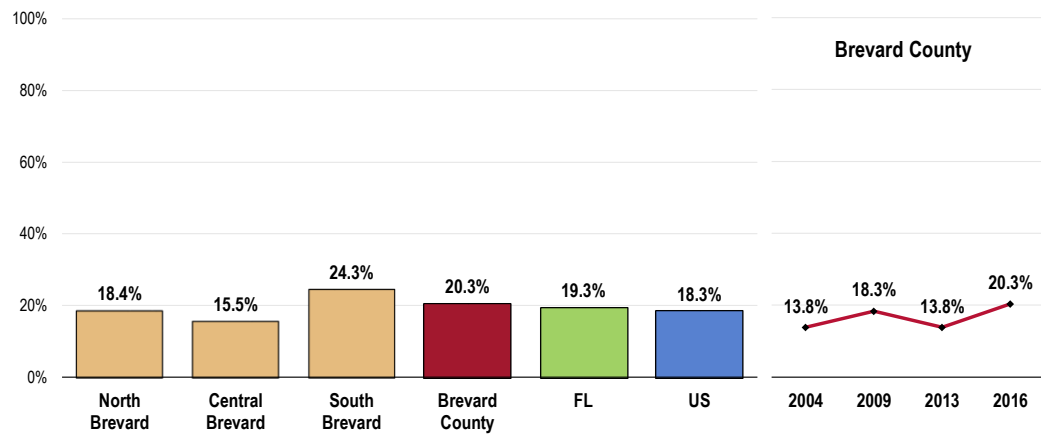
#### NOTE:

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

Where sample sizes permit, data are provided at the county subarea level.

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

## Experience “Fair” or “Poor” Overall Health

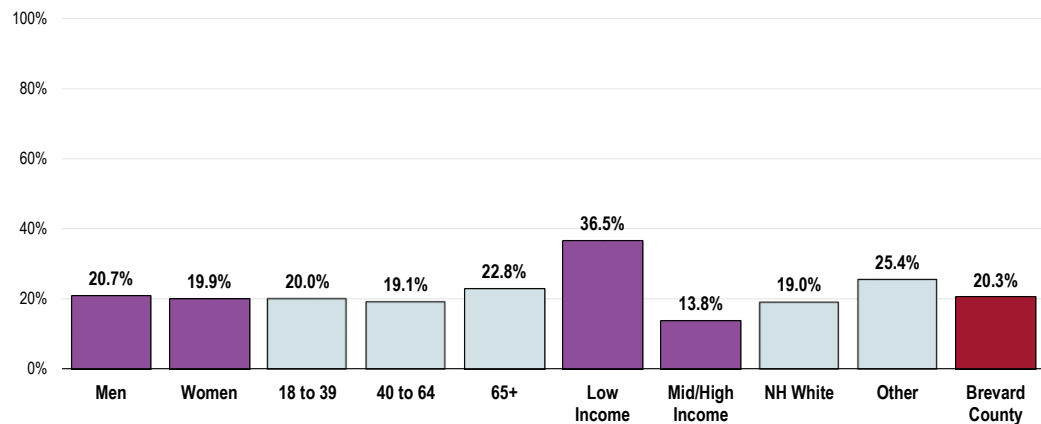


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2014 Florida data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Low-income residents are more likely to report experiencing “fair” or “poor” overall health.

## Experience “Fair” or “Poor” Overall Health (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

## Activity Limitations

### 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.

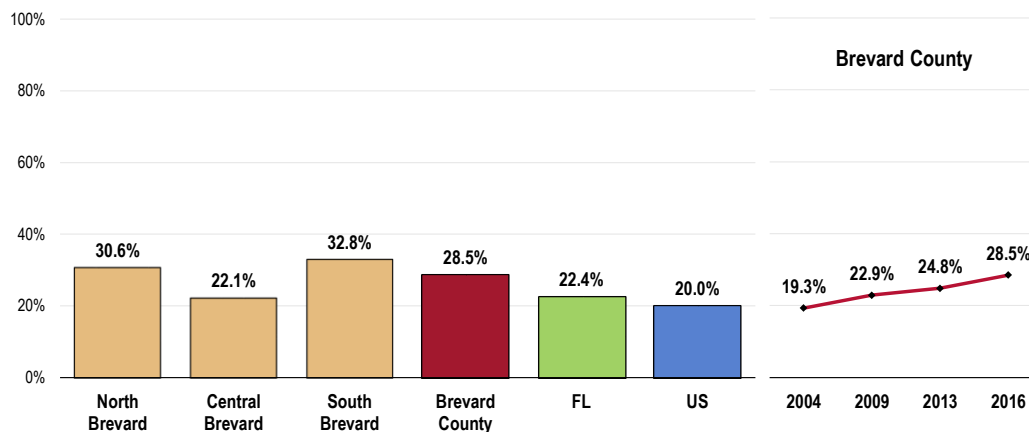
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

**A total of 28.5% of Brevard County adults are limited in some way in some activities due to a physical, mental or emotional problem.**

- Less favorable than the prevalence reported statewide and nationally.
- Most favorable in Central Brevard; least favorable in South Brevard.
- TREND: Marks a statistically significant increase in activity limitations since 2004.

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

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



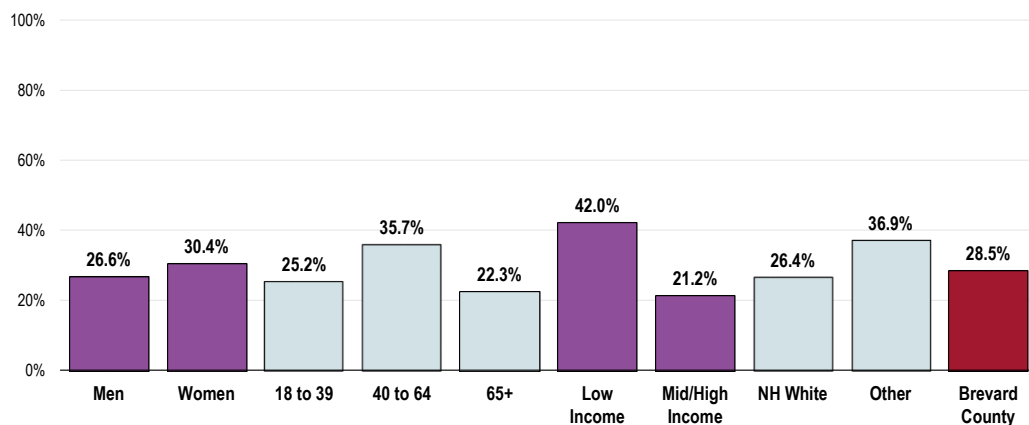
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2014 Florida data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

In looking at responses by key demographic characteristics, these adults are statistically more likely to report some type of activity limitation:

- Adults age 40 to 64.
- Residents in the lower income breakout.

## Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Brevard County, 2016)

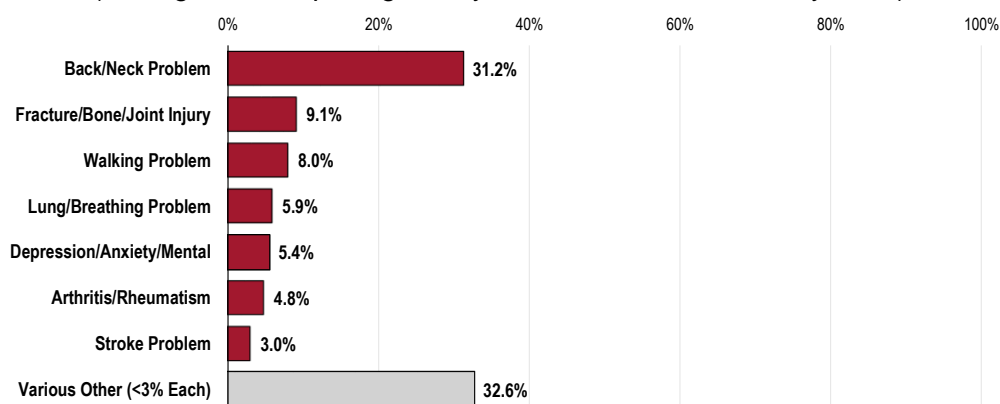


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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

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

**Type of Problem That Limits Activities**  
(Among Those Reporting Activity Limitations; Brevard County, 2016)



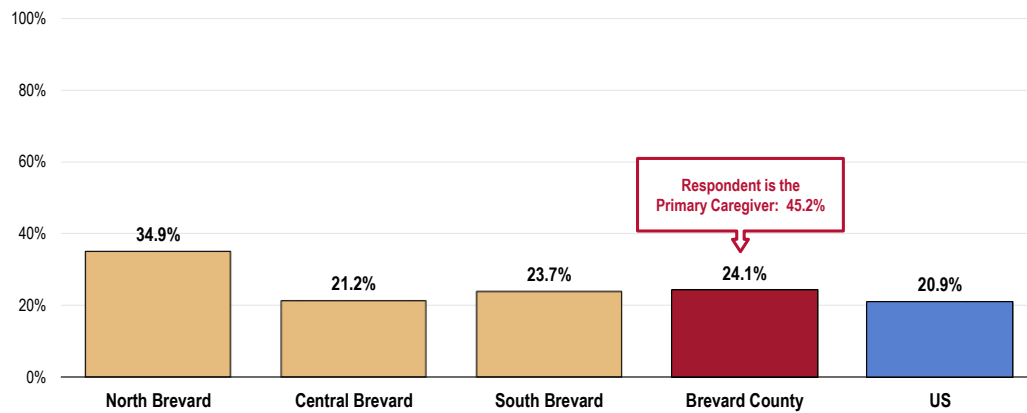
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]  
Notes: • Asked of those respondents reporting activity limitations.

## Caregiving

**A total of 24.1% of Brevard County adults currently provide care to a friend or relative with a health problem, long-term illness, or disability.**

- Similar to the national finding.
- The prevalence is highest in North Brevard.
- Of these caregiving adults across the county, 45.2% are the primary caregiver for the individual receiving care.

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



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 130-131]

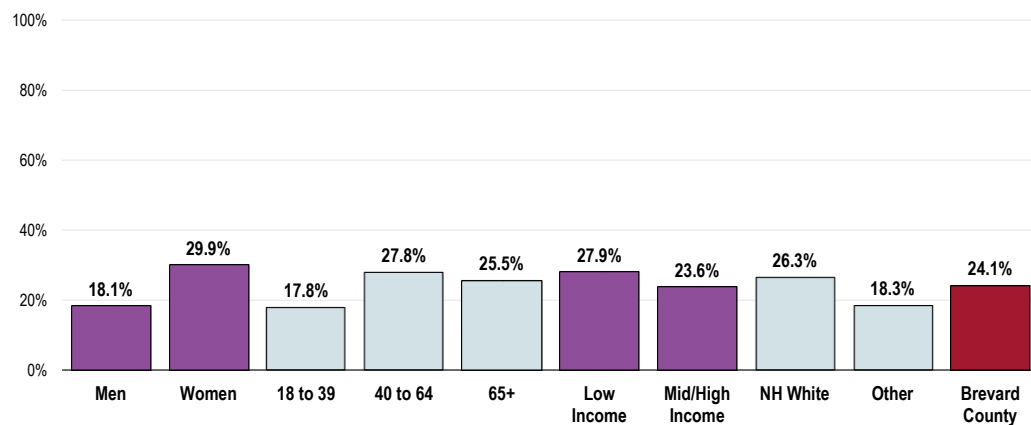
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

The prevalence of caregivers in the community is notably higher among:

- Women.
- Adults age 40 and older.

### Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]

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

### RELATED ISSUE:

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

### About Mental Health & Mental Disorders

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

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

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

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

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Self-Reported Mental Health Status

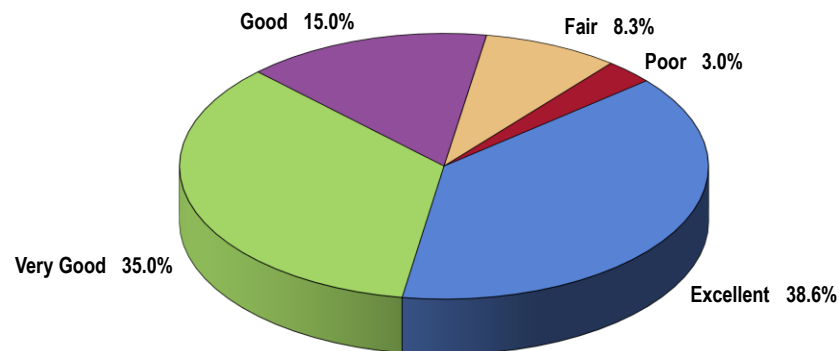
### Adults

A total of 73.6% of Brevard County adults rate their overall mental health as “excellent” or “very good.”

- Another 15.0% gave “good” ratings of their own mental health status.

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

**Self-Reported Mental Health Status**  
(Brevard County, 2016)

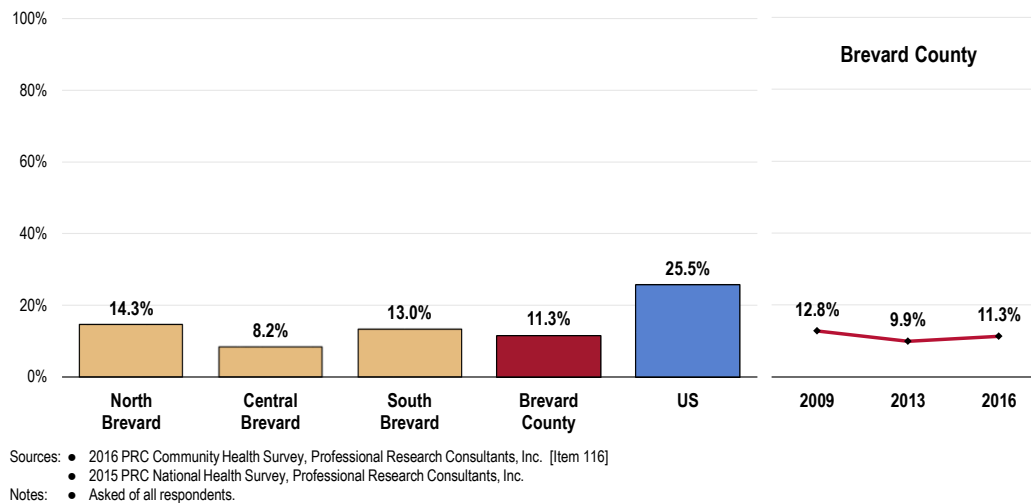


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]  
Notes: • Asked of all respondents.

A total of 11.3% of service area adults, however, believe that their overall mental health is “fair” or “poor.”

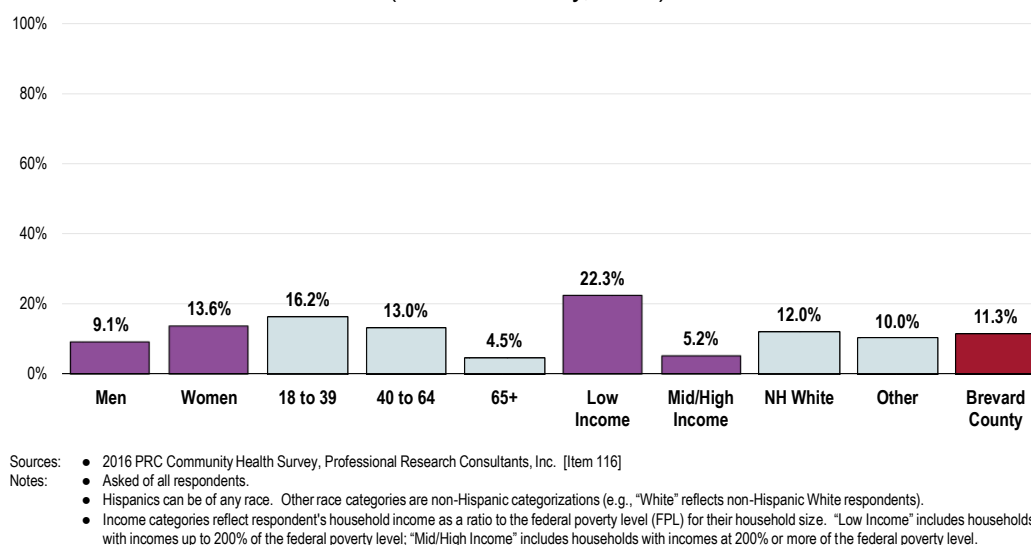
- Well below the “fair/poor” response reported nationally.
- Lowest in Central Brevard.
- TREND: Statistically unchanged since 2009.

## Experience “Fair” or “Poor” Mental Health



- Note the negative correlation between poor mental health and age.
- In addition, residents living on lower incomes are much more likely to report experiencing “fair/poor” mental health than their demographic counterpart.

## Experience “Fair” or “Poor” Mental Health (Brevard County, 2016)

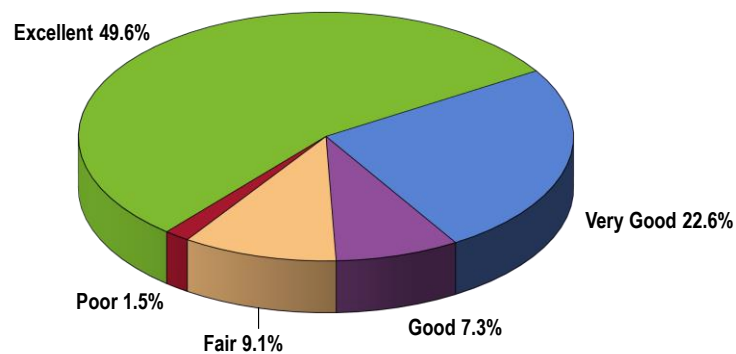


### Children

Among Brevard County parents of children age 5 to 17, half (49.6%) consider their child's mental health to be "excellent," and another 22.6% gave "very good" ratings.

- A total of 7.3% of parents said their child's mental health status is "good."
- Note, however, the 10.6% of county parents who gave "fair/poor" ratings of their child's mental health.

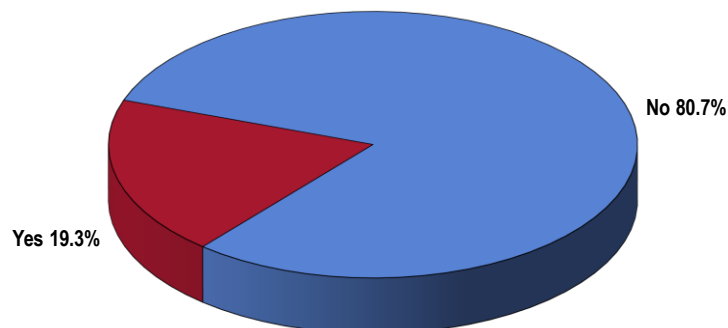
**Child's Mental Health Status**  
(Brevard County Parents of Children 5-17, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 319]  
Notes: • Asked of all respondents about a child age 5-17.

One in five respondents with children age 5-17 (19.3%) indicates that their child needed mental health services at some point in the past year.

## Child Needed Mental Health Services in the Past Year (Brevard County Parents of Children 5-17, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 320]  
Notes: • Asked of all respondents about a child age 5-17.

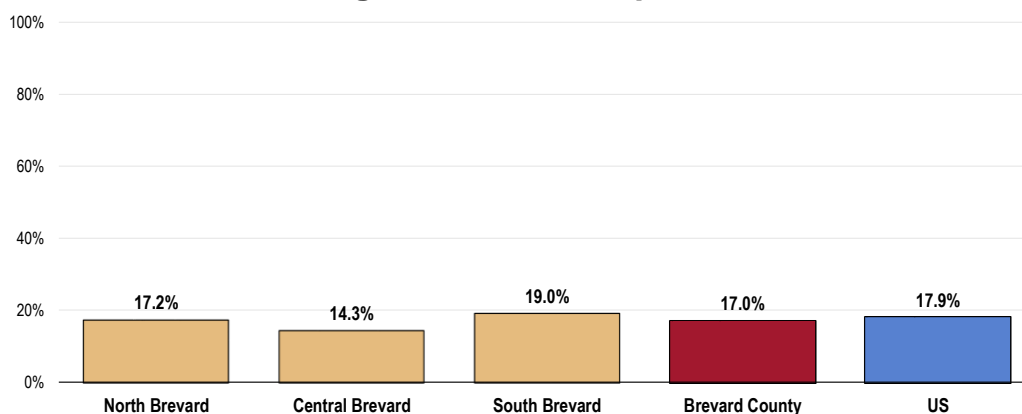
## Depression

### Diagnosed Depression

A total of 17.0% of Brevard County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Similar to the national finding.
- Statistically similar by county subarea.

### Have Been Diagnosed With a Depressive Disorder



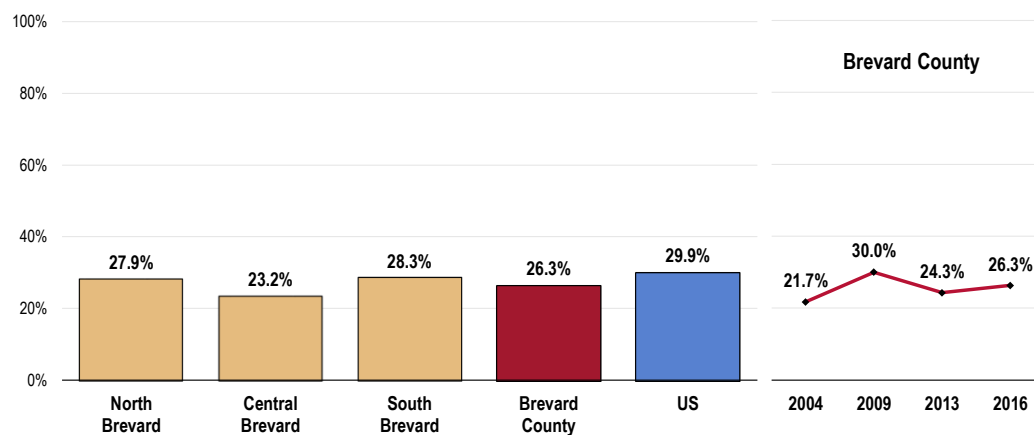
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]  
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.  
• Depressive disorders include depression, major depression, dysthymia, or minor depression.

## Symptoms of Chronic Depression

A total of 26.3% 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).

- Comparable to national findings.
- Comparable findings by subarea.
- TREND: Similar to previous survey findings.

## Have Experienced Symptoms of Chronic Depression



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]

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

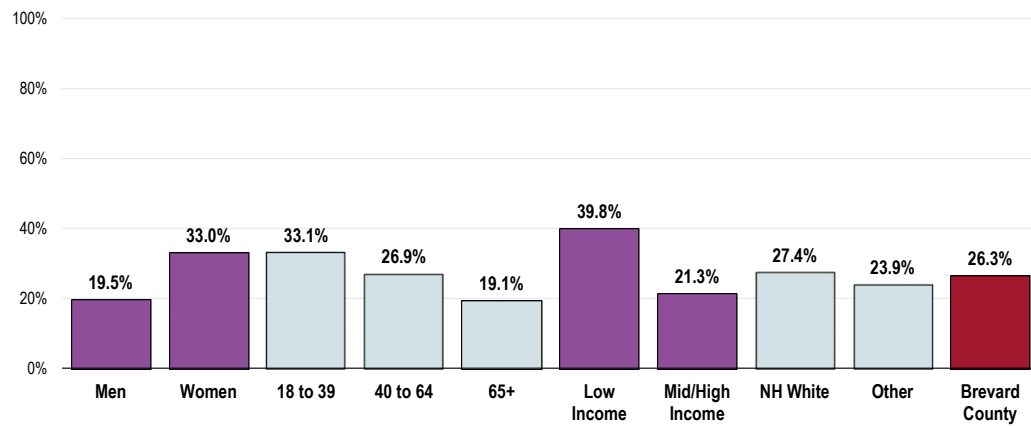
Notes: • Asked of all respondents.

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

Note that the prevalence of chronic depression is notably higher among:

- Women.
- Adults under age 65 (negative correlation with age).
- Adults with lower incomes.

## Have Experienced Symptoms of Chronic Depression (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]  
 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

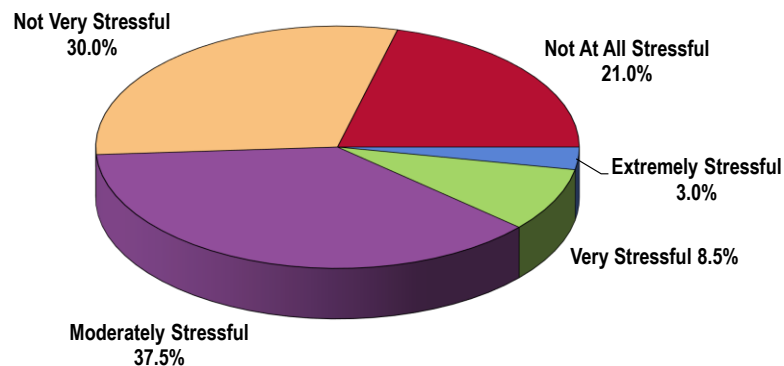
Just over one-half of Brevard County adults consider their typical day to be "not very stressful" (30.0%) or "not at all stressful" (21.0%).

### RELATED ISSUE:

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

- Another 37.5% of survey respondents characterize their typical day as "moderately stressful."

## Perceived Level of Stress On a Typical Day (Brevard County, 2016)

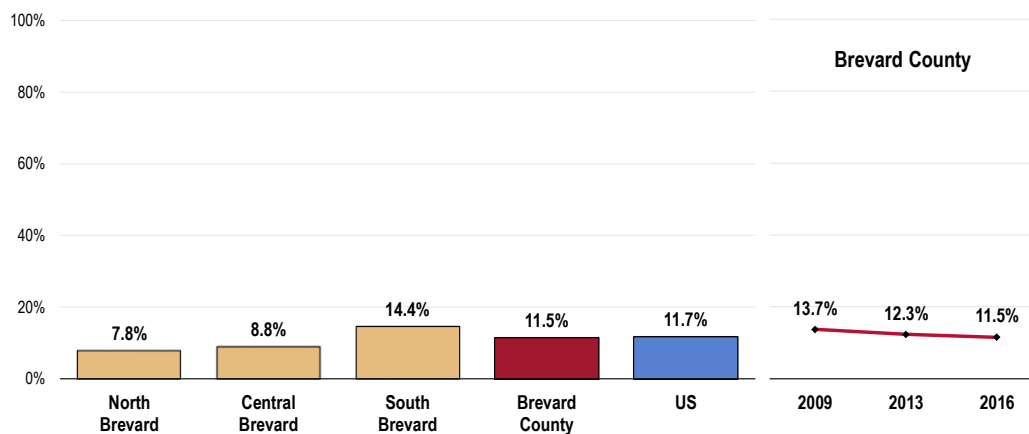


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]  
 Notes: • Asked of all respondents.

In contrast, 11.5% of service area adults experience “very” or “extremely” stressful days on a regular basis.

- Comparable to national findings.
- Unfavorably high in South Brevard.
- TREND: Statistically similar to previous survey findings.

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

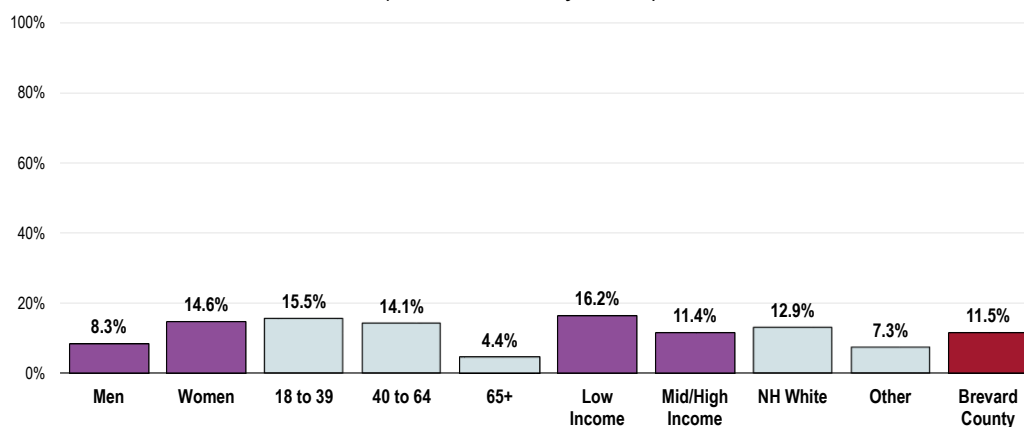


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Note that high stress levels are more prevalent among women and adults under 65 (negative correlation with age).

### Perceive Most Days as “Extremely” or “Very” Stressful (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]

Notes: • Asked of all respondents.

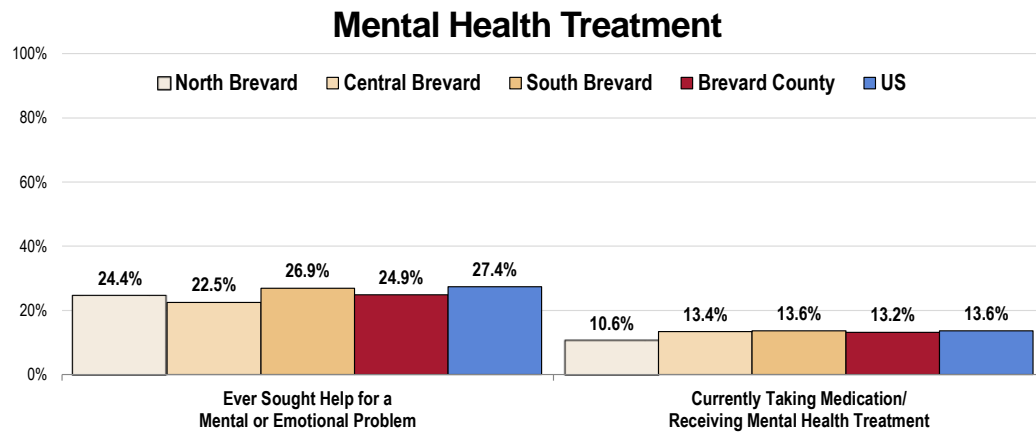
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households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



## Mental Health Treatment

Among the total sample of service area adults, 24.9% acknowledge that they have sought professional help for a mental or emotional problem. Another 13.2% are currently taking medication or receiving mental health treatment.

- Local findings are comparable to US findings.
- Similar findings by county subarea for both indicators.



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 120-121]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

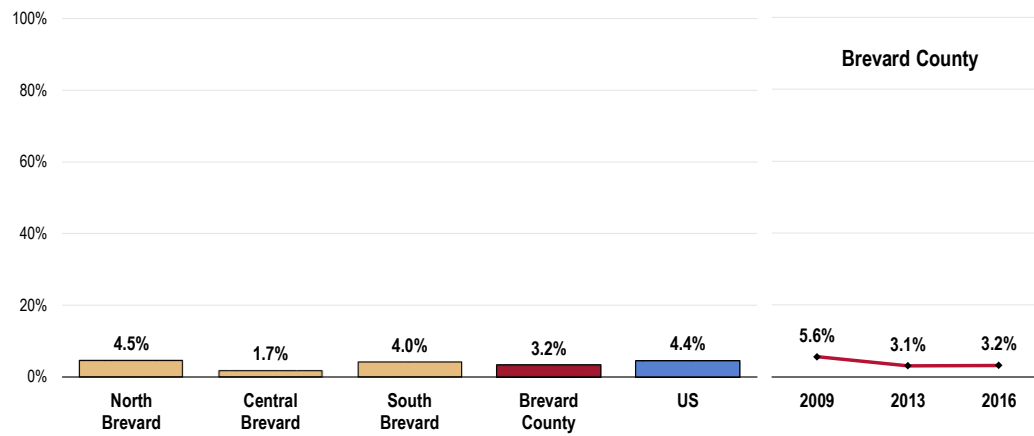
Notes: • Reflects the total sample of respondents.

## Difficulty Accessing Mental Health Services

A total of 3.2% of Brevard County adults report being unable to access mental health services when needed in the past year.

