2019 COMMUNITY HEALTH NEEDS ASSESSMENT

CAPE CANAVERAL HOSPITAL

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HF.org

Approved by:
Health First Community Benefit
Steering Committee
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Health First Board of Trustees
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I. CHNA Assessment Purpose & Organizational Commitment
The Community Health Needs Assessment (CHNA) was prepared by Health First for Cape Canaveral Hospital. It serves as the foundation for developing a strategic implementation plan that includes engagement with community organizations to address health needs. Participation in the development and execution of a community-driven process has the potential to enhance program effectiveness, leverage limited financial resources and strengthen the public health system. Collaboration among community partners has proven to lead to improved health for all residents.

Charitable hospital organizations must meet general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545. In addition, hospital organizations must meet the requirements imposed by Section 501(c)(3) on a facility-by-facility basis to be treated as an organization described in Section 501(c)(3).

Section 501(r)(3) requires a hospital organization to conduct a community health needs assessment (CHNA) every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA.

To conduct a CHNA, a hospital facility must complete the following steps:
1. Define the community it serves.
2. Assess the health needs of that community.
3. In assessing the community’s health needs, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
4. Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
5. Make the CHNA report widely available to the public.

The findings from the 2019 PRC Community Health Needs Assessment Report prepared on behalf of the Space Coast Health Foundation by Professional Research Consultants, Inc. was, in part, used as a guide for our health indicator selection. Following a presentation of the findings of this survey, members of the Health Advisory Council Task Force members and community stakeholders (listed in Appendix C) met to discuss, rank and prioritize the key health needs to be undertaken in this year’s CHNA. This prioritization considered three criteria:

- The magnitude of the problem, as measured in terms of the percent of the population with the health problem based on self-reporting;
- The severity of the problem in terms of mortality, morbidity, hospitalizations, economic loss or community impact;
- The predicted effectiveness of intervention in addressing the health problem

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

Healthy People 2020 (www.healthypeople.gov)
The objectives of the CHNA are to increase the understanding of the community’s health problems,
build capacity through partnership development and collaboration, and strengthen the role of the hospital within its service area to address community health needs. The CHNA provides a comprehensive analysis of widely accepted health indicators that identify key community needs for each demographic area served by Cape Canaveral Hospital.

The overarching goal of Cape Canaveral Hospital is to provide all residents within its service area with the opportunity to attain optimal health outcomes. The CHNA will serve as a tool toward reaching four basic goals:

- To improve residents' health status, increase their life spans and elevate their overall 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.
- To develop intervention plans aimed at targeting these individuals 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 goals (improving health status, increasing life spans and elevating the quality of life), as well as lowering the costs associated with caring for the late-stage diseases resulting from a lack of preventive care.

In preparation of this CHNA, Health First has taken into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health.

The CHNA, as prepared in accordance with Form 990, Schedule H, Part V, Section B, provides a comprehensive analysis of widely accepted health indicators compared to national benchmark targets established by Healthy People 2020 that identify key community needs for the region served by Cape Canaveral Hospital.

These goals will be accomplished with these key objectives:

- To increase the understanding of the community’s health problems by identifying, analyzing and prioritizing community health needs and create a plan to address the unmet needs.
- To strengthen the role of the hospital by building capacity through partnership development and collaboration.
II. Community Definition

Demographics

The population of Brevard County has grown to 596,849 persons based on 2018 U.S. Census Bureau American Fact Finder population estimates, a 3.28% increase from 577,899 in July 2016. Brevard County is the 10th most populated county in Florida. The county’s race is comprised of 83.2% white, 10.7% black or African American, 0.5% American Indian and Alaska Native alone, 2.7% Asian alone, 0.1% Native Hawaiian and other Pacific Islander alone, and 2.8% two or more races. Hispanics/Latinos comprise 10.7% of the population in Brevard.

According to the 2013-17 U.S. Census American Community Survey, more than 22.3% of the households in Brevard County have children younger than 18 living with them, 48.3% are married couples living together and the average household size is 2.55 persons. The median age is 47.2 years and 8.2% are foreign born. According to countyhealthrankings.com, 37% of children live in single-parent households.

The population age distribution, according to ACS 2017 demographic data, is as follows:
- 4.7% younger than 5
- 15.6% from age 5 to 19
- 16.6% from ages 20 – 34
- 16.2% from ages 35 to 49
- 23.2% from ages 50 to 64
- 23.7% of the population are 65 or older

In 2018 countyhealthrankings.com, 22% of children live in poverty compared with 21% statewide. In Brevard, 50% of children are eligible for free or reduced-price lunches. Based on 2017 data from the Florida Department of Children and Families, 10,956 Brevard persons (with a participation rate of 50.5%) receive Supplemental Nutrition Assistance Program (SNAP) benefits.

Education

According to data reported in January 2018 by the Florida Department of Education, graduation rates in Brevard continue to beat the state average. The graduation rate was 85.9%, a small decline from the previous year’s 87.5%. About 350 students earned associate degrees in 2016-17, and 42% of graduates earned vocational certificates.

Countyhealthrankings.com (2018 data) report that more than 86% of Brevard County residents have a high school diploma. Nearly 35% have attended some college or hold an associate’s degree, while 28.4% hold a bachelor’s degree or higher.

The Healthy People 2020 report stated that high school graduation is an important predictor for overall health outcomes. High school graduates have less chance of being in prison, greater financial stability as adults and fewer health problems.

Economy

According to State of Florida’s 2018 labor statistics, the unemployment rate for Brevard County dropped to 2.9% in September 2018, compared to 4.0% year-over-year. According to the U.S. Census Bureau’s 2017 QuickFacts, 54.5% of the population age 16 and older work in the civilian labor force.
Housing affordability remains a challenge for a significant number of Brevard’s residents. A total of 28.4% of community residents were either always, usually or sometimes concerned about affording their rent or mortgage payment in the past year. Women, young adults and those in low-income households were more likely to report housing insecurity. The geographic percentages across the county of those worried about paying their rent or mortgage over the past year ranged from 26.4% in North Brevard, to 24.6% in Central Brevard, and 31.6% in South Brevard. The age category that worried the most was the age group of 18 to 39 at 41.3%.

The PRC Survey determined a statistically significant increase (up 7.4% from 2016) in people with food insecurity. Overall, 29.1% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food. This percentage is higher among women and includes over half of young adults, low-income residents and other races. More than half – 54.6% – of respondents were between the ages of 18 and 39.

In the past year, according to the PRC study, most Brevard County adults reported little or no difficulty buying fresh produce at a price they could afford. However, 23.9% of Brevard County adults found it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables. Those with difficulty were highest among women, young adults and low-income residents. The trend marked a statistically significant decrease or improvement of 4.2% from 2013 and a slight 2.4% uptick from 2013.

The Patient Protection and Affordable Care Act of 2010, Title V, defines health literacy as “the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions.” According to the PRC data, most surveyed adults in Brevard County have a moderate level of health literacy. However, a total of 26.5% have low health literacy. This percentage proved to be higher among men, adults younger than 40 and those in low-income households. This percentage is a significant increase of 8.4% over the data from 2016.

According to the Economic Development Commission of Florida’s Space Coast 2018 data, the top private and public employers with more than 2,000 employees include:

- School Board of Brevard County
- Health First, Inc.
- Harris Corporation
- Northrop Grumman Corp.
- Brevard County Government
- U.S. Department of Defense and NASA

**Environmental – Air Quality**

According to the U.S. Environmental Protection Agency, exposure to air pollution is associated with numerous effects on human health. High-risk groups such as the elderly, infants, pregnant women and sufferers from chronic heart and lung diseases are more susceptible to air pollution. According to findings from the American Lung Association’s stateoftheair.org 2017 statistics, Brevard County has an annual ozone air quality Grade of A, referring to high ozone days. (Ozone is generally known as smog.) Brevard also has a Grade A for particle pollution levels. These grades of A show a marked improvement over past years. In Brevard County, the annual ozone air quality index for 2008-10 was Grade B; from 2006-08, the ozone index was Grade C.
Transportation

Public transportation reduces fuel consumption, minimizes air pollution and relieves traffic congestion. Public transportation development is challenging in Brevard County due in part to its unusually long geographic length.

The American Community Survey of 2013-17 Five-Year Estimates reported that only 0.6% of workers aged 16 and older commuted to work using public transportation, and only 8% carpooled. This is well below the national health target to increase the proportion of workers who take public transportation to work.

The ACS 201317 report stated 200,764 or 82% of Brevard workers 16 and older drive alone to work. That percent is higher than both Florida’s 79% and the nation’s 72%.

Public Safety

According to Florida Charts 2018, 14.7% of deaths in Brevard County were caused by motor vehicle crashes, equal to the 14.7% rate statewide. This is under the Healthy People 2020 target of 12.4/100,000 population. According to Florida Department of Law Enforcement (FDLE) data, Brevard County had 18,003 arrests in 2018, and a 2018 violent rate of 379.4, down 19.3% from 2017’s violent rate of 469.9. The FDLE reported that the state of Florida had 81,896 violent crimes in 2018.

Mortality

According to Florida Charts (flhealthcharts.com), Leading Causes of Death – 2018, Brevard County reported 7,609 deaths, compared to the statewide number of 205,461. The major causes of death in 2018 in Brevard County were:

1. Heart Disease 1,755
2. Cancer 1,535
3. Chronic lower respiratory disease 533
4. Unintentional injury 513
5. Stroke 469
6. Diabetes 188
7. Alzheimer’s Disease 178
8. Chronic liver disease and cirrhosis 164
9. Suicide 128

Premature Death (Years Potential Life Lost – YPLL)

Years of Potential Life Lost (YPLL) is an estimate of the average years a person would have lived if he or she had not died prematurely. It is, therefore, a measure of premature mortality. Premature death is a measure of years of potential life lost due to death occurring before the age of 75. Deaths at younger ages contribute more to the premature death rate than deaths occurring closer to age 75. According to the Florida Department of Health’s FLHealthCHARTS, the YPLL rate for Brevard County was 9,877.3 in 2018, based on Resident Years of Potential Life Lost (YPLL) Rate per 100,000 Population <75.
The FLHealthCHARTS, three-year age-adjusted death rates (AADR) for data years 2016-18, for Brevard County reported the following per 100,000 population:

- Coronary heart disease – rate 104.4; FL rate 93.4
- Heart attack (acute myocardial infarction) – rate 26.0; FL rate 23.5
- Stroke – rate 42.8; FL rate 39.7
- Heart failure – rate 12.0; FL rate 12.5
- Lung cancer – rate 45.6; FL rate 36.7
- Colorectal cancer – rate 13.5; FL rate 13.5
- Breast cancer – rate 20.2; FL rate 19.0
- Prostate cancer – rate 17.5; FL rate 17.1
- Cervical cancer – rate 2.9; FL rate 2.7
- Melanoma – rate 3.3; FL rate 2.2
- Chronic lower respiratory disease – rate 50.8; FL rate 39.2
- Diabetes – rate 19.5; FL rate 20.4

For Brevard County, the rate for total deaths was 795.4 per 100,000 population three-year age-adjusted resident death rates for data years 2016-18. While the data differ from several sources, the number of premature deaths due to behavioral factors and other preventable factors range from 35% to half of all U.S. premature deaths. “Up to half of all premature (or early) deaths in the U.S. are due to behavioral and other preventable factors including modifiable habits such as tobacco use, poor diet, and lack of exercise.”

This finding was reported in the National Research Council (NRC) and Institute of Medicine, Measuring the Risks and Causes of Premature Death: Summary of Workshops, H.G. Rhodes, reporter; Committee on Population, Division of Behavioral and Social Sciences and Education; and Board on Healthcare Services, Institute of Medicine (Washington, DC: The National Academies Press, 2015. According to the World Health Organization’s Global Burden of Disease (GBD) study, “Behavioral factors cause 35 percent of all premature deaths in the United States, followed by metabolic risk factors (29%) and environmental factors (7%).”

The results of both studies suggest that behavioral changes such as quitting smoking, improving diet and increasing physical activity could significantly reduce the number of premature deaths in the United States. High levels of income inequality in the U.S. also play a role in early deaths—putting large numbers of people at risk of poor health outcomes because of their high poverty rates and low levels of social mobility.

