

# 2018 Community Health Needs Assessment Report

## Indian River County, Florida

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*Prepared for:*  
Indian River Medical Center

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# Introduction



**Professional Research Consultants, Inc.**

## Project Overview

### Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Indian River County, the service area of Indian River Medical Center. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

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

This assessment was conducted on behalf of Indian River Medical Center by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

## Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

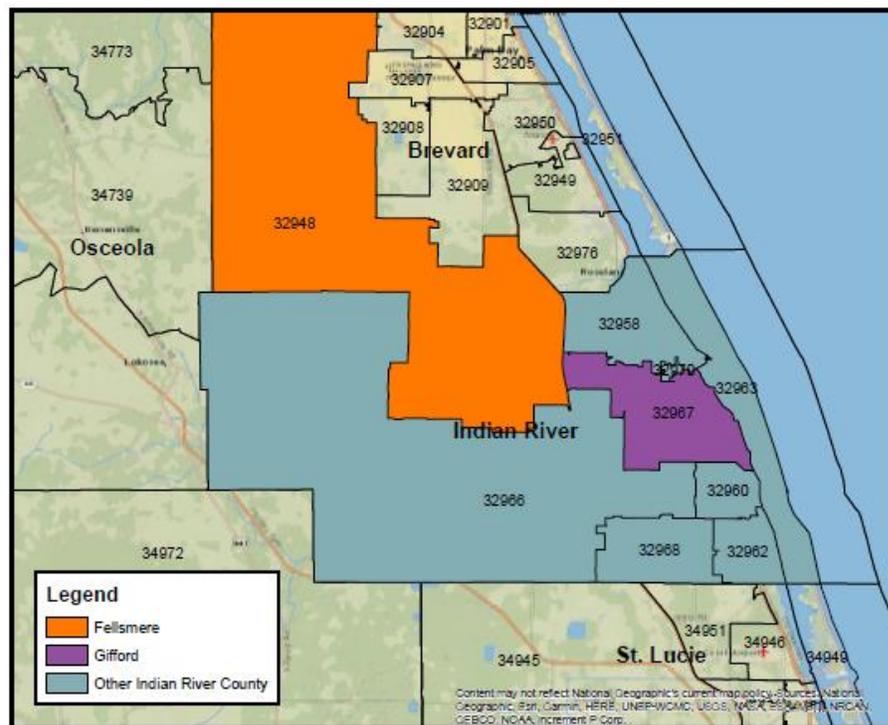
### PRC Community Health Survey

#### *Survey Instrument*

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

#### *Community Defined for This Assessment*

The study area for the survey effort (referred to as the “Indian River County” in this report) is defined as each of the residential ZIP Codes comprising the county, including 32948, 32958, 32960, 32962, 32963, 32966, 32967, 32968, and 32970. This community definition, determined based on the ZIP Codes of residence of recent patients of Indian River Medical Center, is illustrated in the following map.



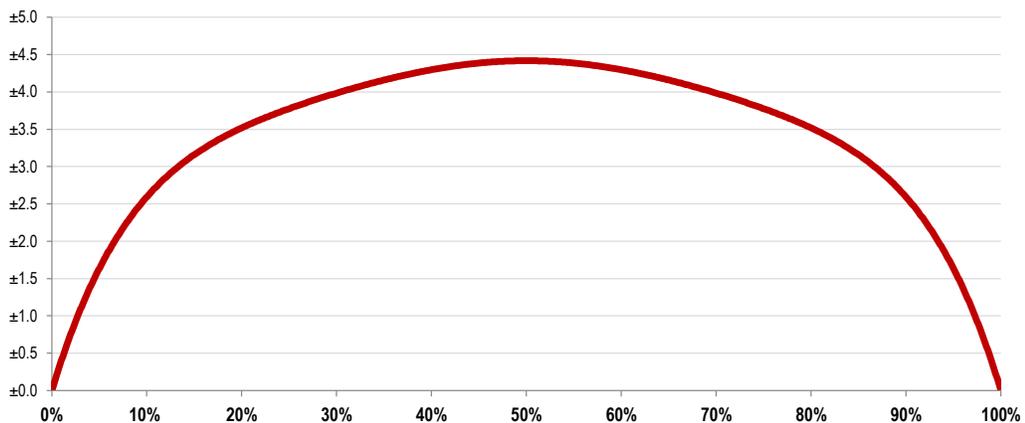
### Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a stratified random sample of 494 individuals age 18 and older in Indian River County, including 20 in Fellsmere (ZIP Code 32948), 99 in Gifford (ZIP Code 32967), and 375 in the rest of the county. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Indian River County as a whole. All administration of the surveys, data collection and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 494 respondents is  $\pm 4.4\%$  at the 95 percent confidence level.

### Expected Error Ranges for a Sample of 494 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 494 respondents answered a certain question with a "yes," it can be asserted that between 7.4% and 12.6% ( $10\% \pm 2.6\%$ ) of the total population would offer this response.
  - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.6% and 54.4% ( $50\% \pm 4.4\%$ ) of the total population would respond "yes" if asked this question.

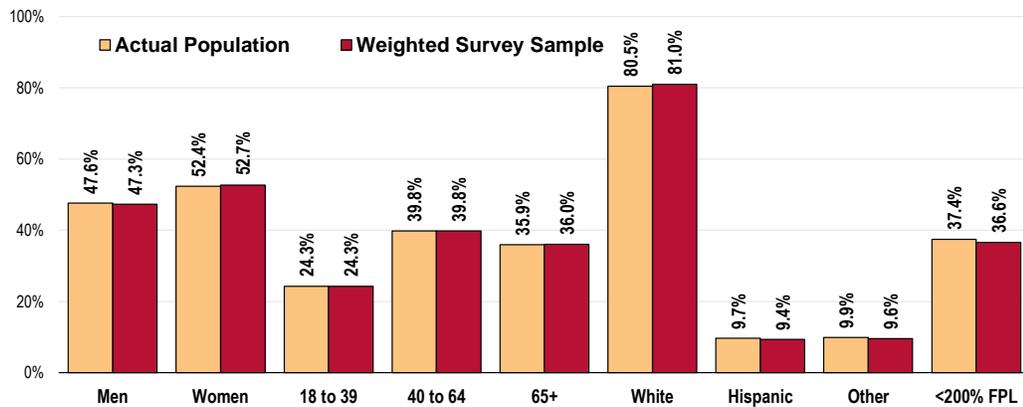
### Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely

sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

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

### Population & Survey Sample Characteristics (Indian River County, 2018)



Sources:   
 • Census 2010, Summary File 3 (SF 3). US Census Bureau.   
 • 2018 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2018 guidelines place the poverty threshold for a family of four at \$25,100 annual household income or lower). In sample segmentation: “**low income**” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “**mid/high income**” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

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

### Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Indian River Medical Center; this list included names and contact information for a physician, a public health representative, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 23 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Physicians	1	1
Public Health Representatives	1	1
Other Health Providers	7	1
Social Services Providers	24	10
Other Community Leaders	24	10

Final participation included representatives of the organizations outlined below.

- City of Vero Beach Recreation Department
- Devereux Community Based Care
- Hope For Families Center
- Indian River Community Foundation
- Indian River County Community Development Department
- Indian River County Fire Rescue
- Indian River County Health Department
- Indian River County Hospital District
- Indian River County NAACP
- Kindergarten Readiness Collaborative (KRC)
- Mental Health Collaborative of Indian River County
- Pelican Island Audubon Society
- Sebastian Police Department
- Treasure Coast Homeless Services Council, Inc.
- United Against Poverty
- United Way of Indian River County
- Veterans Council of Indian River County
- Visiting Nurse Association of the Treasure Coast

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

**Minority/medically underserved populations represented:**

*African-Americans, Hispanics, those with HIV, the homeless, low-income, Medicare/Medicaid recipients, individuals with mental illness, migrants, the uninsured/underinsured*

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

*NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.*

**Public Health, Vital Statistics & Other Data**

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Indian River County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- Florida Department of Health, Bureau of Vital Statistics
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services

#### Administration (HRSA)

- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect county-level data.

### Benchmark Data

#### *Florida Risk Factor Data*

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

#### *Nationwide Risk Factor Data*

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

#### *Healthy People 2020*

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



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

Healthy People strives to:

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

### Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

### Information Gaps

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

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

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

## IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H (2017)	See Report Page
<b>Part V Section B Line 3a</b> <i>A definition of the community served by the hospital facility</i>	8
<b>Part V Section B Line 3b</b> <i>Demographics of the community</i>	39
<b>Part V Section B Line 3c</b> <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>	209
<b>Part V Section B Line 3d</b> <i>How data was obtained</i>	8
<b>Part V Section B Line 3e</b> <i>The significant health needs of the community</i>	16
<b>Part V Section B Line 3f</b> <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	Addressed Throughout
<b>Part V Section B Line 3g</b> <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>	17
<b>Part V Section B Line 3h</b> <i>The process for consulting with persons representing the community's interests</i>	11
<b>Part V Section B Line 3i</b> <i>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</i>	212

## Summary of Findings

### Significant Health Needs of the Community

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

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

Areas of Opportunity Identified Through This Assessment	
<b>Access to Healthcare Services</b>	<ul style="list-style-type: none"> <li>• Primary Care Physician Ratio</li> <li>• Health Professional Shortage Area Designation</li> <li>• Access to Healthcare Services ranked as a top concern in the Online Key Informant Survey.</li> </ul>
<b>Cancer</b>	<ul style="list-style-type: none"> <li>• Cancer is a leading cause of death.</li> <li>• Skin Cancer Prevalence</li> <li>• Cancer (Non-Skin) Prevalence</li> </ul>
<b>Diabetes</b>	<ul style="list-style-type: none"> <li>• Diabetes Prevalence</li> </ul>
<b>Heart Disease &amp; Stroke</b>	<ul style="list-style-type: none"> <li>• Cardiovascular disease is a leading cause of death.</li> <li>• Heart Disease Prevalence</li> <li>• High Blood Pressure Prevalence</li> </ul>
<b>Infant Health &amp; Family Planning</b>	<ul style="list-style-type: none"> <li>• Neonatal Deaths</li> <li>• Infant Deaths</li> <li>• Infant and Child Health ranked as a top concern in the Online Key Informant Survey.</li> </ul>
<b>Injury &amp; Violence</b>	<ul style="list-style-type: none"> <li>• Unintentional Injury Deaths               <ul style="list-style-type: none"> <li>◦ Including Deaths from Motor Vehicle Crashes and Falls [Among Adults 65+]</li> </ul> </li> </ul>
<b>Kidney Disease</b>	<ul style="list-style-type: none"> <li>• Kidney Disease Deaths</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• Diagnosed Depression</li> <li>• Mental Health ranked as a top concern in the Online Key Informant Survey.</li> </ul>
<b>Nutrition, Physical Activity, &amp; Weight</b>	<ul style="list-style-type: none"> <li>• Low Food Access</li> <li>• Children’s Weight</li> </ul>
<b>Oral Health</b>	<ul style="list-style-type: none"> <li>• Dental Insurance Coverage</li> <li>• Oral Health/Dental Care ranked as a top concern in the Online Key Informant Survey.</li> </ul>

<b>Potentially Disabling Conditions</b>	<ul style="list-style-type: none"> <li>• Activity Limitations</li> <li>• Multiple Chronic Conditions</li> <li>• Sciatica/Chronic Back Pain Prevalence</li> <li>• Caregiver</li> </ul>
<b>Respiratory Diseases</b>	<ul style="list-style-type: none"> <li>• Chronic Obstructive Pulmonary Disease (COPD) Prevalence</li> </ul>
<b>Substance Abuse</b>	<ul style="list-style-type: none"> <li>• Cirrhosis/Liver Disease Deaths</li> <li>• Substance Abuse ranked as a top concern in the Online Key Informant Survey.</li> </ul>

### Community Feedback on Prioritization of Health Needs

On October 12, 2018, the sponsors of this study convened a group of more than 30 community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions and provided participants with an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
  - How many people are affected?
  - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
  - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

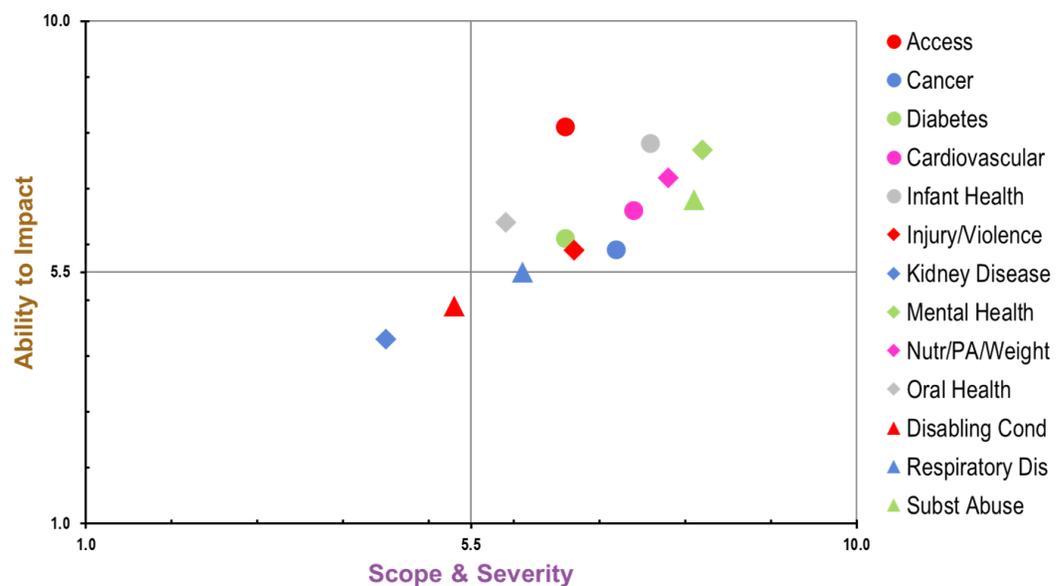
Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. **Mental Health**
2. **Infant Health**
3. **Nutrition, Physical Activity & Weight**
4. **Substance Abuse**
5. **Access to Healthcare**
6. **Heart Disease & Stroke**
7. **Cancer**
8. **Diabetes**
9. **Injury & Violence**
10. **Oral Health**
11. **Respiratory Diseases**
12. **Potentially Disabling Conditions**
13. **Kidney Disease**

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



## Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Indian River County, including comparisons among the individual communities. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

### Reading the Summary Tables

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

*Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

■ The green columns [to the left of the Indian River County column] provide comparisons among the communities, identifying differences for each as “better than” (☀️), “worse than” (🌧️), or “similar to” (☁️) the opposing area.

■ The columns to the right of the Indian River County column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether Indian River County compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.

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

#### Survey Data Indicators:

Note that survey data reflect the ZIP Code-defined Indian River County.

#### Other (Secondary) Data

Indicators: Secondary data reflect county-level data.

Social Determinants	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
Linguistically Isolated Population (Percent)		
Population in Poverty (Percent)		
Population Below 200% FPL (Percent)		
Children Below 200% FPL (Percent)		
No High School Diploma (Age 25+, Percent)		
Unemployment Rate (Age 16+, Percent)		
% Worry/Stress Over Rent/Mortgage in Past Year	 29.7	 31.0
% Low Health Literacy	 20.5	 18.5
<small>Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
<b>2.6</b>	 6.5	 4.5	
<b>14.1</b>	 16.1	 15.1	
<b>37.5</b>	 37.3	 33.6	
<b>54.1</b>	 48.8	 43.3	
<b>12.4</b>	 12.8	 13.0	
<b>4.3</b>	 3.8	 4.1	
<b>30.8</b>		 30.8	
<b>18.9</b>		 23.3	
 better  similar  worse			

Overall Health	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
% "Fair/Poor" Overall Health	 12.7	 13.1
% Activity Limitations	 16.0	 28.7
% Caregiver to a Friend/Family Member	 26.2	 28.8
<small>Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
13.0	 19.5	 18.1	
26.6	 20.7	 25.0	
28.4		 20.8	
	 better	 similar	 worse

Access to Health Services	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
% [Age 18-64] Lack Health Insurance	 28.4	 11.4
% Difficulty Accessing Healthcare in Past Year (Composite)	 42.4	 44.1
% Difficulty Finding Physician in Past Year	 12.8	 15.3
% Difficulty Getting Appointment in Past Year	 11.9	 20.2
% Cost Prevented Physician Visit in Past Year	 17.8	 15.9

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
14.7	 21.4	 13.7	 0.0
43.8		 43.2	
14.9		 13.4	
18.8		 17.5	
16.2		 15.4	

Access to Health Services (continued)	Each Sub-Area vs. Others		Indian River County	Indian River County vs. Benchmarks		
	Fellsmere/ Gifford	Other County		vs. FL	vs. US	vs. HP2020
% Transportation Hindered Dr Visit in Past Year	 0.9	 5.6	4.8		 8.3	
% Inconvenient Hrs Prevented Dr Visit in Past Year	 12.7	 15.7	15.2		 12.5	
% Language/Culture Prevented Care in Past Year	 3.0	 2.6	2.7		 1.2	
% Cost Prevented Getting Prescription in Past Year	 12.2	 18.4	17.4		 14.9	
% Skipped Prescription Doses to Save Costs	 8.6	 13.5	12.6		 15.3	
% Difficulty Getting Child's Healthcare in Past Year			8.0		 5.6	
Primary Care Doctors per 100,000			72.5	 79.8	 87.8	
% Have a Specific Source of Ongoing Care	 71.2	 77.4	76.3		 74.1	 95.0
% Have Had Routine Checkup in Past Year	 79.8	 71.4	72.8	 76.5	 68.3	
% Child Has Had Checkup in Past Year			87.7		 87.1	
% Two or More ER Visits in Past Year	 8.5	 11.2	10.7		 9.3	

Access to Health Services (continued)	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
% Rate Local Healthcare "Fair/Poor"	 16.2	 10.8
Live in a Health Professional Shortage Area (Percent)		
<small>Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
11.9		 16.2	
49.3	 54.7	 33.1	
	 better	 similar	 worse

Cancer	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
Cancer (Age-Adjusted Death Rate)		
Lung Cancer (Age-Adjusted Death Rate)		
Prostate Cancer (Age-Adjusted Death Rate)		
Female Breast Cancer (Age-Adjusted Death Rate)		
Colorectal Cancer (Age-Adjusted Death Rate)		
Female Breast Cancer Incidence Rate		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
160.0	 150.1	 158.5	 161.4
42.9	 39.1	 40.3	 45.5
19.2	 16.4	 19.0	 21.8
17.0	 19.2	 20.3	 20.7
13.6	 13.2	 14.1	 14.5
106.3	 115.5	 123.5	

Cancer (continued)	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
Prostate Cancer Incidence Rate		
Lung Cancer Incidence Rate		
Colorectal Cancer Incidence Rate		
Cervical Cancer Incidence Rate		
% Cancer (Other Than Skin)	 7.4	 12.4
% Skin Cancer	 13.7	 22.9
Melanoma (Age-Adjusted Death Rate)		
% [Women 50-74] Mammogram in Past 2 Years		
% [Women 21-65] Pap Smear in Past 3 Years		
% [Age 50-75] Colorectal Cancer Screening	 81.0	 75.5
<small>Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
<b>91.1</b>	 103.6	 114.8	
<b>67.0</b>	 61.3	 61.2	
<b>32.7</b>	 37.0	 39.8	
<b>7.9</b>	 8.9	 7.6	
<b>11.6</b>	 7.5	 7.1	
<b>21.3</b>	 9.1	 8.5	
<b>2.9</b>	 2.4		 2.4
<b>82.1</b>	 81.8	 77.0	 81.1
<b>79.6</b>	 78.7	 73.5	 93.0
<b>76.2</b>	 67.3	 76.4	 70.5
	 better	 similar	 worse

Dementias, Including Alzheimer's Disease	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
Alzheimer's Disease (Age-Adjusted Death Rate)		
<small>Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
19.8	 20.7	 28.4	
	 better	 similar	 worse

Diabetes	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
Diabetes (Age-Adjusted Death Rate)		
% Diabetes/High Blood Sugar	 12.9	 15.6
% Borderline/Pre-Diabetes	 8.7	 8.4
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	 55.2	 60.8
<small>Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
11.7	 19.1	 21.1	 20.5
15.1	 11.8	 13.3	
8.5		 9.5	
59.8		 50.0	
	 better	 similar	 worse

Heart Disease & Stroke	Each Sub-Area vs. Others		Indian River County	Indian River County vs. Benchmarks		
	Fellsmere/ Gifford	Other County		vs. FL	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)			137.7	 149.1	 167.0	 156.9
Stroke (Age-Adjusted Death Rate)			29.1	 35.8	 37.1	 34.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	 7.2	 14.2	13.0		 8.0	
% Stroke	 3.6	 5.6	5.3	 3.5	 4.7	
% Blood Pressure Checked in Past 2 Years	 92.9	 93.8	93.7		 90.4	 92.6
% Told Have High Blood Pressure (Ever)	 37.5	 50.5	48.3	 33.5	 37.0	 26.9
% [HBP] Taking Action to Control High Blood Pressure	 95.5	 95.8	95.8		 93.8	
% Cholesterol Checked in Past 5 Years	 89.5	 89.2	89.3	 79.7	 85.1	 82.1
% Told Have High Cholesterol (Ever)	 27.2	 40.0	37.8		 36.2	 13.5
% [HBC] Taking Action to Control High Blood Cholesterol			89.1		 87.3	
% 1+ Cardiovascular Risk Factor	 81.7	 85.8	85.1		 87.2	

HIV	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
HIV/AIDS (Age-Adjusted Death Rate)		
HIV Prevalence Rate		
<small>Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
2.1	5.3	2.5	3.3
250.7	606.1	353.2	
	better	similar	worse

Immunization & Infectious Diseases	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
% [Age 65+] Flu Vaccine in Past Year	78.5	75.8
% [High-Risk 18-64] Flu Vaccine in Past Year		
% [Age 65+] Pneumonia Vaccine Ever	82.2	77.6
% [High-Risk 18-64] Pneumonia Vaccine Ever		
<small>Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
76.1	57.6	76.8	70.0
49.6		55.7	70.0
78.1	65.6	82.7	90.0
39.1		39.9	60.0
	better	similar	worse

Infant Health & Family Planning	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
No Prenatal Care in First Trimester (Percent)		
Low Birthweight Births (Percent)		
Neonatal Death Rate		
Infant Death Rate		
Preterm Births (Percent)		
Births to Teenagers Under Age 20 (Percent)		
<small>Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
<b>23.8</b>	 21.7		 22.1
<b>7.6</b>	 8.7	 8.2	 7.8
<b>5.3</b>	 4.2		 4.1
<b>7.4</b>	 6.1		 6.0
<b>10.0</b>	 10.1		
<b>39.6</b>	 36.1	 36.6	
	 better	 similar	 worse