- Similar to the national finding.
- Statistically similar by subarea.
- TREND: Statistically unchanged over time.

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



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]

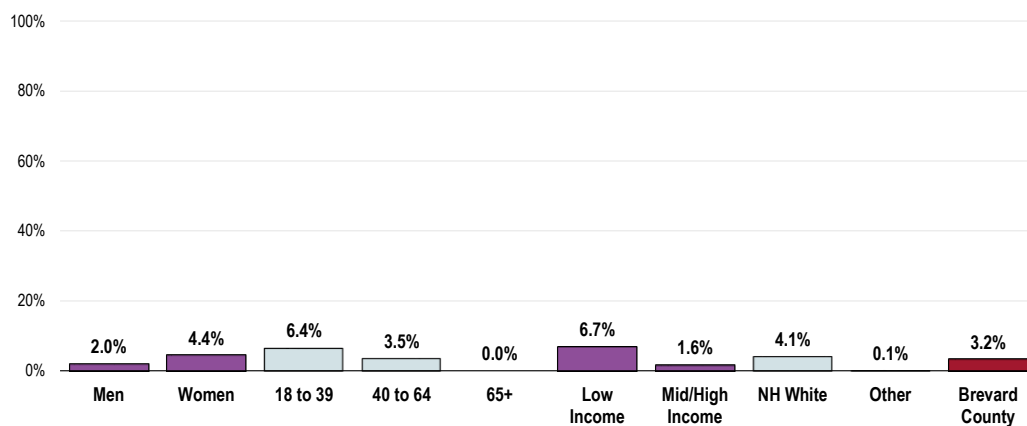
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Note that difficulty is more often noted among:

- Adults under age 65 (negative correlation with age).
- Adults with lower incomes.
- Non-Hispanic Whites.

## Unable to Get Mental Health Services When Needed in the Past Year (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]

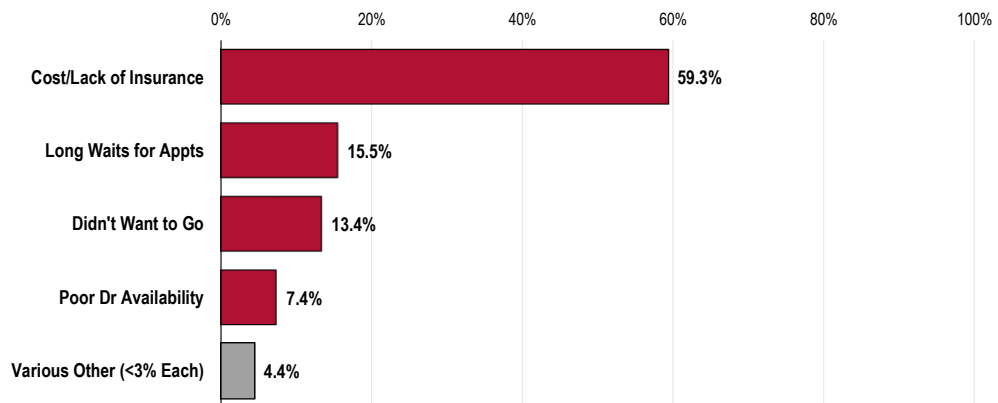
Notes: • Asked of all respondents.

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

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

Among persons citing difficulties accessing mental health services in the past year, these are most often attributed to **cost/insurance issues** (mentioned by 59.3% of these adults) and various other barriers such as long waits for appointments and poor physician availability.

### Barrier to Accessing Mental Health Services in the Past Year (Among Those Reporting Problems w/Access; Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]  
Notes: • Asked of those respondents reporting problems obtaining mental health services in the past year.

# **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](http://www.healthypeople.gov))

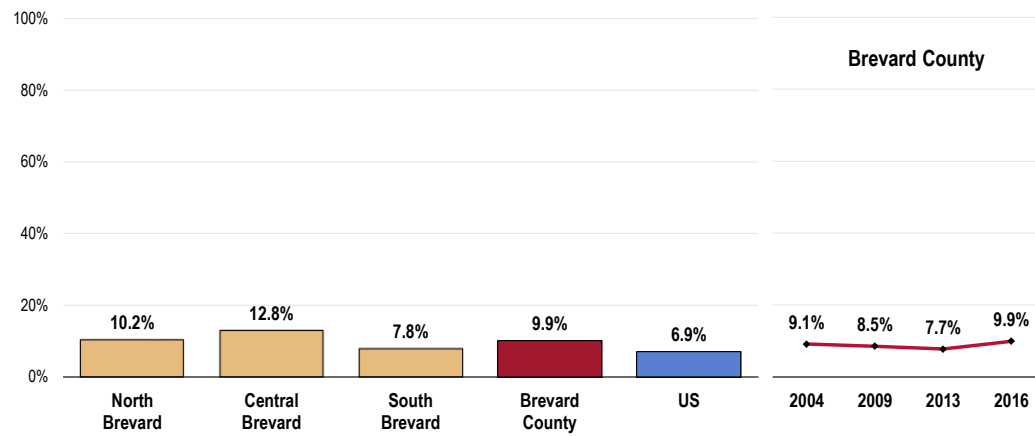
## Prevalence of Heart Disease & Stroke

### Prevalence of Heart Disease

**A total of 9.9% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.**

- Higher than the national prevalence.
- Comparable findings by county subarea.
- TREND: Statistically unchanged since 2004.

## Prevalence of Heart Disease



Sources:

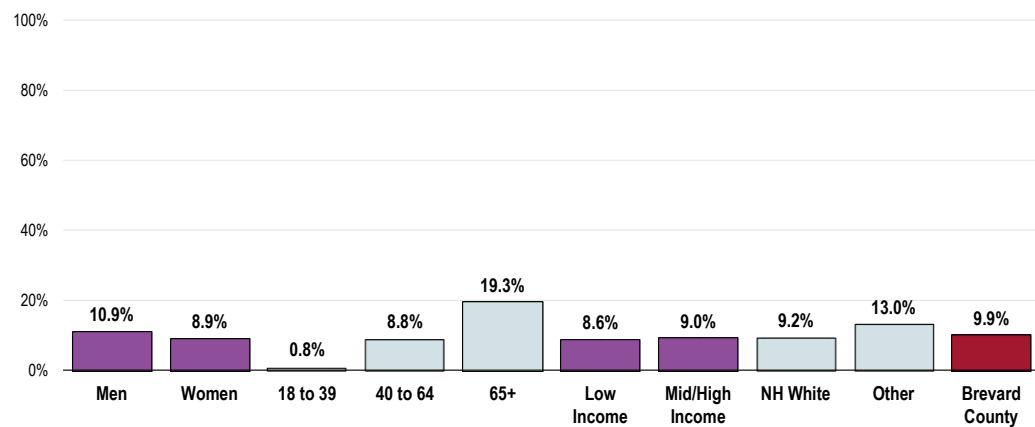
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.

- Note the positive correlation between age and heart disease in Brevard County.

## Prevalence of Heart Disease (Brevard County, 2016)



Sources:

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]

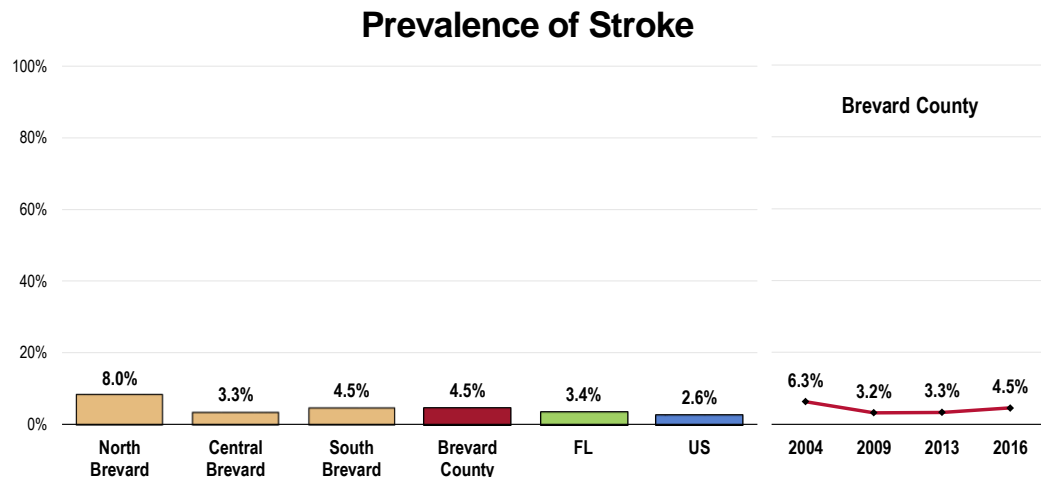
Notes:

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

## Prevalence of Stroke

A total of 4.5% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to state and national findings.
- Statistically comparable findings by subarea.
- TREND: Statistically unchanged over time.



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Florida data.

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](http://www.healthypeople.gov))

## Hypertension (High Blood Pressure)

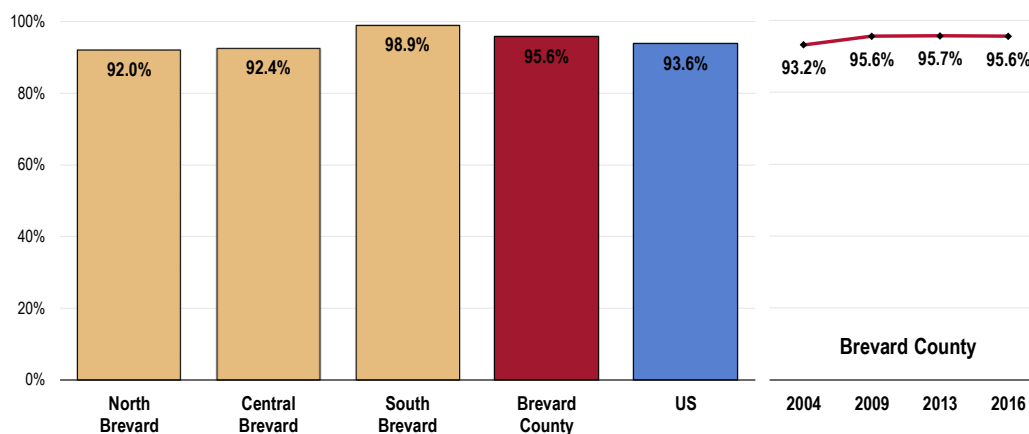
### High Blood Pressure Testing

A total of 95.6% of Brevard County adults have had their blood pressure tested within the past two years.

- Similar to national findings.
- Satisfies the Healthy People 2020 target (92.6% or higher).
- Highest in South Brevard.
- TREND: Statistically unchanged since 2004.

### Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]  
 Notes: • Asked of all respondents.

### Prevalence of Hypertension

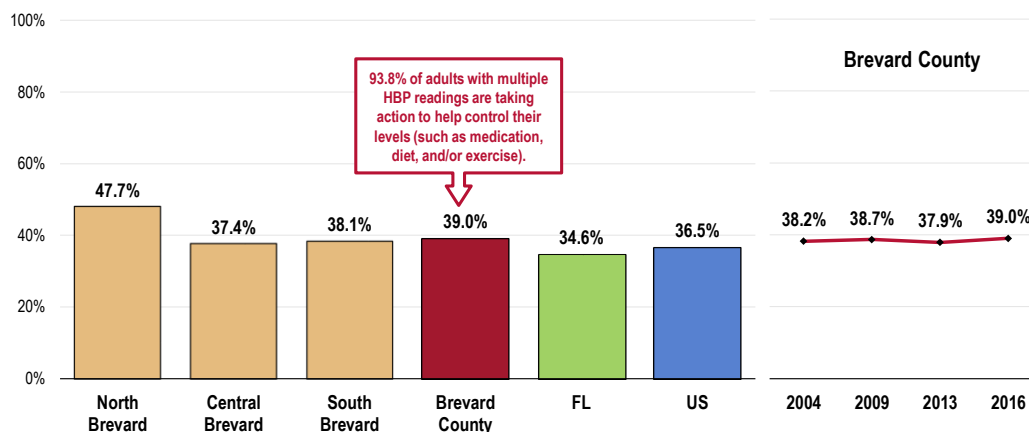
A total of 39.0% of service area adults have been told at some point that their blood pressure was high.

- Less favorable than the Florida prevalence.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Unfavorably high in North Brevard.
- TREND: Statistically unchanged over time.
- Among adults with multiple high blood pressure readings, 93.8% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).



## Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



Sources:

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 43, 147]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2014 Florida data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

Notes:

- Asked of all respondents.

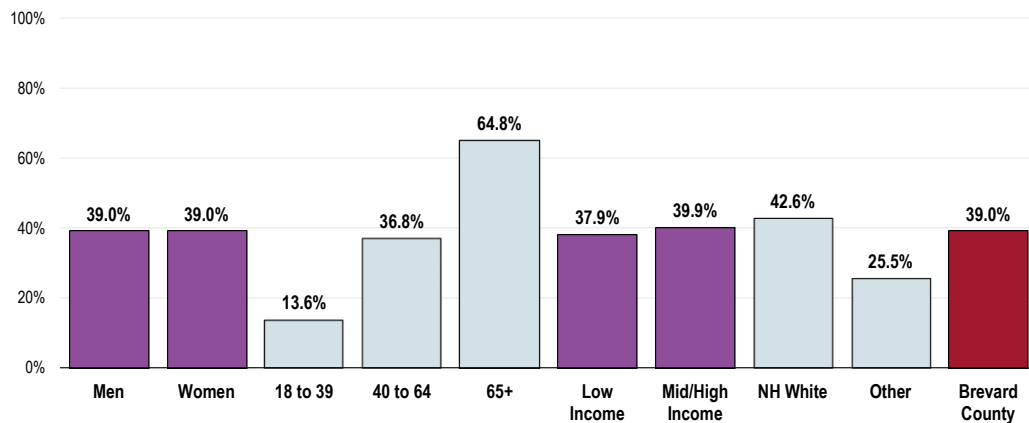
Hypertension diagnoses are higher among:

- Adults age 40 and older, and especially those age 65+ (positive correlation with age).
- Non-Hispanic Whites.

## Prevalence of High Blood Pressure

(Brevard County, 2016)

Healthy People 2020 Target = 26.9% or Lower



Sources:

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

Notes:

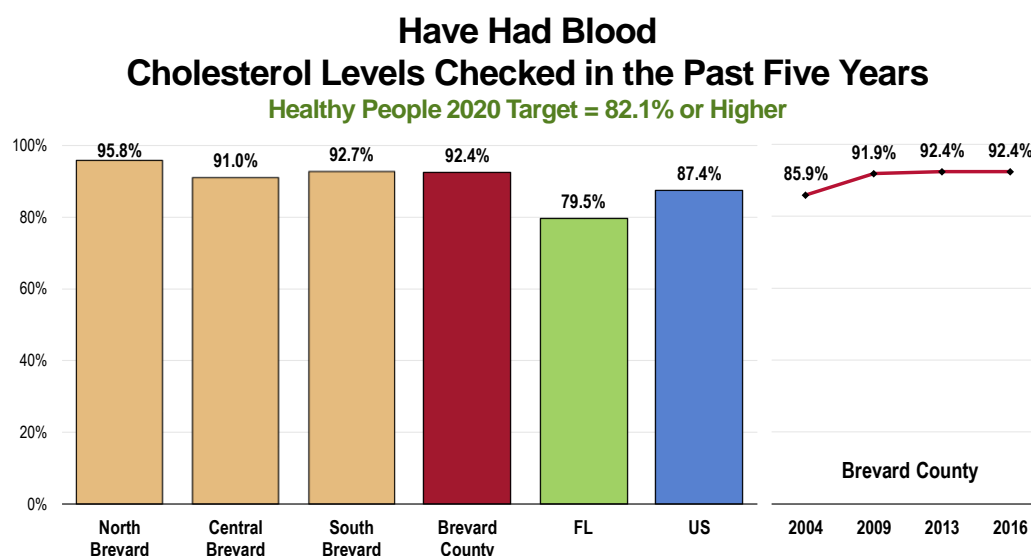
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.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

## High Blood Cholesterol

### Blood Cholesterol Testing

A total of 92.4% of Brevard County adults have had their blood cholesterol checked within the past five years.

- More favorable than Florida and US findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Similar by subarea.
- TREND: Denotes a statistically significant increase from 2004 survey findings (but comparable to more recent data).



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Florida data.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]

Notes: • Asked of all respondents.

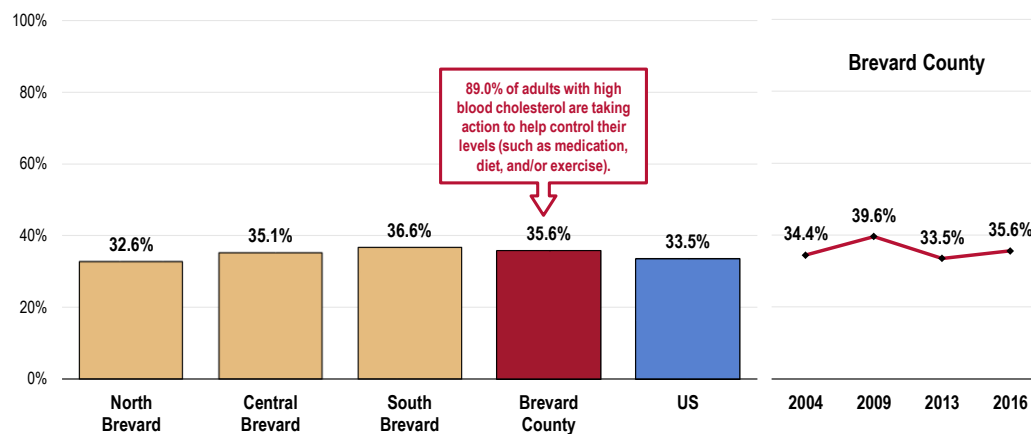
### Self-Reported High Blood Cholesterol

A total of 35.6% of adults have been told by a health professional that their cholesterol level was high.

- Similar to the national prevalence.
- Far from satisfying the Healthy People 2020 target (13.5% or lower).
- Similar findings by subarea.
- TREND: Statistically unchanged over time.
- Among adults with high blood cholesterol readings, 89.0% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

## Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 46, 148]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]  
 Notes: • Asked of all respondents.

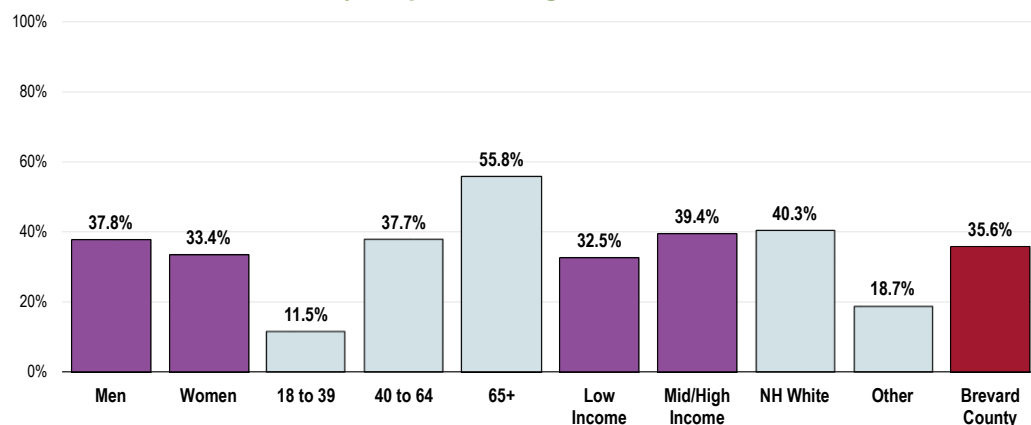
Further note the following:

- There is a positive correlation between age and high blood cholesterol.
- Non-Hispanic Whites report a higher prevalence than Other races.

## Prevalence of High Blood Cholesterol

(Brevard County, 2016)

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### About Cardiovascular Risk

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

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

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

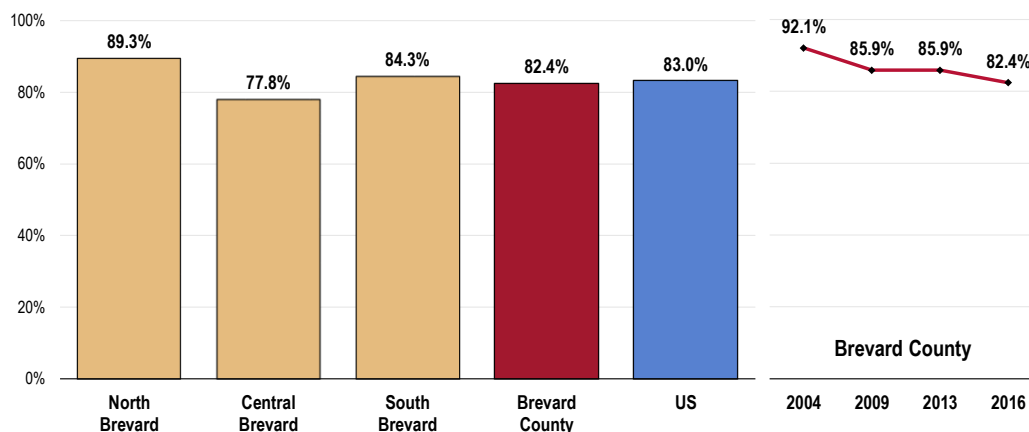
### Total Cardiovascular Risk

**A total of 82.4% 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.**

- Statistically comparable to the national benchmark.
- Unfavorably high in North Brevard; lowest in Central Brevard.
- TREND: The prevalence denotes a statistically significant improvement over time.

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

## Present One or More Cardiovascular Risks or Behaviors



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

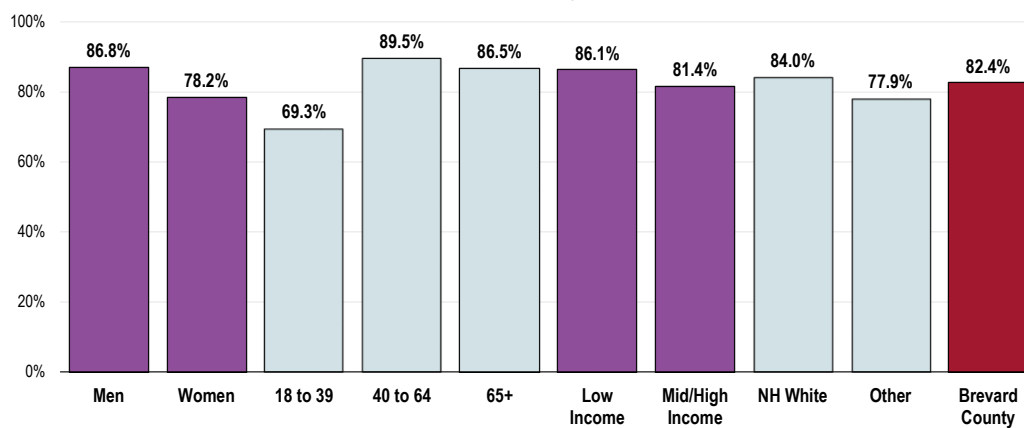
Notes: • Asked of all respondents.

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

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older.

## Present One or More Cardiovascular Risks or Behaviors (Brevard County, 2016)



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

Notes: • Asked of all respondents.

• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## 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](http://www.healthypeople.gov))

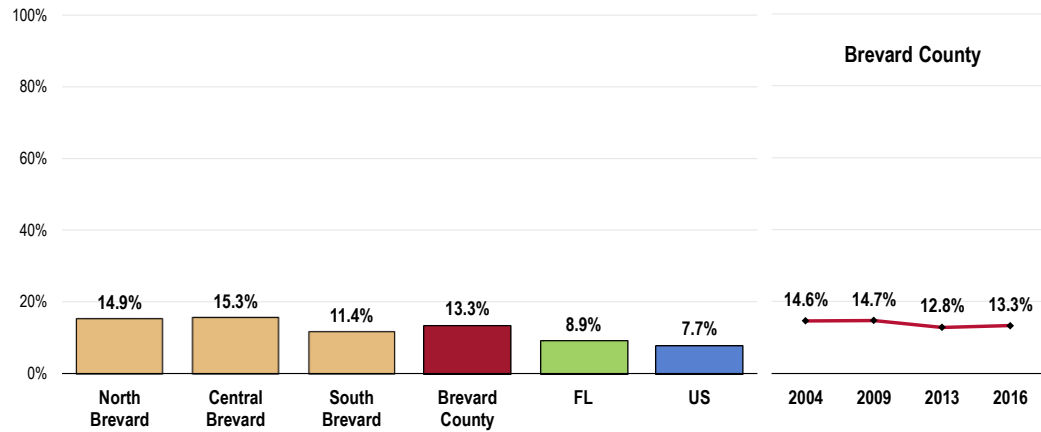
## Prevalence of Cancer

### Skin Cancer

**A total of 13.3% of surveyed Brevard County adults report having been diagnosed with skin cancer.**

- Less favorable than the state and national averages.
- Comparable findings by subarea.
- TREND: The prevalence of skin cancer has remained statistically unchanged over time.

## Prevalence of Skin Cancer



Sources: • 2016 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): 2014 Florida data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

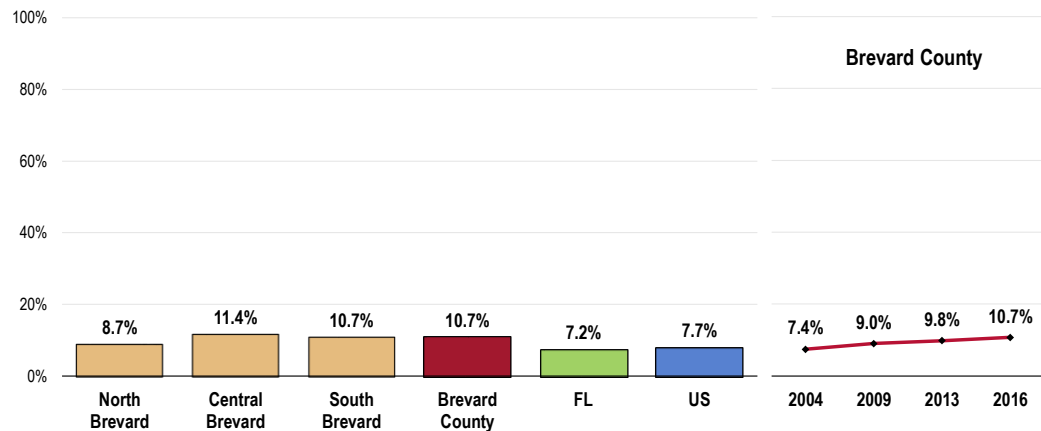
Notes: • Asked of all respondents.

## Other Cancer

**A total of 10.7% of survey respondents have been diagnosed with some type of (non-skin) cancer.**

- Higher than the statewide and national percentages.
- Similar findings by subarea.
- TREND: The increase over time is not statistically significant.

## Prevalence of Cancer (Other Than Skin Cancer)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Florida data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

## RELATED ISSUE:

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

## Cancer Risk

### About Cancer Risk

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

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

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

## Cancer Screenings

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

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



## Female Breast Cancer Screening

### About Screening for Breast Cancer

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

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

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

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

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

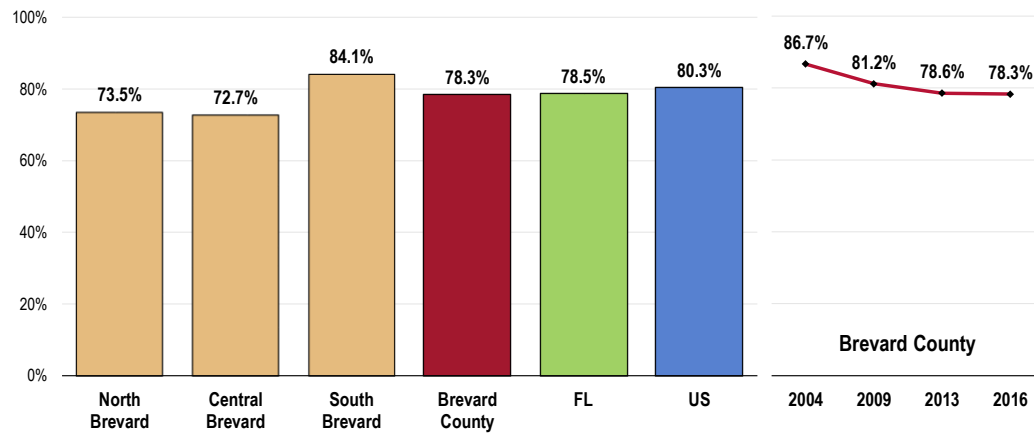
### *Mammography*

**Among women age 50-74, 78.3% have had a mammogram within the past 2 years.**

- Similar to statewide and national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Statistically similar findings by subarea.
- TREND: The decrease over time is not statistically significant.

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

Healthy People 2020 Target = 81.1% or Higher



Sources:

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Florida data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]

Notes:

- Reflects female respondents 50-74.

## Cervical Cancer Screenings

### About Screening for Cervical Cancer

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

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

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

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

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

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

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

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

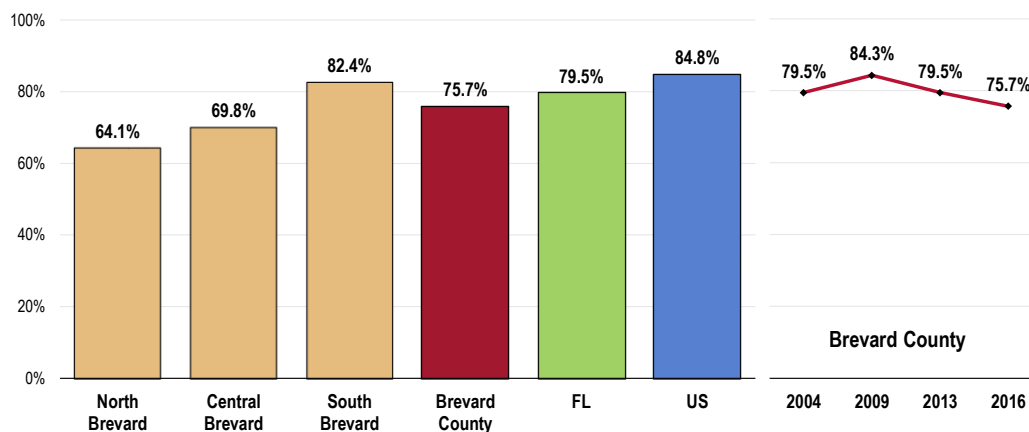
### *Pap Smear Testing*

**Among service area women age 21 to 65, 75.7% have had a Pap smear within the past 3 years.**

- Comparable to Florida findings.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Lower among women in North Brevard; highest in South Brevard.
- TREND: Statistically unchanged over time.

## Have Had a Pap Smear in the Past Three Years (Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 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); 2014 Florida data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]

Notes: • Reflects female respondents age 21 to 65.

## Colorectal Cancer Screenings

### About Screening for Colorectal Cancer

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

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

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

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

### Colorectal Cancer Screening

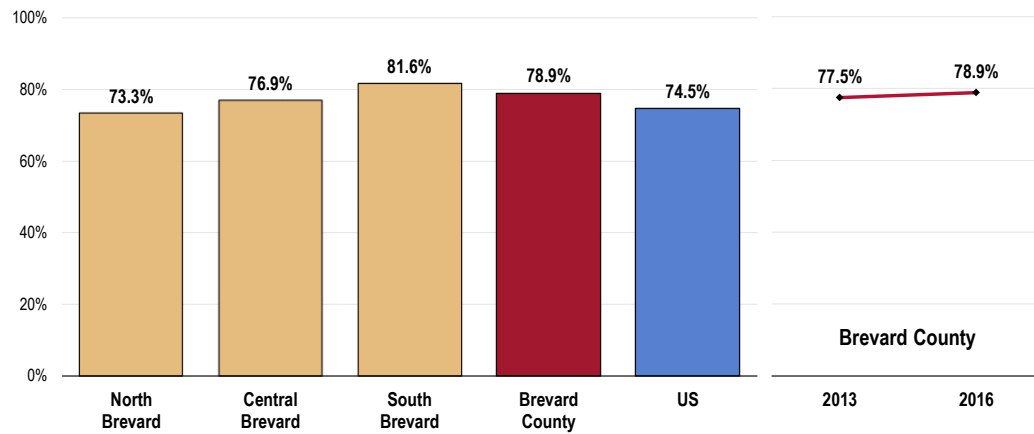
**Among adults age 50-75, 78.9% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).**

- Similar to national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Similar by subarea.
- TREND: Similar to 2013 survey findings.