**Morbidity**

The Florida Morbidity Statistics Report for 2017, provided by the Florida Department of Health, is the official record of the occurrence of reportable diseases in Florida. It summarizes annual morbidity from reportable communicable diseases and diseases of environmental origin in Florida. These include the following:

- Sexually transmitted diseases (STDs) and HIV – STD rates increased in 2017, HIV decreased
- Tuberculosis (TB) – incidence decreased in 2017 after small increases in 2015 and 2016
- Enteric diseases – Florida has one of the highest rates in the nation, with 11,000-14,000 cases reported annually
- Hepatitis – incidence increased dramatically in 2017, however, chronic hepatitis B has been relatively stable since 2009
- Vaccine-preventable diseases (VPDs) – varicella and meningococcal disease have decreased steadily. In 2017, three measles cases were reported, pertussis remained stable and mumps increased dramatically
- Influenza and influenza-like illness – influenza activity was unprecedented in Florida and nationally in 2017, classified as having high severity overall and in all age groups nationally
- Respiratory syncytial virus (RSV) – higher in children <5 years old in 2017-18 season than previous three seasons
- Cancer – cancer rate per 100,000 population increased from 408 to 419 from 1981 to 2015

Link Between Death and Physical Activity

The Centers for Disease Control and Prevention's Division of Nutrition, Physical Activity, and Obesity (DNPAO) has released a new study on Preventing Chronic Disease. "Percentage of Deaths Associated with Inadequate Physical Activity in the United States, March 29, 2018.

The study found that 8% of deaths in the U.S. were associated with inadequate levels of physical activity. This percentage varied with age; the study attributed 10% of deaths among adults age 40-69 and 8% of deaths among adults age 70 or older to low levels of physical activity. This article supports previously published findings that conclude low levels of physical activity increase the risk of premature death.

It also highlights the importance of regular physical activity. Following the aerobic physical activity guideline (at least 150 minutes of moderate-intensity equivalent physical activity each week for adults) can significantly reduce the risk for dying early, heart disease, stroke, Type 2 diabetes, some cancers and depression.

Financial burden of chronic diseases

“The U.S. economic burden of chronic diseases such as Alzheimer’s, diabetes, heart disease, obesity, and cancer has reached about $3.8 trillion in direct and indirect costs – or nearly one-fifth of GDP, according to a new report from Fitch Solutions,” cited Tina Reed in April 2019 in Fierce Healthcare. “And as the baby boomer population ages alongside a concurrent increase in the prevalence of non-communicable diseases, that figure is expected to double within the next 30 years.

Among the disease-specific findings, the report pointed out the total cost of diabetes diagnoses jumped to $327 billion in 2017 from $245 billion in 2012. Meanwhile, direct costs for heart disease reached $318 billion in 2017. Total arthritis-attributable medical expenditure and earnings losses in 2013 reached $304 billion, the report said. Alzheimer’s disease and other forms of dementia in the U.S. are estimated to cost $290 billion in 2019, and estimated direct medical costs for cancer were $80 billion in 2015.

Within professional communities (i.e., medical, public health, academic and policy), there is a large degree of variation in the use of the term chronic disease. These differences have the potential to create confusion and misunderstanding when speaking in generalities about the impact of chronic disease, the cost of chronic disease and overall measures to reduce chronic disease. For example, the Centers for Disease Control and Prevention (CDC) classify the following as chronic diseases: heart disease, stroke, cancer, Type 2 diabetes, obesity and arthritis.
The Centers for Medicare and Medicaid Services – 21 Chronic Conditions:

- Alcohol Abuse
- Alzheimer’s Disease and Related Dementia
- Arthritis (Osteoarthritis and Rheumatoid)
- Asthma
- Atrial Fibrillation
- Autism Spectrum Disorders
- Cancer (Breast, Colorectal, Lung and Prostate)
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Depression
- Diabetes
- Drug Abuse/Substance Abuse
- Heart Failure
- Hepatitis (Chronic/Viral B & C)
- HIV/AIDS
- Hyperlipidemia (High cholesterol)
- Hypertension (High blood pressure)
- Ischemic Heart Disease
- Osteoporosis
- Schizophrenia & Other Psychotic Disorders
- Stroke

Based on data from Floridahealth.gov dated February 18, 2017, many risk factors can be modified, treated or controlled by focusing on lifestyle habits and taking medicine, if prescribed by a healthcare provider including:

- **Unhealthy cholesterol levels**: Cholesterol is a type of fat found in your blood and other parts of your body. The body needs small amounts, but too much can cause a problem. The extra amounts can cling to, and clog, your arteries, making it harder for your heart to circulate blood. A blood test can measure your levels of low-density lipoprotein (LDL) or “bad” cholesterol, high-density lipoprotein (HDL) or “good” cholesterol, total cholesterol and triglycerides.

- **High blood pressure**: Blood pressure is the force your blood makes against your artery walls. If this pressure is too high, over time it can damage your artery walls. There are two kinds of pressure. Systolic is the pressure as your heart pumps blood into your arteries. Diastolic is the pressure between beats, when your heart relaxes. To lower your risk of heart disease, your blood pressure should be less than 120 systolic/80 diastolic. If your blood pressure is 140 systolic/90 diastolic or greater, you should seek medical attention.

- **Cigarette smoking**: Smoking hurts your heart. The more you smoke, the higher your risk. About half of all heart attacks in women are due to smoking. A woman who smokes and takes birth control pills is at even higher risk.

- **Diabetes**: Diabetes is a disease in which blood glucose (sugar) levels are higher than normal. Type 2 diabetes is the most common type of diabetes. It occurs often in people who are overweight or obese. Uncontrolled diabetes can damage artery walls. The disease is more common in African Americans, Latinos, Native Americans and Asian Americans/Pacific Islanders.

- **Being overweight or obese**: The more overweight you are, the higher your risk of heart disease. This is true even if you have no other risk factors. Being overweight also raises your chances of developing diabetes, high blood pressure and high cholesterol. To lower your risk, your body mass index (BMI) should be between 18.5 and 24.9. A BMI of 30 or higher is considered obese.

- **Lack of physical activity**: Like being overweight, lack of physical activity raises your heart disease risk even if you have no other risk factors. Being inactive also increases your chances of developing high blood pressure and diabetes. It also raises your risk of being overweight or obese.

- **Sleep apnea**: Loud snoring can be a sign of sleep apnea, a sleep disorder that can raise your chances of having a heart attack. With obstructive sleep apnea, the most common type, the tissue in the back of the throat relaxes. This blocks airflow to your lungs. This lowers the oxygen level in your blood, which makes your heart work harder. Sleep apnea often leads to high blood pressure.
III. Definition of the Community Served by the Hospital

Health First’s Cape Canaveral Hospital (CCH) is located in central Brevard County, Florida. Located halfway between Jacksonville and Miami, Brevard County, also known as the Space Coast, stretches more than 70 miles along the Atlantic coast. Best known as the location of the Kennedy Space Center, the Space Coast is also home to Port Canaveral, one of the world’s busiest passenger cruise ports.

The county is unofficially divided into three sections: North County (comprised of Titusville, Mims and Port St. John); Central Brevard (which includes Viera, Cocoa, Rockledge, Merritt Island and Cocoa Beach); and South County (which includes Melbourne, Palm Bay, Grant-Valkaria and the South Beaches). The South Beaches (South Patrick Shores, Satellite Beach, Indian Harbour Beach, Indialantic and Melbourne Beach) stretch to the border of Brevard and Indian River counties.

The primary service area for Cape Canaveral Hospital includes Cape Canaveral, Cocoa, Cocoa Beach, and Merritt Island. These cities are part of the Palm Bay–Melbourne–Titusville Metropolitan Statistical Area.

The map depicts the primary and secondary service areas for Cape Canaveral Hospital by ZIP code.
IV. Demographics of Brevard County

Data from the U.S. Census Bureau in 2018 estimated that there are 596,849 people living in Brevard, a 3.28% increase from 577,899 in July 2016. Of these, 51.1% are female and 48.9% are male.

(U.S. Census Bureau, American Fact Finder, annual estimates of the resident population by sex, race and Hispanic origin for the United States, states and counties; April 1, 2010 to July 1, 2018, 2018 population estimates, Brevard County, Florida)

The median age for Brevard residents is 47.5 years, compared to 42.2 years in the state of Florida. 23.7% of Brevard residents are 65 years and older. Adults 18-64 years old account for 58.1% of the population. 18.2% are under 18 years.

(U.S. Census Bureau, American Fact Finder, annual estimates of the resident population for selected age groups by sex for the United States, counties and Puerto Rico commonwealth and municipios; April 1, 2010 to July 1, 2018, 2018 population estimates, Brevard County, Florida)

Hispanic/Latinos residents (of any race) represent 10.7% of the total population of Brevard, compared to 26.1% in the state of Florida.

(U.S. Census Bureau, American Fact Finder, annual estimates of the resident population by sex, race and Hispanic origin for the United States, states and counties; April 1, 2010 to July 1, 2018, 2018 population estimates, Brevard County, Florida)

The White population accounts for 83.2% of the total Brevard County population. 10.7% of residents are Black/African American, and Asian alone is 2.7%. Two or more races are 2.8%. American Indian and Alaska Native alone account for 0.5%, native Hawaiian and Pacific Islander alone are 0.1%. Hispanic/Latinos (of any race) comprise 10.7%.

(U.S. Census Bureau, American Fact Finder, annual estimates of the resident population by sex, race and Hispanic origin for the United States, states and counties; April 1, 2010 to July 1, 2018, 2018 population estimates, Brevard County, Florida)
V. Existing Healthcare Facilities and Resources in the Community

There are seven acute care hospitals serving patients in Brevard County:
- Health First’s Holmes Regional Medical Center in South County
- Health First’s Cape Canaveral Hospital in Central County
- Health First’s Palm Bay Hospital in South County
- Health First’s Viera Hospital in Central County
- Parrish Medical Center in North County
- Rockledge Regional Medical Center in Central County
- Melbourne Regional Medical Center in South County