Injury & Violence	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
Unintentional Injury (Age-Adjusted Death Rate)		
Motor Vehicle Crashes (Age-Adjusted Death Rate)		
[65+] Falls (Age-Adjusted Death Rate)		
% [Age 45+] Fell in the Past Year	 32.4	 25.7
Firearm-Related Deaths (Age-Adjusted Death Rate)		
Homicide (Age-Adjusted Death Rate)		
Violent Crime Rate		
% Victim of Violent Crime in Past 5 Years	 2.0	 2.5
% Victim of Domestic Violence (Ever)	 15.1	 13.5
<small>Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
51.5	 47.5	 43.7	 36.4
13.7	 13.6	 11.0	 12.4
95.8	 65.0	 60.6	 47.0
26.7		 31.6	
8.9	 12.1	 11.0	 9.3
5.2	 6.4	 5.7	 5.5
295.9	 472.1	 379.7	
2.4		 3.7	
13.8		 14.2	
	 better	 similar	 worse

Kidney Disease	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
Kidney Disease (Age-Adjusted Death Rate)		
% Kidney Disease	 3.6	 5.6
<small>Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
13.8	 10.5	 13.2	
5.3	 3.2	 3.8	
	 better	 similar	 worse

Mental Health	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
% "Fair/Poor" Mental Health	 13.2	 9.5
% Diagnosed Depression	 9.8	 20.4
% Symptoms of Chronic Depression (2+ Years)	 30.3	 29.8
% Typical Day Is "Extremely/Very" Stressful	 8.0	 11.3
Suicide (Age-Adjusted Death Rate)		
% Taking Rx/Receiving Mental Health Trtmt	 7.9	 17.6
% Have Ever Sought Help for Mental Health	 23.3	 30.1

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
10.2		 13.0	
18.6	 14.2	 21.6	
29.9		 31.4	
10.7		 13.4	
12.6	 14.1	 13.0	 10.2
15.9		 13.9	
28.9		 30.8	

Mental Health (continued)	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
% [Those With Diagnosed Depression] Seeking Help		
% Unable to Get Mental Health Svcs in Past Yr	 0.9	 6.1
<small>Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
86.0		 87.1	
5.2		 6.8	
	 better	 similar	 worse

Nutrition, Physical Activity & Weight	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
% Food Insecure	 29.8	 16.2
% Eat 5+ Servings of Fruit or Vegetables per Day	 39.1	 34.8
% "Very/Somewhat" Difficult to Buy Fresh Produce	 14.7	 20.1
Population With Low Food Access (Percent)		
% No Leisure-Time Physical Activity	 18.6	 21.7
% Meeting Physical Activity Guidelines	 16.8	 21.8
Recreation/Fitness Facilities per 100,000		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
18.5		 27.9	
35.5		 33.5	
19.1		 22.1	
43.2	 25.7	 22.4	
21.1	 29.8	 26.2	 32.6
20.9	 21.8	 22.8	 20.1
13.8	 11.1	 11.0	

Nutrition, Physical Activity & Weight (continued)	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
% Overweight (BMI 25+)	 72.0	 58.9
% Healthy Weight (BMI 18.5-24.9)	 23.3	 38.6
% [Overweights] Trying to Lose Weight	 52.9	 64.3
% Obese (BMI 30+)	 34.3	 29.1
% Medical Advice on Weight in Past Year	 30.5	 24.1
% [Overweights] Counseled About Weight in Past Year	 43.7	 28.5
% Child [Age 5-17] Healthy Weight		
% Children [Age 5-17] Overweight (85th Percentile)		
% Children [Age 5-17] Obese (95th Percentile)		
% Child [Age 2-17] Physically Active 1+ Hours per Day		
<small>Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
61.1	 63.2	 67.8	
36.0	 34.5	 30.3	 33.9
62.0		 61.3	
30.0	 27.4	 32.8	 30.5
25.2		 24.2	
31.6		 29.0	
43.0		 58.4	
45.3		 33.0	
21.6		 20.4	 14.5
61.2		 50.5	
	 better	 similar	 worse

Oral Health	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
% Have Dental Insurance	 46.0	 53.5
% [Age 18+] Dental Visit in Past Year	 55.5	 66.4
% Child [Age 2-17] Dental Visit in Past Year		
% Child [Age 2-17] Unable to Get Dental Services/Past Yr		
<small>Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
52.2		 59.9	
64.6	 63.0	 59.7	 49.0
78.8		 87.0	 49.0
10.1			
 better  similar  worse			

Potentially Disabling Conditions	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
% Multiple Chronic Conditions	 54.6	 67.2
% [50+] Arthritis/Rheumatism	 30.8	 33.7
% [50+] Osteoporosis	 4.0	 12.8
% Sciatica/Chronic Back Pain	 24.7	 28.4
% Eye Exam in Past 2 Years	 64.8	 70.2

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
65.1		 56.8	
33.3		 38.3	
11.7		 9.4	 5.3
27.7		 22.9	
69.3		 55.3	

Respiratory Diseases	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
CLRD (Age-Adjusted Death Rate)		
Pneumonia/Influenza (Age-Adjusted Death Rate)		
% [Adult] Currently Has Asthma	 12.1	 7.9
% Adults Asthma (Ever Diagnosed)	 14.3	 13.6
% [Child 0-17] Currently Has Asthma		
% Child [Age 0-17] Asthma (Ever Diagnosed)		
% COPD (Lung Disease)	 4.0	 11.6
<small>Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
34.7	 38.1	 40.9	
7.3	 9.3	 14.6	
8.6	 6.7	 11.8	
13.7		 19.4	
6.2		 9.3	
10.8		 11.1	
10.3	 7.1	 8.6	
	 better	 similar	 worse

Sexually Transmitted Diseases	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
Chlamydia Incidence Rate		
Gonorrhea Incidence Rate		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
297.2	 429.8	 456.1	
41.6	 107.1	 110.7	

Substance Abuse	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)		
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)		
% Current Drinker	 54.8	 63.4
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	 20.3	 15.3
% Excessive Drinker	 24.0	 21.0
% Drinking & Driving in Past Month	 0.5	 4.0
% Illicit Drug Use in Past Month	 3.7	 3.6
% Ever Sought Help for Alcohol or Drug Problem	 3.8	 4.6
% Life Negatively Affected by Substance Abuse	 32.8	 39.7
<small>Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
16.2	 15.7	 14.3	 11.3
15.0	 11.8	 10.6	 8.2
61.9		 55.0	
16.2		 20.0	 24.4
21.5		 22.5	 25.4
3.5	 3.4	 5.2	
3.6		 2.5	 7.1
4.5		 3.4	
38.6		 37.3	
 better  similar  worse			

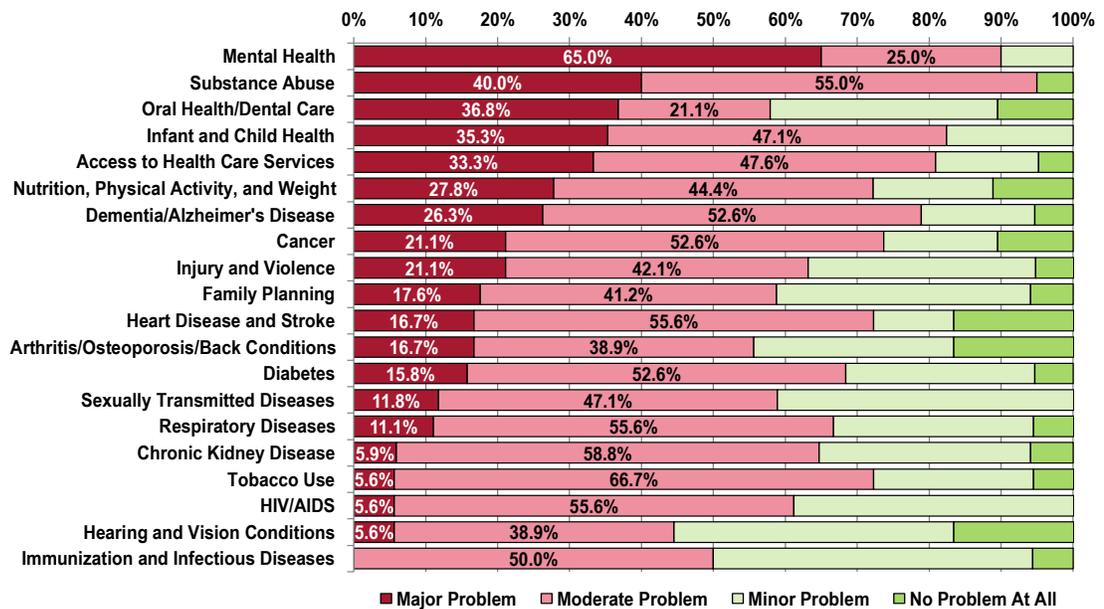
Tobacco Use	Each Sub-Area vs. Others	
	Fellsmere/ Gifford	Other County
% Current Smoker	 7.3	 11.2
% Someone Smokes at Home	 5.3	 9.1
% [Nonsmokers] Someone Smokes in the Home	 4.5	 3.2
% [Household With Children] Someone Smokes in the Home		
% Currently Use Vaping Products	 1.6	 3.9
<small>Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Indian River County	Indian River County vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
10.5	 15.5	 16.3	 12.0
8.4		 10.7	
3.4		 4.0	
8.5		 7.2	
3.5	 4.7	 3.8	
	 better	 similar	 worse

## Summary of Key Informant Perceptions

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

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



# Community Description



**Professional Research Consultants, Inc.**

## Population Characteristics

### Total Population

Indian River County, the focus of this Community Health Needs Assessment, encompasses 502.78 square miles and houses a total population of 145,342 residents, according to latest census estimates.

**Total Population**  
(Estimated Population, 2012-2016)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
<b>Indian River County</b>	145,342	502.78	289.08
<b>Florida</b>	19,934,451	53,638.93	371.64
<b>United States</b>	318,558,162	3,532,068.58	90.19

Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved July 2017 from Community Commons at <http://www.chna.org>.

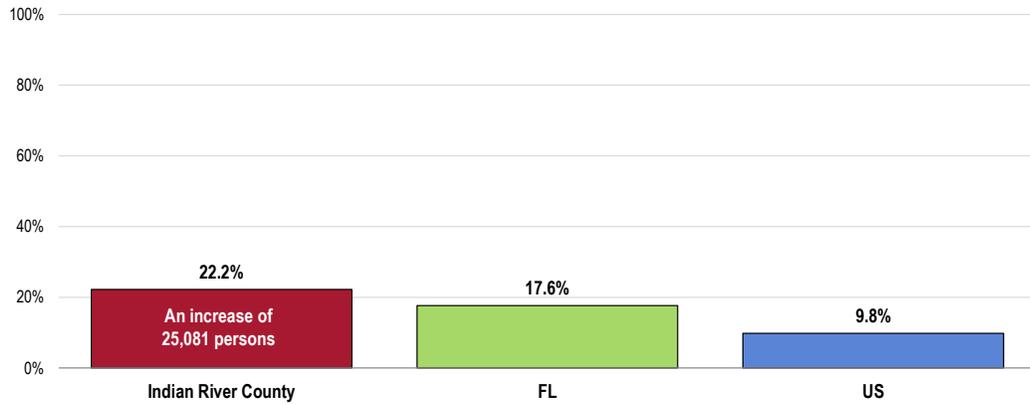
### Population Change 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

**Between the 2000 and 2010 US Censuses, the population of Indian River County increased by 25,081 persons, or 22.2%.**

- A greater proportional increase than seen across the state and the nation (especially).

### Change in Total Population (Percentage Change Between 2000 and 2010)



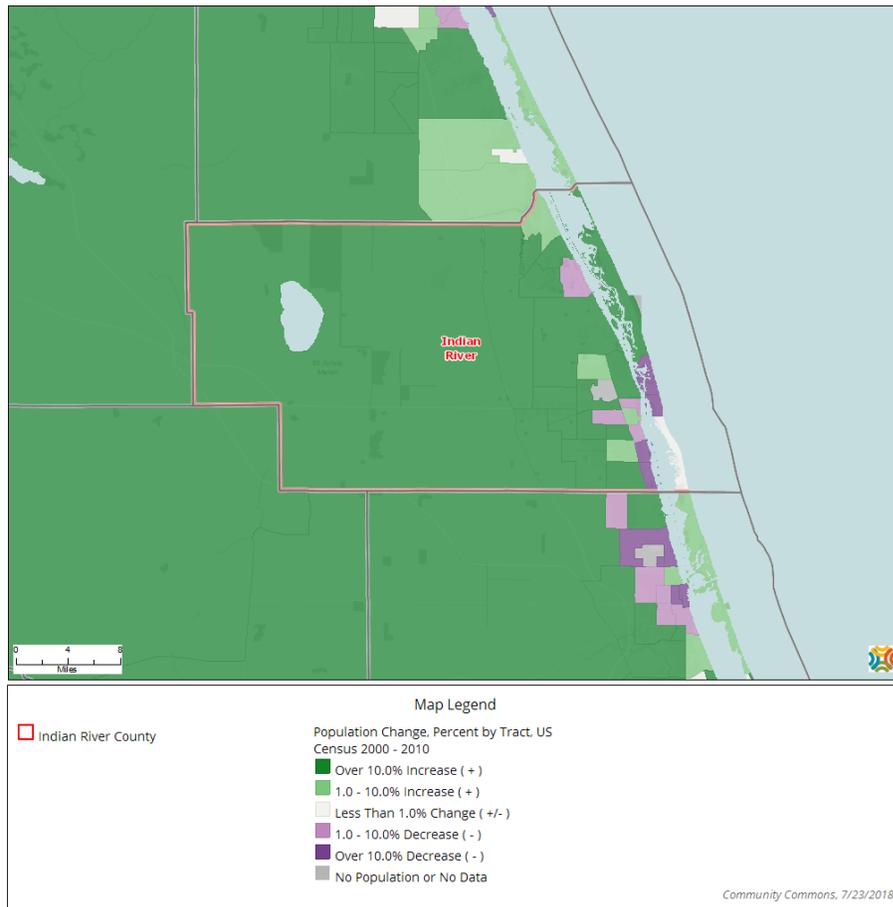
Sources: 

- Retrieved July 2017 from Community Commons at <http://www.chna.org>.
- US Census Bureau Decennial Census (2000-2010).

  
 Notes: 

- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Note the decreasing population in pockets along the eastern coastline.

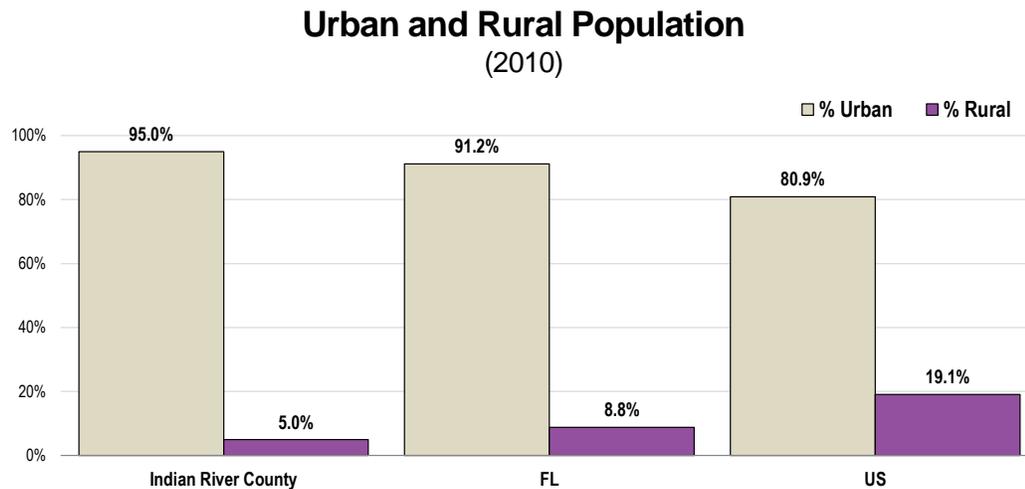


## Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

**Indian River County is predominantly urban, with 95.0% of the population living in areas designated as urban.**

- Higher than both the state and nation.



Sources: 

- US Census Bureau Decennial Census (2010).
- Retrieved July 2017 from Community Commons at <http://www.chna.org>.

Notes: 

- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

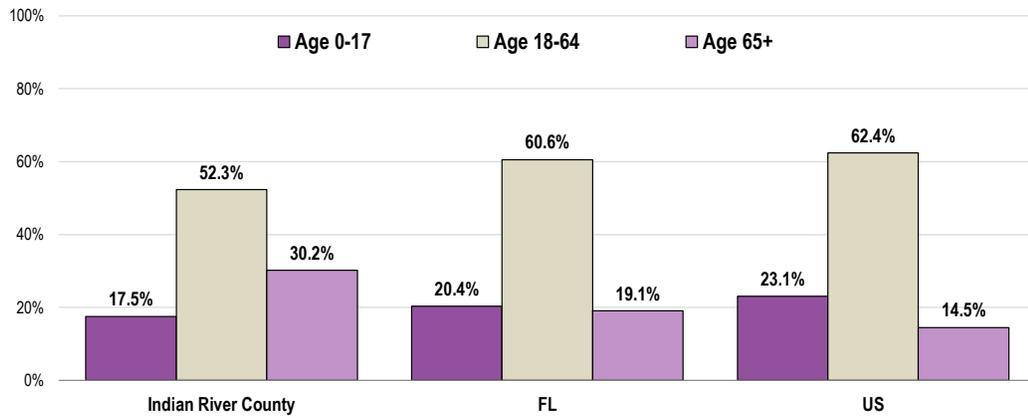
## Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

**In Indian River County, 17.5% of the population are infants, children, or adolescents (age 0-17); another 52.3% are age 18 to 64, while 30.2% are age 65 and older.**

- The percentage of older adults (65+) is higher than that found state- and nationwide.

### Total Population by Age Groups, Percent (2012-2016)

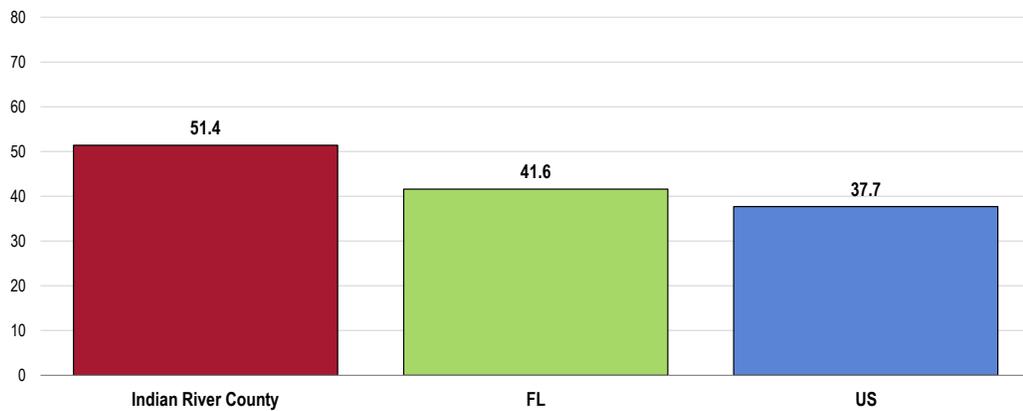


Sources:   
 • US Census Bureau American Community Survey 5-year estimates.   
 • Retrieved July 2017 from Community Commons at <http://www.chna.org>.

### Median Age

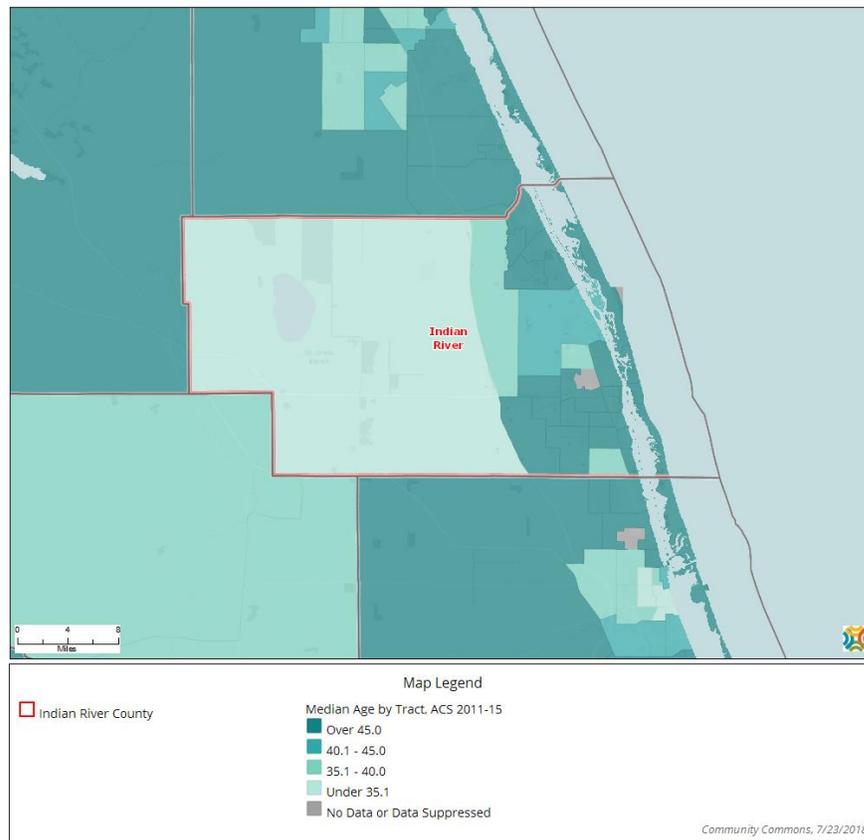
Indian River County is “older” than the state and the nation in that the median age is higher.

### Median Age (2012-2016)



Sources:   
 • US Census Bureau American Community Survey 5-year estimates.   
 • Retrieved July 2017 from Community Commons at <http://www.chna.org>.

- The following map provides an illustration of the median age in Indian River County, segmented by census tract.