"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.

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

Healthy People 2020 Target = 70.5% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]

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

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]

Notes:

• Asked of all respondents age 50 through 75.

• In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

## 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](http://www.healthypeople.gov))

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

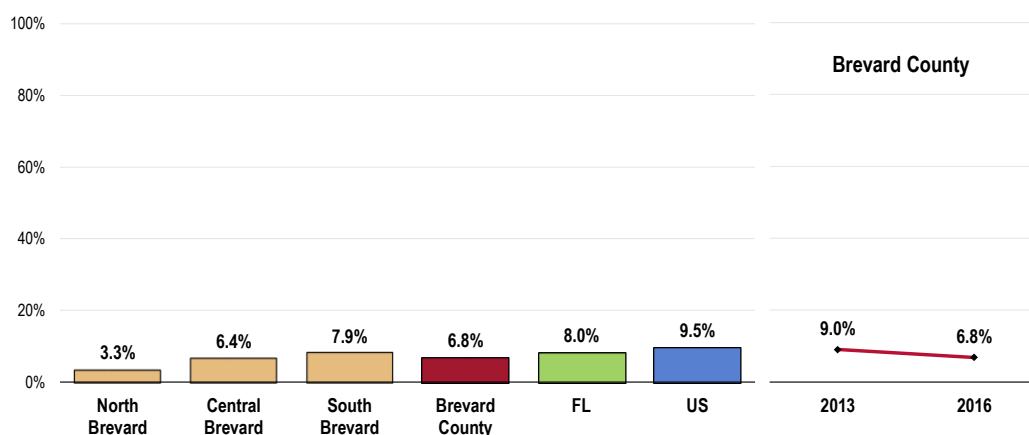
## Asthma

### Adults

**A total of 6.8% of Brevard County adults currently suffer from asthma.**

- Similar to the statewide and national prevalence.
- Favorably low in North Brevard.
- **TREND:** The prevalence of adults with current asthma has not changed significantly since 2013.

### Adult Asthma: Current Prevalence



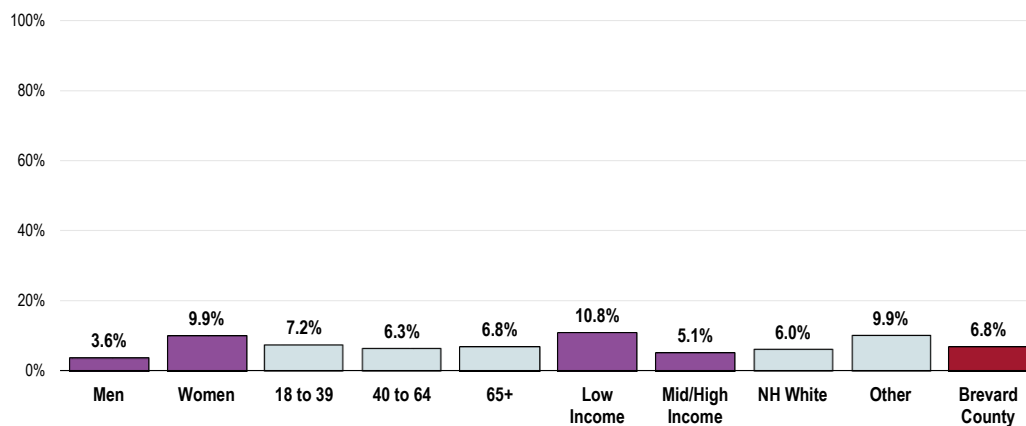
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2014 Florida data.

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

The following adults are more likely to suffer from asthma:

- Women.
- Low-income residents.

## Currently Have Asthma (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]

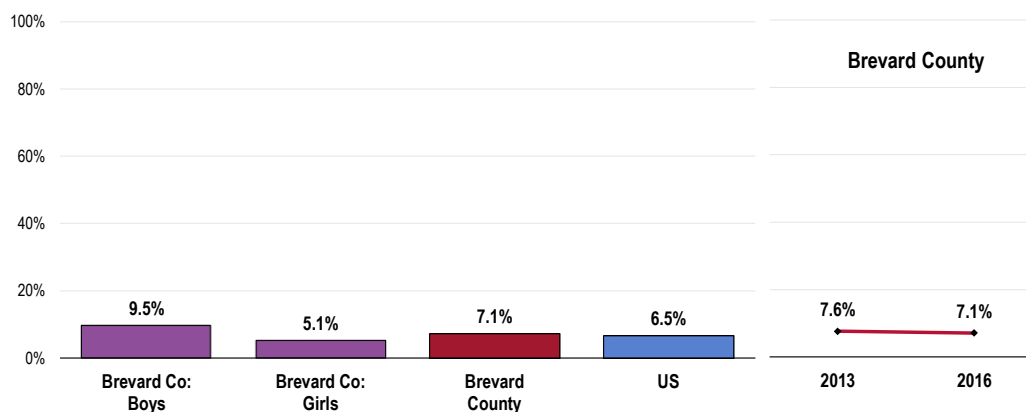
Notes: • Asked of all respondents.  
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household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

### Children

**Among service area children under age 18, 7.1% currently have asthma.**

- Comparable to national findings.
- TREND: Statistically unchanged from 2013 survey findings.
- No statistical difference by child's gender.

## Childhood Asthma: Current Prevalence (Among Parents of Children Age 0-17)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]

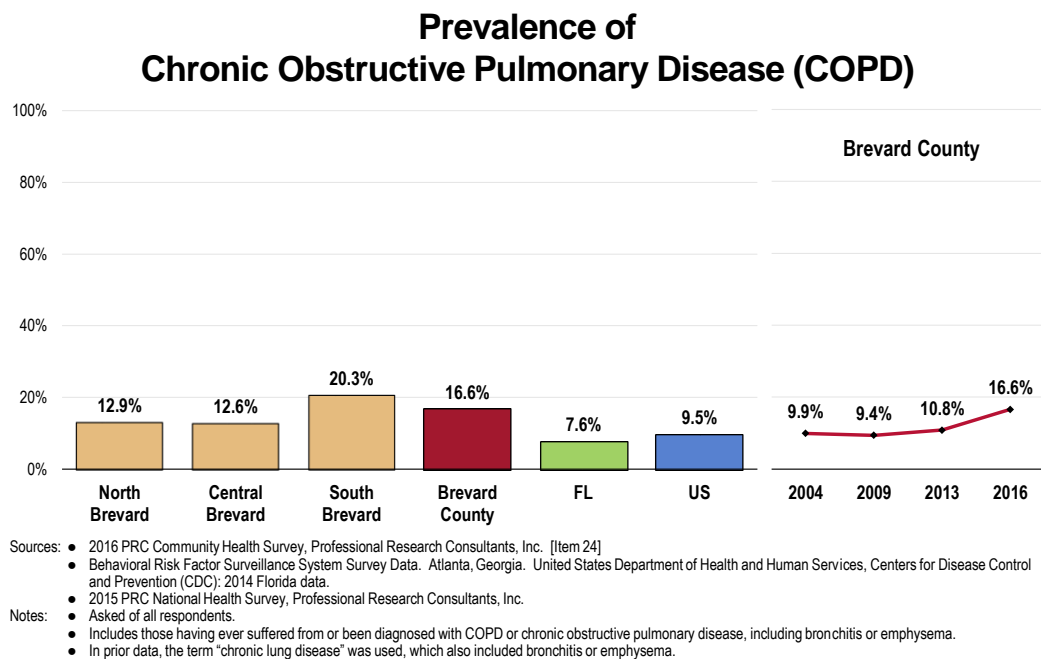
Notes: • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
• Asked of all respondents with children 0 to 17 in the household.  
• Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.



## Chronic Obstructive Pulmonary Disease (COPD)

A total of 16.6% of Brevard County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Much higher than both the state and national prevalence.
- Unfavorably high in South Brevard; lowest in Central Brevard.
- TREND: Note the statistically significant increase over time.
- *NOTE: in prior data, this question was asked slightly differently; respondents in 2004 were asked if they had ever been diagnosed with “chronic lung disease, including bronchitis or emphysema,” rather than “COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema” as is asked currently.*



## 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](http://www.healthypeople.gov))

### 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  $\geq 65$  years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged  $\geq 65$  years ... in 2006, approximately 1.8 million persons aged  $\geq 65$  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.

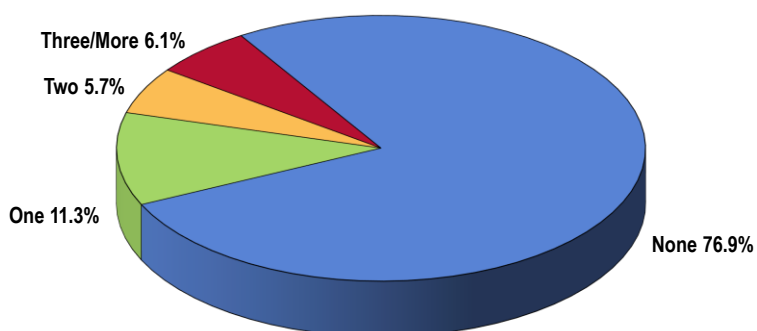
Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions 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

### Prevalence of Falls

According to survey data, 23.1% of adults age 45 and older fell at least once in the past year, including 6.1% who fell 3 or more times.

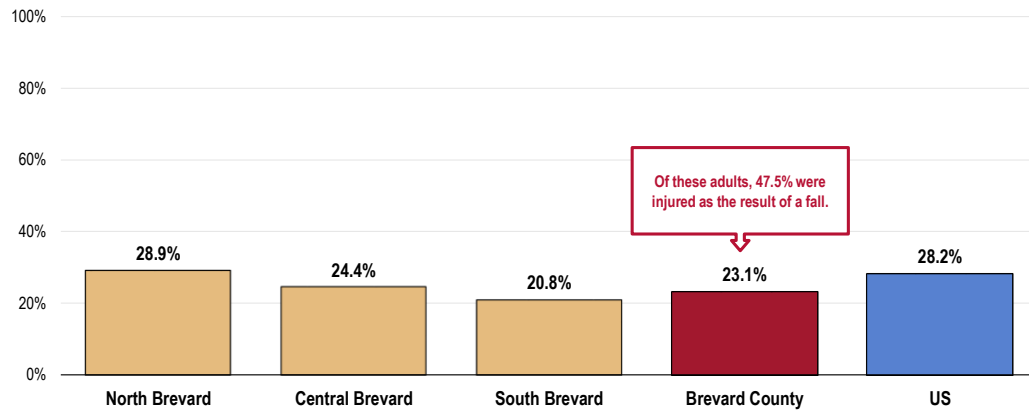
**Number of Falls in Past 12 Months**  
(Among Adults Age 45 and Older; Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]  
Notes: • Asked of all respondents age 45+.

- The prevalence of adults age 45+ who fell at least once in the past year is similar to the national proportion.
- Statistically similar findings by county subarea.
- Of the adults who fell in the past year, 47.5% were injured as a result of the fall.

### Fell One or More Times in the Past Year (Among Respondents Age 45 and Older)

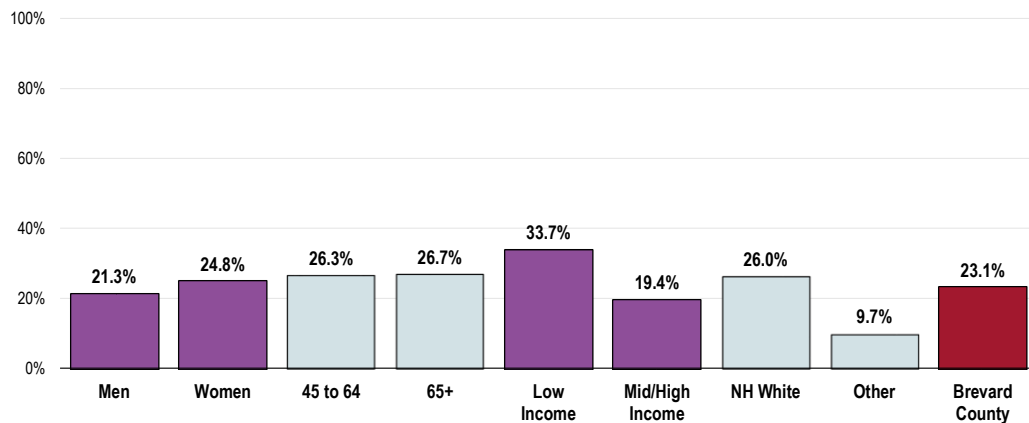


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 125-126]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of those respondents age 45 and older.

These population groups (age 45+) were more likely to have fallen in the past year:

- Low-income residents.
- Non-Hispanic Whites.

### Fell One or More Times in the Past Year (Among Respondents Age 45 and Older; Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]  
 Notes: • Asked of those respondents age 45 and older.  
 • 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.

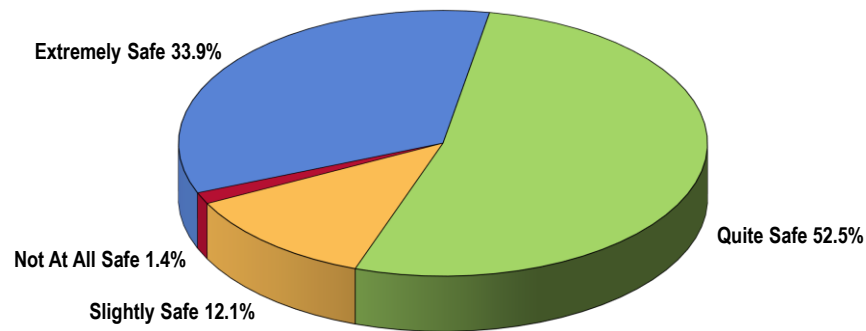
## Violent Crime

### Perceived Neighborhood Safety

**Most Brevard County adults (86.4%) consider their own neighborhoods to be “extremely” or “quite” safe.**

- In contrast, 12.1% of survey respondents gave “slightly safe” responses, and 1.4% gave “not at all safe” reports.

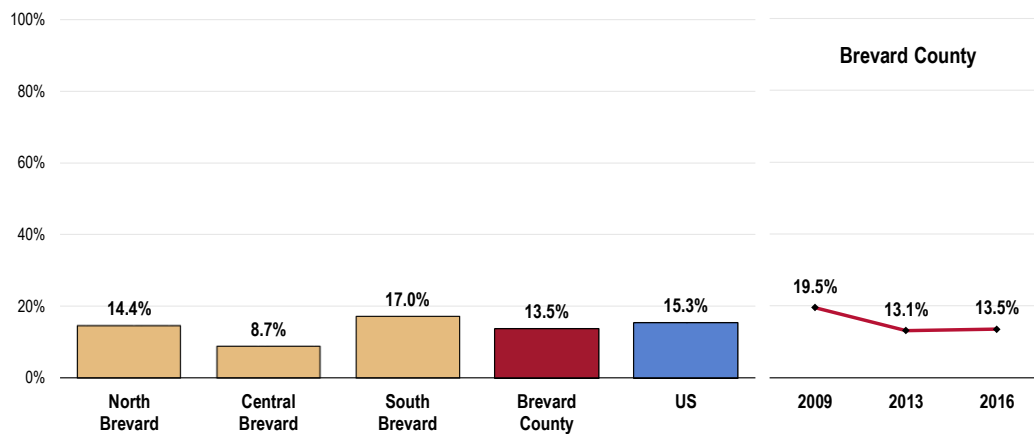
### Perceived Safety of Own Neighborhood (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]  
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

- Comparable to the US prevalence of “slightly” or “not at all” safe responses.
- The percentage is lowest in Central Brevard and highest in South Brevard.
- TREND: Note the statistically significant decrease since 2009.

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

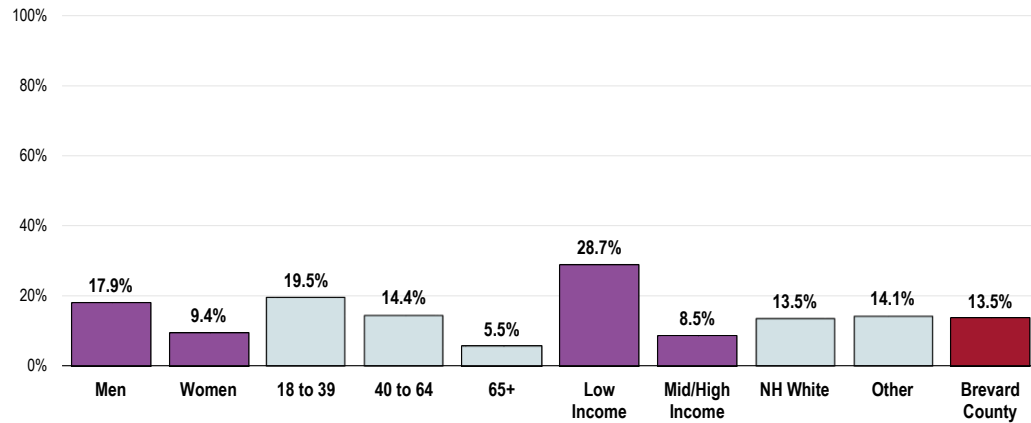


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]  
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

Reports of unsafe neighborhoods are notably higher among these residents:

- Men.
- Adults under 65 (negative correlation with age).
- Lower income.

### Perceive Own Neighborhood as “Slightly” or “Not At All” Safe (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]

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](http://www.healthypeople.gov))

### Prevalence of Diabetes

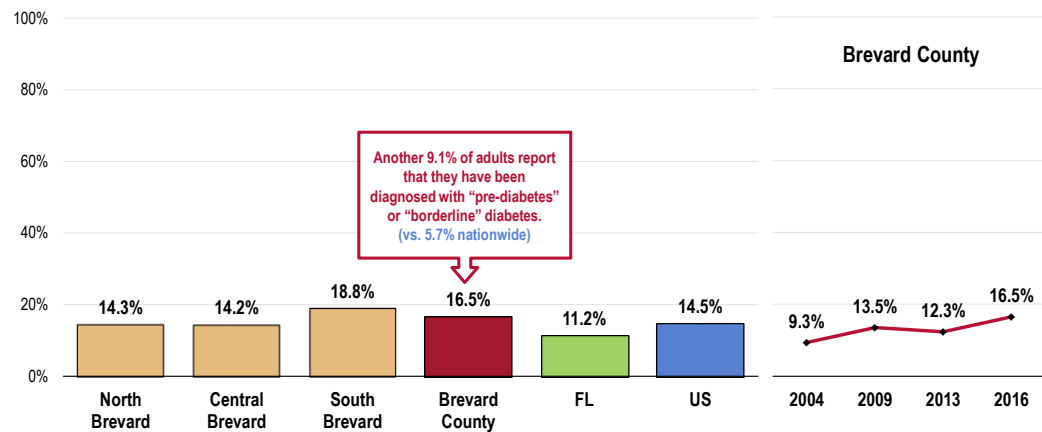
**A total of 16.5% of Brevard County adults report having been diagnosed with diabetes.**

- Worse than the statewide proportion.
- Comparable to the national proportion.
- Statistically similar by county subarea.
- TREND: Marks a statistically significant increase in diabetes among county residents since 2004.

**In addition to the prevalence of diagnosed diabetes referenced above, another 9.1% of service area adults report that they have “pre-diabetes” or “borderline diabetes.”**

- Higher than the US prevalence.
- Unfavorably high in South Brevard (not shown).

## Prevalence of Diabetes



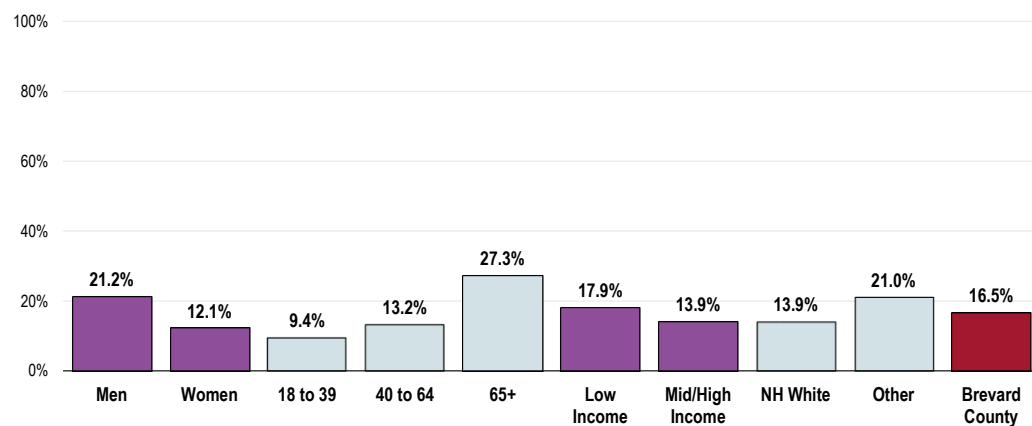
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2014 Florida data.

Notes: • Asked of all respondents.

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Men.
- Older adults (note the strong positive correlation between diabetes and age, with 27.3% of seniors with diabetes).

## Prevalence of Diabetes (Brevard County, 2016)

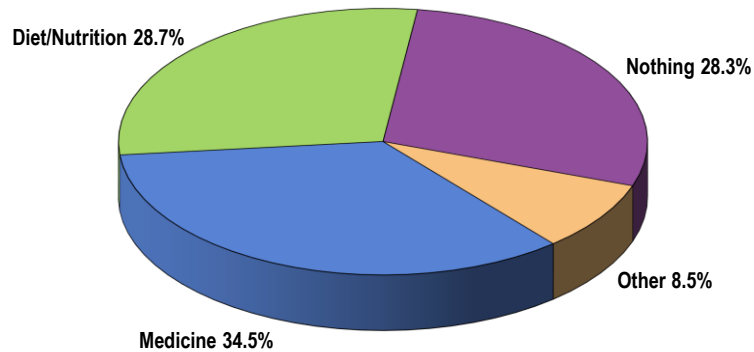


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories 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).



- When asked to report on their greatest need to help manage their disease, 34.5% of respondents with diabetes mentioned **medicine**, followed by **diet/nutrition** (mentioned by 28.7%).
- A total of 28.3% of respondents with diabetes report **not needing any** help in managing their condition.

### Greatest Need in Managing Diabetes (Brevard County Adults with Diabetes, 2016)



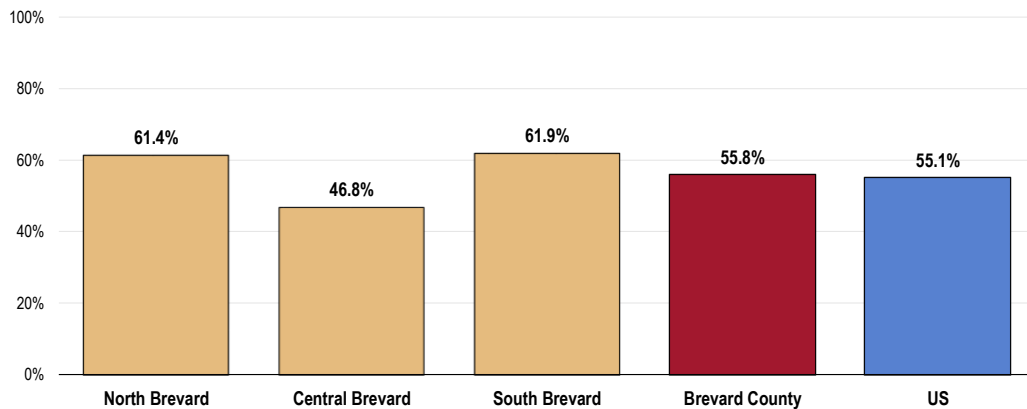
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]  
Notes: • Asked of all respondents with diabetes.

### Diabetes Testing

Of area adults who have not been diagnosed with diabetes, 55.8% report having had their blood sugar level tested within the past three years.

- Almost identical to the national proportion.
- The prevalence is lowest among Central Brevard non-diabetic respondents.

### Have Had Blood Sugar Tested in the Past Three Years (Among Nondiabetics)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]  
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of respondents who have not been diagnosed with diabetes.

## Dementia

### About Dementia

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

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

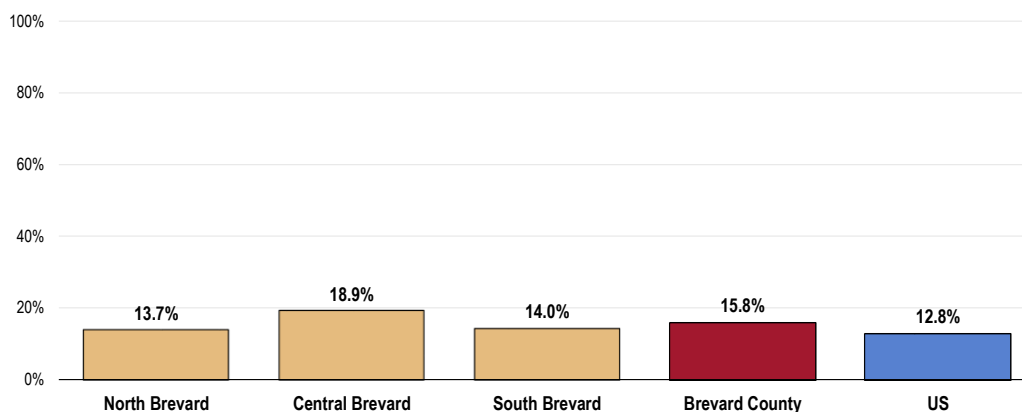
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Progressive Confusion/Memory Loss

In the past year, 15.8% of survey respondents age 45+ experienced increasing confusion and/or memory loss.

- Comparable to the US prevalence.
- Similar findings by county subarea.

### Experienced Increasing Confusion/Memory Loss in Past Year (Among Respondents Age 45 and Older)



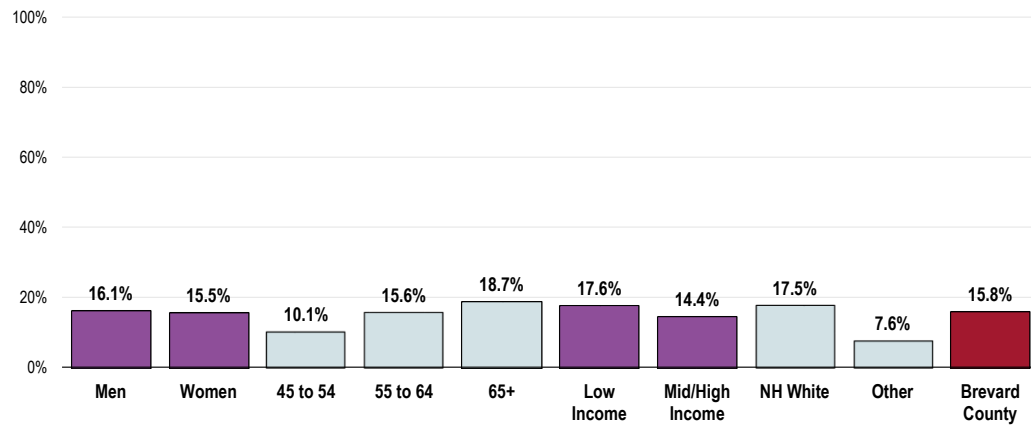
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of those respondents age 45 and older.

A higher prevalence of progressive confusion/memory loss among adults age 45+ is reported among:

- Older adults (note the positive correlation between confusion/memory loss and age).
- Non-Hispanic Whites.

## Experienced Increasing Confusion/Memory Loss in Past Year (Among Respondents Age 45 and Older; Brevard County, 2016)



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

Notes: • Asked of those respondents age 45 and older.  
 • 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.

## Kidney Disease

### About Chronic Kidney Disease

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

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

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

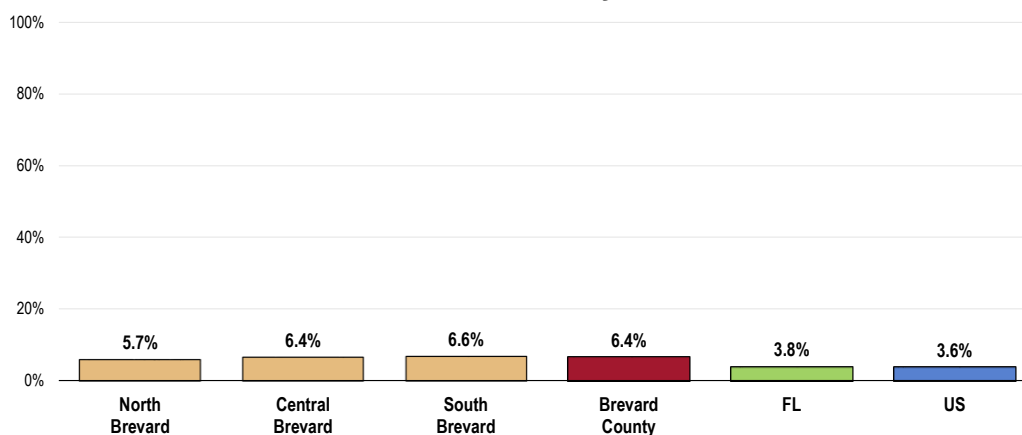
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Prevalence of Kidney Disease

A total of 6.4% of Brevard County adults report having been diagnosed with kidney disease.

- Less favorable than state and national proportions.
- Statistically similar by county subarea.

### Prevalence of Kidney Disease

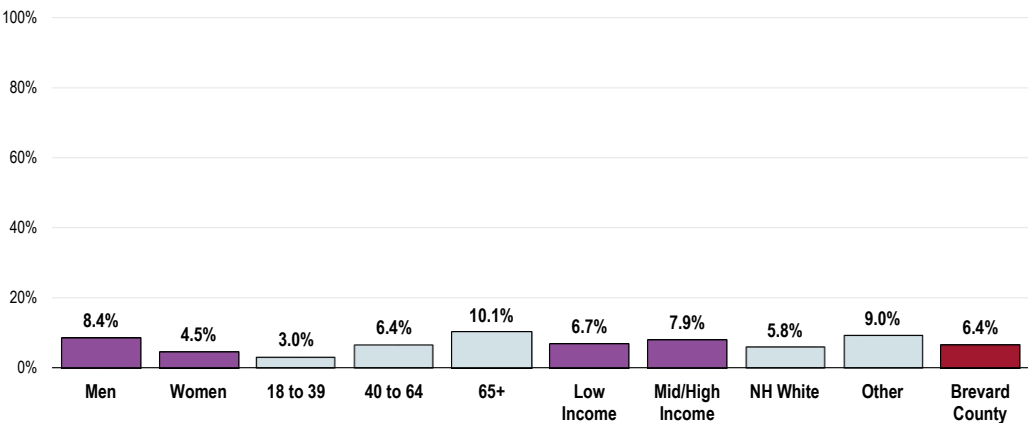


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Florida data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Note the positive correlation between age and kidney disease in Brevard County.

