



2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Brevard County, Florida

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INTRODUCTION



PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2004, 2009, 2013, 2016, and 2019, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Brevard County. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

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

This assessment was conducted on behalf of Space Coast Health Foundation by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from primary research (the PRC Community Health Survey) and allows for trending and comparison to benchmark data at the state and national levels.

PRC Community Health Survey

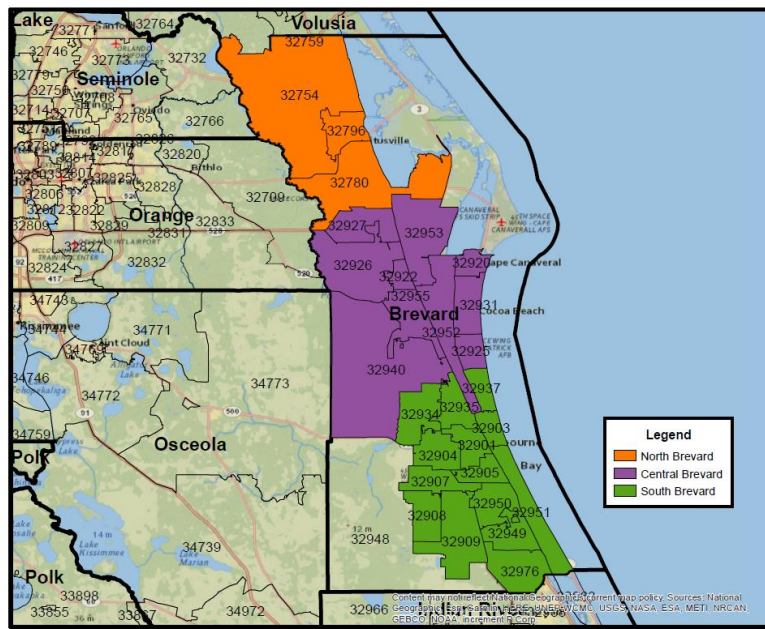
Survey Instrument

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

Community Defined for This Assessment

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





Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone) as well as a community outreach component promoted by Space Coast Health Foundation through social media posting and other communications.

RANDOM-SAMPLE SURVEYS (PRC) ► For the targeted administration, PRC administered 611 random-sample interviews by phone throughout Brevard County (including 127 in North Brevard, 220 in Central Brevard, and 264 in South Brevard).

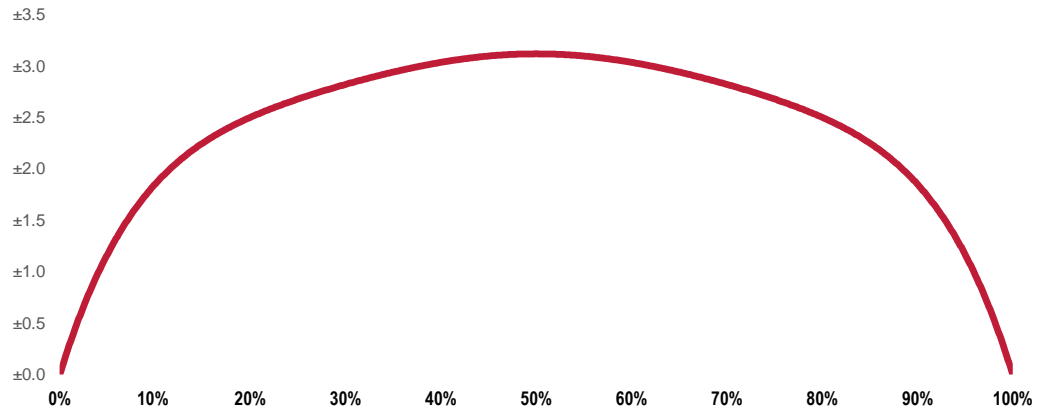
COMMUNITY OUTREACH SURVEYS (SPONSORING ORGANIZATIONS) ► PRC also created a link to an online version of the survey, and Space Coast Health Foundation promoted this link throughout the various communities in order to drive additional participation and bolster overall samples, yielding an additional 754 surveys to the overall sample.

In all, 1,365 surveys were completed through these mechanisms (237 in North Brevard, 480 in Central Brevard, and 648 in South Brevard). Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Brevard County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 1,365 respondents is $\pm 2.6\%$ at the 95 percent confidence level.



Expected Error Ranges for a Sample of 1,365 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 1,365 respondents answered a certain question with a "yes," it can be asserted that between 8.4% and 11.6% (10% ± 1.6%) 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 47.4% and 52.6% (50% ± 2.6%) of the total population would respond "yes" if asked this question.

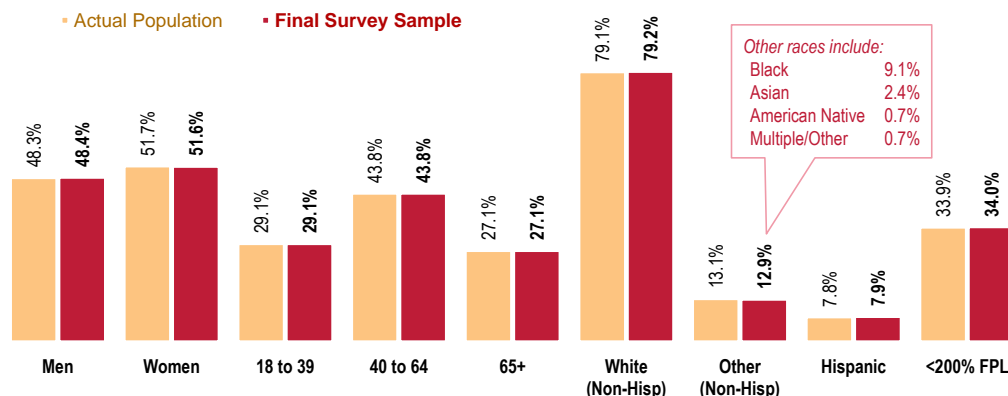
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

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



Population & Survey Sample Characteristics (Brevard County, 2022)



Sources: • US Census Bureau, 2011-2015 American Community Survey.
 • 2022 PRC Community Health Survey, PRC, Inc.
 Notes: • FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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.

INCOME & RACE/ETHNICITY

INCOME ► 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 2021 guidelines place the poverty threshold for a family of four at \$26,500 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more ($\geq 200\%$) of the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

Benchmark Data

Trending

Similar surveys were administered in Brevard County in 2004, 2009, 2013, 2016, and 2019 by PRC on behalf of Space Coast Health Foundation. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available.

Florida Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS* (*Behavioral Risk Factor*



Surveillance System) Prevalence and Trends Data published online by the Centers for Disease Control and Prevention.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.



Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

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

Information Gaps

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

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

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



SUMMARY OF FINDINGS

Significant Health Needs of the Community

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

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT

ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"> ▪ Lack of Health Insurance ▪ Barriers to Access <ul style="list-style-type: none"> – Inconvenient Office Hours – Cost of Prescriptions – Cost of Physician Visits – Appointment Availability – Finding a Physician – Lack of Transportation ▪ Skipping/Stretching Prescriptions ▪ Difficulty Accessing Children’s Health Care ▪ Ratings of Local Health Care ▪ End-of-Life Planning
CANCER	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Cancer Prevalence ▪ Female Breast Cancer Screening [Age 50-74]
DIABETES	<ul style="list-style-type: none"> ▪ Diabetes Prevalence ▪ Prevalence of Borderline/Pre-Diabetes ▪ Blood Sugar Testing [Non-Diabetics]
HEART DISEASE & STROKE	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Heart Disease Prevalence ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence ▪ Overall Cardiovascular Risk
INJURY & VIOLENCE	<ul style="list-style-type: none"> ▪ Intimate Partner Violence
MENTAL HEALTH	<ul style="list-style-type: none"> ▪ “Fair/Poor” Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Stress ▪ Receiving Treatment for Mental Health ▪ Difficulty Obtaining Mental Health Services

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AREAS OF OPPORTUNITY (continued)

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> ▪ Difficulty Accessing Fresh Produce ▪ Fruit/Vegetable Consumption ▪ Overweight & Obesity [Adults]
ORAL HEALTH	<ul style="list-style-type: none"> ▪ Regular Dental Care [Adults]
POTENTIALLY DISABLING CONDITIONS	<ul style="list-style-type: none"> ▪ Multiple Chronic Conditions ▪ Activity Limitations ▪ High-Impact Chronic Pain ▪ Caregiving
RESPIRATORY DISEASE	<ul style="list-style-type: none"> ▪ Chronic Obstructive Pulmonary Disease (COPD) Prevalence
SOCIAL DETERMINANTS	<ul style="list-style-type: none"> ▪ Financial Resilience ▪ Food Insecurity ▪ Housing Stability ▪ Housing Conditions ▪ Adverse Childhood Experiences (ACEs)
SUBSTANCE ABUSE	<ul style="list-style-type: none"> ▪ Personally Impacted by Substance Abuse (Self or Other's)
TOBACCO USE	<ul style="list-style-type: none"> ▪ Use of Vaping Products



Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

- In the following tables, Brevard County results are shown in the larger, gray column.
- The 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 local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether Brevard County compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.

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



















Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey.

TREND SUMMARY




(Current vs. Baseline Data)

Trends represent significant changes since 2004.










SOCIAL DETERMINANTS	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% Unable to Pay Cash for a \$400 Emergency Expense	 34.1	 28.2	 30.3
% Worry/Stress Over Rent/Mortgage in Past Year	 32.1	 34.3	 34.9
% Unhealthy/Unsafe Housing Conditions	 17.1	 20.7	 15.9
% Food Insecure	 32.3	 29.6	 34.2
% 4+ Adverse Childhood Experiences (High ACEs Score)	 28.4	 22.3	 24.6
% Disagree That the Community is Welcoming to All People	 19.6	 17.6	 17.1

Note: In the section above, 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.

OVERALL HEALTH	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% "Fair/Poor" Overall Health	 22.1	 17.9	 16.1

Note: In the section above, 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. HP2030	TREND
30.0		 24.6		
34.3		 32.2		 28.9
17.8		 12.2		
32.3		 34.1		 21.7
24.3		 16.3		
17.5				






better



similar



worse

Brevard County	BREVARD COUNTY vs. BENCHMARKS			
	vs. FL	vs. US	vs. HP2030	TREND
17.6	 19.7	 12.6		 13.8

































better


























similar



worse

ACCESS TO HEALTH CARE	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% [Age 18-64] Lack Health Insurance	 20.9	 19.3	 14.8
% Difficulty Accessing Health Care in Past Year (Composite)	 58.5	 53.3	 54.6
% Cost Prevented Physician Visit in Past Year	 24.1	 20.4	 22.2
% Cost Prevented Getting Prescription in Past Year	 20.4	 19.2	 18.9
% Difficulty Getting Appointment in Past Year	 37.3	 34.6	 33.3
% Inconvenient Hrs Prevented Dr Visit in Past Year	 12.1	 16.6	 16.6
% Difficulty Finding Physician in Past Year	 32.9	 28.5	 21.7
% Transportation Hindered Dr Visit in Past Year	 8.8	 11.7	 11.0
% Language/Culture Prevented Care in Past Year	 2.0	 1.8	 2.8
% Skipped Prescription Doses to Save Costs	 21.4	 20.4	 19.8

Brevard County	BREVARD COUNTY vs. BENCHMARKS			
	vs. FL	vs. US	vs. HP2030	TREND
17.2	 21.1	 8.7	 7.9	 24.0
54.7		 35.0		 37.0
21.8	 16.0	 12.9		 11.8
19.2		 12.8		 13.3
34.3		 14.5		 11.8
16.0		 12.5		 8.1
25.6		 9.4		 6.3
11.0		 8.9		 4.7
2.3		 2.8		 1.2
20.2		 12.7		 20.3

Note: In the section above, 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.



























better


















similar



worse

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% Difficulty Getting Child's Health Care in Past Year	 9.1	 10.2	 12.7
% Have a Specific Source of Ongoing Care	 69.4	 72.3	 77.7
% Have Had Routine Checkup in Past Year	 66.8	 65.1	 70.2
% Child Has Had Checkup in Past Year	 82.5	 86.5	 91.1
% Two or More ER Visits in Past Year	 10.7	 10.4	 11.4
% "Extremely/Very Likely" to Use Telemedicine	 41.6	 44.0	 48.6
% Rate Local Health Care "Fair/Poor"	 28.4	 18.2	 18.8
% Have Completed Advance Directive Documents	 39.9	 36.7	 34.5

Note: In the section above, 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. HP2030	TREND
11.3		 8.0		 1.2
74.6		 74.2	 84.0	 72.6
67.9	 80.4	 70.5		 70.5
88.3		 77.4		 88.1
10.9		 10.1		 9.8
46.0				
19.8		 8.0		 13.4
36.0				 48.9















better












similar

















worse




CANCER	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% Cancer	 13.2	 14.2	 14.5
% [Women 50-74] Mammogram in Past 2 Years	 65.0	 78.6	 74.5
% [Women 21-65] Cervical Cancer Screening	 64.2	 75.8	 77.6
% [Age 50-75] Colorectal Cancer Screening	 72.5	 75.6	 76.1








Note: In the section above, 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.




DIABETES	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% Diabetes/High Blood Sugar	 16.9	 13.0	 15.5
% Borderline/Pre-Diabetes	 13.5	 13.2	 14.4
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	 43.4	 45.2	 49.5



















Note: In the section above, 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. HP2030	TREND
14.2	 16.2	 10.0		
74.7	 81.4	 76.1	 77.1	 86.7
75.1	 79.4	 73.8	 84.3	 79.5
75.5	 71.0	 77.4	 74.4	 77.5







 better
  similar
  worse

Brevard County	BREVARD COUNTY vs. BENCHMARKS			
	vs. FL	vs. US	vs. HP2030	TREND
14.8	 11.7	 13.8		 9.3
13.9		 9.7		 9.1
47.1		 43.3		 55.8

















 better
  similar
  worse

HEART DISEASE & STROKE	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% Heart Disease (Heart Attack, Angina, Coronary Disease)	 11.3	 7.1	 9.0
% Stroke	 7.0	 2.7	 5.0
% Told Have High Blood Pressure	 52.4	 39.3	 43.3
% [HBP] Taking Action to Control High Blood Pressure	 88.6	 85.6	 88.9
% Told Have High Cholesterol	 42.1	 44.2	 41.5
% 1+ Cardiovascular Risk Factor	 90.3	 88.5	 86.7




Note: In the section above, 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.

INJURY & VIOLENCE	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% Victim of Violent Crime in Past 5 Years	 5.3	 4.6	 4.6
% Victim of Intimate Partner Violence	 22.7	 21.0	 20.3



Note: In the section above, 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. HP2030	TREND
8.6	 7.2	 6.1		 9.1
4.4	 3.6	 4.3		 6.3
43.1	 33.5	 36.9	 27.7	 38.2
87.7		 84.2		 80.8
42.6		 32.7		 34.4
87.8		 84.6		 92.1



















 better  similar  worse







Brevard County	BREVARD COUNTY vs. BENCHMARKS			
	vs. FL	vs. US	vs. HP2030	TREND
4.7		 6.2		 2.8
20.9		 13.7		














 better  similar  worse

KIDNEY DISEASE	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% Kidney Disease	 5.8	 4.1	 6.1

Note: In the section above, 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.



















MENTAL HEALTH	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% "Fair/Poor" Mental Health	 28.8	 25.7	 27.4
% Diagnosed Depression	 30.2	 30.7	 33.7
% Symptoms of Chronic Depression (2+ Years)	 44.9	 45.4	 43.3
% Typical Day Is "Extremely/Very" Stressful	 18.8	 20.9	 21.9
% Taking Rx/Receiving Mental Health Trtmt	 24.8	 21.0	 25.8
% Unable to Get Mental Health Svcs in Past Yr	 17.5	 15.9	 14.2



Brevard County	BREVARD COUNTY vs. BENCHMARKS			
	vs. FL	vs. US	vs. HP2030	TREND
5.4	 4.0	 5.0		 6.4
	 better	 similar	 worse	

Brevard County	BREVARD COUNTY vs. BENCHMARKS			
	vs. FL	vs. US	vs. HP2030	TREND
27.0		 13.4		 12.8
32.2	 17.7	 20.6		 17.0
44.3		 30.3		 21.7
21.1		 16.1		 13.7
23.9		 16.8		 13.2
15.3		 7.8		 5.6

MENTAL HEALTH (continued)	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% [Children 5-17] "Fair/Poor" Mental Health			
% [Children 5-17] Needed Mental Health Svcs in the Past Yr			

Note: In the section above, 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.

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% "Very/Somewhat" Difficult to Buy Fresh Produce	 32.5	 27.8	 26.5
% 5+ Servings of Fruits/Vegetables per Day	 29.5	 29.7	 28.0
% No Leisure-Time Physical Activity	 27.1	 23.1	 25.7
% Meeting Physical Activity Guidelines	 22.1	 23.5	 23.0
% Child [Age 2-17] Physically Active 1+ Hours per Day	 51.1	 30.8	 39.9
% Healthy Weight (BMI 18.5-24.9)	 25.5	 29.6	 29.8

Brevard County	BREVARD COUNTY vs. BENCHMARKS			
	vs. FL	vs. US	vs. HP2030	TREND
16.1				 10.6
23.3				 19.3




















better









similar












worse















Brevard County	BREVARD COUNTY vs. BENCHMARKS			
	vs. FL	vs. US	vs. HP2030	TREND
27.8		 21.1		 28.1
28.8		 32.7		 29.2
25.0	 26.5	 31.3	 21.2	 24.2
23.0	 27.0	 21.4	 28.4	 24.2
37.6		 33.0		 46.7
29.1	 32.8	 34.5		 33.9

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% Overweight (BMI 25+)	 72.4	 66.9	 68.4
% Obese (BMI 30+)	 44.6	 33.0	 36.2
% Children [Age 5-17] Healthy Weight			
% Children [Age 5-17] Overweight (85th Percentile)			
% Children [Age 5-17] Obese (95th Percentile)			

Note: In the section above, 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.

ORAL HEALTH	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% Have Dental Insurance	 61.0	 66.8	 64.9
% [Age 18+] Dental Visit in Past Year	 49.1	 56.7	 54.2
% Child [Age 2-17] Dental Visit in Past Year	 75.5	 72.6	 74.1

Note: In the section above, 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. HP2030	TREND
68.4	 64.6	 61.0		 58.7
36.2	 27.0	 31.3	 36.0	 19.4
57.6		 47.6		 47.8
25.9		 32.3		 29.4
13.3		 16.0	 15.5	 21.1













better



similar



worse

Brevard County	BREVARD COUNTY vs. BENCHMARKS			
	vs. FL	vs. US	vs. HP2030	TREND
65.0		 68.7	 59.8	 60.4
54.4	 65.7	 62.0	 45.0	 59.9
73.7		 72.1	 45.0	 74.7















better












similar











worse







POTENTIALLY DISABLING CONDITIONS	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% 3+ Chronic Conditions	 50.7	 40.4	 43.6
% Activity Limitations	 39.5	 33.3	 35.4
% With High-Impact Chronic Pain	 29.6	 21.1	 19.5
% Caregiver to a Friend/Family Member	 33.7	 25.8	 25.4







Note: In the section above, 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.

RESPIRATORY DISEASE	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% [Age 65+] Flu Vaccine in Past Year	 68.7	 80.5	 76.5
% Fully/Partially Vaccinated for COVID-19	 73.8	 74.6	 82.1
% [Adult] Asthma	 11.6	 12.8	 9.2
















Brevard County	BREVARD COUNTY vs. BENCHMARKS			
	vs. FL	vs. US	vs. HP2030	TREND
43.4		 32.5		 47.7
35.2		 24.0		 19.3
21.5		 14.1	 7.0	
26.6		 22.6		 24.1

 better  similar  worse






Brevard County	BREVARD COUNTY vs. BENCHMARKS			
	vs. FL	vs. US	vs. HP2030	TREND
76.9	 58.3	 71.0		 72.9
78.3				
10.8	 7.4	 12.9		 9.0

RESPIRATORY DISEASE (continued)	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% [Child 0-17] Asthma	 9.4	 6.9	 10.4
% COPD (Lung Disease)	 11.5	 12.7	 10.2

Note: In the section above, 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.

SUBSTANCE ABUSE	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% Excessive Drinker	 21.2	 23.9	 22.7
% Illicit Drug Use in Past Month	 2.8	 4.2	 1.6
% Used a Prescription Opioid in Past Year	 10.9	 13.3	 12.8
% Ever Sought Help for Alcohol or Drug Problem	 5.8	 7.5	 6.7
% Personally Impacted by Substance Abuse	 44.7	 45.8	 44.3

Note: In the section above, 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. HP2030	TREND
8.9		 7.8		 7.6
11.3	 7.7	 6.4		 9.9














better



similar



worse

Brevard County	BREVARD COUNTY vs. BENCHMARKS			
	vs. FL	vs. US	vs. HP2030	TREND
22.9	 18.0	 27.2		 18.5
2.7		 2.0	 12.0	 3.5
12.7		 12.9		
6.9		 5.4		 3.2
44.8		 35.8		 40.0














better





















similar



worse

TOBACCO USE	DISPARITY AMONG SUBAREAS		
	North Brevard	Central Brevard	South Brevard
% Current Smoker	 20.8	 16.3	 15.7
% Someone Smokes at Home	 14.3	 15.2	 16.3
% [Household With Children] Someone Smokes in the Home	 15.1	 19.4	 19.6
% [Smokers] Have Quit Smoking 1+ Days in Past Year			
% [Smokers] Received Advice to Quit Smoking	 74.7	 63.0	 75.0
% Currently Use Vaping Products	 10.9	 10.2	 8.4

Note: In the section above, 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. HP2030	TREND
16.6	 14.8	 17.4	 5.0	 20.4
15.7		 14.6		 17.5
19.0		 17.4		 26.4
51.5	 59.0	 42.8	 65.7	 51.5
70.6		 59.6	 66.6	 80.7
9.4	 4.3	 8.9		 2.7



better



similar



worse



COMMUNITY DESCRIPTION

SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

- Healthy People 2030 (<https://health.gov/healthypeople>)

Financial Resilience

Respondents were asked: "Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

A total of 30.0% of Brevard County residents would not be able to afford an unexpected \$400 expense without going into debt.

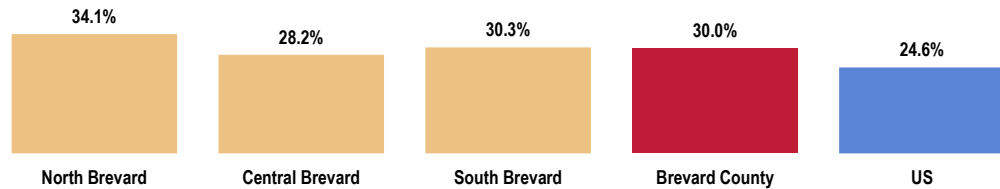
BENCHMARK ► Worse than the national percentage.

DISPARITY ► More often reported among women, adults younger than 65, lower-income adults, Black respondents, and those who identify as LGBTQ+.



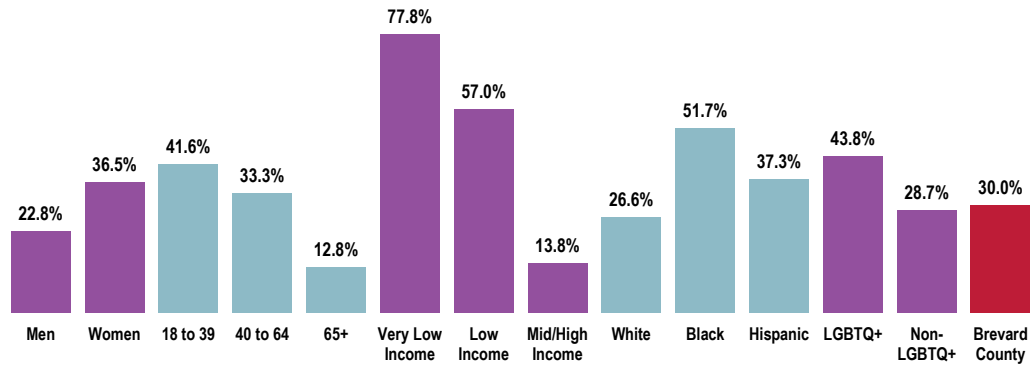
NOTE: Text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 63]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Brevard County, 2022)



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 63]
- Notes:
- Asked of all respondents.
 - Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

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

Here: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

In addition, all Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

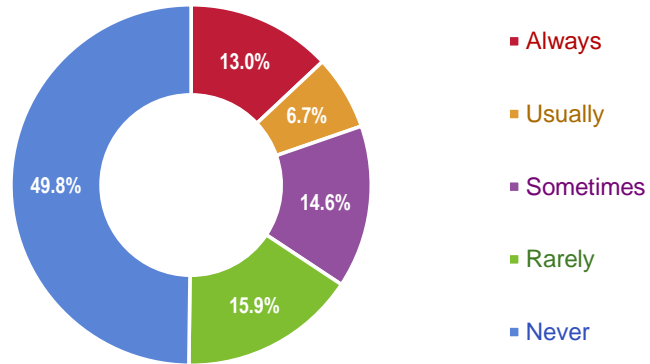


Housing

Housing Insecurity

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

Frequency of Worry or Stress Over Paying Rent or Mortgage in the Past Year (Brevard County, 2022)



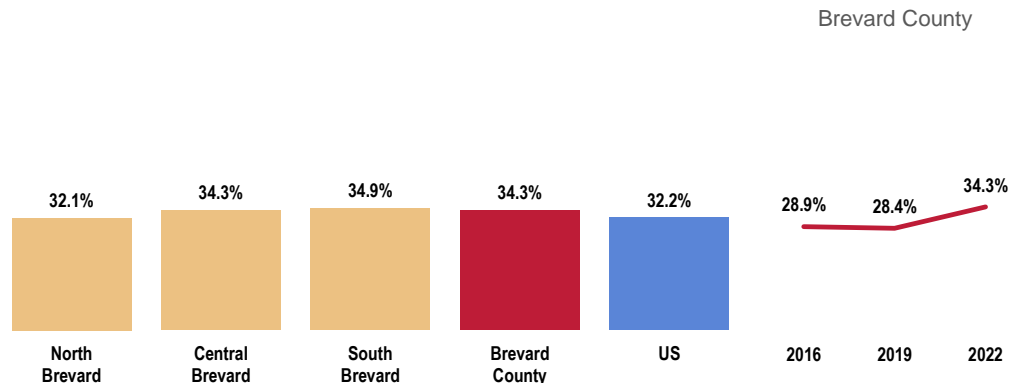
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 66]
 Notes: • Asked of all respondents.

However, a considerable share (34.3%) report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

TREND ▶ A significant increase from previous surveys.

DISPARITY ▶ More often reported among women, adults younger than 65, lower-income adults, those who identify as LGBTQ+, and renters. Also higher among Black residents, compared to White residents.

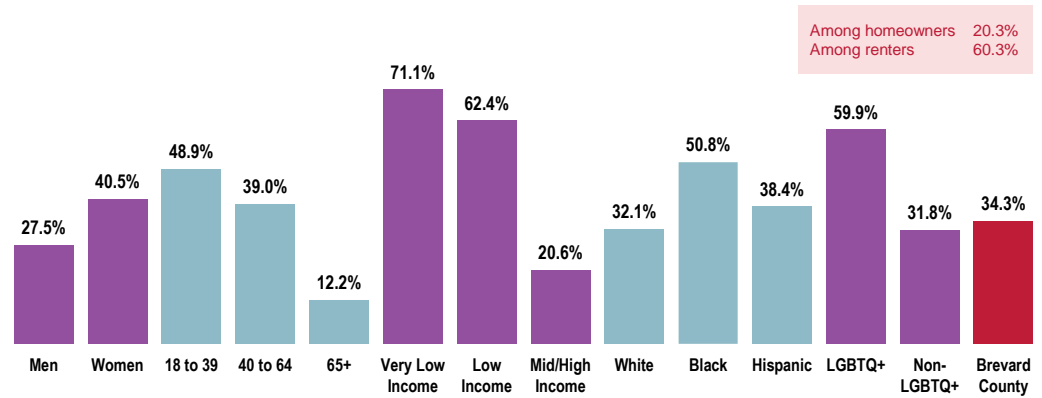
“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 66]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.



“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: • Asked of all respondents.

Unhealthy or Unsafe Housing

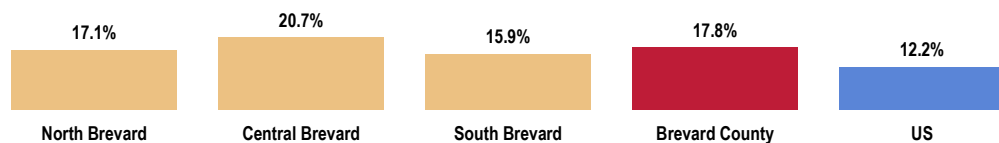
A total of 17.8% of Brevard County residents report living in unhealthy or unsafe housing conditions during the past year.

BENCHMARK ► Worse than the national percentage.

DISPARITY ► Higher in Central Brevard. More often reported among women, adults younger than 65, lower-income adults, Black residents (when compared to White residents), members of the LGBTQ+ community, and renters.

Respondents were asked: “Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?”

Unhealthy or Unsafe Housing Conditions in the Past Year

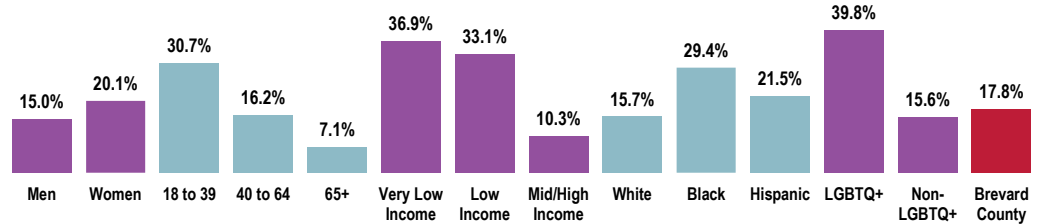


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 65]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.



Unhealthy or Unsafe Housing Conditions in the Past Year (Brevard County, 2022)

Among homeowners 10.1%
Among renters 27.7%



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 65]
Notes: • Asked of all respondents.
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Food Insecurity

Overall, 32.3% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

TREND ► Represents a significant increase over time.

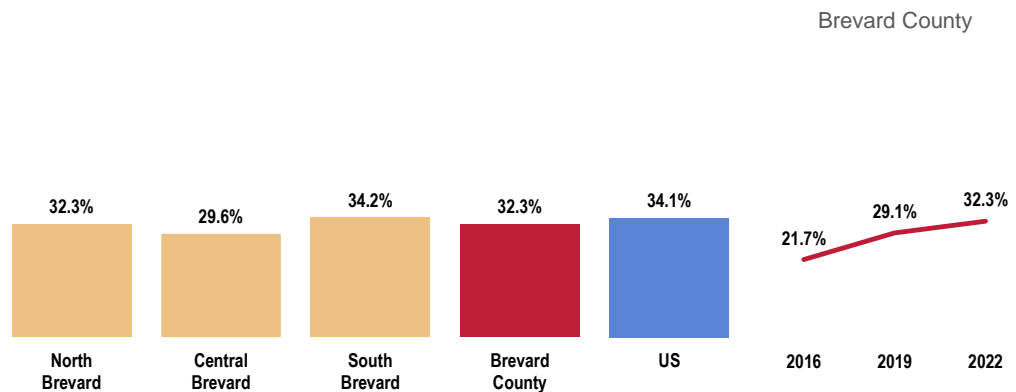
DISPARITY ► More often reported among women, adults younger than 65, lower-income respondents, Black residents, Hispanic residents, and members of the LGBTQ+ community.

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

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

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

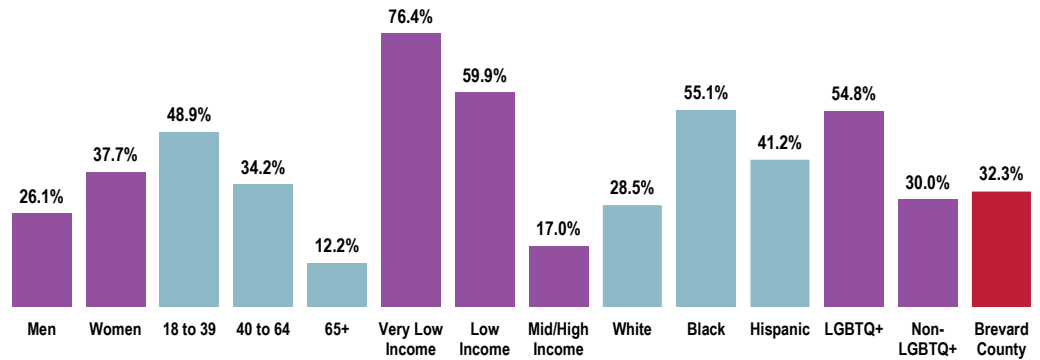
Food Insecurity



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 112]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.



Food Insecurity (Brevard County, 2022)



Sources:

- 2022 PRC Community Health Survey, PRC, Inc. [Item 112]

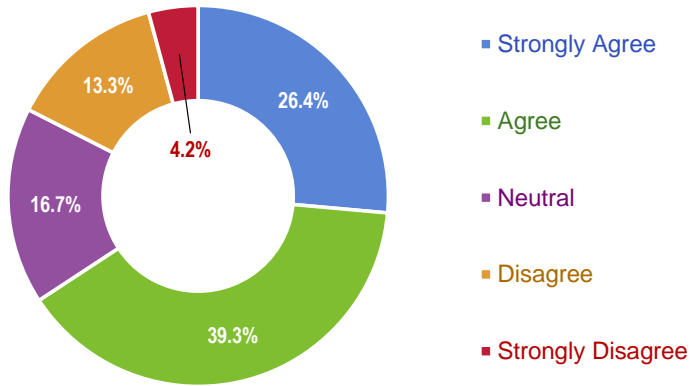
 Notes:

- 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.

Diversity & Inclusion

A majority of surveyed adults (65.7%) agree with the statement, “I feel that my community is a welcoming place for all people, regardless of race, ethnicity, sexual orientation, gender identity, age, physical disability, or other differences.”

Feel That the Community is Welcoming to All People, Regardless of Demographic Differences (Total Service Area, 2021)



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 304]

 Notes:

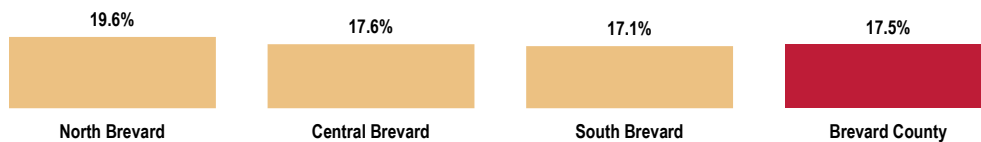
- Asked of all respondents.
- Demographic differences include race, ethnicity, sexual orientation, gender identity, age, physical disability, or other differences.



However, 17.5% said they “disagree” or “strongly disagree” with the statement.

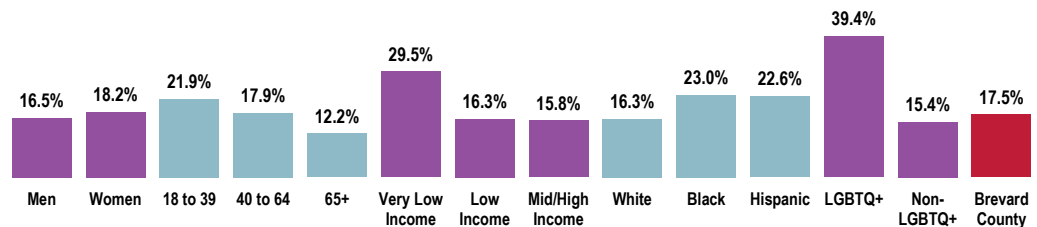
DISPARITY ► Adults age 18 to 64, those with very low incomes, and LGBTQ+ respondents are [more likely](#) to disagree that the community is welcoming to all.

Disagree That the Community is Welcoming to All People, Regardless of Demographic Differences



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 304]
 Notes: • Asked of all respondents.
 • Demographic differences include race, ethnicity, sexual orientation, gender identity, age, physical disability, or other differences.
 • Includes “disagree” and “strongly disagree” responses.

Disagree That the Community is Welcoming to All People, Regardless of Demographic Differences (Brevard County, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 304]
 Notes: • Asked of all respondents.
 • Demographic differences include race, ethnicity, sexual orientation, gender identity, age, physical disability, or other differences.
 • Includes “disagree” and “strongly disagree” responses.



Adverse Childhood Experiences (ACEs)

ABOUT ACEs

Adverse Childhood Experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts. ACEs include:

- Physical abuse or neglect
- Emotional abuse or neglect
- Sexual abuse
- Intimate partner violence
- Household substance misuse
- Household mental illness
- Parental separation/divorce
- Incarcerated household member

A series of 11 survey questions was used to identify adults' experiences of adverse childhood events prior to the age of 18 years. These 11 questions align with eight ACEs categories, as outlined in the following table.

Adverse Childhood Experiences (ACEs)

CATEGORY	QUESTION
HOUSEHOLD MENTAL ILLNESS	Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?
HOUSEHOLD SUBSTANCE ABUSE	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?
	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?
INCARCERATED HOUSEHOLD MEMBER	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
PARENTAL SEPARATION OR DIVORCE	Before you were 18 years of age, were your parents separated or divorced?
INTIMATE PARTNER VIOLENCE	Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up?
PHYSICAL ABUSE	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking.
EMOTIONAL ABUSE	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down?
SEXUAL ABUSE	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?

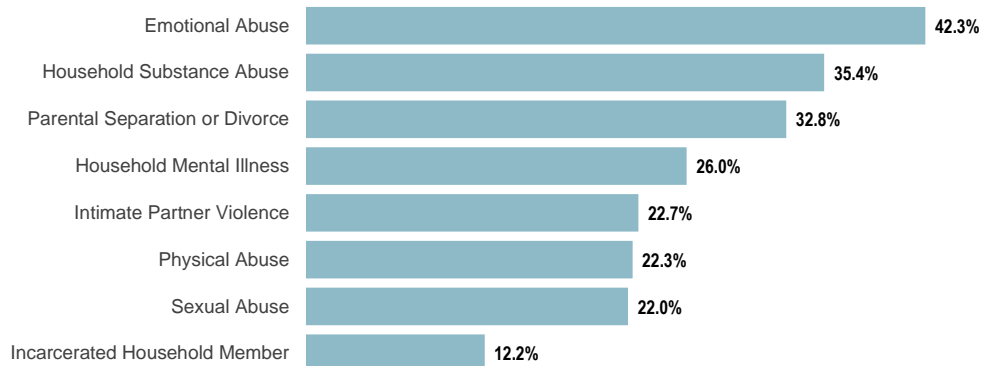
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 310-320]
 Notes: • Reflects the total sample of respondents.

By category, ACEs were most prevalent in Brevard County for emotional abuse (affirmed by 42.3% of respondents), followed by household substance abuse (35.4%), parental separation or divorce (32.8%), and household mental illness (26.0%).