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<th>Hospitals</th>
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| Health First’s Holmes Regional Medical Center | Conveniently located near downtown Melbourne, Holmes Regional Medical Center features 514 beds and more than 500 highly skilled Medical Staff members. As the region's premier tertiary referral hospital, Holmes offers patients life-saving technology at every turn.  
The Heart Center at Holmes performs more cardiac procedures than all other hospitals in Brevard and provides patients with all-private rooms. As the only state-accredited Level II trauma center in Brevard and Indian River counties, Holmes Trauma Center offers 24/7 trauma care and rapid patient transport via First Flight aeromedical helicopter. Additionally, The Birth Suites Mother/Baby Unit offers Brevard's first Level II Neonatal ICU for our tiniest patients.  
Holmes is also proud to be the first hospital in Brevard to offer state-of-the-art robotics-assisted surgery for urology, prostate and gynecological conditions, advanced anterior hip replacement and reverse shoulder surgeries. As a Primary Stroke Center, our goal is to transport, assess, diagnose and treat each stroke patient within three hours of the onset of their symptoms. We also offer advanced, life-changing Interventional Neuro-Radiology procedures for advanced stroke treatment found nowhere else in Brevard. Our successes have been recognized by the American Stroke Association, who awarded us its Get with the Guidelines Gold Award.  
https://hf.org/hospitals_services/hrmc/index.cfm |
| Health First’s Cape Canaveral Hospital | Located just off SR 520 on the Banana River in Cocoa Beach, Cape Canaveral Hospital features 150 beds and 240 highly skilled Medical Staff members.  
Our hospital offers beautiful water views from its Birthing Care Center. The Women’s Diagnostic Center features state-of-the-art, personalized services including Digital Mammography, Ultrasound, Stereotactic Breast Biopsy and MRI breast imaging, and is accredited by the American College of Radiology and the U.S. Food and Drug Administration.  
Additionally, Cape Canaveral Hospital boasts a 21-bed Level II Emergency Department and an adjoining six-story Medical Plaza that includes physician's offices, a conference center, pre-operative testing, outpatient registration for laboratory testing and same-day surgery, as well as a Health Resource Center for the community.  
https://hf.org/hospitals_services/cch/index.cfm |
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<th>Hospital</th>
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<td>Health First’s Palm Bay Hospital</td>
<td>Located on Malabar Road in the fastest-growing area in Brevard, Palm Bay Hospital (PBH) features 120 beds and 381 highly skilled physicians. Focused on cutting-edge technology, Palm Bay Hospital offers patients extensive Digital Diagnostic Radiology, including Digital Mammography, X-ray, MRI, CT, Ultrasound, Nuclear Medicine and Tele-Radiology. The first Brevard hospital to offer Thoracic Endograph surgery, Palm Bay Hospital also offers a full spectrum of healthcare services, including cardiopulmonary, surgery, rehabilitation, intensive care, emergency and endoscopy services. Additionally, we serve our community with a 27-bed Emergency Department treating 49,000+ emergency cases a year. Brevard's first hospice patient facility, the William Childs Hospice House, is located in a secluded wooded area on our campus. <a href="https://hf.org/hospitals_services/pbch/index.cfm">https://hf.org/hospitals_services/pbch/index.cfm</a></td>
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<td>Health First’s Viera Hospital</td>
<td>Located west of Interstate 95 on the southwest corner of Wickham Road and Lake Andrew Drive, Viera Hospital is the cornerstone of the 50-acre Viera Health Park campus. Viera Hospital offers quality medical care inside its beautiful five-story, 84-bed, acute-care facility. Viera Hospital, opened in April 2011, is the newest of the four Health First hospitals and is a beacon of healthcare for a rapidly growing community. Features include a 24-hour Emergency Department, 84 all-private in-patient beds, 12 all-private observation beds, full medical and surgical capabilities, inpatient diagnostic and laboratory services, VitalWatch© (remote electronic ICU) two-way audio/video in all ICU rooms, eCareMobile critical care service units for every patient room and hurricane-hardened construction. State-of-the-art technologies are featured throughout Viera Hospital. In addition to the hospital, Viera Health Park also offers the Medical Plaza and Pro-Health &amp; Fitness Center Viera. <a href="https://hf.org/hospitals_services/viera/index.cfm">https://hf.org/hospitals_services/viera/index.cfm</a></td>
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<tr>
<td>Parrish Medical Center</td>
<td>North Brevard County Hospital District, dba Parrish Medical Center (PMC), was founded nearly 60 years ago by the State of Florida. In 1958, PMC opened as a single-story, 28-bed hospital set within an orange grove on the banks of the Indian River. In 1963, PMC expanded health services and grew to 210-beds and a full complement of ancillary health services. In 2002, PMC transformed healthcare delivery within the community and worldwide with the opening of its 371,000-square-foot, five-story replacement hospital. The replacement hospital was among the first of its kind to be wholly designed and constructed using evidence-based healing design, earning PMC national recognition as One of America’s finest healing environments®. PMC has since served as a leader in providing therapeutic healing environments as part of our person and family-centered model of care, including adopting the healing design concept within each of its outpatient Parrish Healthcare Centers. This design concept is now recommended by CMS as the preferred design approach for all hospitals. Parrish Medical Center serves as an independent, not-for-profit, public community hospital—and doing so at levels that place it among the nation’s very best by any measure. And, despite the medical center’s special taxing district status, Parrish is doing so with zero tax dollars assessed for more than 22 years. <a href="https://www.parrishhealthcare.com/parrish-medical-center/about-us/">https://www.parrishhealthcare.com/parrish-medical-center/about-us/</a></td>
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Rockledge Regional Medical Center
(Member of Steward Medical Group)

Rockledge Regional Medical Center is a full-service, 298-bed acute care hospital that offers a complete complement of health services and programs. It is very proud of the fact that its flagship medical center has received numerous awards for its commitment to providing quality patient care and continues to be recognized locally and nationally for clinical excellence.

https://www.rockledgeregional.org/about-us

Melbourne Regional Medical Center
(Member of Steward Medical Group)

Opened in 2002, Melbourne Regional Medical Center is unique, inside and out. All 119 private rooms are designed for patient comfort and satisfaction. The interior of Melbourne Regional Medical Center is unlike any other area hospital with its soothing and cheerful colors and comfortable furnishings throughout. Fully accredited by the Joint Commission, its medical center has been the recipient of many awards for patient care and business excellence.

https://www.melbourneregional.org/about-us

In addition to the seven acute-care hospitals located in Brevard County, there are several primary care and specialty care resources available to members of the community.

<table>
<thead>
<tr>
<th>Primary Care Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brevard Health Alliance</strong></td>
</tr>
<tr>
<td>The Brevard Health Alliance, Inc. is Brevard County's only Federally Qualified Health Center. BHA provides extensive primary healthcare services to Brevard County residents, regardless of their ability to pay. By offering services on a sliding-fee scale, BHA has provided primary care service, behavioral health services, limited dental services, diagnostic services, resource management services, medication assistance and specialty referrals to Brevard County's economically disadvantaged residents since March 2005.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Melbourne/Silver Palm Clinic</th>
<th>Palm Bay Clinic</th>
<th>Barton Commons/Rockledge Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family medicine</td>
<td>Family medicine</td>
<td>Family medicine</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Pediatrics</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Behavioral health</td>
<td>Behavioral health</td>
<td>Dental</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sarno/Melbourne Clinic</th>
<th>Malabar Clinic</th>
<th>Port St. John Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family medicine</td>
<td>Family medicine</td>
<td>Family medicine</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Pediatrics</td>
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</tr>
<tr>
<td>Behavioral health</td>
<td>Behavioral health</td>
<td>Dental</td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric urgent care</td>
<td></td>
<td></td>
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<tr>
<td>Women’s health</td>
<td></td>
<td></td>
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<tr>
<td>Pharmacy</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Titusville Clinic</th>
<th>Mobile Clinic</th>
<th>Evans Center/Palm Bay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family medicine</td>
<td>Family medicine</td>
<td>Family medicine</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Pediatrics</td>
<td></td>
</tr>
<tr>
<td>Behavioral health</td>
<td>Dental</td>
<td></td>
</tr>
</tbody>
</table>

https://www.bhachc.org/about/
## Primary Care

<table>
<thead>
<tr>
<th>Florida Department of Health in Brevard County</th>
<th>The Florida Department Health in Brevard County (DOH-Brevard) provides clinical and nutrition programs to help meet the needs of the community.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Viera Clinic</strong></th>
<th><strong>Melbourne Clinic</strong></th>
<th><strong>Titusville Clinic</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical and nutrition services:</strong></td>
<td><strong>Clinical and nutrition services:</strong></td>
<td><strong>Clinical and nutrition services:</strong></td>
</tr>
<tr>
<td>Maternity</td>
<td>Maternity</td>
<td>Maternity</td>
</tr>
<tr>
<td>WIC</td>
<td>WIC</td>
<td>WIC</td>
</tr>
<tr>
<td>Family planning</td>
<td>Family Planning</td>
<td>Family Planning</td>
</tr>
<tr>
<td>Immunizations</td>
<td>Immunizations</td>
<td>Immunizations</td>
</tr>
<tr>
<td>Dental</td>
<td>Dental</td>
<td>School Health</td>
</tr>
<tr>
<td>PATH (Primary Access to Health)/Space Coast Volunteers in Medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infectious disease services:</td>
<td>Infectious disease services:</td>
<td>Infectious disease Services:</td>
</tr>
<tr>
<td>STDs</td>
<td>STDs</td>
<td>STDs</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epidemiology</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

http://brevard.floridahealth.gov/locations/index.html

## Space Coast Volunteers in Medicine

Space Coast Volunteers in Medicine (SCVM) is a fully approved 501(c)3 comprised of dedicated healthcare providers and community professionals who have joined together to open a free medical, chiropractic and dental clinic to serve the uninsured of Brevard County and the Space Coast.

SCVIM is an appointment-based, non-emergency clinic that provides free medical and dental care for our Brevard County neighbors falling at or below the 200% of the Federal Poverty Level. Many of its patients have found themselves wedged between the cracks of qualifying for Medicaid and affording health insurance.

Its main emphasis of care are diabetes, heart disease, high blood cholesterol, weight control/nutrition and gynecology. By providing this essential safety net of service, it is able to meet our community's most basic needs. It strives to enable individuals and families to achieve well-being and continue to contribute as productive members of society. It can begin to affect positive and enduring change together.

http://scvim.org/about-us/

## Viera VA Outpatient Clinic

The Viera VA Outpatient Clinic is located approximately 10 miles from Patrick Air Force Base in Central Florida, in Brevard County, where service is provided to Veterans in Brevard, Volusia and Indian River counties. Comprehensive healthcare is provided through primary care, and specialty care in the areas of medicine, outpatient surgery, psychiatry, physical therapy, pulmonary, neurology, orthopedics, dentistry, optometry and audiology. A full range of diagnostic services is available to include radiology, nuclear medicine, and laboratory services.

https://www.orlando.va.gov/locations/Viera.asp

## Specialty Care

<table>
<thead>
<tr>
<th>Devereux Florida Viera Campus</th>
<th>The Devereux Florida Viera Campus offers a professional therapeutic environment for children and adolescents facing significant emotional, behavioral and developmental challenges. The Viera Campus includes a total of six residential units, the Devereux School and a state-of-the-art Activity and Wellness Center.</th>
</tr>
</thead>
</table>

http://www.devereux.org/site/PageServer?pagename=fl_viera_campus
### Specialty Care

<table>
<thead>
<tr>
<th>Specialty Care</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circles of Care</td>
<td>The mission of Circles of Care is to promote and provide high-quality mental health, alcohol, drug abuse and related services to its customers through its hospital-based and state and county contracted programs.</td>
</tr>
<tr>
<td><strong>North Area Outpatient Clinic</strong></td>
<td>This clinic provides outpatient counseling, psychiatric evaluation and medication management to adults and children who live in the northern portions of Brevard County. In addition to these services, the Case Management Program, Employee Assistance and Access Center operate in Titusville.</td>
</tr>
<tr>
<td><strong>Central Area Outpatient Clinic</strong></td>
<td>This clinic provides outpatient counseling to adults and children. This location also provides psychiatric evaluation and medication management for adults, children and adolescents. One of its pharmacies is located at this facility.</td>
</tr>
<tr>
<td><strong>South Area Outpatient Clinic</strong></td>
<td>Individual, group and family counseling as well as psychiatric services are available Monday through Friday and also counseling to adults. This location also provides psychiatric and psychological evaluation, medication management and outpatient counseling for adults and children.</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>The Outreach Services are uniquely designed to meet the behavioral needs of children and their and families primarily through In-Home and On-Site counseling and case management services. Comprehensive wrap-around behavioral services are also provided in residential sites such as those housing children from the Department of Children and Families or the Department of Juvenile Justice and in several homeless shelters in Brevard County.</td>
</tr>
<tr>
<td>Sheridan Oaks</td>
<td>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.</td>
</tr>
<tr>
<td>Twin Rivers Treatment Center</td>
<td>Twin Rivers is a comprehensive detoxification and intensive residential program for the treatment of chemical dependency. Medical services, individual, group and family therapy, and education are all provided to assist adults in developing a substance-free lifestyle.</td>
</tr>
<tr>
<td>Assisted Living Center and Community Support Programs</td>
<td>The long-term behavioral health needs of our more severely and persistently mentally ill in the southern and central part of Brevard County, ALC is a highly supervised residential environment with 24/7 staffing that ensures a safe setting in which individuals receive treatment designed to support the Recovery and Resiliency model of partnership with independent living as the overall goal.</td>
</tr>
<tr>
<td>Cedar Village</td>
<td>Serving the long-term behavioral health needs of our more severely and persistently mentally ill in the central and northern part of Brevard County, Cedar Village is a highly supervised residential environment.</td>
</tr>
<tr>
<td><strong>D’Albora Children’s Crisis Stabilization Unit (CCSU)</strong></td>
<td>The (CCSU) is a state-licensed 16-bed inpatient program to treat psychiatric emergencies that 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.</td>
</tr>
<tr>
<td>Harbor Pines</td>
<td>Harbor Pines is a 50-bed inpatient crisis stabilization unit. This program primarily treats clients in acute crisis who meet the criteria outlined in the Florida Mental Health Act (Baker Act).</td>
</tr>
</tbody>
</table>

https://circlesofcare.org/current1/locations.html
VI. How Health Data was Obtained

The data for this Community Health Needs Assessment used a variety of sources:

2019 Community Health Needs Assessment prepared for Space Coast Health Foundation by Professional Research Consultants, Inc. (PRC)

- Data was drawn from the 2019 Community Health Needs Assessment prepared for the Space Coast Health Foundation by Professional Research Consultants, Inc. (PRC). The Assessment was based on a mixed-mode methodology, including a customized local health survey conducted via landline and/or cell phone calls by PRC representatives, and online questionnaires. The sample design used for this research consisted of a stratified random sample of 590 individuals age 18 and older in Brevard County, including 102 in North Brevard, 201 in Central Brevard and 287 in South Brevard. Proxy by the person most responsible for that child’s healthcare needs gave data on children. These children were not represented demographically. The results were weighted in proportion to the actual population distribution to appropriately represent Brevard County as a whole. For statistical purposes, the maximum rate of error associated with a sample size of 590 is +/− 4.0% at the 95% level of confidence.
- The unique telephone surveys were conducted from January through March 2019 in Brevard County.
- The survey instrument used for this study was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Space Coast Health Foundation and PRC and is similar to the previous surveys used in the region allowing for data trending. The questions were designed to garner the most important healthcare priorities for the County from their viewpoint.