**Prevalence of Kidney Disease**  
(Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]  
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

### 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:

- 2<sup>nd</sup> leading cause of lost work time (after the common cold).
- 3<sup>rd</sup> most common reason to undergo a surgical procedure.
- 5<sup>th</sup> 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](http://www.healthypeople.gov))

### Arthritis, Osteoporosis, & Chronic Back Conditions

**More than 3 in 10 Brevard County adults age 50 and older (32.1%) report suffering from arthritis or rheumatism.**

#### RELATED ISSUE:

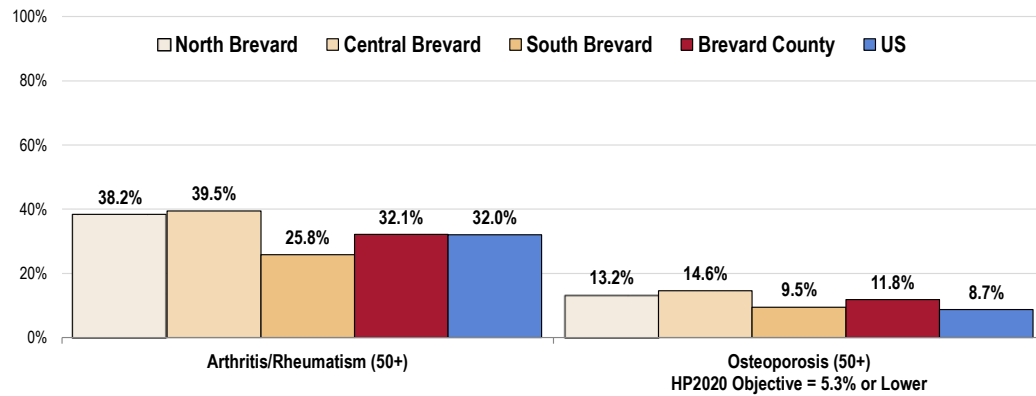
See also *Activity Limitations in the General Health Status* section of this report.

- Comparable to that found nationwide.
- Favorably low in South Brevard; highest in Central Brevard.

**A total of 11.8% of survey respondents age 50 and older have osteoporosis.**

- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- Statistically comparable findings by county subarea.

## Prevalence of Potentially Disabling Conditions



Sources:

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 161-162]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]

Notes:

- Both indicators reflect adults age 50+.

# Infectious Disease



**Professional Research Consultants, Inc.**



## Influenza & Pneumonia Vaccination

### About Influenza & Pneumonia

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

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Flu Vaccinations

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

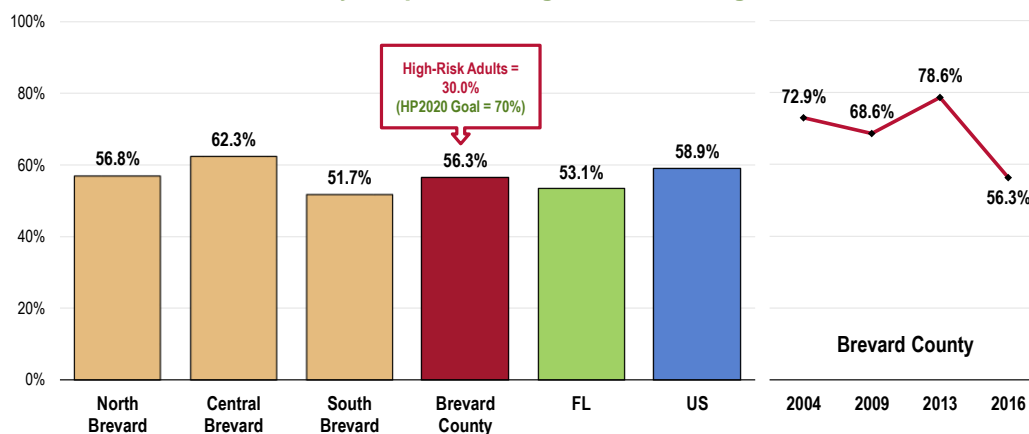
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

**Among Brevard County seniors, 56.3% received a flu shot (or FluMist®) within the past year.**

- Statistically comparable to the Florida and US findings.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Statistically comparable by county subarea.
- TREND: Denotes a statistically significant decrease from previous findings.
- A total of 30.0% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

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

**Healthy People 2020 Target = 70.0% or Higher**



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 163-164]
  - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2014 Florida data.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects respondents 65 and older.
  - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
  - Includes FluMist as a form of vaccination.

## Pneumonia Vaccination

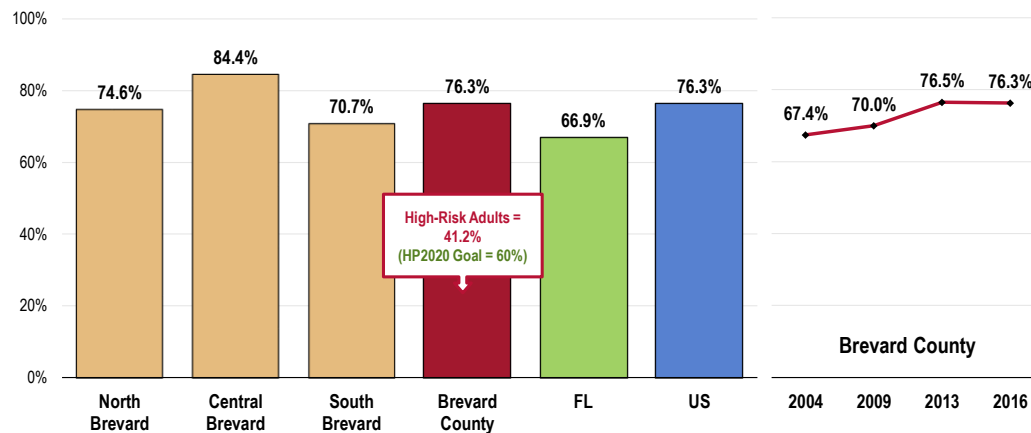
Among service area adults age 65 and older, 76.3% have received a pneumonia vaccination at some point in their lives.

- Higher than the Florida finding.
- Identical to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Favorably high in Central Brevard.
- TREND: The increase over time is not statistically significant.
- A total of 41.2% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

### Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 165-166]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Florida data.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives IID-13.1, IID-13.2]

Notes: • Reflects respondents 65 and older.  
 • "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

## HIV

### About HIV

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

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

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

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

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

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

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

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

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

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

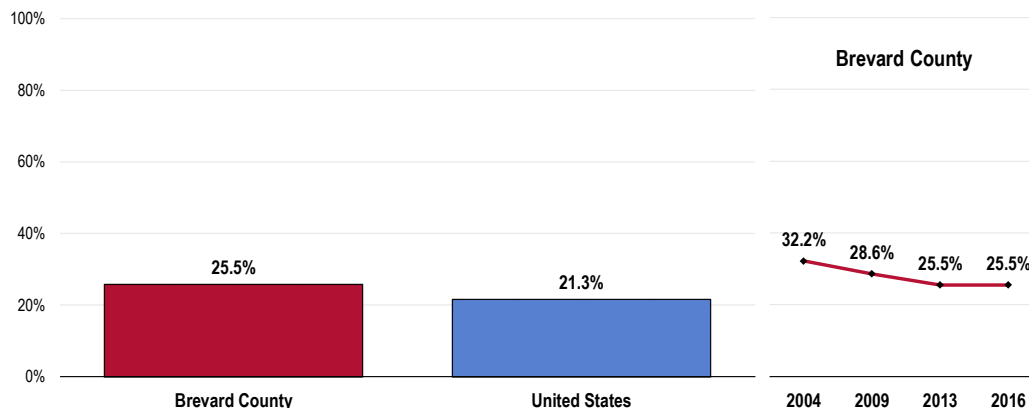
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## HIV Testing

Among Brevard County adults age 18-44, 25.5% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Similar to the proportion found nationwide.
- TREND: The decrease in testing over time is not statistically significant.

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



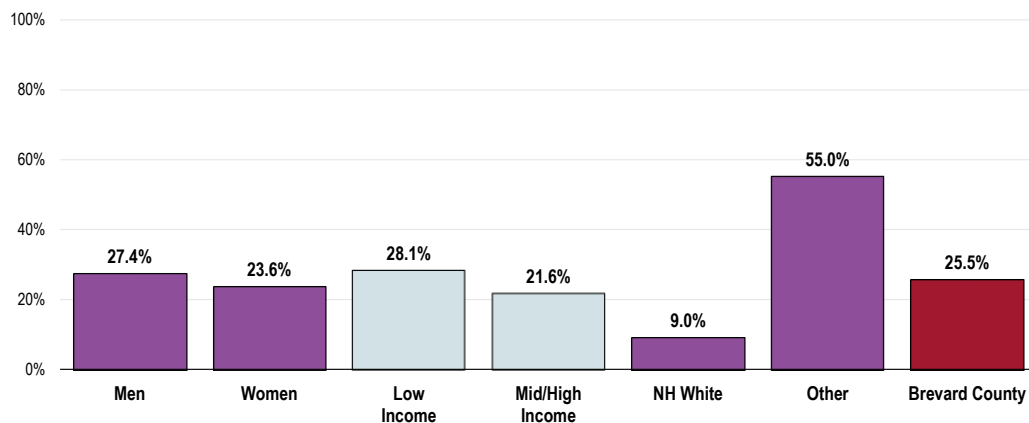
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]

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

Notes: • Reflects respondents age 18 to 44.

- Persons of Other races more often report having been tested for HIV when compared with Non-Hispanic Whites.

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



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]

Notes: • Reflects respondents age 18 to 44.

• 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.

# Maternal & Infant Health



**Professional Research Consultants, Inc.**

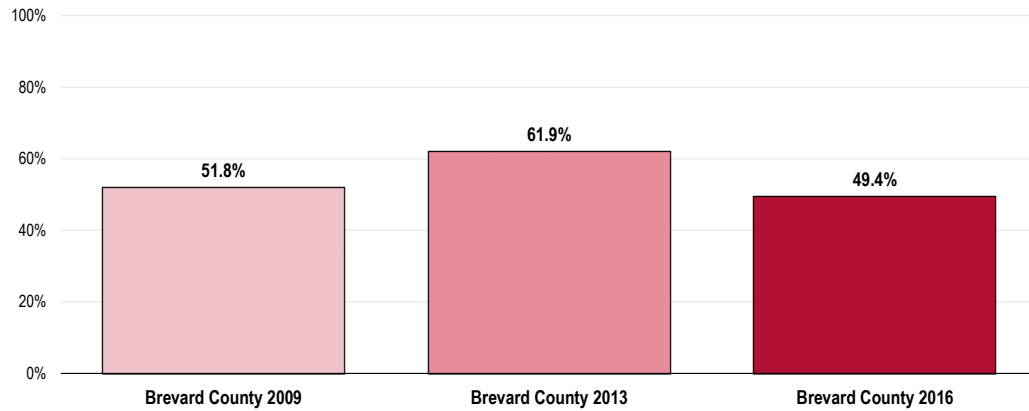
## Awareness of Healthy Start Coalition

Among Brevard County parents, 49.4% are aware of the Healthy Start Coalition.

- **TREND:** Awareness is unchanged from 2009 survey findings but marks a statistically significant decrease in awareness of the coalition since 2013.

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.

### Aware of the Healthy Start Coalition (Brevard County Parents)

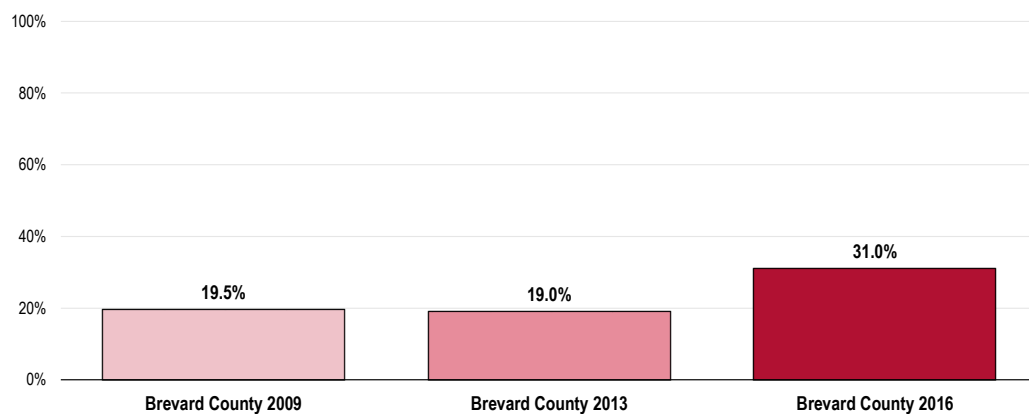


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 325]  
Notes: • Reflects respondents with children under 18.

Among Brevard County parents who are aware of the Healthy Start Coalition, 31.0% have used its services.

- **TREND:** The change over time is not statistically significant; *it is important to keep in mind the small sample sizes which these percentages represent.*

### Have Used the Healthy Start Coalition Services (Brevard County Parents Who Are Aware of the Services)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]  
Notes: • Reflects respondents with children under 18 who are aware of the Healthy Start Coalition services.

# Modifiable Health Risks



**Professional Research Consultants, Inc.**

## Actual Causes of Death

### About Contributors to Mortality

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

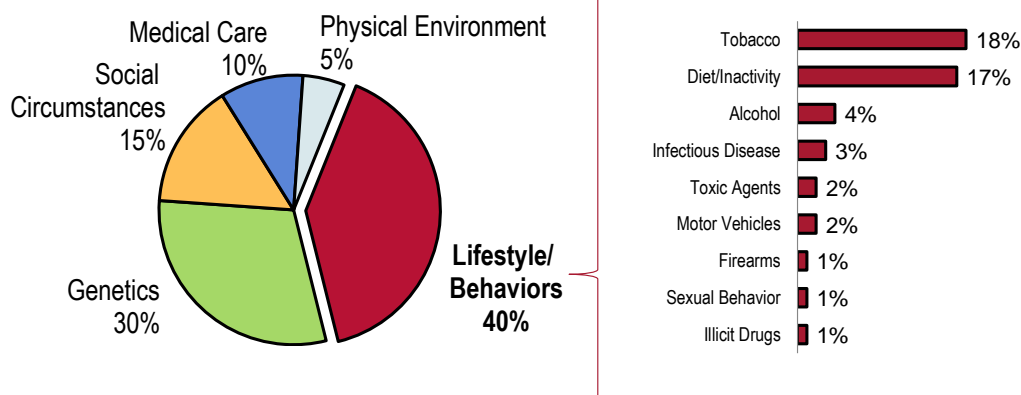
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual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

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

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

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

### Factors Contributing to Premature Deaths in the United States



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



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

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

## Nutrition

### About Healthful Diet & Healthy Weight

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

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

Americans with a healthful diet:

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

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

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

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

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

Social factors thought to influence diet include:

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

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

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

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

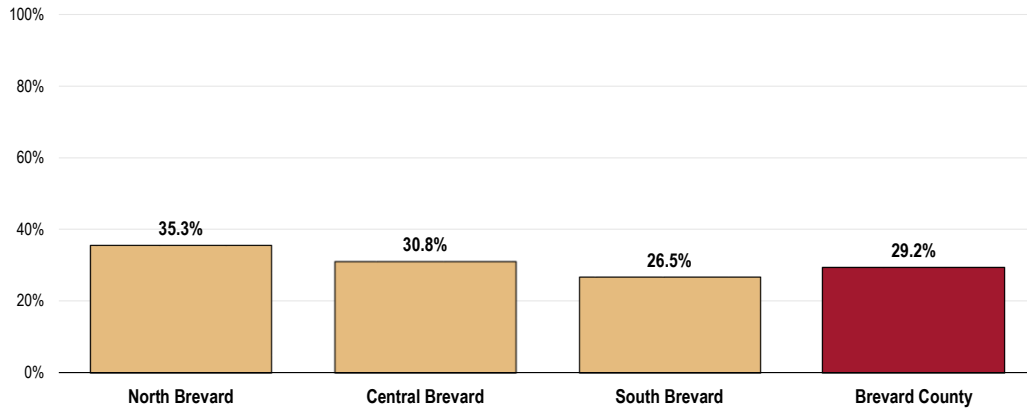
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## 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.

- The prevalence does not vary significantly by county subarea.

### Consume Five or More Servings of Fruits/Vegetables Per Day



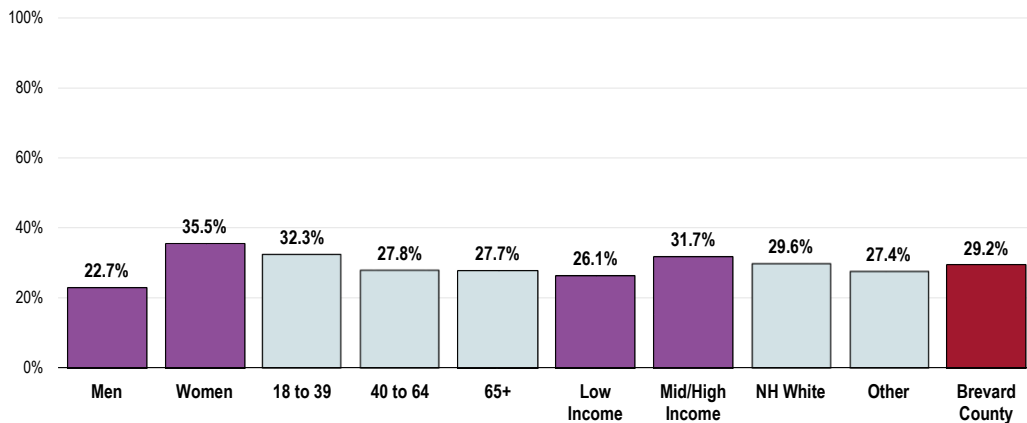
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

Notes: • Asked of all respondents.

• For this issue, respondents were asked to recall their food intake on the previous day.

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

### Consume Five or More Servings of Fruits/Vegetables Per Day (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

Notes: • Asked of all respondents.

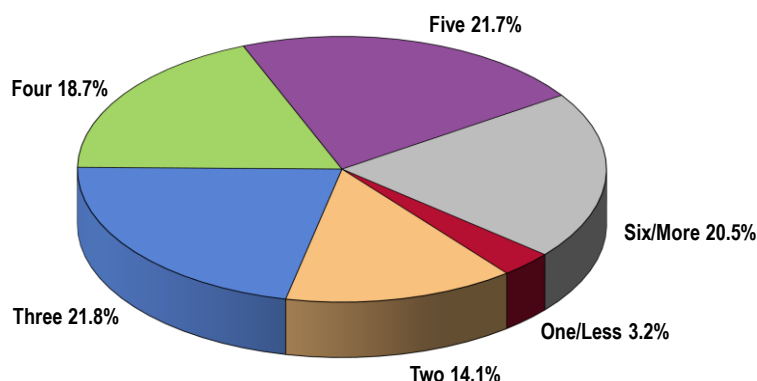
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• 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.

- Asked how many servings of fruits and vegetables they consider to be recommended by professionals, responses among Brevard County adults ranged from **6 or more** (mentioned by 20.5%) to **one or less** (3.2%).

### Perceived Daily Recommendation of Fruits and Vegetables (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]  
Notes: • Asked of all respondents.

### Access to Fresh Produce

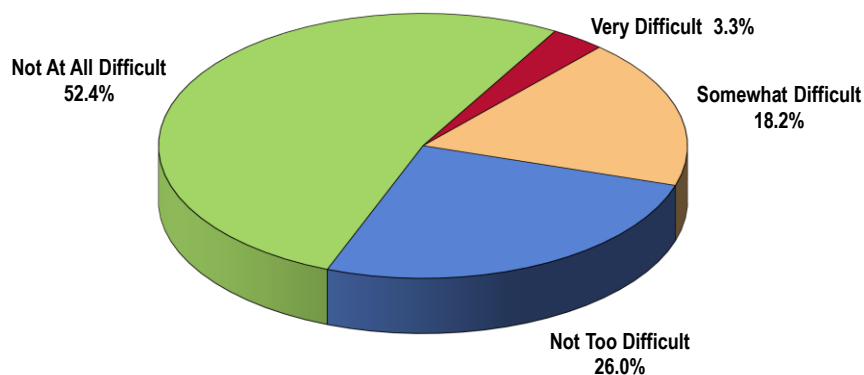
#### Difficulty Accessing Fresh Produce

While most report little or no difficulty, 21.5% of Brevard County adults report that it is “very” or “somewhat” difficult for them to access affordable, fresh fruits and vegetables.

Respondents were asked:

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

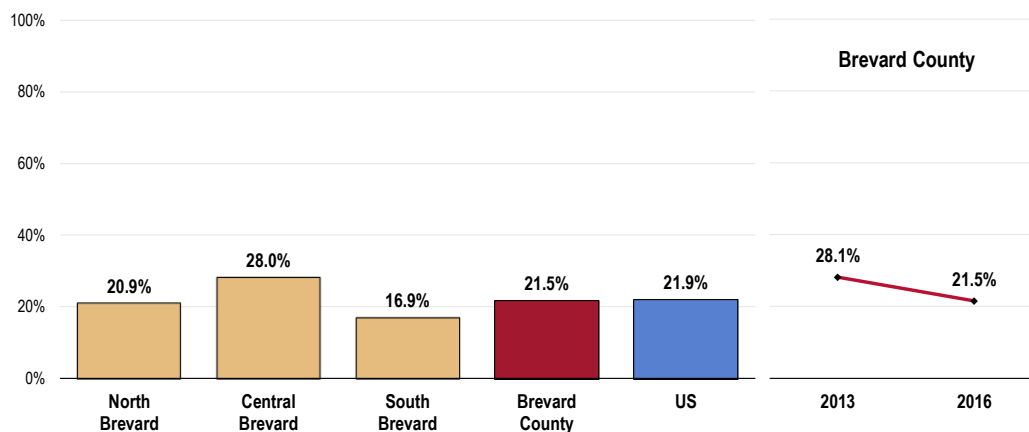
### Level of Difficulty Finding Fresh Produce at an Affordable Price (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]  
Notes: • Asked of all respondents.

- Similar to national findings.
- Favorably low in South Brevard; highest in Central Brevard.
- TREND: Note the statistically significant improvement from 2013 survey results.

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



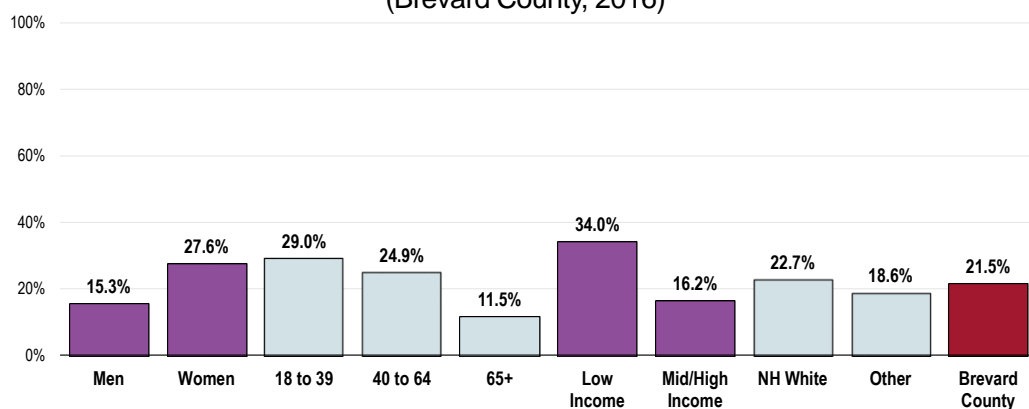
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Younger adults (negative correlation with age).
- Lower-income residents.

### Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Brevard County, 2016)



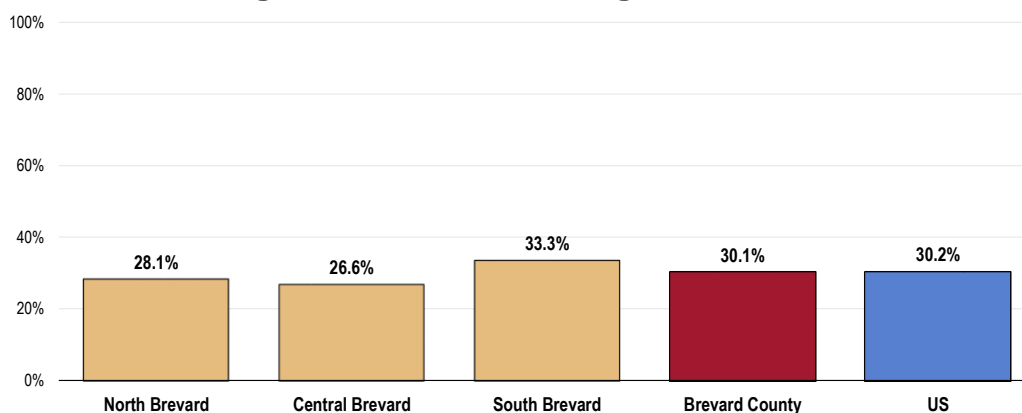
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories 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.

## Sugar-Sweetened Beverages

A total of 30.1% of survey respondents report drinking at least one sugar-sweetened beverage daily in the past week.

- Nearly identical to national findings.
- Comparable findings by county subarea.

### Had 7+ Sugar-Sweetened Beverages in the Past Week

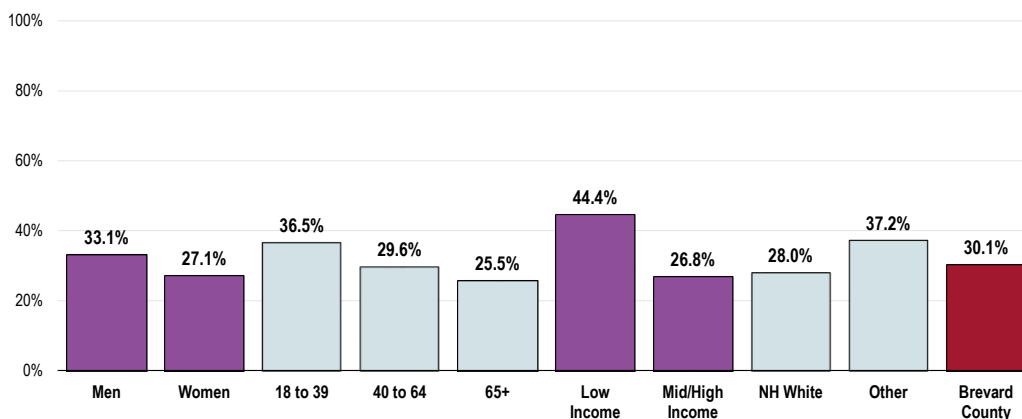


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 212]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Lower-income residents are more likely to have sugar-sweetened beverages at least daily in the past week.

### Had 7+ Sugar-Sweetened Beverages in the Past Week (Metro Area, 2015)



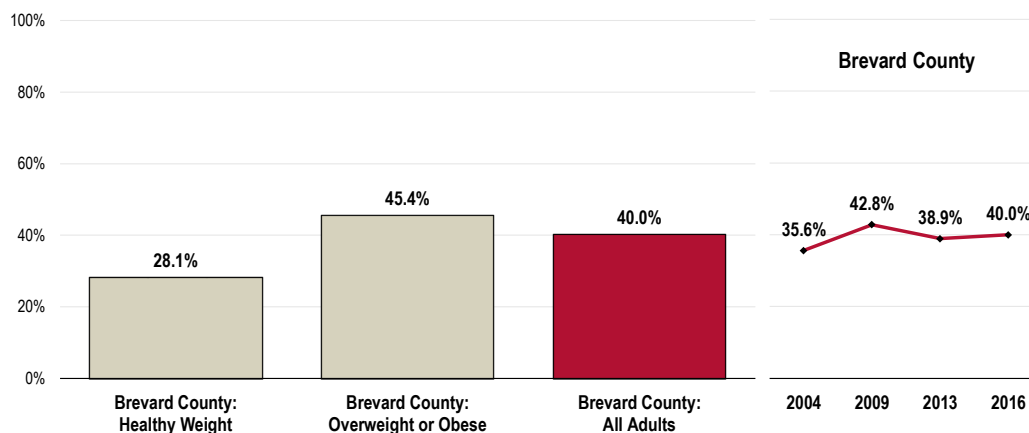
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 212]  
 • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with defined poverty status up to incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Health Advice About Diet & Nutrition

A total of 40.0% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Similar findings by county subarea (not shown).
- TREND: Statistically unchanged since 2004.
- Note: Among overweight/obese respondents, 45.4% report receiving diet/nutrition advice (meaning that over one-half did not).

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



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]

Notes: • Asked of all respondents.

## Physical Activity

### About Physical Activity

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

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

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

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

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

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

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

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

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

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Leisure-Time Physical Activity

**A total of 22.6% of Brevard County adults report no leisure-time physical activity in the past month.**

- More favorable than statewide and national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).

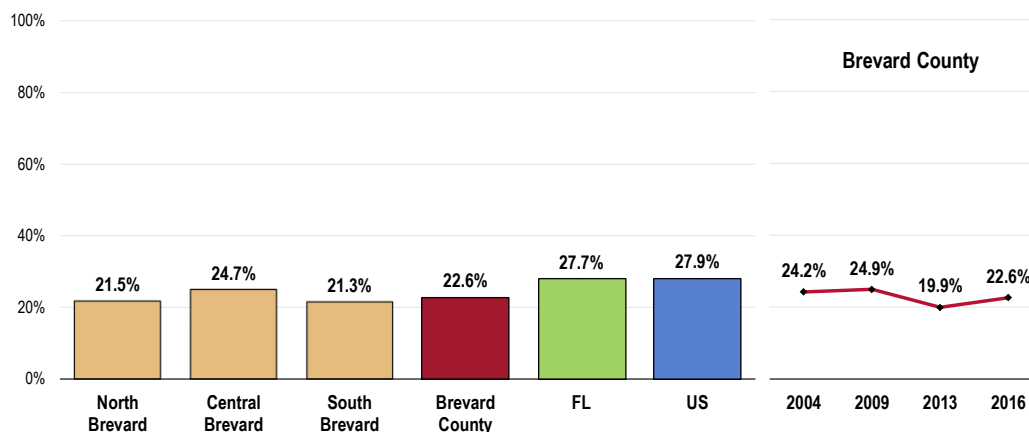
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.



- Similar findings by county subarea.
- TREND: Statistically unchanged over time.

## No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources:

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes:

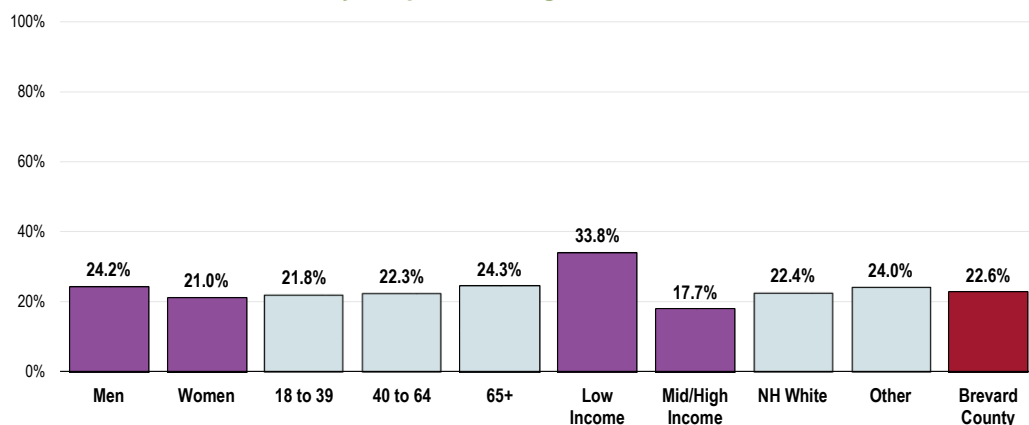
- Asked of all respondents.

- Lower-income residents are more likely to report a lack of leisure-time physical activity.