- Fewer residents experienced **intimate partner violence** (22.7%), **physical abuse** (22.3%), or **sexual abuse** as a child (22.0%).
- A total of 12.2% reported having had an **incarcerated household member**.



Adverse Childhood Experiences (ACEs) (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 323-330]
 Notes: • Reflects the total sample of respondents.
 • ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

High ACE Scores

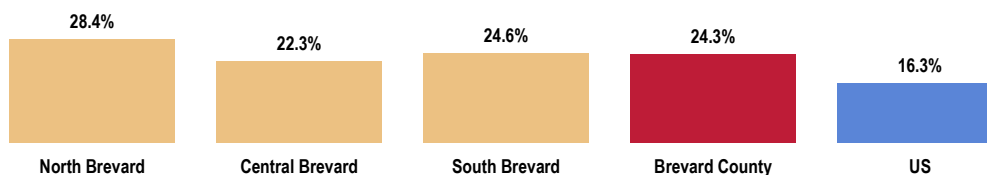
The impact of ACEs on future health and well-being are cumulative. PRC looks at these compounding issues by scoring the ACE series — survey respondents receive one “point” for each of the eight ACEs categories containing an affirmative response; a score of four or higher is determined to be a “high” ACE score.

In all, 24.3% of Brevard County residents reported four or more of the adverse childhood experiences tested (a high ACE score).

BENCHMARK ► Worse than was found nationally.

DISPARITY ► More often reported among women, adults younger than 65, lower-income adults, Hispanic residents (when compared to White residents), and members of the LGBTQ+ community.

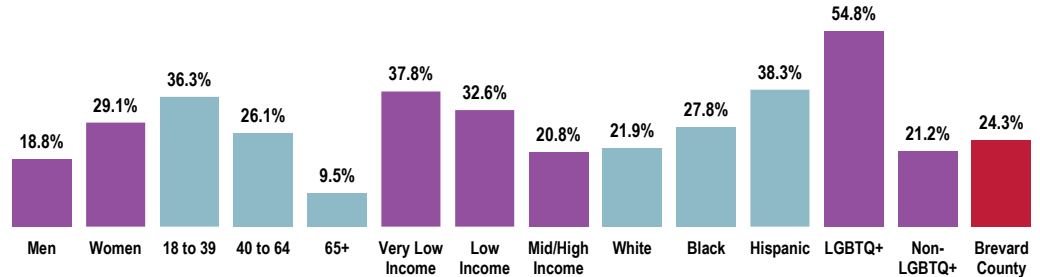
Prevalence of High ACE Scores (Four or More ACEs) (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 331]
 Notes: • Asked of all respondents.
 • Adults who report four or more ACEs is categorized as having a high ACE score.



Prevalence of High ACE Scores (Four or More ACEs) (Brevard County, 2022)



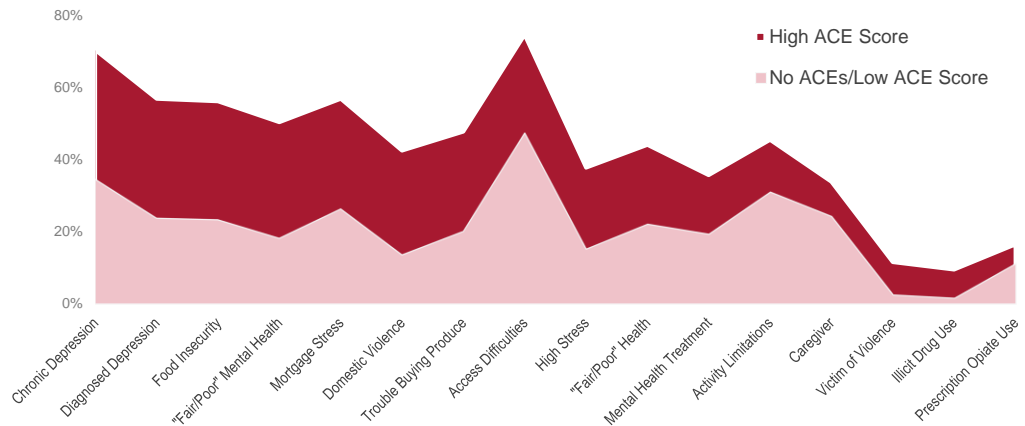
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 331]
 Notes: ● Asked of all respondents.
 ● Adults who report four or more ACEs is categorized as having a high ACE score.

Relationship of ACEs with Other Health Issues

As a person's ACE score increases, so does their risk for disease, social issues, and emotional problems.

Note the following strong correlations of various health indicators in Brevard County, comparing those reporting no ACEs with those with low (1-3) and high (4+) ACE risk.

Relationship of ACEs With Other Health Issues (By ACE Risk Classification; Brevard County, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 332]
 Notes: ● Asked of all respondents.
 ● Adults with at least one ACE are categorized as having a low score (1 to 3 ACEs) or a high score (4+ ACEs).





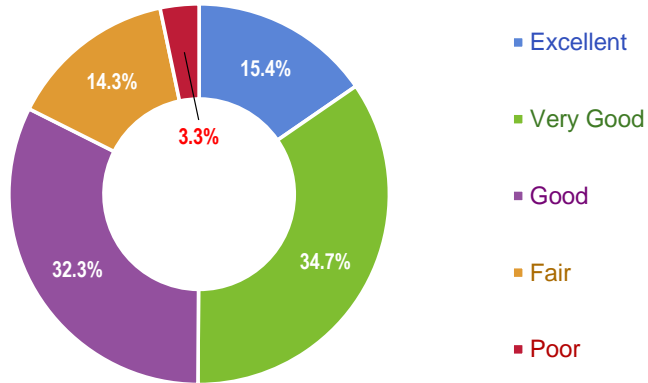
HEALTH STATUS

OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is: Excellent, Very Good, Good, Fair, or Poor?"

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

Self-Reported Health Status
(Brevard County, 2022)



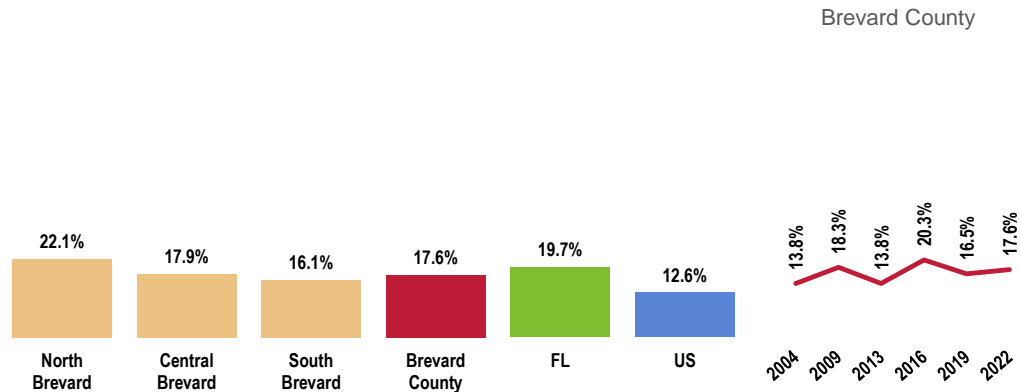
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 17.6% of Brevard County adults believe that their overall health is "fair" or "poor."

BENCHMARK ► Better than the statewide percentage but worse than the national percentage.

DISPARITY ► Those with lower incomes and those who identify as LGBTQ+ are more likely to report having "fair" or "poor" health.

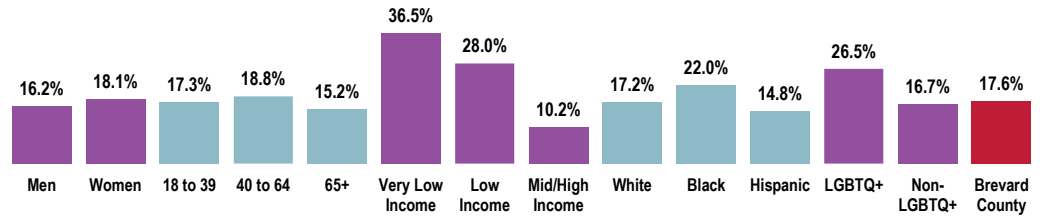
Experience "Fair" or "Poor" Overall Health



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Florida data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Overall Health (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
 Notes: • Asked of all respondents.



MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

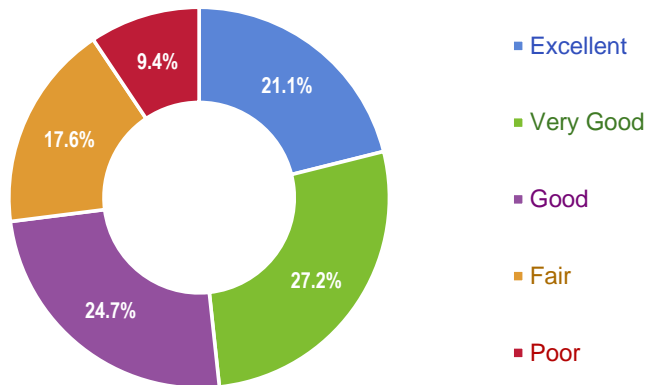
Mental Health Status

Adults

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

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

Self-Reported Mental Health Status
(Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 90]
Notes: • Asked of all respondents.

However, 27.0% believe that their overall mental health is “fair” or “poor.”

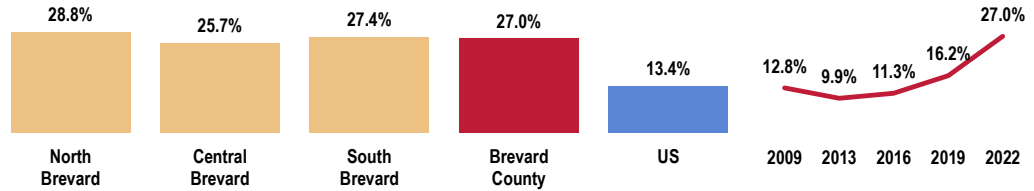
BENCHMARK ▶ Considerably higher than was found across the nation.

TREND ▶ Increasing significantly over time.



Experience “Fair” or “Poor” Mental Health

Brevard County



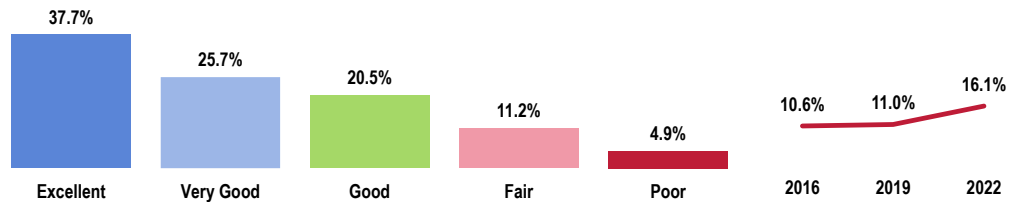
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 90]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Children

While most Brevard County parents of children age 5 to 17 consider their child’s mental health status to be “excellent,” “very good,” or “good,” a total of 16.1% rate it as “fair” or “poor.”

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

“Fair/Poor” Responses

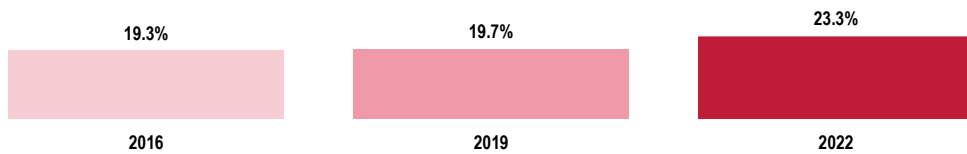


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 321]
 Notes: • Asked of all respondents about a child age 5 to 17 at home.



In response to a related inquiry, 23.3% of county parents with children age 5 to 17 indicate 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 Age 5-17)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 322]
Notes: • Asked of all respondents about a child age 5 to 17 at home.

Depression

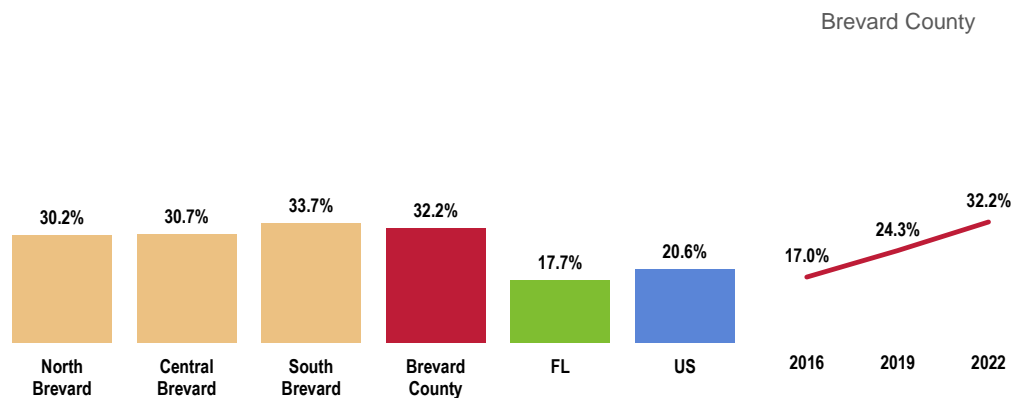
Diagnosed Depression

A total of 32.2% of Brevard County adults have been diagnosed by a physician, nurse, or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ▶ Much higher than was found across Florida and the US.

TREND ▶ Increasing significantly over time.

Have Been Diagnosed With a Depressive Disorder



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 93]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Florida data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Depressive disorders include depression, major depression, dysthymia, or minor depression.



Symptoms of Chronic Depression

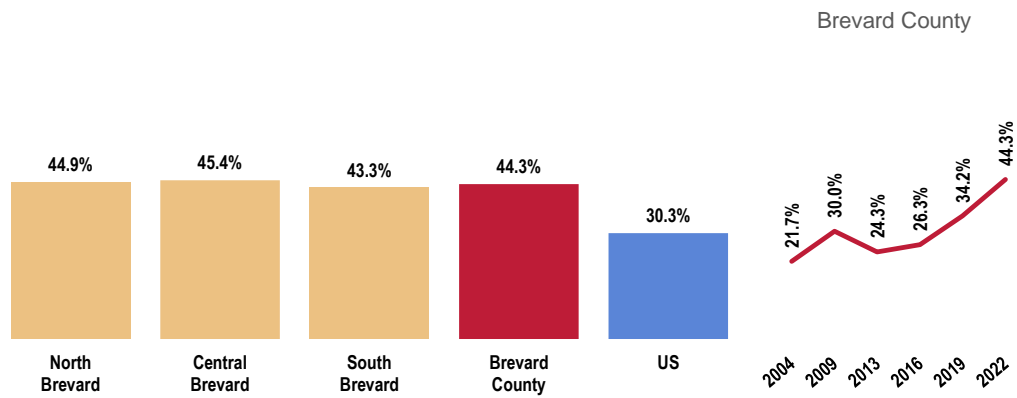
A total of 44.3% of Brevard County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

BENCHMARK ▶ Considerably higher than the national finding.

TREND ▶ Represents a significant increase over time.

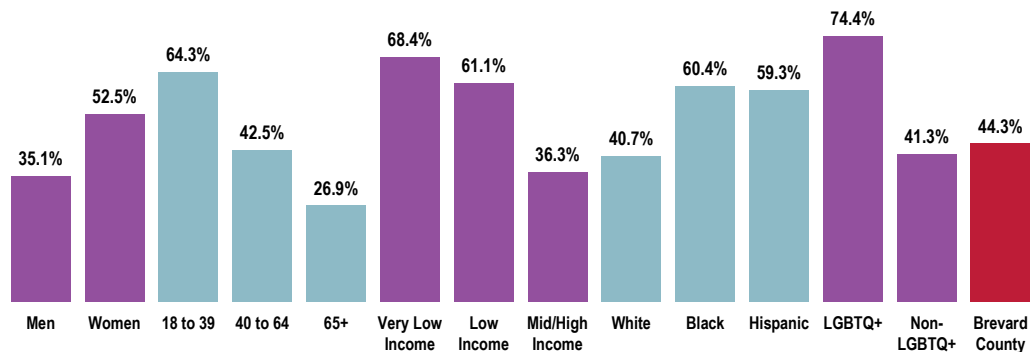
DISPARITY ▶ More often reported among women, adults younger than 65, lower-income adults, Black residents, Hispanic residents, and LGBTQ+ respondents.

Have Experienced Symptoms of Chronic Depression



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 91]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression (Brevard County, 2022)



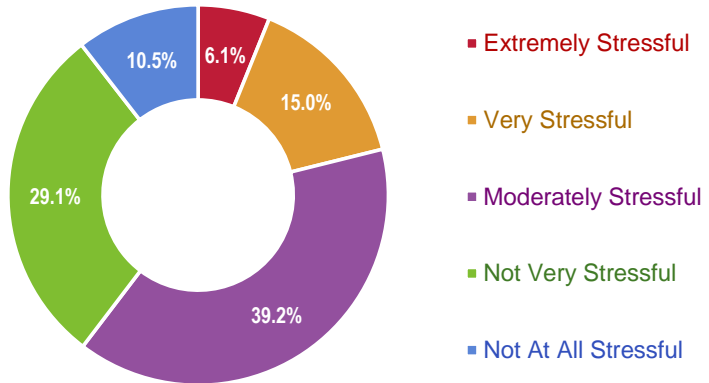
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 91]
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.



Stress

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

Perceived Level of Stress On a Typical Day
(Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: • Asked of all respondents.

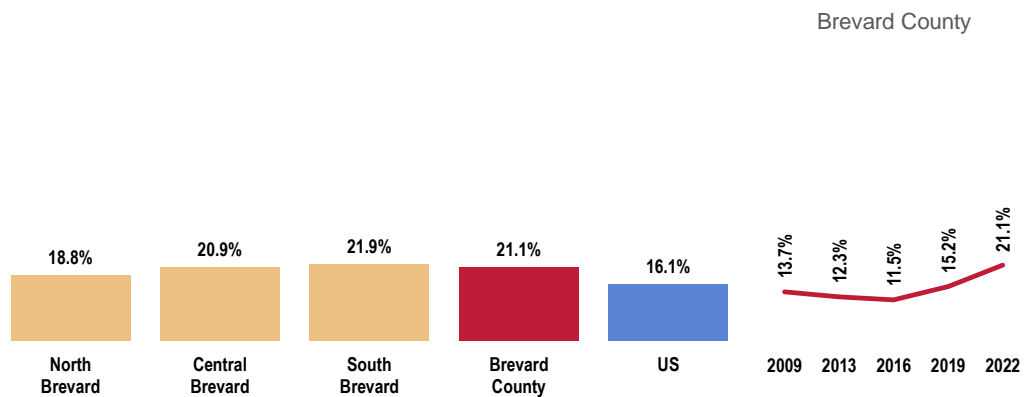
In contrast, 21.1% of Brevard County adults feel that most days for them are “very” or “extremely” stressful.

BENCHMARK ▶ Higher than was found across the US.

TREND ▶ Significantly higher than found in previous surveys.

DISPARITY ▶ More often reported among women, adults younger than 65, lower-income respondents, and those who identify as LGBTQ+.

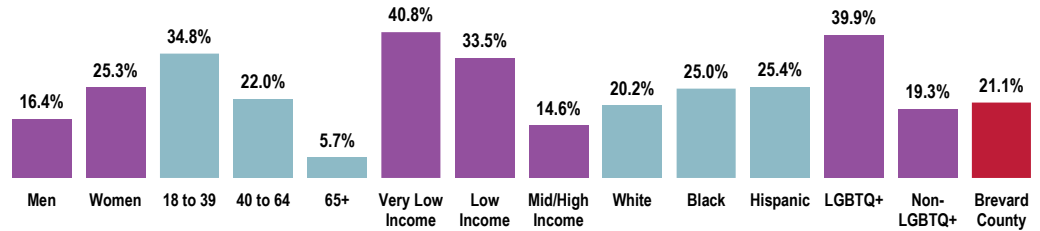
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 92]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Most Days as “Extremely” or “Very” Stressful (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: • Asked of all respondents.

Mental Health Treatment

Currently Receiving Treatment

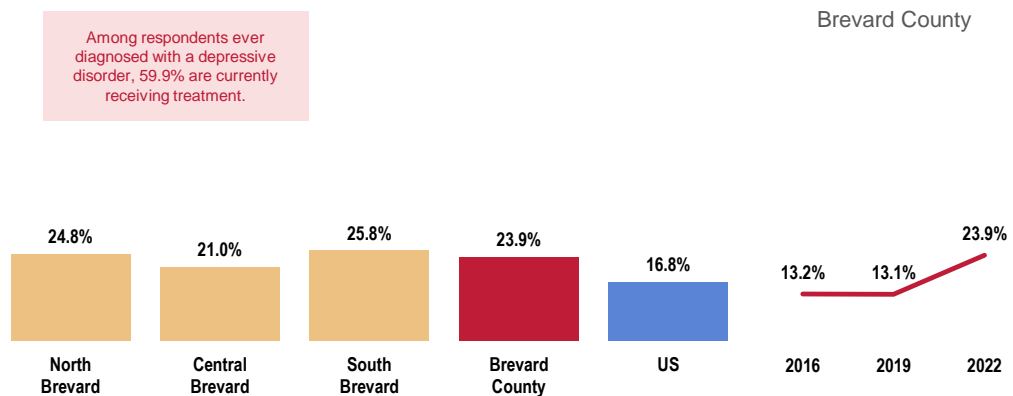
A total of 23.9% of Brevard County adults are currently taking medication or otherwise receiving treatment from a doctor, nurse, or other health professional for some type of mental health condition or emotional problem.

BENCHMARK ▶ Higher than the national percentage.

TREND ▶ Marks a significant increase from previous surveys.

Currently Receiving Mental Health Treatment

Among respondents ever diagnosed with a depressive disorder, 59.9% are currently receiving treatment.



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 93-94]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• “Treatment” can include taking medications for mental health.



Difficulty Accessing Mental Health Services

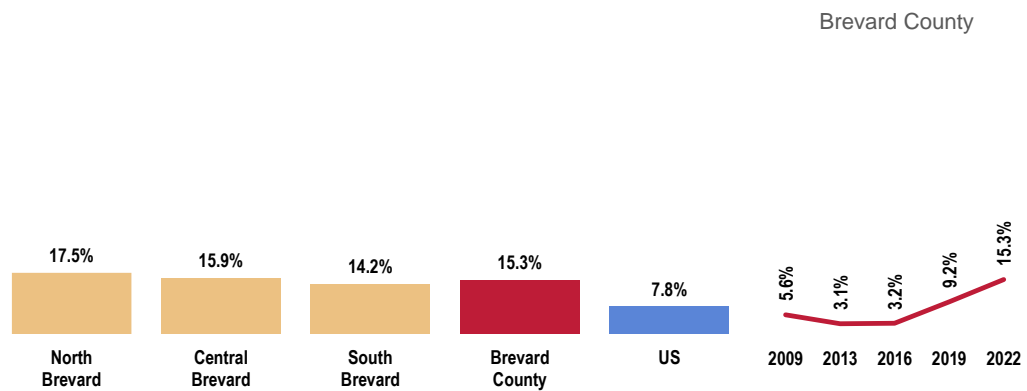
A total of 15.3% of Brevard County adults report a time in the past year when they needed mental health services but were not able to get them.

BENCHMARK ▶ Worse than the national percentage.

TREND ▶ Denotes a sharp increase in recent years.

DISPARITY ▶ More often reported among women, adults younger than 65, lower-income adults, Black respondents (when compared to White respondents), and members of the LGBTQ+ community.

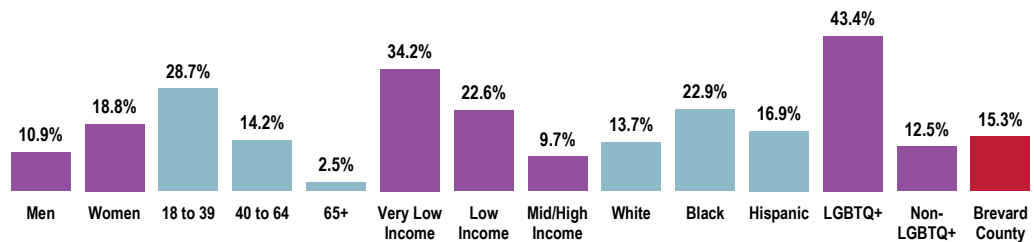
Unable to Get Mental Health Services When Needed in the Past Year



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 95, 307]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 95]
 Notes: • Asked of all respondents.





DEATH, DISEASE & CHRONIC CONDITIONS

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. ...Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Prevalence of Heart Disease & Stroke

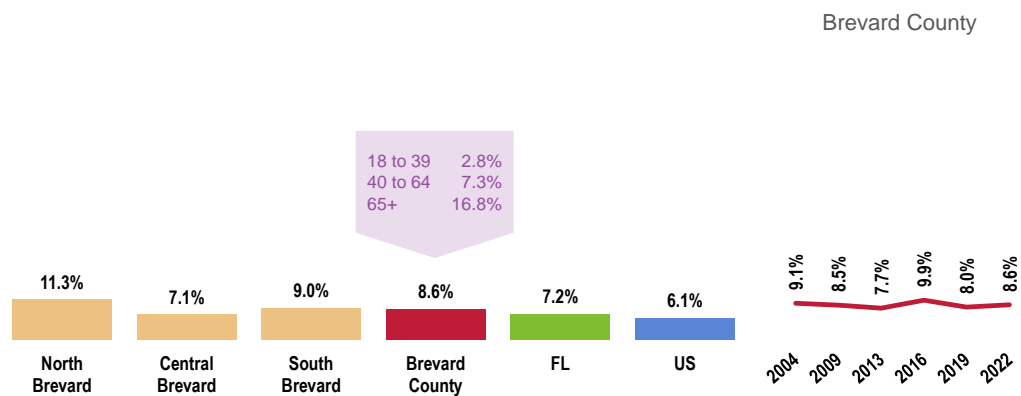
Prevalence of Heart Disease

A total of 8.6% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

BENCHMARK ▶ Less favorable than the US percentage.

DISPARITY ▶ More often reported among seniors (age 65+).

Prevalence of Heart Disease



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 114]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina, or coronary heart disease.



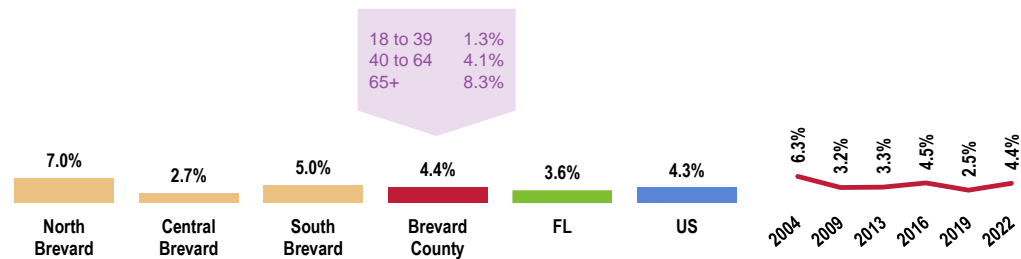
Prevalence of Stroke

A total of 4.4% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

DISPARITY ► Lower in Central Brevard. More often reported among seniors (age 65+).

Prevalence of Stroke

Brevard County



Sources: • 2022 PRC Community Health Survey, PRC, 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); 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 43.1% of Brevard County adults have been told by a health professional at some point that their **blood pressure** was high.

BENCHMARK ► Worse than found across Florida and the US. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher in North Brevard (not shown).

A total of 42.6% of adults have been told by a health professional that their **cholesterol level** was high.

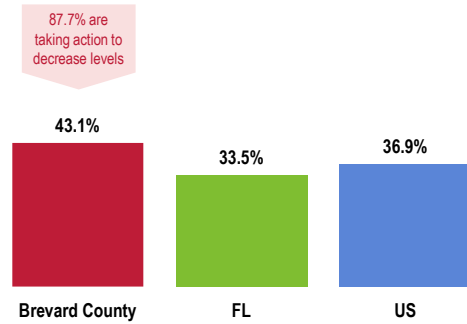
BENCHMARK ► Higher than the US finding.

TREND ► Denotes a significant increase over time.

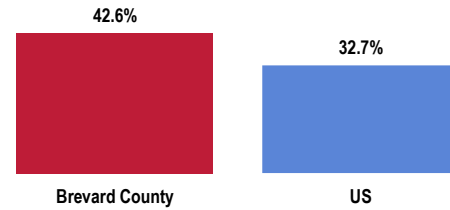


Prevalence of High Blood Pressure

Healthy People 2030 = 27.7% or Lower



Prevalence of High Blood Cholesterol

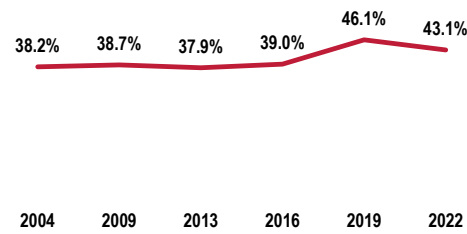


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 35-36, 303]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

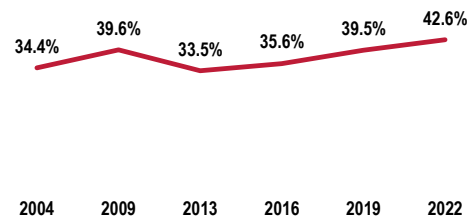
Notes: • Asked of all respondents.

Prevalence of High Blood Pressure (Brevard County)

Healthy People 2030 = 27.4% or Lower



Prevalence of High Blood Cholesterol (Brevard County)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 35-36]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

A total of 87.8% of Brevard County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

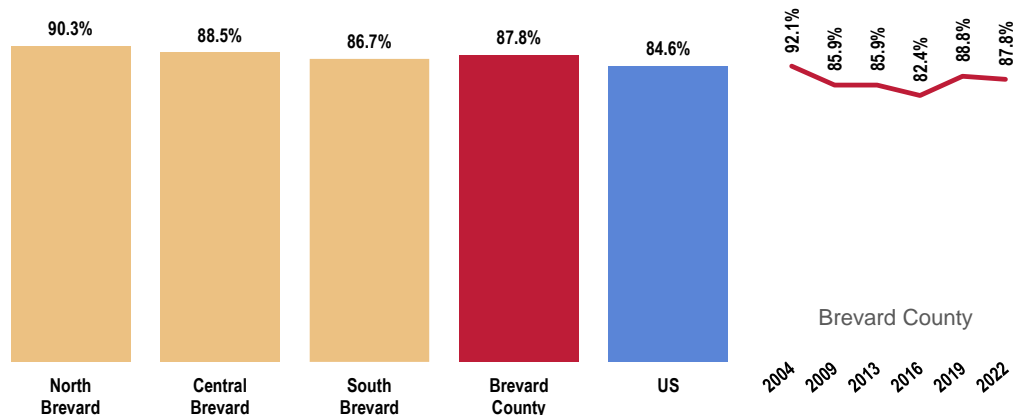
BENCHMARK ▶ Worse than the US finding.

TREND ▶ Significantly lower (better) than the 2004 benchmark.

DISPARITY ▶ More often reported among adults age 40+ and among those with lower incomes.

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

Present One or More Cardiovascular Risks or Behaviors

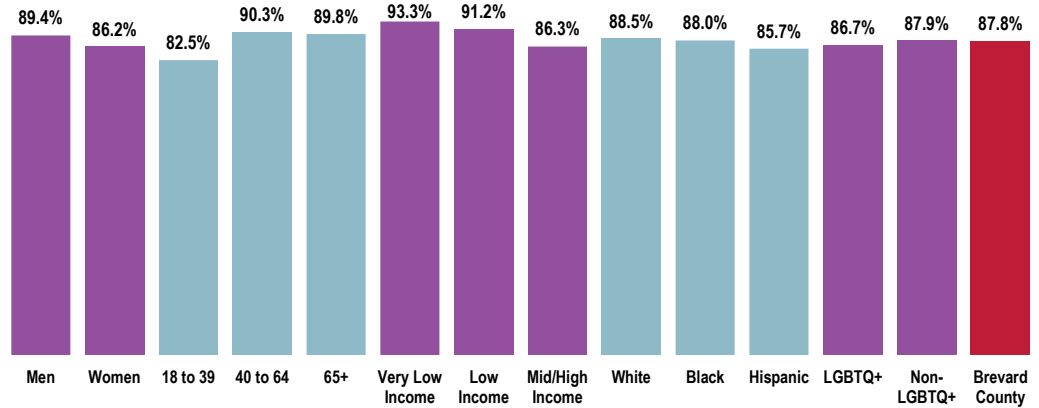


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 115]
• 2020 PRC National Health Survey, PRC, Inc.

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



Present One or More Cardiovascular Risks or Behaviors (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 115]
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.



CANCER

ABOUT CANCER

Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (<https://health.gov/healthypeople>)

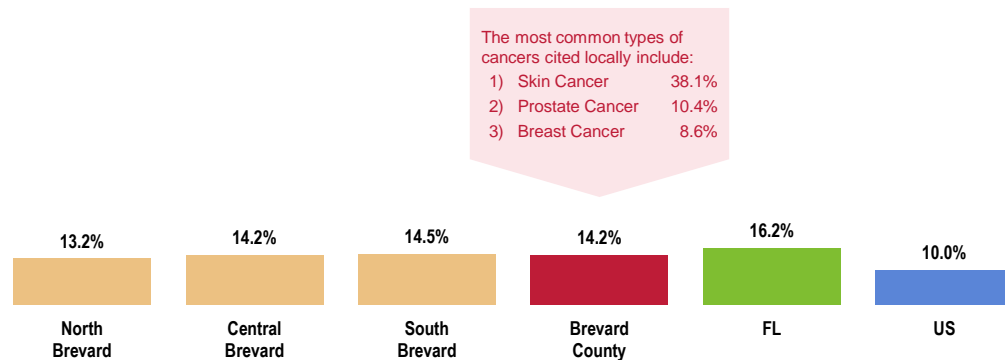
Prevalence of Cancer

A total of 14.2% of surveyed Brevard County adults report having ever been diagnosed with cancer. The most common types include skin cancer, prostate cancer, and breast cancer.

BENCHMARK ▶ Lower than the statewide percentage but higher than the national percentage.

DISPARITY ▶ More often reported among White residents (when compared to Black residents) and those who do not identify as LGBTQ+. Also note the positive correlation with age.

Prevalence of Cancer

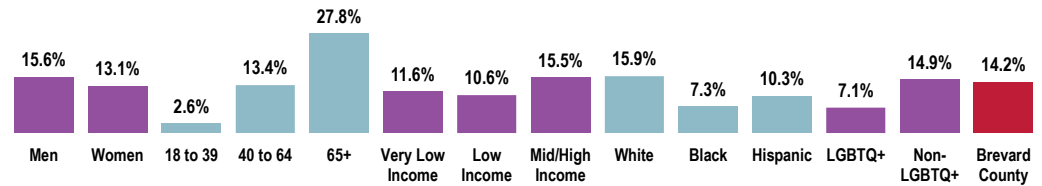


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 25-26]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Reflects all respondents.



Prevalence of Cancer (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 25]
 Notes: • Reflects all respondents.

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

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



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/HPV testing); and colorectal cancer (colonoscopy/sigmoidoscopy and fecal occult blood testing).

FEMALE BREAST CANCER

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

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

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

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

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

Among women age 50-74, 74.7% have had a mammogram within the past 2 years.

BENCHMARK ▶ Worse than the statewide percentage. Similar to the Healthy People 2030 objective.

TREND ▶ Marks an all-time low since the 2004 survey.

DISPARITY ▶ Lower in North Brevard (not shown).



Among Brevard County women age 21 to 65, 75.1% have had appropriate cervical cancer screening.

BENCHMARK ► Worse than the statewide percentage. Fails to satisfy the Healthy People 2030 objective.

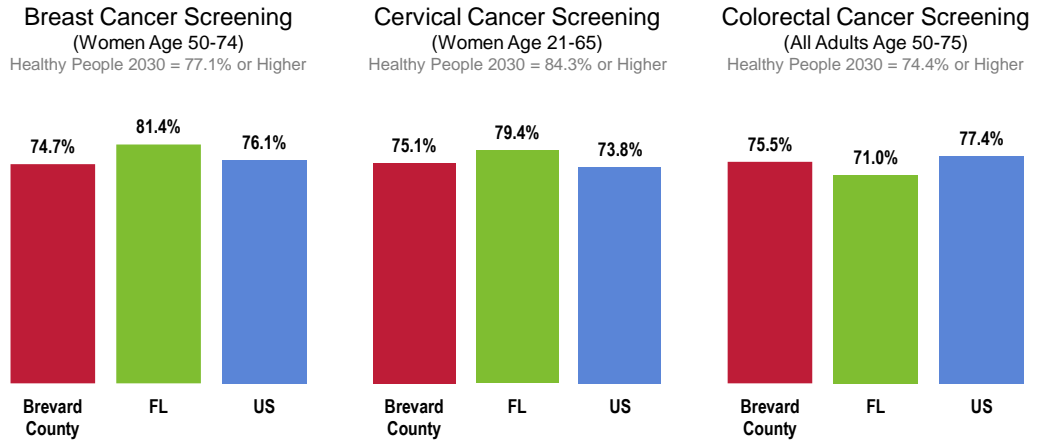
DISPARITY ► Lower in North Brevard (not shown).

Among all adults age 50-75, 75.5% have had appropriate colorectal cancer screening.

BENCHMARK ► Better than the statewide percentage. Satisfies the Healthy People 2030 objective.

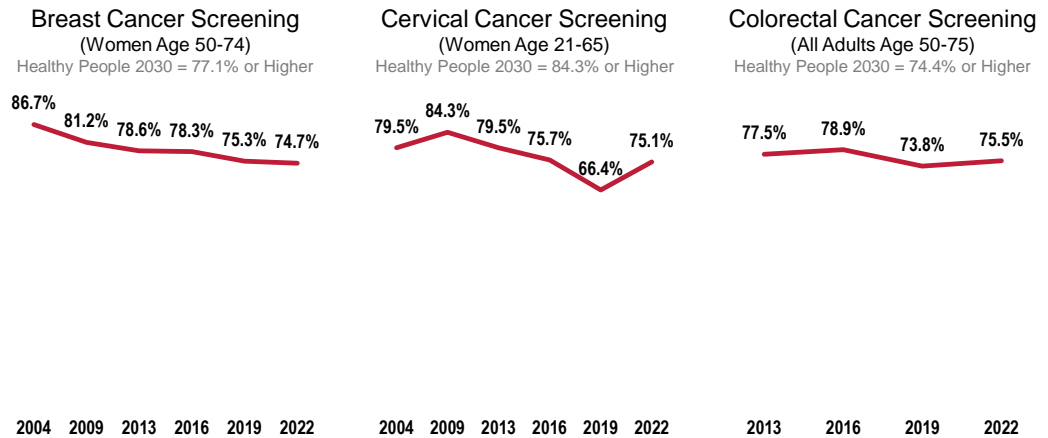
“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65. Women 21 to 65 with hysterectomy are excluded.

“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.



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 116-118]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 116-118]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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



RESPIRATORY DISEASE

Prevalence of Respiratory Disease

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Asthma

Adults

A total of 10.8% of Brevard County adults currently suffer from asthma.