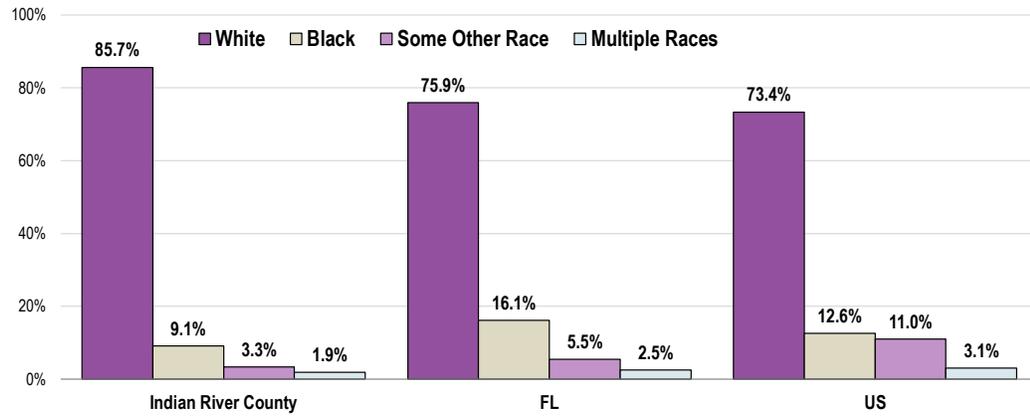
## Race & Ethnicity

### Race

In looking at race independent of ethnicity (Hispanic or Latino origin), **85.7%** of residents of Indian River County are **White** and **9.1%** are **Black**.

- This is more White, less Black, and less “other” race than the state and national racial distributions.

### Total Population by Race Alone, Percent (2012-2016)



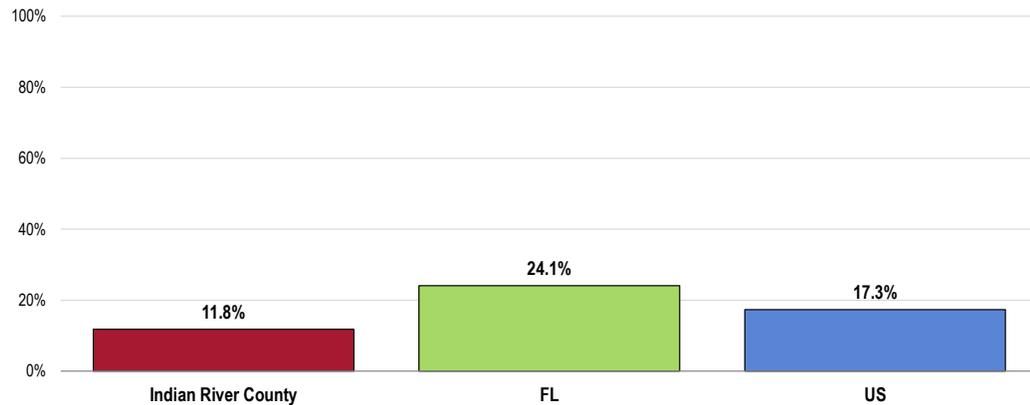
Sources:   
 • US Census Bureau American Community Survey 5-year estimates.   
 • Retrieved July 2017 from Community Commons at <http://www.chna.org>.

### Ethnicity

**A total of 11.8% of Indian River County residents are Hispanic or Latino.**

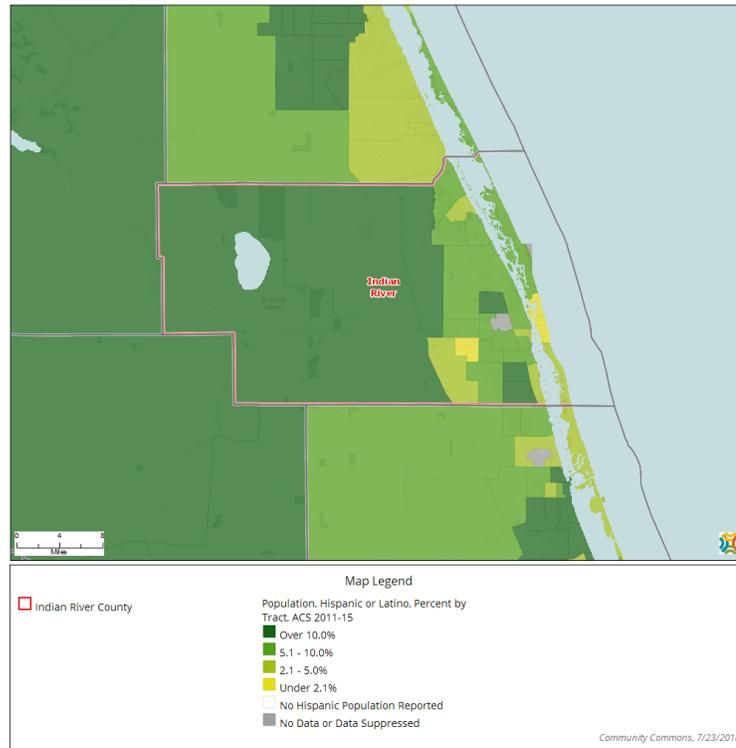
- Lower than state and nationwide percentages.

### Hispanic Population (2012-2016)



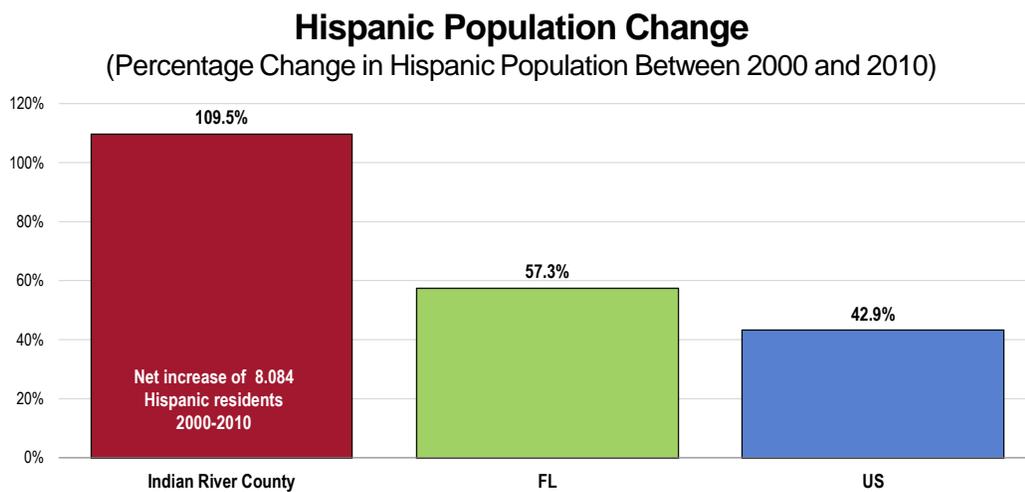
Sources:   
 • US Census Bureau American Community Survey 5-year estimates.   
 • Retrieved July 2017 from Community Commons at <http://www.chna.org>.   
 Notes:   
 • Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

- The Hispanic population appears to be most concentrated in the western portion of the county.



**Between 2000 and 2010, the Hispanic population in Indian River County increased by 8,084, or 109.5%.**

- Much higher (in terms of percentage growth) than found statewide and nationally.



Sources:

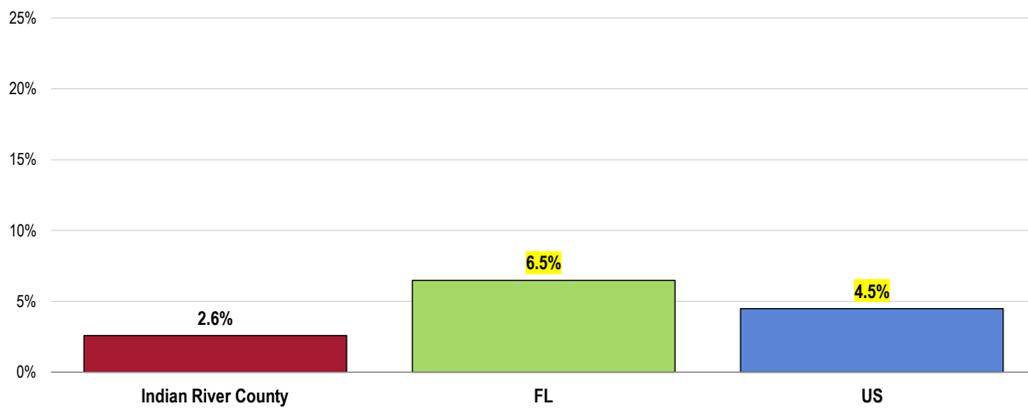
- US Census Bureau Decennial Census (2000-2010).
- Retrieved July 2017 from Community Commons at <http://www.chna.org>.

## Linguistic Isolation

A total of 2.6% of the Indian River County population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

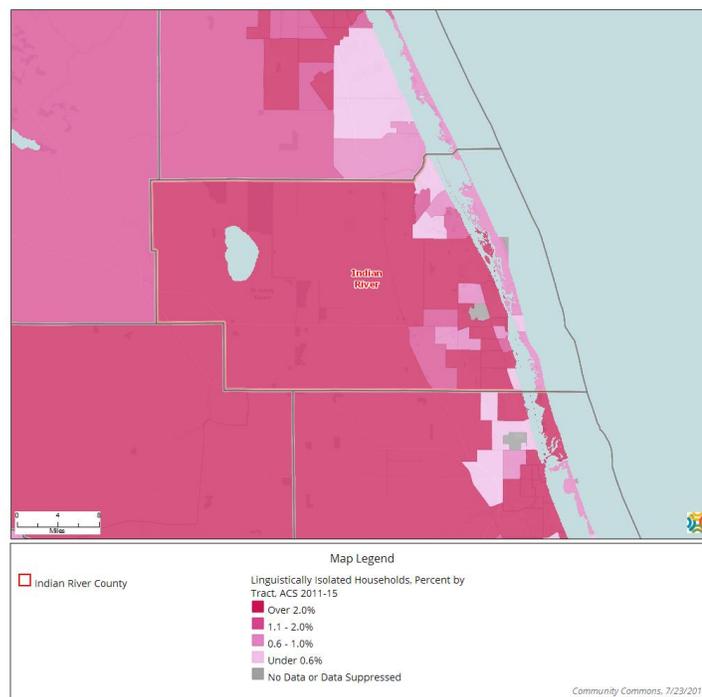
- Much lower than found across the state and nation.

### Linguistically Isolated Population (2012-2016)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
  - Retrieved July 2017 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”

- Note the following map illustrating linguistic isolation in Indian River County.



## Social Determinants of Health

### About Social Determinants

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

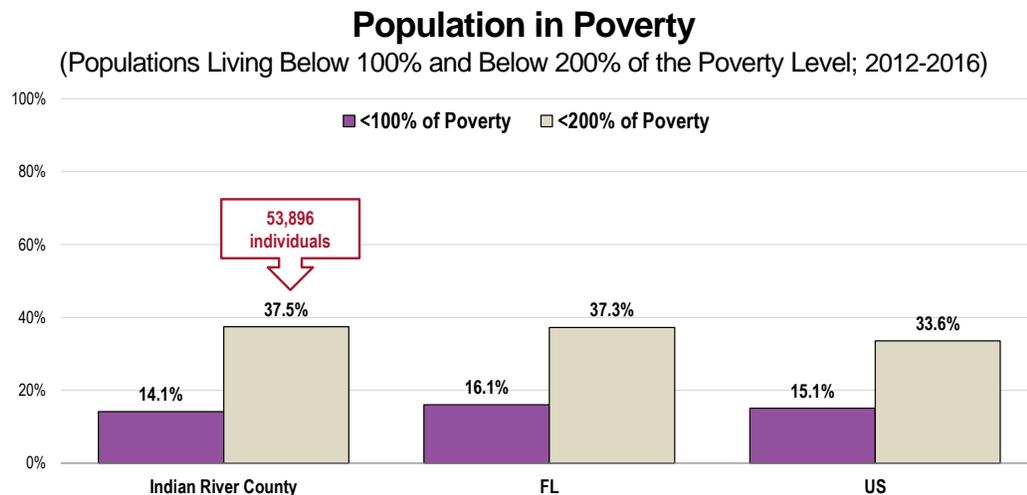
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Poverty

The latest census estimate shows **14.1% of Indian River County population living below the federal poverty level.**

**In all, 37.5% of Indian River County residents (an estimated 53,896 individuals) live below 200% of the federal poverty level.**

- Similar to the proportions reported state- and nationwide.

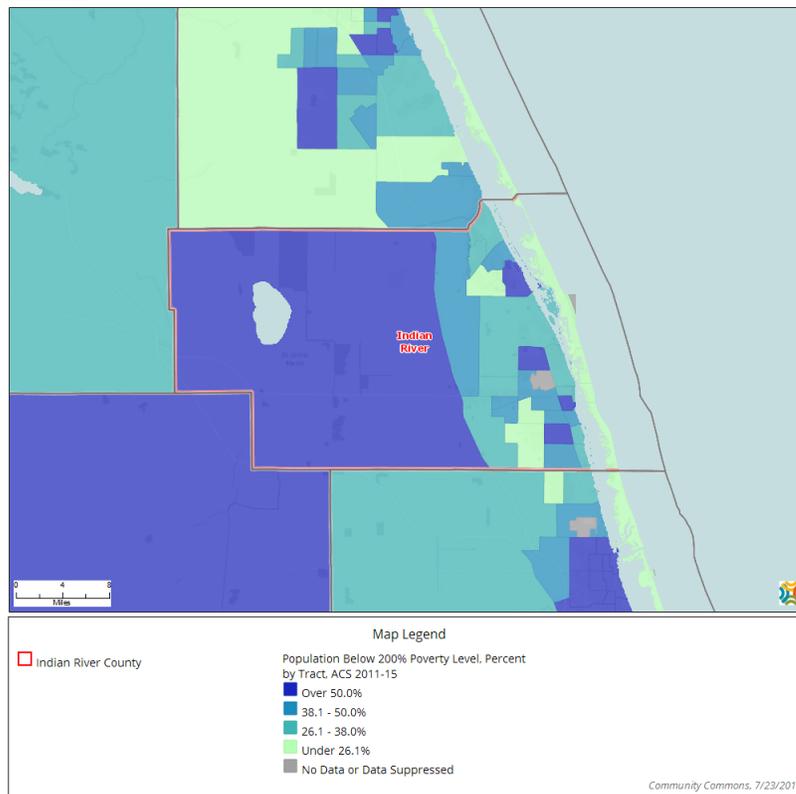
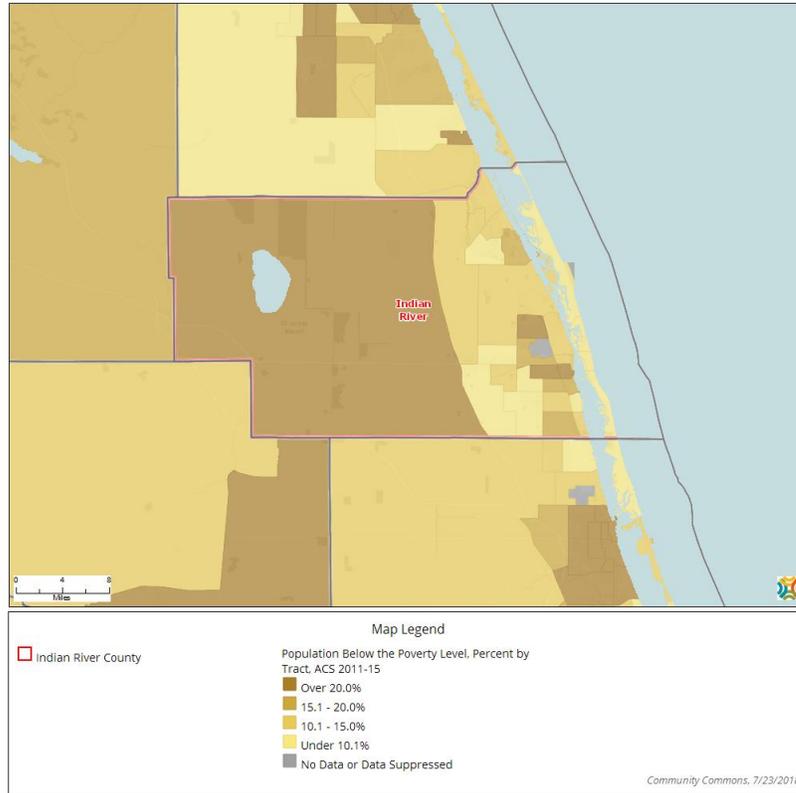


Sources: • US Census Bureau American Community Survey 5-year estimates.

• Retrieved July 2017 from Community Commons at <http://www.chna.org>.

Notes: • Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- A higher concentration of persons living below the 200% poverty threshold is found in the western portion of the county.

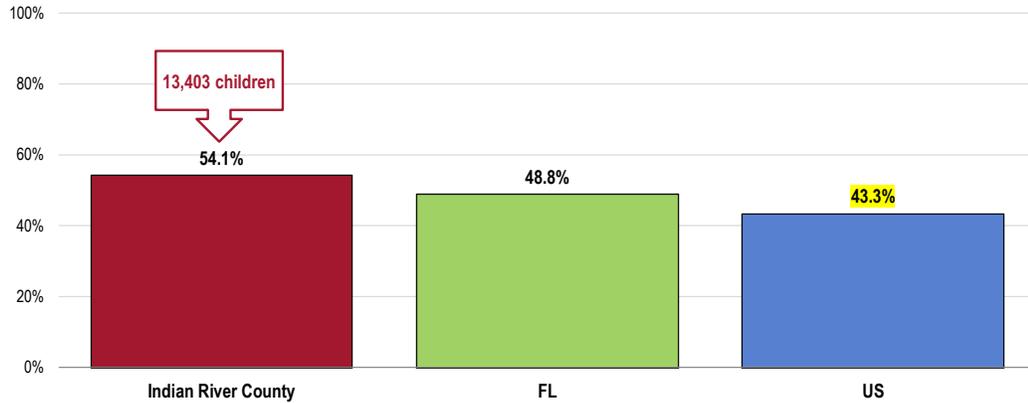


### Children in Low-Income Households

Additionally, 54.1% of Indian River County children age 0-17 (representing an estimated 13,403 children) live below the 200% poverty threshold.

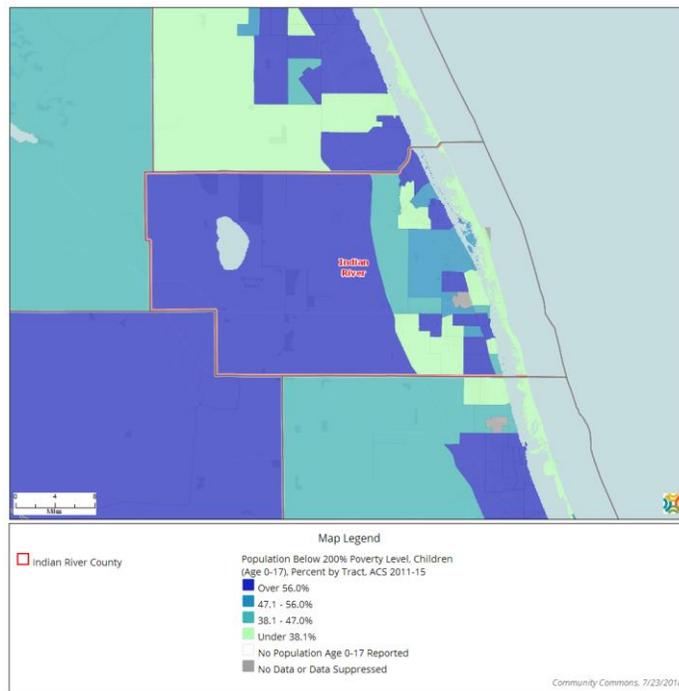
- Similar to the proportion found statewide.
- Above the proportion found nationally.

### Percent of Children in Low-Income Households (Children 0-17 Living Below 200% of the Poverty Level, 2012-2016)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
  - Retrieved July 2017 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Note the concentration of children in lower-income households in the following map.



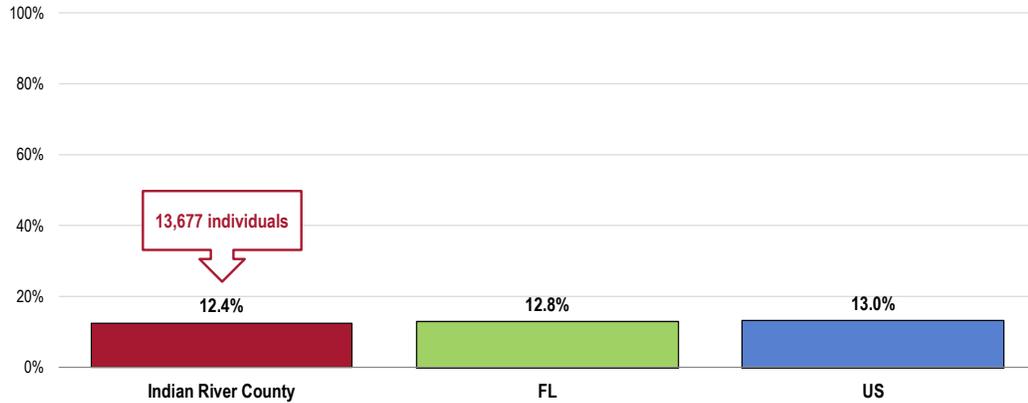
## Education

Among the Indian River County population age 25 and older, an estimated 12.4% (over 13,000 people) do not have a high school education.

- Similar to state and national levels.

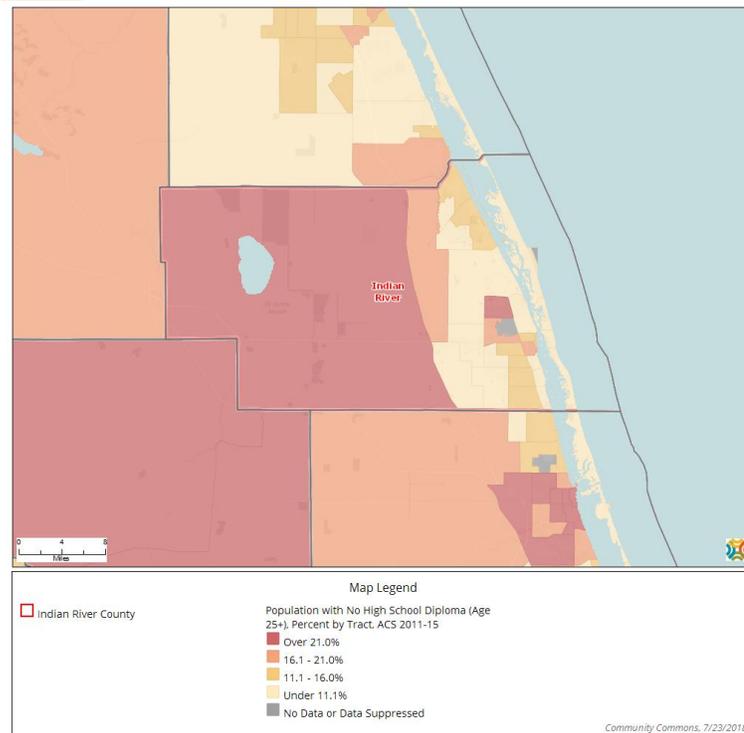
### Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2012-2016)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
  - Retrieved July 2017 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

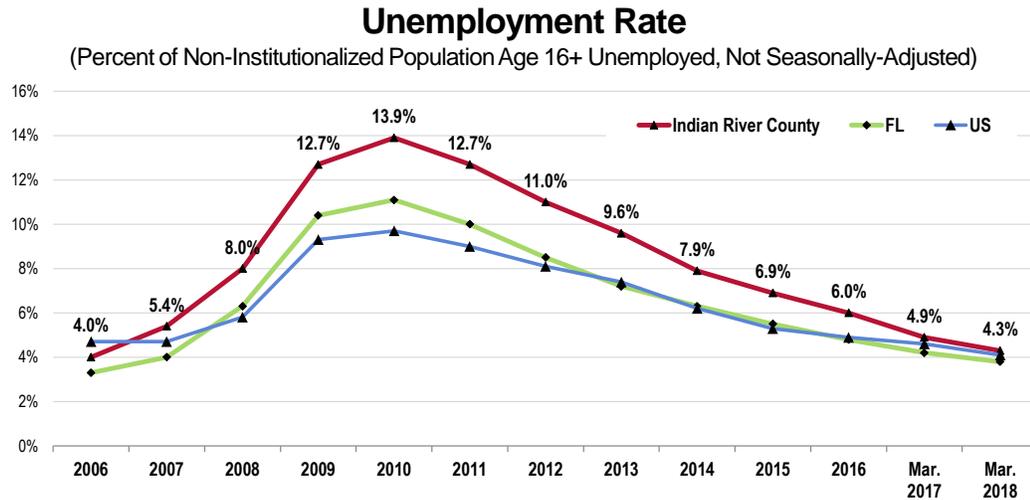
- Geographically, this indicator is more concentrated in the western part of the county.