Health First Online Community Health Survey

In addition, Health First emailed an online Community Health Survey to 134,167 Brevard County residents in March 2019, yielding 1,004 completed responses. The survey results revealed the following:
- The most prevalent chronic conditions are high blood pressure, high cholesterol and diabetes
- The top three unhealthy behaviors of greatest concern are drug abuse, alcohol abuse and overweight/obesity
- The major barriers to accessing healthcare services include long waits for appointments, lack of evening and weekend hours, stress and inability to pay for hospital/doctor visits
VII. Health Needs of the Community

According to the PRC 2019 Community Health Needs Assessment Report, the following “Areas of Opportunity,” listed in alphabetical order, represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these findings, PRC identified various areas for health improvement within the community.

The Areas of Opportunity were determined after considering various other criteria, such as comparisons with benchmark data, identified trends, significant findings on specific topic, how many persons were affected by certain topic areas and the potential health impact of a given issue.

| Access to Healthcare Services | • Barriers to Access  
|                              | • Inconvenient Office Hours  
|                              | • Cost of Prescriptions  
|                              | • Cost of Physician Visits  
|                              | • Appointment Availability  
|                              | • Finding a Physician  
|                              | • Lack of Transportation  
|                              | • Skipping/Stretching Prescriptions  
|                              | • Difficulty Accessing Children’s Healthcare  
|                              | • Advance Directives  
|                              | • Low Health Literacy  
| Cancer                      | • Skin Cancer Prevalence  
|                              | • Cancer (Non-Skin) Prevalence  
|                              | • Female Breast Cancer Screening (Age 50 – 74)  
|                              | • Cervical Cancer Screening (Age 21 – 65)  
| Diabetes                    | • Diabetes Prevalence  
| Heart Disease & Stroke      | • High Blood Pressure Prevalence  
|                              | • High Blood Pressure Management  
|                              | • High Blood Cholesterol Management  
| Mental Health               | • Diagnosed Depression  
|                              | • Symptoms of Chronic Depression  
|                              | • Receiving Treatment for Mental Health  
|                              | • Difficulty Obtaining Mental Health Services  
| Nutrition, Physical Activity & Weight | • Food Insecurity  
|                              | • Overweight & Obesity (Adults)  
|                              | • Children’s Physical Activity  
| Oral Health                 | • Children’s Dental Care  
| Potentially Disabling Conditions | • Activity Limitations  
|                              | • Multiple Chronic Condition  
|                              | • Caregiving  
| Respiratory Diseases        | • Flu Vaccination (Age 65+)  
|                              | • Pneumonia Vaccination (Age 65+)  
| Substance Abuse             | • Excessive Drinking  
|                              | • Illicit Drug Use  
|                              | • Personally Impacted by Substance Abuse (Self or Others’)  
| Tobacco Use                 | • Environmental Tobacco Smoke Exposure at Home Including Among Households with Children  
|                              | • Use of Vaping Products  

VIII. General Health Status Findings Based on Survey

Just more than half of Brevard County adults (54.8%) rated overall healthcare services as “excellent” or “very good.” Another 27.2% gave “good ratings of overall health services. However, 17.9% of adults believe that healthcare services are “fair” or “poor.”
Brevard County residents experiencing “fair” or “poor” overall health is lower in Central Brevard and higher in North Brevard. Low-income residents were more likely to report experiencing “fair” or “poor” overall health, representing 23% of those surveyed.

Experience “Fair” or “Poor” Overall Health

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

Notes:  
- Asked of all respondents.
Activity limitations

A disabling impairment or chronic condition can happen to an individual at any age. People with disabilities, compared with people who have none, are more likely to:
- Experience difficulties or delays in getting the healthcare they need
- Not had an annual dental visit
- Not had a mammogram in past two years
- Not had a Pap test within the past three years
- Not engage in fitness activities
- Use tobacco
- Be overweight or obese
- Have high blood pressure
- Experience symptoms of psychological distress
- Receive less social-emotional support
- Have lower employment rates
A total of 31.8% of Brevard County adults are limited in some way in some activities due to a physical, mental or emotional problem. This finding, based on previous survey trending, marks a statistically significant increase in activity limitation since 2004. Adults age 40 to 64 and lower income individuals were more likely to report some type of activity limitation.

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

Most common conditions:
- Back/neck problems
- Arthritis
- Difficulty walking
- Mental health
- Bone/joint injury
- Lung/breathing issue

Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [items 109-110]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(Brevard County, 2019)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>30.2%</td>
</tr>
<tr>
<td>Women</td>
<td>33.4%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>23.5%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>37.1%</td>
</tr>
<tr>
<td>65+</td>
<td>32.8%</td>
</tr>
<tr>
<td>Low Income</td>
<td>42.2%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>25.7%</td>
</tr>
<tr>
<td>White (Non-Hisp)</td>
<td>33.4%</td>
</tr>
<tr>
<td>Other</td>
<td>26.5%</td>
</tr>
<tr>
<td>Brevard County</td>
<td>31.8%</td>
</tr>
</tbody>
</table>

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

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

Lack of Healthcare insurance coverage

The PRC study asked respondents several questions to determine their healthcare insurance coverage from either private or government-sponsored sources. A total of 51.6% of Brevard County adults age 18 to 64 reported having healthcare coverage through private insurance. Another 32.7% reported having coverage through a government-sponsored program, such as Medicaid, Medicare or military benefits. Among adults age 18 to 64, 15.8% reported having no insurance coverage – neither private nor government-sponsored for healthcare expenses. That percentage is higher than the PRC 2016 findings of 7.3% and lower than the state prevalence of 20.9%. The data does not comply with the Healthy People 2020 objective that seeks 100% having universal healthcare coverage.

![Healthcare Insurance Coverage](chart.png)

Uninsured level (15.8%):

- Lower than baseline 2004 findings (24.0%), but higher than the low reported in 2016 (7.3%).
- Remains relatively high (27.0%) in Central Brevard.
- Higher (20%+) in younger adults and residents in lower-income households.

Note also that 12.4% of children are reported to be uninsured.
The survey determined that 22.3% of adults ages 18 to 39 lack healthcare insurance coverage. Low-income adults were found to have the highest percent of having no healthcare insurance coverage at 26.1%.
In addition, a total of 12.4% of parents with children reported that their child is without healthcare coverage, which is twice the U.S. prevalence of 5.9%. This number has almost doubled from 6.4% in 2016.
Barriers to Accessing Medical Care

The PRC report provided details regarding specific difficulties Brevard residents experience when trying to access healthcare services. A total of 45.8% of Brevard County adults reported some type of difficulty or delay in obtaining healthcare services during the past year. These barriers have each increased in percentages since the 2016 PRC report. These barriers impact numerous areas of peoples’ lives, including overall physical, social and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death, and life expectancy.

![Barriers to Access Have Prevented Medical Care in the Past Year](image)

With the exception of language/culture, each has increased significantly since 2004.

Note also that 20.3% of Brevard County adults have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs. (US=15.3%)
Experience Difficulties or Delays in Receiving Needed Healthcare in the Past Year

![Bar chart showing experienced difficulties or delays of some kind in receiving needed healthcare in the past year.](image)

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

**Notes:**
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
The largest segments of the surveyed population experiencing difficulties or delays in receiving needed healthcare in the past year are low-income individuals (57.8%) and adults ages 18 to 39 (60.0%) and ages 40 to 64 (47.3%).

Note also that 9.2% of parents had difficulty accessing healthcare for their child, higher than found previously and mostly attributed to transportation or cost/insurance.
X. Primary Data

Heart Disease

Heart disease is the leading cause of death in the U.S., with stroke following as the third-leading cause. Fortunately, they are also among the most preventable. Healthline.com reports in January 2018 that heart attacks and stroke have a few possible symptoms in common, such as occurring suddenly and without warning. But other symptoms differ. A common symptom of a heart attack occurs with chest pain. A stroke is a sudden and powerful headache.

Floridahealth.gov reports that heart disease accounts for 3 out of 10 deaths in Florida and there were 42,835 heart attack hospitalizations, or an average of 117 heart attack hospitalizations each day. (Florida Health/Diseases and Conditions, last modified February 2017) About half of all Americans have at least one of these four risk factors for heart disease: high blood pressure, high cholesterol and smoking. Risk factors that you can’t control include age and family health history.

According to 2017 FLhealthcharts.com, Brevard County reported a rate of 4.9 (rate per 100,000) age-adjusted death rate for hypertensive heart disease. This rate was slightly down from 2016 rate of 5.0%. These diseases are among the most preventable, by addressing controllable risk factors including high blood pressure, high cholesterol, cigarette smoking, diabetes, poor diet and physical inactivity, and obesity.

According to the PRC Survey results, a total of 88.8% of Brevard County adults reported one or more of the cardiovascular risk factors such as being overweight, smoking cigarettes, being physically inactive or having high blood pressure or cholesterol. This is slightly higher than the U.S. findings, and 6.4% higher than the PRC Brevard 2016 findings. The highest age groups are those age 40 to 64 and those 65+ with 90.7% and 93.6% respectively. The prevalence correlates with age and is higher among whites. 8.0% of surveyed adults reported that they have suffered from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack. Of that 8.0%, 18.9% of that statistic was reported among adults 65 years and older.
Present One or More Cardiovascular Risks or Behaviors

North Brevard: 87.8%
Central Brevard: 92.1%
South Brevard: 86.8%
Brevard County: 88.8%
US: 87.2%

Brevard County Trends:
- 2004: 92.1%
- 2009: 85.9%
- 2013: 85.9%
- 2016: 82.4%
- 2019: 88.8%

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

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

A total of 2.5% of surveyed adults reported that they have suffered from or have been diagnosed with cerebrovascular disease (a stroke). This shows a statistically significant decrease since 2004. Of that 2.5%, 4.8% were reported 65 or older.
High Blood Pressure

High blood pressure and cholesterol are still major contributors to the epidemic of cardiovascular disease. Approximately one in three adults in the U.S. have high blood pressure, and more than half of Americans with high blood pressure do not have it under control. A total of 46.2% of Brevard County adults have been told at some point that their blood pressure was high. This trend denotes a statistically significant increase over time.

High Cholesterol

Nationally, 37.0% of adults have high blood pressure and 36.2% have high blood cholesterol. In Brevard County, a total of 39.5% of adults have been told at some point that their cholesterol level was high. This fact is statistically higher among men, older residents and those in upper income households. These statistics for both high blood pressure and cholesterol indicate an increase over 2016 results and fail to satisfy the Healthy People 2020 goal.
Prevalence of High Blood Pressure  
(Brevard County)  
Healthy People 2020 = 26.9% or Lower

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>38.2%</td>
</tr>
<tr>
<td>2009</td>
<td>38.7%</td>
</tr>
<tr>
<td>2013</td>
<td>37.9%</td>
</tr>
<tr>
<td>2016</td>
<td>39.0%</td>
</tr>
<tr>
<td>2019</td>
<td>46.1%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>34.4%</td>
</tr>
<tr>
<td>2009</td>
<td>39.6%</td>
</tr>
<tr>
<td>2013</td>
<td>33.5%</td>
</tr>
<tr>
<td>2016</td>
<td>35.6%</td>
</tr>
<tr>
<td>2019</td>
<td>39.5%</td>
</tr>
</tbody>
</table>

Sources:  
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 129, 130]  

Notes:  
- Asked of all respondents.
Cancer

Based on findings from the CHNA PRC 2019 Report, continued advances in cancer research, detection and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. But despite these positive facts, cancer remains a leading cause of death in the U.S., second only to heart disease.