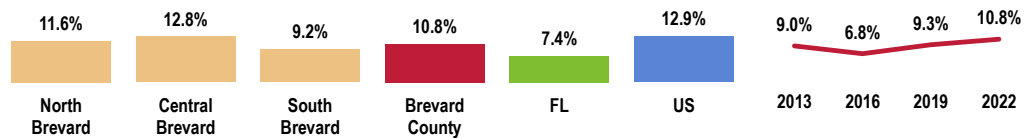
BENCHMARK ▶ Higher than the statewide percentage.

DISPARITY ▶ More often reported among women, adults age 18 to 39, those with very low incomes, and White residents (when compared to Hispanic residents).

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

Prevalence of Asthma

Brevard County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 119]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Florida data.

Notes: • 2020 PRC National Health Survey, PRC, Inc.
 • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma and report that they still have asthma.



Prevalence of Asthma (Brevard County, 2022)



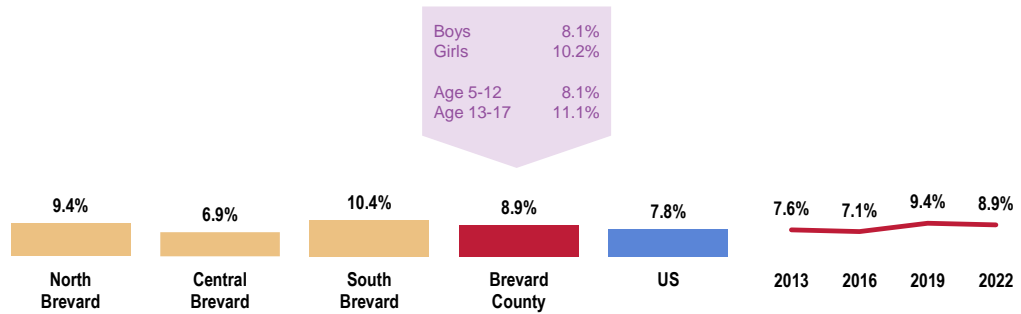
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 119]
 Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Children

Among Brevard County children under age 18, 8.9% currently have asthma.

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

Brevard County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 120]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Includes children who have ever been diagnosed with asthma and are reported to still have asthma.



Chronic Obstructive Pulmonary Disease (COPD)

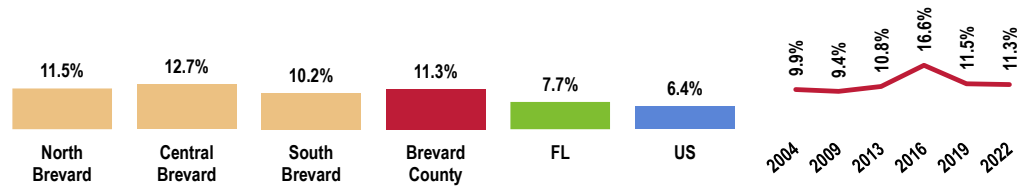
Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

A total of 11.3% of Brevard County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

BENCHMARK ► Worse than state and national findings.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Brevard County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 23]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.

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

Influenza Vaccination

ABOUT INFLUENZA

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. The best way to prevent flu is by getting vaccinated each year.

– Centers for Disease Control and Prevention (CDC – www.cdc.gov)

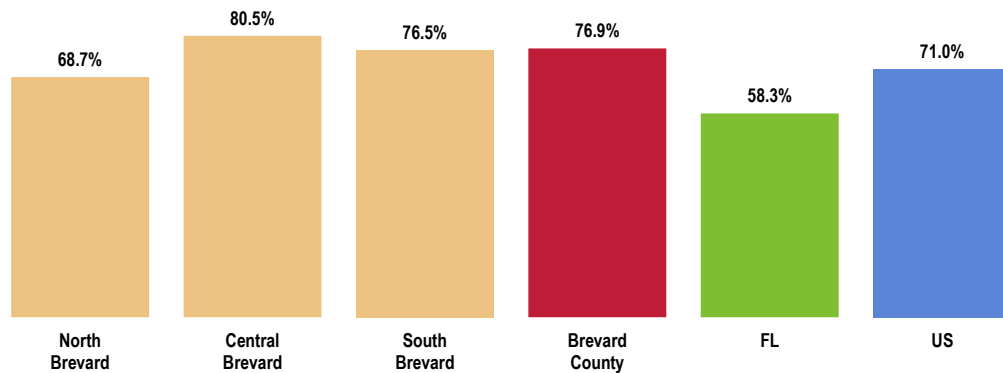
Among Brevard County adults age 65 and older, 76.9% received a **flu vaccination** within the past year.

BENCHMARK ► Much more favorable than found across Florida.



Older Adults: Flu Vaccination in the Past Year (Adults Age 65+)

Healthy People 2030 = 70.0% or Higher



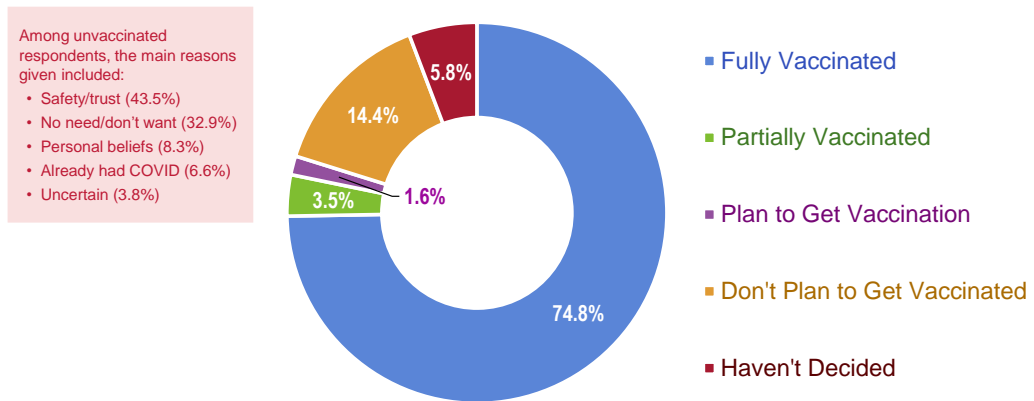
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 124]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Reflects respondents age 65 and older.

COVID-19 Vaccination

More than three-fourths of Brevard County adults (78.3%) report being fully or partially vaccinated against Coronavirus Disease/COVID-19.

Prevalence of COVID-19 Vaccination (Brevard County, 2021)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 308-309]
 Notes: • Asked of all respondents.



INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (<https://health.gov/healthypeople>)

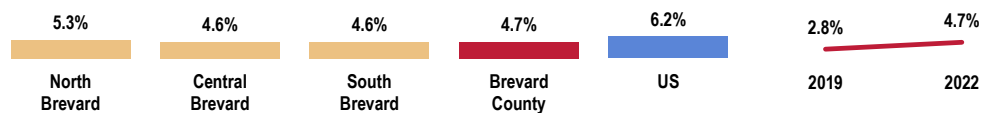
Community Violence

A total of 4.7% of surveyed Brevard County adults acknowledge being the victim of a violent crime in the area in the past five years.

DISPARITY ► More often reported among adults age 18 to 64 and among those with lower incomes.

Victim of a Violent Crime in the Past Five Years

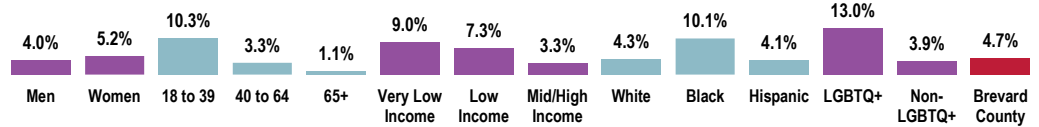
Brevard County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 38]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.



Victim of a Violent Crime in the Past Five Years (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 38]
Notes: • Asked of all respondents.

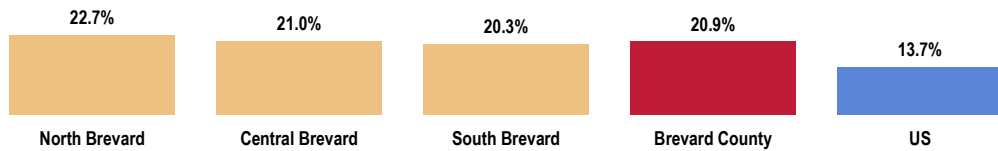
Family Violence

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

A total of 20.9% of Brevard County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

BENCHMARK ► Worse than the national percentage.

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



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 39]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (<https://health.gov/healthypeople>)

A total of 14.8% of Brevard County adults report having been diagnosed with diabetes.

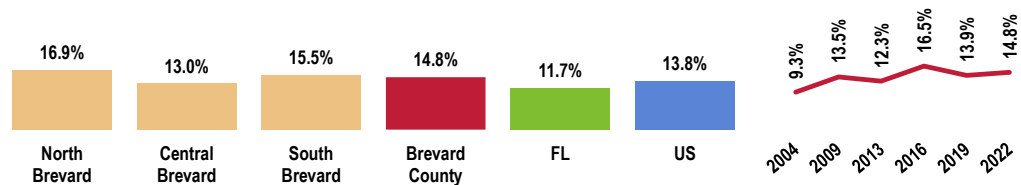
BENCHMARK ▶ Higher than the statewide percentage.

TREND ▶ Denotes a significant increase from the 2004 benchmark survey.

DISPARITY ▶ More often reported among male respondents and among adults age 40+.

Prevalence of Diabetes

Another 13.9% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

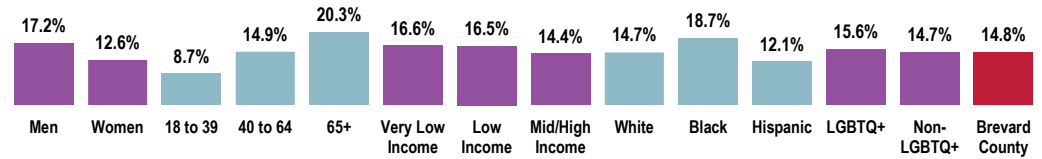


- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 121]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Florida data.
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Excludes gestational diabetes (occurring only during pregnancy).



Prevalence of Diabetes (Brevard County, 2022)

Note that among adults who have not been diagnosed with diabetes, 47.1% report having had their blood sugar level tested within the past three years.



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 33, 121]
 Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).



KIDNEY DISEASE

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. ...People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

– Healthy People 2030 (<https://health.gov/healthypeople>)

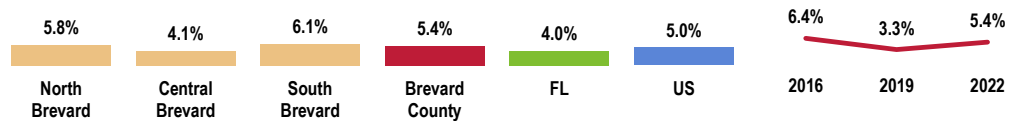
A total of 5.4% of Brevard County adults report having been diagnosed with kidney disease.

BENCHMARK ▶ Higher than found across Florida.

DISPARITY ▶ More often reported among seniors (age 65+).

Prevalence of Kidney Disease

Brevard County

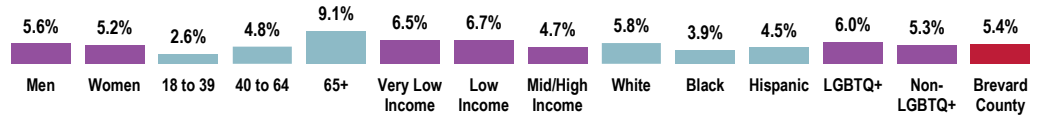


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 24]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.



Prevalence of Kidney Disease (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 24]
 Notes: • Asked of all respondents.



POTENTIALLY DISABLING CONDITIONS

Multiple Chronic Conditions

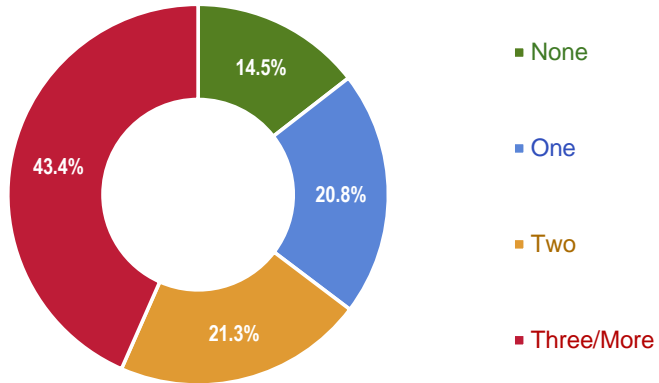
For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Stroke

Multiple chronic conditions are concurrent conditions.

Among Brevard County survey respondents, most report currently having at least one chronic health condition.

Number of Current Chronic Conditions
(Brevard County, 2022)



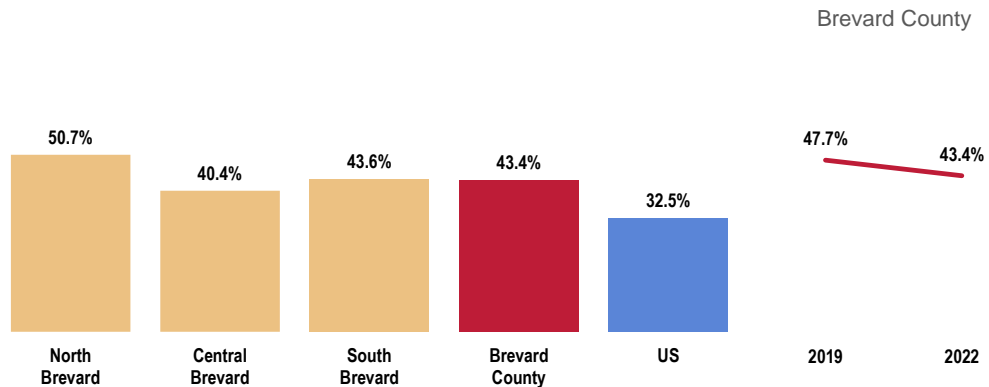
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 123]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

In fact, 43.4% of Brevard County adults report having three or more chronic conditions.

BENCHMARK ▶ Higher than found across the US.

DISPARITY ▶ Higher in North Brevard. More often reported among adults age 40+ and among lower-income respondents.

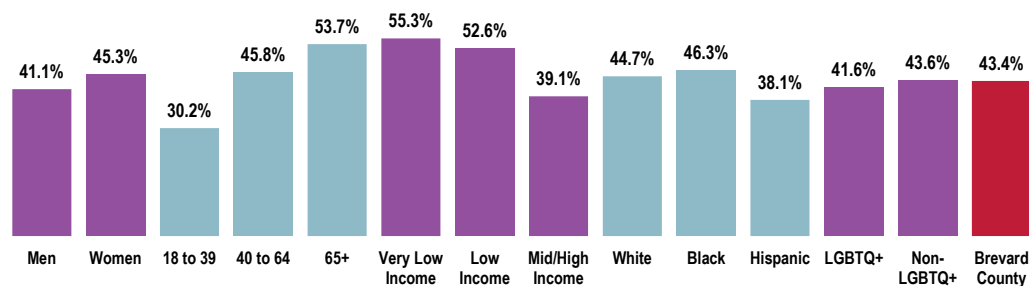
Currently Have Three or More Chronic Conditions



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 123]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.



Currently Have Three or More Chronic Conditions (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 123]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

A total of 35.2% of Brevard County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

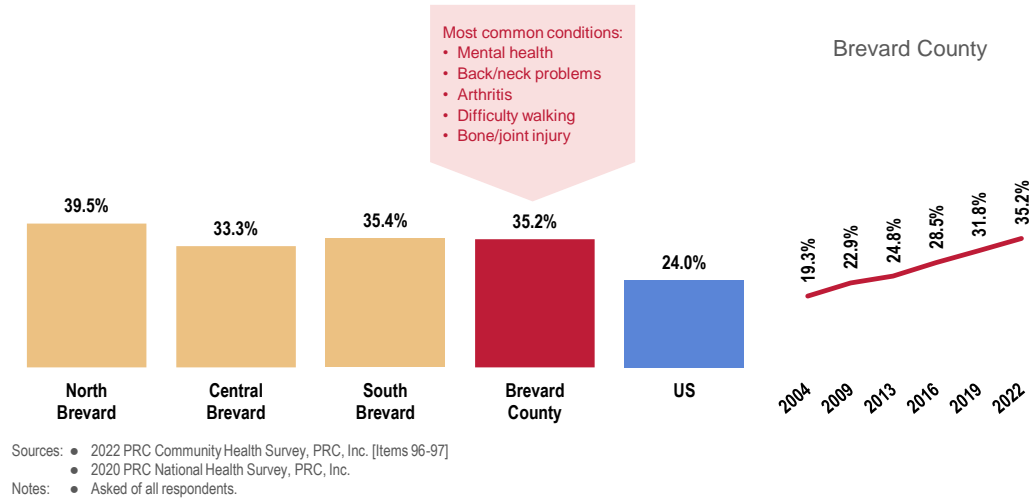
BENCHMARK ▶ Less favorable than the US percentage.

TREND ▶ Increasing significantly to an all-time high.

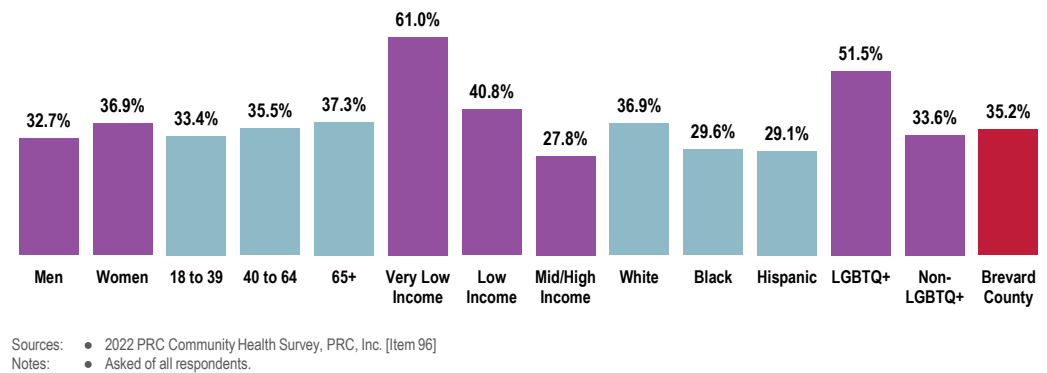
DISPARITY ▶ More often reported among lower-income adults (especially those with very low incomes) and among members of the LGBTQ+ community.



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



Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Brevard County, 2022)



Chronic Pain

A total of 21.5% of Brevard County adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities “every day” or “most days” during the past six months.

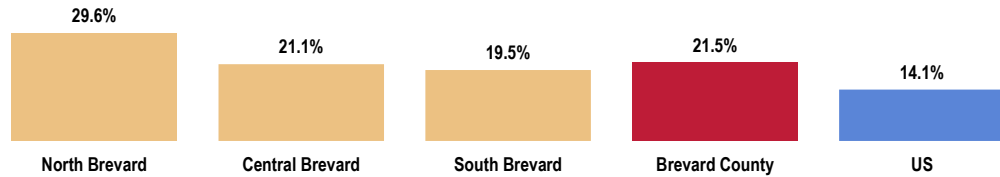
BENCHMARK ► Worse than the US percentage. Far from satisfying the Healthy People 2030 objective.

DISPARITY ► Higher in North Brevard. More often reported among women, adults age 40 to 64, and adults with lower incomes.



Experience High-Impact Chronic Pain

Healthy People 2030 = 7.0% or Lower

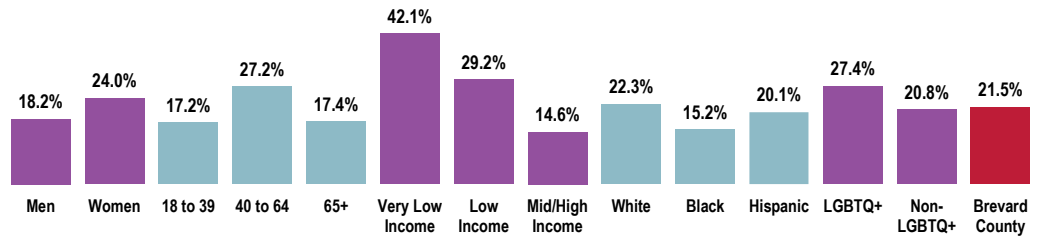


- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 37]
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
 - High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Experience High-Impact Chronic Pain

(Brevard County, 2022)

Healthy People 2030 = 7.0% or Lower



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 37]
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
 - High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.



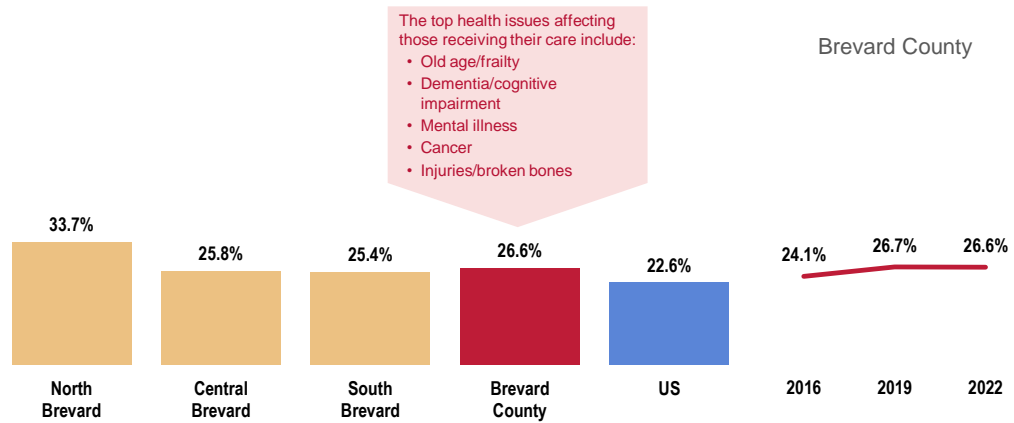
Caregiving

A total of 26.6% of Brevard County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

BENCHMARK ▶ Higher than the national percentage.

DISPARITY ▶ Higher in North Brevard.

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



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 98-99]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.





MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Daily Recommendation of Fruits/Vegetables

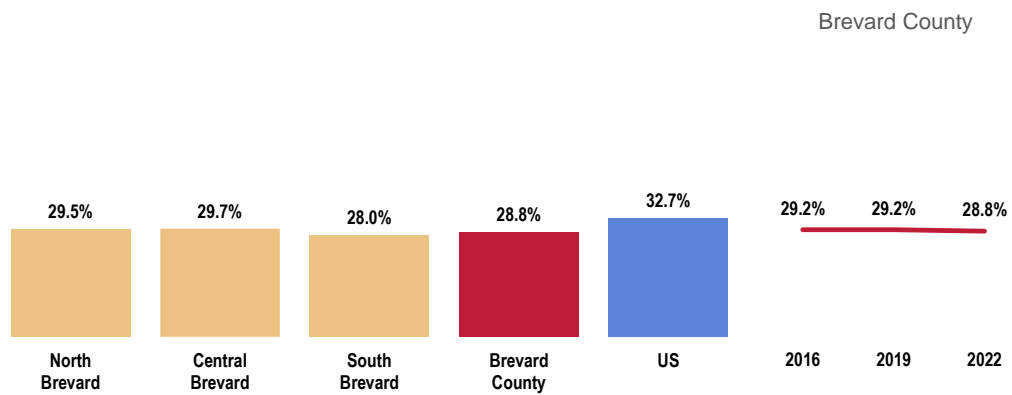
A total of 28.8% of Brevard County adults report eating five or more servings of fruits and/or vegetables per day.

BENCHMARK ▶ Less favorable than the US percentage.

DISPARITY ▶ Men and lower-income adults are less likely to report eating fruits and vegetables.

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

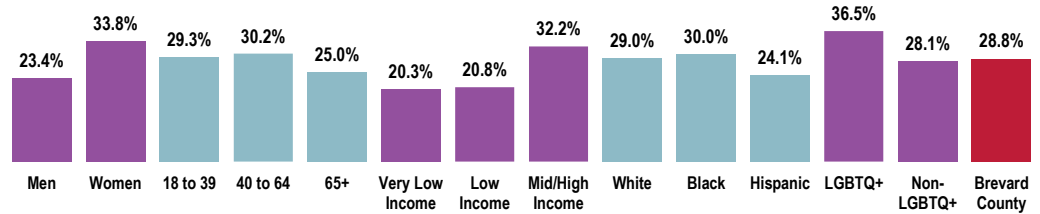
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 125]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.



Consume Five or More Servings of Fruits/Vegetables Per Day (Brevard County, 2022)

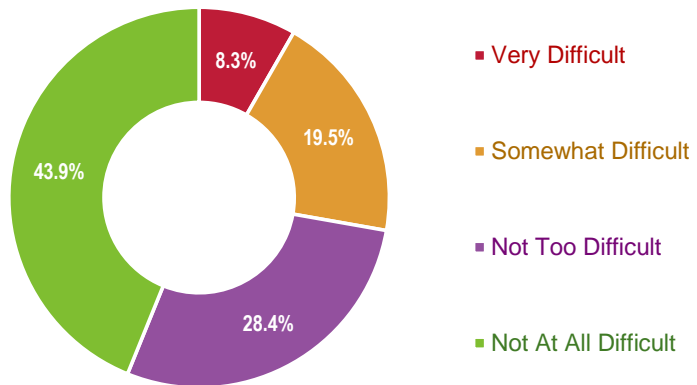


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 125]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Difficulty Accessing Fresh Produce

Most Brevard County adults report little or no difficulty buying fresh produce at a price they can afford.

Level of Difficulty Finding Fresh Produce at an Affordable Price (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 79]
 Notes: • Asked of all respondents.

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?"

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

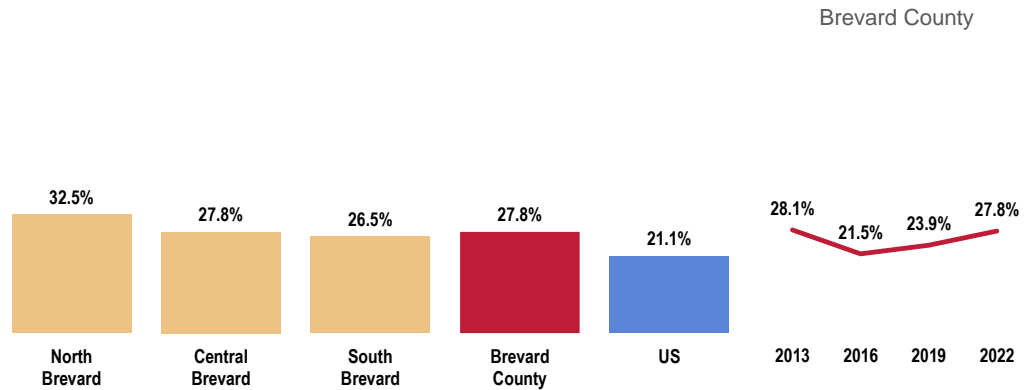


However, 27.8% of Brevard County adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

BENCHMARK ► Worse than found nationally.

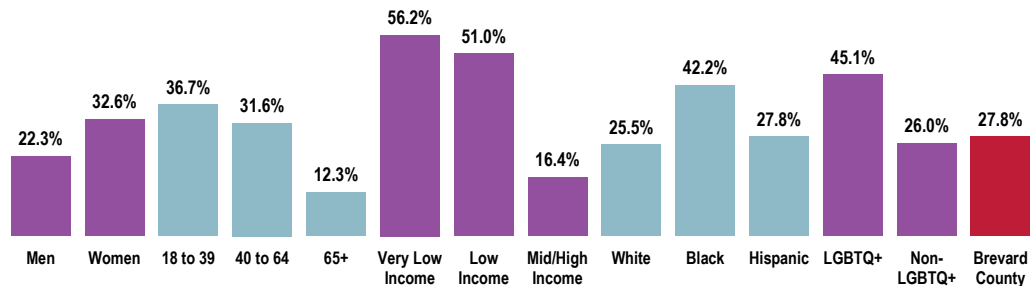
DISPARITY ► More often reported among women, adults younger than 65, lower-income adults, Black respondents, and members of the LGBTQ+ community.

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



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 79]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 79]
 Notes: • Asked of all respondents.



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (<https://health.gov/healthypeople>)

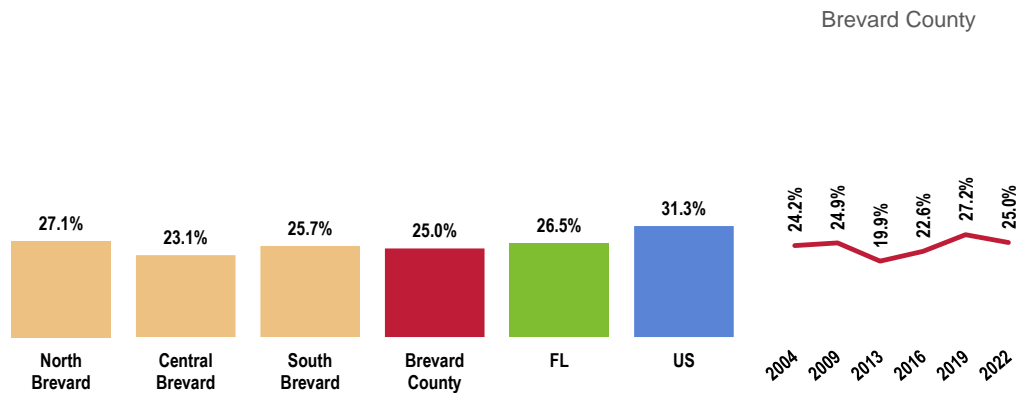
Leisure-Time Physical Activity

A total of 25.0% of Brevard County adults report no leisure-time physical activity in the past month.

BENCHMARK ▶ Better than found nationally. Fails to satisfy the Healthy People 2030 objective.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 82]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

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

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

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

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

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

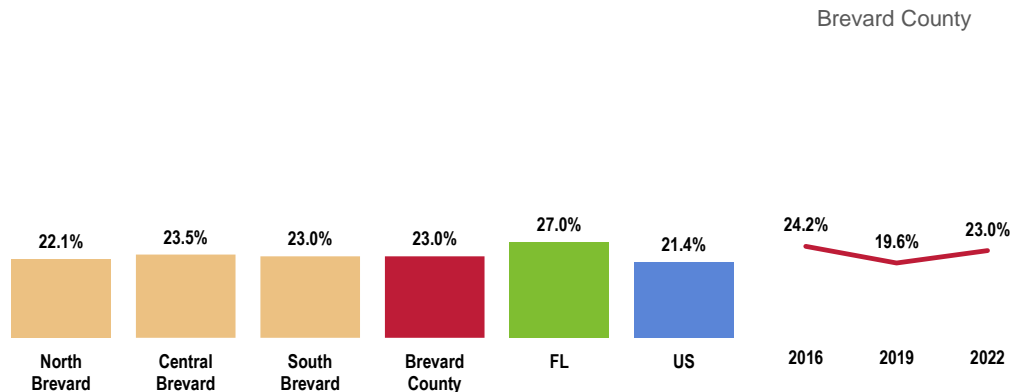
A total of 23.0% of Brevard County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ▶ Less favorable than the statewide finding. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ▶ Women, lower-income adults, and LGBTQ+ respondents are less likely to report meeting physical activity recommendations.

Meets Physical Activity Recommendations

Healthy People 2030 = 28.4% or Higher



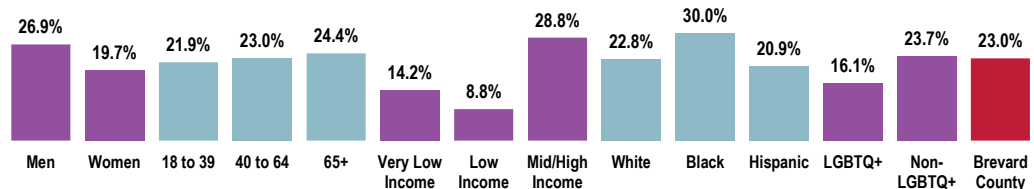
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 126]
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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



Meets Physical Activity Recommendations (Brevard County, 2022)

Healthy People 2030 = 28.4% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 126]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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.

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

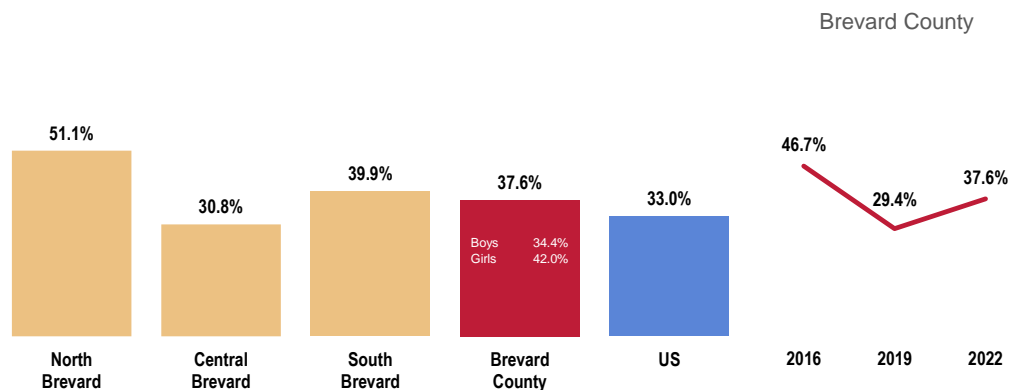
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

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

Among Brevard County children age 2 to 17, 37.6% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

DISPARITY ► Lower in Central Brevard.

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



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 109]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.



WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

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

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

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

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



Overweight Status

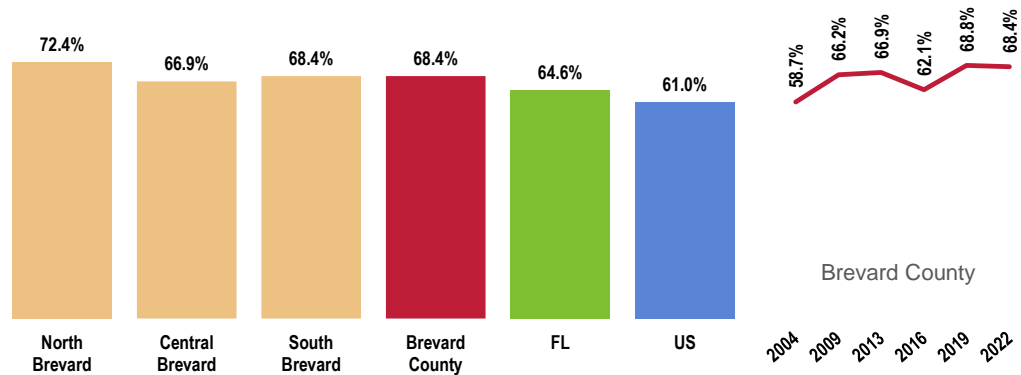
More than two-thirds of Brevard County adults (68.4%) are **overweight**.

BENCHMARK ▶ Worse than found across Florida and the US.

TREND ▶ Denotes a significant increase since 2004.

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

Prevalence of Total Overweight (Overweight and Obese)



Sources: • 2022 PRC Community Health Survey, PRC, 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): 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.

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

The overweight prevalence above includes 36.2% of Brevard County adults who are **obese**.

BENCHMARK ▶ Worse than found across Florida and the US.

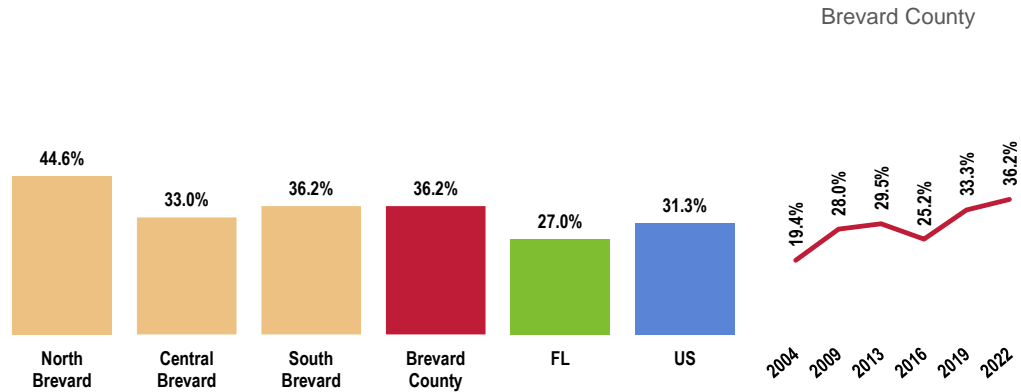
TREND ▶ Increasing significantly to the highest level since the 2004 survey.

DISPARITY ▶ Higher in North Brevard. More often reported among adults age 40 to 64, lower-income respondents, and Black residents.

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

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower



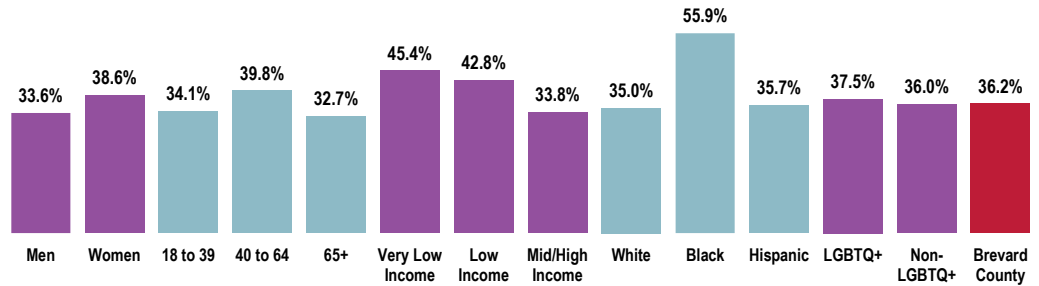
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 128]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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



Prevalence of Obesity (Brevard County, 2022)

Healthy People 2030 = 36.0% or Lower



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 128]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 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.

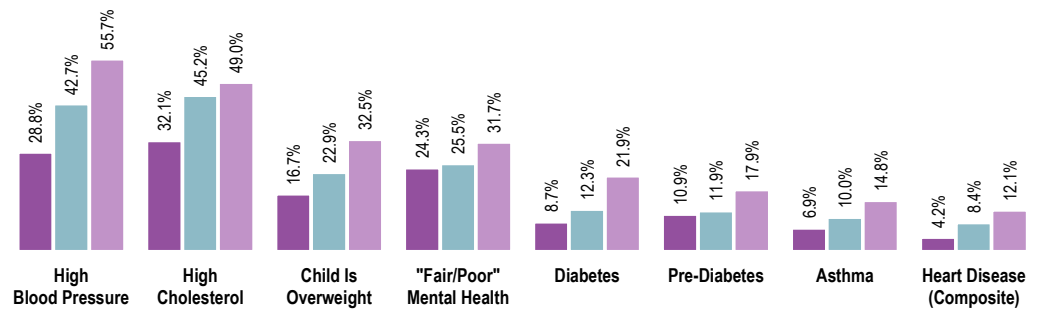
Relationship of Overweight With Other Health Issues

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

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

Relationship of Overweight With Other Health Issues (Brevard County, 2022)

■ Among Healthy Weight
 ■ Among Overweight/Not Obese
 ■ Among Obese



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 128]
 Notes: • Based on reported heights and weights, asked of all respondents.



Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

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

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

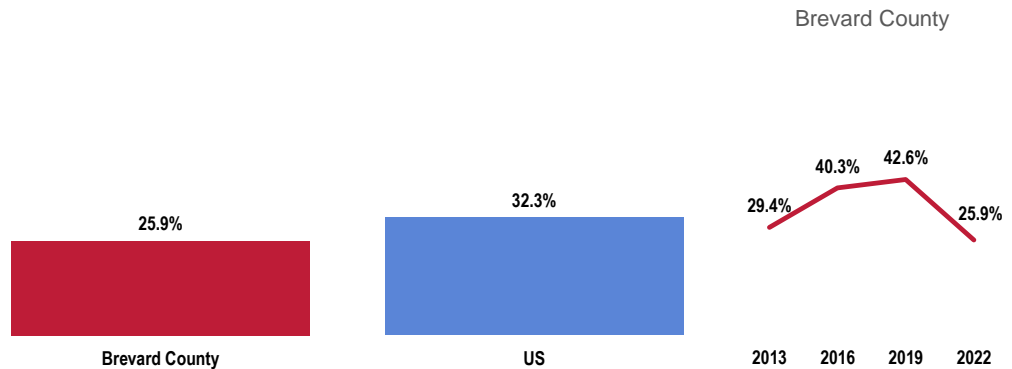
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 25.9% of Brevard County children age 5 to 17 are overweight or obese (≥85th percentile).

TREND ▶ Denotes a significant decline since the 2019 survey.

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



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 131]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

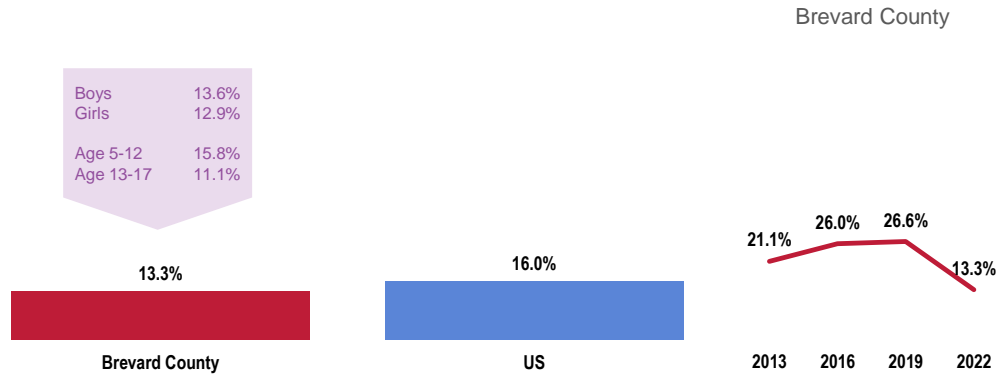


The childhood overweight prevalence above includes 13.3% of area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ▶ Satisfies the Healthy People 2030 objective.

TREND ▶ Represents a significant decrease from the 2019 survey.

Prevalence of Obesity in Children (Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher) Healthy People 2030 = 15.5% or Lower



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 131]
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents with children age 5-17 at home.
 - Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.



SUBSTANCE ABUSE

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Alcohol Use

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- **HEAVY DRINKERS** ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKERS** ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 22.9% of area adults are excessive drinkers (heavy and/or binge drinkers).

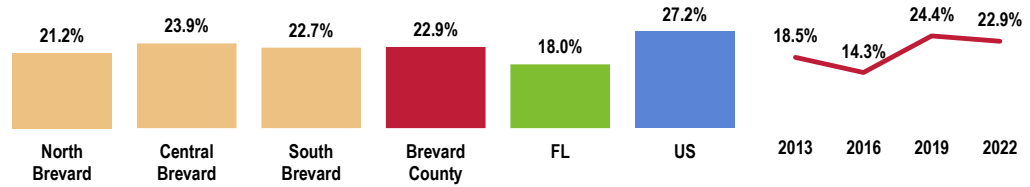
BENCHMARK ► Worse than the statewide percentage but better than the national percentage.

DISPARITY ► Excessive drinking is more often reported among men, those with higher incomes, White residents, and Hispanic residents.



Excessive Drinkers

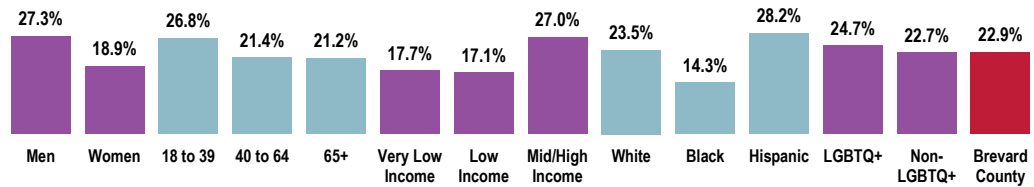
Brevard County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 136]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.

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

Excessive Drinkers (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 136]
 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.



Illicit Drug Use

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.

A total of 2.7% of Brevard County adults acknowledge using an illicit drug in the past month.

BENCHMARK ▶ Satisfies the Healthy People 2030 objective.

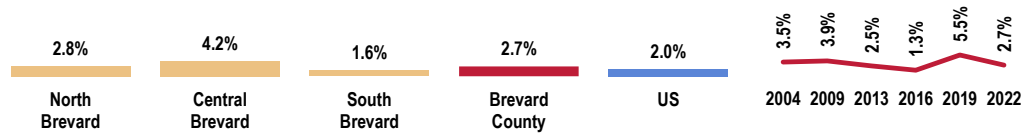
TREND ▶ Denotes a significant decrease since 2019 (although similar to prior findings).

DISPARITY ▶ Higher in Central Brevard. More often reported among young adults, those with very low incomes, those with higher incomes, Hispanic residents, and LGBTQ+ respondents.

Illicit Drug Use in the Past Month

Healthy People 2030 = 12.0% or Lower

Brevard County

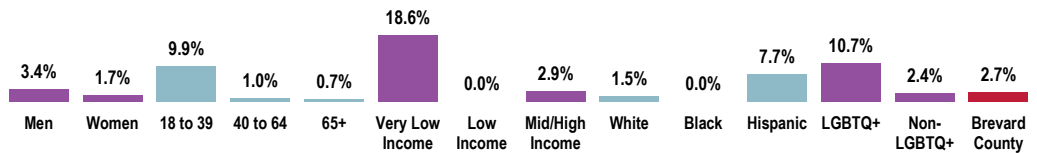


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 49]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Illicit Drug Use in the Past Month

(Brevard County, 2022)

Healthy People 2030 = 12.0% or Lower



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 49]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.



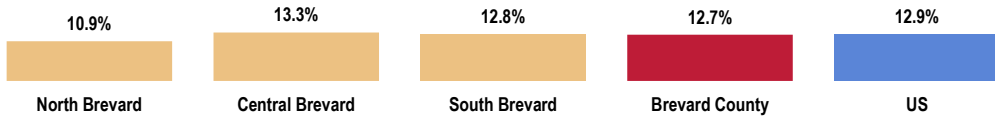
Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

A total of 12.7% of Brevard County adults report using a prescription opioid drug in the past year.

DISPARITY ▶ More often reported among White respondents than among Black respondents.

Used a Prescription Opioid in the Past Year



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 50]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Used a Prescription Opioid in the Past Year (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 50]
 Notes: • Asked of all respondents.



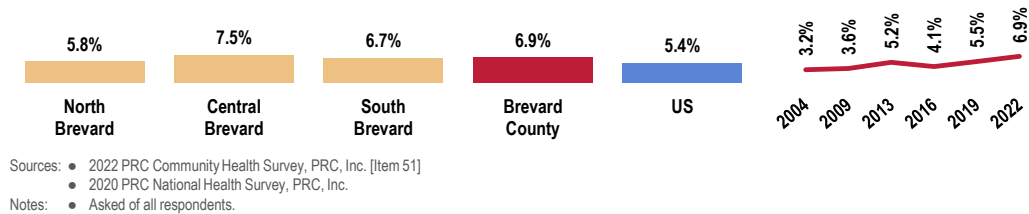
Alcohol & Drug Treatment

A total of 6.9% of Brevard County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

TREND ► Denotes a significant increase over time.

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

Brevard County

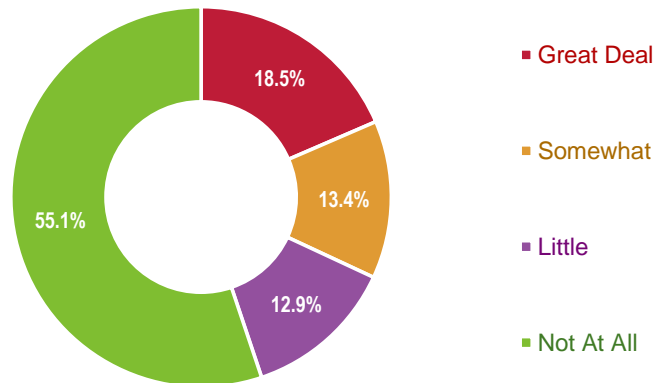


Personal Impact From Substance Abuse

More than half of Brevard County residents' lives have not been negatively affected by substance abuse (either their own or someone else's).

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

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's) (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 52]
 Notes: • Asked of all respondents.

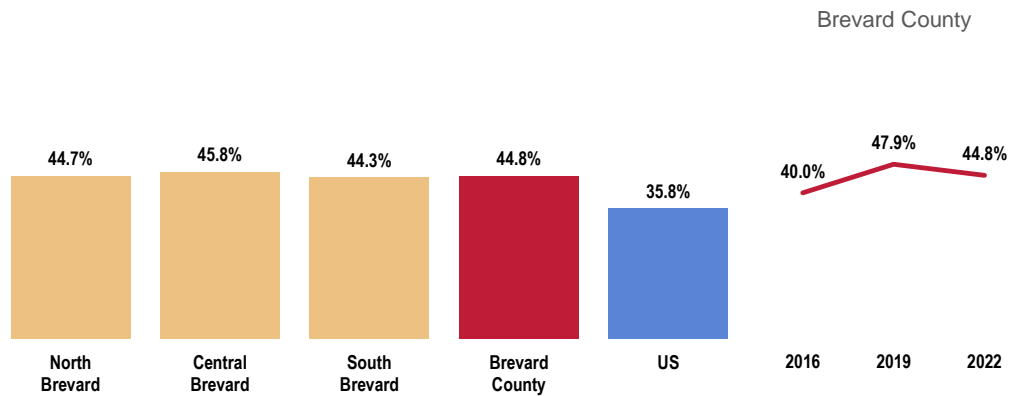


However, 44.8% have felt a personal impact to some degree (“a little,” “somewhat,” or “a great deal”).

BENCHMARK ▶ Less favorable than the national percentage.

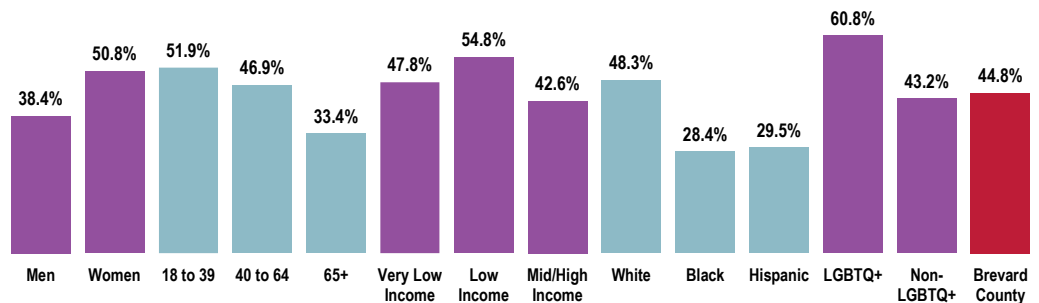
DISPARITY ▶ More often reported among women, adults younger than 65, low-income adults, White residents, and LGBTQ+ respondents.

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



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 52]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Includes response of “a great deal,” “somewhat,” and “a little.”

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 52]
 Notes: • Asked of all respondents.
 • Includes response of “a great deal,” “somewhat,” and “a little.”



TOBACCO USE

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

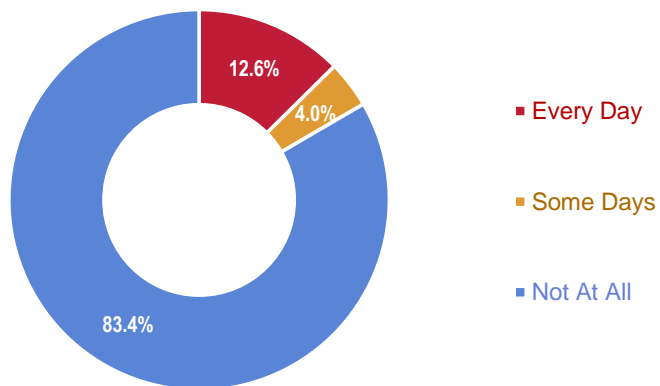
– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 16.6% of Brevard County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence
(Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.



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

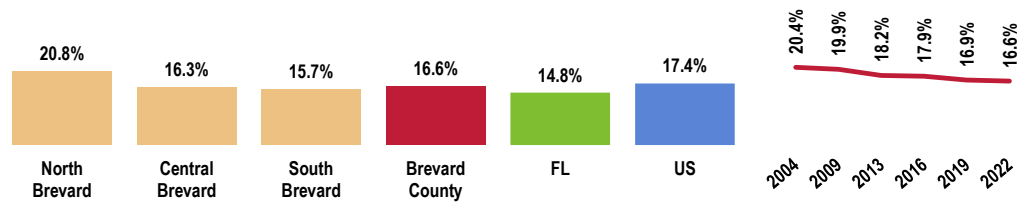
BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Adults younger than 65 and those with lower incomes are more likely to report smoking cigarettes.

Current Smokers

Healthy People 2030 = 5.0% or Lower

Brevard County



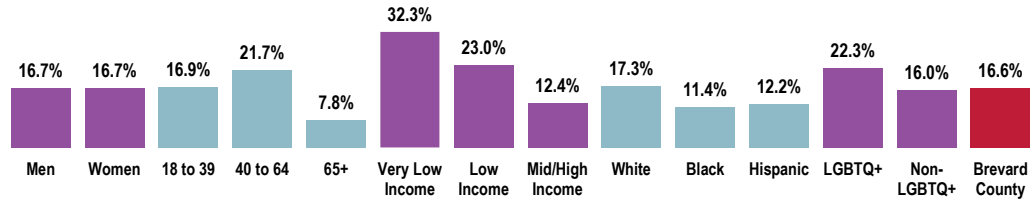
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 40]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Florida data.
 ● 2020 PRC National Health Survey, PRC, Inc.
 ● US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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

Current Smokers

(Brevard County, 2022)

Healthy People 2030 = 5.0% or Lower



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 40]
 ● US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

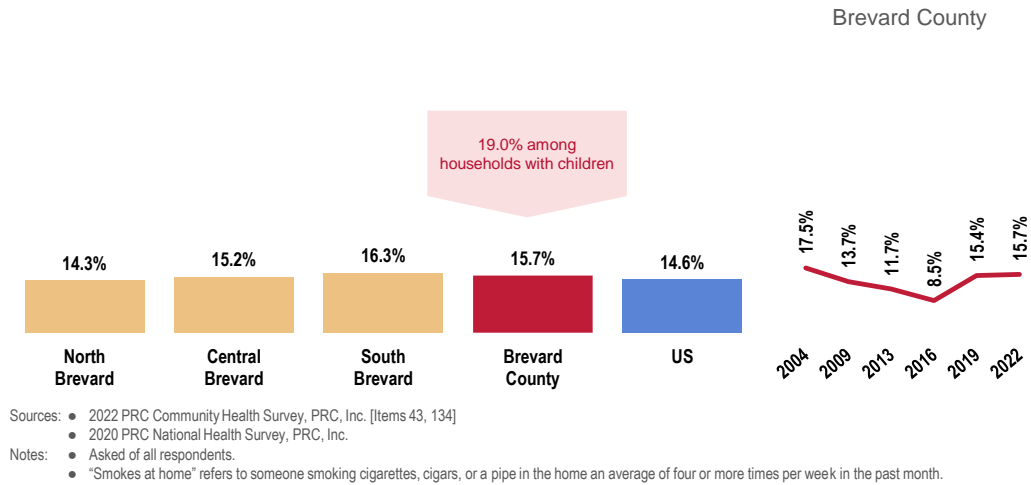
Notes:
 ● Asked of all respondents.
 ● Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).



Environmental Tobacco Smoke

Among all surveyed households in Brevard County, 15.7% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

Member of Household Smokes at Home



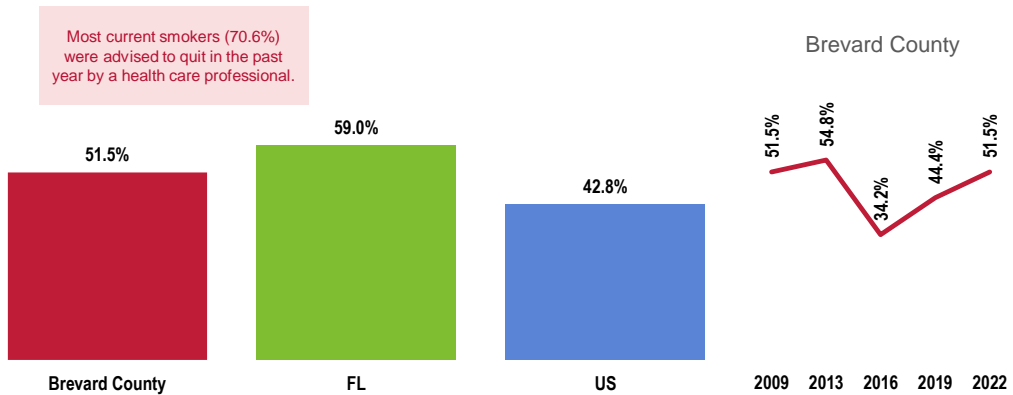
Smoking Cessation

More than one-half of regular smokers (51.5%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

BENCHMARK ► Less favorable than the statewide percentage. Fails to satisfy the Healthy People 2030 objective.

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

Healthy People 2030 = 65.7% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 41-42]
• 2020 PRC National Health Survey, PRC, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Florida data.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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

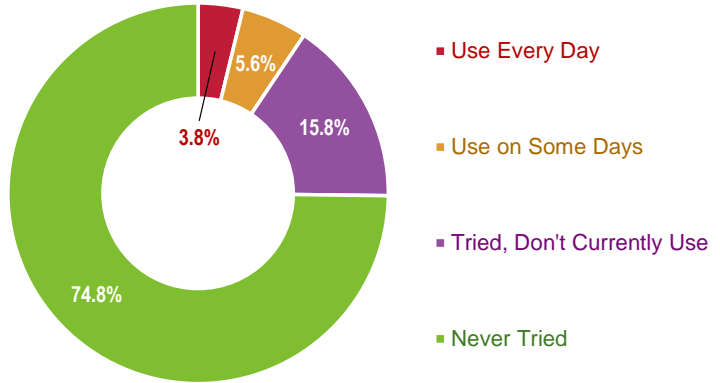


Other Tobacco Use

Use of Vaping Products

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

Use of Vaping Products
(Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 135]
Notes: • Asked of all respondents.

However, 9.4% currently use vaping products either regularly (every day) or occasionally (on some days).

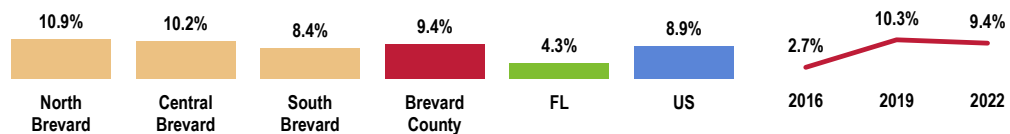
BENCHMARK ▶ More than twice the statewide percentage.

TREND ▶ Significantly higher than the 2016 benchmark.

DISPARITY ▶ More often reported among adults younger than 65 (especially young adults), very low-income residents, and members of the LGBTQ+ community.

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

Brevard County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 135]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).



Currently Use Vaping Products (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 135]
 Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).





ACCESS TO HEALTH CARE

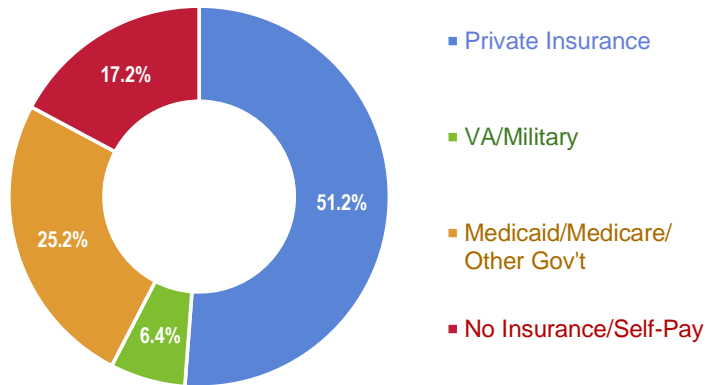
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

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

A total of 51.2% of Brevard County adults age 18 to 64 report having health care coverage through private insurance. Another 31.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults Age 18-64; Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 137]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

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 health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 17.2% report having no insurance coverage for health care expenses.

BENCHMARK ▶ Better than the statewide percentage but worse than the US percentage. Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Significantly lower than the 2004 benchmark.

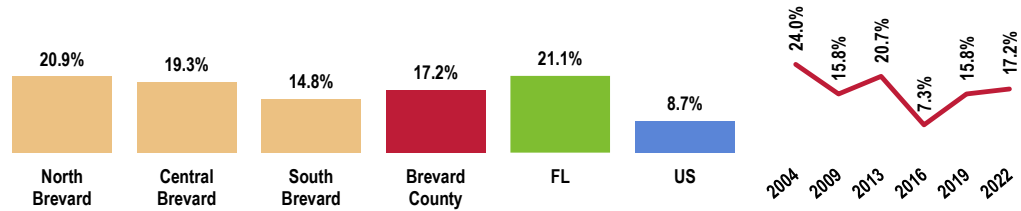
DISPARITY ▶ Lower in South Brevard. Lower-income adults are less likely than those with higher incomes to have insurance coverage.



Lack of Health Care Insurance Coverage (Adults Age 18-64)

Healthy People 2030 = 7.9% or Lower

Brevard County

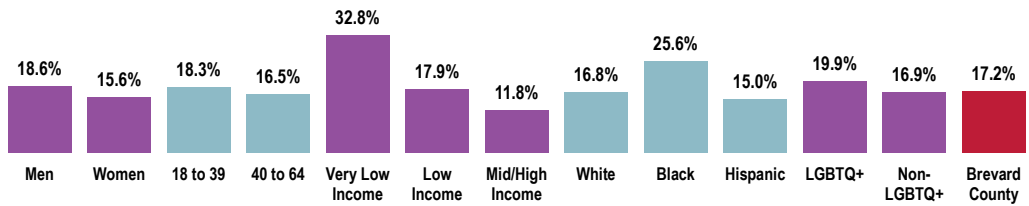


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 137]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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

Lack of Health Care Insurance Coverage (Adults Age 18-64; Brevard County, 2022)

Healthy People 2030 = 7.9% or Lower



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 137]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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



DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Difficulties Accessing Services

A total of 54.7% of Brevard County adults report some type of difficulty or delay in obtaining health care services in the past year.

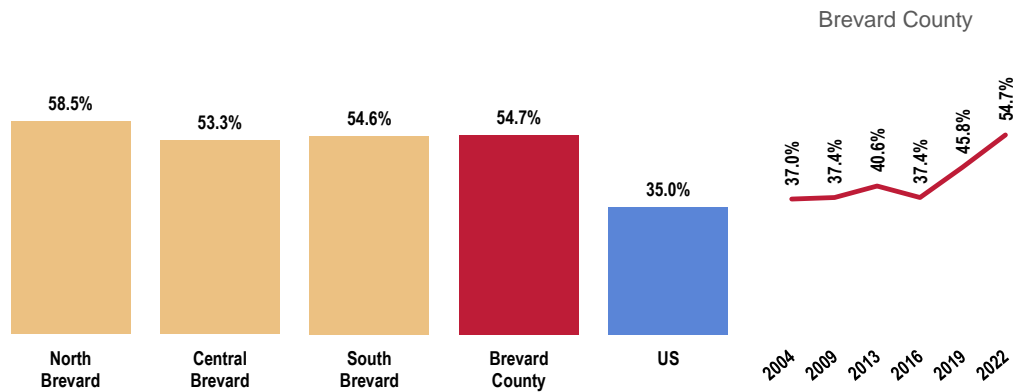
BENCHMARK ▶ Worse than found across the country.

TREND ▶ Increasing significantly over time.

DISPARITY ▶ More often reported among women, adults younger than 65, lower-income adults, Black respondents (when compared to White respondents), and those who identify as LGBTQ+.

This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

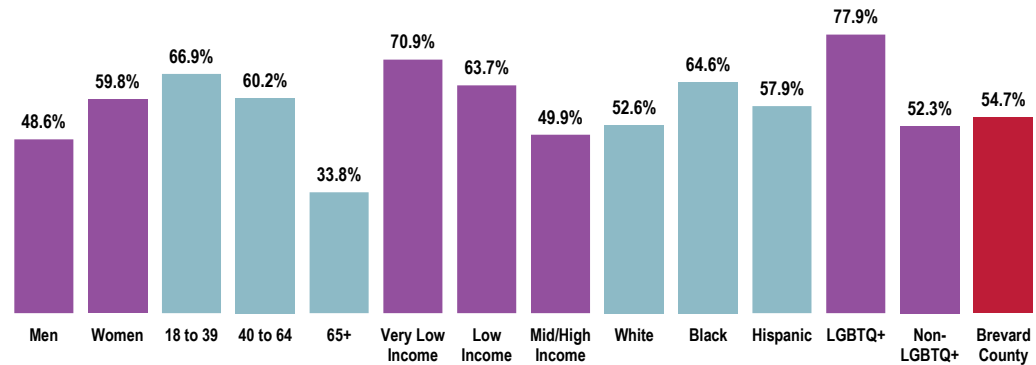
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 140]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.



Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 140]
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

Of the tested barriers, appointment availability and finding a physician impacted the greatest shares of Brevard County adults.

BENCHMARK ► Five of the seven tested barriers affect Brevard County adults more than adults across the US: **appointment availability, finding a physician, cost of doctor visit, cost of prescriptions, and inconvenient office hours.**

TREND ► With the exception of language/culture, all tested barriers are significantly higher than the corresponding 2004 benchmark.

DISPARITY ► **Finding a physician** is mentioned more often as a barrier in North Brevard (not shown).

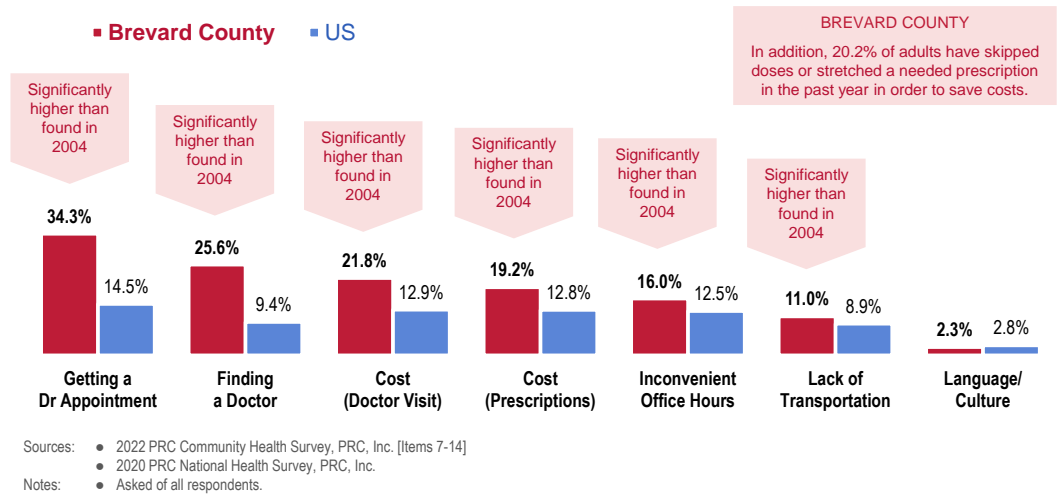
Note also the percentage of adults who have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

To better understand health care 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



Accessing Health Care for Children

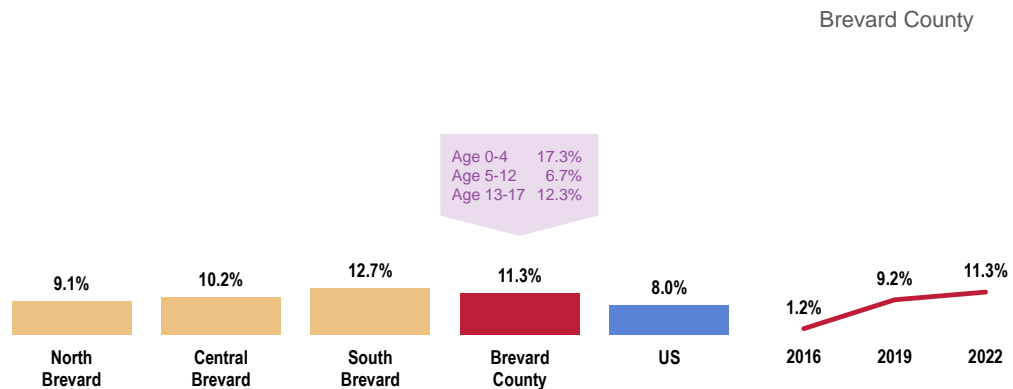
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 11.3% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

TREND ► Considerably higher than recorded in 2016.

DISPARITY ► More often reported among parents of children age 0 to 4 than among parents of children age 5 to 12.

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



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 104]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.



PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Specific Source of Ongoing Care

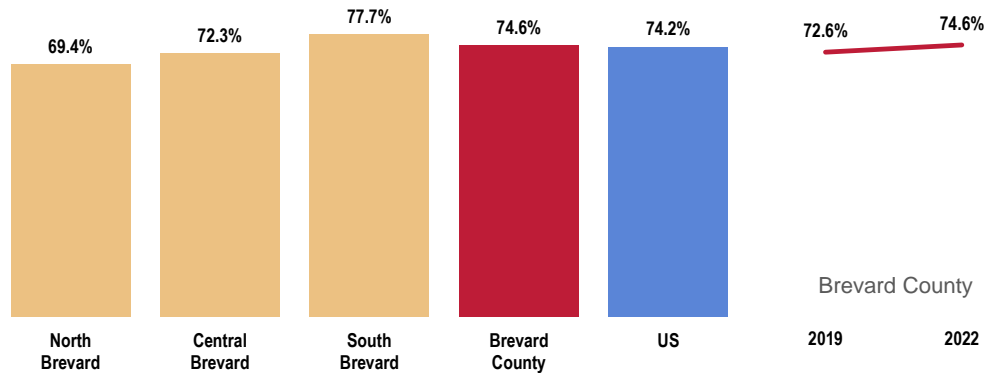
A total of 74.6% of Brevard County adults were determined to have a specific source of ongoing medical care.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher in South Brevard.

Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 139]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

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



Utilization of Primary Care Services

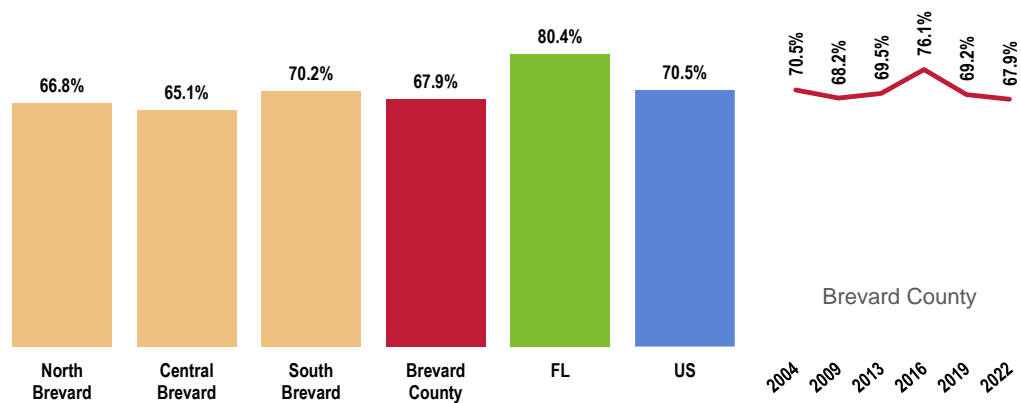
Adults

More than two-thirds of adults (67.9%) visited a physician for a routine checkup in the past year.

BENCHMARK ▶ Less favorable than the Florida percentage.

DISPARITY ▶ Those less likely to have had a checkup include adults younger than 65, lower-income residents, and LGBTQ+ respondents.

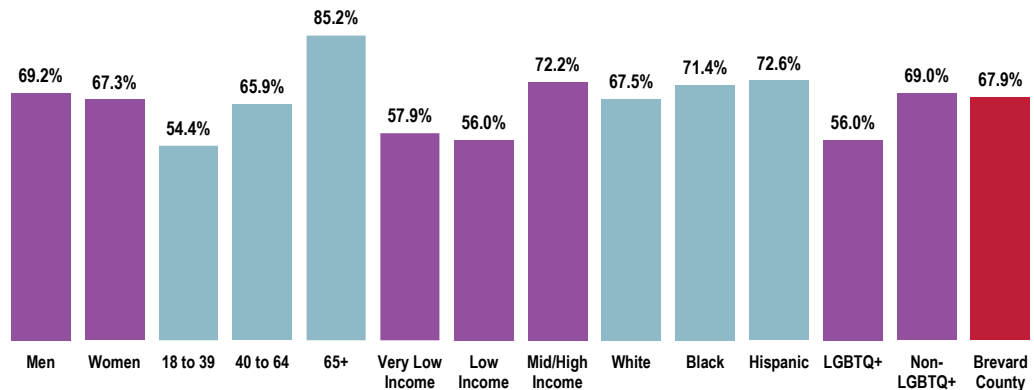
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 18]
 Notes: • Asked of all respondents.

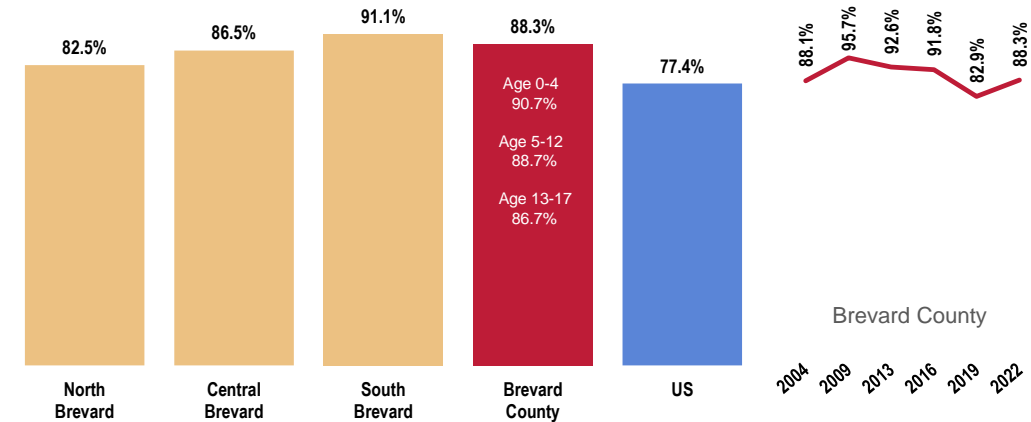


Children

Among surveyed parents, 88.3% report that their child has had a routine checkup in the past year.

BENCHMARK ▶ Better than the US percentage.

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



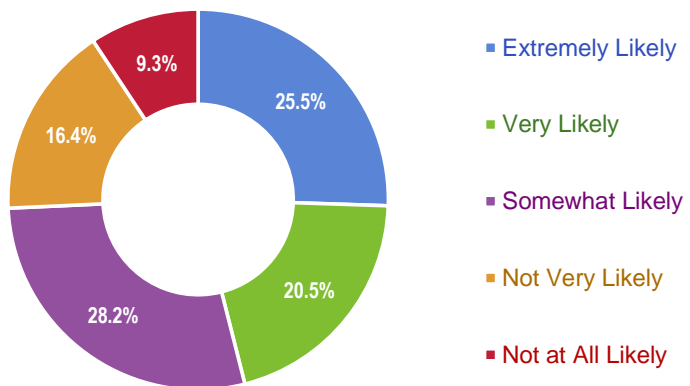
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 105]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Willingness to Use Telemedicine

Among Brevard County adults, 46.0% said they would be “extremely likely” or “very likely” to use telemedicine instead of office visits for routine medical care.

DISPARITY ▶ Higher in South Brevard. Those more likely to use telemedicine include adults younger than 65 and LGBTQ+ respondents.

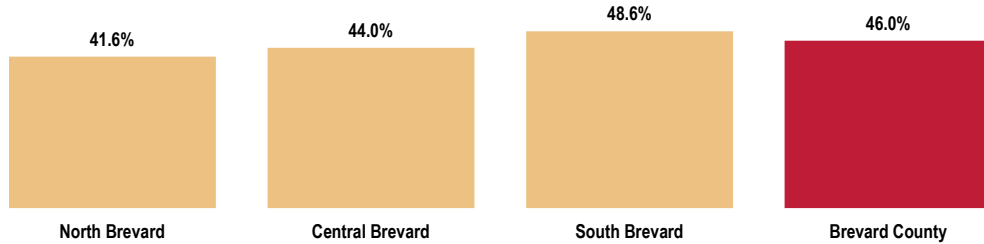
Likelihood of Using Telemedicine (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 301]
 Notes: • Asked of all respondents.
 • During a telemedicine visit, a patient uses a computer, smartphone, or telephone to communicate with a healthcare professional in real time without being face to face.



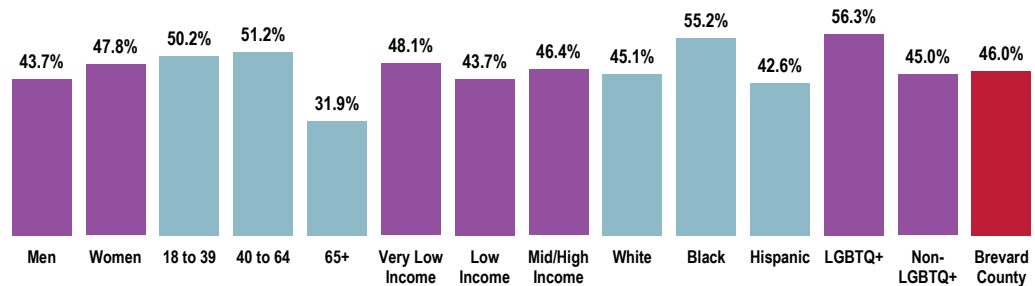
“Extremely Likely/Very Likely” to Use Telemedicine



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 301]

- Notes:
- Asked of all respondents.
 - During a telemedicine visit, a patient uses a computer, smartphone, or telephone to communicate with a healthcare professional in real time without being face to face.