## Employment

According to data derived from the US Department of Labor, the unemployment rate in Indian River County as of March 2018 was 4.3%.

- Comparable to the Florida and US unemployment rates.



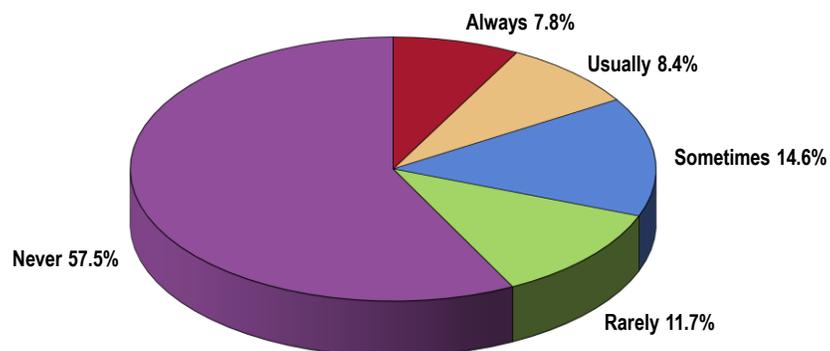
Sources: • US Department of Labor, Bureau of Labor Statistics.  
 • Retrieved July 2017 from Community Commons at <http://www.chna.org>.  
 Notes: • This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

## Housing Insecurity

While most surveyed adults rarely, if ever, worry about the cost of housing, three in 10 (30.8%) reported that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

### Frequency of Worry or Stress Over Paying Rent/Mortgage in the Past Year

(Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]  
 Notes: • Asked of all respondents.

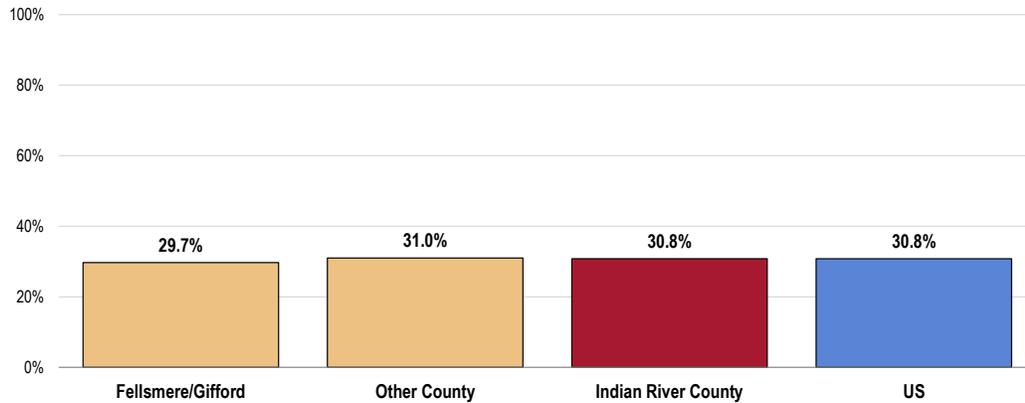
NOTE:

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

Where sample sizes permit, community-level data are provided.

- The Indian River County proportion of adults who worried about paying for rent or mortgage in the past year is identical to the US prevalence.
- Similar by community.

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

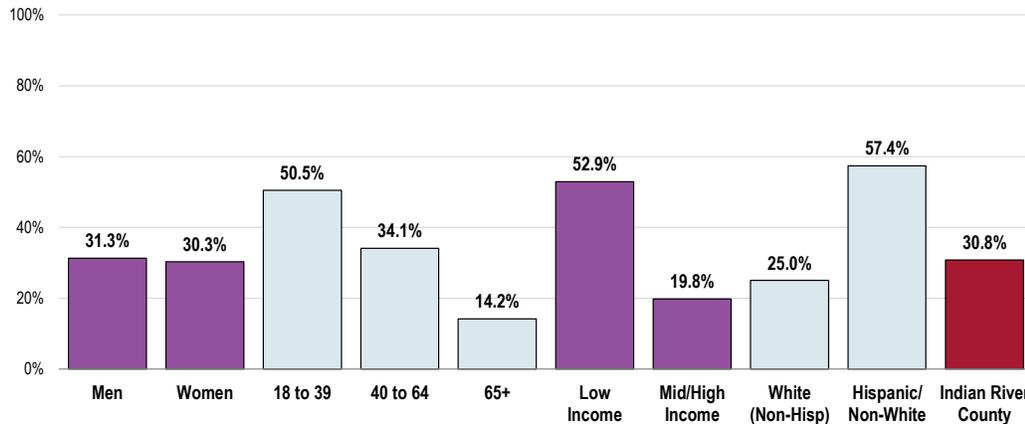


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Note the strong negative correlation between housing insecurity and age.
- Others also more likely to report housing insecurity include low-income residents, and Hispanic/Non-White residents.

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

### “Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Indian River County, 2018)

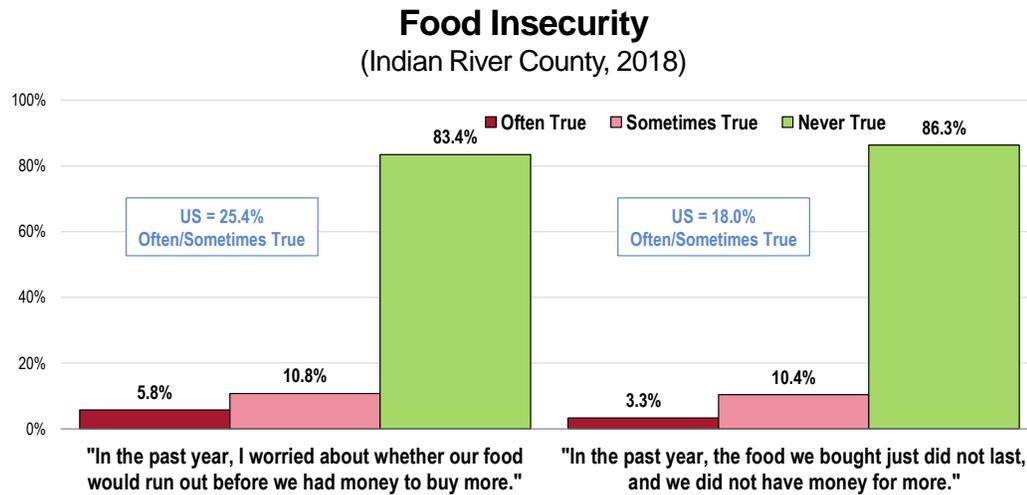


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
  - Asked of all respondents.
- Notes:
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Food Insecurity

In the past year, 16.6% of Indian River County adults “often” or “sometimes” worried about whether their food would run out before they had money to buy more.

Another 13.7% report a time in the past year (“often” or “sometimes”) when the food they bought just did not last, and they did not have money to get more.



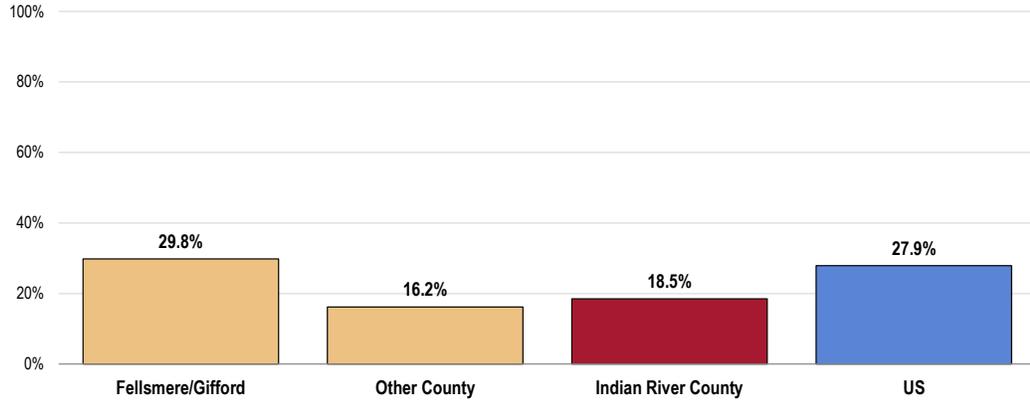
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 87-88]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects the total sample of respondents.

**Overall, 18.5% 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.**

- Compared to US data, this prevalence is lower.
- By community, higher in Fellsmere/Gifford.

### Food Insecurity

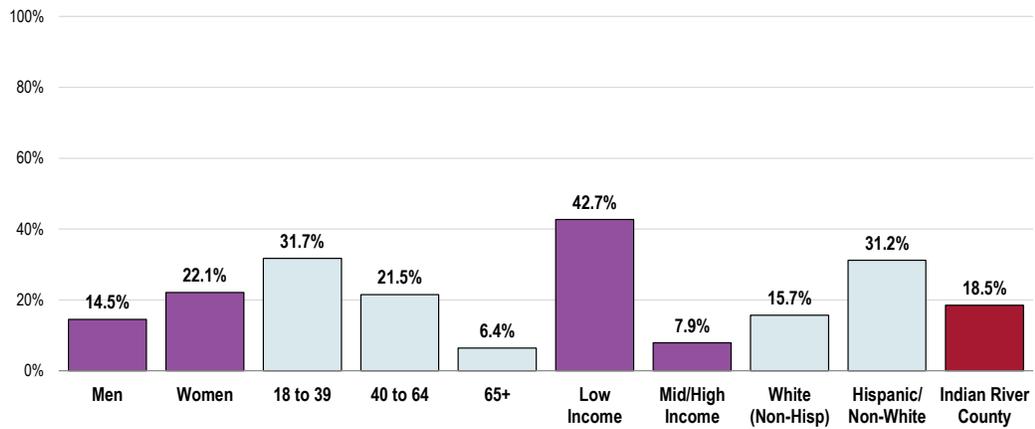


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.  
 • The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

Adults more likely affected by food insecurity include:

- Women.
- Young adults (strong negative correlation with age).
- Residents living at lower incomes.
- Hispanics/Non-Whites.

### Food Insecurity (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

# General Health Status



**Professional Research Consultants, Inc.**

## Overall Health Status

### Evaluation of Health Status

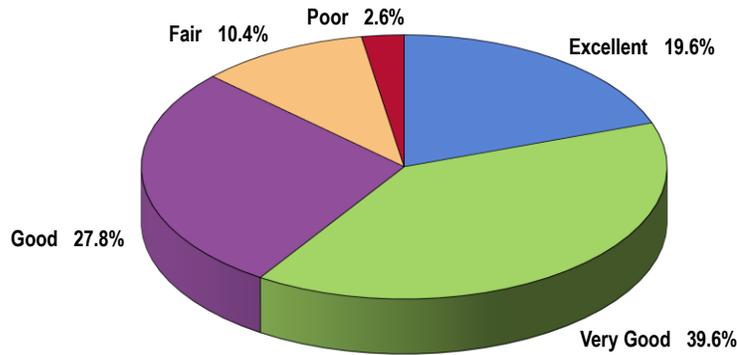
The initial inquiry of the PRC Community Health Survey asked respondents the following:

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

**A total of 59.2% of Indian River County adults rate their overall health as "excellent" or "very good."**

- Another 27.8% gave "good" ratings of their overall health.

### Self-Reported Health Status (Indian River County, 2018)

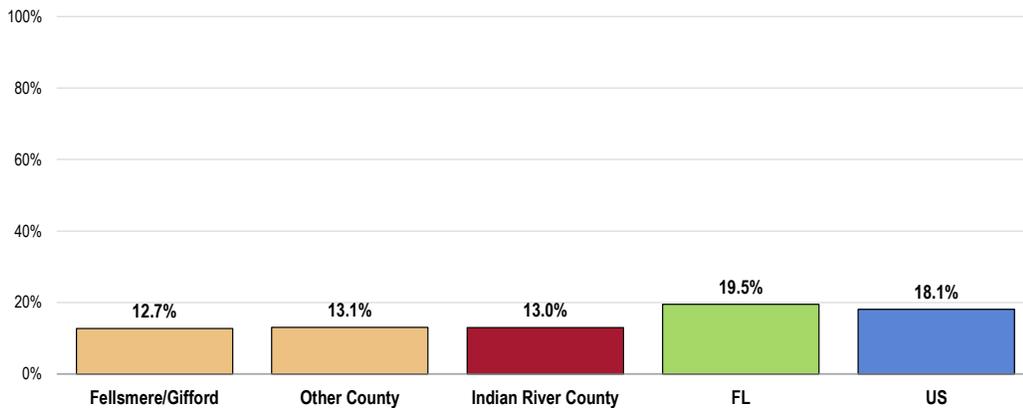


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
Notes: • Asked of all respondents.

**However, 13.0% of Indian River County adults believe that their overall health is "fair" or "poor."**

- Well below statewide and national findings.
- Comparable by community.

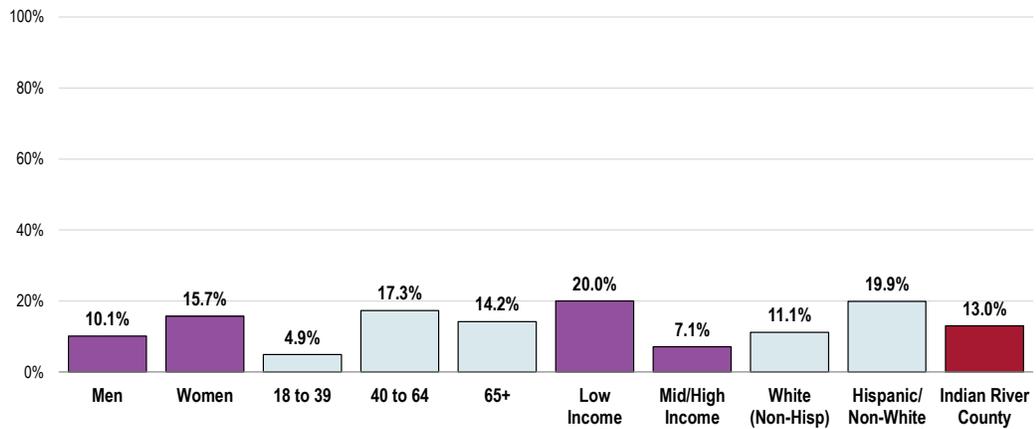
### Experience "Fair" or "Poor" Overall Health



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.  
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.  
• The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Adults more likely to report experiencing “fair” or “poor” overall health include adults over age 40 and residents living at lower incomes.
- Differences by sex, as illustrated in the following chart, are not statistically significant.

### Experience “Fair” or “Poor” Overall Health (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Activity Limitations

### About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

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

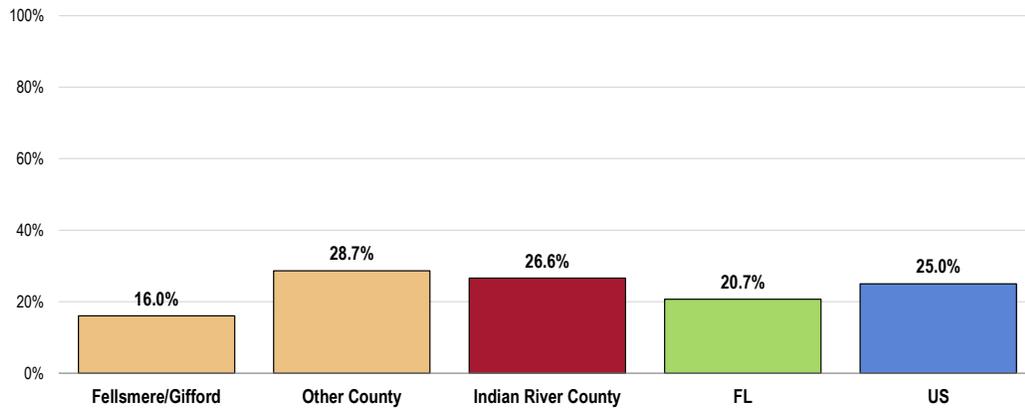
**One-quarter (26.6%) of Indian River County adults is limited in some way in some activities due to a physical, mental, or emotional problem.**

#### RELATED ISSUE:

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

- Less favorable than the prevalence statewide.
- Similar to the national prevalence.
- Higher in the Other County area.

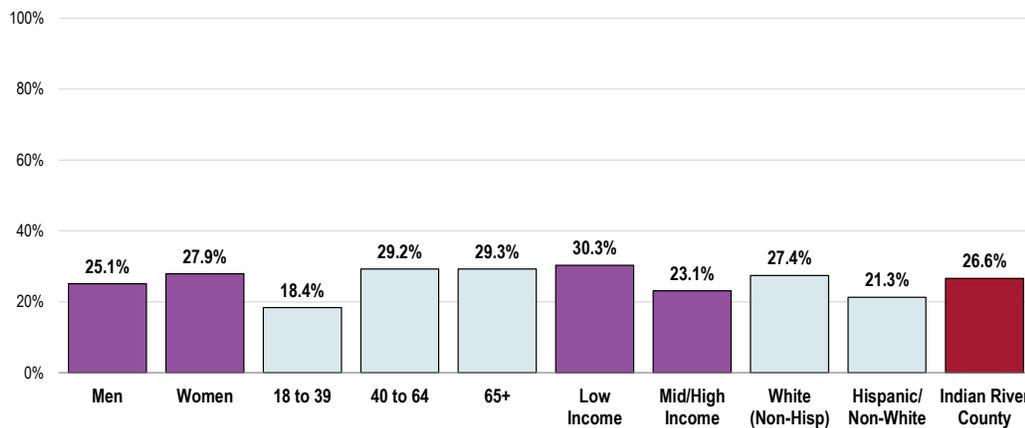
### Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Florida data.
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- No significant differences by demographics.

### Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Indian River County, 2018)

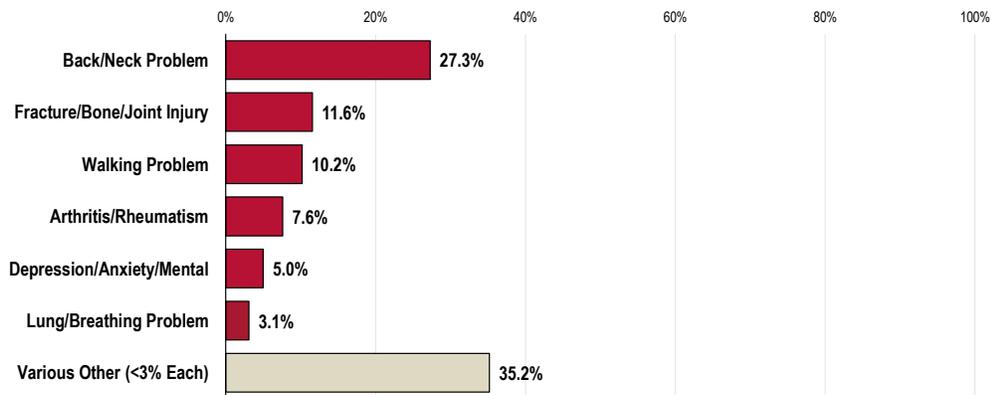


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
- Notes:
- Asked of all respondents.
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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

Other limitations noted with some frequency include those related to mental health (depression, anxiety), as well as respiratory problems.

### Type of Problem That Limits Activities (Among Those Reporting Activity Limitations; Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]  
 Notes: • Asked of those respondents reporting activity limitations.

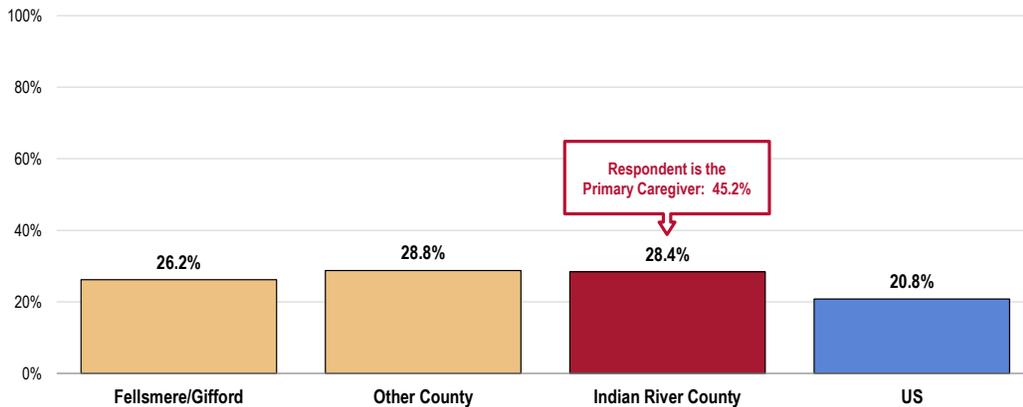
### Caregiving

A total of 28.4% of Indian River County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- Higher than the national finding.
- Statistically similar by community.

Of these adults, 45.2% are the *primary* caregiver for the individual receiving care.