In a Cancer.org report entitled Cancer Facts & Figures 2019, the American Cancer Society stated that at least 42% of newly diagnosed cancers in the U.S. – about 740,000 cases in 2019 – are potentially avoidable, including the 19% of all cancers that are caused by smoking and the 18% that are caused by factors such as excess body weight, physical inactivity, excess alcohol consumption and poor nutrition.

Florida Health Rankings, in its 2017 single-year age-adjusted cancer death assessment for Brevard County, stated that deaths increased by a count of 1,705 (22.4%) over the 2016 count of 1,675.

According to the American Cancer Society’s annual report Cancer Statistics, 2019, the U.S. cancer death rates have declined by 2.6 million fewer cancer deaths between 1991 and 2016 for certain cancers:

- Lung cancer has dropped by 48% from 1992 to 2016 among men and 23% from 2002 to 2016 among women
- Breast cancer among females dropped by 40% from 1989 to 2016
- Prostate cancer deaths dropped 51% from 1993 to 2016
- Colorectal cancer deaths dropped by 53% from 1970 to 2016

These declines in cancer mortalities over the past two decades are largely due to steady reductions in smoking and advances in early detection and treatment.

The American Cancer Society reports that in contrast to the above declines for the most common cancers, death rates have risen for liver, pancreatic and uterine corpus (endometrial) cancers, as well as for cancers of the brain and other nervous system, soft tissue (including heart), and sites within the oral cavity and pharynx associated with the human papillomavirus (HPV).

- Liver cancers have risen 1.2% per year in men; 2.6% in women
- Pancreatic cancers have risen 0.3% per year for men
- Endometrial cancers have risen 2.1% per year
- Additional increases include cancers of the brain and other nervous system, soft tissue (including heart), and sites within the oral cavity and pharynx associated with human papillomavirus (HPV)

According to Florida Charts, female breast cancer age-adjusted death rate – three-year rolling rates for 2015 to 2017 – was 18.9%. Cervical cancer age-adjusted death rate for 2017 was 3.1%; colorectal cancer was 14%; and prostate cancer was 16.4%. According to CDC State Cancer Profiles 2011 to 2015 data, Brevard data reported age-adjusted incidence rate cases per 100,000 as 15.9% for pancreatic cancer; 11.2% for ovarian cancer; 61.9% for lung and bronchus cancer; 3.2% for liver cancer; and 8.8% for bladder cancer. According to StateCancerProfiles.cancer.gov – updated May 30, 2019 – Florida death rate statewide data reported 3,490 pancreatic deaths; 980 ovarian deaths; 10,880 lung and bronchus deaths; and 2,300 liver cancer deaths.

A total of 17.4% Brevard County adults reported having been diagnosed with skin cancer. This is almost twice the Florida rate of 8.9%.
Prevalence of Skin Cancer

<table>
<thead>
<tr>
<th>Region</th>
<th>2004</th>
<th>2009</th>
<th>2013</th>
<th>2016</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Brevard</td>
<td>16.4%</td>
<td>14.6%</td>
<td>14.7%</td>
<td>12.8%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Central Brevard</td>
<td>15.6%</td>
<td>14.6%</td>
<td>14.7%</td>
<td>12.8%</td>
<td>13.3%</td>
</tr>
<tr>
<td>South Brevard</td>
<td>18.9%</td>
<td>14.6%</td>
<td>14.7%</td>
<td>12.8%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Brevard County</td>
<td>17.4%</td>
<td>14.6%</td>
<td>14.7%</td>
<td>12.8%</td>
<td>13.3%</td>
</tr>
<tr>
<td>FL</td>
<td>8.9%</td>
<td>8.5%</td>
<td>8.5%</td>
<td>8.5%</td>
<td>8.5%</td>
</tr>
<tr>
<td>US</td>
<td>8.5%</td>
<td>8.5%</td>
<td>8.5%</td>
<td>8.5%</td>
<td>8.5%</td>
</tr>
</tbody>
</table>

Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
With the exception of skin cancer, a total of 10.1% of survey respondents have been diagnosed with some type of cancer, other than skin cancer.
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.

The PRC Community Health Survey measured screening levels relative to three cancer sites: female breast cancer (mammography), cervical cancer (Pap smear testing) and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Among women age 50 to 74, 75.3% have had a mammogram within the past two years. This marks a statistically significant decrease over time and is lower than the state findings of 81.8%.

Among women age 21 to 65, 66.4% have had a Pap smear within the past three years. This result denotes a significant decrease over time. It is lower than the Florida findings of 78.7% and fails to satisfy the Healthy People 2020 target. Among all adults age 50 to 75, 73.8% have had appropriate colorectal cancer screenings, which is above the Florida percentage of 67.3%.

Cancer Screenings: Brevard County Trends

![Graph showing cancer screenings trends](image-url)
Respiratory Disease

According to Healthy People 2020, asthma and chronic obstructive pulmonary disease (COPD) are considered impending public health burdens. Daily preventable treatment can prevent symptoms such as wheezing, coughing, chest tightness and shortness of breath, as well as attacks. Such treatments can enable individuals who have asthma to lead active lives.

Asthma affects people of every race, sex and age. Populations with higher rates of asthma include:

- Children
- Women (among adults)
- Boys (among children)
- African Americans
- Puerto Ricans
- People living in the Northeast U.S.
- People living below the poverty level
- Employees with certain exposures in the workplace

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases typically from cigarette smoke exposure. Treatment can lessen symptoms and improve quality of life for those with COPD. Populations with higher rates of asthma include: children, women (among adults), boys (among children), African Americans, Puerto Ricans, people living in the Northeast U.S., people living below the Federal poverty level and employees with certain exposures in the workplace.

According to the PRC data, a total of 9.3% of Brevard County adults currently suffer from asthma. These findings are similar to state and U.S. benchmarks. Among Brevard County children under age 18, 9.4% currently have asthma. Of the 9.4% statistic, the 15.6% percentage of boys with asthma is significantly higher than girls.

A total of 11.5% of Brevard County adults suffer from COPD (including emphysema and bronchitis). While these findings are higher than the Florida statistics, the overall total is 5.1% lower than findings in 2016.
Prevalence of Asthma

- Brevard County: 9.3%
- FL: 7.5%
- US: 11.8%

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

- Brevard County: 11.5%
- FL: 7.8%
- US: 8.6%

Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

Among Brevard County children under the age of 18, 9.4% currently have asthma. Boys make up 15.6% of that finding, significantly higher than the 2.4% finding of girls.
Influenza and Pneumonia

According to the Healthy People 2020 report, acute respiratory infections, including pneumonia and influenza, are the eighth leading cause of death in the U.S., accounting for 56,000 deaths annually. Respiratory infectious diseases continued to be the leading causes of pediatric hospitalizations and outpatient visits in the nation. Influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were people younger than age 18) between April 2009 and March 2010.

Among Brevard County adults age 65 and older, 51.2% received a flu shot within the past year. This finding is well below the state and U.S. percentages, and fails to satisfy the Healthy People 2020 target. This marks a statistically significant decrease over time of individuals receiving a flu shot.

Among Brevard County adults age 65 and older, 72.8% have received a pneumonia vaccination at some point in their lives. This is lower than the U.S. benchmark and fails to satisfy the Healthy People 2020 goal of 90%.

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

<table>
<thead>
<tr>
<th></th>
<th>Brevard County</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 = 70.0% or Higher</td>
<td>51.2%</td>
<td>62.2%</td>
<td>76.8%</td>
</tr>
</tbody>
</table>

**Older Adults: Ever Had a Pneumonia Vaccine (Adults Age 65+)**

<table>
<thead>
<tr>
<th></th>
<th>Brevard County</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 = 90.0% or Higher</td>
<td>72.8%</td>
<td>68.4%</td>
<td>82.7%</td>
</tr>
</tbody>
</table>

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

Notes:
- Reflects respondents 65 and older.
Diabetes

Diabetes is a condition that affects your body's ability to use the energy found in food. Many forms of diabetes exist, including Type 1, Type 2 and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

A number of medical risks are associated with Type 1 diabetes. Many of them stem from damage to the tiny blood vessels in your eyes, nerves and kidneys. Even more serious is the increased risk of heart disease and stroke. Type 2 diabetes is the most common form of this chronic disease and accounts for about 95% of all adult cases. People who are obese are most at risk for developing Type 2 diabetes. While there is no cure, Type 2 diabetes can be controlled with weight management, diet and exercise.

The Healthy People 2020 report defines diabetes (diabetes mellitus) as what occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone the body needs to absorb and use glucose (sugar) as fuel for the body’s cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist, but the three most common types are:

- Type 1 diabetes
- Type 2 diabetes
- Gestational diabetes

People from minority populations are more frequently affected by Type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the U.S. and represent the majority of children and adolescents with Type 2 diabetes. Effective therapy can prevent or delay diabetic complications. Lifestyle change has been proven effective in preventing or delaying the onset of Type 2 diabetes in high-risk individuals.

When asked to provide their greatest need in helping to manage their disease, 31.6% of participants with diabetes mentioned medicine; followed by diet at 18%; and diet, exercise and medication mentioned by 16.9%. A total of 29.4% indicated they needed no help in managing their condition.
The PRC 2019 Community Health Needs Assessment of Brevard County revealed that a total of 13.9% of Brevard County adults have been diagnosed with diabetes, more than the statewide percentage. This marks a statistically significant increase in diabetes since 2004, when it was 9.3%. In addition, another 7.5% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes. There is a strong correlation between diabetes and age, with 22.5% of seniors reporting diabetes. Findings for men with diabetes (17.5%) is higher than that of women (10.3%).
Prevalence of Diabetes
(Brevard County, 2019)

Sources: 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 37, 140]
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestational diabetes (occurring only during pregnancy).
Chronic Kidney Disease

According to the CDC’s report *Chronic Kidney Disease in the United States, 2019*, about 37 million people are estimated to have chronic kidney disease (CKD) in the U.S. That number accounts for more than one in seven people. Nine out of ten adults with CKD do not know they have it. One in two people with very low kidney function who are not on dialysis do not know they have CKD. CKD is more common in people aged 65 years and older, women and non-Hispanic blacks. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Diabetes and high blood pressure are the major causes of CKD in adults. Approximately one in three adults with diabetes may have CKD. Other risk factors include heart disease, obesity, a family history of CKD, past damage to the kidneys and older age. As CKD worsens over time, related health problems become more likely, including:

- Anemia or low red blood cell count
- Low calcium levels and high phosphorus levels in the blood
- High potassium levels in the blood
- Loss of appetite or nausea
- Extra fluid in the body (can cause high blood pressure, swelling in the legs or shortness of breath)
- Infections or a weakened immune system
- Depression

If kidney damage is severe and kidney function is very low, dialysis or a kidney transplant is needed for survival. Kidney failure treated with dialysis or a kidney transplant is called end-state kidney disease (ESKD).

Prevalence of Kidney Disease

A total of 3.3% of Brevard County adults reported having been diagnosed with kidney disease. This finding is highest among adults 65 years and older (8.0%). The trend shows a significant decrease since 2016. Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet and weight reduction can prevent development of Type 2 diabetes in persons at risk.
Prevalence of Kidney Disease
(Brevard County, 2019)

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

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

Multiple chronic conditions are concurrent conditions. Among the Brevard County survey respondents in the 2019 PRC study, respondents reported having:

- At least one chronic health condition = 19.2%
- Two chronic health conditions = 17.6%
- Three or more chronic health conditions = 47.7%

Chronic conditions measured in the survey:
- Arthritis
- Asthma
- Cancer
- Chronic back pain
- Depression
- Diabetes
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Osteoporosis
- Stroke

Number of Current Chronic Conditions (Brevard County, 2019)

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

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.
Those with three or more chronic conditions – 47.7% – rank higher than the national prevalence of 41.4%. Women rank higher than men with three or more chronic conditions. Those age 65 and over reported 66.3%, higher than those 40 to 64 (47.7%) and those 18 to 39 (29.2%).
Multiple Prescriptions for Chronic Conditions

Nearly two-thirds (65.5%) of respondents currently take at least one prescription to treat a chronic condition, including 38.6% of respondents who have three or more prescriptions. The prevalence of taking medication for a chronic condition correlates strongly with age in Brevard County and is statistically higher among whites. Of the 65.5% of respondents taking medication for a chronic condition, 85.7% were 65 years and older. Of those taking medication, men were 3.5% higher than women.
Currently Taking Medication for a Chronic Condition  
(Brevard County, 2019)

Sources:  
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 307)

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

Primary Care Services

An important factor in improving healthcare services depends on ensuring people have a usual and ongoing source of care. According to Healthy People 2020, people who have a regular source of care have better health outcomes, and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs are able to develop meaningful relationships with patients and provide them integrated services. PCPs are able to treat patients within the context of family and the community.