“Extremely Likely/Very Likely” to Use Telemedicine (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 301]

- Notes:
- Asked of all respondents.
 - During a telemedicine visit, a patient uses a computer, smartphone, or telephone to communicate with a healthcare professional in real time without being face to face.



EMERGENCY ROOM UTILIZATION

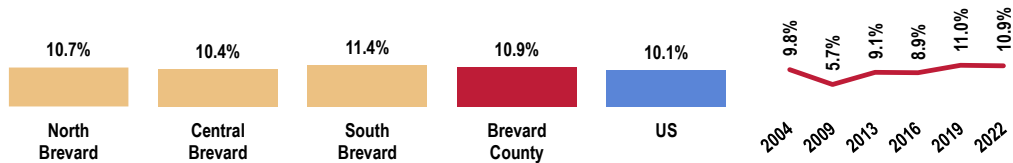
A total of 10.9% of Brevard County adults have gone to a hospital emergency room more than once in the past year about their own health.

DISPARITY ► Women, adults younger than 65, lower-income respondents, Black residents, and Hispanic residents are more likely to report using the emergency room.

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

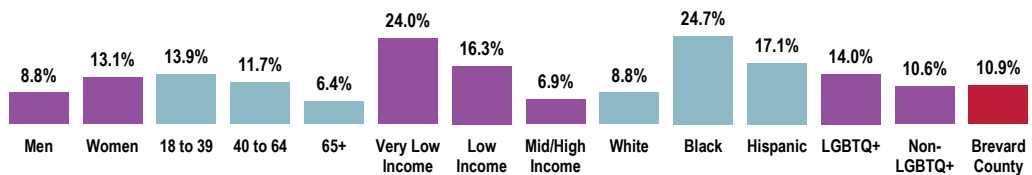
Among those who have used the emergency room at least once within the past year, 9.2% said their most recent visit was for dental treatment.

Brevard County



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 22, 302]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 22]
 Notes: • Asked of all respondents.

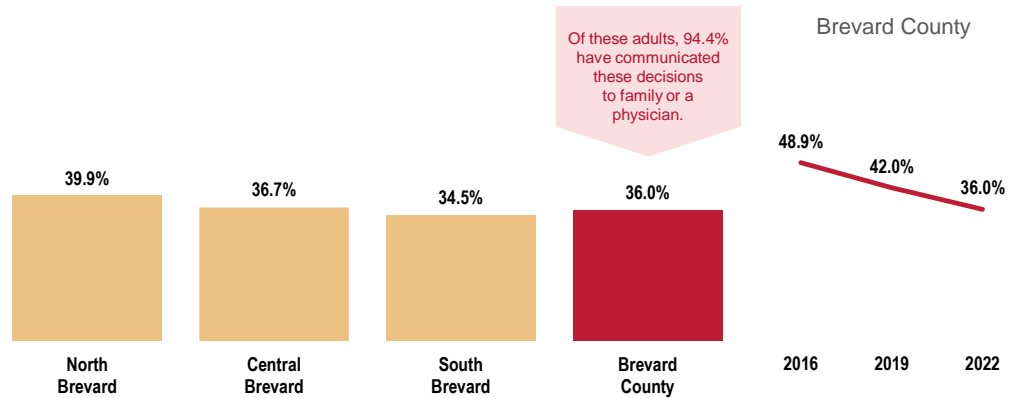


ADVANCE DIRECTIVES

A total of 36.0% of Brevard County adults have completed advance directive documents.

TREND ► Marks a significant decrease over time.

Have Completed Advance Directive Documents



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 305]

Notes: • Asked of all respondents.

• An advance directive 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 health care powers of attorney.



ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

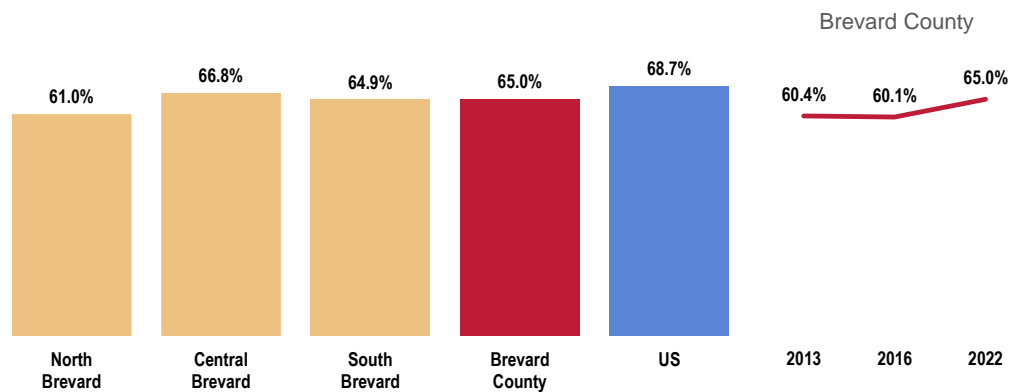
– Healthy People 2030 (<https://health.gov/healthypeople>)

Dental Insurance

Nearly two-thirds of Brevard County adults (65.0%) have dental insurance that covers all or part of their dental care costs.

BENCHMARK ▶ Satisfies the Healthy People 2030 objective.

Have Insurance Coverage That Pays All or Part of Dental Care Costs
Healthy People 2030 = 59.8% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 21]
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • Asked of all respondents.



Dental Care

Adults

A total of 54.4% of Brevard County adults have visited a dentist or dental clinic (for any reason) in the past year.

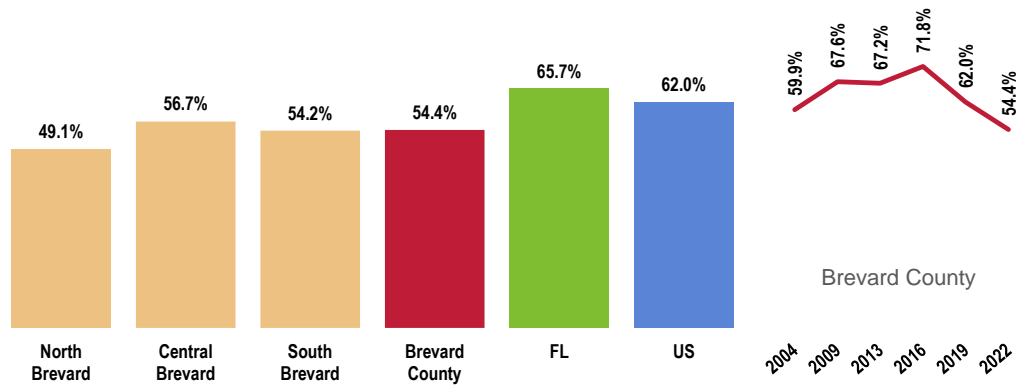
BENCHMARK ▶ Less favorable than found across the state and nation. Satisfies the Healthy People 2030 objective.

TREND ▶ Trending significantly lower in recent years.

DISPARITY ▶ Those less likely to have received dental care include young adults, lower-income adults, Black respondents, members of the LGBTQ+ community, and those without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher

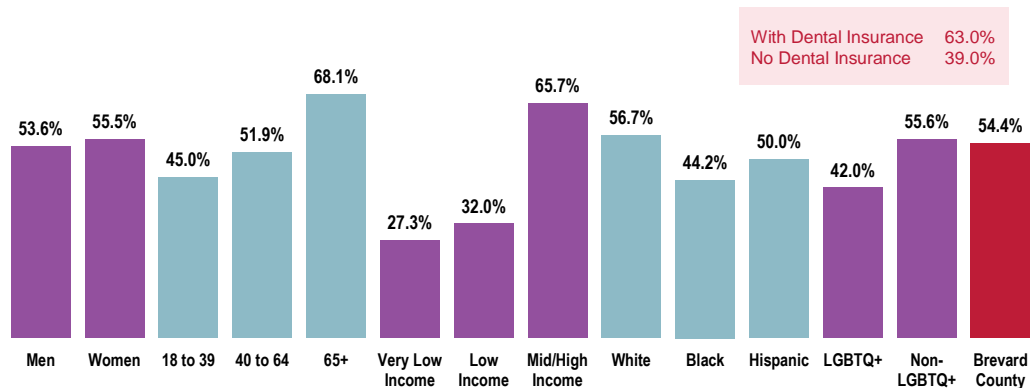


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 20]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year (Brevard County, 2022)

Healthy People 2030 = 45.0% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 20]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



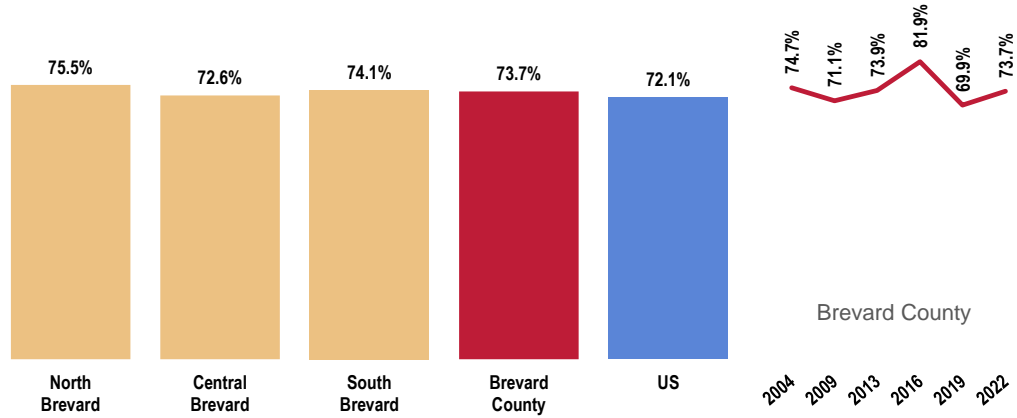
Children

A total of 73.7% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ▶ Satisfies the Healthy People 2030 objective.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Parents of Children Age 2-17)

Healthy People 2030 = 45.0% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 108]
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents with children age 2 through 17.



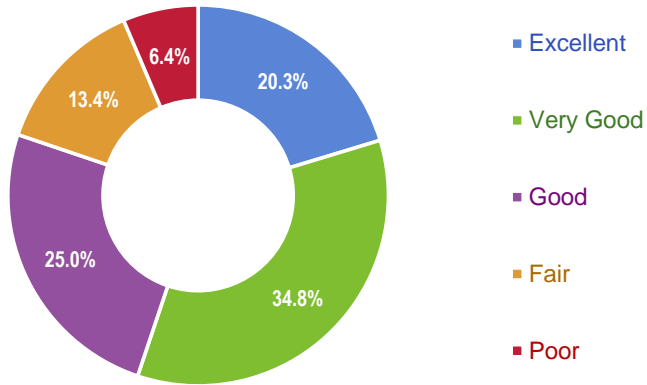


LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

More than half of Brevard County adults rate the overall health care services available in their community as “excellent” or “very good.”

Rating of Overall Health Care Services Available in the Community (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 19.8% of residents characterize local health care services as “fair” or “poor.”

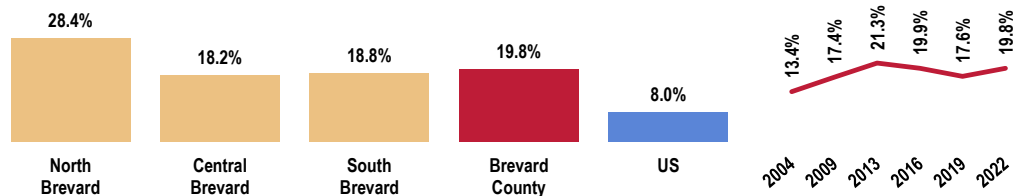
BENCHMARK ► Worse than the US percentage.

TREND ► Significantly higher than the 2004 benchmark.

DISPARITY ► Higher in North Brevard. More often reported among women, adults younger than 65, lower-income adults, Black residents, LGBTQ+ respondents, and those who have access difficulties.

Perceive Local Health Care Services as “Fair/Poor”

Brevard County

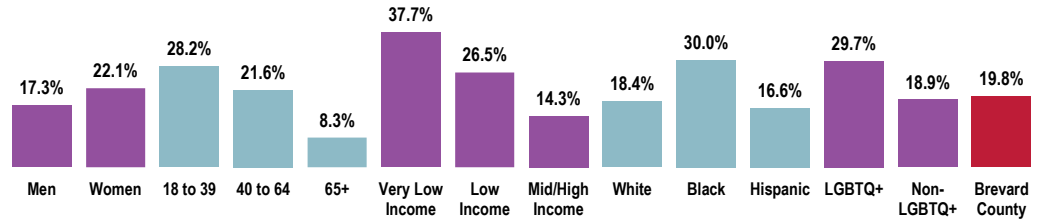


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 6]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Local Health Care Services as “Fair/Poor” (Brevard County, 2022)

With Access Difficulty 33.2%
 No Access Difficulty 3.7%



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 6]
 Notes: ● Asked of all respondents.



ADDENDUM



DOH-Brevard Addendum to the 2022 Community Health Needs Assessment Report

The 2022 Community Health Needs Assessment (CHA) was approved April 2022 after presentations and discussions with the community and the Space Coast Health Foundation Health Advisory Council and Task Force Members.

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

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Areas of Opportunities:

Survey Breakdown: 611 were random phone surveys, 754 were online surveys, for a total of 1365.

We have a 95% confidence rate on the data. Here are the priorities:

Areas of Opportunity	BOARD	PARTNERS	EQUITY FORUM	AVERAGE
Mental Health	8.30	8.26	8.11	8.22
Access to Health Care Services	7.70	7.50	8.32	7.84
Social Determinants of Health	7.40	7.41	7.80	7.54
Nutrition/Physical Activity/Weight	5.70	7.69	7.47	6.95
Oral Health	7.00	6.46	6.53	6.66
Diabetes	6.00	6.63	6.88	6.50
Substance Abuse	6.20	7.10	6.19	6.49
Heart Disease/Stroke	5.40	6.64	6.68	6.24
Injury/Violence	5.80	6.38	6.38	6.18
Tobacco Use	5.70	5.56	5.53	5.60
Cancer	3.90	5.79	6.25	5.31
Potentially Disabling Conditions	5.10	5.00	5.19	5.10
Respiratory Disease	4.00	5.36	5.61	4.99

Mental health is top of the list and has increased significantly since the last Community Health Needs Assessment. DOH-Brevard works on mental health and substance abuse simultaneously through the Behavioral Health Task Force.

Mental Health and Substance Abuse, Access to Health Care Services, Social Determinants of Health, and Oral Health will be addressed through DOH-Brevard's Community Health Improvement Plan from 2023-2027.

This report reflects the collaboration and hard work of many community partners, including members of the Brevard community, representatives from local hospitals, local government, nonprofit organizations, community leaders, community clinics, and schools. The Community Health Assessment (CHA) provided an opportunity for stakeholders to collaborate in a strategic planning process to better understand complex health issues and dialogue on priorities and proposed solutions.

In response to the findings, action plans will be created relevant to the priority areas that were identified by partners, and a Community Health Improvement Plan will be developed. Space Coast Health Foundation, Health Advisory Council, and CHIP Steering Committee will collaborate on action plans for the priorities mention above. Access to Healthcare, priorities from the 2017–2021 CHIP will continue to be addressed in the 2023–2027 CHIP.

Additional actions include making the CHA available to members of the community, implementation and monitoring of action plan interventions, continued support of hospital needs assessment efforts, and ongoing facilitation of the Space Coast Health Foundation. DOH-Brevard will issue a press release when the CHA is published. Additionally, copies of the CHA will be sent to community partners and made available in DOH-Brevard clinics. Efforts will be made to keep partners and the public engaged in the Community Health Improvement Plan and related activities. This includes annual updates to the CHIP as new data becomes available.

CHIP Steering Committee community partners, focus group participants, and key informants provided a list of assets to promote the community's health. Some assets relate to accessing services, while other assets are community classes and education programs offered.

Community Resources / Asset Inventory:

Nutrition, Physical Activity & Weight

Organization	Programs/Services	Website
Advent Lutheran Church Food Pantry	Food Pantry Services: Food Pantries	http://www.adventbrevard.org
Brevard Community Kitchen	Food preparation services for Meals On Wheels and Senior Nutrition Program.	http://www.agingmattersbrevard.org/service/the-brevard-community-kitchen

	Services: Catering Services	
Daily Bread	Hot meal served daily. Services: Public Showers/Baths, Soup Kitchens, Thanksgiving Meals	http://www.dailybreadinc.org
YMCA of Brevard County	Cocoa YMCA has a wide variety of member and youth programs consisting of Personal Trainers, Aerobic and cycling classes, Child Development, Teen Center activities, Karate, new Cybex cardio and weight equipment, and water fitness classes for all ages. Services: Athletic Clubs	http://www.ymcacentralflorida.com

Mental Health

Organization	Programs/Services	Website
Brevard Drop-In Center at Circles of Care	Individual (child & adult), couples & family counseling. Services: Mental Health Drop In Centers, Support Groups	http://www.circlesofcare.org
Circles of Care - Assisted Living Center and Community Support Programs	ACL and CSP provide a blend of psychosocial rehabilitation treatment, and Behavioral Health Day Services. Services: Psychiatric Case Management, Psychiatric Day Treatment, Residential Treatment Facilities.	
Circles of Care - Child Crisis Stabilization Unit	State licensed 16 bed inpatient program to treat psychiatric emergencies that	

<p>Circles of Care - Psychiatric Services, Melbourne</p>	<p>are not safe to be managed on an outpatient basis and to provide detoxification and stabilization services for substance abuse crisis situations affecting children and adolescents.</p> <p>Services: Adolescent Psychiatric Inpatient Units, Children's Psychiatric Inpatient Units.</p> <p>Sheridan Oaks is a 24-bed psychiatric inpatient facility that was established in 1986 to provide the ability for private practice psychiatrists to hospitalize their patients in need of inpatient psychiatric care.</p> <p>Services: Adult Psychiatric Inpatient Units</p>	
<p>Brevard Group Treatment Home</p>	<p>Brevard Group Treatment Home (BGTH) is a non-secure residential program serving 30 adolescent male offender's ages 12 to 15 years old, for an average length of stay between 3-9 months.</p> <p>Services: Children's/Adolescent Residential Treatment Facilities</p>	<p>N/A</p>
<p>Devereux-Outpatient Services</p> <p>Devereux-Residential Treatment Center-Orlando</p>	<p>Outpatient services-numerous locations.</p> <p>Services: Outpatient Mental Health Facilities</p> <p>Community-based residential treatment located in Orlando.</p> <p>Services: Group Homes for Children and Youth With Disabilities, Residential Treatment Facilities</p>	<p>https://www.devereux.org/</p>

Devereux Treatment Network-Hosp	<p>Intensive residential treatment center that provides individual, group and family therapy; psychiatric services, 24 hr nursing care; behavioral management and on-campus accredited school.</p> <p>Services: Adolescent Psychiatric Inpatient Units, Adolescent/Youth Counseling, Children's/Adolescent Residential Treatment Facilities</p>	
Hacienda Girl's Ranch	<p>Shelter and group care for abused and neglected girls ages 12-18.</p> <p>Services: Children's/Adolescent Residential Treatment Facilities</p>	http://www.chsfl.org
Health First Senior Behavioral Wellness Intensive Outpatient Program	<p>Program provides Senior Behavioral Wellness, individualized care and treatment for older adults.</p> <p>Services: Outpatient Mental Health Facilities</p>	http://www.hfsenior.org
Hispanic Family Counseling, Inc. (Brevard)	<p>Mental Health and Behavioral Health Agency serving children and adults ages 3-99</p> <p>Services: Outpatient Mental Health Facilities</p>	http://www.hispafam.com
Mental Health Resource Center - Brevard FACT Team	<p>Program serves 100 adults with severe and persistent mental illness, who may also have a co-occurring substance abuse disorder.</p> <p>Services: Community Mental Health Agencies</p>	http://www.mhrcflorida.com

Substance Abuse

Organization	Programs/Services	Website
Adult Children of Alcoholics	<p>Support group for adults who grew up with alcoholic parent(s).</p> <p>Services: Addictions/Substance Use Disorder Support Groups</p>	<p>http://www.adultchildren.org</p>
Al-Anon/Alateen	<p>Support groups throughout county for family or persons affected by an alcoholic.</p> <p>Services: Addictions/Substance Use Disorder Support Groups</p>	<p>www.spacecoastal-anon.org</p>
Drug Court; Brevard County	<p>Intensive treatment program offered to the first-time drug offender in lieu of prosecution.</p> <p>Services: Court Community Service Referral Programs, Drug Use Disorder Education/Prevention</p>	<p>http://www.brev.lib.fl.us/ps/bcps_main</p>
Premiere Addiction Recovery-Site	<p>Outpatient treatment, (MAT) Medication Assistance Treatment.</p> <p>Services: Comprehensive Outpatient Substance Use Disorder Treatment</p>	<p>http://www.premiereaddictionrecovery.com</p>
Space Coast Area of Narcotics Anonymous	<p>Narcotics Anonymous is a non-profit fellowship or society of men and women for whom drugs had become a major problem.</p> <p>Services: Addictions/Substance Use Disorder Support Groups</p>	<p>http://www.spacecoastna.org</p>

Access to Healthcare

Organization	Programs/Services	Website
Atlantis Building- Amego, Inc.	<p>Amego is committed to supporting Brevard County with high quality services by addressing needs in mental health, substance abuse, parenting, autism services to include evaluation and treatment, supervised visitation services, including therapeutic, and many community support services.</p> <p>Services: Developmental Screening</p>	<p>https://www.amegoinc.org</p>
Help Me Grow Brevard	<p>Assist callers with questions regarding the behavioral and developmental concerns about a child, facilitate developmental screenings and provide ongoing support through care coordination.</p> <p>Services: Case/Care Management, Developmental Screening</p>	<p>www.211brevard.org/help-me-grow</p>
Advocates for the Aging	<p>Advocates for the Aging offers full range of personal and elderly assessment services which include; Guardianship, Family Guardianship Coaching, Crisis Intervention and much more.</p> <p>Services: Personal Health Care Advocate Services</p>	<p>http://www.advocatesfortheaging.com</p>
Cancer Care Foundation Support Group	<p>Cancer Care Foundation in conjunction with the Cancer Care Centers of Brevard host three general cancer support groups for all who are living with, through and beyond a cancer diagnosis.</p>	<p>www.cccfoundationinc.org</p>

	Services: Chronic Disease Self Management Programs, Rent Payment Assistance, Utility Service Payment Assistance	
Dental Hygiene Clinic (Eastern Florida State College)	BCC's Cocoa Campus Dental Hygiene Clinic is open to the community on an appointment basis. Services: Adult State/Local Health Insurance Programs, Dental Care	http://www.brevard.cc.fl.us
Brevard Health Alliance-Melbourne	Non-emergency primary health care services are provided. Services: Community Clinics	http://www.bhachc.org

For a more comprehensive list of all community resources, please check the following link which is a database maintained by the 2-1-1 Brevard Inc. a private, not-for-profit organization serving Brevard County, Florida (www.211.brevard.org).

Enhancing Health Equity in Brevard Forum



Real-Time Record

April 27, 2022



ENHANCING HEALTH EQUITY IN BREVARD FORUM

TOP PRIORITIES
 & Bold Actions To Enhance Health Equity in Brevard

HEALTH LITERACY & MARKETING

- Social media
- Monthly health fairs
- Marketing pieces (campaign)
- Organize community resources
- Workshops/town halls
- Fitness initiatives & health
- Work through different communities & focus groups
- K-12, parents, pediatricians, healthcare
- Health education providers, "Help Me Grow," Z11

ACCESS TO HEALTHY FOOD & WALKABLE PLACES

- More awareness of food deserts
- Develop partnerships to plan for safe streets for all

COST OF LIVING

- Designate Land & Resources
- Stimulus (monthly) for income restricted
- Limit rental increase (based on income)
- Minimal income individuals for training/membership (free)
- Initiate criteria to meet guideline
- New development 2% must be put in place for affordable/attainable housing

ACCESS... TO AFFORDABLE HEALTHCARE

- Expansion of Medicaid
- Long-term: Supporting petition effort for Medicaid expansion
- Identify/survey need services
- What are they?
- Where they should be
- Short-term: Expand reimbursement telehealth
- Expand insurance coverage to health alternative (eastern natural path)

ROADBLOCKS TO HEALTHCARE

- SECURE HOUSING
- MENTAL HEALTH STIGMA
- COST
- TRANSPORTATION
- ACCESS TO FRESH FRUITS & VEGGIES

A HEALTHY BREVARD COUNTY



EXPERT FACILITATORS IN STRATEGIC COLLABORATION

Executive Summary

Top Priorities & Bold Actions to Enhance Health Equity in Brevard – Identified by Teams

Access to Affordable Care

- *Expansion of Medicaid*
- *Long-term: Supporting petition effort for Medicaid expansion*
- *Identify/survey need services. What are they? Where they should be*
- *Short-term: Expand reimbursement telehealth*
- *Expand insurance coverage to health alternative (Eastern natural path)*

Cost of Living

- *New development % must be put in place for affordable/attainable housing*
- *Designate Land & Resource*
- *Stimulus (monthly for income restricted)*
- *Limit rental increase (based on income)*
- *Minimal income individuals for training/membership (free)*
- *Initiate criteria to meet guideline*

Health Literacy and Marketing

- *Social media*
- *Monthly health fairs*
- *Marketing pieces (campaigns)*
- *Organize community resources*
- *Workshops/town halls*
- *Fitness initiatives & health*
- *Cycle through different communities & focus groups*
- *K-12, parents, pediatricians, healthcare*
- *Health education providers, "Help Me Grow," 211*

Healthy Food and Walkable Places

- *More awareness of food deserts*
- *Develop partnerships to plan for safe streets for all*

Additional Top 4 Priority Areas identified by Teams in the Feasibility Analysis:

- **Health Literacy and Marketing** rose to the top with a cumulative mean of 4.25.
- **Navigation of Healthcare System** was second, with a cumulative mean of 4.
- **Scheduling/Available Hours** with a cumulative mean of 3.
- **Lack of Preventive Care** with a cumulative mean of 3.

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Agenda

Welcome

- 10:00am – 10:10am** Johnette Gindling, Space Coast Health Foundation
Anita Stremmel, Florida Department of Health in Brevard County
Rob Rains, United Way of Brevard
-

Setting the Stage

- 10:10am – 10:25am** **Florida Voices for Health:** Scott Darius
-

Review Data from Community Health Needs Assessment Survey

- 10:25am – 11:20am** **Brevard County Community Health Needs Assessment Data:** Bruce Lockwood, PRC
Custom Research
-

Stretch Break

- 11:20am – 11:30am**
-

Review Summary Data from Focus Groups & Preparing to Prioritize

- 11:30am – 12:00pm** **Review Summary Data of four “Enhancing Equity in Brevard Focus Groups”:**
Andrea Henning, Collaborative Labs at St. Petersburg College
-

Elevating our Top Priorities to Enhance Equity in Brevard: Lunch Activity

- 12:00pm – 1:15pm**
- Lunch teams will discuss the **Focus Group outcomes and feasibility of Priorities** based upon impact, short-term vs. long-term, ease, cost, etc.
 - Each team will identify and share their **Top 2 Priorities** to Enhance Equity in Brevard.
 - We will further prioritize our collective **Top 3 – 5 Priorities to Enhance Equity in Brevard.**
-

Building Bold Actions for our Top 3 – 5 Priorities

- 1:15pm – 1:45pm**
- We will invite leaders to “self-select” into one of the **Top Priority Teams** to begin to build Bold Actions we can mobilize as a Health Equity Task Force.
 - Each team will identify their **Top 1 – 3 Bold Actions to mobilize for each Priority Area.**
-

Next Steps for Success

- 1:15pm – 1:45pm**
- We will invite each **Top Priority Team** to share the #1 Bold Action they are most excited to mobilize.
 - **Thank You & Next Steps to Engage:** Johnette Gindling, Space Coast Health Foundation & Anita Stremmel, Florida Department of Health in Brevard County
-

Welcome



**Anita Stremmel,
Assistant County
Health Department
Director, Florida
Health Brevard
County:**

Thank you to each of you for taking time out of your very busy schedule to be with us here today. The state health office recently tasked each county health department with development of a health equity plan.

Timing is good because United Way is also working on equity initiatives. We started working with Johnette and Donna a while ago laying the groundwork for this. Part of that was working with Collaborative Labs on some focus groups. Some of you participated, thank you. Now we're developing priorities for that health equity plan using data from survey, focus groups, and Florida Voices for help.



Johnette Gindling, President & CEO, Space Coast Health Foundation:

Welcome. We are so excited to have you here. It's been a journey together. Our work to this point was to gather data from the community so when we came here today we would be data dumping, so we'd walk out of here today knowing the priorities for improving health equity for our community and to start the action plan. You were chosen to be here because of your role in this community and the work you're doing. You know where those priorities are where we can make a difference first, quickly. We're proud to be working with United Way to further this work and with the Department of Health.



Rob Rains, President, United Way of Brevard County: Johnette and her team are truly amazing.

Applause from participants.

After the George Floyd murder and subsequent unrest and protests, we knew we needed to do something, be better in equity in our community. We talked with Johnette first, about what we could do and out of that came the concept of multiple forums to talk to the impacted communities, people marginalized, most impacted by the inequities across the spectrum. Leading with a servant heart, looking at data. About one-third of you were involved those forums. We had a session in this room June of 2020 that really got our attention when he opened with asking everyone who had been pulled over by a police officer to raise their hand. Everyone did. Then asked if you were asked to step out of the vehicle by the officer. Every white hand went down. Most African-American hands stayed up. Then asked if the officer pulled his weapon out or put a hand on the weapon. Every black male hand stayed up. That stuck with me. There were 35-40 people in that session. Something like this would have happened anyway with the Department of Health, but Johnette and her team helped us put together how they would look. Dr. Daniel McKinnon helped with the first forum on education. Starting with

data was important, and that data really shaped initial planning and strategies. Thank you to Lead Brevard for taking point on social justice. Education was Brevard Public Schools and Eastern United Way. Social justice will need another forum; we're looking to do a business one with the chambers then a symposium later in the fall, maybe December, with a task force after priorities have been identified to improve equity. I look forward to hearing more data and having the conversations. I welcome you and thank you for your time and effort. Let's have some fun.

Jhnette: We did four focus groups with community individuals about health equity and the community needs assessment survey (1,300 respondents). It was a broad perspective about health, but we also asked some equity questions. We started with a wide funnel, now we're narrowing it down, and brought you with the expertise to prioritize the data. Will start with Scott Darius from Florida Voices for Health, a coalition of community organizations, businesses, and individuals working to create a healthcare system that works for every Floridian, bring the latest resources and information into our communities, and ensure our stories are heard. He is executive director of Florida Voices and works with statewide coalition partners on different campaigns and initiatives. He has a law degree. He believes that how you arrive at an outcome is as important as the outcome itself. He believes our biggest challenge is fear of change, special interest, and lack of honest conversations about challenges and opportunity. Today we'll have honest conversations about what we can change.

Setting the Stage



Scott Darius, Florida Voices for Health: What an honor to be introduced by Johnette. I got comfortable over the last two years. I love being in basketball shorts, but lost sight of the impact that being in the room with people who care about doing the right things has on me. There are so many things happening all over the place. It can be overwhelming. What gives me strength is we're all working on the little bits of it, pieces of the pie. When we each push our piece forward, we're working toward the bigger puzzle. I'm impressed with the effort you're undertaking to not just talk about the problems, but think concretely about how to solve them. I want to leave you with high level data about access, affordability, and outcomes. In those buckets we'll dive in deeper to local disparities here in Brevard, the framework Florida Voices for Health works in, then Medicaid expansion. Healthcare coverage is the ticket in the door.



Today's Meeting...

Florida Health Care Landscape

Learn about health disparities in Florida based on access, outcomes, and affordability.

Local Disparities

We will explore access, outcomes and affordability metrics in the context of Brevard County.

Framework for Advocacy and Action

Thoughts on building campaigns to improve access to care in Florida and current opportunities to get involved.



We've struggled to make healthcare coverage for everyone. We're in one of the best places ever and still have the fourth highest number of uninsured in the nation. Medicaid hovers around 4 million people total; ours is one of the most

Health Coverage in Florida

- In 2020, Florida's uninsured rate was 12.3% while the US avg was 8.6%. ([Kaiser Family Foundation](#))
- 5.1 million Floridians are currently covered by Medicaid. ([South Florida Business Journals](#))
- Florida led the nation with the highest number of individuals to sign up in the ACA Marketplace with over 2.1 million people. ([Kaiser Family Foundation](#))
- Since March 2020, about 400,000 children gained Medicaid coverage because of the public health emergency. However, in the 4 years before the pandemic, 55,000 of Florida's children lost their coverage. (Georgetown Center for Children and Families)



restrictive in country. It's easier for children and pregnant women, but we know if you're an adult with no dependents or you make below 30% poverty, you don't qualify. For a family of three, that's \$8,000/year. Enrollment ballooned up to 5 million, mostly because of the pandemic. We're watching when the health emergency ends because things will change. Annually the marketplace hovers around 1.2 million. Last year, it was 2.1 million, which speaks to the amount of need for care. Pandemic tax policies made it more broadly available.



Pre pandemic in Florida, we were doing great getting kids enrolled in coverage. Then there was a spike over the last four years prior to the pandemic: 1% increase from six to seven of kids uninsured. That's considered statistical significance.

Florida's Health Outcomes

County Health Rankings 2021

2021 County Health Rankings for Florida: Measures and National/State Results

Measure	Description	US	FL	FL Minimum	FL Maximum
HEALTH OUTCOMES					
Premature death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	6,900	7,200	5,200	17,400
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted).	17%	20%	14%	32%
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	3.7	4.0	3.4	5.7
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	4.1	4.2	4.1	6.1
Low birthweight*	Percentage of live births with low birthweight (< 2,500 grams).	8%	9%	6%	13%

https://www.countyhealthrankings.org/sites/default/files/media/document/CHR2021_FL.pdf

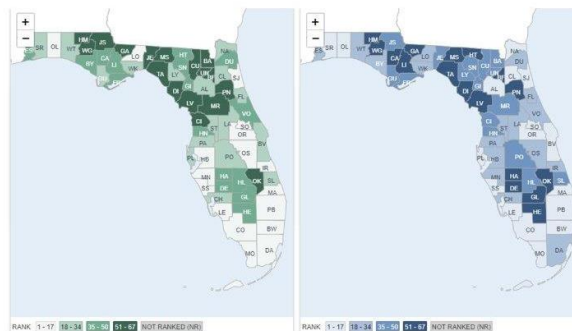


There's wide variation in these statistics from minimum to maximum, and that's because of disparities.

Florida's Health Outcomes

Overall Rankings in Health Outcomes

Overall Rankings in Health Factors



- The 2021 County Health Rankings show how Florida counties rank among each other and the country.



Rural areas are worse off than a lot of other counties, bigger in the south especially. We know that even within Miami-Dade, doing better on the whole, there are communities faring just as bad as anyone else at that level. So county level data, is helpful but it's really worth diving in deeper to understand the nuances of our communities.

People are being hounded by collection agencies. And there are lots of ways to define that burden of 4/10. Our big work is collecting stories. Sharing them with communities, lawmakers, and the media. The #1 issue: Affordability. At the end of the day, that's what it's about.

Health Care Affordability in Florida



More than 4 in 10 Floridians are delaying or skipping healthcare services and facing financial hardship because of healthcare costs.

State Survey - Robert Wood Johnson Foundation Affordability Project

More methodology and demographics available at: HealthcareValueHub.org/Florida-2019-Healthcare-Survey

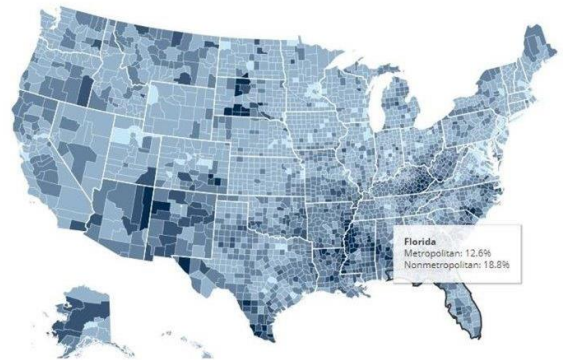


Racial and ethnic disparities is the biggest slice of the pie. Urban and rural divide too. The closed facilities were primary care facilities for people locally, not just ERs.

Then there's the big divide. It's along racial and ethnic lines. There's a coverage gap.

Health Care in Rural Florida

- The highest COVID-19 death rates in our state are in nine rural counties in North Florida (Jacksonville University).
- 4.3 dentists per 10,000 vs 1.6 dentists per 10,000 in rural Florida
- Rural Floridians have 3.5 Primary Care Physicians per 10,000 people vs 7.3 per 10,000 in metropolitan areas. ([RHI Hub 2018](#))
- In Florida:
 - 7 rural hospitals have closed since 2005
 - 5 of the 7 hospitals closed in 2017 or later, including 3 hospitals in 2020
 - 3 Critical Access Hospitals have closed since 2017



Florida's Communities of Color

- [Florida Department of Health](#) data show that Floridians of color experience higher rates of illness and death from a number of health conditions, including heart disease, stroke, specific cancers, diabetes, HIV/AIDS, mental health, and asthma.
- More than 50% of adults left in the coverage gap because of Florida's refusal to expand Medicaid are people of color.
- More than 30 percent of direct medical costs faced by Black Americans, Hispanics, and Asian-Americans can be tied to health inequities. (Commonwealth Fund)

HEALTH EQUITY IS A RACIAL JUSTICE ISSUE



Our state goes through some effort to make this data available (it's self-reporting). Here are our three data buckets. 60% of kids in the state are covered by Medicaid.

Health Disparities Florida

Access to Care - Insurance Coverage among All Ages

- White - 88.5%
- Black - 85.1%
- Hispanic - 81.4%
- Other - 77.5%

Outcomes - Adults with Good to Excellent Overall Health

- White - 81.9%
- Black - 80.5%
- Hispanic - 75.9%

Affordability - Adults who could not see a doctor at least once in 2019 due to cost

- White - 13.5%
- Black - 16.8%
- Hispanic - 22.7%

In many cases, Brevard County is worse off than the state overall. Keep in mind, the last few years things have been all over the place. In 2020, the whole state was up to 25% uninsured. There's still a lot of settling and reckoning with the data going on, trying to make sense of it all.

Health Outcomes in Brevard County

	Florida	Brevard (BV), FL
Health Outcomes		
Length of Life		
Premature death	7,200	8,900
Quality of Life		
Poor or fair health	20%	19%
Poor physical health days	4.0	4.5
Poor mental health days	4.2	5.0
Low birthweight	9%	8%
Clinical Care		
Uninsured	16%	13%
Primary care physicians	1,380:1	1,370:1
Dentists	1,650:1	1,650:1
Mental health providers	590:1	620:1
Preventable hospital stays	4,684	4,541
Mammography screening	43%	43%
Flu vaccinations	46%	41%

There's a drop-off between white communities and communities of color. What jumps out at me is the affordability statistic. We'll see how it squares with the community health needs assessment.