## No Leisure-Time Physical Activity in the Past Month

(Brevard County, 2016)

Healthy People 2020 Target = 32.6% or Lower



Sources:

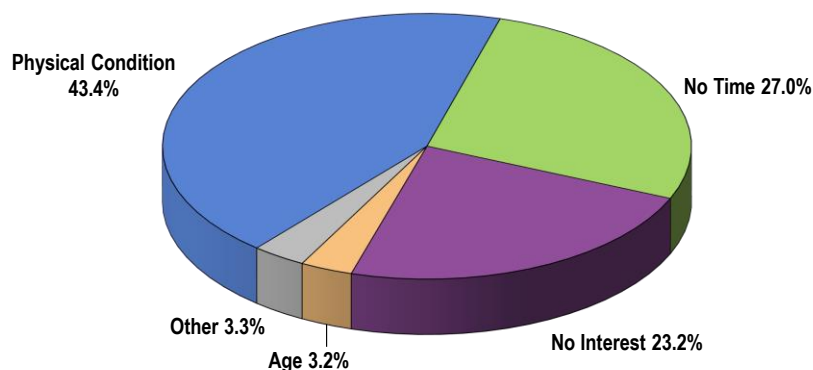
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes:

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

- Brevard County adults citing no leisure-time physical activity last month mentioned a physical **condition** (43.4%), lack of **time** (27.0%), lack of **interest** (23.2%), and **age** (3.2%) as reasons for their inactivity.

### Main Reason for Lack of Leisure-Time Activity in the Past Month (Brevard County Adults without Leisure-Time Physical Activity, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]  
 Notes: • Asked of all respondents without leisure-time physical activity in the past month.

## Activity Levels

### Recommended Levels of Physical Activity

About 20 percent of US adults are meeting both the aerobic and muscle strengthening components of the federal government's physical activity recommendations, according to a report published by the Centers for Disease Control and Prevention.

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](http://www.cdc.gov/physicalactivity)
- Learn more about CDC's efforts to promote walking by visiting <http://www.cdc.gov/vitalsigns/walking>.

## Aerobic & Strengthening Physical Activity

In the past month:

**A total of 49.1% of survey respondents report “active” aerobic activity levels (150-300 minutes of weekly aerobic activity) or “highly active” (301+ minutes of weekly aerobic activity).**

- In contrast, 14.6% report “insufficient” aerobic activity (<150 minutes per week), and 26.3% are inactive.

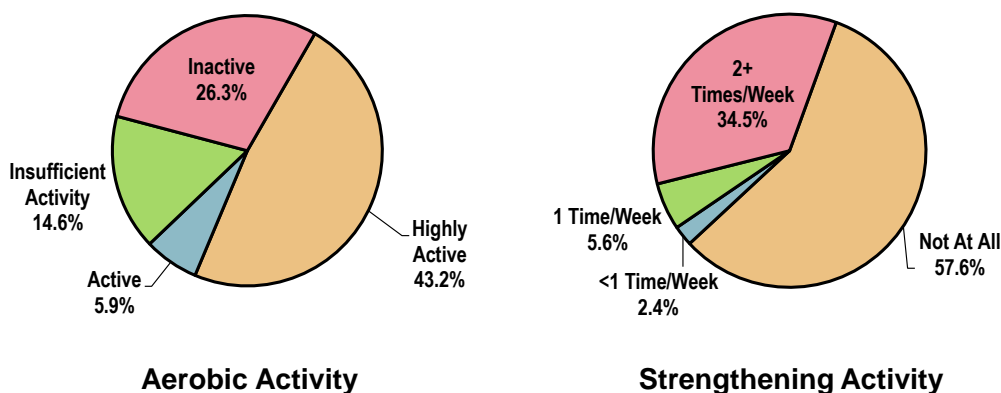
The individual indicators of aerobic and strengthening activity are shown here.

**With regard to strengthening activity, 5.6% of adults participate in physical exercise designed to strengthen muscles once per week, and 34.5% participate 2+ times weekly.**

- On the other hand, 57.6% of community members do not participate in any strengthening activities (2.4% report participating in strengthening activities less than once per week).

### Participation in Physical Activities

(Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 113, 173]

Notes: • Reflects the total sample of respondents.

- In this case, “inactive” aerobic activity represents those adults participating in no aerobic activity in the past week; “insufficiently active” reflects those respondents with 1–149 minutes of aerobic activity in the past week; “active” adults are those with 150–300 minutes of aerobic activity per week; and “highly active” adults participate in 301+ minutes of aerobic activity weekly.

“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activity:

**Aerobic** activity is at least 150 minutes per week of light to moderate activity or 75 minutes per week of vigorous physical activity or an equivalent combination of both; and

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

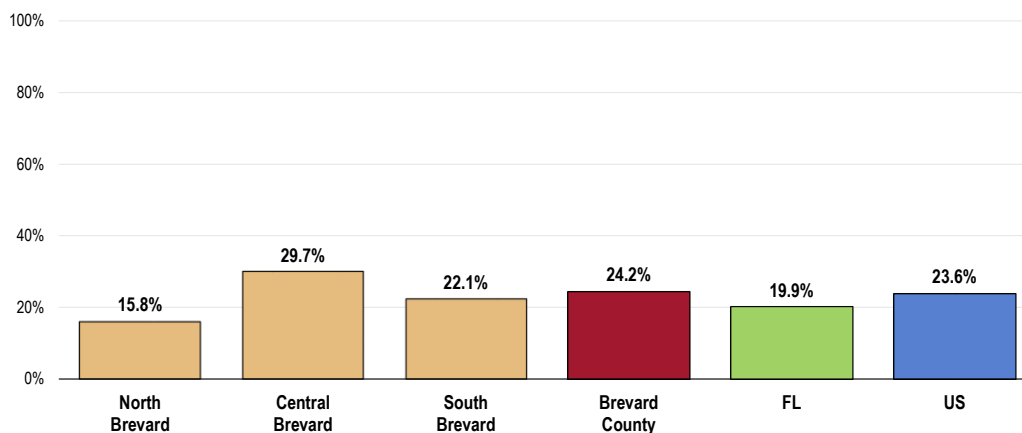
## Recommended Levels of Physical Activity

**A total of 24.2% of Brevard County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).**

- More favorable than state findings.
- Comparable to the national response.
- Favorably high in Central Brevard; lowest in North Brevard.

## Meets Physical Activity Recommendations

Healthy People 2020 Target = 20.1% or Lower



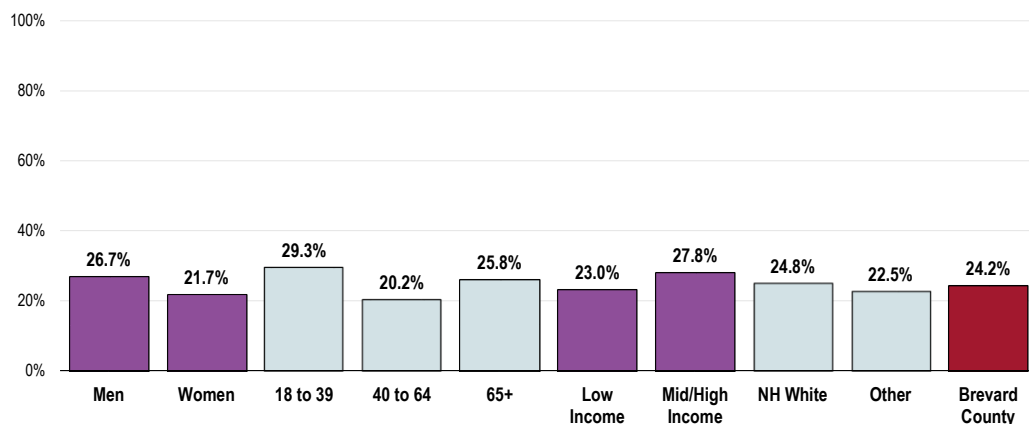
- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
  - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Florida data.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-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.

Findings are statistically similar by demographic characteristics.

## Meets Physical Activity Recommendations

(Brevard County, 2016)

Healthy People 2020 Target = 20.1% or Lower



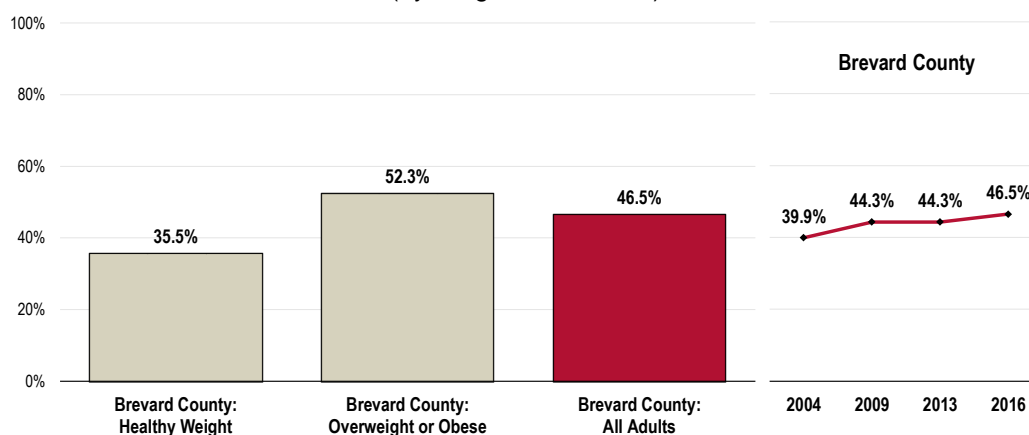
- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
  - Asked of all respondents.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-4]
  - Hispanics can be of any race. Other race 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.

## Health Advice About Physical Activity & Exercise

A total of 46.5% of Brevard County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Comparable findings by county subarea (not shown).
- TREND: Marks a statistically significant increase over time.
- Note: 52.3% of overweight/obese Brevard County respondents say that they have talked with their doctor about physical activity/exercise in the past year.

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



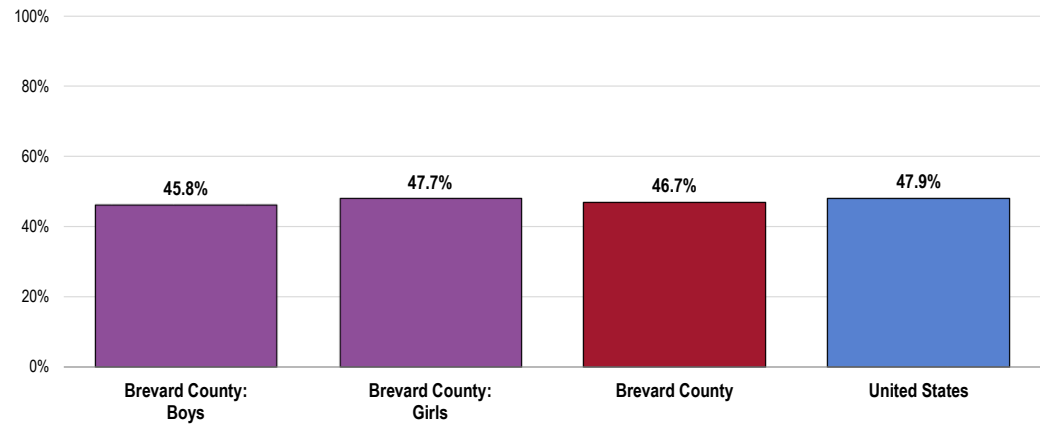
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]  
Notes: • Asked of all respondents.

## Children's Physical Activity

Among service area children age 2 to 17, 46.7% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Comparable to that found nationally.
- Comparable findings by child's gender.

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



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

## Weight Status

### About Overweight & Obesity

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

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

- Healthy People 2020 ([www.healthypeople.gov](http://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  $\geq 30 kg/m^2$ . The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25  $kg/m^2$ . The increase in mortality, however, tends to be modest until a BMI of 30  $kg/m^2$  is reached. For persons with a BMI  $\geq 30 kg/m^2$ , mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25  $kg/m^2$ .

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

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

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

## Adult Weight Status

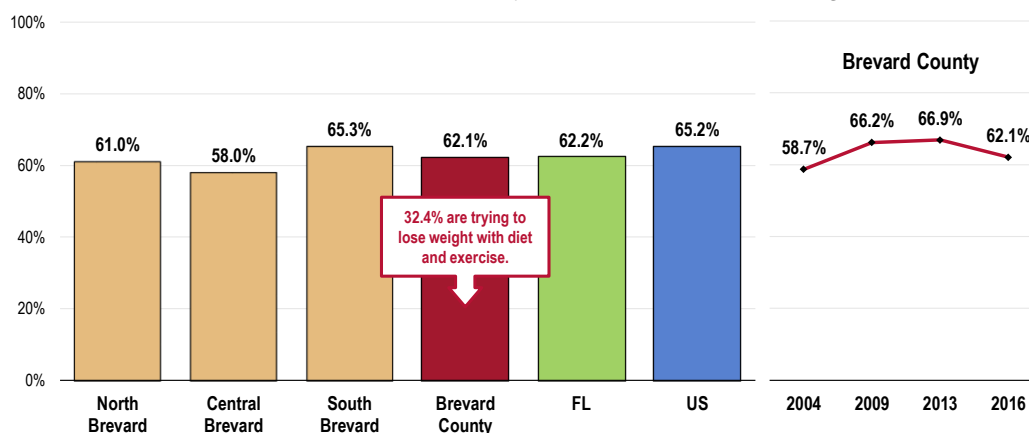
### Overweight Status

More than 6 in 10 Brevard County adults (62.1%) are overweight.

Here, “overweight” includes those respondents with a BMI value  $\geq 25$ .

- Similar to the state and national prevalence.
- Similar findings by county subarea.
- TREND: Statistically unchanged over time.
- Note that 32.4% of overweight adults are currently trying to lose weight with both diet and exercise.

### Prevalence of Total Overweight (Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 176-177]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2014 Florida data.

Notes: • Based on reported heights and weights, asked of all respondents.  
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 25.2% of service area adults are obese.

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

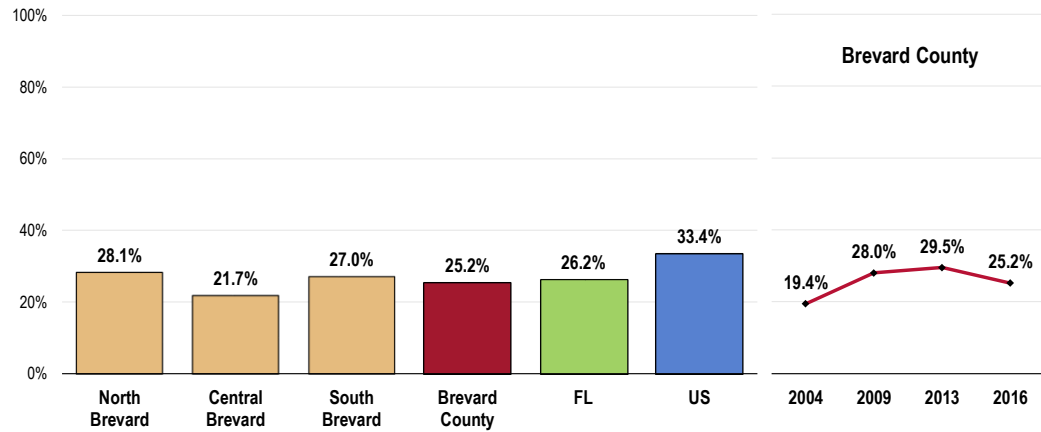
- Similar to Florida findings.
- More favorable than US findings.
- Satisfies the Healthy People 2020 target (30.5% or lower).
- Similar findings by county subarea.
- TREND: Denotes a statistically significant increase in obesity from 2004 survey findings (statistically unchanged from more recent findings).



## Prevalence of Obesity

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

**Healthy People 2020 Target = 30.5% or Lower**



Sources:

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2014 Florida data.

Notes:

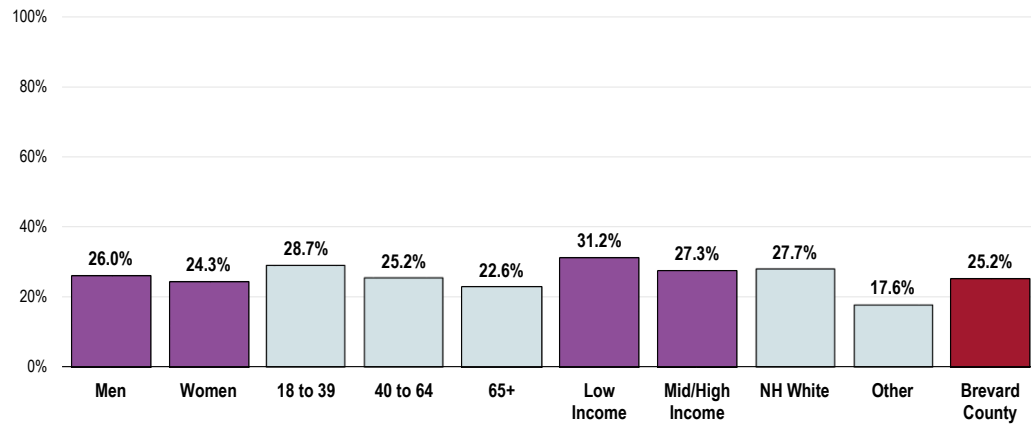
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

- Obesity is notably more prevalent among Non-Hispanic Whites than Other races.

## Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Brevard County, 2016)

**Healthy People 2020 Target = 30.5% or Lower**



Sources:

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
- 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.

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

## Relationship of Overweight With Other Health Issues

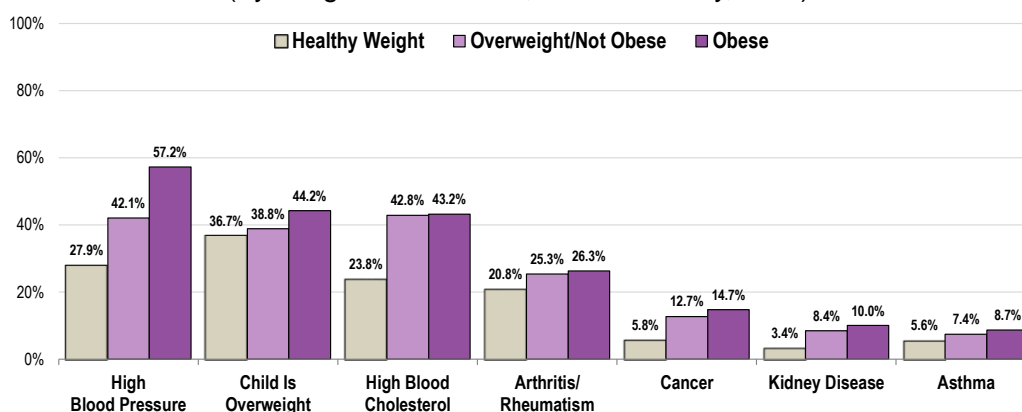
Overweight and obese adults are more likely to report a number of adverse health conditions.

Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- Arthritis/rheumatism.
- Cancer.
- Kidney disease.
- Asthma.

Overweight/obese residents are also more likely to have overweight children.

## Relationship of Overweight With Other Health Issues (By Weight Classification; Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 27, 29, 32, 147, 148, 156, 180]  
Notes: • Based on reported heights and weights, asked of all respondents.

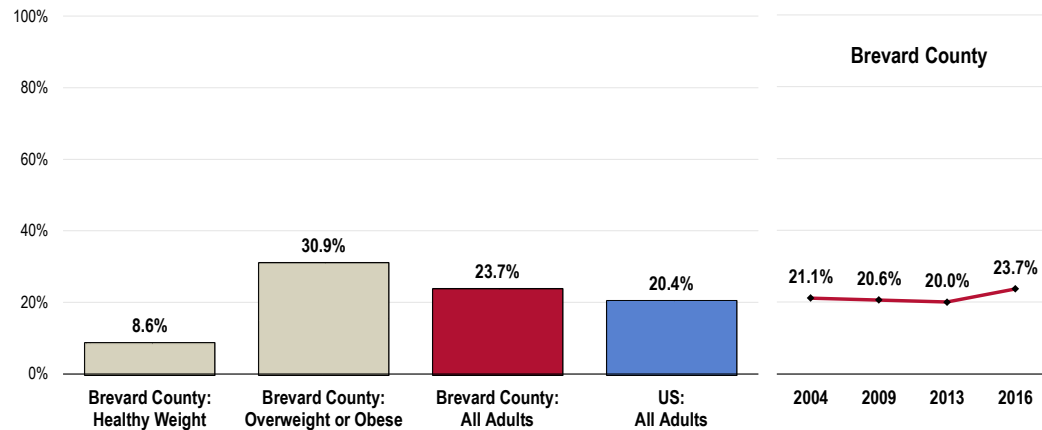
## Weight Management

### Health Advice

A total of 23.7% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- Similar findings by county subarea (not shown).
- TREND: Statistically unchanged over time.
- Note that 30.9% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while the majority has not).

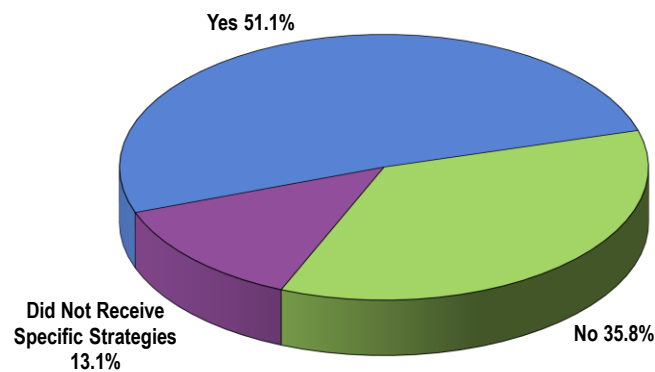
## Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

- Of the survey respondents who were given professional advice about losing weight in the past year, just over half (51.1%) report following the advice, while 35.8% did not and 13.1% indicate that they did not receive specific strategies for the weight loss.

## Followed Health Professional's Advice on Losing Weight (Brevard County Adults Who Were Given Advice About Weight, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]  
 Notes: • Asked of all respondents who were given professional advice about weight in the past year.

## Childhood Overweight & Obesity

### About Weight Status in Children & Teens

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

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

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

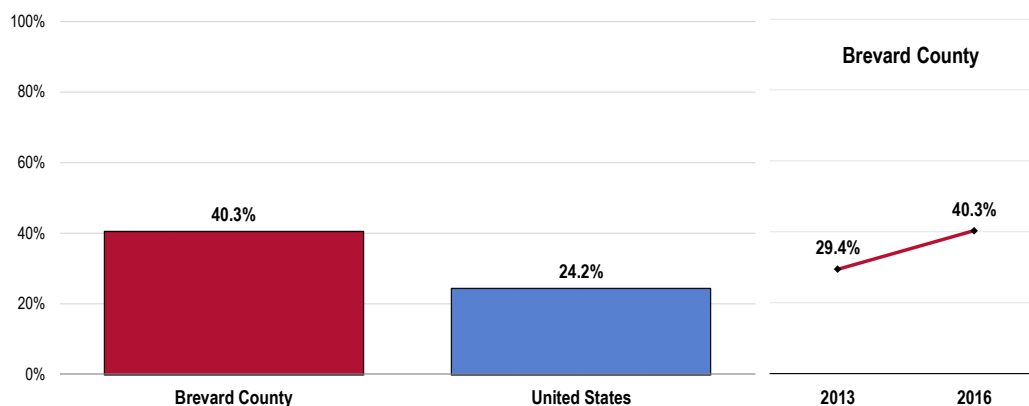
• Centers for Disease Control and Prevention

**Based on the heights/weights reported by surveyed parents, 40.3% of Brevard County children age 5 to 17 are overweight or obese (≥85<sup>th</sup> percentile).**

- Much less favorable than found nationally.
- TREND: The increase since 2013 is not statistically significant.

### Child Total Overweight Prevalence

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



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]

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

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

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

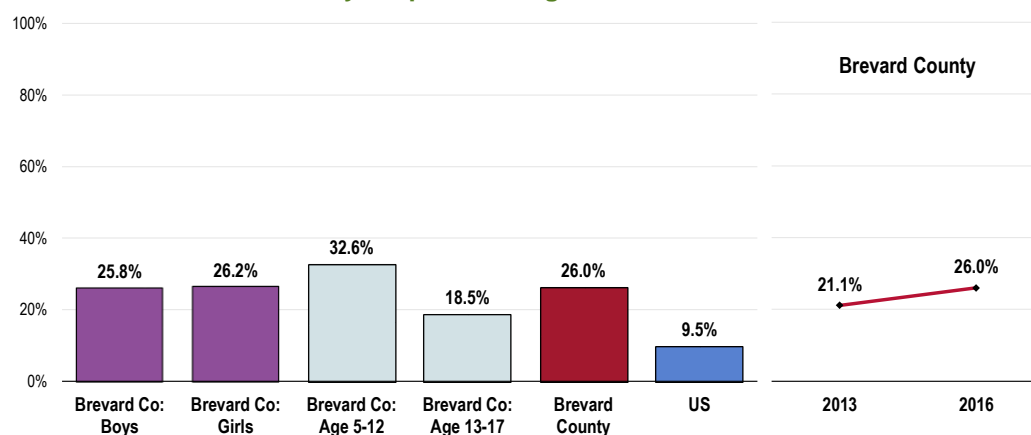
**Further, 26.0% of area children age 5 to 17 are obese (≥95<sup>th</sup> percentile).**

- Less favorable than the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Statistically unchanged since 2013.
- Similar by child's gender but much higher among younger children than among teens.

## Child Obesity Prevalence

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

**Healthy People 2020 Target = 14.5% or Lower**



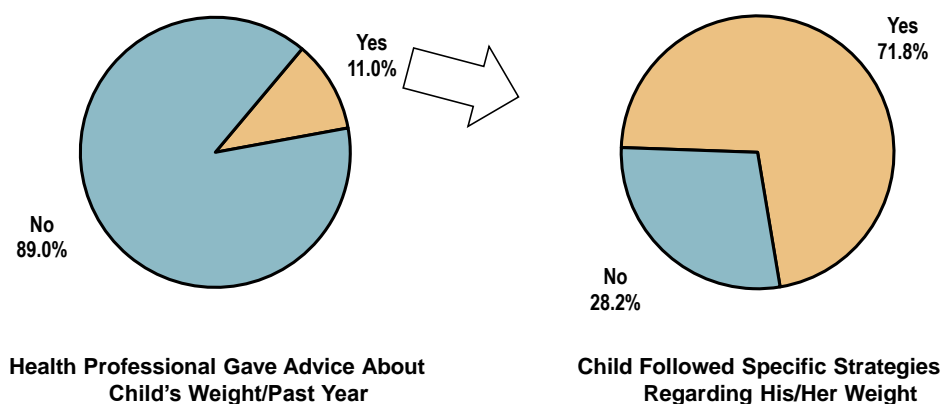
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]  
 Notes: • Asked of all respondents with children age 5-17 at home.  
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95<sup>th</sup> percentile of US growth charts by gender and age.

**A total of 11.0% of respondents with children age 5-17 were given professional advice about their child's weight in the past year.**

- Of these adults, 71.8% report that the child followed these specific strategies for weight loss.

## Professional Advice on Child's Weight in the Past Year

(Brevard County Parents of Children 5-17, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 321-322]  
 Notes: • Reflects those respondents with children age 5-17.

## Sleep

### Sleep

Sleep is an important part of good health, but an estimated 35% of US adults do not get enough sleep. Approximately 83 million US adults report usually sleeping less than 7 hours in a 24-hour period. According to professional sleep societies, adults aged 18 to 60 years should sleep at least 7 hours each night for the best health and wellness.

Sleeping less than 7 hours per night is linked to increased risk of chronic diseases such as diabetes, stroke, high blood pressure, heart disease, obesity, and poor mental health, as well as early death. Not getting the recommended amount of sleep can affect one's ability to make good decisions and increases the chances of motor vehicle crashes.

Habits for improving sleep health can include:

- Be consistent. Go to bed at the same time each night and get up at the same time each morning, including on the weekends.
- Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature.
- Remove electronic devices, such as TVs, computers, and smart phones, from the bedroom.
- Avoid large meals, caffeine, and alcohol before bedtime.
- Avoid tobacco/nicotine.
- Get some exercise. Being physically active during the day can help you fall asleep more easily at night.

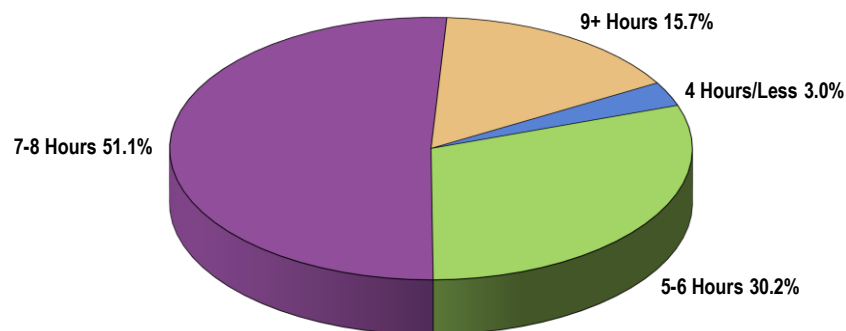
• Institute of Medicine (US) Committee on Sleep Medicine and Research; 2014 Behavioral Risk Factor Surveillance System (BRFSS), CDC

### Average Hours of Sleep per Night

Asked how many hours of sleep they average per night, 51.1% of survey respondents said between 7 and 8 hours, and 15.7% get 9+ hours of sleep per night.

- On the other hand, 33.2% of local adults sleep fewer than 7 hours per night (including 3.0% who report sleeping 4 hours or less on an average night).

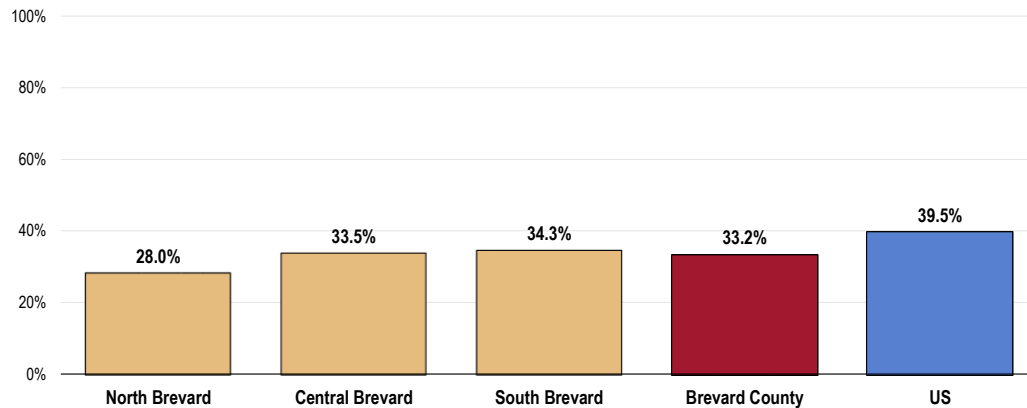
**Average Hours of Sleep Per Night**  
(Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]  
Notes: • Asked of all respondents.

- The percentage of survey respondents averaging fewer than 7 hours per night is more favorable than the national figure.
- Findings are comparable by county subarea.

### Generally Sleep Less Than Seven Hours Per Night

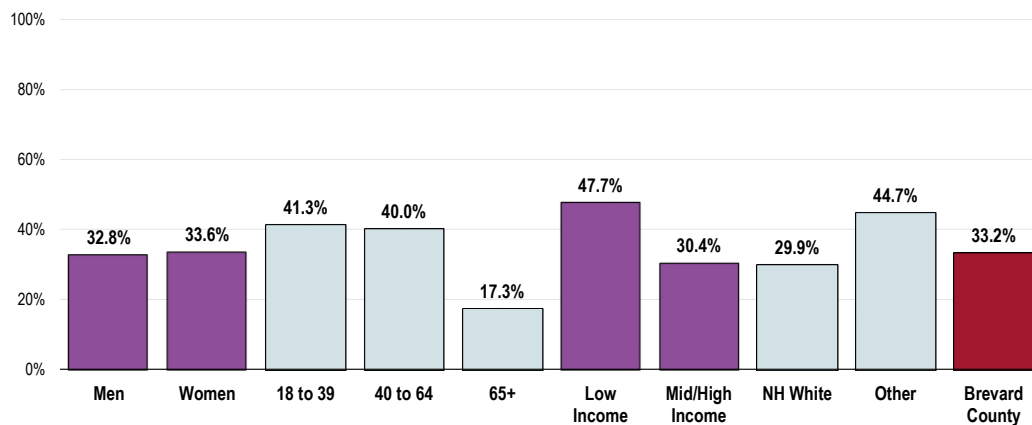


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 213]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

These adults are more likely to sleep fewer than 7 hours on an average night:

- Residents under 65.
- Lower-income individuals.
- Other races.