The benefits of having a PCP include:

- Patient trust with the provider
- Greater communication between patient and provider
- Patients more likely to receive appropriate care

When patients have access to an ongoing source of healthcare expertise that is available upon need, it is more likely that doctors will either detect early warning signs that might develop into a disease or identify a disease that is in its early stages.

When asked about primary care services, a total of 72.6% of Brevard County adults were determined to have a specific source of ongoing medical care. This result does not satisfy the Healthy People 2020 objective. Most respondents – 69.2% – visited a physician for a routine checkup in the past year, which is lower than the state benchmark of 74.9% and lower than the 76.1% finding in 2016. This finding was considerably low among younger adults aged 18 to 39, as well as people from low-income households.
Have Visited a Physician for a Checkup in the Past Year
(Brevard County, 2019)

Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
When surveyed about their child having a routine checkup in the past year, 82.9% of parents reported that their child had received an annual checkup. This data is down from 91.8% in 2016 and is lower than the U.S. finding of 87.1%.
Emergency Room Utilization

In a study from researchers at the University of Maryland School of Medicine, it was determined that emergency rooms were providing about 47.7% of medical care in the U.S. Among certain populations, including African-Americans, women, and Medicare and Medicaid recipients, those numbers might be higher. According to Dr. David Marcozzi, an author of the study, the findings mean that “emergency rooms are providing vital care, especially for groups that face other barriers to accessing healthcare.”

Dr. Arefa Cassoobhoy, senior medical director at WebMD, said that findings of this study indicate that “while emergency rooms are providing necessary care, using them as a primary method of healthcare may mean that patients aren’t getting all their needs met.” She pointed out it makes sense that many people would turn to the ER for medical care. “For people facing economic or language barriers, it makes it hard to access regular care, or for those with inadequate health insurance. The ER isn’t the place to meet that full spectrum of medical needs they may have in terms of that long-term relationship with a physician.”

A total of 11% of Brevard County adults have gone to a hospital emergency room more than once in the past year about their own health. This number is higher among women and low-income residents.

This number has been increasing since 5.7% in 2009. Of these adults, 57.9% were there for an emergency situation, while 19.3% were there due to needing care on weekends and after-hours. Access problems comprised 13.7% of the visits to the ER.
Dental Health

According to Healthy People 2020, oral health is essential to overall health. Oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Certain behaviors can lead to poor oral health, including tobacco use, excessive alcohol use and poor dietary choices. Good self-care, such as brushing with fluoride toothpaste, daily flossing and professional treatment, is key to good oral health.

Dental insurance typically covers all or part of dental care costs. More than six in 10 Brevard County adults (61.2%) have dental insurance. That finding is slightly more than the U.S. prevalence of 59.9%.

A total of 62% of Brevard County adults have visited a dentist or dental clinic in the past year for any reason. This finding is similar to the national findings and marks a significant decrease from the 71.8% in the 2016 survey. This finding satisfies the Healthy People 2020 recommendation of 49% or higher. This finding is also lower among adults aged 40 to 64, those in low-income households and those without dental insurance. This marks a 9.8% decrease from 2016. A small percentage – 2.8% – visited the emergency room for dental work.
Parents of children aged 2 to 17 reported taking their child to a dentist or dental clinic within the past year. This finding of 69.9% is lower than the U.S. prevalence of 87% and lower than the findings of 81.9% in 2016.

A person’s ability to access oral healthcare is associated with factors such as education level, income, race and ethnicity. Barriers that can limit a person’s use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost and/or lack of dental insurance
- Fear of dental procedures
Alcohol and Substance Abuse

Substance abuse has a major impact on individuals, families and communities. Substance abuse effects are cumulative, significantly contributing to costly social, physical, mental and public health problems, such as teenage pregnancy, HIV/AIDS, child abuse, motor vehicle crashes, crime, homicide and suicide.

A total of 24.4% of adults are excessive drinkers (heavy and/or binge drinkers). This is 1.9% higher than the national statistic and barely satisfies the Healthy People 2020 target of 25.4% or lower. This data is higher than the 14.3% statistic found in the PRC study of 2016.
A total of 4% of Brevard County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink. This statistic is lower than the national findings but higher than the state findings of 3.4% in 2019.
A total of 5.5% of adults acknowledge using an illicit drug in the past month. This data satisfies the Healthy People 2020 target of 7.1% or lower.

A total of 16.6% of adults have taken an opioid drug (prescribed or not prescribed) in the past year.
A total of 16.6% of Brevard County adults acknowledge using an opioid/opiate in the past years, whether prescribed to them by a physician or not. The data was statistically higher among respondents aged 40 to 64 and whites. Women comprised the largest percentage with 17.5%. Opioids/opiates include painkiller medications, such as morphine, codeine, oxycodone, methadone and fentanyl.
A total of 5.5% of Brevard County adults reported that they have sought professional help for an alcohol or drug problem at some point in their lives. That is 2.1% higher than the national statistic of 3.4%.
Most respondents said that the degree their lives have been impacted by substance abuse (whether their own abuse or that of another) was “not at all” (52.1%). However, the remaining 47.9% reported that they have felt a personal impact to some degree (“a little,” “somewhat” or “a great deal”). This impact of “some degree” is 10.6% higher than the national percentage.
Tobacco Use/Smoking

According to the Healthy People 2020 report, tobacco use is the single most preventable cause of death and disease in the U.S. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964. Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth and infant death

Secondhand smoke causes heart disease and lung cancer in adults, and a number of health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections and sudden infant death syndrome (SIDS).

A total of 16.9% of Brevard County adults currently smoke cigarettes, either regularly every day (13.6%) or occasionally on some days (3.3%). This data is 1% lower than the 17.9% finding in the 2016 report. Smoking is more prevalent among women, adults under 64, lower-income residents and minorities. Among all surveyed households in Brevard County, 15.4% reported that someone has smoked cigarettes in their home an average of four or more times per week over the past month. This data shows an increase back from a steady decline since the 17.5% data in 2004.
Most everyday smokers (68.5%) were advised to quit in the past year by a healthcare professional. Regular smokers trying to quit smoking comprised 44.4% who went without smoking for one day or longer in the past year. This does not satisfy the Healthy People 2020 target which is 80% or higher. This finding marks a statistically higher percentage from the 2016 data of 34.2%.

This finding is less favorable than national findings and does not satisfy the Healthy People 2020 target of 12% or lower. The highest percentage of current smokers live in North Brevard, are in low-income households and between the ages of 18 to 64. This finding is less favorable than national and statewide findings. The current smoking percentage is statistically unchanged over time. More than half of the respondents (53.8%) reported never smoking.

Regular smokers (44.4%) went without smoking for one day or longer in the past year because they were trying to quit smoking. This accounts for 10.2% more smokers trying to quit by stopping for a day than in the 2016 report. Most current smokers (68.5%) were advised to quit in the past year by a healthcare professional. People who quit smoking greatly reduce their risk of disease and premature death.

Risk factors for tobacco use include:

- Race/ethnicity
- Age
- Education
- Socioeconomic status

**Environmental Tobacco Smoke**

Among all surveyed households in Brevard County, 15.4% reported that someone has smoked cigarettes in their home an average of four or more times per week over the past month. This data is above the U.S. prevalence of 10.7%. Of these households, 16.5% included children and 9.2% included nonsmokers. This data is similar to the 2004 prevalence but marks a significant increase after a steadily declining trend.
Vaping Products

As for newer tobacco products such as electronic cigarettes (e-cigarettes) or other electronic vaping products, 76.9% of Brevard County adults who were surveyed have never tried these methods. Those who use e-cigarettes every day comprise 4.3%. Those who use them on some days equal 6%. Those who use vaping products either regularly (every day) or occasionally (on some days) comprise 10.3%. This trend shows a significant increase in vaping usage since 2016. Those who tried e-cigarettes but do not currently use them comprise 12.8%.

This 10.3% finding is more than twice the state and national figures. It marks a statistically significant increase since 2016.
Nutrition, Weight and Physical Activity

According to the PRC 2019 Community Health Needs Assessment, a total of 29.2% of Brevard County adults report eating five or more servings of fruits and/or vegetables per day. These findings have remained statistically unchanged over time. Area men are less likely to get the recommended servings of daily fruits/vegetables. Older adults, aged 40 to 64, and lower-income individuals consume the least amount of fruits/vegetables per day, with percentages of 24.8% and 22.7%, respectively.

As reported in Healthy People 2020, diet and body weight are related to health status. A healthy diet helps individuals reduce the risks for many health conditions, including:

- Overweight and obesity
- Malnutrition
- Iron-deficiency anemia
- Heart disease
- High blood pressure
- Dyslipidemia (poor-lipid profiles)
- Type 2 diabetes
- Osteoporosis
- Oral disease
- Constipation
- Diverticular disease
- Some cancers

Social factors thought to influence diet include:

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

A total of 29.2% of Brevard County adults reported eating five or more servings of fruits and/or vegetables per day. Respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview. The prevalence doesn’t vary significantly between county subareas. This finding is slightly lower than the U.S. finding of 33.5%.

The lowest group in this fruit/vegetable data is low-income individuals at 22.7%. Area men are less likely to get the recommended servings of daily fruits/vegetables.
Consume Five or More Servings of Fruits/Vegetables Per Day
(Brevard County, 2019)

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

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

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.
According to the CDC Division of Nutrition, Physical Activity and Obesity’s *Overweight & Obesity Report* (no date), overweight or obese is defined as weight that is higher than what is considered as a healthy weight for a given height. Obesity is a complex health issue. It results from a combination of causes and contributing factors, including individual factors such as behavior and genetics. Behaviors can include:

- Dietary patterns
- Physical activity
- Inactivity
- Medication use
- Other exposures

Additional contributing factors include:

- Food and physical activity environment
- Education and skills
- Food marketing and promotion

“Obesity at its simplest level,” said William Dietz, MD and PhD, CDC Division of Nutrition, Physical Activity and Obesity, in the CDC video entitled *The Obesity Epidemic* (no date), “is when a body consumes more calories than it burns. But it’s a much more complex problem than that. Obese individuals didn’t decide to gain weight. There are complicated changes in our environment that have contributed. Food is more readily available and opportunities for physical activity are lacking.”

According to Terry O’Toole, PhD for the CDC Division of Nutrition, Physical Activity and Obesity, “Societal, economic and cultural conditions are all contributing factors in the rise in obesity.” Latecia Moore, PhD for the CDC Division of Nutrition, Physical Activity and Obesity, said the way we eat has changed over the last 50 years. “We have more processed foods. People are eating out more. Foods in restaurants, snack shops and vending machines are higher in sugars, calories and fat. We are constantly surrounded by food. We are eating larger portion sizes with more calories.” Terry O’Toole said that technology has influenced the way our communities have been built, leaving us more sedentary. “Families drive further to work and school. It is hard to find nearby parks and recreation centers. People and children are spending a lot of time in front of screens. Children have little or no daily physical activity in the schools.”
Prevalence of Overweight and Obese Status

According to the 2019 PRC report, more than two in three Brevard County adults (68.8%) are overweight or obese. This finding is 4.8% above the statewide prevalence. This finding marks a statistically significant increase since 2004 and a 6.7% increase over 2016 findings. The overweight prevalence (68.8%) includes 33.3% of Brevard County adults who are obese.
Adults who were overweight, based on their reported heights and weights, were more likely to have other health issues than adults who are at a healthy weight. However, obese adults have a much higher incidence than those who are not obese.
Children’s Weight Status

According to the CDC (no other resource identification on page 89 of PRC), body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight or obese – in children and teens. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the U.S. The percentile indicates the relative position of the child’s BMI number among children of the same sex and age.