Health Disparities in Brevard County

Access to Care - Insurance Coverage among All Ages

- White - 90.4%
- Black - 88.9%
- Hispanic - 86.8%

Outcomes - Adults with Good to Excellent Overall Health

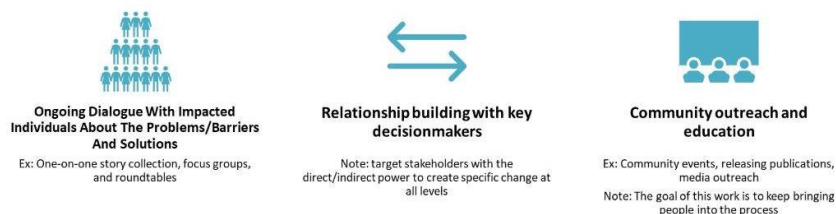
- White - 80.6%
- Black - 78.4%
- Hispanic - 66.6%

Affordability - Adults who could not see a doctor at least once in 2019 due to cost

- White - 16.7%
- Black - 11.3%
- Hispanic - 17.4%

Source: [FL CHARTS Health Equity Dashboard](#)

Framework for Advocacy and Action



Our mission is to pass policies that increase access to care. There are many ways to go about it, but this framework is centered on these three pillars. You got the first sense of where you are, the challenges, from the focus groups. It's important to understand how the ground may change and how the policies you implement play out. This may be surprising, but lawmakers know little about healthcare. They're eager to learn on both sides of the aisle. They don't know what they don't know. They want people to come to them and share perspectives. We're trying to connect those dots. Any solution will need buy-in of the community.

Advocacy in Action: Florida's Campaign for Medicaid Expansion

There are currently three paths to expansion (federal, state legislature, and ballot initiative). You're invited to be a part of this campaign and there are many ways to get involved.

- Roundtables + One-on-one story collection
- Legislative Meetings
- Community outreach and education
 - Petition collection
 - Health Care for Florida and For Florida's Health coalitions
 - Speakers Bureau



Learn more at: www.healthcareforfl.org and www.floridadecideshealthcare.org/

We've been doing this for so long. One day we'll get there. These are the three paths to expansion. We heard whispers yesterday about including Medicaid expansion in the budget reconciliation process; best we can hope for is a temporary solution. For 2024, we're hopeful to start collecting petitions in next month or two. You can get involved by Sharing stories, provide information and how it plays out in constituents' lives, and volunteer. I appreciate the time and hope that was helpful. Are there any questions?

Speaker: Is it possible to get these slides? As part of a healthcare organization with eight hospitals in Florida, we're starting to have these conversations with our own data. It will be helpful for them to see statewide data, not just ours.

Scott: Yes, awesome.

Speaker: Your data about premature deaths struck me in terms of the disparity. Do you have data that breaks that down? It's broad. From clinical perspective, disease?

Scott: Great question. I don't think county health get to that level of depth. But on the Florida charts website, the health equity dashboard gets to that for each county. It may pick out a couple of diseases. It's a good place to start. Great question. Especially if you look at this community specifically. What makes up those premature deaths. Cancer cluster? Worthy question.

Speaker: I'm retired military and have VA access and healthcare for life. My last visit in Atlanta to the VA hospital, it struck me the amount of African-Americans I saw there. What's the impact and what is VA hospital doing to help with healthy outcomes?

Scott: Thank you for your service. I've learned about 40,000-50,000 veterans fall into the coverage gap; they don't qualify for VA benefits. It's not automatic for whatever reason. It's a good size problem in our state. I haven't heard much about what VA is doing. We talk about it in the space of Medicaid expansion.

Johnette: I love Scott's energy. And he's smart. Thank you for setting the stage for us.



Review Data from Community Health Needs Assessment Survey

Johnette: Now we'll move to talk about Brevard. PRC helped us with the health needs assessment. For those who attended yesterday when we released the study, some will be repetitive. Some will be new.



Bruce Lockwood, PRC Custom Research: This is the most current information possible about Brevard county's health. We've been doing this study since 2004, so you'll see some amazing trends. We more than

doubled the sample. Taking all the data, blending them, conscious about who took part in the survey and sample remained representative. Red represents different demographics; orange is census data. Takeaway: Sample is very much like



Bruce Lockwood
Senior Vice President, Community Health

SPACE COAST HEALTH FOUNDATION

The PRC Community Health Needs Assessment consists of primary data.

BENCHMARKING

- Previous Survey Data (2004, 2009, 2013, 2016, 2019)
- PRC National Health Survey
- Florida BRFSS data
- Healthy People 2030 targets

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Community Health Needs Assessment



Customized Local Health Survey

- Population-based, stratified by service area
- Targets health status, experience, behaviors
- Conducted via landline/cell phones and internet-based surveys

Random Sample - PRC administered 611 random-selection surveys throughout the county.

<NEW> Online Availability - SCHF supplemented the sample by promoting an online link to take the survey (yielding 754 additional surveys).

In total: 1,365 surveys stratified across the service area:

- 237 in North Brevard
- 480 in Central Brevard
- 648 in South Brevard



The PRC Community Health Needs Assessment consists of primary data.

BENCHMARKING

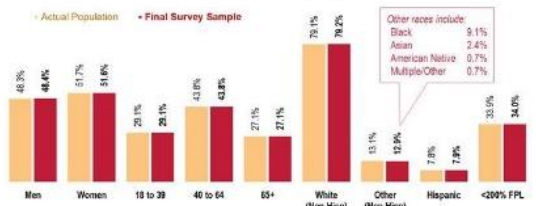
- Previous Survey Data (2004, 2009, 2013, 2016, 2019)
- PRC National Health Survey
- Florida BRFSS data
- Healthy People 2030 targets

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Community Health Needs Assessment

Once completed, the sample was made adjusted and weighted in proportion to total population, yielding a sample representative of Brevard County.

Population & Survey Sample Characteristics (Brevard County, 2022)



the Brevard County census.

Today I'll focus mostly on the needs identified and areas of opportunity. It'll be a bit negative, some sobering news. But there were positive findings too. At the end, I'll ask you for some feedback, the most important health issues you feel we need to focus on.

Today's Activities

Presentation

- Represents just a fraction of the data collected through this assessment.
- Primarily focuses on areas of need ("Areas of Opportunity"); however, there were many positive findings for the area as well.
- Will allow for Q&A at the end.

Prioritization

- During the second half of our meeting, you will be asked to rank health issues along various criteria to inform the prioritization process.

We identified 12 areas of need/opportunity.

We used three levels of income: very low income (\$26,000 family of four), low income, mid/high income. 30% feel they can't afford the unexpected car repair or medical bill without putting it on a credit card or getting a loan. National: 24.6%.

17.8% of respondents in Brevard County live in a home with water leaks, mold, bugs, something unsafe. National: 12.2%.

Today, we will primarily focus on 12 areas of need (Areas of Opportunity). However, there were many positive findings for the community in our assessment as well.

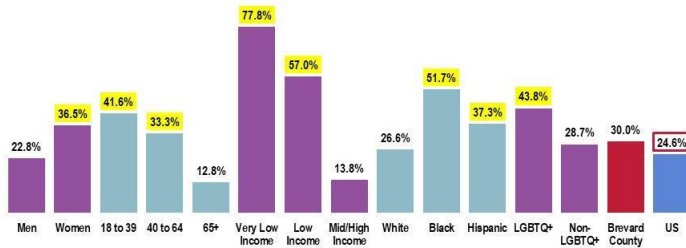
Social Determinants of Health Areas of Opportunity

- ▶ Access to Health Services
- ▶ Cancer
- ▶ Diabetes
- ▶ Heart Disease & Stroke
- ▶ Injury & Violence
- ▶ Mental Health
- ▶ Nutrition, Physical Activity & Weight
- ▶ Oral Health
- ▶ Potentially Disabling Conditions
- ▶ Respiratory Diseases
- ▶ Substance Abuse
- ▶ Tobacco Use

Q & A

PRC COMMUNITY HEALTH NEEDS ASSESSMENT

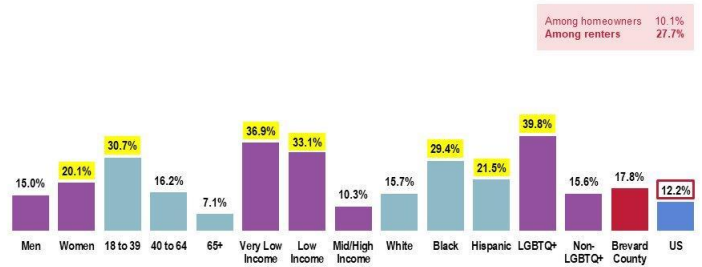
Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Brevard County, 2022)



Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 63]
 Notes: Asked of all respondents. Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

PRC COMMUNITY HEALTH NEEDS ASSESSMENT

Unhealthy or Unsafe Housing Conditions in the Past Year (Brevard County, 2022)



Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 65]
 Notes: Asked of all respondents. Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

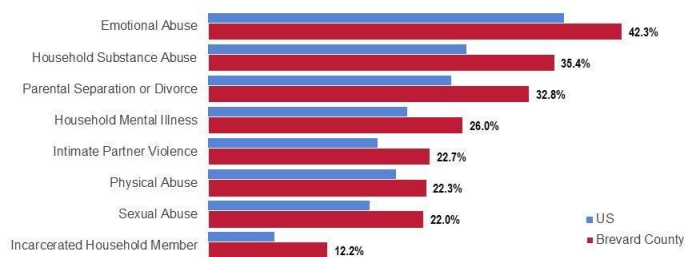
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Adverse Childhood Experiences (ACEs). These are the prevalence levels for these eight domains. What's striking here is prevalence for these ACEs conditions in Brevard is significantly higher than national data. ACEs are compounding and found to have adverse effects on health outcomes later in life. 4+ ACEs is a high risk group (24.3% in Brevard; 16.3% national).

PRC COMMUNITY HEALTH NEEDS ASSESSMENT

Adverse Childhood Experiences (ACEs) (Brevard County, 2022)

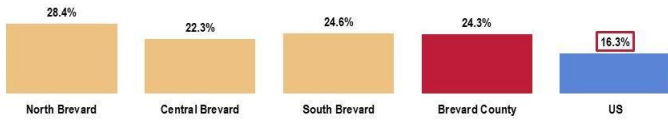


Sources: 2022 PRC Community Health Survey, PRC, Inc. [Items 323-330]
 Notes: Reflects the total sample of respondents. ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

24.3% of adults have 4+ ACEs in their past — higher among women, those under 65, lower income, Hispanic, and LGBTQ+ residents.

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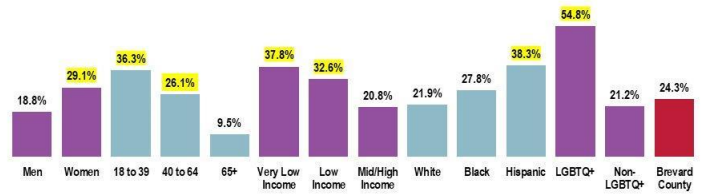
Prevalence of High ACE Scores (Four or More ACEs) (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 331]
 Notes: • Asked of all respondents.
 • Adults who report four or more ACEs is categorized as having a high ACE score.

4+ ACEs higher among women, those under 65, lower income, Hispanic, and LGBTQ+ residents.

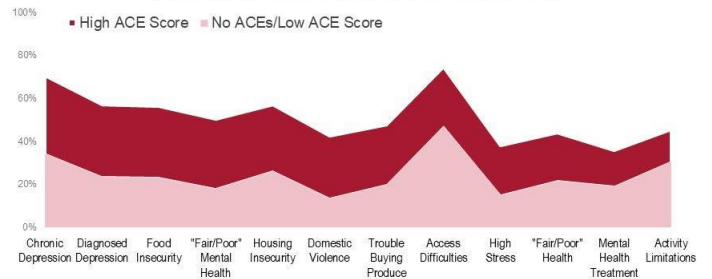
Prevalence of High ACE Scores (Four or More ACEs) (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 331]
 Notes: • Asked of all respondents.
 • Adults who report four or more ACEs is categorized as having a high ACE score.

This dark red area represents the gap. It's pretty significant for things like depression, food insecurity, housing insecurity, people worrying about making their next rent or mortgage payment, domestic violence.

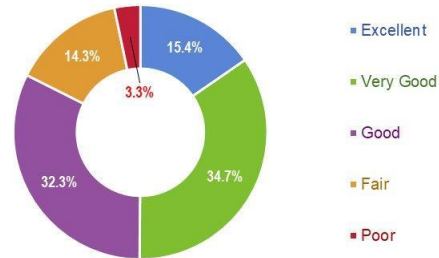
Relationship of ACEs With Other Health Issues (By ACE Risk Classification; Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 332]
 Notes: • Asked of all respondents.
 • Adults with at least one ACE are categorized as having a low score (1 to 3 ACEs) or a high score (4+ ACEs).

Here we see the general health status data.

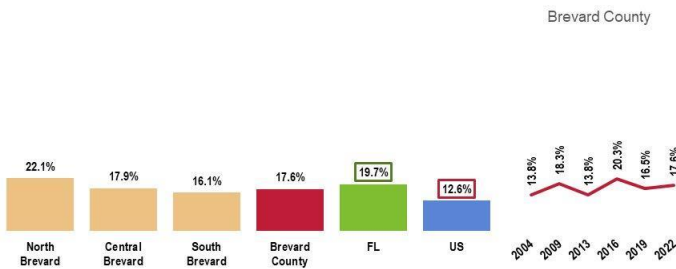
Self-Reported Health Status (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

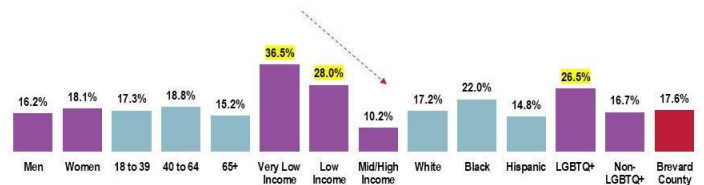
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Experience “Fair” or “Poor” Overall Health



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2019 Florida data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health (Brevard County, 2022)



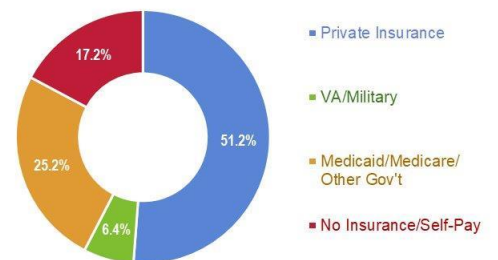
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

Let’s move on to the areas of opportunity for each of the 12 areas of need.

1. Access to Health Services

Our survey asked what type, if any, healthcare coverage people had. This chart excludes Medicare 65+ group. 17.2% report no coverage. We saw that decline between the 2004 and 2016 surveys, but it ticked back up.

Health Care Insurance Coverage (Adults Age 18-64; Brevard County, 2022)

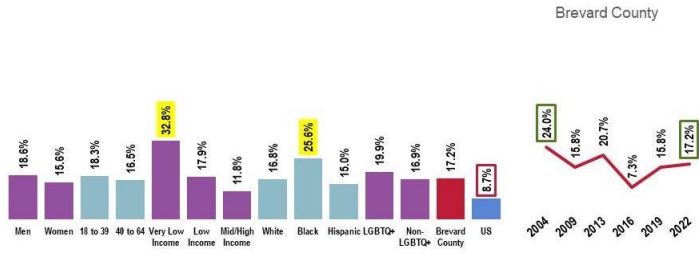


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 137]
Notes: • Reflects respondents age 18 to 64.

Uninsured prevalence declined 2004-2016, but has since started to increase.

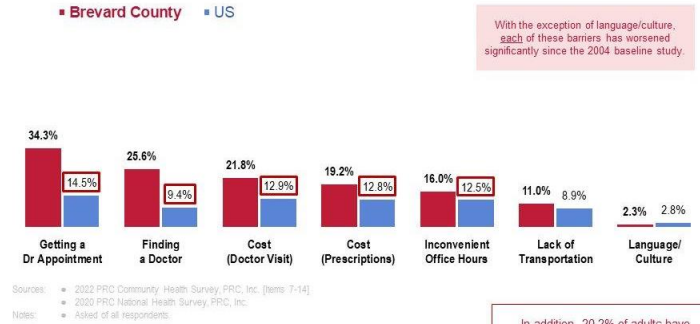
© PRC

Lack of Health Care Insurance Coverage (Adults Age 18-64; Brevard County, 2022) Healthy People 2030 = 7.9% or Lower



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 137]
 • US Department of Health and Human Services: Healthy People 2030. August, 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents under the age of 65.

Barriers to Access Have Prevented Medical Care in the Past Year



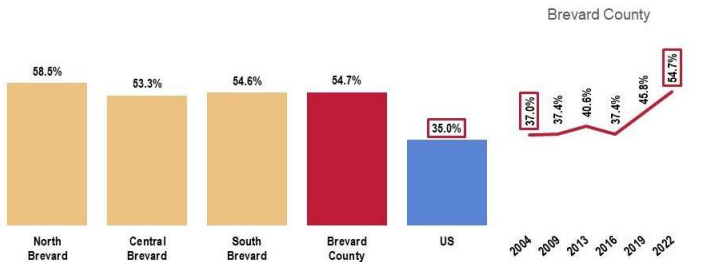
With the exception of language/culture, each of these barriers has worsened significantly since the 2004 baseline study.

Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 7-14]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

In addition, 20.2% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs (higher than US).

In barriers to access, each of these is statistically higher than the nation as a whole. We've seen significant changes over time; most have gotten worse. Language/culture has remained fairly stable.

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



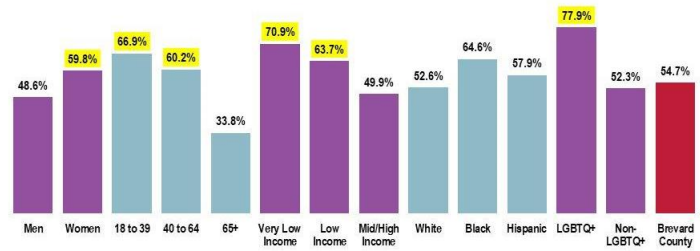
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 140]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Higher among women, residents under 65, lower income and LGBTQ+ residents.
 11.3% of parents also report difficulty accessing health care for their child in the past year.

For more than half of adults in the county, one or more of those barriers affected their ability to get healthcare, much higher than nationally. We see a trend. It's shot up since 2016. And like others, not equal among residents.

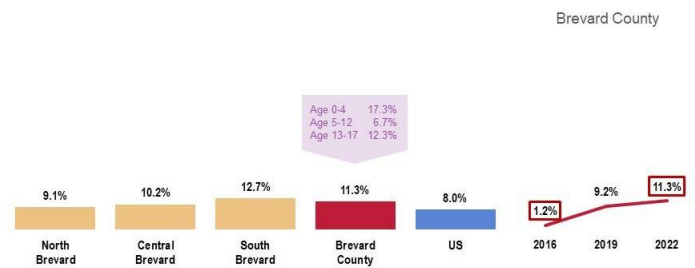
11% of parent said they had trouble accessing healthcare for a child (separate question) in last year.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 140]
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

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

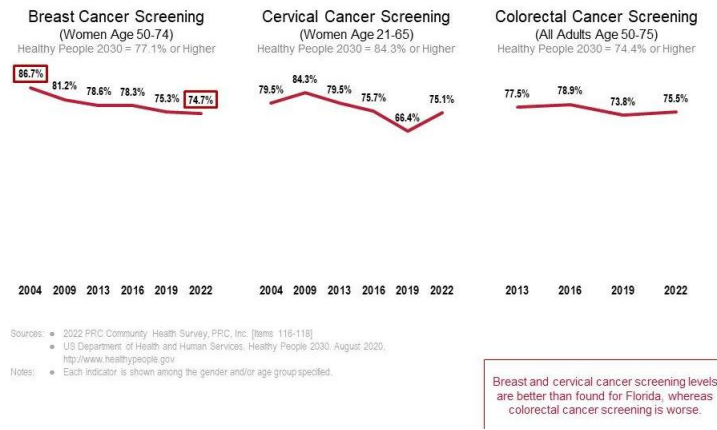
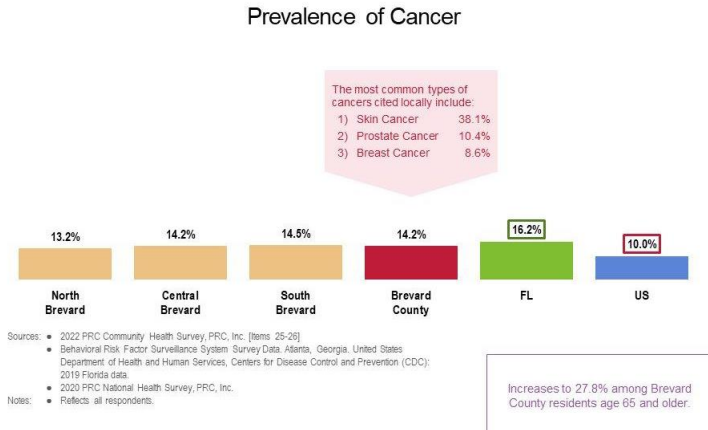


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 104]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Age 0-4: 17.3%
 Age 5-12: 6.7%
 Age 13-17: 12.3%

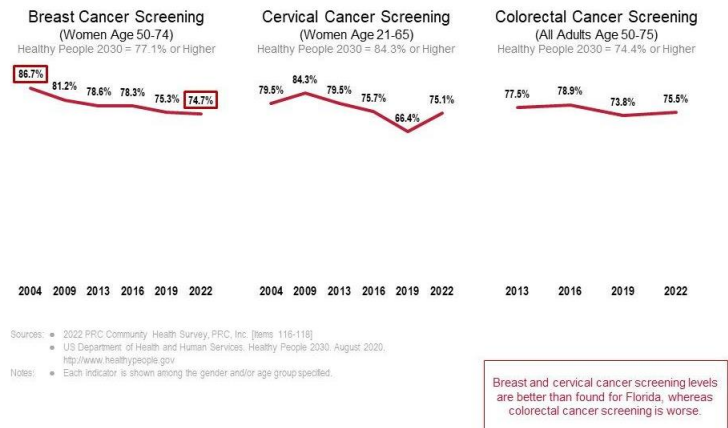
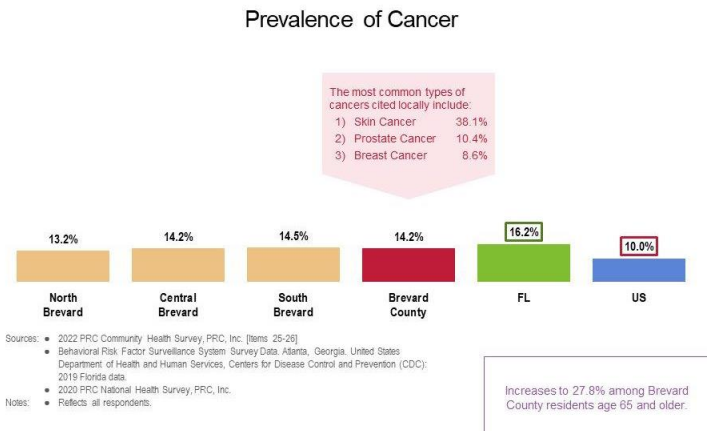
2. Cancer

You can see the trend lines. Each level similar to nationwide. Significant trend is fairly consistent drop across the years for mammography.



3. Diabetes

You can see the trend lines. Brevard is similar to nationwide. There's a fairly consistent drop across the years for mammography.

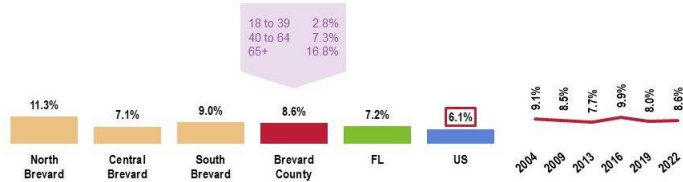


4. Heart Disease & Stroke

There was at least one cardiovascular factor in most groups.

Prevalence of Heart Disease

Brevard County



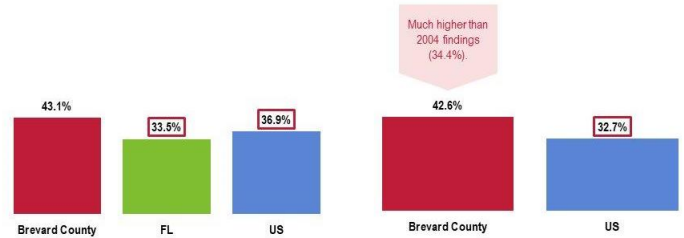
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 114]
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina, or coronary heart disease.

Heart Disease & Stroke are leading causes of death in Brevard County.

Prevalence of High Blood Pressure

Healthy People 2030 = 27.7% or Lower

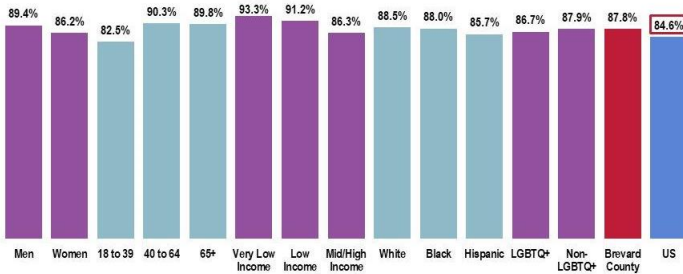
Prevalence of High Blood Cholesterol



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 35-36, 303]
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services, Healthy People 2030, August 2020, <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Heart Disease & Stroke are leading causes of death in Brevard County.

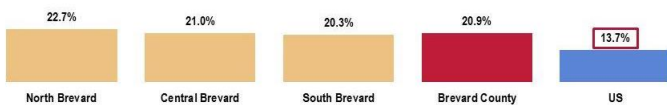
Present One or More Cardiovascular Risks or Behaviors (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 115]
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

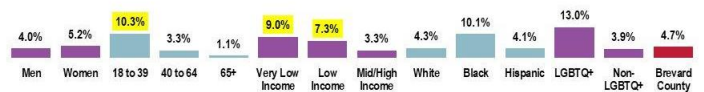
5. Injury & Violence

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



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 39]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Victim of a Violent Crime in the Past Five Years (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 38]
 Notes: • Asked of all respondents.

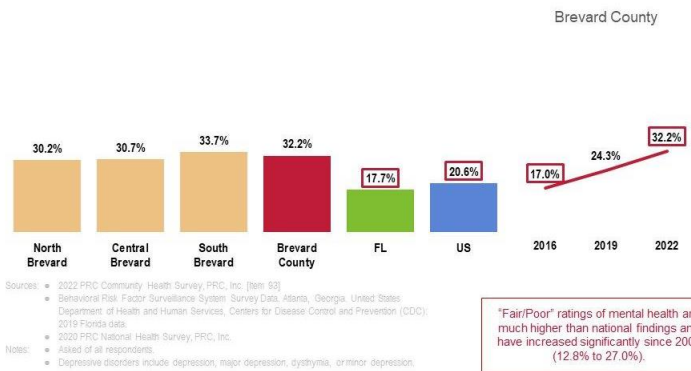
6. Mental Health

1/3 in Brevard County, much higher than the state and national rates, have been diagnosed; this has increased dramatically and consistently.

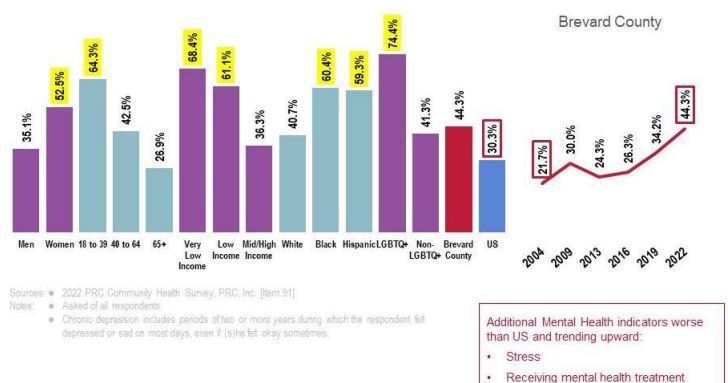
2+ years in their life when they felt sad or depressed; that really shot up again since 2016. Very uneven distribution across the demographic groups.

In evaluation of everyday stress levels, the typical day was extremely or very stressful, higher in Brevard; also higher for those receiving some type of mental health treatment, medication, or counseling or therapy.

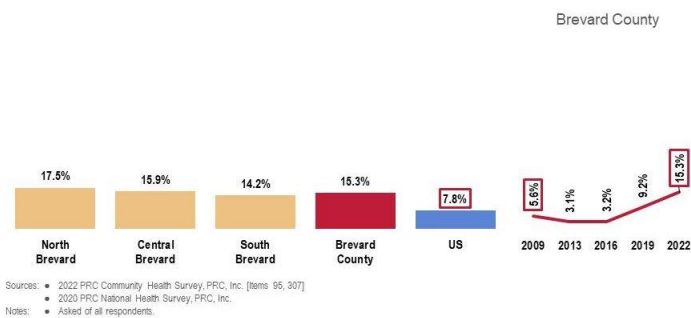
Have Been Diagnosed With a Depressive Disorder



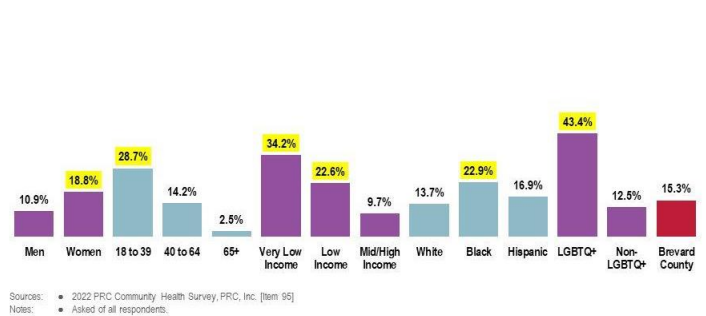
Have Experienced Symptoms of Chronic Depression (Brevard County, 2022)



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



Unable to Get Mental Health Services When Needed in the Past Year (Brevard County, 2022)

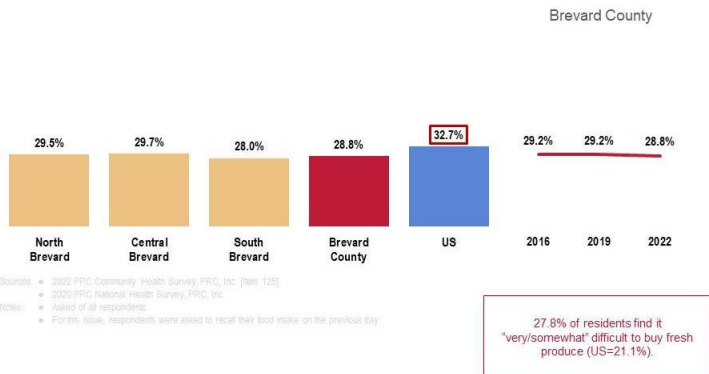


Those unable to get mental health services is twice what we see nationally; and an increase since 2016.

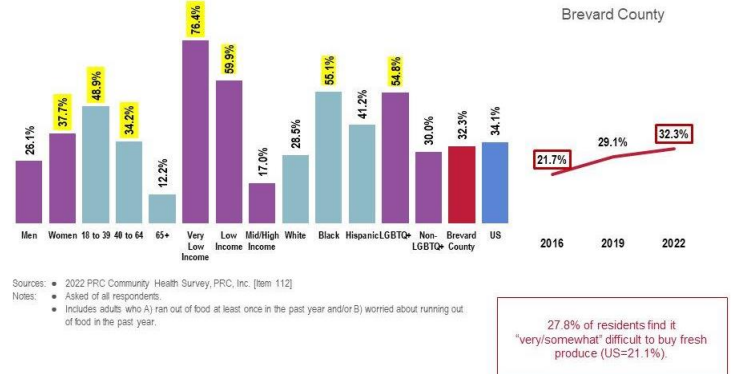
7. Nutrition, Physical Activity & Weight

We asked them to give height and weight, then calculated BMI for every respondent. BMI of 25 or more is overweight, which is more than 2/3 of respondents in Brevard, higher than state and national. 30+ is obese; again significantly higher than state and national and especially high in the northern parts of the county.

Consume Five or More Servings of Fruits/Vegetables Per Day



Food Insecurity (Brevard County, 2022)

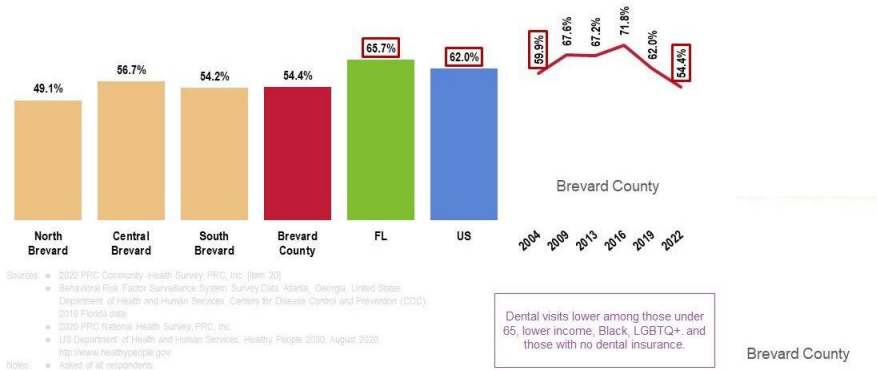


8. Oral Health

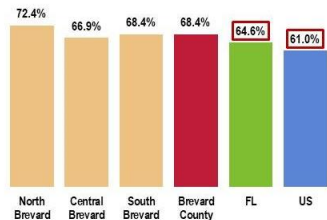
This is lower than state and national. It can be more sensitive to the pandemic, since a lot forego this type of treatment during pandemic. We don't want to assume too much with this one.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher

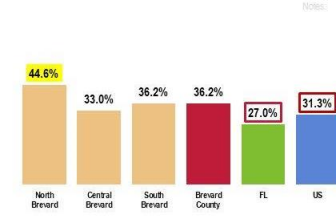


Prevalence of Total Overweight (Overweight and Obese)

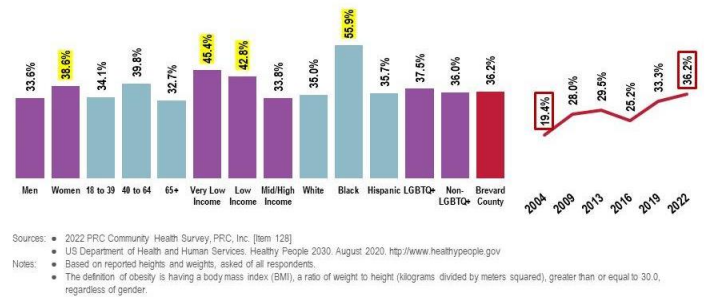


Prevalence of Obesit

Healthy People 2030 = 36.0% c



Sources: • 2022 PRC Community Health Survey, PRC, 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), 2019 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services, Healthy People 2030, August 2020, <http://www.healthypeople.gov>
 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.

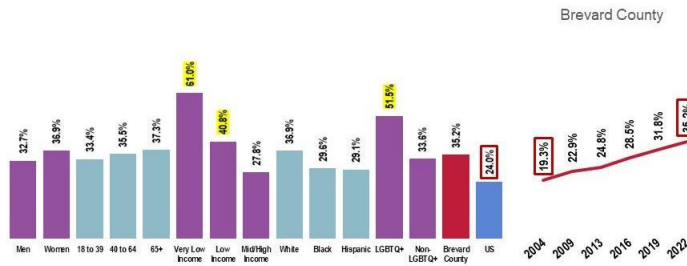


9. Potentially Disabling Conditions

The question asked if they were limited in any way in any activity because of a physical, mental, or emotional health condition. More than 1/3 Brevard adults said yes, higher than national. Trend consistent over time; increasing every cycle since 2004.

Dementia is a significant concern, along with mental illness and cancers.

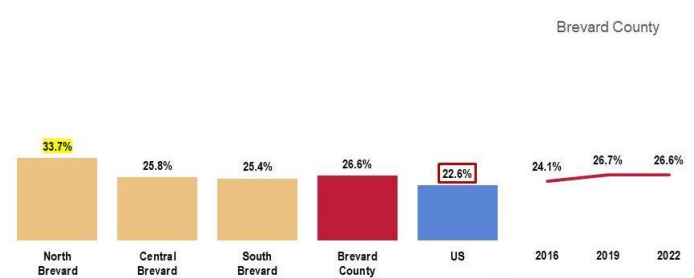
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Brevard County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 98]
Notes: • Asked of all respondents.

Most common conditions include mental health, back/neck problems, and arthritis.
Note also that 21.5% of respondents report experiencing high-impact chronic pain.

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



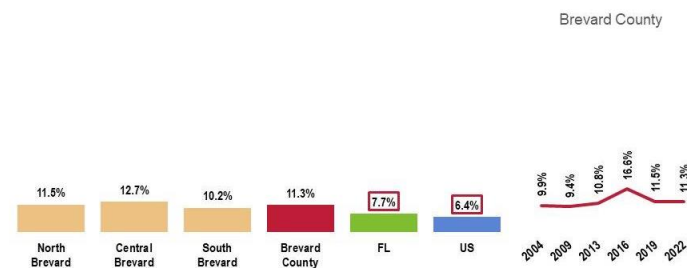
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 99-99]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

The top health issues affecting those receiving their care include:
• Old age/frailty
• Dementia/cognitive impairment
• Mental illness
• Cancer

10. Respiratory Diseases

Prevalence of COPD is relatively high in Brevard compared to state and national. Not seeing a clear trend; fairly stable with one outlier.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



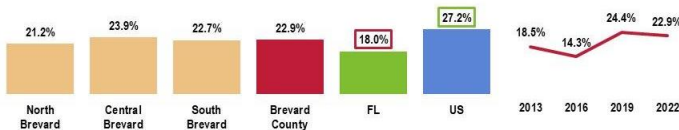
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 23]
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2019 Florida data
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

11. Substance Abuse

Brevard County is higher than the state, lower than national with more prevalent in higher incomes.

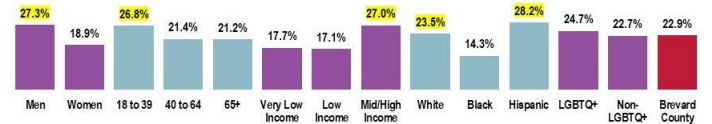
Excessive Drinkers

Brevard County



Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 136]
 Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2019 Florida data.
 2020 PRC National Health Survey, PRC, Inc.
 Asked of all respondents.
 Excessive drinking reflects the number of persons aged 18 years and over who drink more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drink 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Excessive Drinkers (Brevard County, 2022)



Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 136]
 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.

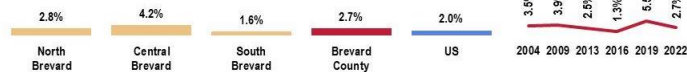
This represents illegal or prescription drug not prescribed. This comes with a caveat since it's self-reporting, so probably quite underreported. 7% say they have sought professional help at some time in their lives.