### Generally Sleep Less Than Seven Hours Per Night (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 213]  
 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.

## 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](http://www.healthypeople.gov))

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

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

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

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

## Alcohol Use

### Excessive Drinking

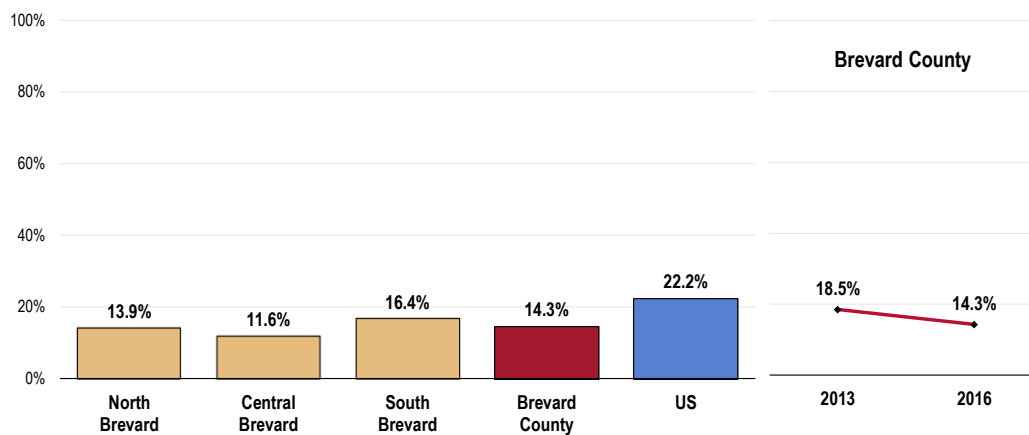
**A total of 14.3% of area adults are excessive drinkers (heavy and/or binge drinkers).**

- More favorable than the national proportion.
- Comparable findings by subarea.
- Satisfies the Healthy People 2020 target (25.4% or lower).
- TREND: Statistically unchanged since 2013.



## Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]

Notes: • Asked of all respondents.

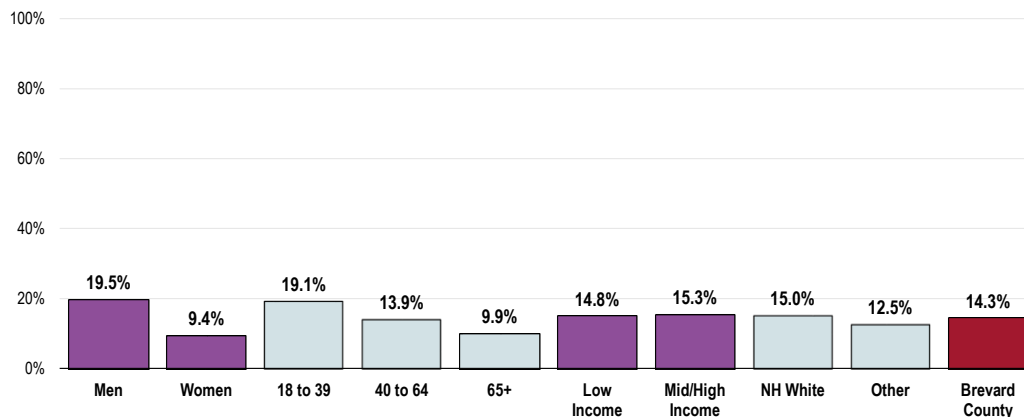
• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

- Excessive drinking is more prevalent among men and young adults (negative correlation with age).

## Excessive Drinkers

(Brevard County, 2016)

Healthy People 2020 Target = 25.4% or Lower



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]

• 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., "NH 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

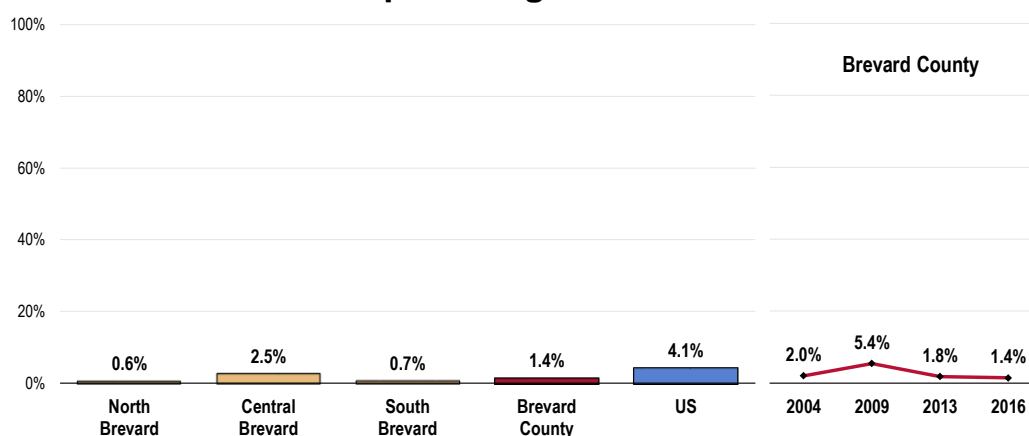
## Drinking & Driving

**A total of 1.4% of Brevard County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.**

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

- Lower than the national findings.
- Statistically similar by county subarea.
- TREND: The drinking and driving prevalence has not changed significantly since 2004 (but marks a statistically significant decrease from 2009 survey findings).

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



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

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

Notes: • Asked of all respondents.

## Illicit Drug Use

**A total of 1.3% of service area adults acknowledge using an illicit drug in the past month.**

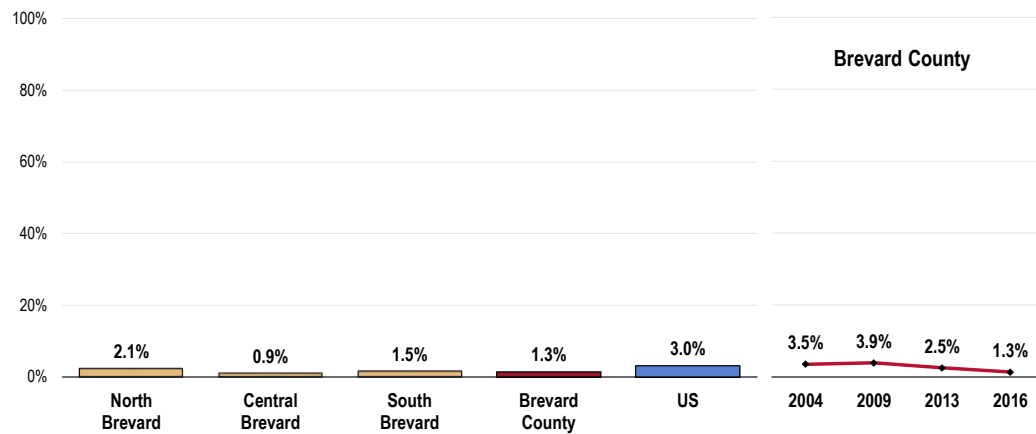
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

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

- More favorable than the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Similar findings by county subarea.
- TREND: Marks a statistically significant decrease over time.

## Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower



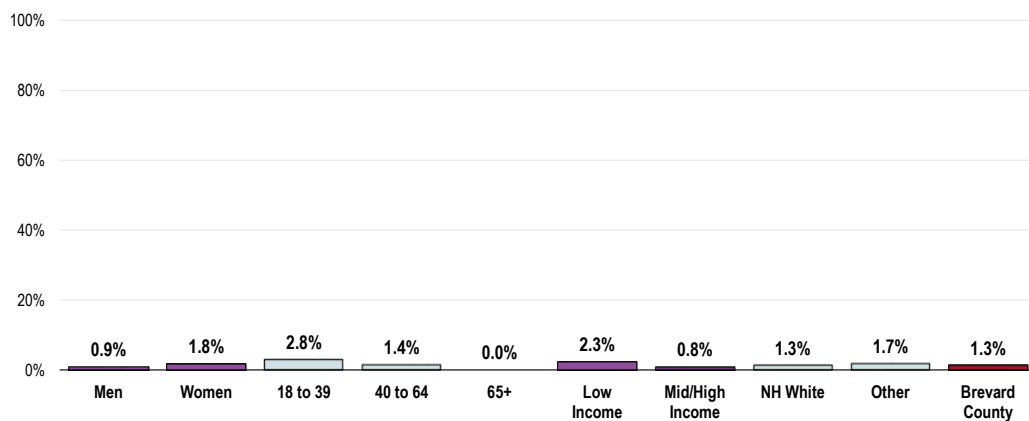
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]  
 Notes: • Asked of all respondents.

- Note the negative correlation between age and illicit drug use in Brevard County.

## Illicit Drug Use in the Past Month

(Brevard County, 2016)

Healthy People 2020 Target = 7.1% or Lower



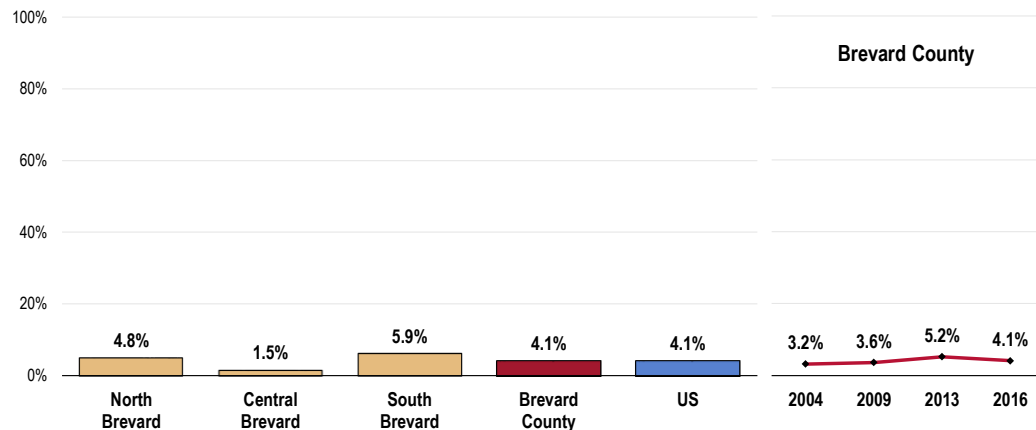
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "NH 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Alcohol & Drug Treatment

A total of 4.1% of Brevard County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Identical to national findings.
- Lowest in Central Brevard; highest in South Brevard.
- TREND: Statistically unchanged over time.

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



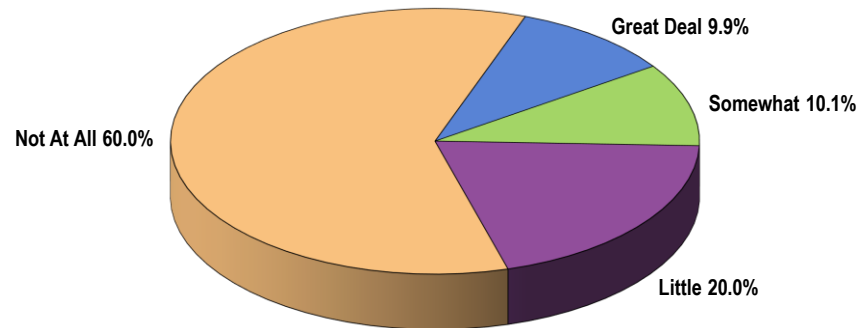
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

## Negative Effects of Substance Abuse

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

**In all, most respondents have not been negatively affected (60.0% “not at all” responses).**

### Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's) (Brevard County, 2016)

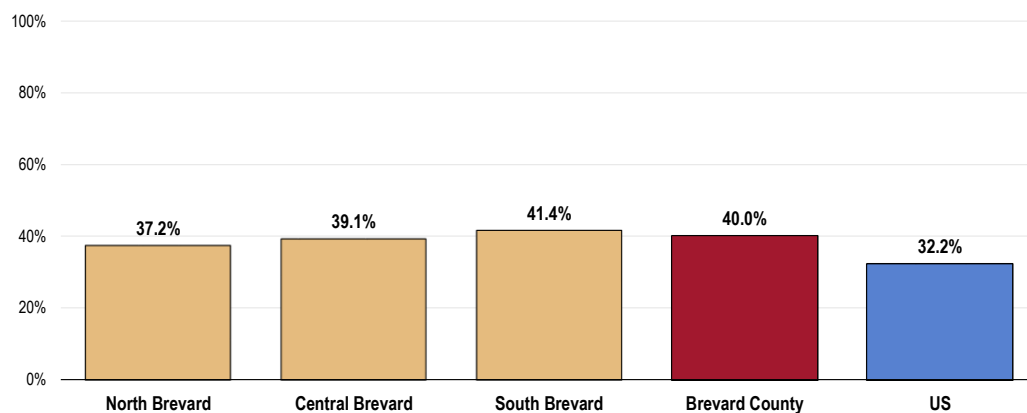


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]  
Notes: • Asked of all respondents.

In contrast, 4 in 10 survey respondents (40.0%) indicate that their lives have been negatively affected by alcohol abuse, including 9.9% who gave “a great deal” responses.

- Higher than the national response.
- Similar findings by county subarea.

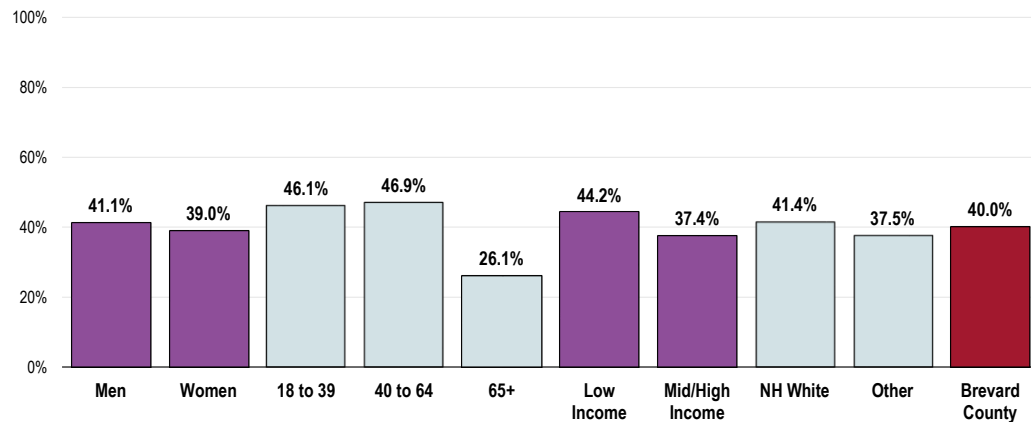
### Life Has Been Negatively Affected by Substance Abuse (Self or Other's)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]  
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

- Adults under 65 are much more likely to report that their lives have been negatively affected in some way by substance abuse (whether their own or that of another person).

### Life Has Been Negatively Affected by Substance Abuse (Self or Other's) (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]

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.

## 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.

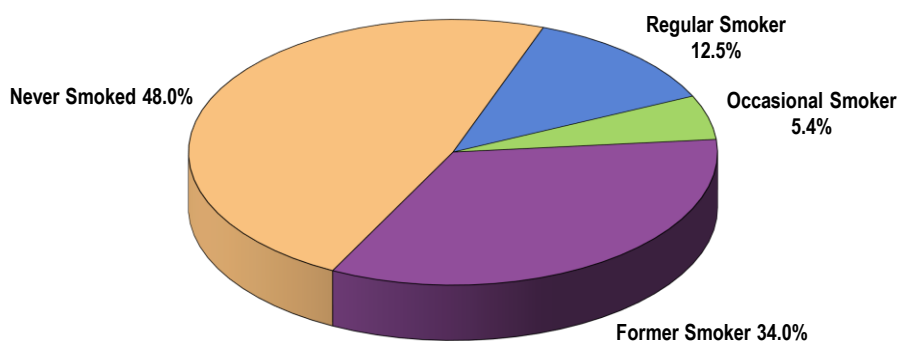
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Cigarette Smoking

### Cigarette Smoking Prevalence

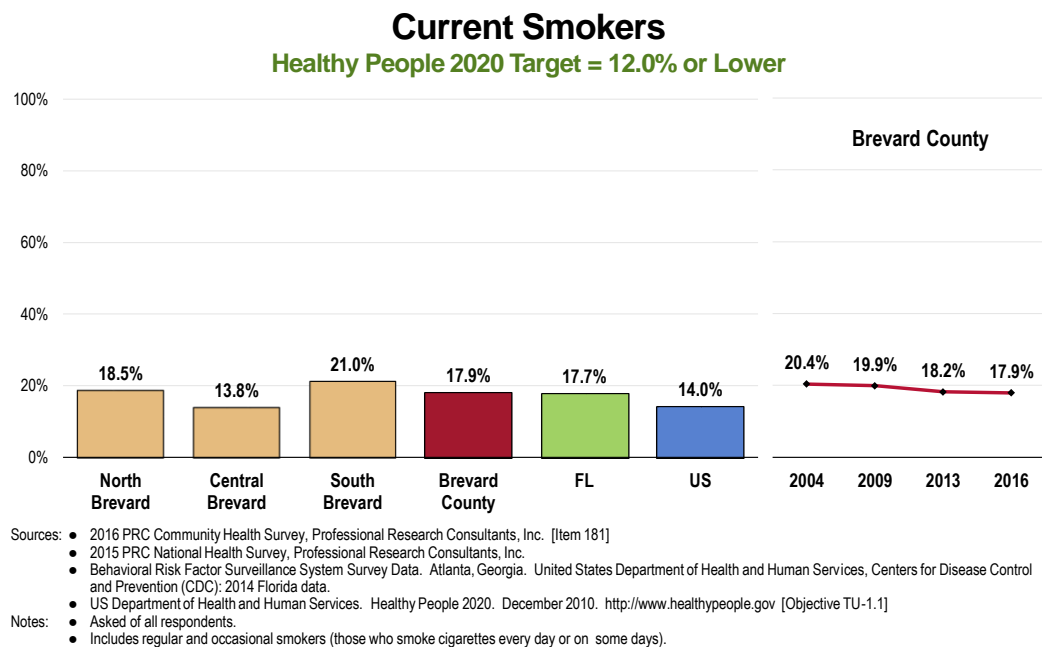
A total of 17.9% of Brevard County adults currently smoke cigarettes, either regularly (12.5% every day) or occasionally (5.4% on some days).

**Cigarette Smoking Prevalence**  
(Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]  
Notes: • Asked of all respondents.

- Similar to statewide findings.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Favorably low in Central Brevard.
- TREND: The current smoking percentage is statistically unchanged over time.



Cigarette smoking is more prevalent among:

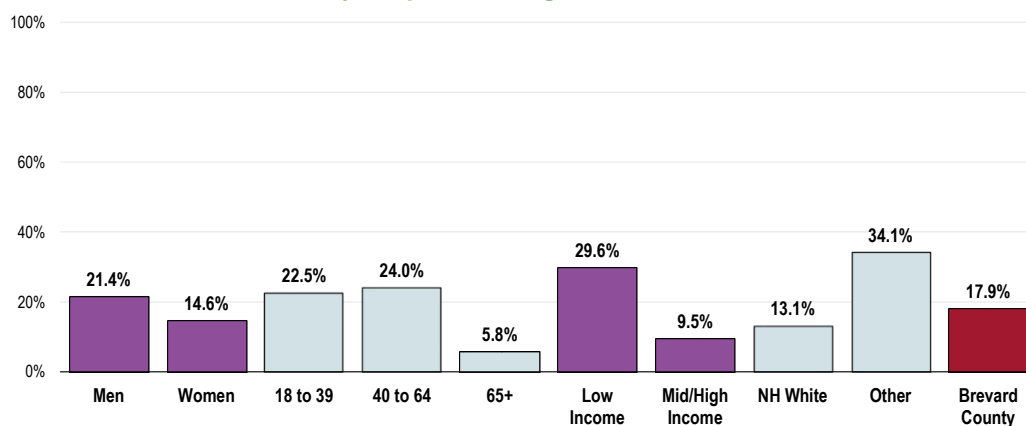
- Men.
- Adults under 65.
- Lower-income residents.
- Other races.



## Current Smokers

(Brevard County, 2016)

Healthy People 2020 Target = 12.0% or Lower



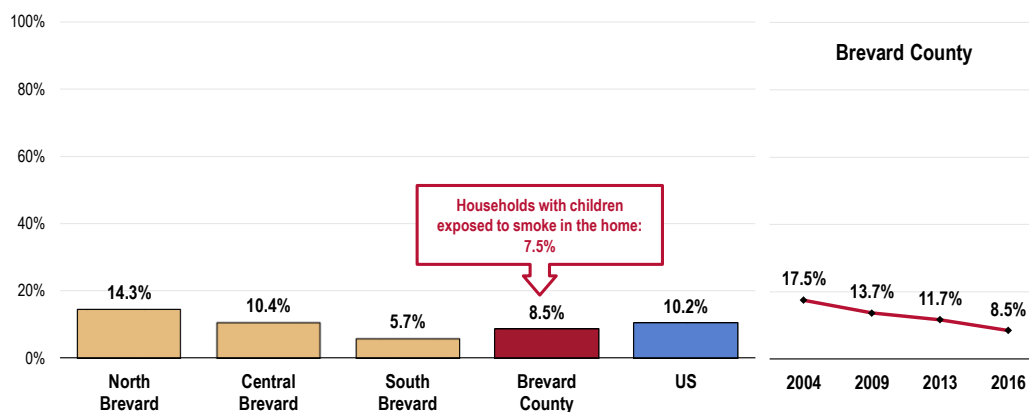
- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
  - Hispanics can be of any race. 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

A total of 8.5% of Brevard County adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Comparable to national findings.
- Highest in North Brevard, lowest in South Brevard.
- TREND: Marks a statistically significant decrease over time.
- Note that 7.5% of service area children are exposed to cigarette smoke at home, similar to what is found nationally (not shown).

## Member of Household Smokes at Home



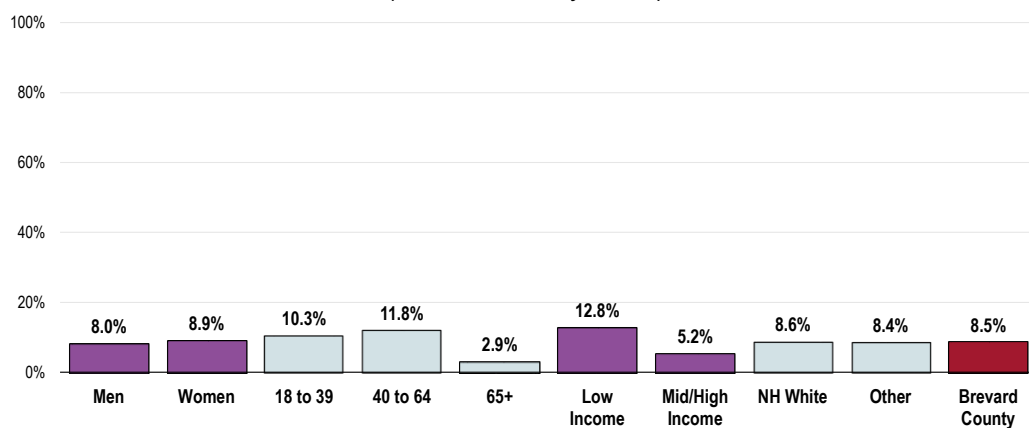
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 58, 184]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

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

- Notably higher among residents under 65 and those with lower incomes.

## Member of Household Smokes At Home (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]

Notes: • Asked of all respondents.

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

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

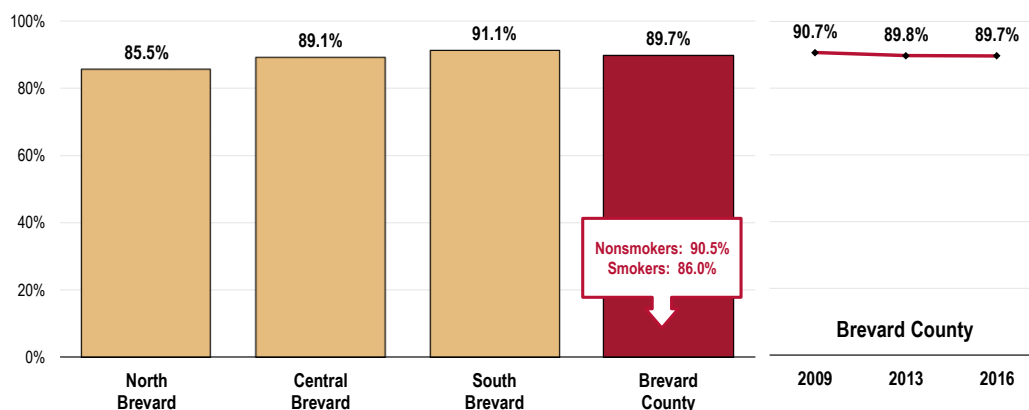
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

### Perceptions About Environmental Tobacco Smoke

**Most Brevard County adults (89.7%) believe that breathing someone else's tobacco smoke is "very" or "somewhat" harmful.**

- The prevalence does not vary significantly by county subarea.
- TREND: Statistically unchanged over time.
- Note that 90.5% of nonsmokers gave "very/somewhat harmful" responses to the inquiry (compared to 86.0% of smokers).

### Believe Secondhand Smoke to be "Very/Somewhat Harmful"



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]

Notes: • Asked of all respondents.

## 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](http://www.healthypeople.gov))

### Smoking Cessation Attempts

**Just over one-third of regular smokers (34.2%) went without smoking for one day or longer in the past year because they were trying to quit smoking.**

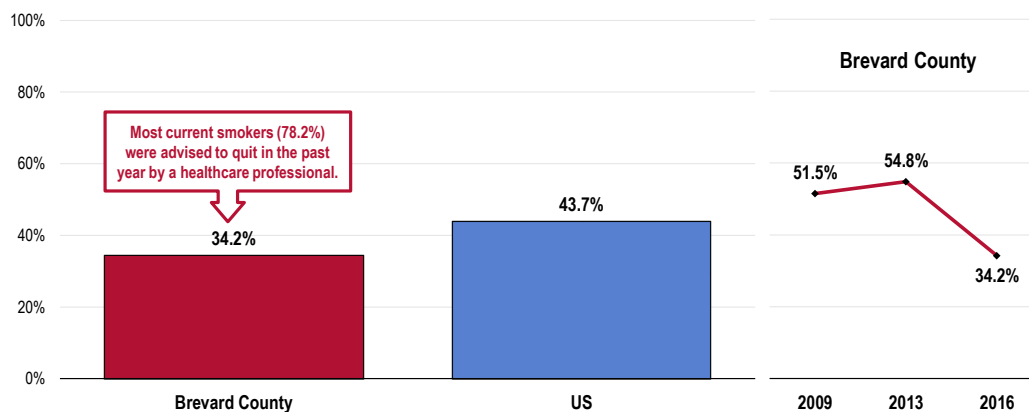
- Statistically similar to the national percentage.
- Far from satisfying the Healthy People 2020 target (80% or higher).

- **TREND:** Marks a statistically significant decrease over time.
- Most current smokers (78.2%) have been advised by a healthcare professional in the past year to quit smoking.

## Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Everyday Smokers)

Healthy People 2020 Target = 80.0% or Higher



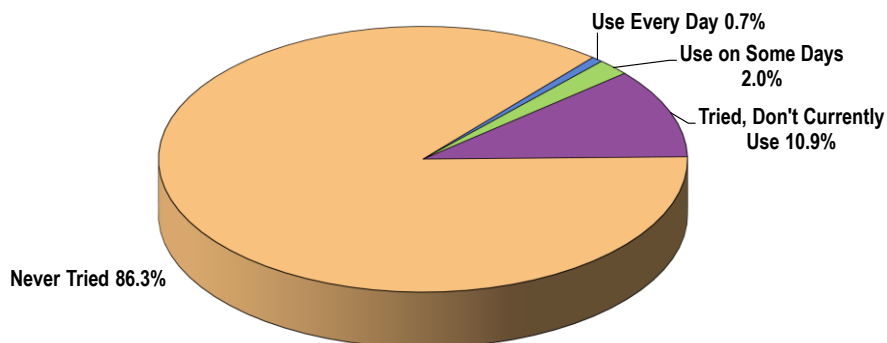
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 57-58]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]  
 Notes: • Asked of respondents who smoke cigarettes every day.

## Other Tobacco Use

### Electronic Cigarettes

A total of 2.7% of Brevard County adults currently use electronic cigarettes (“e-cigarettes”), either regularly (0.7% every day) or occasionally (2.0% on some days).

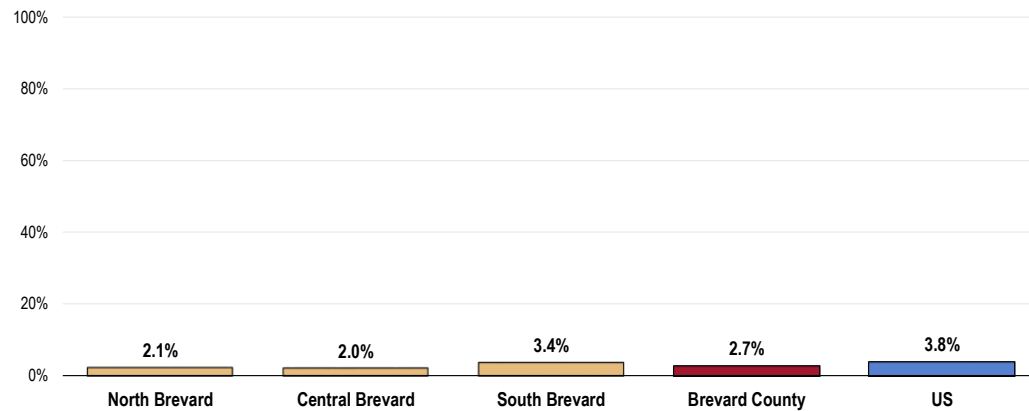
### Electronic Cigarette Use (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]  
 Notes: • Asked of all respondents.

- Similar to national findings.
- Similar findings by county subarea.

### Currently Use Electronic Cigarettes (Every Day or on Some Days)

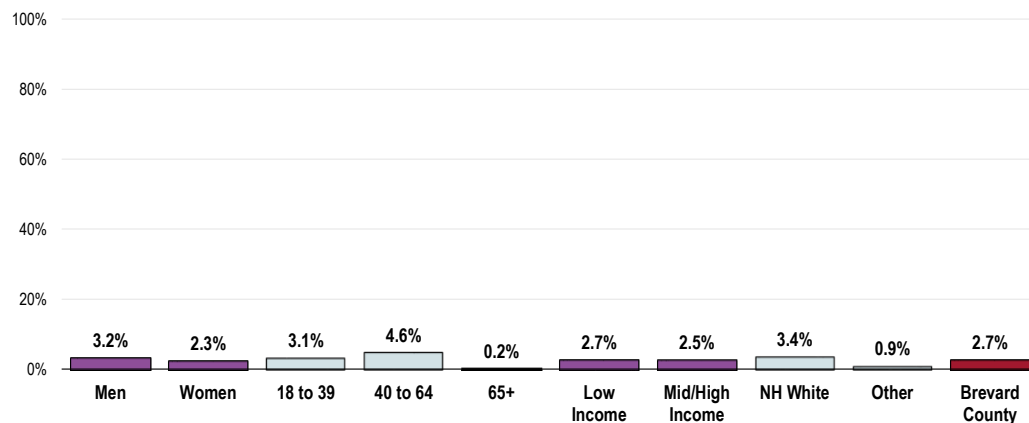


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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

- Electronic cigarette use is more prevalent among adults under 65.

### Currently Use Electronic Cigarettes (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]

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).