Based on the heights/weights reported by surveyed parents, 42.6% of Brevard County children aged 5 to 17 are overweight or obese (> 85th percentile). This overweight prevalence includes 26.6% of Brevard County children aged 5 to 17 who are obese (>95th percentile). This percentage does not satisfy the Healthy People 2020 goal. This finding is 9.6% higher than the 33% prevalence in the U.S. This finding is 13.2% higher than the data from 2013.

BMI-for-age weight status categories and the corresponding percentiles are as follows:

- Underweight < 5th percentile
- Healthy weight > 5th and < 85th percentile
- Overweight >85th and <95th percentile
- Obese >95th percentile

A total of 22.3% of respondents with children aged 5 to 17 were given professional advice about their child’s weight in the past year. Of these children, 55.9% were reported by parents to have followed specific strategies regarding the child’s weight.
The Physical Activity Guidelines for Americans recommends adults engage in at least 150 minutes of moderate-intensity activity or 75 minutes of vigorous-intensity activity, or a combination of both, along with two days of strength training per week. Physical activity is very important to the health and quality of life of men, women and children of all ages. Among adults and older adults, physical activity can lower the risk of early death, coronary heart disease, stroke, high blood pressure, Type 2 diabetes, breast and colon cancer, falls and depression. Among children and adolescents, physical activity can improve bone health, improve cardiorespiratory and muscular fitness, decrease levels of body fat and reduce symptoms of depression.

Factors positively associated with adult physical activity:
- Higher income
- Enjoyment of exercise
- Expectation of benefits
- Belief in ability to exercise
- Safe neighborhoods
- History of activity in adulthood
- Social support from peers, family or spouse
- Access to and satisfaction with facilities
- Enjoyable scenery

Factors negatively associated with adult physical activity include:
- Advancing age
- Low income
- Lack of time
- Low motivation
- Rural residency
- Perception of great effort needed for exercise
- Overweight or obese
- Perception of poor health
- Being disabled

Older adults have the following additional negative factors:
- Lack of social support
- Lack of transportation to facilities
- Fear of injury
- Cost of programs
- Safe neighborhoods

Environmental influences positively associated with physical activity among children and adolescents include:
- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

Factors positively associated with children aged 4 to 12 (boys):
- Belief in ability to be active
- Parental support

Factors positively associated with adolescents, aged 13 to 18 (boys):
- Personal goals
- Physical education/school sports
- Belief in ability to be active
- Support of friends and family

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

A disabling impairment or chronic condition can happen to an individual at any age. People with disabilities, compared with people who have none, are more likely to:

- Experience difficulties or delays in getting the healthcare they need
- Not have had an annual dental visit
- Not have had a mammogram in the past two years
- Nor have had a Pap test in the past three years
- Not engage in fitness activities
- Use tobacco
- Be overweight or obese
- Have high blood pressure
- Experience symptoms of psychological distress
- Receive less social-emotional support
- Have lower employment rates

A total of 31.8% of Brevard County adults are limited in some way in some activities due to a physical, mental or emotional problem. This finding, based on previous survey trending, marks a statistically significant increase in activity limitation since 2004. Adults aged 40 to 64 and lower-income individuals were more likely to report some type of activity limitation.
Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(Brevard County, 2019)

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

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
A total of 27.2% of Brevard County adults report no leisure-time physical activity in the past month. This finding is more favorable than the statewide findings and less favorable with national findings. This finding is higher than surveys in 2004, 2009, 2013 and 2016. According to PRC data, the prevalence of no leisure-time physical activity in the past month is statistically low among residents in low-income households.
Meets Physical Activity Recommendations
Healthy People 2020 = 20.1% or Higher

Brevard County

2016: 24.2%
2019: 19.6%

North Brevard: 12.9%
Central Brevard: 16.1%
South Brevard: 23.9%
Brevard County: 19.6%
FL: 21.5%
US: 22.8%

Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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.
Meeting physical activity recommendations includes adequate levels of both aerobic and strengthening activities. Aerobic activity (i.e. jogging) is one of the following:

- At least 150 minutes per week of light to moderate activity
- 75 minutes per week of vigorous activity
- An equivalent combination of both light to moderate activity and vigorous activity

Muscle strengthening activity (i.e. weights, sit-ups, push-ups, resistance bands) is at least two sessions per week of exercise designed to strengthen muscles. A total of 19.6% of Brevard County adults regularly participated in adequate levels of both aerobic and strengthening activities meeting physical activity recommendations. A total of 53.1% of Brevard County adults reported that their physician has asked about or given advice to them about physical activity. From a trend perspective, this finding marks a significant increase over time, with 46.5% adults asked about or given advice from their physician during the PRC 2016 survey.
Children and Physical Activity

Children and adolescents should engage in 60 minutes (one hour) or more of physical activity each day, according to the CDC 2013 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. Among Brevard County children aged 2 to 17, 29.4% reported having 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day). That finding is well below the national findings of 50.5%. This finding is 17.3% lower than the 46.7% reported in the 2016 PRC report.
XIII. Identifying and Prioritizing Community Health Needs

The results of the PRC 2019 Community Health Needs Assessment survey were analyzed and eleven “Areas of Opportunity” were identified. A presentation of the data was made to the Space Coast Health Foundation Advisory Council, Task Force members, as well as community stakeholders during the three meetings held in April and May 2019. Upon review of the findings in each category, these health issues were prioritized. The results were determined by averaging multiple criteria ratings (scope/severity and ability to impact) as listed below. A scale of 1 (low priority) to 10 (high priority) was used as the ranking criteria.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Health Issue</th>
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<tr>
<td>7.96</td>
<td>Nutrition, Physical Activity and Weight</td>
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<td>Heart Disease and Stroke</td>
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<td>Respiratory Diseases</td>
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<tr>
<td>5.45</td>
<td>Potentially Disabling Conditions</td>
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XII. Health Issues of Uninsured, Low-income and Minority Populations

Minority Populations

According to the U.S. Census Bureau, American Fact Finder, 2018 population estimates, black/African-Americans account for 10.7%, two or more races for 2.8%, Asians for 2.7%, American Indian and Alaska Native alone for 0.5% and Native Hawaiian and other Pacific Islander alone for 0.1% of the total population in Brevard. In 2018, Hispanics (of any race) made up 10.7% of the ethnic diversity in the county.

Uninsured and Low-Income Populations

According to County Health Rankings and Roadmaps, just over 12.4% of Brevard residents are living below poverty. Members of the uninsured, low-income and minority populations in Cape Canaveral Hospital’s service area were interviewed in the 2019 PRC Community Health Needs Assessment survey. The poverty descriptions and segmentation used in this report were based on administrative poverty thresholds determined by the U.S. Department of Health and Human Services. These guidelines defined poverty status by household income level and number of persons in the household. The 2019 guidelines placed the poverty threshold for a family of four at a $25,750 annual household income or lower. In the report, “low income” referred to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (>200% of) the federal poverty level.

Feedback regarding health disparities was obtained from the uninsured, low-income and minority populations in Health First’s Cape Canaveral Hospital’s service area from various sources.

According to the U.S. Census Bureau, 2011-2015 American Community Survey, 33% of Brevard residents are living below 200% of the Federal Poverty Level (FPL), based on guidelines established by the U.S. Department of Health and Human Services. In the 2019 PRC Community Health Needs Assessment survey, 32% of the respondents had a household income of less than 200% of the FPL.

To supplement this data, Health First conducted an email survey on health issues in March-April 2019. Of the 1,004 responses received, 18% were low-income, 5% were minority and 8% were Hispanic. The survey findings indicated that drug and alcohol abuse were ranked as the two top unhealthy behaviors, followed by overweight/obesity. Barriers to healthcare access were identified as long waits for appointments and lack of evening and weekend services. The three most prevalent chronic conditions were high blood pressure, high cholesterol and diabetes.

In addition, a survey was conducted in February 2019 of 20 organizations that Health First currently partners with in the community. The majority of these organizations serve over 200 persons annually and focus on the underserved, low-income population. These respondents named the healthcare issue needing the most attention in Brevard County as overweight/obesity, followed by access to healthcare services. Lack of recreational activities and a safe environment were also concerns in the community.
Also taken into account was the Florida Department of Health’s Brevard County Community Health Improvement Plan (CHIP) for 2017-2021. The CHIP Steering Committee reached consensus on four priorities. Two of these Strategic Health Issues mirrored the priorities determined by Heath First’s Cape Canaveral Hospital in its 2019 CHNA:

1. **Access to Care** – Limited access to healthcare services, including behavioral and oral healthcare, may contribute to poor health outcomes and high healthcare costs. CHIP’s Access to Care strategies included regularly assessing healthcare assets and service needs, improving access to primary care services for Brevard residents, and addressing healthcare service barriers for service care recipients.

2. **Chronic Disease Prevention** – Obesity, sedentary lifestyle, tobacco and poor nutrition are risk factors for numerous chronic diseases, and they exacerbate others, including heart disease, hypertension, asthma and arthritis. CHIP recommended increasing the percentage of adults and children who are at a healthy weight, increasing access to resources that promote healthy behaviors, reducing chronic disease morbidity and mortality, and reducing illness, disability and death related to tobacco use and secondhand smoke exposure.
### Brevard County Demographics and Identified Health Disparities in Health First’s Service Areas

#### DEMOGRAPHICS BY POPULATION

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<td>13%</td>
<td>9%</td>
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<td>1%</td>
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<td>1159</td>
<td>8%</td>
<td>5%</td>
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<td>1%</td>
<td>0%</td>
<td>30%</td>
<td>20%</td>
<td>17%</td>
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#### CAPE CANAVERAL HOSPITAL SERVICE AREA

#### VIERA HOSPITAL SERVICE AREA

#### HOLMES REGIONAL MEDICAL CENTER SERVICE AREA

#### PALM BAY HOSPITAL SERVICE AREA

**Source:** UDS Mapper
XIV. Information Gaps Limiting Assessment

The PRC Assessment is very comprehensive, however, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

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

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

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

The completed CHNA contains all the information necessary for Cape Canaveral Hospital to begin development of their implementation strategy to address community health needs as defined in this document.
XV. Priorities Identified as Focus Areas

In order to determine the most meaningful issues to address in the Health First’s Cape Canaveral Hospital’s Community Health Needs Assessment (CHNA) strategic implementation plan, Health First underwent an in-depth analysis of a voluminous amount of data obtained from numerous sources. Sources are listed in Appendix B).

Based on the PRC survey data, Health First’s online Community Health Survey and the 2017-2021 Brevard County Community Health Improvement Plan for the Florida Department of Health in Brevard County, the following two disparities have been identified as a priority to Health First’s Cape Canaveral Hospital with a focus on the underserved population in the hospital’s service area:

1. Nutrition, Physical Activity and Obesity

Obesity is the result of a sedentary lifestyle and poor nutrition. According to “The State of Obesity: 2019, Better Policies for a Healthier America,” adult obesity rates continue to climb across the nation. Obesity increases the risk of physical and mental disease, and premature death; creating additional healthcare costs and productivity losses, as well as reducing the nation’s military readiness.

Obesity rates are higher in certain populations where social and economic conditions contribute to health inequities. In 2015-2016, almost half of Latino (47%) and Black (46.8%) adults had obesity, and the pattern holds true for children. To address obesity, efforts will require community collaboration, sufficient resources and sustained efforts from federal, state and local agencies, as well as the private sector. The annual “State of Obesity” reports have documented that a series of evidence-based solutions have helped Americans eat healthier and provide more opportunities for physical activity in their homes, schools and communities. These policies and programs can pay off in lives saved and in reduced healthcare costs over time.

2. Access to Care

Access to quality healthcare services is a critical factor for increasing the health of all individuals. Limited access to healthcare services may contribute to poor health outcomes. This is especially significant for low-income patients and those under age 65 within Cape Canaveral Hospital’s service area. Such access includes gaining entry into the healthcare system; accessing a healthcare location where needed services are provided; and finding a healthcare provider with whom the patient can communicate with and trust. This lack of access often drives patients to an alternative access point of care such as the emergency department, resulting in higher healthcare costs.