Life being negatively affected is largely perception based. Tell us to what extent you feel your own life has been directly negatively impacted by someone's substance abuse, your own or someone you love elicited 44.8% in Brevard, higher than national.

Illicit Drug Use in the Past Month

Healthy People 2030 = 12.0% or Lower

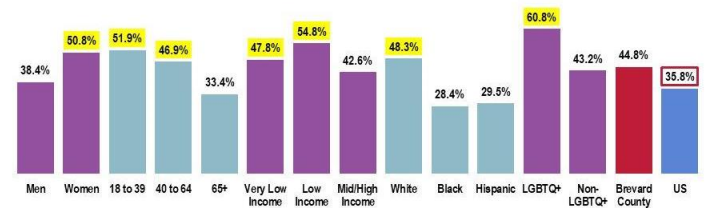
Brevard County



Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 48]
 2020 PRC National Health Survey, PRC, Inc.
 US Department of Health and Human Services, Healthy People 2030, August 2020, <http://www.healthypeople.gov>
 Asked of all respondents.

Note that 6.9% of residents have ever sought professional help for an alcohol/drug problem.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Brevard County, 2022)



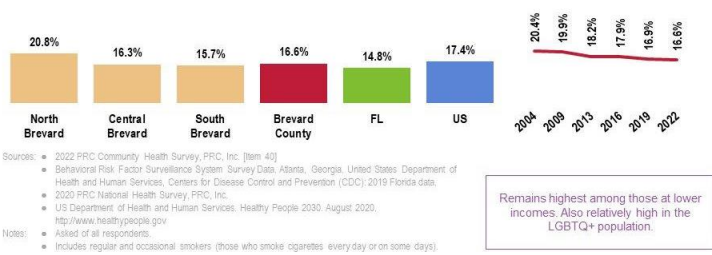
Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 62]
 Asked of all respondents.
 Includes response of "a great deal," "somewhat," and "a little."

12. Tobacco Use

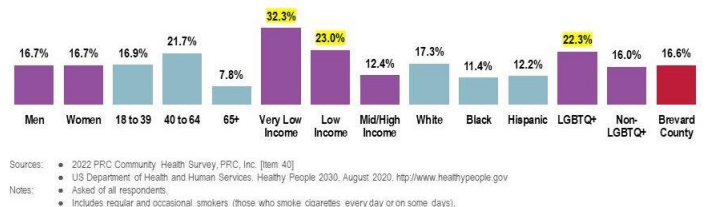
This is ticking down consistently but not significantly. Vaping in Brevard is higher than state, close to national; has held steady since 2019, much higher than 2016.

Current Smokers
Healthy People 2030 = 5.0% or Lower

Brevard County

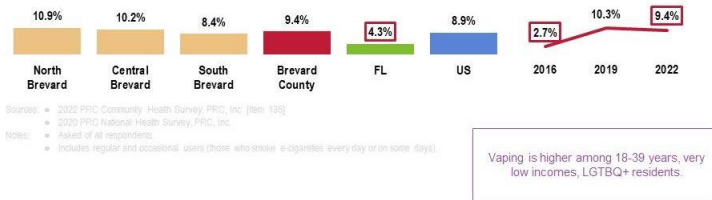


Current Smokers
(Brevard County, 2022)
Healthy People 2030 = 5.0% or Lower

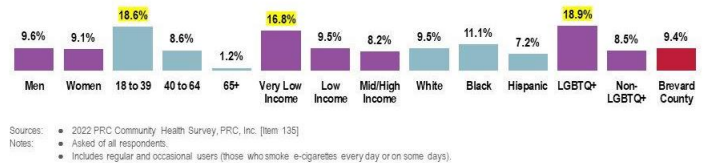


Currently Use Vaping Products
(Every Day or on Some Days)

Brevard County



Currently Use Vaping Products
(Brevard County, 2022)



This has been a lot of data. Are there any questions?

Speaker: Why do you think the numbers are higher than other places?

Bruce: Can be related to age of our population. Given access findings were high, that can lead to difficulty in other areas. Mental health historically in Brevard has been high, trending in the wrong direction in virtually every community we've worked in. The root cause depends on the issue and I don't know that there's one underlying factor in Brevard.

Speaker: What was the correlation between food insecurity and obesity both being high?

Bruce: We didn't directly correlate those. We can look at that. Food doesn't equal nutrition. There are other compelling factors like physical activity. Food insecurity is a social determinant issue. Obesity has a lot of determining factors.

Speaker: Types of food, quality, nutritional value, affordability, easier or less costly to get less healthy fast food. You find very little good in marginalized communities.

Speaker: I noticed the incidence of mental health for black population is high. Yet how it affected them negatively was lower than others. How do you make that link?

Bruce: Funny thing about perception questions. It's open to the respondent to interpret what's a challenge, good, bad, baseline. It is interesting though.

Speaker: It has a lot to do with perception and culture. The African-American population is prevalent to having mental health issues, but we don't seek care for it and it's not something encouraged. In other communities it is.

Bruce: In some communities the norm is not to do it. Older adults have a more stiff upper lip and don't acknowledge issues. So we see lower reporting in them.

Speaker: Culturally for African-Americans, it's frowned upon to talk about mental health. You pray about it. But it can be a chemical imbalance and you should seek healthcare. It's about education.

Speaker: I deal the 18-25-year-old population and see real lack of life skills and education on healthy eating. It's chips, Mountain Dew, ramen. They don't want healthy food. Do you see a correlation in data and education and removal of home economics and life skills classes in public school?

Bruce: I don't know if we looked at that statistically, but your outcome comment does ring true.

Speaker: Trying to pull out a positive on the mental health side, could the rise in numbers just be a signal of culture shift that it's OK not to be OK and people are more willing to say I have a problem?

Bruce: I think we've seen that since 2016; it's getting more attention. Maybe stigma is dropping in populations. Absolutely.

Speaker: This is a call to arms. What can we do collectively as a community when we've identified our county being high, but the ethnic group breakdown? We know it requires our action. We can't depend on lawmakers to assist us in getting our numbers down and getting educated. What can we do together to improve it?

Speaker: Beginning of this presentation you indicated we all have some needs. If we can identify those, I'm looking at future in terms of healthcare and leadership in the courses I teach, getting them to see and understand disparities as they move into their roles. How do you collaborate and link together for effective change?

Speaker: This may be a point of conversation today: The fact that \$400 is not available for emergency fund and we call that financial resiliency moves me to the question of resilience as a whole in all areas individuals learn and grow. Despite white, African-American, Hispanic, is that education presented to them in basic budgeting? Is that education development? Also the baseline for your data when you stated \$26,000 is the poverty number, how often does that number ever change and how long has it been since it has? Just the other day I looked and it's been a long time. And with inflation now, that baseline has got to change and move, which would allow for more help/support. Numbers is a big thing. I'm so grateful for you because I'm not a data person, so thank you.

Bruce: They're updated every year but it's very marginal. They can go down as well as up.

Speaker: Do you have that data income per capita so we can see how much disparity there is?

Bruce: Not handy, but it's in the Florida charts.

Speaker: Thanks again. I couldn't really remember where the biggest gaps were. There were some surprises. I thought I'd see big disparity in heart disease and stroke.

Speaker: Not as sick as you thought?

Speaker: You'd think a difference in white and black in heart disease. Can you touch on the biggest gaps, equity, in these areas?

Bruce: Mental health stands out. Access. Not so much chronic disease, violence, or oral health.

Speaker: Good, because those are the things I remember.

Bruce: That's why.

Speaker: I'm in the process of completing the behavioral health needs assessment. Preliminary findings indicate access to health, mental health, and substance abuse, consistent to what we're seeing today. I'm Brevard, Osceola, and Seminole County.

Speaker: At the beginning, you showed the breakdown in areas of Brevard, then the different zip codes. I'm curious: Was data taken deeper by zip code in predominant minority or lower income areas to understand not just what the need is, but where is the greatest need?

Bruce: Good question. We did have good representation across all zip codes in the three areas. Data are solid. Outreach efforts were made with community partners, especially our more vulnerable populations. In final data, Space Coast Health Foundation will have access to raw data and you can look by zip code. Some zip codes you can't see by themselves because of the disproportionate data, but by clusters of zip codes.

Prioritization Exercise

Bruce: I want your gut reaction. Which are lower hanging fruit, which are more difficult and longer term. 10 is very prevalent. And great opportunity to impact health.

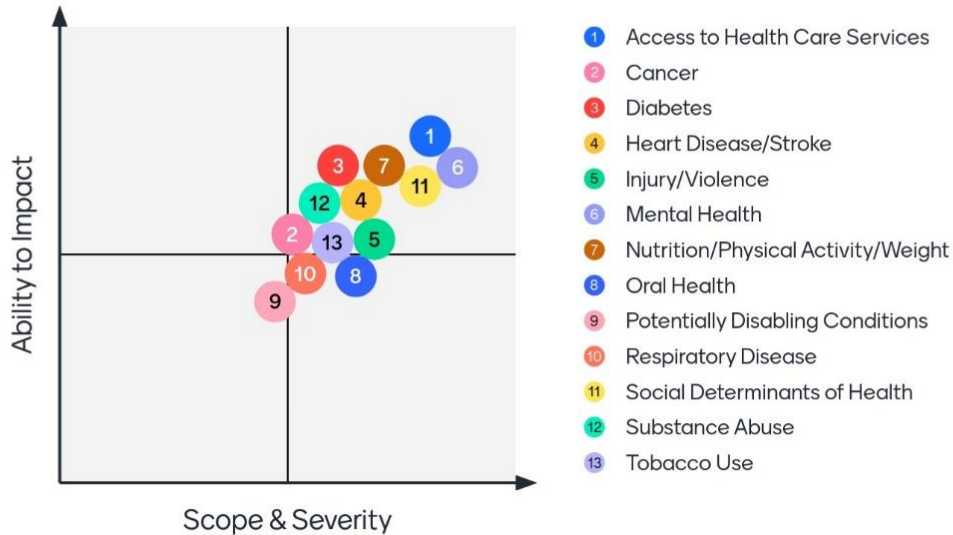
Prioritization Exercise

For each of the health issues, you will assign two scores:

- **Scope & Severity** — *How big is the problem?*
 - ✓ How many people are affected?
 - ✓ How do we compare to state or national data?
 - ✓ To what degree does this lead to death or disability, impair quality of life, or impact other health issues?
- **Ability to Impact** — *Can we make a difference?*
 - ✓ What is the likelihood of having a positive impact on this health issue?
 - ✓ This should reflect collaborative efforts between health care and other organizations in the community.

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Areas of Opportunity



Bruce: The upper right would be those with higher priority like access to healthcare, SDOH, mental health. Those are your top three. Thank you very much.

Areas of Opportunity	BOARD	PARTNERS	EQUITY FORUM	AVERAGE
Mental Health	8.30	8.26	8.11	8.22
Access to Health Care Services	7.70	7.50	8.32	7.84
Social Determinants of Health	7.40	7.41	7.80	7.54
Nutrition/Physical Activity/Weight	5.70	7.69	7.47	6.95
Oral Health	7.00	6.46	6.53	6.66
Diabetes	6.00	6.63	6.88	6.50
Substance Abuse	6.20	7.10	6.19	6.49
Heart Disease/Stroke	5.40	6.64	6.68	6.24
Injury/Violence	5.80	6.38	6.38	6.18
Tobacco Use	5.70	5.56	5.53	5.60
Cancer	3.90	5.79	6.25	5.31
Potentially Disabling Conditions	5.10	5.00	5.19	5.10
Respiratory Disease	4.00	5.36	5.61	4.99

Johnette: Lots of data.



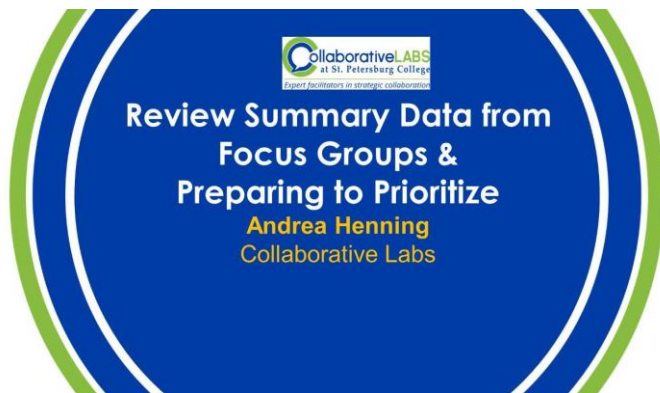
Review Summary Data from Focus Groups & Preparing to Prioritize

Johnette: Next part is Collaborative Labs, who have partnered with us for the focus groups and facilitation of many things in our county. Andrea Henning will share with us the results from the focus groups and then we'll move through the process.

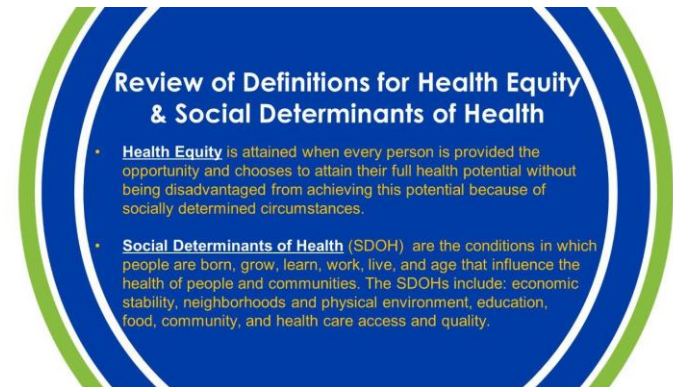


Andrea Henning, Executive Director, Collaborative Labs: It's so good to be on the east coast with you. Some of you participated in the focus groups, so thank you. We'll provide a robust set of meeting notes from today's event called a Real-time Record and that will include a picture form of what enhancing health equity in Brevard looks like.

Andrea introduced the Collaborative Labs team.



You all have a synthesis document in front of you from the community focus groups. Some of the focus groups had both community partners members and providers together. Each had the same agenda, starting with these foundational definitions.

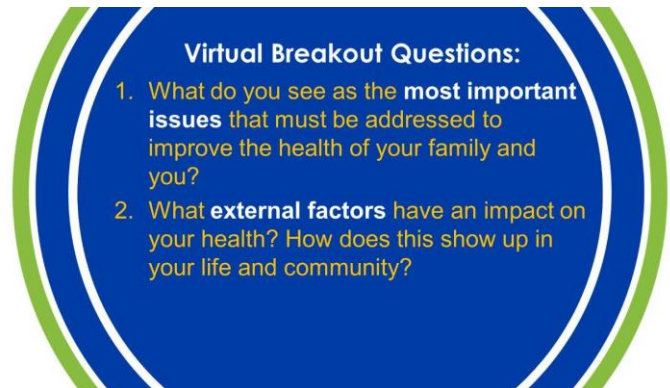


Johnette: Before we move on, I'd like to share with you this video that the Foundation worked on with 211. If you want to show your team, please let us know and we will share the link. We ask that you give us record of how it's used so we can track it. We learned this is our access path and 211 wasn't being utilized because providers changed over and people didn't know about it.

211 video SDOH played.

Andrea: We started each focus group asking them these breakout questions.

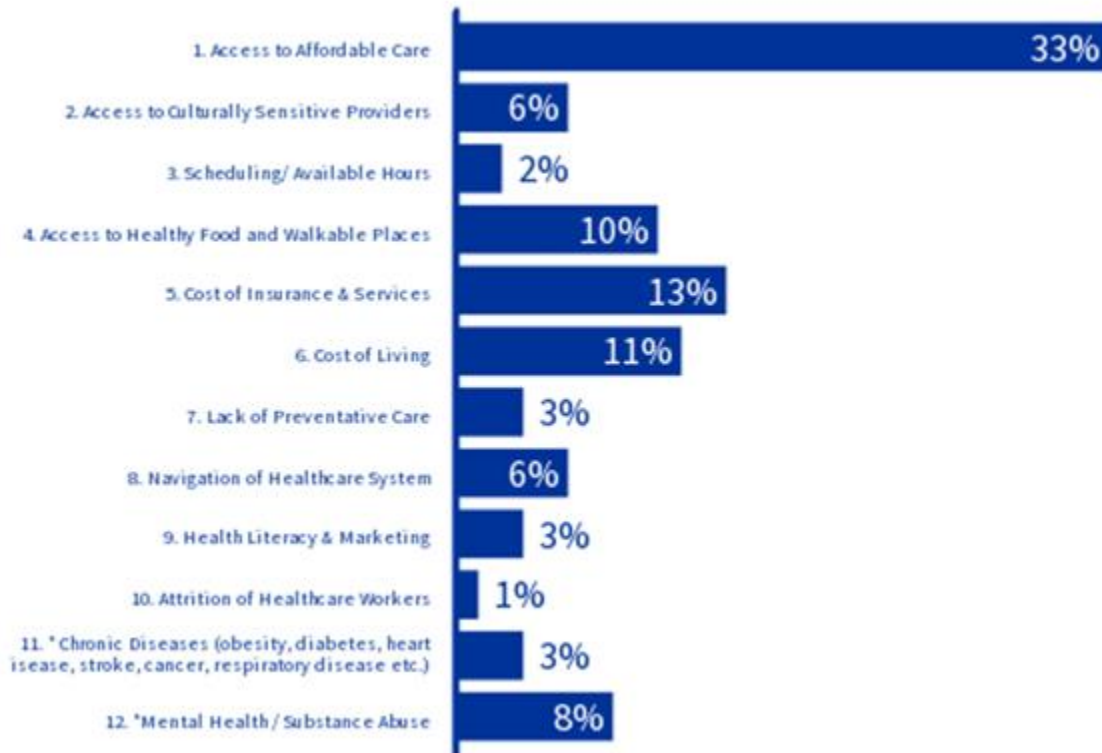
We came out with the top 10 priorities among the groups.



#2 included those with disabilities and hearing impairments. #5 included high deductibles and opportunity. #8 included a lot of red tape and misinformation. #10 came through from the providers focus group; lots of people retiring. #11 and #12 came from the community health needs assessment discussions. You can find a deeper dive into these themes in your packets, pages 4-7. (See Appendix A)

We plan to emerge today after lunch with your top three to five health equity priorities.

Let's start with a poll. Please tell us your top three themes from this list of 12.



Poll Results: Top 3 Themes

- 1. Access to Affordable care – 33%**
- 2. Cost of Insurance & Services – 13%**
- 3. Cost of Living – 11%**
4. Access to Healthy Food and Walkable Places – 10%
5. *Mental Health/Substance Abuse – 8%
6. Access to Culturally sensitive Providers – 6%
7. Navigation of Healthcare System – 6%
8. Lack of Preventative Care – 3%
9. Health Literacy & Marketing – 3%
10. Chronic Diseases (obesity, diabetes, heart disease, stroke, cancer, respiratory depression, etc.) – 3%
11. Scheduling/Available Hours – 2%
12. Attrition of Healthcare Workers – 1%


You all align with our focus groups, access to affordable care seems to be top priority. Healthy foods and walkable places, cost of insurance, cost of living are getting lots of energy. This is what you'll discuss at your tables. This is to get the juices going.

We have a great dispersion of community leaders in the room. You'll do a feasibility study during lunch looking at the 12 priorities. You'll rate them on scale of 1-5, with 5 being optimal. You'll consider impact, timeframe, ease, cost, and determine a mean of all four. That will help determine the overall feasibility.

Lunch Activity: Feasibility of 12 Priorities


Elect a Scribe

Pick 2



Enhancing Equity in Brevard: Synthesized Themes for Virtual Focus Groups

April 27th Forum Lunch Activity:
Rating the Top 10 Synthesized Themes
to determine feasibility of Top Priorities to Enhance Equity in Brevard



Theme	Impact 1= Low; 3= Medium; 5= High	Time-frame 1= Long-Term; 3= Medium; 5= Short-Term	Ease 1= Difficult; 3= Medium; 5= Easy	Cost 1= High; 3= Medium; 5= Low	Mean (Total Average of all 4)
1. Access to Affordable Care	5	2	3	2	3
2. Access to Culturally Sensitive Providers					
3. Scheduling/ Available Hours					
4. Access to Healthy Food and Walkable Places					
5. Cost of Insurance & Services					
6. Cost of Living					
7. Lack of Preventative Care					
8. Navigation of Healthcare System					
9. Health Literacy & Marketing					
10. Attrition of Healthcare Workers					
11.* Chronic Diseases (obesity, diabetes, heart disease, stroke, cancer, respiratory disease etc.)					
12.* Mental Health / Substance Abuse					

Complete all!

Speaker: Can you clarify the timeframe?

Andrea: We're looking to mobilize an action plan to address each; is it a short-term or long-term scenario? That's your mission. Then after completing all 12, you'll try to reach consensus on the top two; highest mean/feasibility. That depends on your discussion and how your group prioritizes this. Sometimes things that are most important take more time and expense. What top two do you want to address immediately. Then you'll share with the full group.

Speaker: Health literacy/marketing can cover a wide range. Any guidance?

Andrea: That's about all of the above. If you have a 13th area, you're empowered to add that to the table.

Speaker: So it's more the exposure side.

Jhnette: The focus groups focused on that piece for the education piece. Where do I go when I have an issue?

Andrea: Lack of education, lack of resources.

Speaker: And exposure.

Andrea: You'll appoint a scribe and a spokesperson. Your scribe will digitally share your feasibility matrix. There won't be one for the mean.

Speaker: Question about focus groups: Was the sample derived from the 1,300 who completed the community needs assessment?

Jhnette: No, but it doesn't mean that focus group participants didn't also do the survey. We don't know that. We went out blindly on both.

Speaker: So it's not necessarily representative of the community, right?

Jhnette: Right, not the focus groups. The needs assessment is. The focus group purpose is to capture stories behind the data.

Elevating our Top Priorities to Enhance Equity in Brevard: Lunch Activity

Andrea: Space Coast Foundation has a health advisory council and you are advisors today in this plan. Your voices are important in moving this forward. Many of you may stay engaged to see it through to fruition. But today you're the advisors. Let's hear what you discussed in your teams.

Team 1

Markus Smith: We had very spirited discussion. Top 2: Access to affordable healthcare and cost of living. Cost of living vs. health literacy/marketing, because that one covers so many things. That could be a way to help them make the adjustment needed in life. Cost of living rose to the top. If you don't have basic needs taken care of, it will be difficult to think about anything else. The ones with stars were the highest mean, but that was our final analysis.



Team 1

SPACE COAST HEALTH FOUNDATION
HERITAGE HEALTH Brevard County

April 27th Forum Lunch Activity:
Rating the Top 10 Synthesized Themes to determine feasibility of Top Priorities to Enhance Equity in Brevard

Theme	Impact 1= Low; 3= Medium; 5= High	Time-frame 1= Long-Term; 3= Medium; 5= Short-Term	Ease 1= Difficult; 3= Medium; 5= Easy	Cost 1= High; 3= Medium; 5= Low	Mean (Total Average of all 4)
1. Access to Affordable Care <i>1.</i>	5	3	1	1	2.5
2. Access to Culturally Sensitive Providers	5	1	1	5	3
3. Scheduling/ Available Hours	5	3	1	1	2.5
4. Access to Healthy Food and Walkable Places	3	1	1	3	2.75
5. Cost of Insurance & Services	5	1	1	1	2
6. Cost of Living <i>2.</i>	5	1	1	1	2
7. Lack of Preventative Care	5	1	1	1	2
8. Navigation of Healthcare System	5	1	1	1	2
9. Health Literacy & Marketing <i>3.</i>	5	3	5	5	3.5
10. Attrition of Healthcare Workers	5	3	5	1	3
11. * Chronic Diseases (obesity, diabetes, heart disease, stroke, cancer, respiratory disease etc.)	5	1	5	3	3.5
12. *Mental Health / Substance Abuse	5	1	1	5	3

*Community Health Needs Assessment Discussion

Team 2

Rob Rains: On the numerical scoring, #1 access to affordable healthcare had the highest. Then navigation of the healthcare system. Similar to Team #1, cost of living bubbled to the top because it's the root cause kind of issue. Interesting to see this happen in this session; when we did the education forum, we had this populated. It wasn't on there. Dr. Doaks, give you credit, said you can't learn, it's not about getting into college if you don't have food in your stomach, or safe housing, or your teeth are rotting out. It's harder to deal with that. But that ranked low on impact. The other that bubbled up was access to healthy foods/walkable environment. And we added a #13. Personal accountability.



DR ROGUE
Team 2

SPACE COAST HEALTH FOUNDATION
FLORIDA HEALTH BREVARD COUNTY

April 27th Forum Lunch Activity:
Rating the Top 10 Synthesized Themes to determine feasibility of Top Priorities to Enhance Equity in Brevard

Theme	Impact 1= Low; 3= Medium; 5= High	Time-frame 1= Long-Term; 3= Medium; 5= Short-Term	Ease 1= Difficult; 3= Medium; 5= Easy	Cost 1= High; 3= Medium; 5= Low	Mean (Total Average of all 4)
1. Access to Affordable Care	5	3	3	3	3.9
2. Access to Culturally Sensitive Providers	1	1	3	5	2.5
3. Scheduling/ Available Hours	3	3	3	3	3
4. Access to Healthy Food and Walkable Places	3	3	3	3	3
5. Cost of Insurance & Services	1	1	1	1	1
6. Cost of Living	3	1	1	1	1.5
7. Lack of Preventative Care	2	1	1	4	2
8. Navigation of Healthcare System	4	4	3	4	3.625
9. Health Literacy & Marketing	3	3	4	4	3.375
10. Attrition of Healthcare Workers	1	1	1	1	1
11. * Chronic Diseases (obesity, diabetes, heart disease, stroke, cancer, respiratory disease etc.)	1	1	1	2	1.25
12. *Mental Health / Substance Abuse	3	1	1	1	1.5

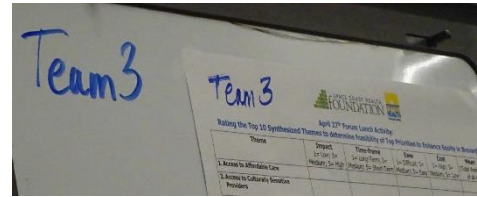
*Community Health Needs Assessment Discussion

13. Personal Accountability

Andrea: So you decided on access and cost of living.

Team 3

Speaker: We added a #13, community inclusion. We had good conversation about how it used to be different in society, that we looked out for each other and we don't really have that. The conversation stemmed around what we believe we could actually impact. We had the same conversation. Landed on access to affordable care and health literacy/marketing.



Team 3

SPACE COAST HEALTH FOUNDATION
Florida HEALTH
Brevard County

April 27th Forum Lunch Activity:
Rating the Top 10 Synthesized Themes to determine feasibility of Top Priorities to Enhance Equity in Brevard

Theme	Impact 1= Low; 3= Medium; 5= High	Time-frame 1= Long-Term; 3= Medium; 5= Short-Term	Ease 1= Difficult; 3= Medium; 5= Easy	Cost 1= High; 3= Medium; 5= Low	Mean (Total Average of all 4)
1. Access to Affordable Care	5	1	3	1	2.5
2. Access to Culturally Sensitive Providers					
3. Scheduling/ Available Hours					
4. Access to Healthy Food and Walkable Places					
5. Cost of Insurance & Services					
6. Cost of Living					
7. Lack of Preventative Care					
8. Navigation of Healthcare System					
9. Health Literacy & Marketing	5	3	2	3	3.3
10. Attrition of Healthcare Workers					
11. * Chronic Diseases (obesity, diabetes, heart disease, stroke, cancer, respiratory disease etc.)					
12. *Mental Health / Substance Abuse					

Community Health Needs Assessment Discussion

13. Community Inclusion

Team 4

Speaker: We chose Health literacy/marketing because it's low hanging fruit. If we can educate them to what's available, 211, and people have access to it, it will help support their health. And Access to affordable care. So it's sort of two-for-one with those.



Team 4

SPACE COAST HEALTH FOUNDATION Florida HEALTH Brevard County

April 27th Forum Lunch Activity:
Rating the Top 10 Synthesized Themes to determine feasibility of Top Priorities to Enhance Equity in Brevard

Theme	Impact 1= Low; 3= Medium; 5= High	Time-frame 1= Long-Term; 3= Medium; 5= Short-Term	Ease 1= Difficult; 3= Medium; 5= Easy	Cost 1= High; 3= Medium; 5= Low	Mean (Total Average of all 4)
1. Access to Affordable Care	5	1	1	1	2
2. Access to Culturally Sensitive Providers	5	2	2	3	3
3. Scheduling/ Available Hours	5	3	3	3	3.5
4. Access to Healthy Food and Walkable Places	5	3	3	3	3.5
5. Cost of Insurance & Services	5	1	1	1	2
6. Cost of Living	5	1	1	1	2
7. Lack of Preventative Care	5	4	3	4	4
8. Navigation of Healthcare System	5	4	4	4	4.25
9. Health Literacy & Marketing	5	4	4	4	4.25
10. Attrition of Healthcare Workers	5	3	1	1	2.5
11. * Chronic Diseases (obesity, diabetes, heart disease, stroke, cancer, respiratory disease etc.)	5	3	2	2	3
12. *Mental Health / Substance Abuse	5	2	2	1	2.5

*Community Health Needs Assessment Discussion

Team 5

Speaker: Consistently we identified #1 as an issue and #10 because what is healthcare without healthcare workers. We need providers to give that education and that service. We added a #13: Transportation, the accessibility to access the healthcare. In the social reform, we discussed hot topics. When you look at the second part of #4 walkable places, we had discussion about walking safety in certain neighborhoods. I may be one of the only African-Americans in the neighborhood. I walk on the tracks on 5th and Dixon. I have to call ahead before I walk with my kids to see if there's a code red, police presence. Safety is also an issue when you talk about outside and being healthy. So we had 14.



Team 5

SPACE COAST HEALTH FOUNDATION
FLORIDA HEALTH Brevard County

April 27th Forum Lunch Activity:
Rating the Top 10 Synthesized Themes to determine feasibility of Top Priorities to Enhance Equity in Brevard

Theme	Impact 1= Low; 3= Medium; 5= High	Time-frame 1= Long-Term; 3= Medium; 5= Short-Term	Ease 1= Difficult; 3= Medium; 5= Easy	Cost 1= High; 3= Medium; 5= Low	Mean (Total Average of all 4)
1. Access to Affordable Care	5	1	1	1	2
2. Access to Culturally Sensitive Providers	5	1	1	1	2
3. Scheduling/ Available Hours	5	5	5	5	5
4. Access to Healthy Food and Walkable Places	5	2	3	5	3.75
5. Cost of Insurance & Services	5	1	1	5	3
6. Cost of Living	5	3	3	5	4
7. Lack of Preventative Care	5	3	3	4	3.75
8. Navigation of Healthcare System	5	3	3	4	3.75
9. Health Literacy & Marketing	5	3	3	4	3.75
10. Attrition of Healthcare Workers	5	2	2	1	2.25
11. * Chronic Diseases (obesity, diabetes, heart disease, stroke, cancer, respiratory disease etc.)	5	2	2	4	3.5
12. *Mental Health / Substance Abuse	5	2	2	2	2.75
*Community Health Needs Assessment Discussion 13. Transportation	5	4	5	2	4

Andrea: Thank you, Teams, for sharing your Top 2 Priorities to Enhance Equity in Brevard, after carefully reviewing the feasibility of each. I have tallied your “Final Top 2” on my rating chart below and it looks like **Access to Affordable Care** rose to the top for four of your teams, with **Cost of Living** and **Health Literacy and Marketing** were selected by two of your teams. One team also selected **Healthy Food and Walkable Places** and one team selected **Attrition of Healthcare Workers**. Those were your collective Top 5 Priorities.

Theme	Impact 1= Low; 3= Medium; 5= High	Time-frame 1= Long-Term; 3= Medium; 5= Short-Term	Ease 1= Difficult; 3= Medium; 5= Easy	Cost 1= High; 3= Medium; 5= Low	Mean (Total Average of all 4)
1. Access to Affordable Care					
2. Access to Culturally Sensitive Providers					
3. Scheduling/ Available Hours					
4. Access to Healthy Food and Walkable Places					
5. Cost of Insurance & Services					
6. Cost of Living					
7. Lack of Preventative Care					
8. Navigation of Healthcare System					
9. Health Literacy & Marketing					
10. Attrition of Healthcare Workers					
11. * Chronic Diseases (obesity, diabetes, heart disease, stroke, cancer, respiratory disease etc.)					
12. *Mental Health / Substance Abuse					

13. Tram.

Let’s compare these “final Top 5 Priorities” with the digital tabulations each team inserted for the Feasibility exercise you all did, and we can see the total average (mean) for each of the 12 Priority Areas you discussed. See the blue chart. This is your Feasibility matrix collectively across all 5 teams. **Health Literacy and Marketing** rose to the top with a mean of 4.25. Then **Navigation of Healthcare System** was second, with a mean of 4. Two were a 2 with a mean of 3 each: **Scheduling/Available Hours** and **Lack of Preventative Care**. Those were your collective Top 4 for the Feasibility (numerical) analysis.

1.5 Overall Impact/Time/Ease/Cost

Overall Impact/Time/Ease/Cost (Multi-criteria table). Sorted by mean of row						
Nr	Item	Impact Mean	Time-Frame Mean	Ease Mean	Cost Mean	↓ Mean of Row
9	Health Literacy & Marketing	4.33	4.00	4.33	4.33	4.25
8	Navigation of Healthcare System	4.67	3.67	3.33	4.33	4.00
3	Scheduling/ Available Hours	4.33	3.00	2.33	2.33	3.00
7	Lack of Preventative Care	4.00	2.00	2.33	3.67	3.00
4	Access to Healthy Food and Walkable Places	3.67	2.33	2.33	3.00	2.83
1	Access to Affordable Care	5.00	2.33	1.67	1.67	2.67
2	Access to Culturally Sensitive Providers	3.67	1.33	2.00	3.67	2.67
11	Chronic Diseases (obesity, diabetes, heart disease, stroke, cancer, respiratory disease etc.)	3.67	1.67	2.67	2.33	2.58
12	Mental Health / Substance Abuse	4.33	1.33	1.33	2.33	2.33
10	Attrition of Healthcare Workers	3.67	2.33	1.67	1.00	2.17
6	Cost of Living	4.33	1.00	1.00	1.00	1.83
5	Cost of Insurance & Services	3.67	1.00	1.00	1.00	1.67

Speaker: The difference between what was discussed vs. means was proverbial low hanging fruit vs. things that carry the most weight?

Andrea: Yes, so this is valuable to the health advisory council too to see feasibility and low hanging fruit.

Speaker: Walkable places: I'm Kim Smith with Space Coast Transportation Planning Organization. A couple years ago we adopted zero as our goal, so zero traffic fatalities. Equity is a big piece of reaching goal of zero. One transportation system doesn't work for everyone. For families with one or no car, we need to look at the pedestrian facilities, so hopefully we will have good news along the road. We must look at the community and build a transportation system for the people who live in that community.

Building Bold Actions for our Top 3-5 Priorities

Andrea: Next you'll choose one of the top five priorities to see which you could help mobilize. And we'll ask you to, as a team, decide on a bold action you feel is most important. We'll have six teams: Teams 1-2: access, Team 3: cost of living, Teams 4-5: health literacy, and Team 6: Access/walkability.

Johnette showed a video:

Johnette: To get the creative juices flowing before action item talk, let's take a look at a project our counseling center staff have been doing over last four years. To give you the thought process of what we're looking for when we talk bold actions. It's a project that Cocoa Police Department started, a summer program, Cops and Kids. They came to my Lifetime Counseling staff and said we need counselors in this program. It has grown tremendously. This week will be the sixth and we already have 48 kids registered. Purpose: Build a relationship with police officers, mental health for students and continuing it when school is out, taking children to experiences they may not have had the opportunity to do like beach, Space Center, Disney. Combining those things to build a more resilient child for our community which will become more resilient adults in our community.

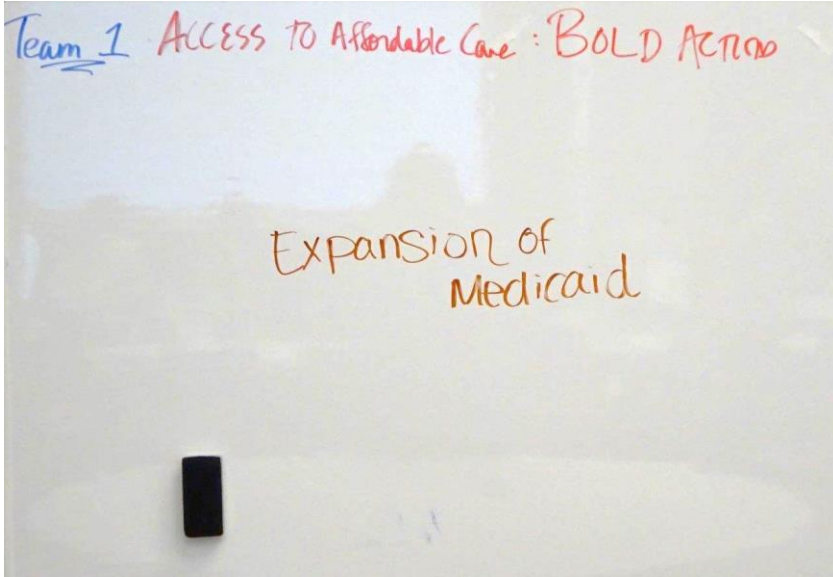


Andrea: You'll pick your new destination (priority) to build a single bold action that will advise the health advisory council to begin with. So maybe it does go back to the low hanging opportunity.

Participants self-selected a priority area.

Team 1

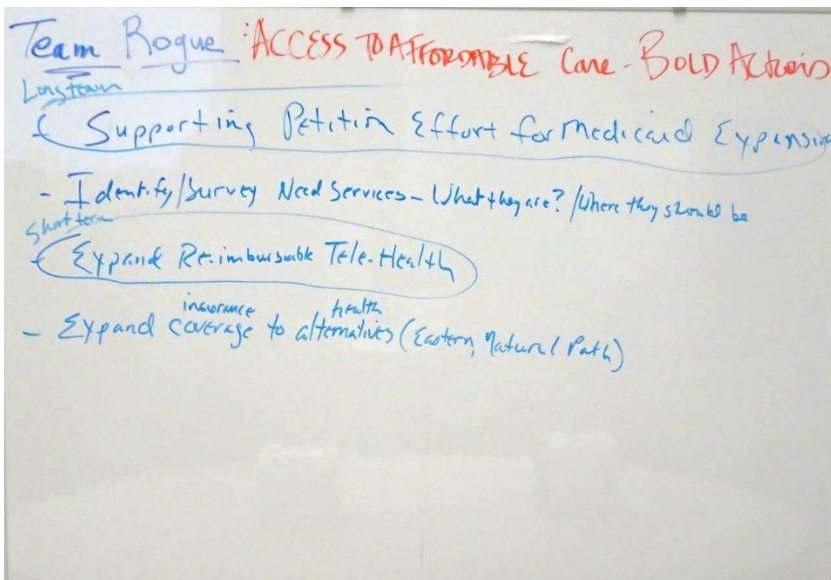
Thomas Highsmith: Expansion of Medicaid. You have to expand it or we won't be able to get people affordable healthcare.