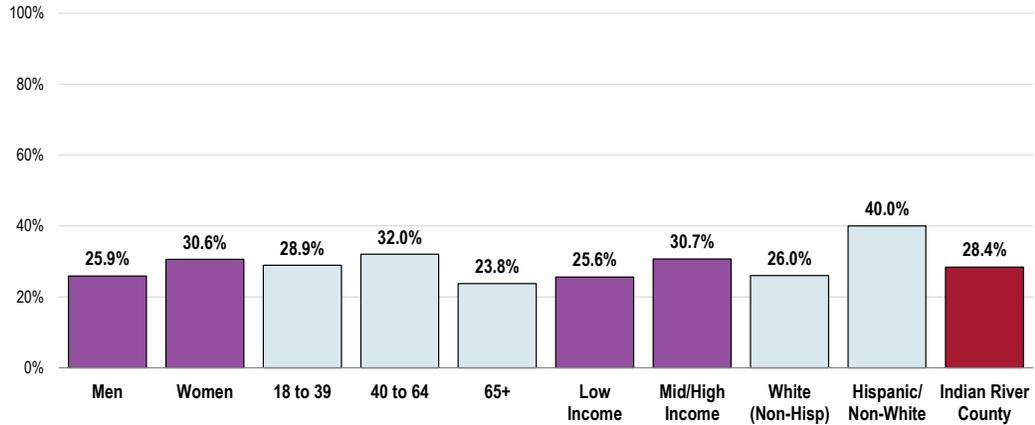
### Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111, 113]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- The prevalence of caregivers in the community is notably higher among Hispanic/Non-White residents.

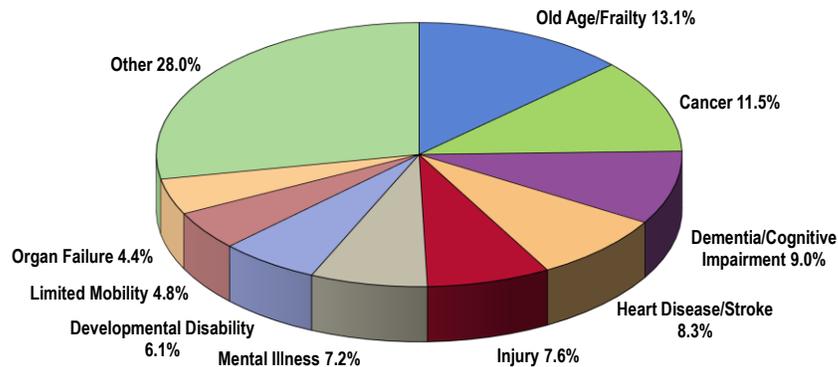
### Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

For those who provide care or assistance, the top health issues affecting the people receiving this care include **old age/frailty** (13.1%), **cancer** (11.5%), **dementia/cognitive impairment** (9.0%), and **heart disease/stroke** (8.3%).

### Primary Health Issue of Person Receiving Care or Assistance (Among Caregivers Providing Regular Care to a Friend/Family Member; Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]  
 Notes: • Asked of those respondents reporting providing regular care or assistance to a friend or family member with a health problem, long-term illness, or disability.

## Mental Health

### About Mental Health & Mental Disorders

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

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

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

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

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

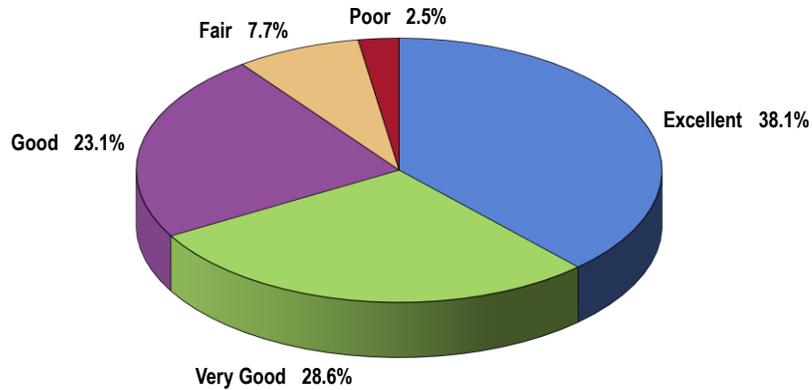
## Evaluation of Mental Health Status

Two-thirds (66.7%) of Indian River County adults rate their overall mental health as “excellent” or “very good.”

- Another 23.1% gave “good” ratings of their own mental health status.

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

### Self-Reported Mental Health Status (Indian River County, 2018)

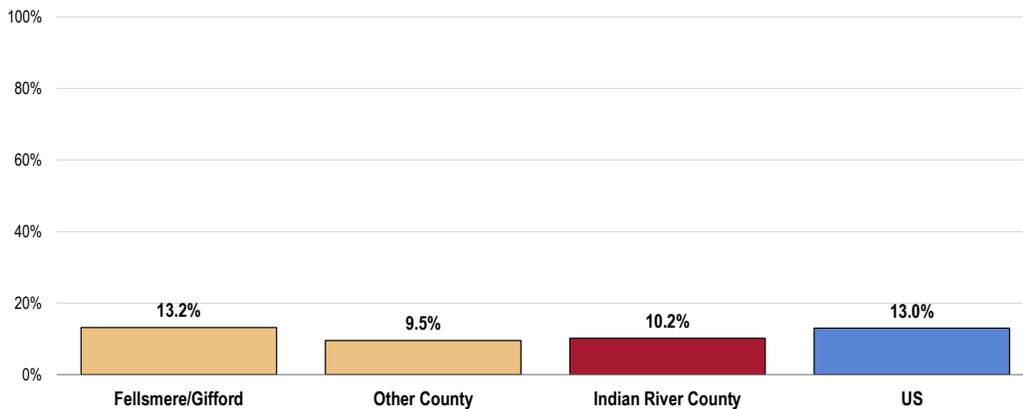


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]  
Notes: • Asked of all respondents.

A total of 10.2% of Indian River County adults, however, believe that their overall mental health is “fair” or “poor.”

- Similar to the “fair/poor” response reported nationally.
- Similar by community.

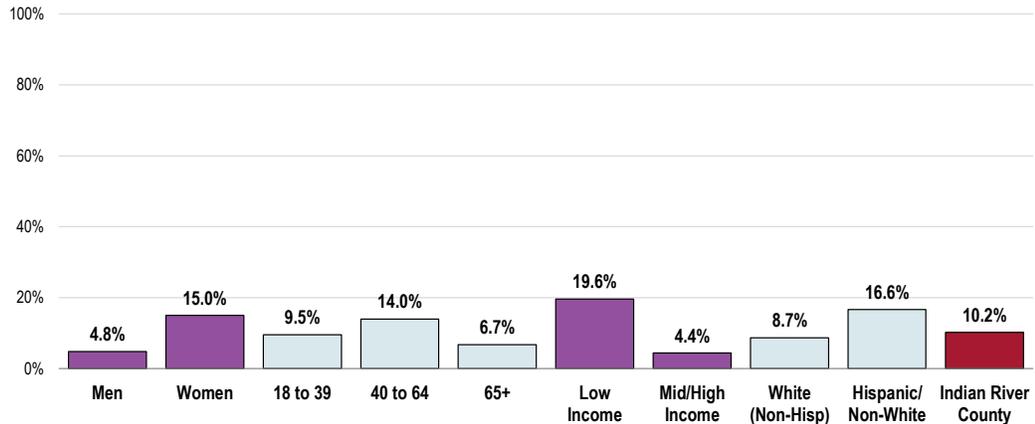
### Experience “Fair” or “Poor” Mental Health



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]  
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.  
• The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Women, adults age 40-64, and those at lower incomes are much more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

### Experience “Fair” or “Poor” Mental Health (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

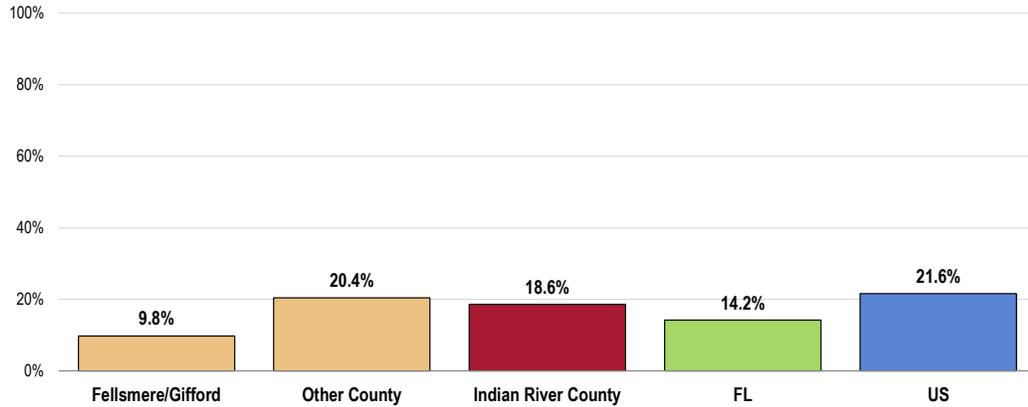
## Depression

### Diagnosed Depression

A total of 18.6% of Indian River County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Less favorable than the state level.
- Similar to the national finding.
- Least favorable in the Other County area.

### Have Been Diagnosed With a Depressive Disorder



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

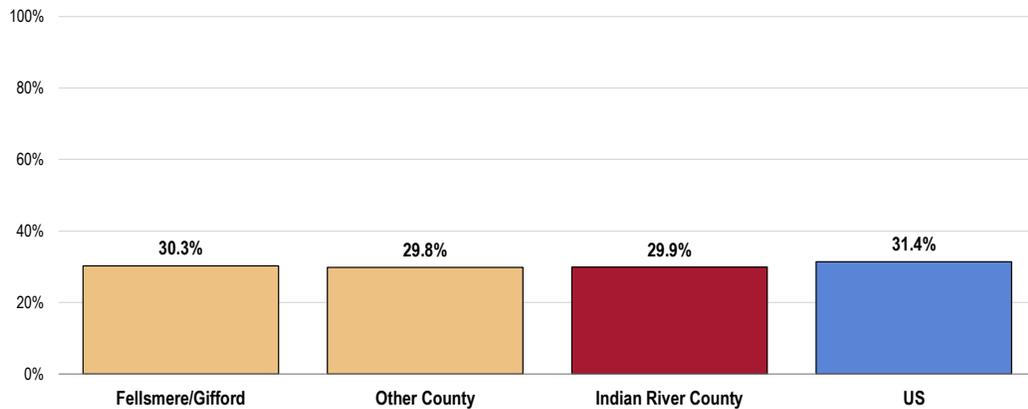
Notes: • Asked of all respondents.  
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.  
 • The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

### Symptoms of Chronic Depression

Three in 10 Indian River County adults (29.9%) have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Comparable to national findings.
- No significant difference by community.

### Have Experienced Symptoms of Chronic Depression



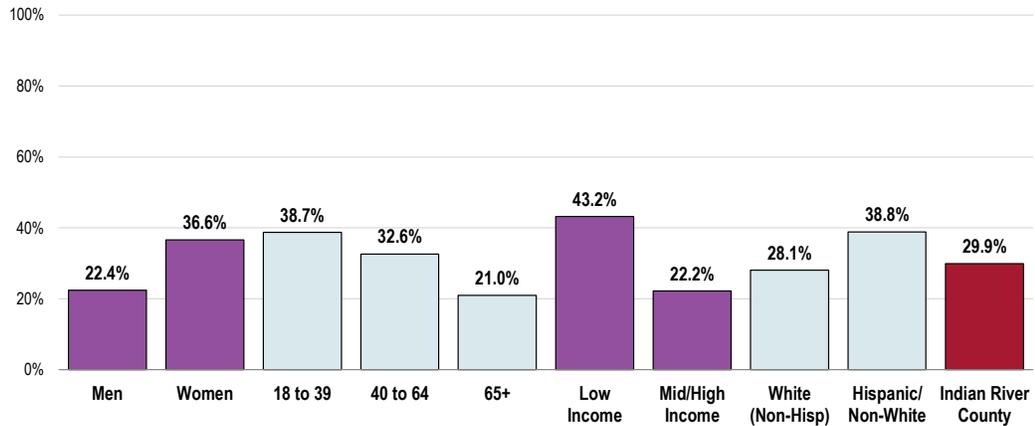
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.  
 • The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

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

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

### Have Experienced Symptoms of Chronic Depression (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]  
 Notes: • Asked of all respondents.  
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Stress

More than one-half of Indian River County adults considers a typical day to be "not very stressful" (35.8%) or "not at all stressful" (16.2%).

RELATED ISSUE:

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

- Another 37.4% of survey respondents characterize a typical day as "moderately stressful."

### Perceived Level of Stress On a Typical Day (Indian River County, 2018)

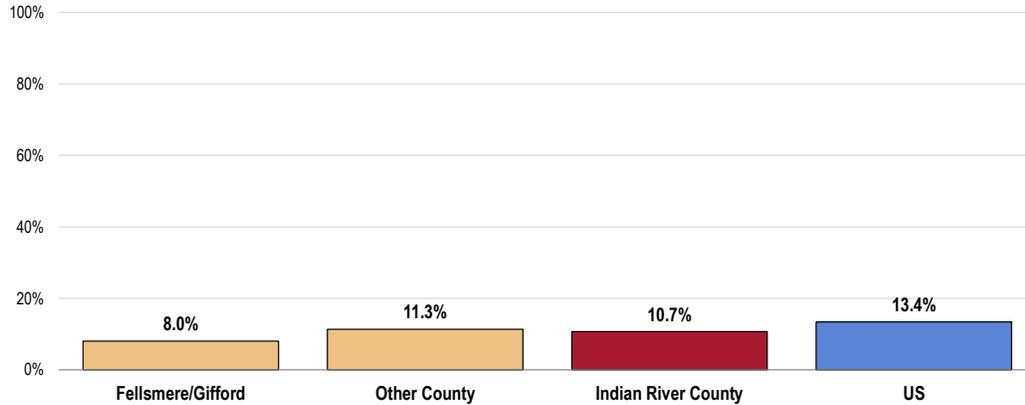


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]  
 Notes: • Asked of all respondents.

In contrast, 10.7% of Indian River County adults experience “very” or “extremely” stressful days on a regular basis.

- Similar to national findings.
- Similar by community.

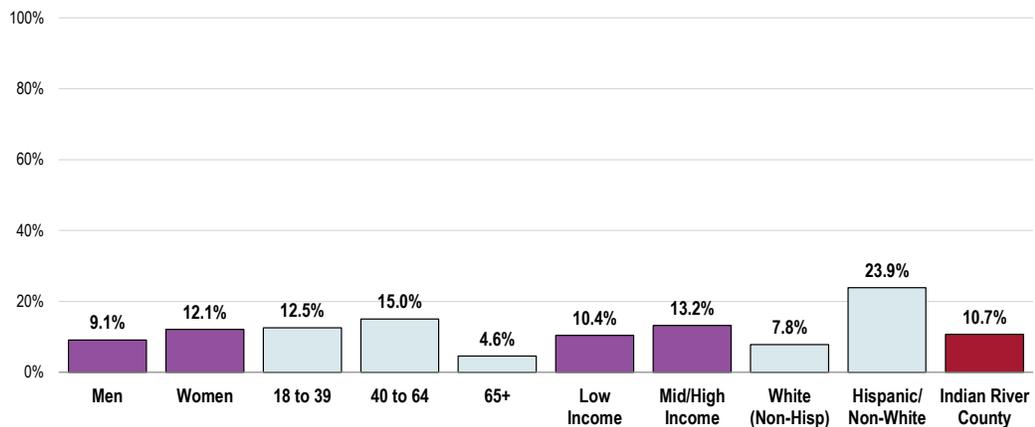
### Perceive Most Days As “Extremely” or “Very” Stressful



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Note that high stress levels are more prevalent among adults under age 65 and Hispanic/Non-White residents.

### Perceive Most Days as “Extremely” or “Very” Stressful (Indian River County, 2018)



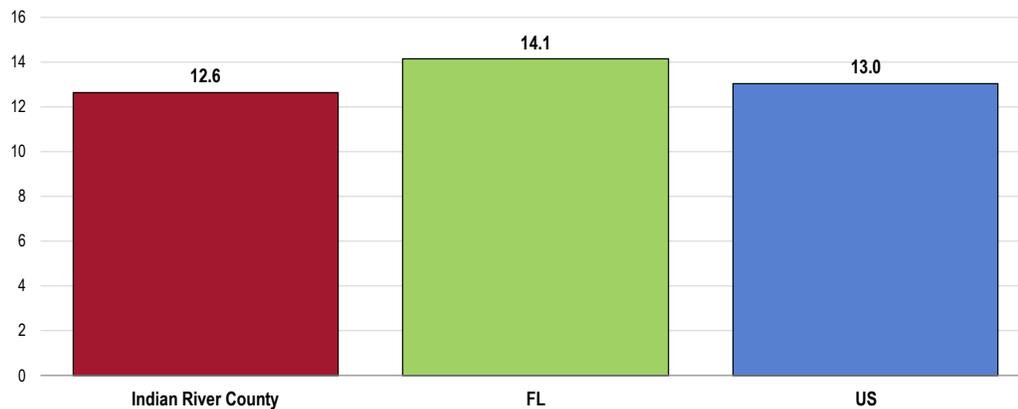
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
- Notes:
- Asked of all respondents.
  - Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

## Suicide

Between 2014 and 2016, there was an annual average age-adjusted suicide rate of 12.6 deaths per 100,000 population in Indian River County.

- Comparable to the state and national rates.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

### Suicide: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 10.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Mental Health Treatment

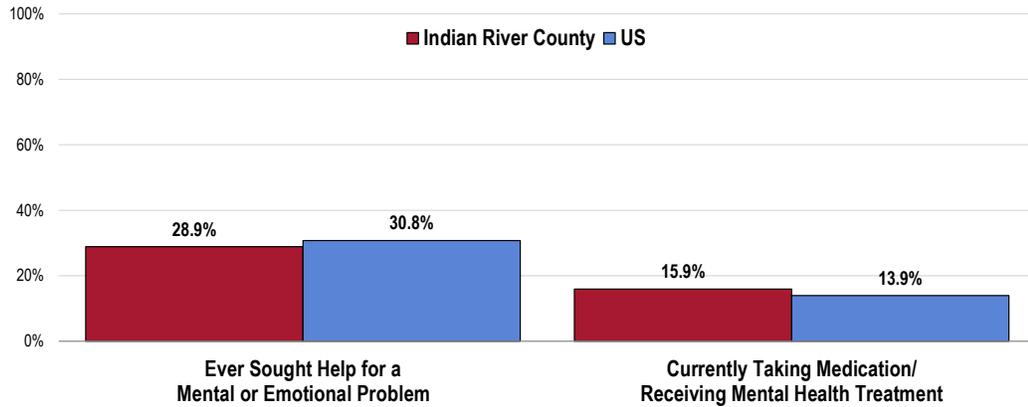
A total of 28.9% of Indian River County adults acknowledge having ever sought professional help for a mental or emotional problem.

- Comparable to the national prevalence.

A total of 15.9% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- Comparable to national findings.

### Mental Health Treatment



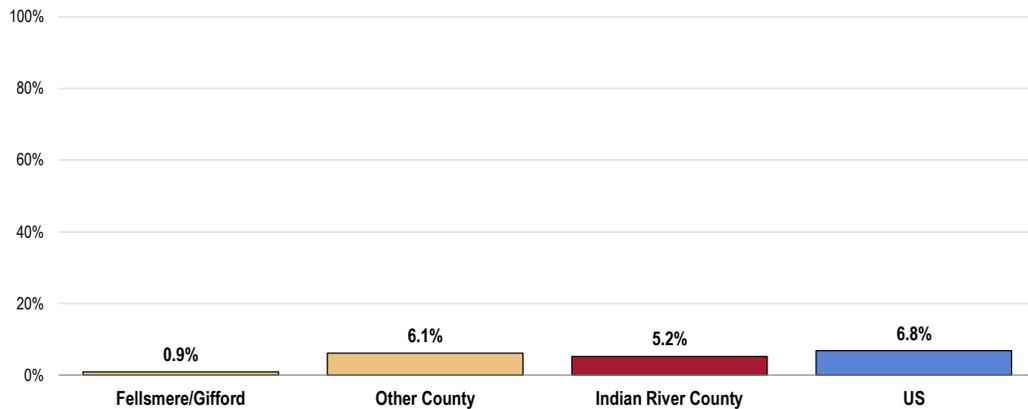
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Reflects the total sample of respondents.

### Difficulty Accessing Mental Health Services

A total of 5.2% of Indian River County adults report a time in the past year when they needed mental health services, but were not able to get them.

- Similar to the national finding.
- Much less favorable in the Other County area.

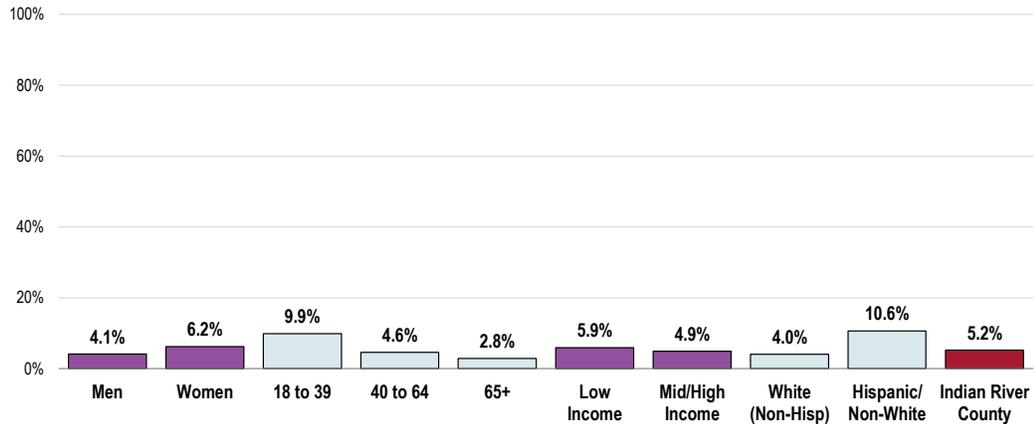
### Unable to Get Mental Health Services When Needed in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Differences by demographics are not statistically significant.

### Unable to Get Mental Health Services When Needed in the Past Year (Indian River County, 2018)



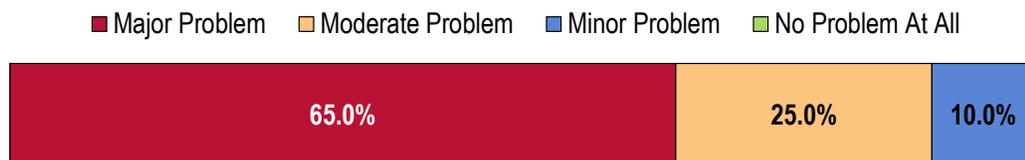
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among the 18 persons citing difficulties accessing mental health services in the past year, these are predominantly attributed to **cost or insurance issues, quality of care, and unavailable services.** Barriers mentioned much less frequently include lack of time, general access issues, and issues with workman's compensation.