Coordinated community planning is needed to ensure all residents have access to appropriate services when care is needed. Building and maintaining strategic partnerships with not-for-profit organizations will help leverage limited financial resources, improve program effectiveness, and strengthen the role of the hospital as they address Brevard County’s identified community health needs, and provide all residents with the opportunity to attain optimal health outcomes.
XVI. Evaluation of Previous CHNA

Implementation strategies were adopted by Health First as a result of the disparities identified in Health First’s Cape Canaveral Hospital’s 2016 Community Health Needs Assessment. The following goals of the three-year programs were met:

Fiscal Year 2017 –
- 1,751 persons were impacted by programs and activities related to Access to Healthcare Services
- 4,044 persons were impacted by programs and activities related to Overweight/Obesity, Poor Nutrition/Lack of Physical Activity

Fiscal Year 2018 –
- 3,388 persons were impacted by programs and activities related to Access to Healthcare Services
- 7,544 persons were impacted by programs and activities related to Overweight/Obesity, Poor Nutrition/Lack of Physical Activity

Fiscal Year 2019 – August 2019 YTD –
- 4,896 persons were impacted by programs and activities related to Access to Healthcare Services
- 12,069 persons were impacted by programs and activities related to Overweight/Obesity, Poor Nutrition/Lack of Physical Activity

Fiscal Years 2017-2019 – TOTAL:
- 9,923 persons impacted by programs and activities related to Access to Healthcare Services
- 23,657 persons impacted by programs and activities related to Overweight/Obesity, Poor Nutrition/Lack of Physical Activity
The Community Health Needs Assessment was prepared by Health First on behalf of Cape Canaveral Hospital.

Founded in 1995, Health First is Brevard County's not-for-profit, community healthcare system. The fully integrated delivery network (IDN) includes health insurance plans, hospitals, a multi-specialty medical group, and outpatient and wellness services. As a locally owned, not-for-profit organization, Health First is committed to investing in our community. In an effort to improve the wellness and health of our community, we collaborate with a variety of organizations to provide community benefit initiatives and activities.

Please submit comments or requests for copies of this report, free of charge, to hfgivesback@HF.org or contact Maureen Tills in the Health First Community Benefit Department at 321.434.4327.
Appendix A

Health First Cape Canaveral Hospital

General Services
Health First’s Cape Canaveral Hospital was the first and only hospital to serve the beach and barrier island communities in Central Brevard County and is a multi-service hospital offering a wide-spectrum of outpatient and inpatient services including:
- Allergy and Immunology
- Anesthesiology
- Cardiology Services including:
  - Carotid Ultrasound
  - Diagnostic & Interventional Cath Lab
  - Echocardiography
  - Electrophysiology
  - Nuclear Cardiology
  - Stress Test
  - 24-Hour Holter Monitor
- Cancer Care Unit
- Critical Care (ICU & eICU)
- Dermatology
- Dialysis
- Dietician
- Ear-Nose-Throat (ENT) Medicine
- Electroencephalography (EEG)
- Emergency Medicine
- Endocrinology
- Family Practice
- Gastroenterology
- General Surgery
- Health First Inpatient Hospice
- Infectious Disease
- Inpatient Dialysis
- Internal Medicine
- Labor & Delivery Unit
- Laboratory Services
- Lithotripsy
- Nephrology
- Neurology
- OB/GYN
- Oncology/Hematology
- Ophthalmology
- Oral and Maxillofacial Surgery
- Orthopedics
  - Joint Replacement Surgery
  - Orthopedic Surgery
- Pathology
- Physical, Speech & Occupational Therapy
- Plastic Surgery
- Podiatry
- Psychiatry
- Pulmonology
- Radiology Services including:
  - Computed Tomography (CT Scan)
  - Interventional Procedures
  - Magnetic Resonance Imaging (MRI)
  - Nuclear Medicine
  - Ultrasound
  - X-ray/Fluoroscopy
- Rheumatology
- Sleep Lab
- Urology
- Vascular Surgery
- Women’s Diagnostic Center
  - Screening & Diagnostic Digital Mammography
    (including Tomosynthesis)
  - Breast Ultrasound
  - Breast Biopsy
  - Wound Care

Awards & Recognition
- Accreditation by The Joint Commission
- Accreditation by Centers for Medicare & Medicaid Services
  Clinical Laboratory Improvement Amendments (CLIA)
- Primary Stroke Center Certification by The Joint Commission
- CMS Quality 4 star rating
- Accreditation by the American College of Radiology
  (ACR) in CT, MRI, Mammography, Nuclear Medicine,
  and Stereotactic Breast Biopsy
- Accredited by International Commission for
  Accreditation of Echo Laboratories (ICAEL)
- FDA-certified mammography facility

Date opened: July 22, 1962
Status: Non-profit, 501(c)(3)
Hospital beds: 150 beds
Physicians: more than 200
Medical Specialties: More than 50
Accredited by The Joint Commission

799 W. Cocoa Beach Causeway
Cocoa Beach, FL
321.799.7111
HF.org
Accreditation by the College of American Pathologists (CAP) – Laboratory Services and Blood Gas Laboratory

**Special Services & Extras**

- Six-story Medical Plaza Building adjacent to the hospital with physician offices, pre-operative testing and education, patient registration, laboratory services, Outpatient Surgery Center, valet parking services
- Full-service Cafeteria (hot entrée bar, deli, soup & salad bar and coffee station)
- We encourage 24-hour family visitation
- Personal pet visitation is welcome (restrictions may apply)
- Gift Shop
- Pet Therapy
- Interdenominational Chapel (Chaplains are also available)
- New Vision inpatient stabilization and withdrawal management for adults with drug and alcohol related health issues
APPENDIX B

Data Sources Used for the CHNA

- Professional Research Consultants, Inc. (PRC), 2019 Community Health Needs Assessment Report, Brevard County, Florida (prepared for the Space Coast Health Foundation)
- U.S. Census Bureau’s 2017 QuickFacts
- U.S. Census Bureau, American Fact Finder, 2018 population estimates
- U.S. Census Bureau (census.gov QuickFacts) 2010 – 2018
- U.S Census Bureau, 2013-2017 American Community Survey 5-year estimates, Occupancy Characteristics
- U.S. Census, SNAP Benefits in Brevard County, FL; FRED (Federal Reserve Bank of St. Louis), February 15, 2019
- Economic Development Commission of Florida’s Space Coast, 2018 Q1 data
- U.S. Census Bureau American Community Survey 2017, (median age, income, poverty, transportation to work, households, units & occupancy, place of birth)
- U.S. Environmental Protection Agency
- American Lung Association: 2018 State of the Air - Air quality in Palm Bay-Melbourne-Titusville, FL
- American Community Survey of 2013-2017 5-Year Estimates
- American Community Survey 2017, Family size has grown
- American Community Survey 5-year estimates 2013 – 2017, Educational attainment
- Florida Charts 2018 (flhealthcharts.com)
- Healthy People 2020
- Florida Department of Law Enforcement
- Department of Health State of Florida: Leading Causes of Death, 2018
- U.S. Census Bureau, 2011-2015 American Community Survey
- Center for Disease Control and Prevention (CDC) – Fast Stats – Disability and Risk Factors
- Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS),
- Mayo Clinic.org/diseases – conditions
- Department of Health State of Florida – Leading Causes of Death - 2017
- National Research Council (NRC)
Institute of Medicine, Measuring the Risks and Causes of Premature Death: Summary of Workshops, H.G. Rhodes, reporter

Committee on Population, Division of Behavioral and Social Sciences and Education


Disease Control and Prevention updated July 12, 2019

U.S. National Library of Medicine, National Institute of Health

Centers for Disease Control and Prevention (CDC), January 2018 press release on cigarette smoking

TED (The Economics Daily) Unemployment rate, July 2018

World Population Review.com, Brevard County population, 2019

American Community Survey (ACS) 5-year estimate 2013 – 2017: Commuting characteristics by sex

American Community Survey (CS) 2013-2017, Demographic and Housing Estimates

American Community Survey (ACS) 1-year supplemental estimates with a population threshold of 20,000 or more, 2017, Means of transportation to work


National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014, accessed 2018

Countyhealthrankings, 2018, (premature deaths, violent crimes, mammography screening, health behaviors, social & economic factors, driving alone to work)

CountyHealth Rankings 2018 for Florida: Measures and national/state results

CDC Fast Facts Smoking & Tobacco Use

NCBI book Health and Behavior: The Interplay of Biological, Behavioral, and Societal Influences,

CDC Behavioral Risk Factor Surveillance System

CDC Preventing Chronic Disease, Percentage of Deaths Associated with Inadequate Physical Activity in the U.S., March 29, 2018

CDC, “New data from the Centers of Disease Control show growing complexity of drug overdoses deaths in America”, December 25, 2018

Center for Disease Control’s Division of Nutrition, Physical Activity, and Obesity (DNPAO): study on Preventing Chronic Disease. “Percentage of Deaths Associated with Inadequate Physical Activity in the United States, March 29, 2018

William Dietz, MD & PhD, CDC Division of Nutrition, Physical Activity and Obesity in the CDC video entitled The Obesity Epidemic (no date)

Terry O’Toole, PhD for the CDC Division of Nutrition, Physical Activity and Obesity, discussed “Societal, economic, and cultural conditions as contributing factors in rise of obesity” and “How technology has influenced a more sedentary lifestyles
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## APPENDIX C

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

**Presenter: Bruce Lockwood, Professional Research Consultants**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Michael Ayers</td>
<td>President, Melbourne Regional Chamber of East Central Florida</td>
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<tr>
<td>Courtney Barker</td>
<td>Satellite Beach City Manager</td>
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<td>Sky Beard</td>
<td>No Kid Hungry Florida</td>
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<td>Ryan Brandt</td>
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<td>Mark Broms</td>
<td>Brevard Homeless Coalition</td>
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<td>Sara Burke</td>
<td>Brevard Zoo</td>
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<td>Dr. Jessica Calvo-Blanco</td>
<td>Brevard Women’s Coalition</td>
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<td>Bunny Finney</td>
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<td>Abby Hemenway</td>
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<td>Josh Jensen</td>
<td>Aging Matters</td>
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<td>Tina Lange</td>
<td>Postpartum Support Group Founder, Communications</td>
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<td>Becky Lemstrom</td>
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<td>Darby Miller</td>
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<td>Greg Pallone</td>
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<td>Kim Smith</td>
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<td>Gina Sousa, M.S.M.</td>
<td>Early Learning Coalition of Brevard</td>
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<td>Maria Stahl DNP, RN</td>
<td>Florida Department of Health, Brevard County</td>
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<td>Tracy Strodered</td>
<td>Greater Palm Bay Chamber of Commerce Representative, President of Everything Brevard</td>
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<td>Khalil Virgo</td>
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<td>Jerry Visco</td>
<td>Director of Human Resources for Brevard County</td>
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<td>Housing for Homeless</td>
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<td>Robin Buckmaster</td>
<td>Brevard School District – Head Start Health Supervisor</td>
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<td>Melanie Drake</td>
<td>Satellite Beach Fire Department, Community Medic</td>
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<td>Valerie Carver</td>
<td>Parrish Medical Network</td>
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<td>Amy Tidd</td>
<td>St. Mary’s Helping Hands, Community Activist</td>
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<td>Ashley Carraro</td>
<td>Brevard Family Partnership</td>
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<td>Steve Duba</td>
<td>Life Co.</td>
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<td>Paulette Howell</td>
<td>Eastern Florida State College</td>
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<td>Stephanie Husted</td>
<td>Brevard Women’s Coalition</td>
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**Space Coast Health Foundation**

2019 Community Health Needs Assessment
Health Advisory Council and Task Force Members
April 30, 2019

*Presenter: Bruce Lockwood, Professional Research Consultants*

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<td>Florida Department of Health Brevard</td>
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<td>Anita Stremmel</td>
<td>DOH - Brevard</td>
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<td>Jane Benton</td>
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<td>Lori Parsons</td>
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<td>Catherine Galda</td>
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<td>Angie Doucette</td>
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<td>Clinical Psych/Florida Tech, PhD</td>
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