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

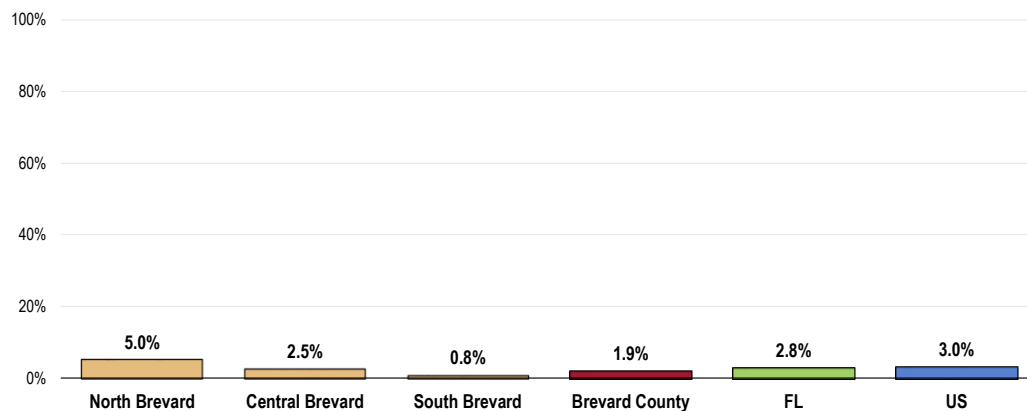
## Smokeless Tobacco

**A total of 1.9% of Brevard County adults use some type of smokeless tobacco every day or on some days.**

- Comparable to the state and national percentages.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Unfavorably high in North Brevard; lowest in South Brevard.

## Smokeless Tobacco Use

**Healthy People 2020 Target = 0.3% or Lower**



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
  - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Florida data.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.3]
- Notes:
- Asked of all respondents.
  - Smokeless tobacco includes chewing tobacco, snuff, or snus.

## **Access to Health Services**



**Professional Research Consultants, Inc.**

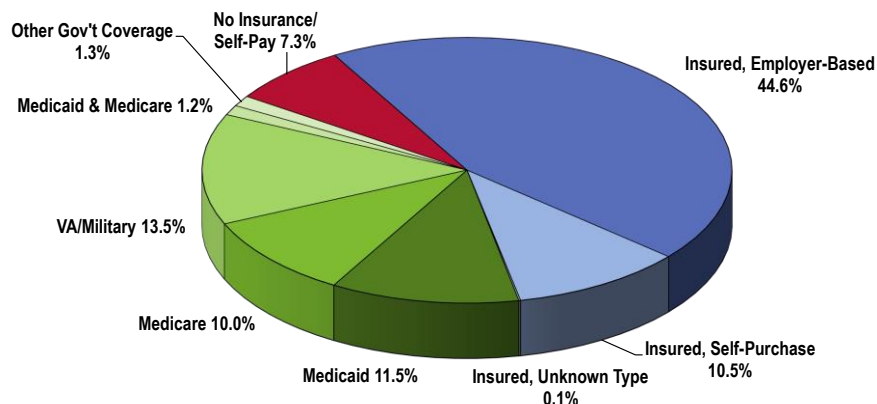
## Health Insurance Coverage

### Type of Healthcare Coverage

A total of 55.2% of Brevard County adults age 18 to 64 report having healthcare coverage through private insurance. Another 37.5% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

**Healthcare Insurance Coverage**  
(Among Adults Age 18-64; Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]  
Notes: • Reflects respondents age 18 to 64.

### Lack of Health Insurance Coverage

#### Adults

Among adults age 18 to 64, 7.3% report having no insurance coverage for healthcare expenses.

- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Comparable findings by subarea.
- TREND: Marks a statistically significant decrease over time.

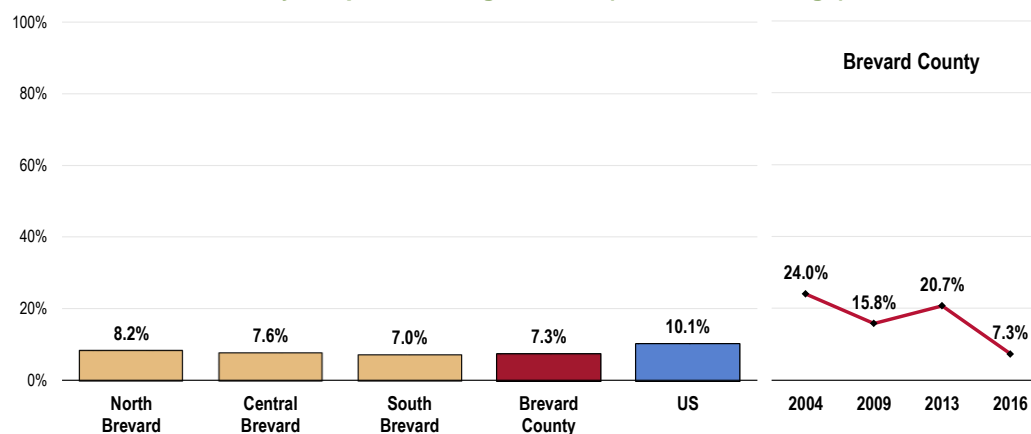
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).



## Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]  
 Notes: • Asked of all respondents under the age of 65.

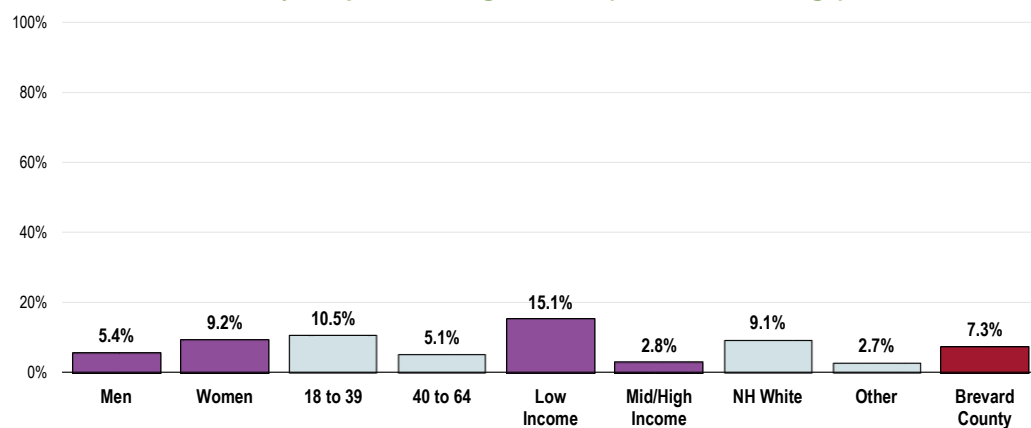
The following population segments are more likely to be without healthcare insurance coverage:

- Residents living at lower incomes (note the 15.1% uninsured prevalence among low-income adults).
- Non-Hispanic Whites.

## Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Brevard County, 2016)

Healthy People 2020 Target = 0.0% (Universal Coverage)

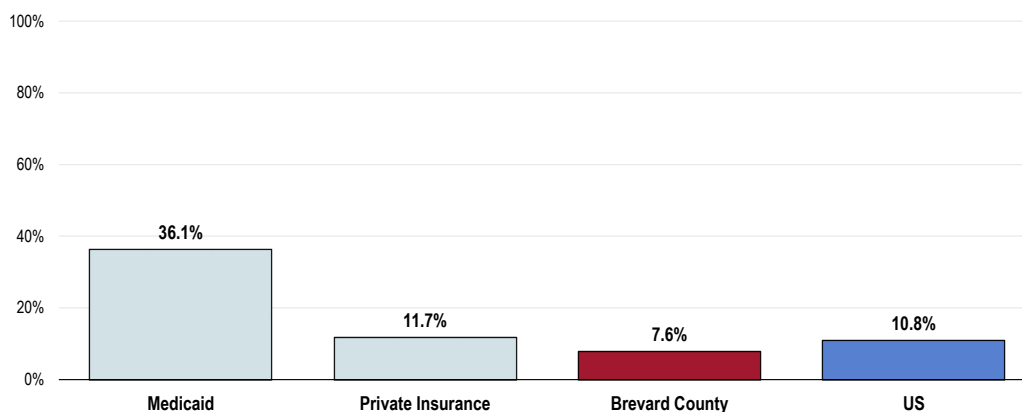


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]  
 Notes: • Asked of all respondents under the age of 65.  
 • Hispanics 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.

**A total of 7.6% of residents under 65 with private coverage or Medicaid secured their coverage under the Affordable Care Act (ACA), otherwise known as “Obamacare.”**

- Lower than the prevalence reported nationally.
- Note the 36.1% of affirmative responses among adults with Medicaid compared with privately insured individuals (11.7%).

### **Insurance Secured Under ACA/“Obamacare”** (Among Those With Private Insurance or Medicaid, By Type of Coverage)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 84]

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

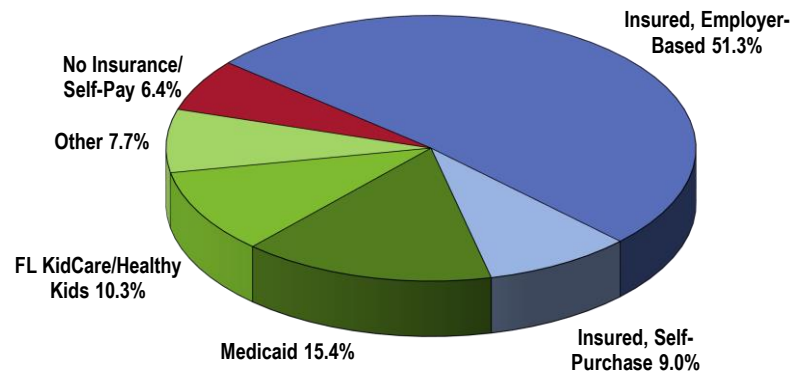
Notes: • Asked of all respondents under 65 with private insurance or Medicaid.

### **Children**

**A total of 60.3% of Brevard County parents report that their child has healthcare coverage through private insurance. Another 33.4% report coverage through a government-sponsored program (e.g., Medicaid, Florida KidCare/Healthy Kids, etc.).**

- Note the 6.4% of county respondents who report that their child does not have healthcare coverage.

## Children's Healthcare Insurance Coverage (Among Brevard County Parents, 2016)

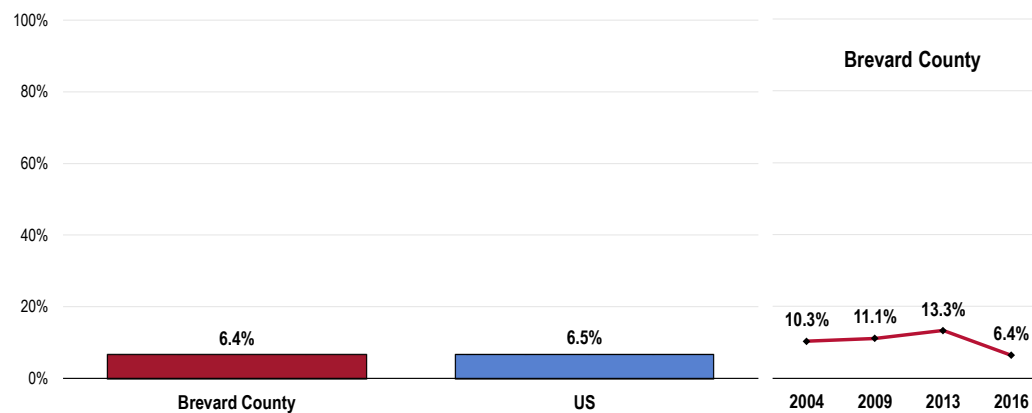


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 323-324]  
 Notes: • Reflects respondents with children under 18.

- Lack of children's insurance coverage is almost identical to the US prevalence.
- TREND: Statistically unchanged over time.

## Children's Lack of Healthcare Insurance Coverage (Among Brevard County Parents)

Healthy People 2020 Target = 0.0% (Universal Coverage)



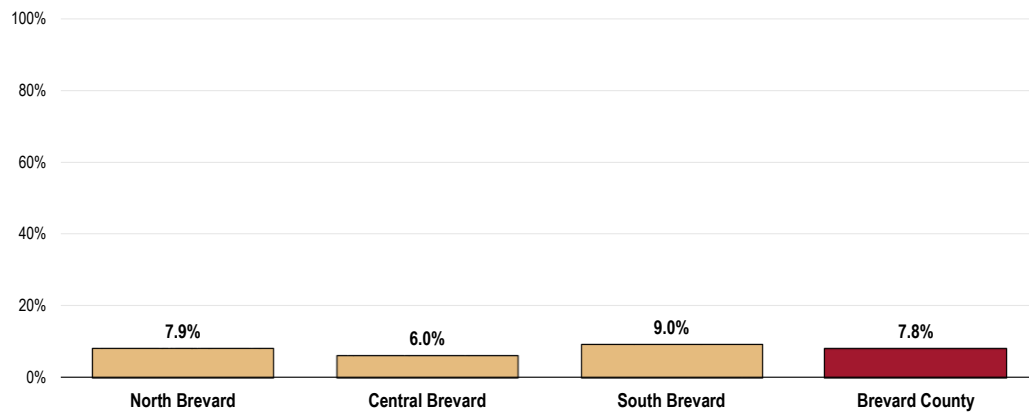
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 323-324]  
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]  
 Notes: • Asked of all respondents with children under 17 at home.

### Recent Lack of Coverage

Among currently insured adults in Brevard County, 7.8% report that they were without healthcare coverage at some point in the past year.

- Statistically comparable findings by county subarea.

### Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults)



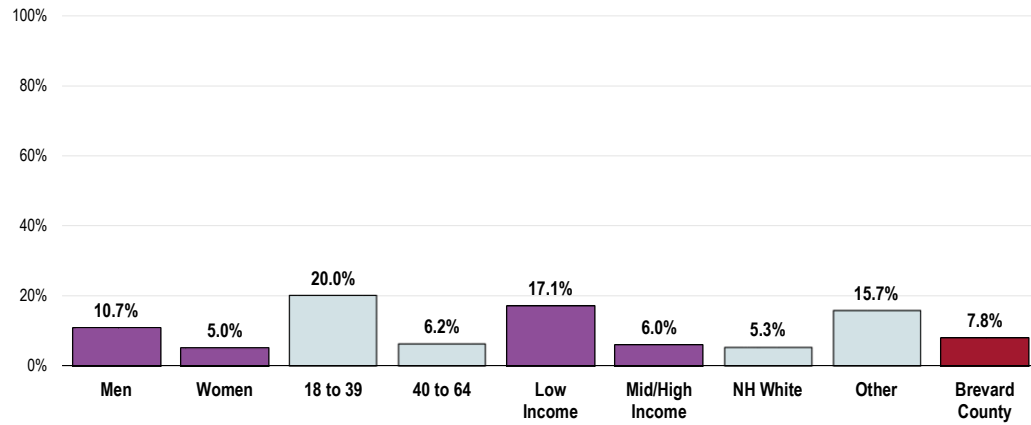
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]

Notes: • Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Men.
- Adults under age 40.
- Lower-income residents.
- Other races.

### Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults; Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]

Notes: • Asked of all insured 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.

## 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](http://www.healthypeople.gov))

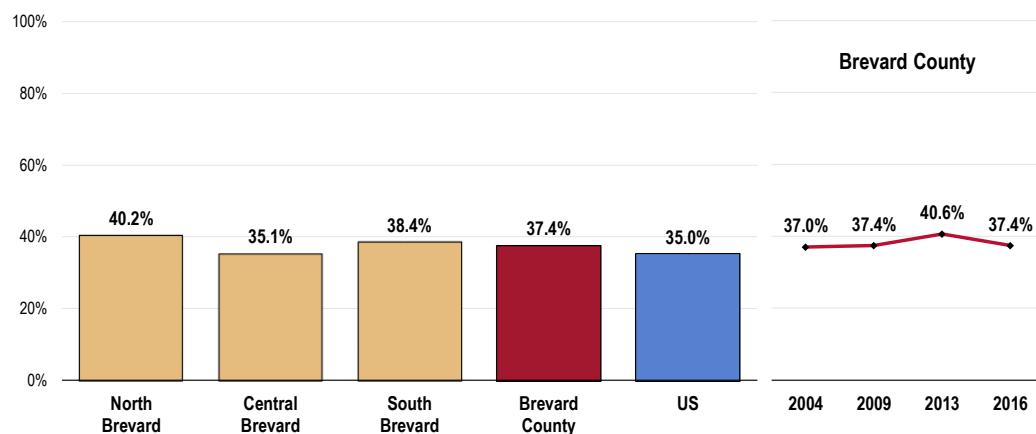
### Difficulties Accessing Services

**A total of 37.4% of Brevard County adults report some type of difficulty or delay in obtaining healthcare services in the past year.**

- Similar to national findings.
- Statistically similar by subarea.
- TREND: Statistically unchanged over time.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

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



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

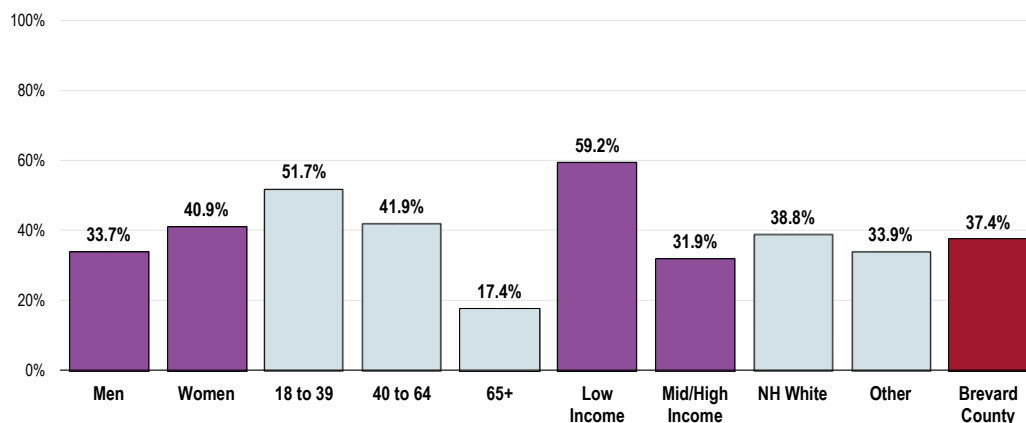
Notes: • Asked of all respondents.

• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Adults under the age of 65 (negative correlation with age).
- Lower-income residents.

### Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]

Notes: • Asked of all respondents.  
• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.  
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Barriers to Healthcare Access

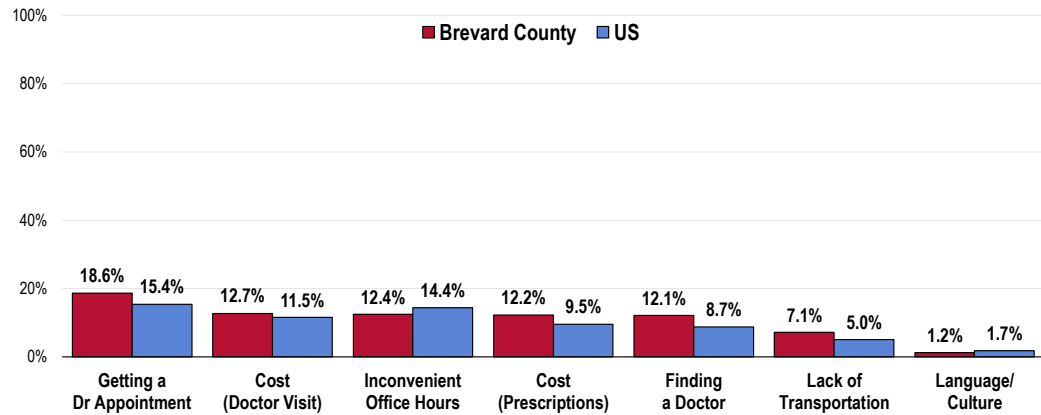
Of the tested barriers, obtaining a physician visit impacted the greatest share of Brevard County adults (18.6% say that difficulty getting a doctor's appointment prevented them from medical care in the past year).

- The proportion of Brevard County adults impacted was statistically comparable to that found nationwide for each of the tested barriers, with the exception of **finding a physician** (the county fared worse than the nation).

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

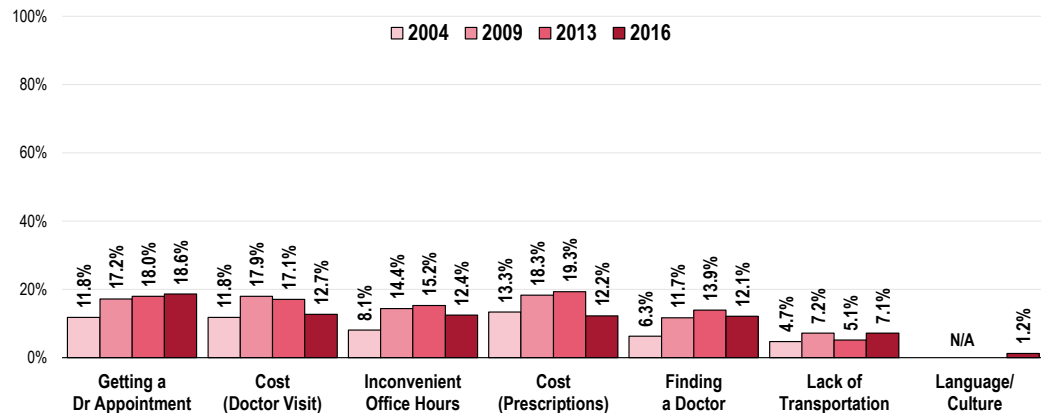


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- **TREND:** Over time, note the statistically significant increases in the barriers of inconvenient office hours, difficulty getting appointments, and difficulty finding physicians.

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



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]  
 Notes: • Asked of all respondents.

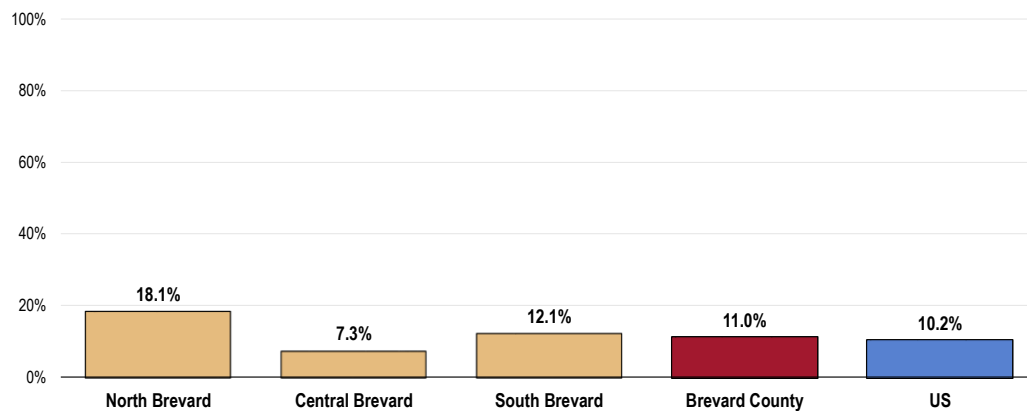


## Prescriptions

Among all Brevard County adults, 11.0% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Similar to national findings.
- Unfavorably high in North Brevard; lowest in Central Brevard.

### Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

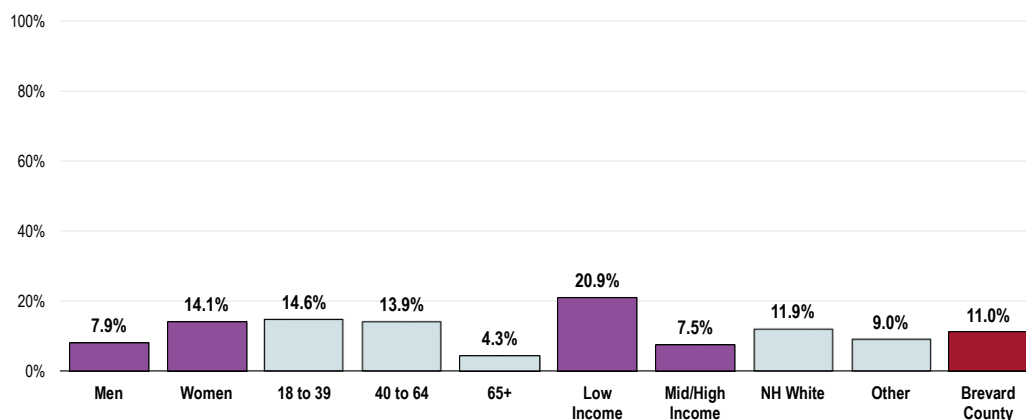


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Adults under 65.
- Respondents with lower incomes.

## Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]

Notes: • Asked of all respondents.

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

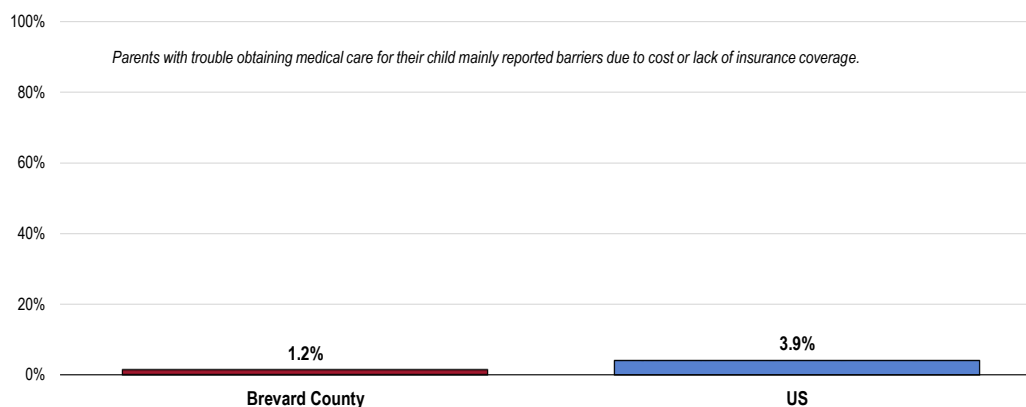
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty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

## Accessing Healthcare for Children

A total of 1.2% 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.

- Statistically similar to what is reported nationwide.

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



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 136-137]

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

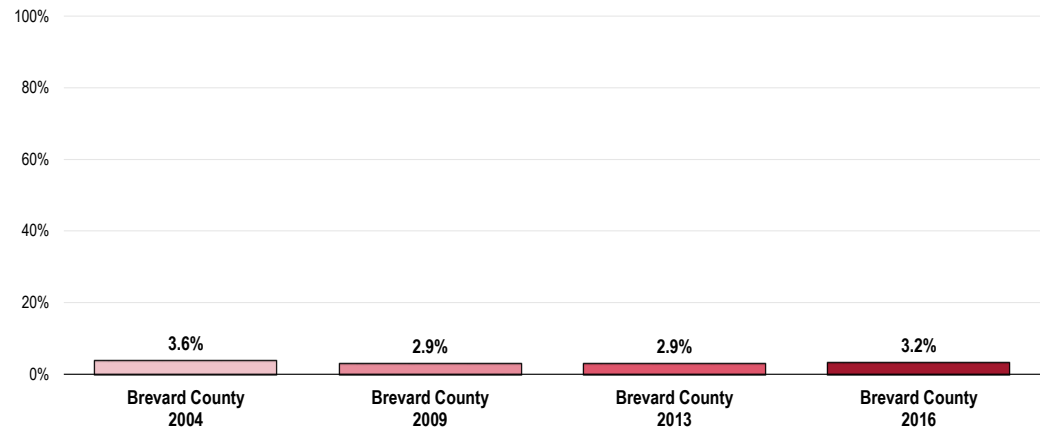
Notes: • Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason.

In a related inquiry, Brevard County parents were asked to indicate whether a lack of transportation prevented their child’s medical care in the past year.

- **TREND:** The percentage of parents who report that a lack of transportation prevented their child’s medical care in the past year has not changed significantly over time.

**Lack of Transportation Prevented  
Child’s Medical Care in the Past Year**  
(Brevard County Parents)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 318]  
Notes: • Asked of all respondents with children under 18.

## 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](http://www.healthypeople.gov))

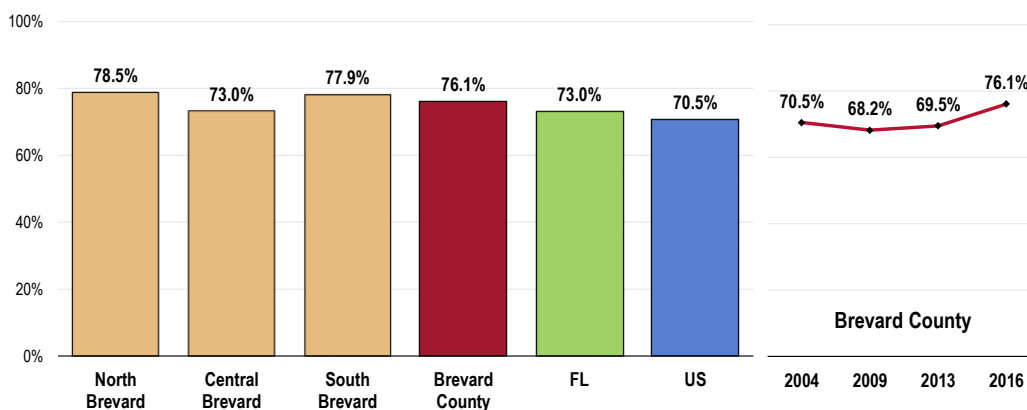
## Utilization of Primary Care Services

### Adults

**Just over 3 in 4 adults (76.1%) visited a physician for a routine checkup in the past year.**

- Comparable to state findings.
- More favorable than national findings.
- Comparable by county subarea.
- TREND: Statistically unchanged over time.

### Have Visited a Physician for a Checkup in the Past Year

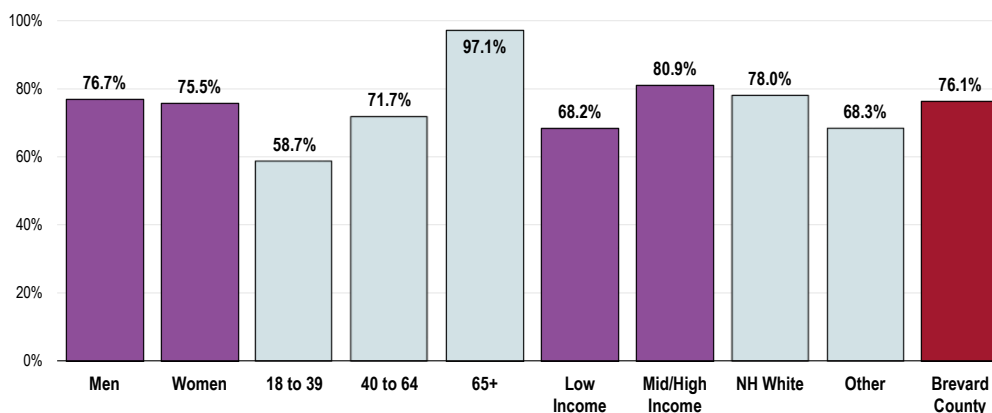


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2014 Florida data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age).
- Note also the disparity by income level among Brevard County respondents.

### Have Visited a Physician for a Checkup in the Past Year (Brevard County, 2016)



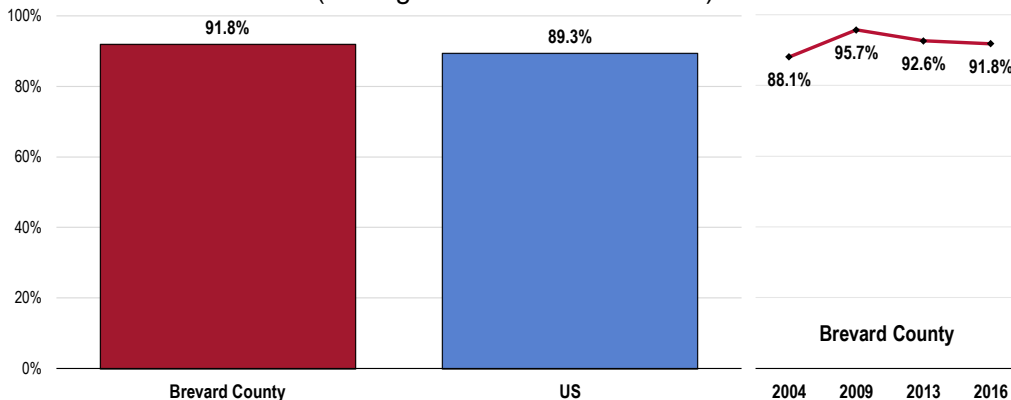
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories 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, 91.8% report that their child had a routine checkup last year.