### Key Informant Input: Mental Health

Nearly two-thirds of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

### Perceptions of Mental Health as a Problem in the Community (Key Informants, 2018)



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

## Top Concerns

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

### Access to Care/Services

*Ability to get psychiatric appointment quickly. Too few psychiatrists. Cost of medications and copays. Many chronic and persistent mental health sufferers have need of many "wrap around services" and care management services that are not available or too expensive. Stigma and housing are issues for this population. - Social Services Provider*

*We lack quality and accessible mental health care for, especially, low-income residents and children. - Social Services Provider*

*Access to adult and child psychiatry. - Community Leader*

*Adequate inpatient care. - Physician*

*Finding a physician. - Other Health Provider*

### Denial/Stigma

*Overcoming the stigma to ask for help. Acknowledging that you or your child has an issue, particularly a parent living in stressful conditions recognizing their child needs help. Discerning between normal behavior/bad day (ex: "terrible two's" or "kids will be kids") vs. mental health issues/disorders. Entire family often needs help, with parental behaviors possibly being a root cause... so recognizing their need for help depends on level of self-awareness. Finding providers that take their insurance and don't have a huge wait list. - Social Services Provider*

*Admitting there is an issue, seeking the available services and following through with the treatment. - Social Services Provider*

*Denial, trust, no affordable help. - Community Leader*

### Prevalence/Incidence

*Major issue throughout the country and here, as well. Too many people walking around with mental issues, not getting the right care and facilities to assist them. - Community Leader*

*Prevalence and access to care. - Public Health Representative*

### Access to Providers

*There is only one community mental health provider for three counties. They are always understaffed and cannot provide longer term case management as they are limited by the reimbursement system. There are multiple homeless people who are mentally ill and cannot access treatment for mental illness- and many more who cannot access the needed medications...despite alleged programs for indigent medicine. - Social Services Provider*

### Diagnosis/Treatment

*Many do not have personal advocates. Many do not understand or recognize their illness. Many self-medicate with drugs or alcohol abuse. Transportation to treatment centers is limited. - Social Services Provider*

### Vulnerable Populations

*This is a chronically underserved issue. Very common in the poor population as an ACE, both in the parental population and manifesting in current population. Need greater access to preventative and maintenance care, not simply crisis. - Social Services Provider*

# Death, Disease, & Chronic Conditions



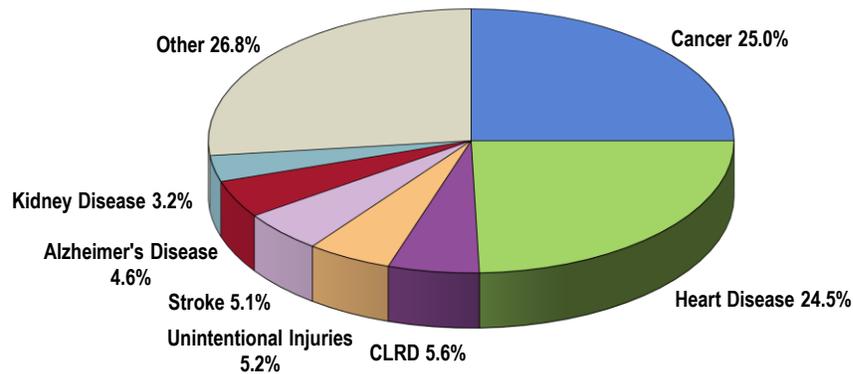
**Professional Research Consultants, Inc.**

## Leading Causes of Death

### Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for over one-half of all deaths in Indian River County in 2016.

**Leading Causes of Death**  
(Indian River County, 2016)



- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• CLRD is chronic lower respiratory disease.

### Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, Florida and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2014-2016 annual average age-adjusted death rates per 100,000 population for selected causes of death in Indian River County.

Each of these is discussed in greater detail in subsequent sections of this report.

## Age-Adjusted Death Rates for Selected Causes (2014-2016 Deaths per 100,000 Population)

	Indian River County	Florida	US	HP2020
<b>Malignant Neoplasms (Cancers)</b>	160.0	150.1	158.5	161.4
<b>Diseases of the Heart</b>	137.7	149.1	167.0	156.9*
<b>Unintentional Injuries</b>	51.5	47.5	43.7	36.4
<b>Chronic Lower Respiratory Disease (CLRD)</b>	34.7	38.1	40.9	n/a
<b>Cerebrovascular Disease (Stroke)</b>	29.1	35.8	37.1	34.8
<b>Alzheimer's Disease</b>	19.8	20.7	28.4	n/a
<b>Unintentional Drug-Related Deaths</b>	16.2	15.7	14.3	11.3
<b>Cirrhosis/Liver Disease</b>	15.0	11.8	10.6	8.2
<b>Kidney Disease</b>	13.8	10.5	13.2	n/a
<b>Motor Vehicle Deaths</b>	13.7	13.6	11	12.4
<b>Intentional Self-Harm (Suicide)</b>	12.6	14.1	13.0	10.2
<b>Diabetes</b>	11.7	19.1	21.1	20.5*
<b>Firearm-Related</b>	8.9	12.1	11.0	9.3
<b>Pneumonia/Influenza</b>	7.3	9.3	14.6	n/a
<b>Homicide/Legal Intervention</b>	5.2	6.4	5.7	5.5
<b>HIV/AIDS</b>	2.1	5.3	2.5	3.3

Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.

- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.

Note: 

- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.

- \*The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

For neonatal and infant mortality data, see *Birth Outcomes & Risks* in the *Births* section of this report.

## Cardiovascular Disease

### About Heart Disease & Stroke

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

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

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

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

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

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

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

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

## Age-Adjusted Heart Disease & Stroke Deaths

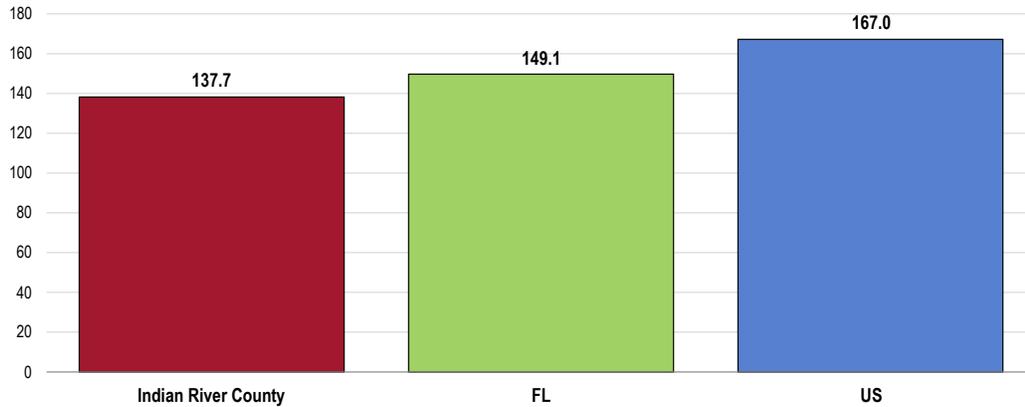
### Heart Disease Deaths

**Between 2014 and 2016 there was an annual average age-adjusted heart disease mortality rate of 137.7 deaths per 100,000 population in Indian River County.**

- Similar to the Florida rate.
- Lower than the US rate.
- Statistically similar to the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).

The greatest share of cardiovascular deaths is attributed to heart disease.

### Heart Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



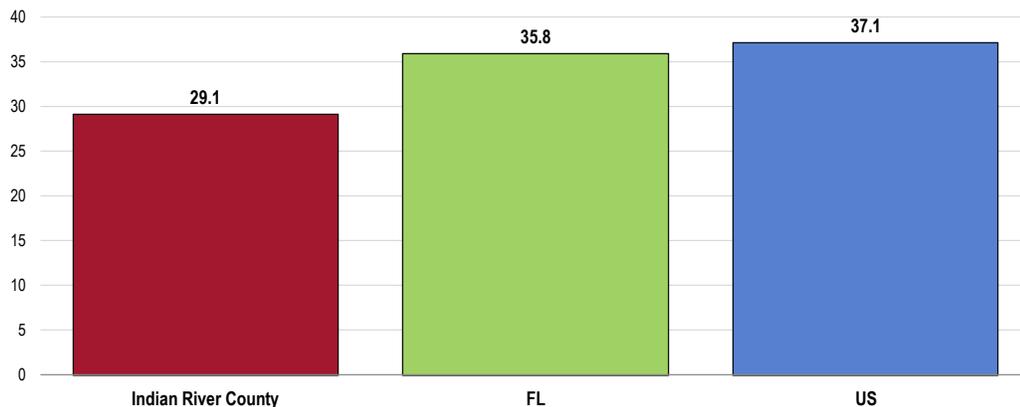
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
  - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

### Stroke Deaths

Between 2014 and 2016, Indian River County reported an annual average age-adjusted stroke mortality rate of 29.1 deaths per 100,000 population.

- Lower than the Florida and national rates.
- Satisfies the Healthy People 2020 target of 34.8 or lower.

### Stroke: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 34.8 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

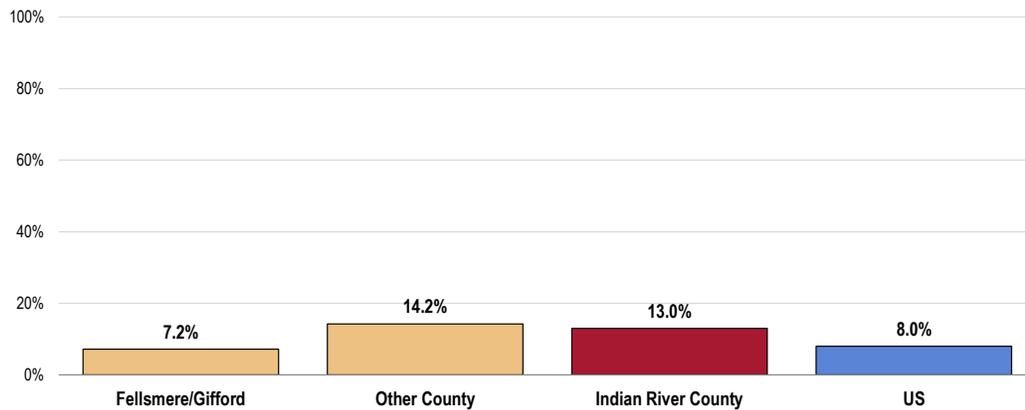
## Prevalence of Heart Disease & Stroke

### Prevalence of Heart Disease

A total of 13.0% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- Less favorable than the national prevalence.
- Least favorable in the Other County area.

### Prevalence of Heart Disease

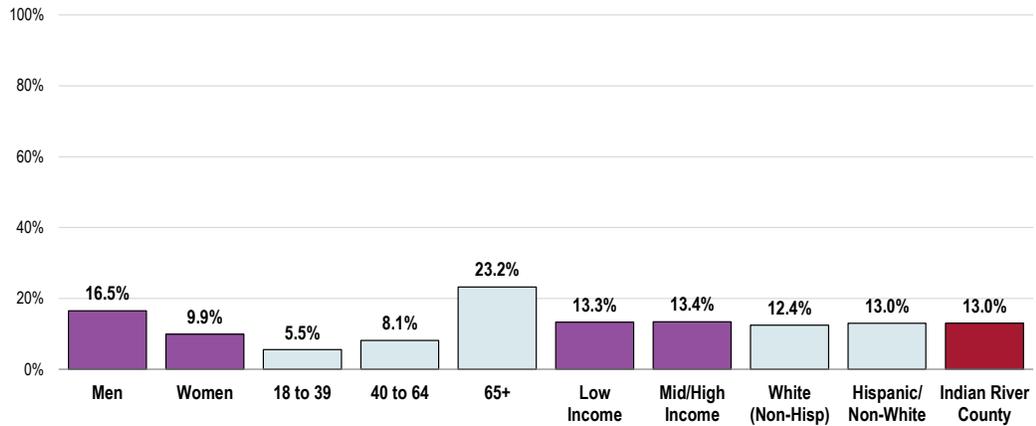


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - Includes diagnoses of heart attack, angina, or coronary heart disease.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

Adults more likely to have been diagnosed with chronic heart disease include:

- Men.
- Older adults (strong correlation with age).

## Prevalence of Heart Disease (Indian River County, 2018)



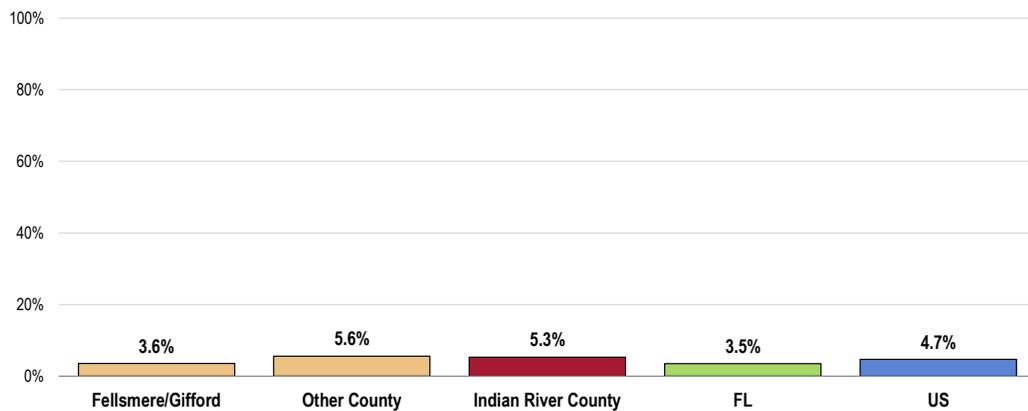
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]  
 Notes: • Asked of all respondents.  
 • Includes diagnoses of heart attack, angina, or coronary heart disease.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Prevalence of Stroke

**A total of 5.3% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).**

- Similar to statewide and national findings.
- Similar by community.

## Prevalence of Stroke



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.  
 Notes: • Asked of all respondents.  
 • The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

## Cardiovascular Risk Factors

### About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

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

### High Blood Pressure

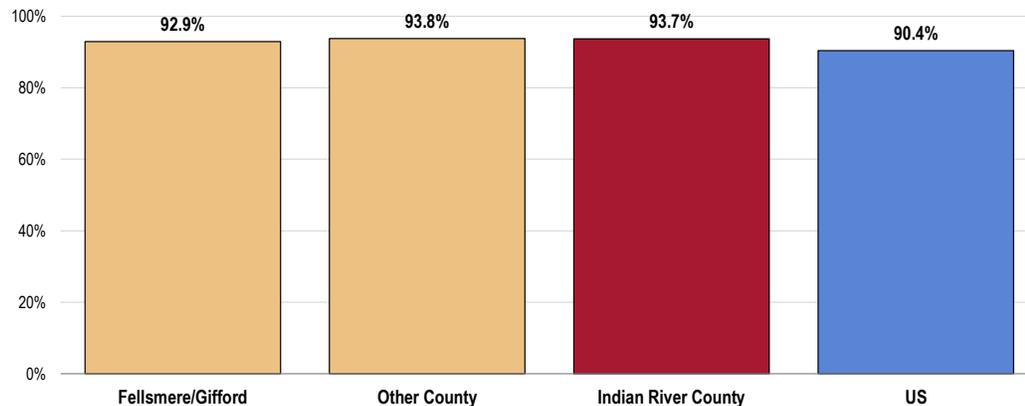
#### High Blood Pressure Testing

**A total of 93.7% of Indian River County adults have had their blood pressure tested within the past two years.**

- Higher than national findings.
- Similar to the Healthy People 2020 target (92.6% or higher).
- No significant difference by community.

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

Healthy People 2020 Target = 92.6% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]
- Notes:
- Asked of all respondents.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

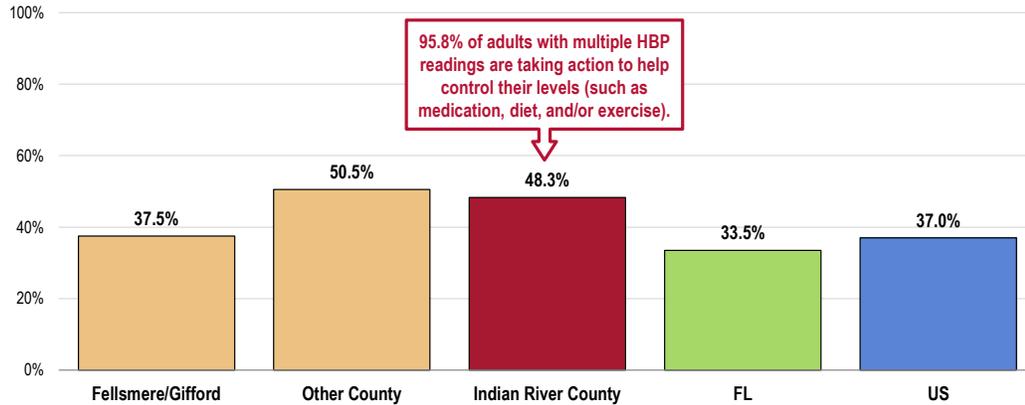
#### Prevalence of High Blood Pressure

**A total of 48.3% of Indian River County adults have been told at some point that their blood pressure was high.**

- Higher than the Florida and US prevalences.
- Far above the Healthy People 2020 target (26.9% or lower).
- Higher in the Other County area.

Among adults with multiple high blood pressure readings, 95.8% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).

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

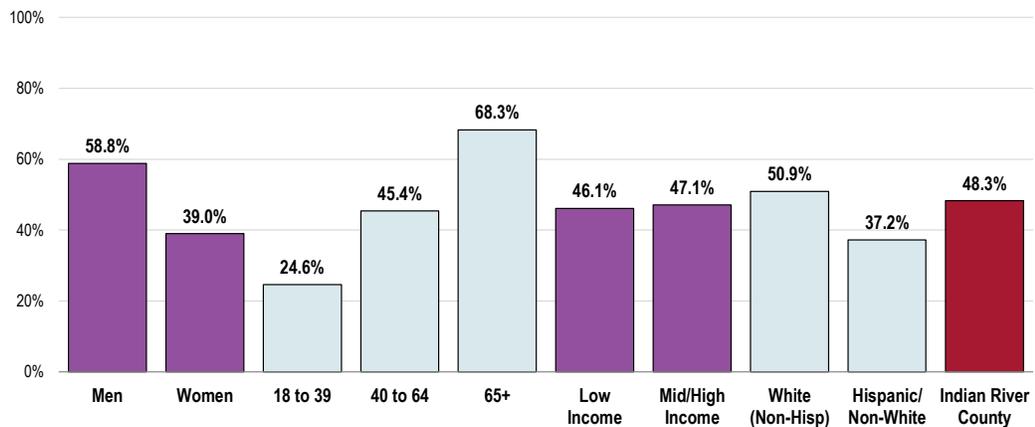


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 41, 129]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Florida data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]  
 Notes: • Asked of all respondents.

High blood pressure is more prevalent among:

- Men.
- Adults age 40 and older, and especially those age 65+.
- Non-Hispanic White residents.

### Prevalence of High Blood Pressure (Indian River County, 2018) Healthy People 2020 Target = 26.9% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

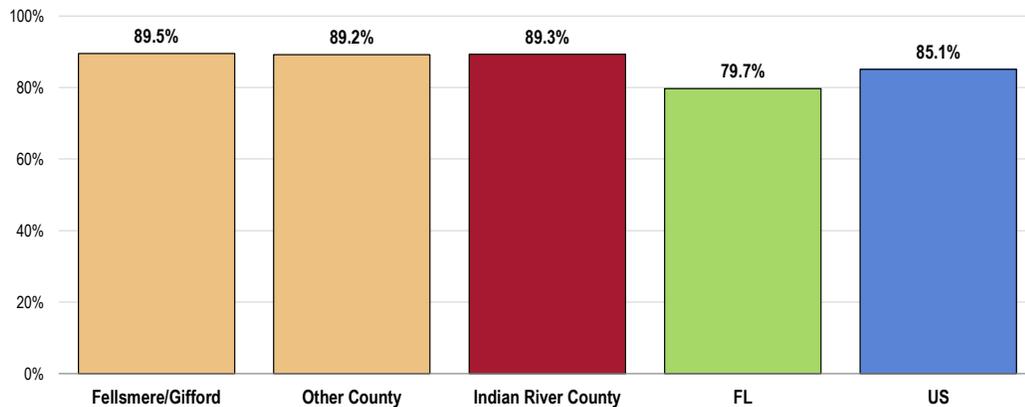
## High Blood Cholesterol

### *Blood Cholesterol Testing*

**Nine in 10 Indian River County adults (89.3%) have had their blood cholesterol checked within the past five years.**

- More favorable than state and national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Similar by community.

### Have Had Blood Cholesterol Levels Checked in the Past Five Years Healthy People 2020 Target = 82.1% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Florida data.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]
- Notes:
- Asked of all respondents.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

### *Prevalence of High Blood Cholesterol*

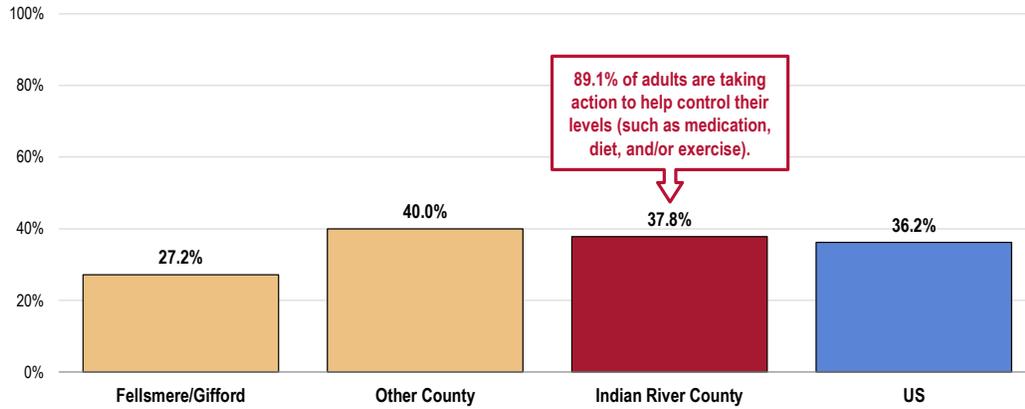
**A total of 37.8% of adults have been told by a health professional that their cholesterol level was high.**

- Similar to the national prevalence.
- Over twice the Healthy People 2020 target (13.5% or lower).
- Higher in the Other County area.