Access to Affordable Care Bold Action
<ul style="list-style-type: none">• Expansion of Medicaid

Team 2

Rob Rains: We have two: Long-term and short-term. We also support expanding Medicaid, the petition effort. More short-term expanding telehealth care.

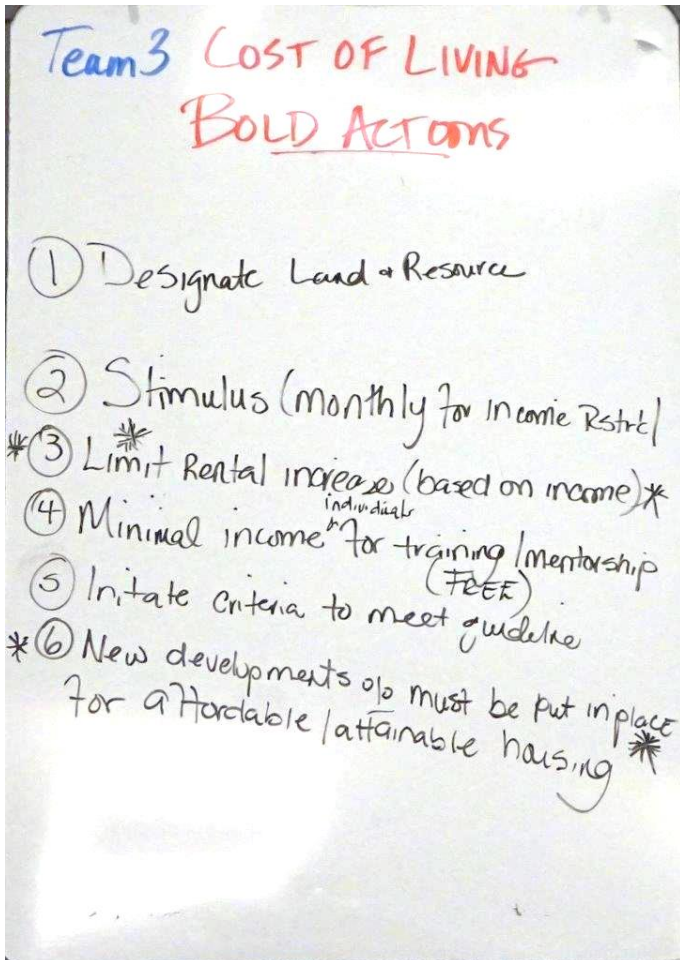
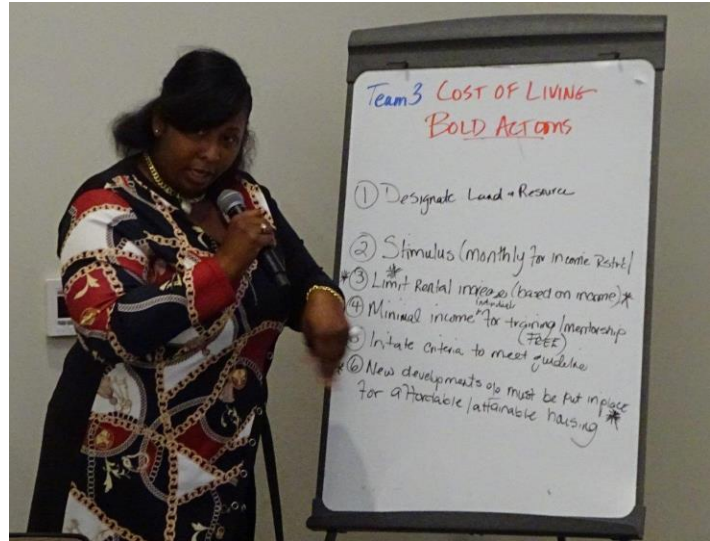


Access to Affordable Care Bold Action

- Long-term: Supporting petition effort for Medicaid expansion
- Identify/survey need services. What are they? Where they should be
- Short-term: Expand reimbursement telehealth
- Expand insurance coverage to health alternative (Eastern natural path)

Team 3

Speaker: Cost of living. We put two: Limit rental based on income and For all new county development, a percentage must be put aside for affordable and attainable housing.

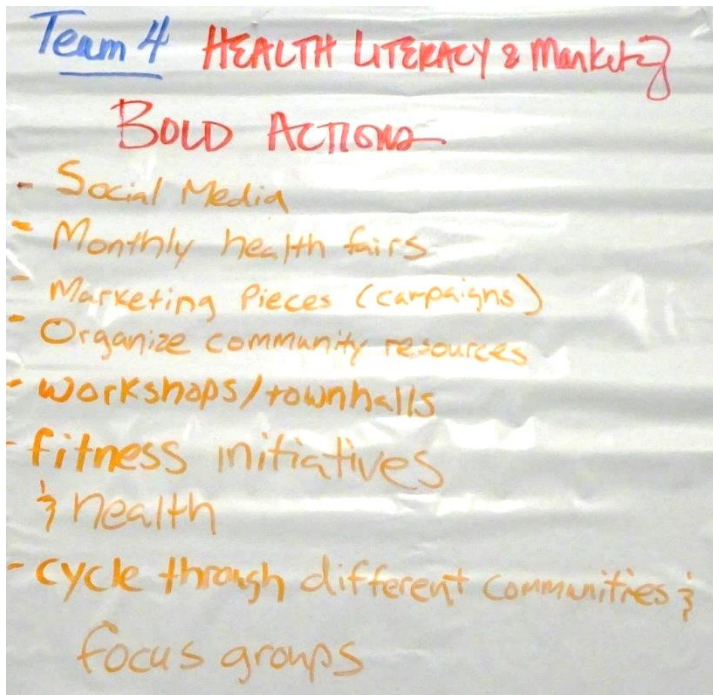


Cost of Living Bold Action

- Designate Land & Resource
- Stimulus (monthly for income restricted)
- Limit rental increase (based on income)
- Minimal income individuals for training/mentorship (free)
- Initiate criteria to meet guideline
- New development % must be put in place for affordable/attainable housing

Team 4

Markus Smith: Health literacy/marketing. We started off with social media but have to think about total population. Having a marketing campaign like a census, you're hitting doors, door hangers as a campaign. And monthly health fairs where you organize community resources. Predictability. "I missed last month, but I can go next month." Then workshops and town halls like today because of questions and data pieces. And cycle through different communities and focus groups.

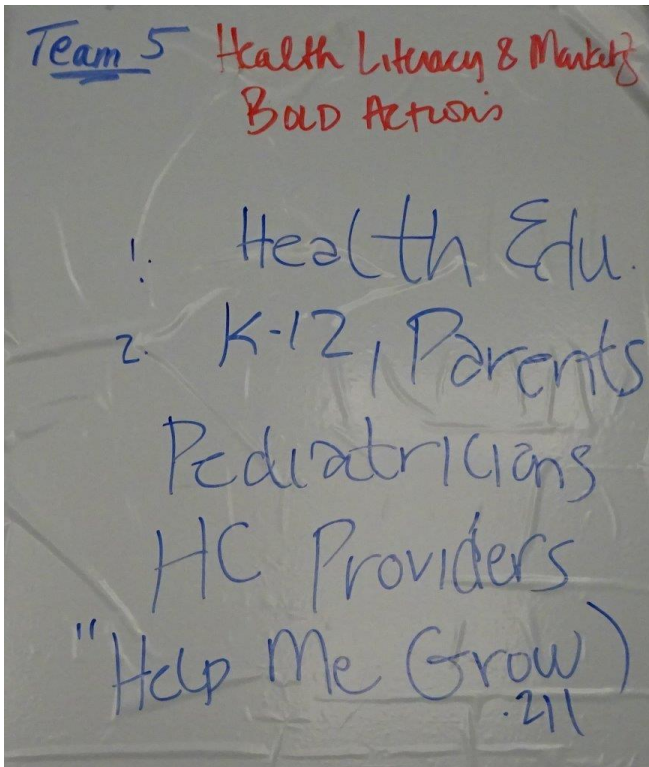
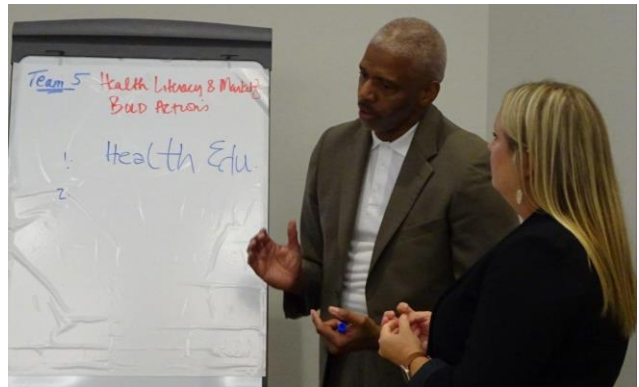


Health Literacy & Marketing Bold Actions

- Social media
- Monthly health fairs
- Marketing pieces (campaigns)
- Organize community resources
- Workshops/town halls
- Fitness initiatives & health
- Cycle through different communities & focus groups

Team 5

Speaker: We started talking about health literacy and people being able to understand the information they're reading. From that, thinking about action step because that's a broad range of people, we talked about health education and educating the parents and children at younger ages, marketing through pediatricians and healthcare providers. We talked briefly about opportunities that can educate and market through Help Me Grow and 211.



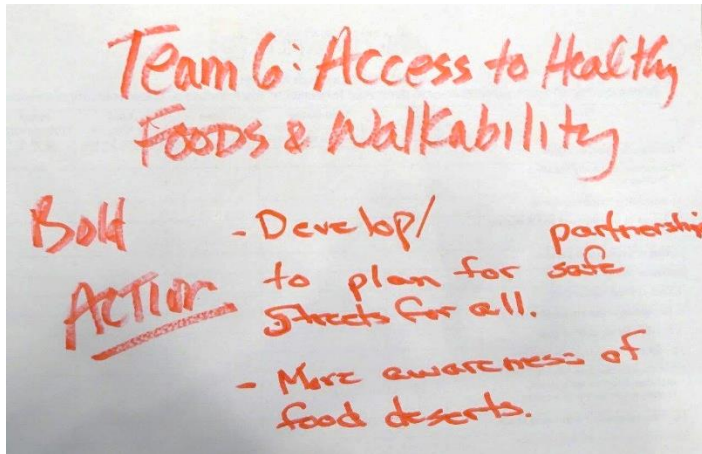
Health Literacy & Marketing Bold Actions

- Health education
- K-12, parents, pediatricians, healthcare providers, "Help Me Grow," 211

Team 6



Speaker: Access to healthy food and walkability. Those are two different topics, but we found things that address both: Develop partnerships and awareness of food deserts and areas that need walkability.



Access to Healthy Foods/Walkability Bold Actions

- Develop partnerships to plan for safe streets for all
- More awareness of food deserts

Illustration Reveal

Andrea: Now Jonathan will share what he's been rendering from the wisdom in this rooms.



Jonathan: We made access the top issue. On the left are the priority areas. They all work together to bust the door open to access healthcare. That momentum will overcome the roadblocks behind the stuck door. We have a safe, not a lock, because sometimes you have to figure out the combination, then what's behind the door. But we have the momentum to push that to the side and bust through it and continue on road to a healthy Brevard county.



SPACE COAST HEALTH FOUNDATION **ENHANCING HEALTH EQUITY IN BREVARD FORUM**

TOP PRIORITIES
 & Bold Actions to Enhance Health Equity in Brevard

HEALTH LITERACY & MARKETING

- Social media
- Monthly health fairs
- Marketing pieces (campaigns)
- Organize community resources
- Workshops/town halls
- Fitness initiatives & health
- Dyale through different communities & focus groups
- K-12 parents, pediatricians, healthiers
- Health education providers, "Help Me Grow" 211

ACCESS TO HEALTHY FOOD & WALKABLE PLACES

- More awareness of food deserts.
- Develop partnerships to plan for safe streets for all

COST OF LIVING

- Designate Land & Resource
- Stimulus (monthly for income restricted)
- Limit rental increase (based on income)
- Minimal income individuals for training/membership (free)
- Initiate criteria to meet guideline
- New development % must be put in place for affordable/attainable housing

ACCESS... TO AFFORDABLE HEALTHCARE

- Expansion of Medicaid
- Long-term: Supporting petition effort for Medicaid expansion
- Identify/survey need services

What are they?

- Short-term: Expand reimbursement telehealth
- Expand insurance coverage to health alternative (Eastern natural path)

Where they should be

ROADBLOCKS TO HEALTHCARE

- SECURE HOUSING
- MENTAL HEALTH STIGMA

ACCESS TO FRESH FRUITS & VEGGIES

A HEALTHY BREVARD COUNTY

Collaborative
 at St. Petersburg College



Andrea: Thanks, Jon! He'll take it to full color finished artwork in the Real-time Record. Lastly, let's have you give us a word or phrase to summarize today.

mobilized
opportunity
woooooohooooooo
amazing
rejuvenating
incredible
community
partnership
informed
enlightening
impactful

Next Steps for Success

Anita: Thank you to Andrea and her team for their hard work. Scott has gone, but what great state level information. Thank you Bruce for bringing it down to county level. And to all the focus group participants. And, of course, Collaborative Labs. We appreciate all of you. This has

been a terrific meeting. Great information to move forward. What does that look like? On the department side, we will flesh out the health equity plan and part is a health equity task force. We invite all of you to join into some of those priority areas for detailed plans for actions we can take to make a difference in our county.

Jhnette: Thank you. You all have busy schedules. Thank you for your time. Special thank you. Donna Larsen, Anita, Kia, Shayla. This group has worked six months to put this together. Wow. I couldn't be happier with what we achieved today. Thank you again. We'll start putting documents together and will be back in touch. Have a good afternoon!

Participants

Name	Table	Here			
Alberto Araujo	1	✓	Shamika Chamberlin	5	✓
Amber Carroll	2	✓	Shayla Murray	0	✓
Anita Stremmel	0	✓	Sheinelle Walker	1	✓
Anthony Pulido	2		Stephanie Bergsieker	3	✓
Arvin Lewis	3	✓	Terri Barlow	3	✓
Austin Helton	4	✓	Theresa Grimmison	4	✓
Catherine Wright	4	✓	Thomas Highsmith	1	✓
Chris Kern	1		Tonya Dix	1	
Collette Cooper	2	✓	Wayne Price	0	
Dale Brill	4		Scott Darius	0	
Danielle McKinnon	5	✓	Symon		
David Jones	3	✓	Synthia Doaks	5	✓
Donna Bishop	0		Elliot Widdis	1	
Elisabeth Bublitz	3	✓	Wayne Brown	4	
Felicia Prince	5	✓	Melissa Breckenridge	5	✓
Jane Benton	2	✓	Paula Roberts	4	✓
Javier Molinares	4		Markus Smith		
Jennifer Floyd	5				
Jodiq Ammons	2	✓			
Johnette Gindling	0	✓			
Josh Jensen	5	✓			
Kia Quintana	0	✓			
Kim Smith	4	✓			
Maria Bledsoe	5	✓			
Marie Rose Civilus	1	✓			
Pamela Bress	5	✓			
Rob Rains	2	✓			
Samantha Johnson	3	✓			

Appendix A: Focus Groups Synthesized



Enhancing Equity in Brevard: 4 Virtual Community Focus Group

Synthesized Themes

March & April 2022



March 29 Community Focus Group 1	March 31 Community Focus Group 2	March 31 Provider Focus Group	April 21 Community Focus Group 3
<p>Warm-Up Zoom Polls:</p> <p>What does Health Equity look like to you?</p> <ul style="list-style-type: none"> • Access to primary care – 75% • Health insurance – 67% • Access to dental care – 58% • Access to behavioral healthcare – 58% • Being as healthy as I can be – 50% 	<p>Warm-Up Zoom Polls:</p> <p>What does Health Equity look like to you?</p> <ul style="list-style-type: none"> • Access to behavioral healthcare – 75% • Access to primary care – 63% • Access to dental care – 50% • Health insurance – 38% • Being as healthy as I can be – 25% • Other – 25% (<i>Chat: Access to affordable services, inclusive of primary care, dental, mental health, etc.</i>) 	<p>Warm-Up Zoom Polls:</p> <p>What does Health Equity look like to you (those you serve)?</p> <ul style="list-style-type: none"> • Access to primary care – 89% • Access to behavioral healthcare – 56% • Health insurance – 44% • Access to dental care – 44% • Being as healthy as I can be – 33% 	<p>Warm-Up Zoom Polls:</p> <p>What does Health Equity look like to you (those you serve)?</p> <ul style="list-style-type: none"> • Access to primary care – 92% • Access to behavioral healthcare – 92% • Access to dental care – 67% • Health insurance – 58% • Being as healthy as I can be – 42% • Other – 25%
<p>What Top Roadblocks to Healthcare do you encounter?</p> <ul style="list-style-type: none"> • Cost of healthcare – 69% • Stigma of mental health – 38% • Other (see chat) – 31% • Transportation – 8% • Secure housing – 8% 	<p>What Top Roadblocks to Healthcare do you encounter?</p> <ul style="list-style-type: none"> • Cost of healthcare – 88% • Transportation – 63% • Secure housing – 50% • Other – 50% • Stigma of mental health – 38% • Access to fresh fruits and vegetables – 13% 	<p>What Top Roadblocks to Healthcare do you encounter (and those you serve)?</p> <ul style="list-style-type: none"> • Cost of healthcare – 100% • Transportation – 86% • Stigma of mental health – 57% • Secure housing – 43% • Access to fresh fruits and vegetables – 29% 	<p>What Top Roadblocks to Healthcare do you encounter (and those you serve)?</p> <ul style="list-style-type: none"> • Transportation – 77% • Cost of healthcare – 77% • Stigma of mental health – 62% • Secure housing – 62% • Access to fresh fruits and vegetables – 46% • Other – 15%

March 29 Community Focus Group 1 Discussions Top Overall Priorities	March 31 Community Focus Group 2 Discussions Top Overall Priorities	March 31 Provider Focus Group Discussions Top Overall Priorities	April 21 Community Focus Group 3 Discussions Top Overall Priorities
Top 3 Ways To Improve Health of Family and You	Top 5 Ways To Improve Health of Family and You	Top 4 Ways To Improve Health of the Community you serve?	Top 3 Ways To Improve Health of Family and You
<ul style="list-style-type: none"> • Cost of insurance and cost of living and eating healthy. Having fixed income and increasing life expenses. – 72% • Access to appropriate health care (medical/dental/psychiatric/diet/education and exercise, proactive healthcare) – 61% • Cost – out of pocket expenses (transportation, medicine) – 50% 	<ul style="list-style-type: none"> • Access to quality care/specialists in the county – 60% • Scheduling/availability – 50% • Providers that culturally identify and intellectually -Treatment by providers to patients/ talking down/ bed side manner including people with disabilities and that are hard of hearing/deaf; Starting health care early in life, establishing healthy relationships with providers and healthy life in general – 50% • Cost – 50% • Transportation – 50% 	<ul style="list-style-type: none"> • Access to primary health care services – 63% • Public knowledge of available programs – 50% • Cost of prescriptions – 50% • Starting health care early in life, establishing healthy relationships with providers and healthy life in general – 50% 	<ul style="list-style-type: none"> • Health literacy (wide range of services ie, the right foods) language barriers, graphics vs words. Marketing analysis. Social media vs paper. – 92% • Transportation, lack of local resources – 85% • Access to primary care – 38%
Top 3 External Factors that have an Impact on Your Health	Top 3 External Factors that have an Impact on Your Health	Top 3 External Factors that have an Impact on Your Health	Top 4 External Factors that have an Impact on Your Health
<ul style="list-style-type: none"> • Cost (housing, gas/transportation, child care, food) – 72% • Stress (demands of life, family) – 72% • Busy schedule and lifestyle. – 50% 	<ul style="list-style-type: none"> • Access to transportation- having to spend all day at the office trying to find affordable transportation – 70% • Housing (affordable) – 60% • Lack of Preventative care- people waiting until the last minute to see physician – 50% • Poor health habits – 50% 	<ul style="list-style-type: none"> • Economic stability: access to food, access to transportation. Ability to pay copayments. Providing food to the homeless community doesn't mean this food can be stored. Ability to maintain running utilities, and high copayment of health insurance and sometimes not affordable. – 100% • Attrition of healthcare workers – 60% • Stable housing which impacts quality of health and healthy practices. – 60% 	<ul style="list-style-type: none"> • Health disparity between different populations – 67% • Drug abuse and addiction – 58% • Stress, Anxiety – 42% • Equity resource JLS – 42%

Focus Groups: Top 10 Synthesized Themes/Golden Nuggets that Align across Stakeholder Groups

1. Access to affordable, appropriate and variety of healthcare providers

- a. Inclusive of primary care/medical, dental, behavioral care/mental health, alternative medicine
- b. Particularly specialty providers (e.g. surgical services)
- c. Many drive an hour away to Orlando if they are able to; transportation issues

Providers noted:

- Access to primary health care services
- (Lack of) Public knowledge of available programs
- High demand, not enough supply (access to care, transportation)
- Statistic for the shortage of primary care providers over the next five years: a study says Florida will be short 21,000 PCPs by 2030

2. Access to healthcare providers who are culturally and intellectually sensitive

- a. Inclusive of people with disabilities or deaf/hard of hearing
- b. Have good bedside manners and don't judge
- c. Listen to the patient – take their intelligence and thoughts into account
- d. Communication skills; have translation services available for multi-lingual clients

3. Access to scheduling an appointment; hours of availability

- a. Takes weeks/months to get an appointment
- b. Trying to get an appointment for a child is 6 weeks out or more; stressful for child and parent

4. Access to healthy food and walkable places

- a. Parks, walking trails, art places are not in all parts of the county; would help manage stress of kids, children, families.

Providers noted:

- Access, cost, and location of healthy food

5. Cost of Insurance/Services/Medical Needs

- a. High deductibles, unaffordable out-of-pocket expenses/co-pays
- b. Alternative medicine e.g. chiropractic, essential oils are not covered under insurance
- c. Expansion of Medicaid in Florida so the “super poor” can receive healthcare

Providers noted:

- Cost of prescriptions
- Medicaid expansion in Florida goes to the financing of healthcare and access.

6. Cost of Living in Brevard (food, childcare, gas/transportation, housing)

- a. Affordable Housing near services/resources
- b. Having fixed income and increasing life expenses
- c. If you don't have support for childcare, it's super expensive
- d. More kids on free lunch than people realize
- e. Having to spend all day at the office trying to find affordable transportation

Providers noted:

- Statistic: Of people renting homes, they spend 50% of income on those rental properties. When the target is really around 30%. So there's a disproportionate share on housing leaving little left for other areas.
- (Lack of) stable housing which impacts quality of health and healthy practices
- Economic stability: access to food, access to transportation. Ability to pay copayments. Providing food to the homeless community doesn't mean this food can be stored. Ability to maintain running utilities, and high copayment of health insurance and sometimes not affordable.
- If you don't have stable or any housing, it's hard to have healthy food that doesn't go bad fast. You're limited for washing clothes, hands, and showering. Bacteria is high. It deteriorates the ability to have a healthy lifestyle.
- Telehealth changes: Delays with CMS decision; they don't want to finalize a ruling to make permanent the telehealth changes during the pandemic, all the flexibilities. So there's still a gray area about those laws and what regulations will be. Organizations have a hard time spending a lot of money and time increasing those which can help with cost and transportation issues for those patients.

Note: CMS: The Centers for Medicare & Medicaid Services is part of the Department of Health and Human Services (HHS)

7. Lack of Preventative care / Poor health habits / Stress

- a. People waiting until the last minute to see physician
- b. Stress & Anxiety: Demands of life, family; overwhelmed, busy schedules and lifestyles
- c. No down time or not prioritizing time to manage stress by eating healthy and exercising
- d. Can lead to Addictions (e.g. cigarette smoking, alcohol, drugs)

Providers noted:

- People come in chronically ill and really should be in the hospital. Or have a cancer that is so far down the path that there's not a lot to do anymore.
- Addiction Services

8. Navigating the Healthcare system

- a. Complexity of the system
- b. Misinformation about services
- c. How to take care of medical issues

Providers noted:

- Let people know we are available (resource knowledge)
- Once you can see the doctor, it hinders them what they have to go through to figure out what's available to them and how they receive the benefits. They're not aware or constantly making calls here and there trying to figure out who to see, what's covered. That's also a hindrance.

9. Health Literacy/Education for Self-Care/Marketing

- a. Promote eating healthy, exercising, proactive healthcare (TV campaigns, schools)
- b. Health literacy (wide range of services, the right foods) language barriers, graphics vs words. Marketing analysis. Social media vs paper.

Providers noted:

- Help to navigate options to health choices
- Starting health care early in life, establishing healthy relationships with providers and healthy life in general

10. Attrition of healthcare workers (Providers only)

- a. Shortage of healthcare workers; lack of support staff caring for patients.
- b. If we don't staff to help care for patients, we can't provide the care.
- c. People are not willing to take the vaccine, are burnt out, with higher paying jobs out there working from home or that aren't as demanding as healthcare can be.

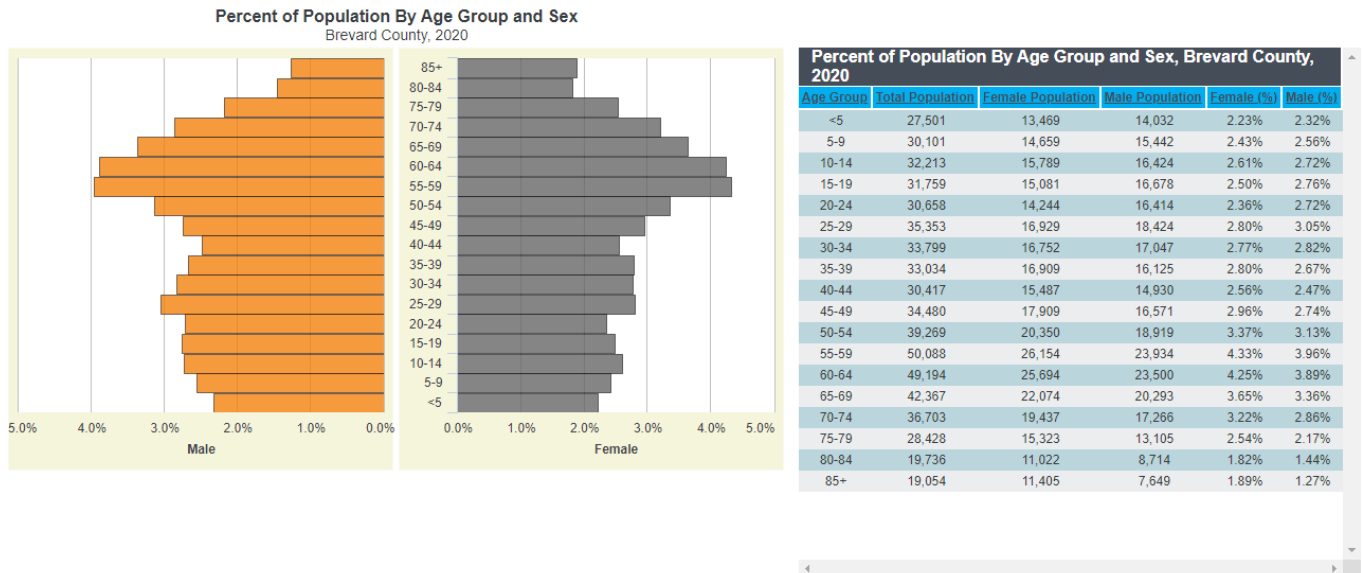
Community Demographics

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

In 2020, the median household income is \$59,359 which is only slightly higher than the state’s median income of \$57,703¹. Median income can define the ability of a household to have access to affordable housing, health care, higher education opportunities, and food.

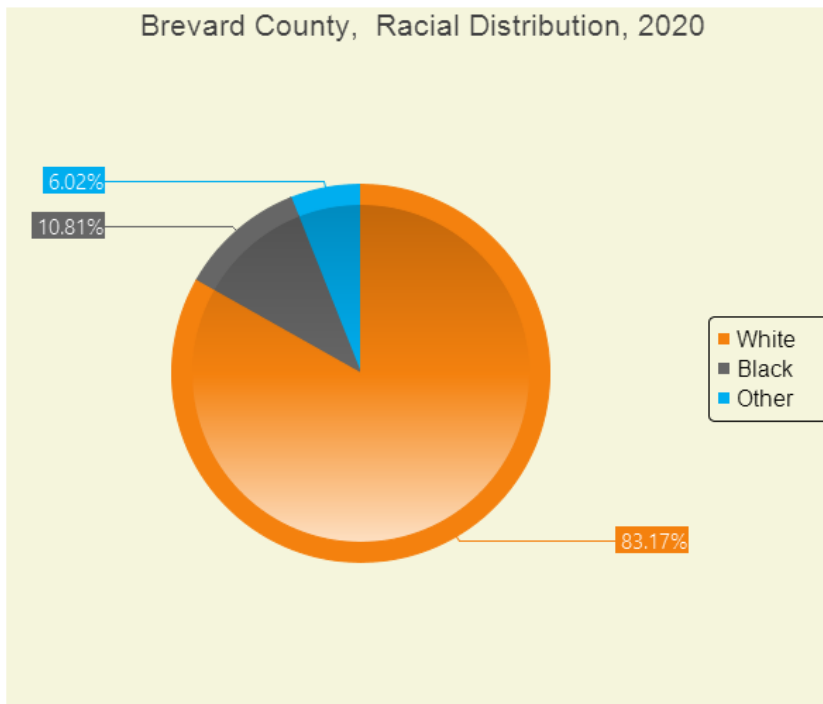
In 2020, 11.2% of individuals in the county had incomes below 100% of the Federal Poverty Level (Florida is at 13.3%); 15.8% of the county’s children live in poverty (Florida is at 18.7%)¹. Approximately 9.74% of residents do not have health insurance¹. The priorities noted in the CHA reflect the needs of these citizens. Population by Age and Gender¹

Percent of Population by Age Group and Gender¹



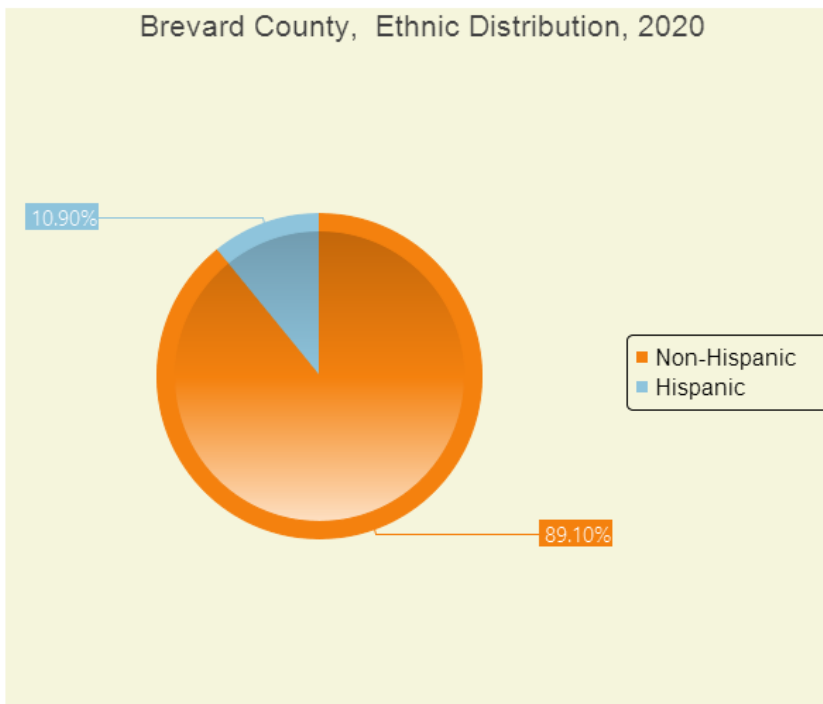
Source: Florida Legislature, Office of Economic and Demographic Research.

Race and Ethnicity¹



Brevard County, Racial Distribution, 2020	
Race	Percent
White	83.17%
Black	10.81%
Other	6.02%

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



Ethnic Distribution, 2020	
Race	Percent
Non-Hispanic	89.1%
Hispanic	10.9%

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

1

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

Social Determinants of Health

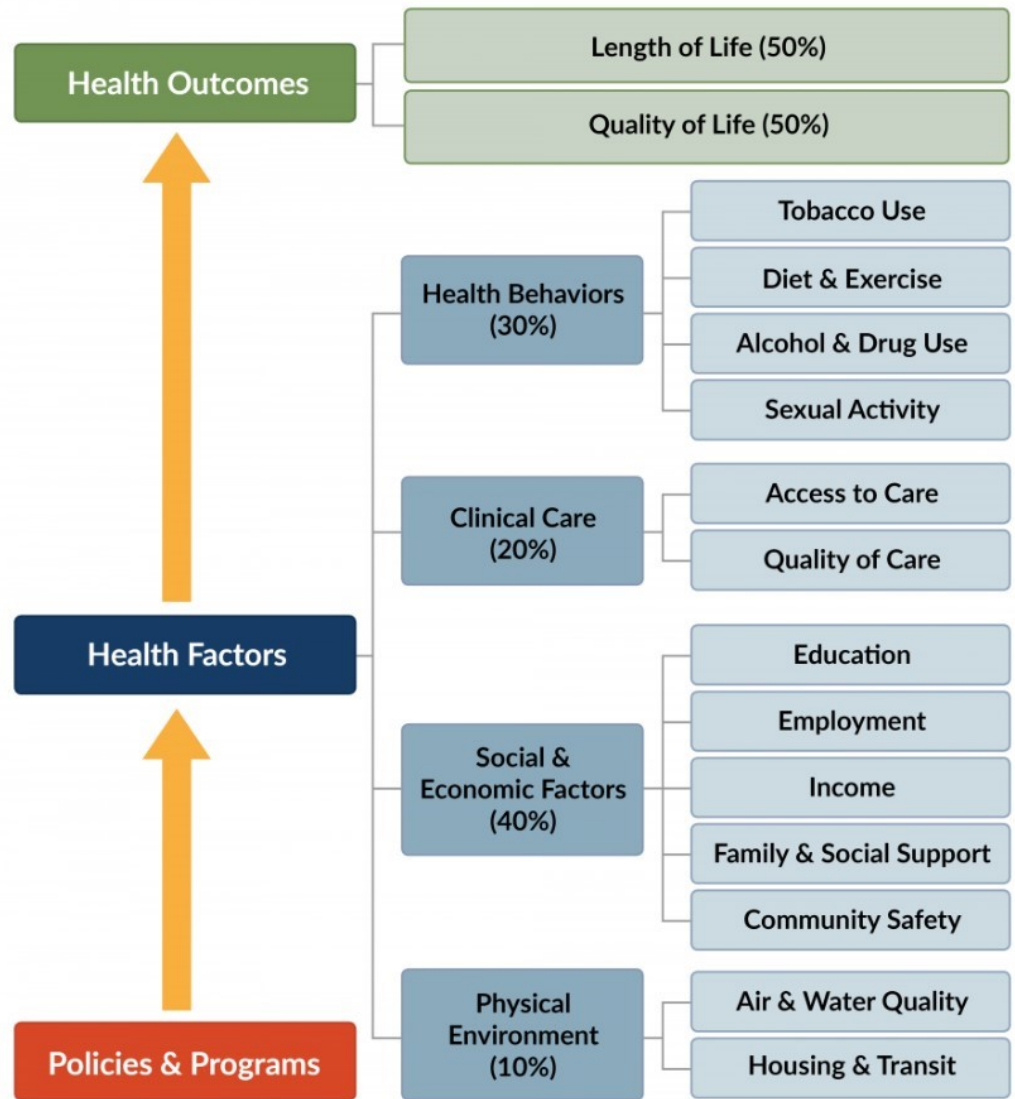
When completing a community health assessment, it is important to consider the social determinants of health (indicators included on pages 25-34).

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

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

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

which improves the health outcomes of the community on a whole.



County Health Rankings model © 2014 UWPHI

The social determinants of health (SDOH) are the conditions in which people are born, grow, live, work, play, and age. These circumstances are shaped by the distribution of resources. The social determinants of health are responsible for the health inequities – the unfair and avoidable differences in health status seen across various measures of difference (e.g. race, age, disability status, etc.) in population. The conditions in the places in which people live, work and play affect their risk of experiencing poor health outcomes. These conditions are the result of

many factors, which if improved, can help to make communities healthier. This is reflected by the phrase, “Place matters!”. A person’s ZIP code is a better predictor of their health outcomes than is their genetic code.

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity and even lowers life expectancy relative to people who do have access to healthy foods.

Poverty limits access to health services, healthy food, and safe neighborhoods. Persons with higher levels of education are more likely to have better health outcomes.

In Brevard County, various social determinants of health are distributed differently across race, ethnicity, sex, age, and income, as reflected in pages 25-34 of this report collected from the 2022 Community Health Needs Survey. The most significant are:

- **Financial Resilience:** A total of 30.0% of Brevard County residents would not be able to afford an unexpected \$400 expense without going into debt.
 - BENCHMARK - Worse than the national percentage.
 - DISPARITY - More often reported among women, adults younger than 65, lower-income adults, Black respondents, and those who identify as LGBTQ+.
- **Housing Insecurity:** Most surveyed adults rarely, if ever, worry about the cost of housing. However, a considerable share (34.3%) report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.
 - TREND - A significant increase from previous surveys.
 - DISPARITY - More often reported among women, adults younger than 65, lower-income adults, those who identify as LGBTQ+, and renters. Also higher among Black residents, compared to White residents.
- **Unhealthy or Unsafe Housing:** A total of 17.8% of Brevard County residents report living in unhealthy or unsafe housing conditions during the past year.
 - BENCHMARK - Worse than the national percentage.
 - DISPARITY - Higher in Central Brevard. More often reported among women, adults younger than 65, lower-income adults, Black residents (when compared to White residents), members of the LGBTQ+ community, and renters.
- **Food Insecurity:** Overall, 32.3% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.
 - TREND - Represents a significant increase over time.
 - DISPARITY - More often reported among women, adults younger than 65, lower-income respondents, Black residents, Hispanic residents, and members of the LGBTQ+ community.
- **Diversity & Inclusion:** A majority of surveyed adults (65.7%) agree with the statement, “I feel that my community is a welcoming place for all people, regardless of race, ethnicity, sexual orientation, gender identity, age, physical disability, or other differences.” However, 17.5% said they “disagree” or “strongly disagree” with the statement.
 - DISPARITY - Adults age 18 to 64, those with very low incomes, and LGBTQ+ respondents are more likely to disagree that the community is welcoming to all.

- **High ACE Scores:** The impact of ACEs on future health and well-being are cumulative. PRC looks at these compounding issues by scoring the ACE series — survey respondents receive one “point” for each of the eight ACEs categories containing an affirmative response; a score of four or higher is determined to be a “high” ACE score. In all, 24.3% of Brevard County residents reported four or more of the adverse childhood experiences tested (a high ACE score).
 - BENCHMARK - Worse than was found nationally.
 - DISPARITY - More often reported among women, adults younger than 65, lower-income adults, Hispanic residents (when compared to White residents), and members of the LGBTQ+ community.