- Similar to national findings.
- TREND: Statistically similar to previous survey findings.

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



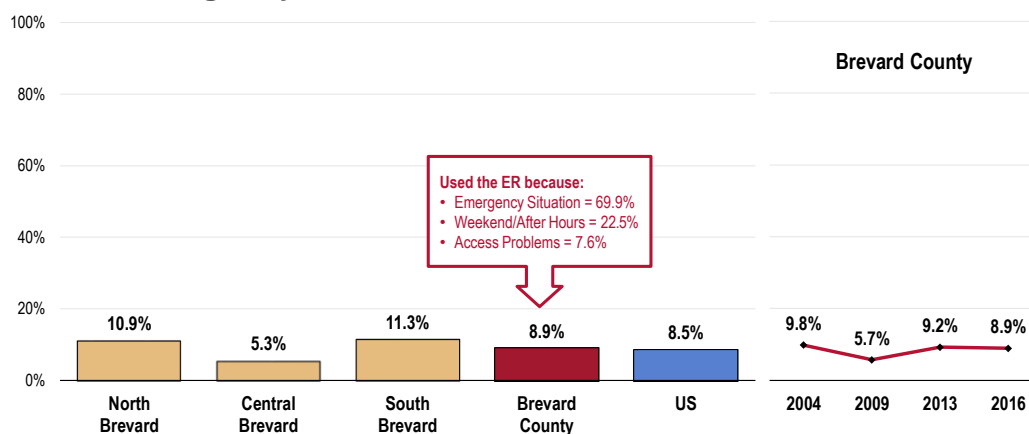
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.

## Emergency Room Utilization

A total of 8.9% of Brevard County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to national findings.
- Favorably low in Central Brevard.
- TREND: Statistically unchanged over time.

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



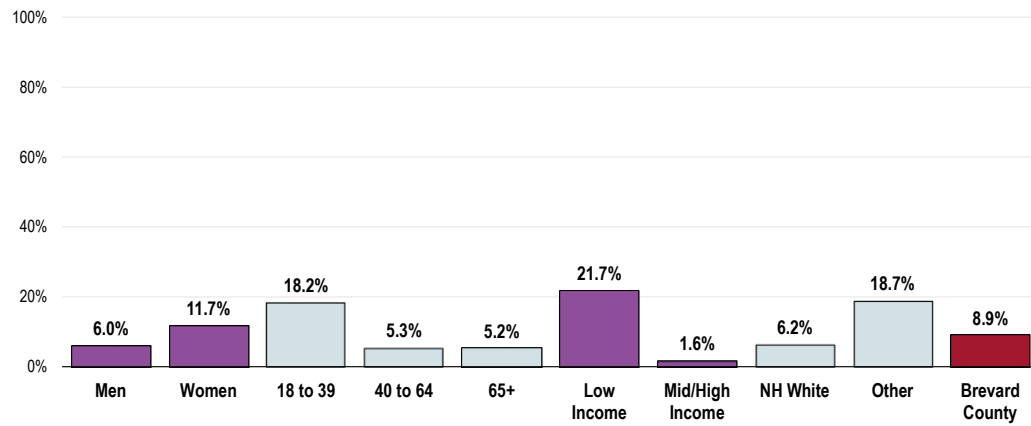
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

Of those using a hospital ER, 69.9% say this was due to an **emergency or life-threatening situation**, while 22.5% indicated that the visit was during **after-hours or on the weekend**. A total of 7.6% cited **difficulties accessing primary care** for various reasons.

These population segments are more likely to have used an ER for their medical care more than once in the past year:

- Women.
- Young adults.
- Low-income residents.
- Other races.

## Have Used a Hospital Emergency Room More Than Once in the Past Year (Brevard County, 2016)



Sources: • 2016 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.

## 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](http://www.healthypeople.gov))

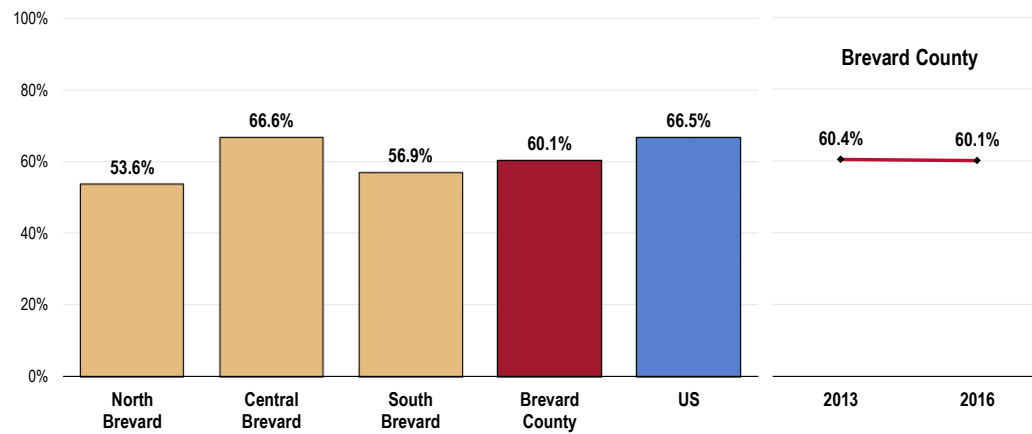
## Dental Insurance

**A total of 6 in 10 Brevard County adults (60.1%) have dental insurance that covers all or part of their dental care costs.**

- Lower than the national finding.
- Favorably high in Central Brevard.
- TREND: Statistically unchanged since 2013.



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



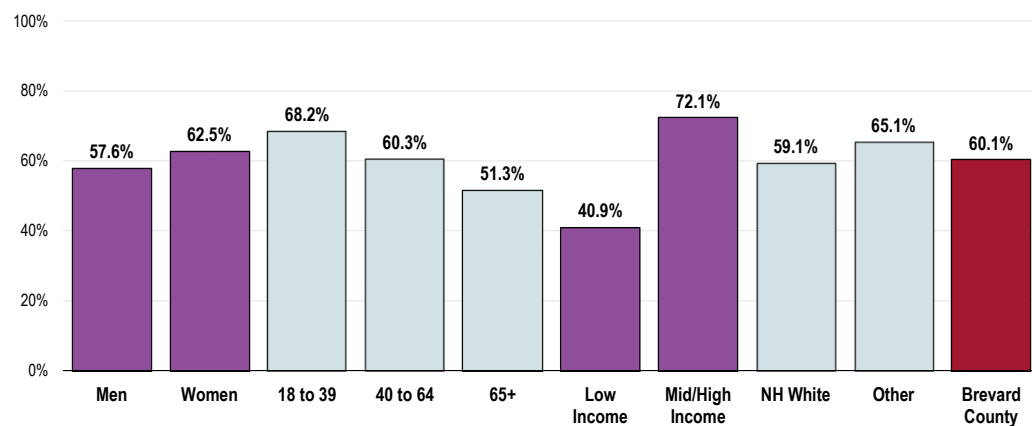
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]  
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

These adults are less likely to be covered by dental insurance:

- Those age 40+ (negative correlation with age).
- Low-income residents.

## Have Insurance Coverage That Pays All or Part of Dental Care Costs (Brevard County, 2016)



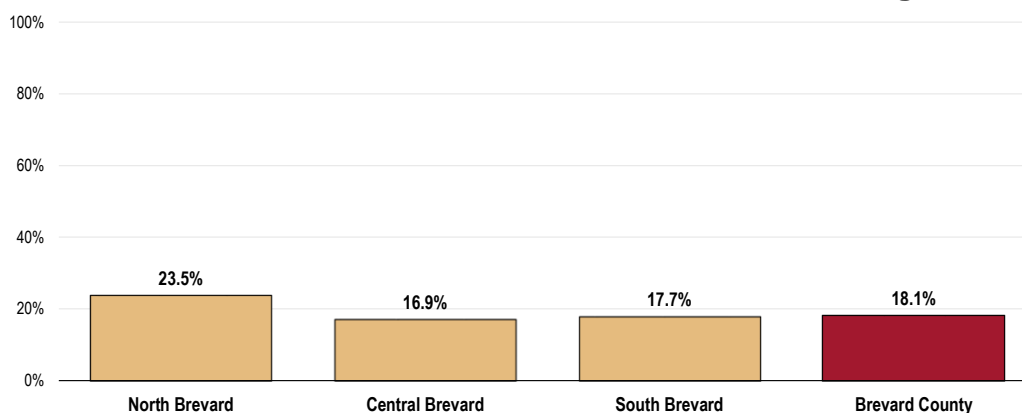
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]

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.

Another 18.1% of survey respondents report that a member of their household has dental problems that cannot be addressed due to a lack of dental coverage.

- Results are statistically comparable by county subarea.

### Member of Household Has Dental Problems That Cannot be Addressed Due to Lack of Coverage



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]  
 Notes: • Asked of all respondents.

## Dental Care

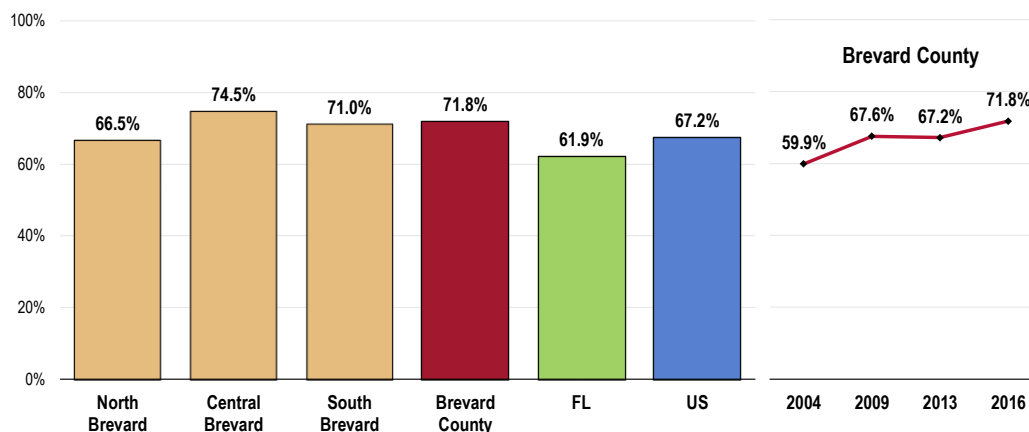
### Adults

A total of 71.8% of Brevard County adults have visited a dentist or dental clinic (for any reason) in the past year.

- Better than statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Similar by subarea.
- TREND: Marks a statistically significant increase since 2004.

## Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2014 Florida data.

Notes: • Asked of all respondents.

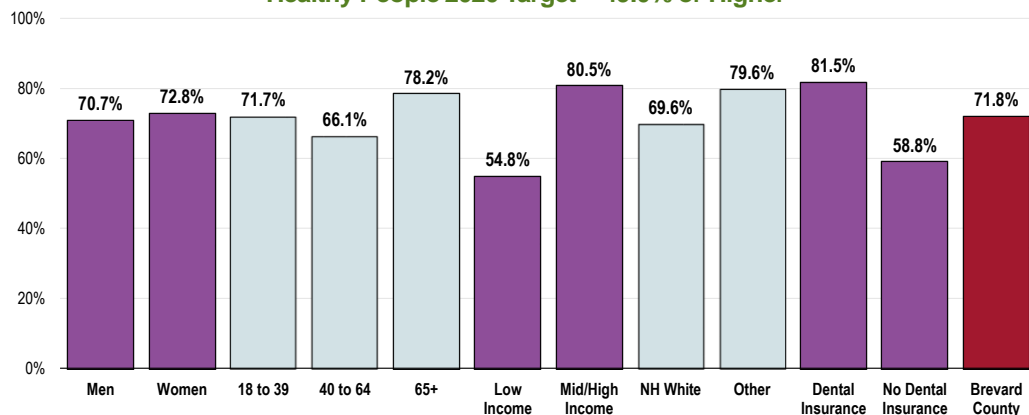
These survey respondents were less likely to report recent dental care:

- Adults age 40 to 64.
- Low-income residents.
- Non-Hispanic Whites.
- Persons without dental insurance.

## Have Visited a Dentist or Dental Clinic Within the Past Year

(Brevard County, 2016)

Healthy People 2020 Target = 49.0% or Higher



Sources: • 2016 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]

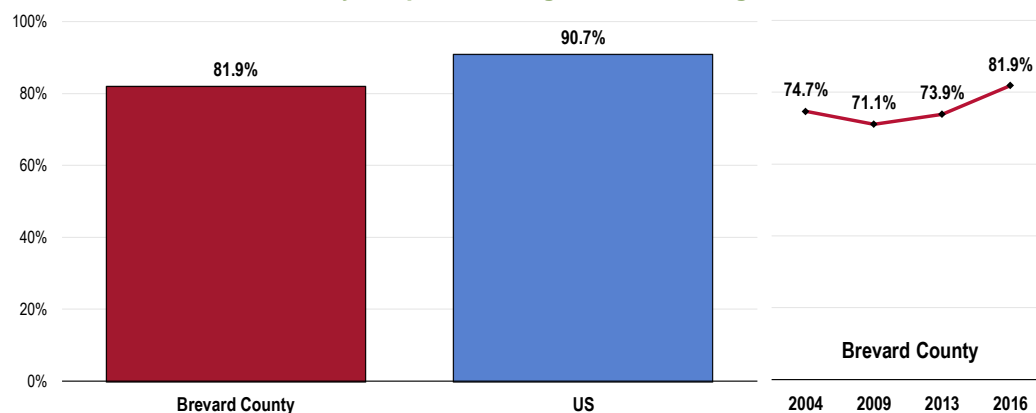
Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household 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 81.9% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Less favorable than national findings.
- Easily satisfies the Healthy People 2020 target (49% or higher).
- TREND: Statistically unchanged over time.

### Child Has Visited a Dentist or Dental Clinic Within the Past Year (Among Parents of Children Age 2-17) Healthy People 2020 Target = 49.0% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]  
 Notes: • Asked of all respondents with children age 2 through 17.

# Health Literacy



**Professional Research Consultants, Inc.**

## Understanding Health Information

*"You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places."*

*How often is health information written in a way that is easy for you to understand?"*

*How often is health information spoken in a way that is easy for you to understand?"*

### Written & Spoken Information

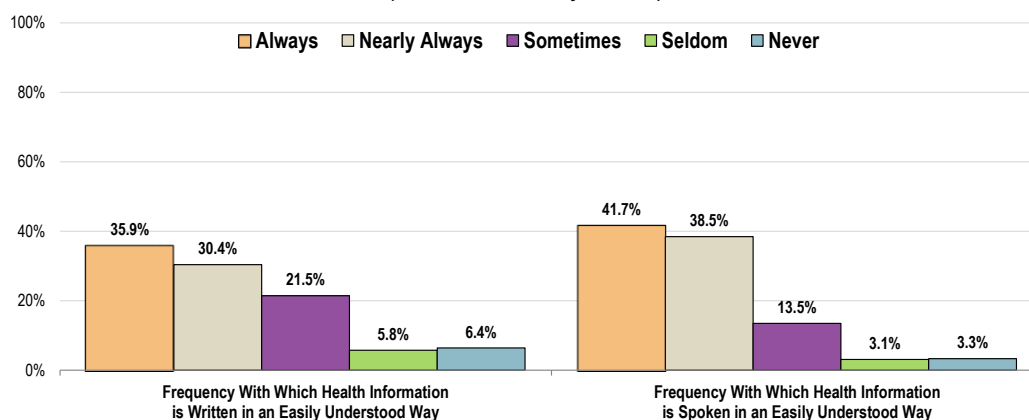
When asked about the frequency with which health information is written in an easily understood way, 66.3% of adults gave "always" or "nearly always" responses.

- On the other hand, 33.7% of Brevard County adults consider **written** health information to be difficult to understand, including 6.4% who gave "never" reports.

When asked about the frequency with which health information is spoken in an easily understood way, 80.2% of adults gave "always" or "nearly always" responses.

- On the other hand, 19.9% of Brevard County adults consider **spoken** health information to be difficult to understand, including 3.3% who gave "never" reports.

### Understanding Health Information (Brevard County, 2016)



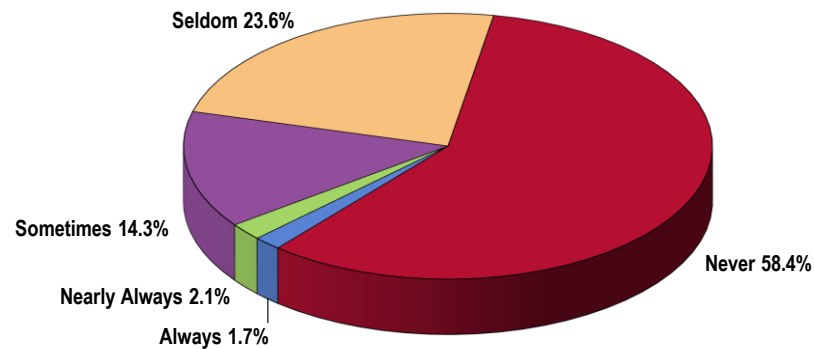
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 87, 89]  
Notes: • Asked of all respondents.

### Reading Health Information

When asked about the frequency of needing help to read health information, 82.0% of survey responses said "seldom" or "never."

- Another 14.3% of community adults "sometimes" need someone to help them read health information.
- Note that 3.8% of residents "always" or "nearly always" need help reading health information.

### Frequency of Needing Someone to Help Read Health Information (Brevard County, 2016)



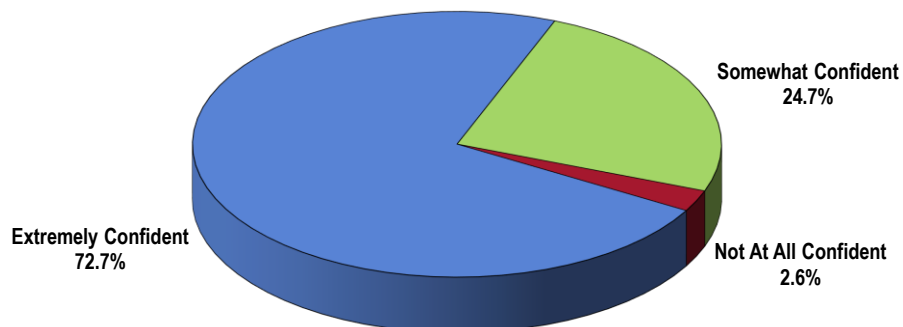
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]  
 Notes: • Asked of all respondents.

### Filling Out Health Forms

**Asked to describe their confidence in filling out health forms** (such as insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare), **most survey respondents are "extremely confident" (72.7%).**

- Another 24.7% of community adults are "somewhat confident" in their own ability to fill out health forms.
- However, 2.6% of respondents gave "not at all confident" ratings.

### Self-Perceived Confidence in Ability to Fill Out Health Forms (Brevard County, 2016)



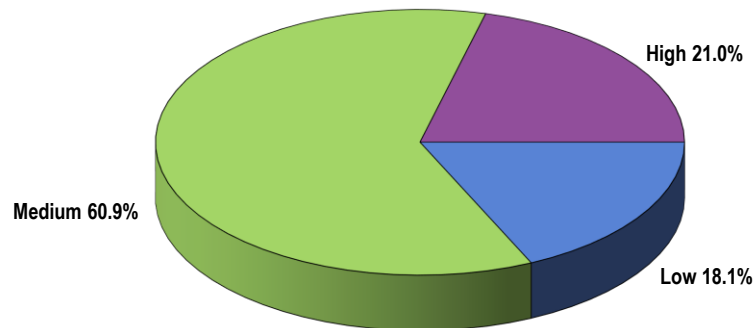
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]  
 Notes: • Asked of all respondents.  
 • In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

## Health Literacy

Among Brevard County survey respondents, 21.0% are considered to be of high health literacy, while 60.9% have medium health literacy, and the remaining 18.1% are considered to be of low 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.*

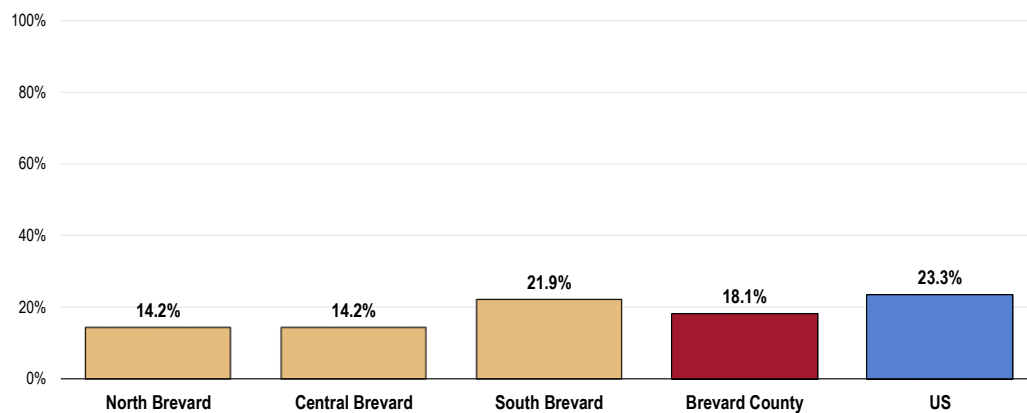
**Level of Health Literacy**  
(Brevard County, 2016)



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
- 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.

- The prevalence of Brevard County adults with low levels of health literacy is more favorable than the national average.
- The percentage is unfavorably high in South Brevard.

## Low Health Literacy



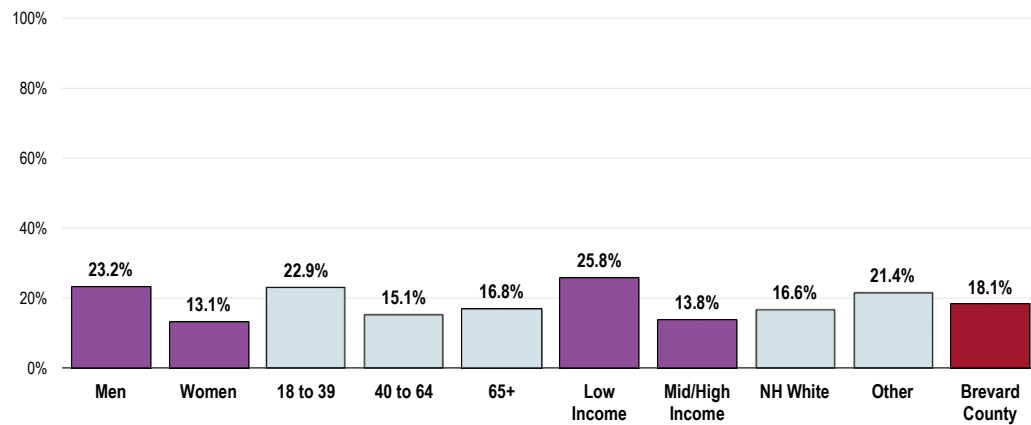
- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
  - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - Respondents with low health literacy are those who "seldom/never" find written or spoken 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.



These local adults are more likely to have low health literacy levels:

- Men.
- Younger adults.
- Low-income residents.

### Low Health Literacy (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]

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.

# Advance Directives



**Professional Research Consultants, Inc.**

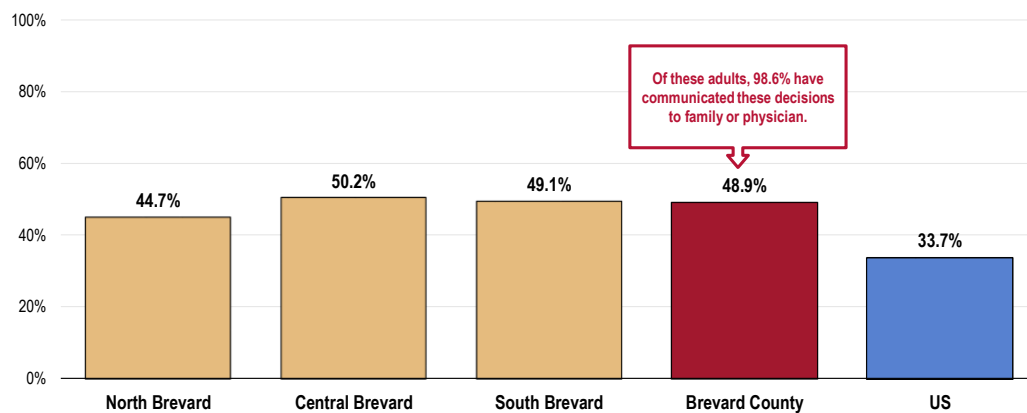
## Advance Directive Documents

*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.*

**A total of 48.9% of Brevard County adults have completed Advance Directive documents.**

- The prevalence is much higher than the US figure.
- Similar findings by county subarea.
- Of those local adults who have completed Advance Directive documents, 98.6% have communicated these decisions to family and/or a physician.

### Have Completed Advance Directive Documents

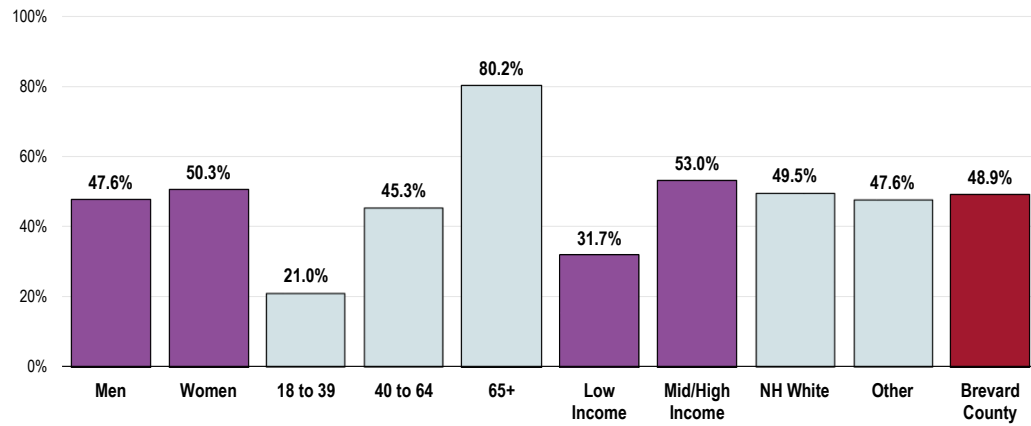


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 85-86]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of those respondents age 45 and older.  
 • An Advance Directive is a set of directions given about the medical 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.

These survey respondents are less likely to have filled out Advance Directive documents:

- Young adults (positive correlation with age).
- Individuals living at the lower income level.

## Have Completed Advance Directive Documents (Brevard County, 2016)



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]
- Notes:
- Asked of those respondents age 45 and older.
  - 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.
  - 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.

## Local Resources



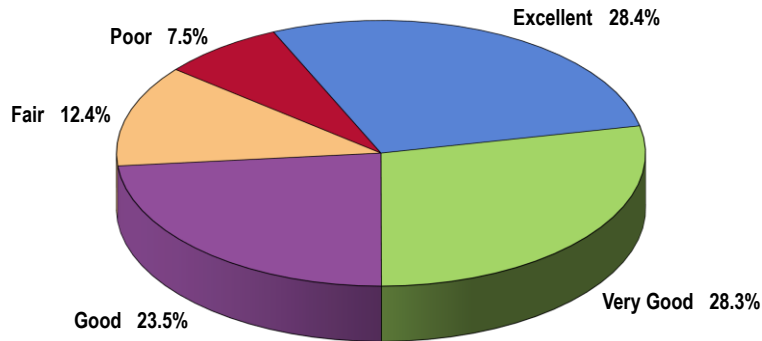
**Professional Research Consultants, Inc.**

## Perceptions of Local Healthcare Services

More than one-half of Brevard County adults (56.7%) rates the overall healthcare services available in their community as “excellent” or “very good.”

- Another 23.5% gave “good” ratings.

### Rating of Overall Healthcare Services Available in the Community (Brevard County, 2016)

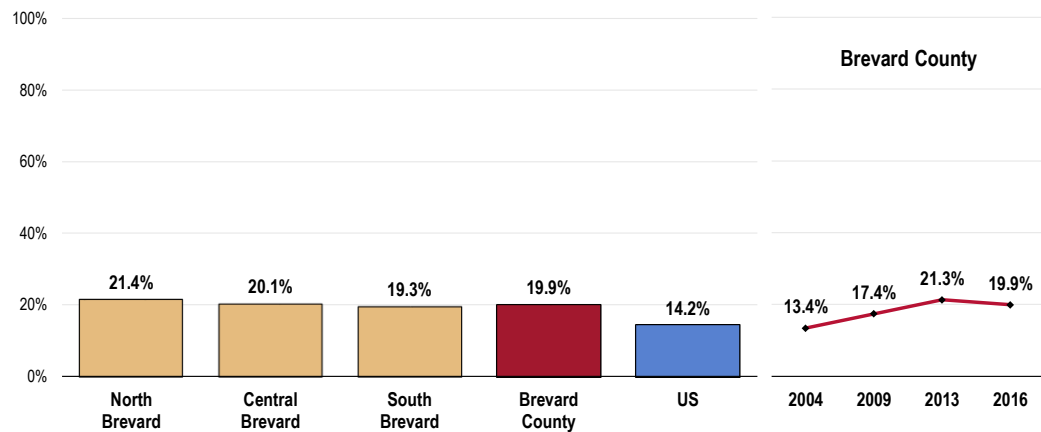


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
Notes: • Asked of all respondents.

However, 19.9% of residents characterize local healthcare services as “fair” or “poor.”

- Less favorable than reported nationally.
- Similar findings by subarea.
- TREND: Marks a statistically significant increase in these low ratings.

### Perceive Local Healthcare Services as “Fair/Poor”

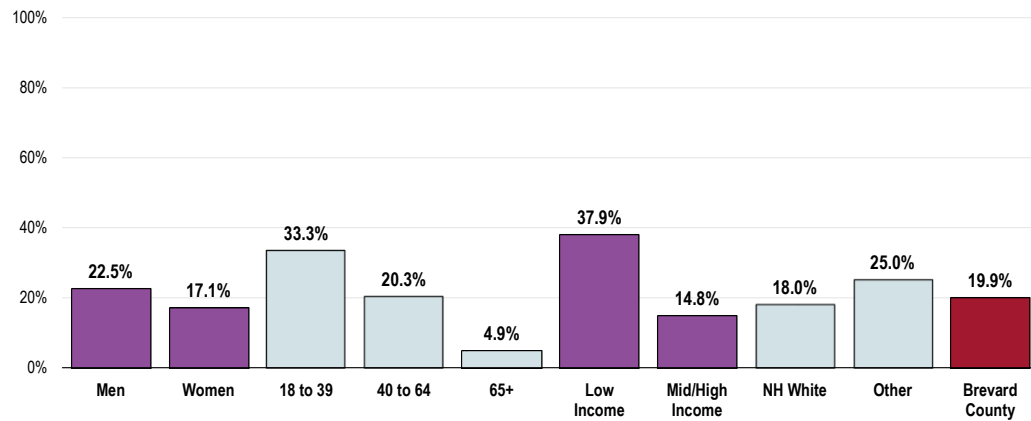


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- Adults under age 65 (negative correlation with age).
- Residents with lower incomes.

### Perceive Local Healthcare Services as “Fair/Poor” (Brevard County, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes: • Asked of all respondents.

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

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