Among adults with multiple high blood cholesterol readings, 89.1% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

### Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 44, 130]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]

Notes: • Asked of all respondents.  
 • The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

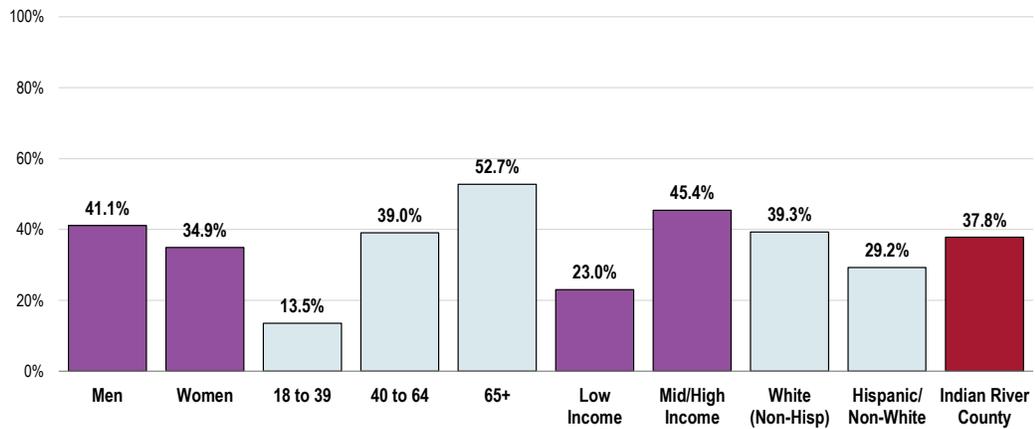
Further note the following:

- There is a strong correlation between age and high blood cholesterol.
- There is a higher prevalence among higher-income adults.

### Prevalence of High Blood Cholesterol

(Indian River County, 2018)

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]

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

### About Cardiovascular Risk

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

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

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

### Total Cardiovascular Risk

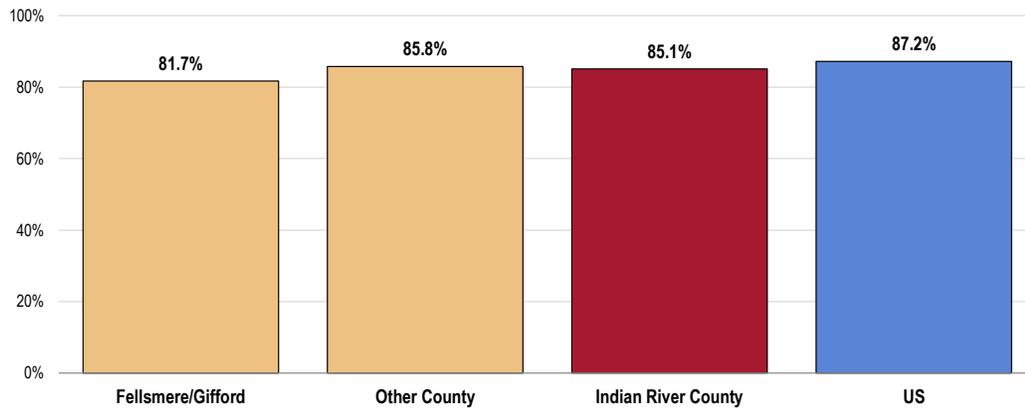
**A total of 85.1% of Indian River County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.**

- Similar to national findings.
- No significant difference between communities.

#### RELATED ISSUE:

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

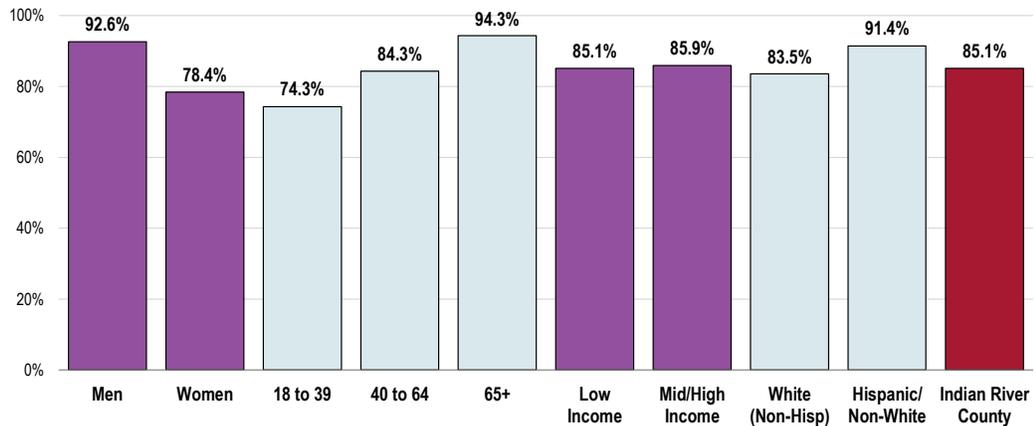
### Present One or More Cardiovascular Risks or Behaviors



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Adults more likely to exhibit cardiovascular risk factors include men and adults age 40 and older (especially those age 65+).

### Present One or More Cardiovascular Risks or Behaviors (Indian River County, 2018)

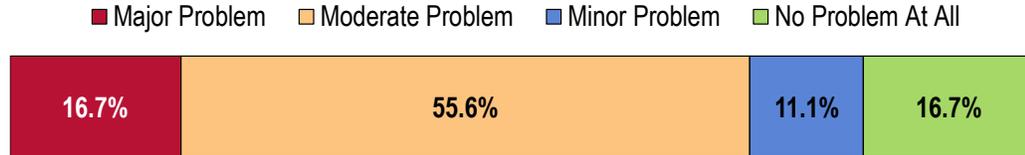


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
- Notes:
- Asked of all respondents.
  - Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Key Informant Input: Heart Disease & Stroke

Over half of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “moderate problem” in the community.

### Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2018)



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

### Top Concerns

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

#### Prevalence/Incidence

*This is a major problem throughout the country. I'm uncertain if Indian River County citizens are impacted at higher rates than elsewhere. - Social Services Provider*

*BRFSS stats and major causes of death. - Public Health Representative*

## Cancer

### About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
  - Cervical cancer (using Pap tests)
  - Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Age-Adjusted Cancer Deaths

### All Cancer Deaths

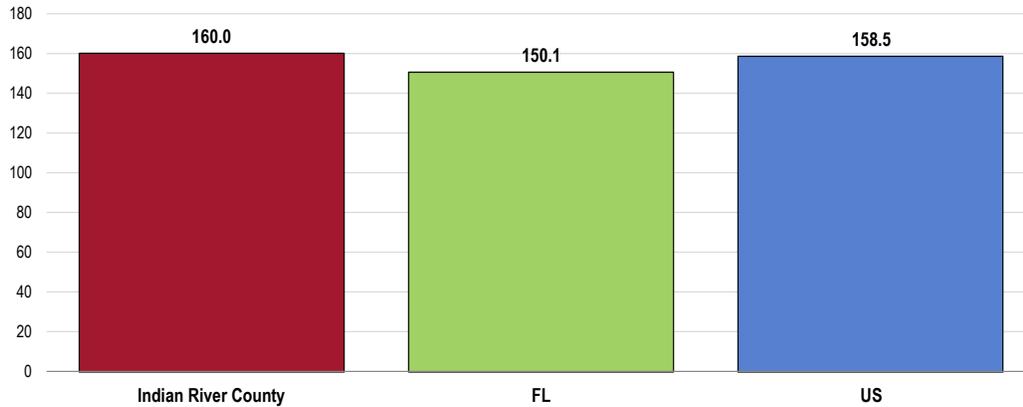
**Between 2014 and 2016, there was an annual average age-adjusted cancer mortality rate of 160.0 deaths per 100,000 population in Indian River County.**

- Similar to the statewide and national rates.
- Similar to the Healthy People 2020 target of 161.4 or lower.

## Cancer: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

### Cancer Deaths by Site

**Lung cancer is by far the leading cause of cancer deaths in Indian River County.**

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both sexes).

As evident in the following chart (referencing 2014-2016 annual average age-adjusted death rates):

- The Indian River County **lung, prostate, and colorectal cancer** death rates are similar to both the state and national rates.
- The Indian River County **female breast cancer** death rate is similar to the state rate and lower than the US rate.
- Note that **each** of the Indian River County cancer death rates detailed in the following chart is similar to or satisfies the related Healthy People 2020 target.

### Age-Adjusted Cancer Death Rates by Site (2014-2016 Annual Average Deaths per 100,000 Population)

	Indian River County	Florida	US	HP2020
<b>ALL CANCERS</b>	<b>160.0</b>	<b>150.1</b>	<b>158.5</b>	<b>161.4</b>
<b>Lung Cancer</b>	<b>42.9</b>	<b>39.1</b>	<b>40.3</b>	<b>45.5</b>
<b>Prostate Cancer</b>	<b>19.2</b>	<b>16.4</b>	<b>19.0</b>	<b>21.8</b>
<b>Female Breast Cancer</b>	<b>17.0</b>	<b>19.2</b>	<b>20.3</b>	<b>20.7</b>
<b>Colorectal Cancer</b>	<b>13.6</b>	<b>13.2</b>	<b>14.1</b>	<b>14.5</b>

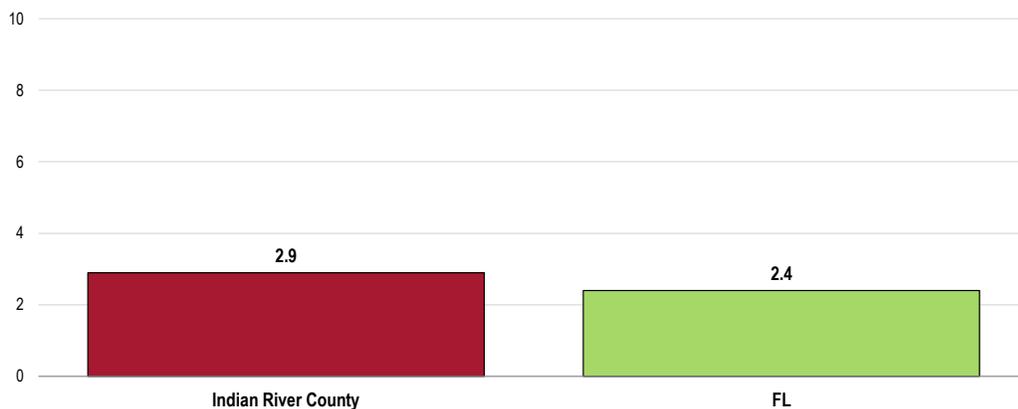
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

### Melanoma Deaths

Between 2015 and 2017, there was an annual average age-adjusted melanoma cancer mortality rate of 2.9 deaths per 100,000 population in Indian River County.

- Similar to the statewide rate.
- Similar to the Healthy People 2020 target of 2.4 or lower.

### Melanoma: Age-Adjusted Mortality (2015-2017 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 2.4 or Lower



Sources: • Florida Department of Health, Bureau of Vital Statistics. Data extracted from FLHealthCharts.com July 2018.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-8]  
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 : • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted.

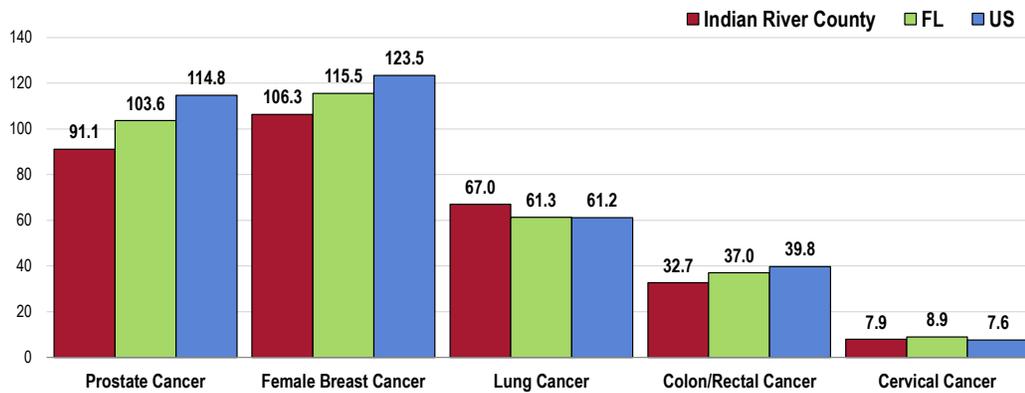
Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

**These 2010-2014 Indian River County annual average age-adjusted cancer incidence rates are better than US rates.**

- Prostate cancer.
- Female breast cancer.
- Colorectal cancer.

**Cancer Incidence Rates by Site**  
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2010-2014)



Sources: • State Cancer Profiles.

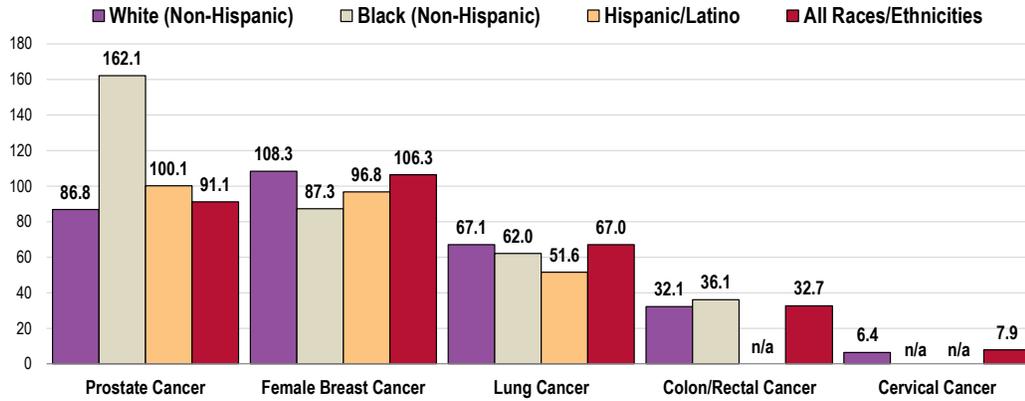
• Retrieved July 2017 from Community Commons at <http://www.chna.org>.

Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

- By available race data, Non-Hispanic Blacks experience a notably higher prostate cancer incidence than other racial/ethnic groups in Indian River County.
- Blacks also report a higher colorectal cancer incidence rate, while Whites have higher incidence of female breast and lung cancers in Indian River County (the cervical cancer rates by race/ethnicity are not available).

### Cancer Incidence Rates by Site and Race/Ethnicity

(Annual Average Age-Adjusted Incidence per 100,000 Population, Indian River County, 2010-2014)



Sources: • State Cancer Profiles.  
 • Retrieved July 2017 from Community Commons at <http://www.chna.org>.  
 Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

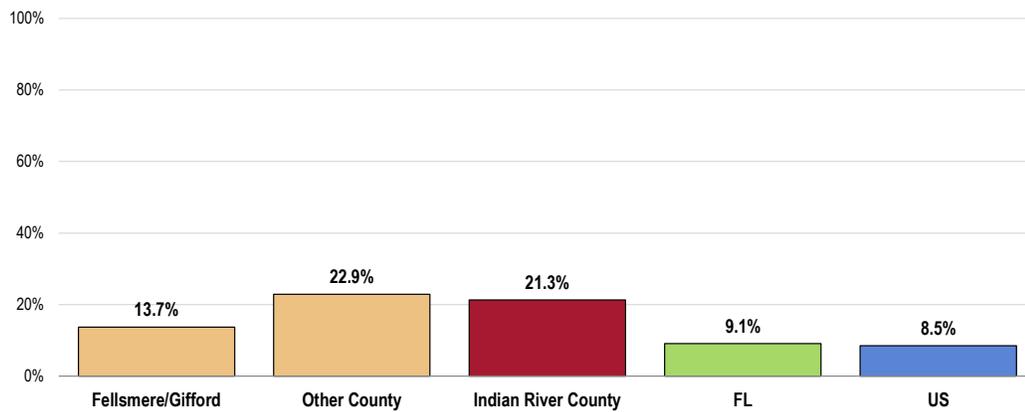
### Prevalence of Cancer

#### Skin Cancer

A total of 21.3% of surveyed Indian River County adults report having been diagnosed with skin cancer.

- Notably less favorable than that found state- and nationwide.
- Particularly high in the Other County area.

### Prevalence of Skin Cancer



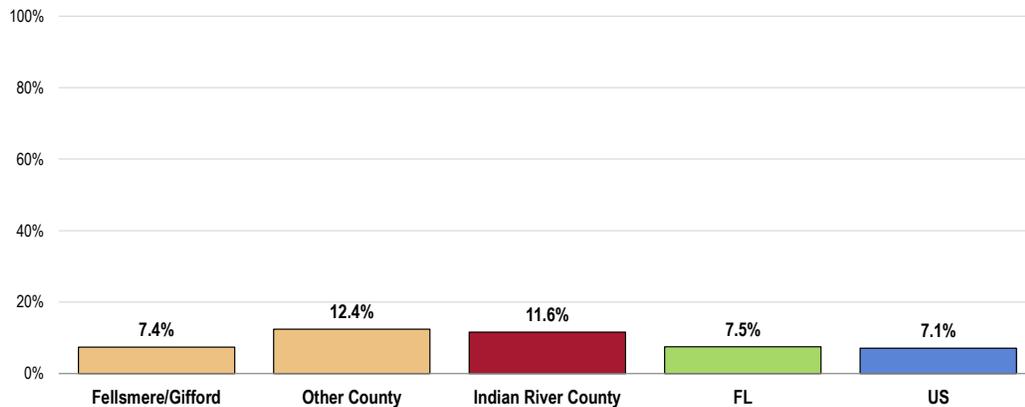
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

### Other Cancer

A total of 11.6% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- Less favorable than Florida and US percentages.
- The difference by community is not statistically significant.

### Prevalence of Cancer (Other Than Skin Cancer)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

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

### Cancer Risk

#### About Cancer Risk

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

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

### Cancer Screenings

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

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

## Female Breast Cancer Screening

### About Screening for Breast Cancer

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

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

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

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

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

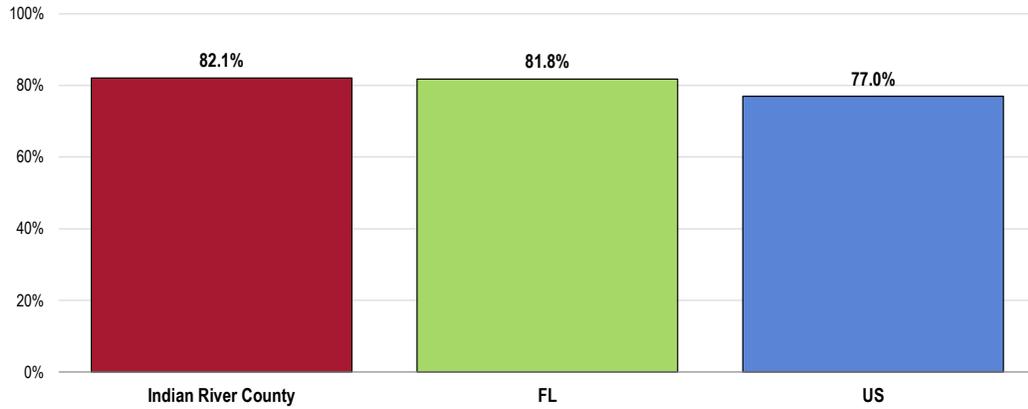
### *Mammography*

**Among women age 50-74, 82.1% have had a mammogram within the past 2 years.**

- Similar to statewide and national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).

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

Healthy People 2020 Target = 81.1% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]
- Notes:
- Reflects female respondents 50-74.

## Cervical Cancer Screenings

### About Screening for Cervical Cancer

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

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

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

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

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

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

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

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

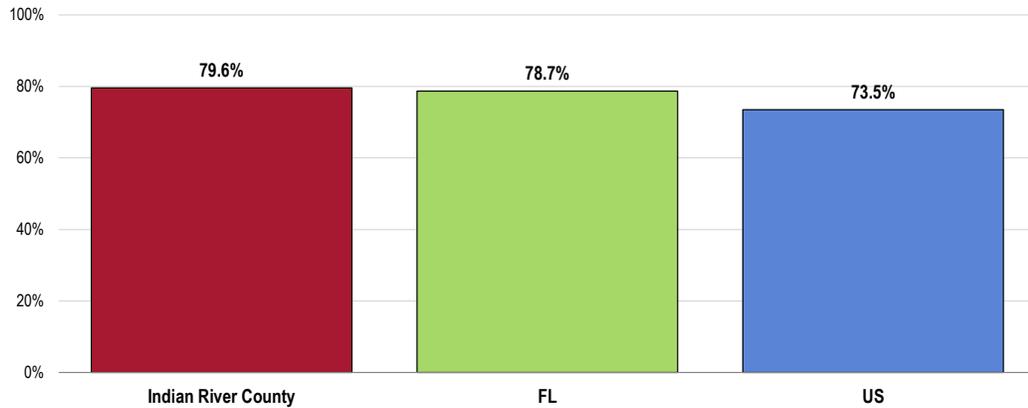
### *Pap Smear Testing*

**Among Indian River County women age 21 to 65, eight in 10 (79.6%) have had a Pap smear within the past 3 years.**

- Comparable to Florida and US findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).

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

Healthy People 2020 Target = 93.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]
- Notes:
- Reflects female respondents age 21 to 65.

## Colorectal Cancer Screenings

### About Screening for Colorectal Cancer

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

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

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

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

### Colorectal Cancer Screening

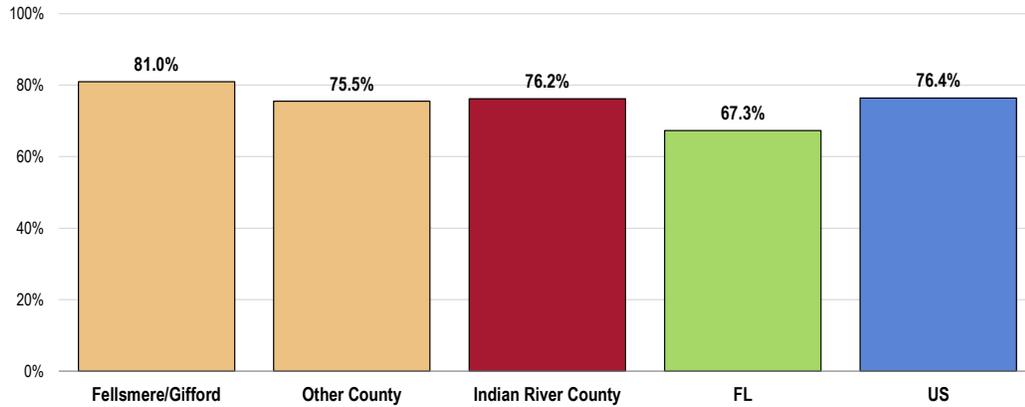
**Among adults age 50-75, three-quarters (76.2%) have had an appropriate colorectal cancer screening.**

- More favorable than state findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Similar by community.

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

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

Healthy People 2020 Target = 70.5% or Higher

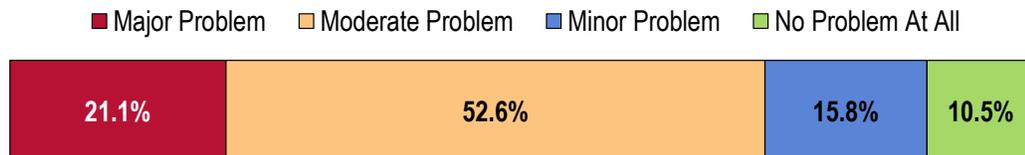


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]
- Notes:
- Asked of all respondents age 50 through 75.
  - In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

### Key Informant Input: Cancer

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

### Perceptions of Cancer as a Problem in the Community (Key Informants, 2018)



- Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

## Top Concerns

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

### *Affordable Care/Services*

*You have to have substantial income to afford the treatment, despite a large new cancer center.  
People have become homeless because they have not been able to pay for their treatment co-pays. -  
Social Services Provider  
Low income and uninsured access to care is very limited. - Social Services Provider*

### *Co-Occurrences*

*Environment, work, diet, and historical contaminants. - Community Leader*

### *Prevalence/Incidence*

*Higher-than-normal rates of some cancer types. Uncertain of reasons for this. - Social Services  
Provider*

## Respiratory Disease

### About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

**Asthma.** The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

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

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

## Age-Adjusted Respiratory Disease Deaths

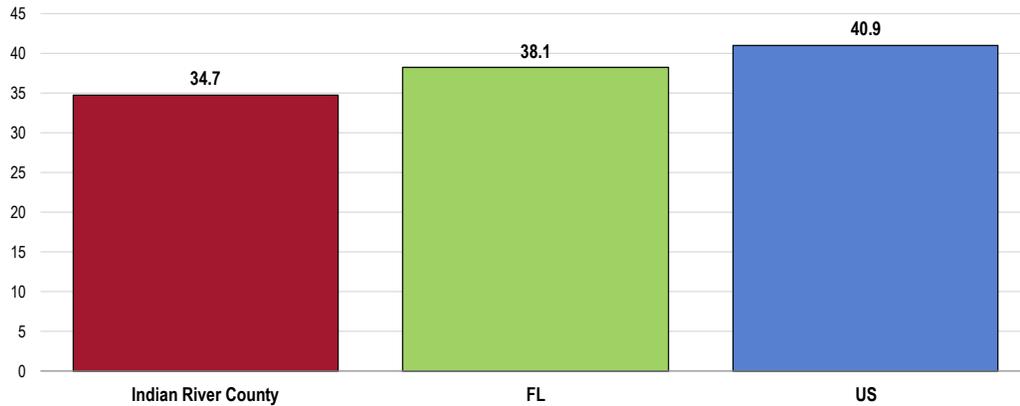
### Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2014 and 2016, there was an annual average age-adjusted CLRD mortality rate of 34.7 deaths per 100,000 population in Indian River County.

- Comparable to the statewide rate.
- Lower than found nationally.

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

**CLRD: Age-Adjusted Mortality**  
(2014-2016 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
  - CLRD is chronic lower respiratory disease.

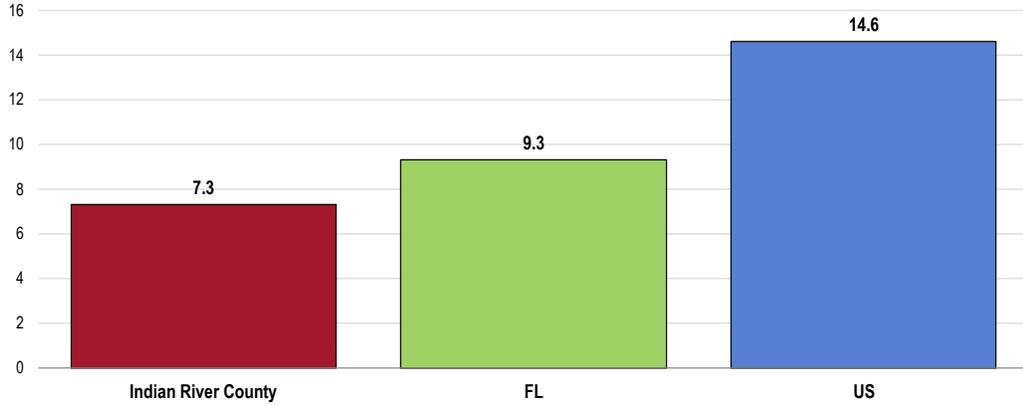
### Pneumonia/Influenza Deaths

Between 2014 and 2016, Indian River County reported an annual average age-adjusted pneumonia influenza mortality rate of 7.3 deaths per 100,000 population.

- Lower than found statewide and nationally.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Diseases* in the **Infectious Disease** section of this report.

### Pneumonia/Influenza: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)



Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.

  
 Notes: 

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

### Asthma

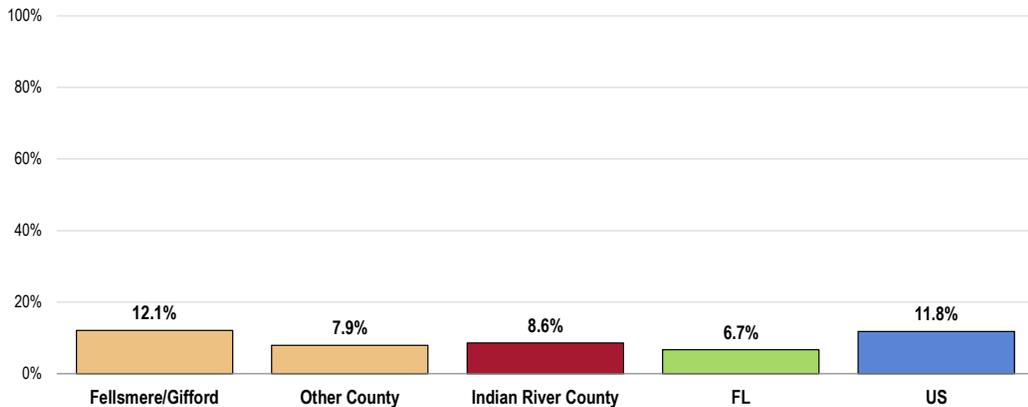
#### Adults

**A total of 8.6% of Indian River County adults currently suffer from asthma.**

- Similar to the statewide prevalence.
- Lower than the national prevalence.
- Statistically similar by community.

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

### Adult Asthma: Current Prevalence



Sources: 

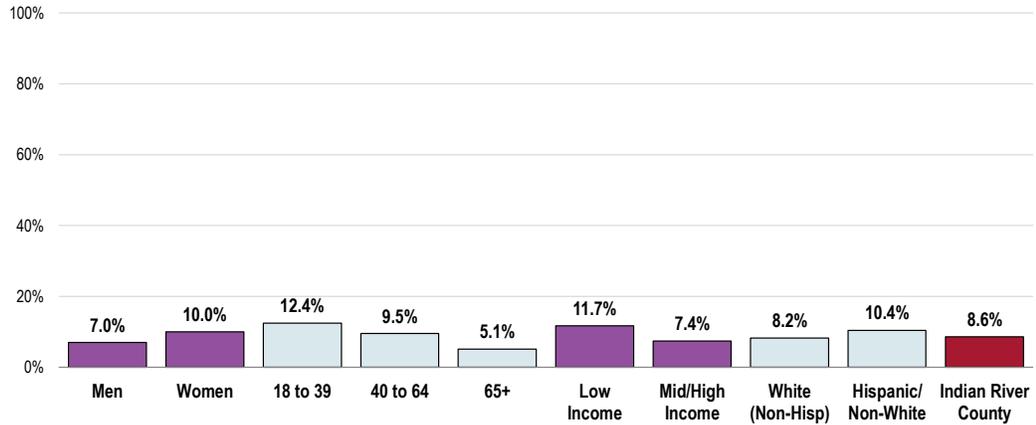
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.

  
 Notes: 

- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.
- The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Differences among demographics are not statistically significant.

### Currently Have Asthma (Indian River County, 2018)



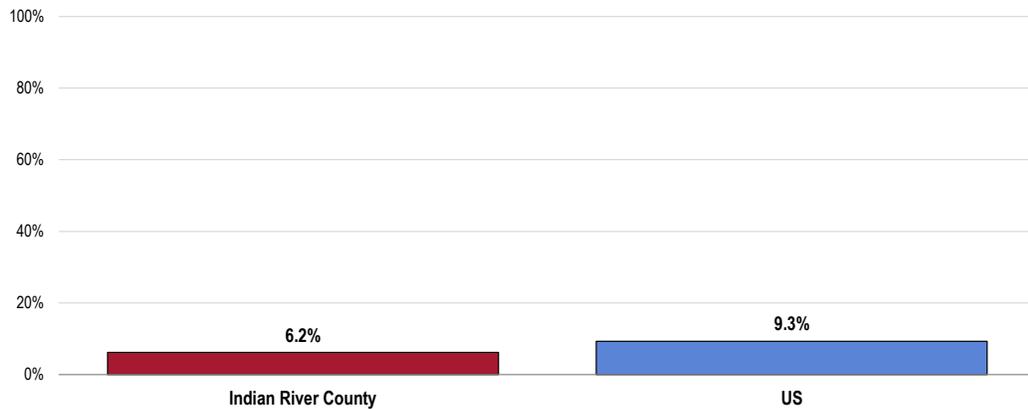
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

#### Children

Among Indian River County children under age 18, 6.2% currently have asthma.

- Statistically similar to national findings.

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

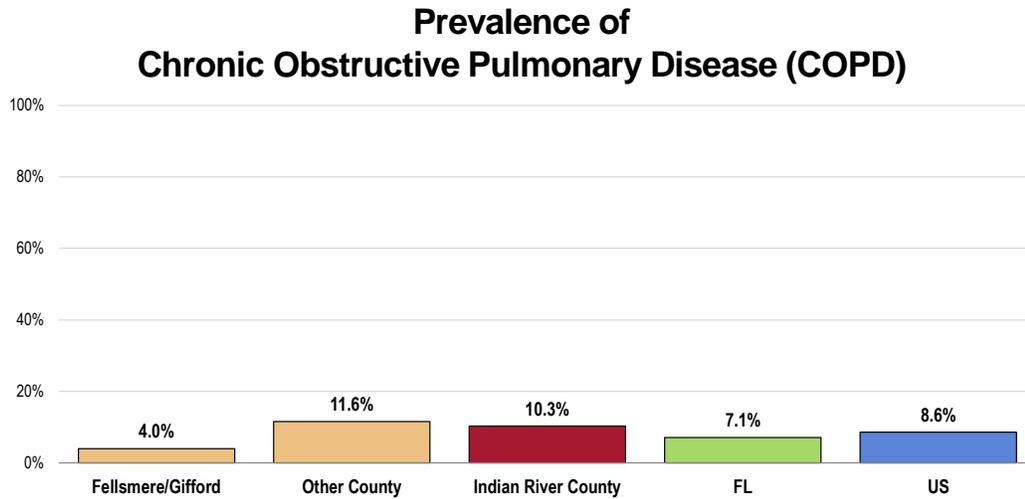


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.  
 • Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

### Chronic Obstructive Pulmonary Disease (COPD)

One in 10 Indian River County adults (10.3%) suffers from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Higher than the Florida prevalence.
- Similar to the national prevalence.
- Most prevalent in the Other County area.



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

## Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a “moderate problem” in the community.

### Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2018)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



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

### Top Concerns

Among those rating this issue as a “major problem,” the following reason was given:

#### *Prevalence/Incidence*

▮ *Morbidity data and asthma hospitalizations. Also, health disparity. - Public Health Representative*

## Injury & Violence

### About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

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

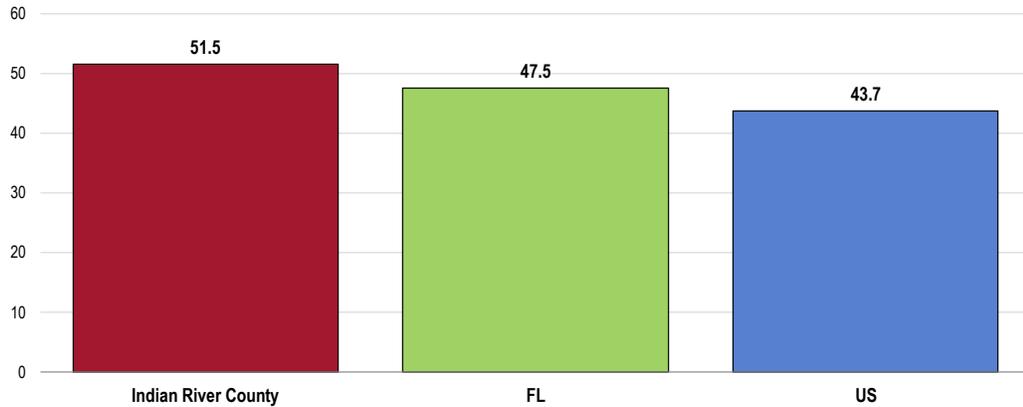
## Unintentional Injury

### Age-Adjusted Unintentional Injury Deaths

**Between 2014 and 2016, there was an annual average age-adjusted unintentional injury mortality rate of 51.5 deaths per 100,000 population in Indian River County.**

- Similar to the Florida rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (36.4 or lower).

### Unintentional Injuries: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower

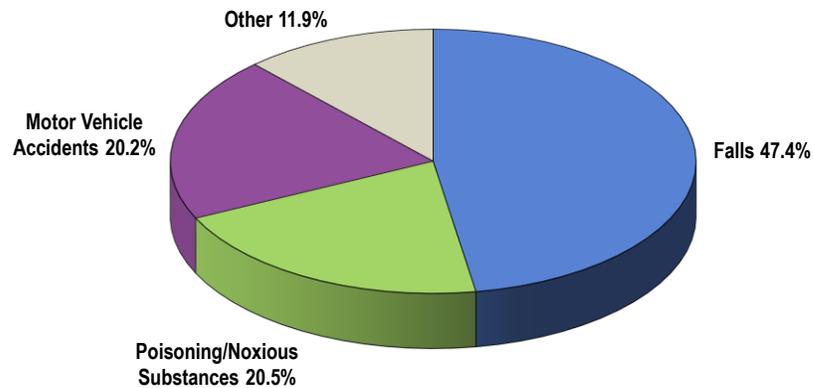


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

### Leading Causes of Accidental Death

Falls, poisoning (including accidental drug overdose), and motor vehicle accidents accounted for most accidental deaths in Indian River County between 2014 and 2016.

### Leading Causes of Accidental Death (Indian River County, 2014-2016)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

**Selected Injury Deaths**

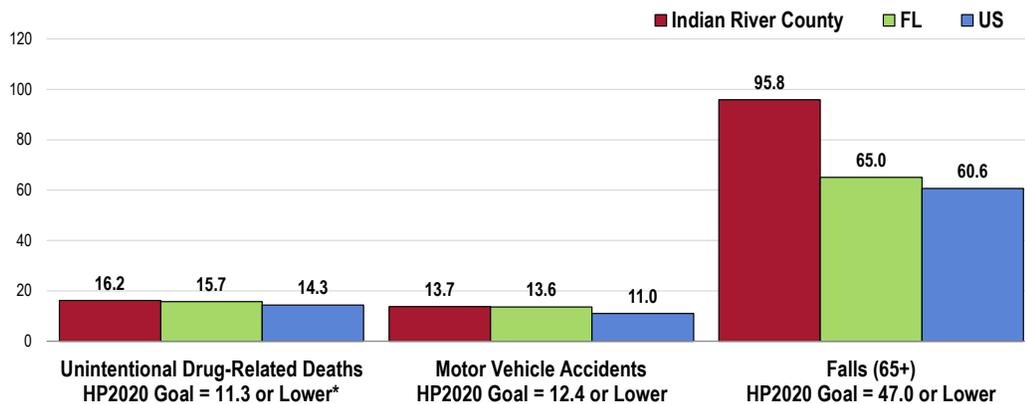
The following chart outlines mortality rates for unintentional drug-related deaths, motor vehicle crashes, and falls (among adults age 65 and older).

**These Indian River County annual average age-adjusted mortality rates are worse than US rates:**

- Motor vehicle accidents.
- Falls.

**The Indian River County mortality rate for age 65+ falls is worse than the state rate.**

**Select Injury Death Rates**  
(By Cause of Death; 2014-2016 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1, IVP-23.2, SA-12]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.  
 • \*Healthy People 2020 goal reflects all drug-induced deaths, both intentional and unintentional.

## Falls

### Falls

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

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

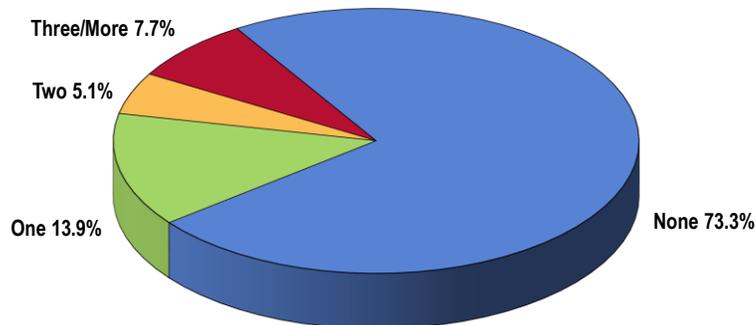
In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately \$19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of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

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

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

**Among surveyed Indian River County adults age 45 and older, 26.7% fell at least once in the past year, including 7.7% who fell three or more times.**

**Number of Falls in Past 12 Months**  
(Among Adults Age 45 and Older; Indian River County, 2018)

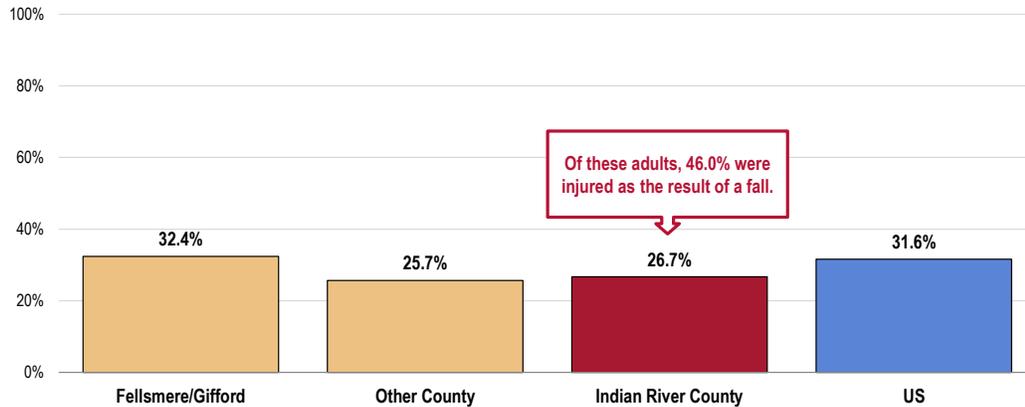


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]  
Notes: • Asked of all respondents age 45+.

- The prevalence of adults age 45+ who fell at least once in the past year is similar to the national proportion.

Among those who fell in the past year, 46.0% were injured as a result of the fall.

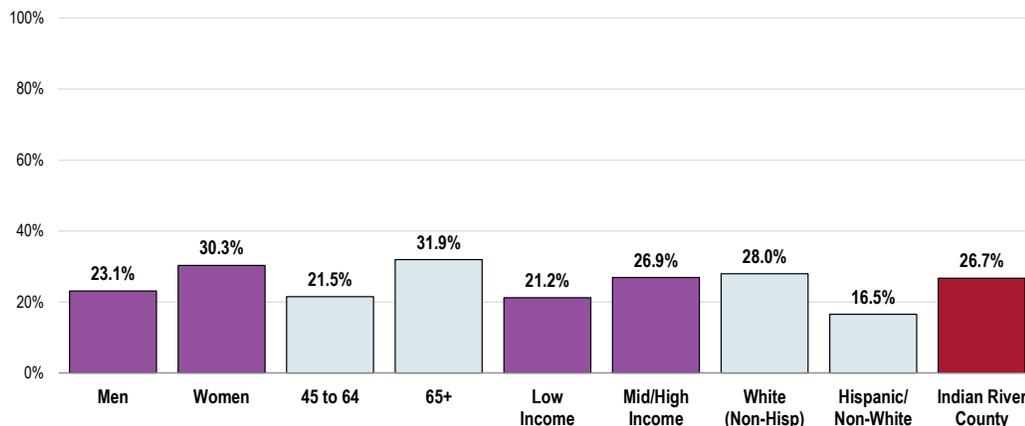
### Fell One or More Times in the Past Year (Among Respondents Age 45 and Older)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 107-108]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of those respondents age 45 and older.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- By demographics, adults age 65+ are more likely to have fallen in the past year.

### Fell One or More Times in the Past Year (Among Respondents Age 45 and Older; Indian River County, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
- Notes:
- Asked of those respondents age 45 and older.
  - 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.

## Firearm Safety

### Age-Adjusted Firearm-Related Deaths

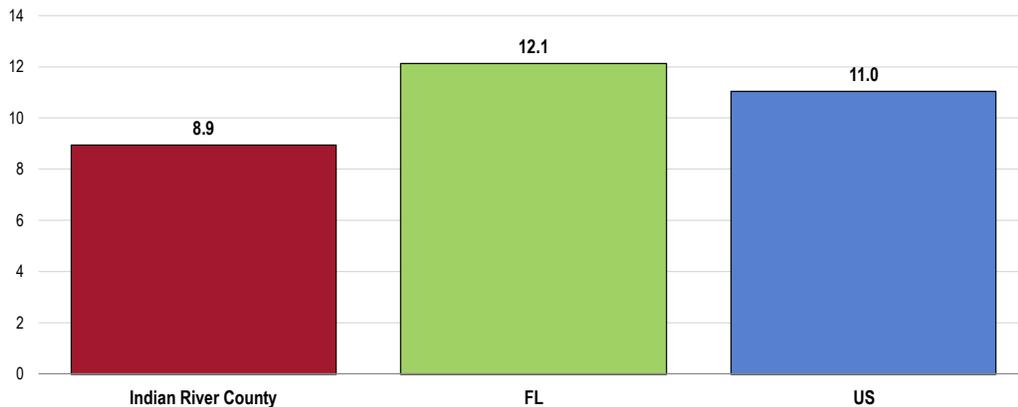
Between 2014 and 2016, firearms in Indian River County contributed to an annual average age-adjusted rate of 8.9 deaths per 100,000 population.

- Notably lower than found statewide and nationally.
- Similar to the Healthy People 2020 objective (9.3 or lower).

### Firearms-Related Deaths: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]  
 • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Intentional Injury (Violence)

### Age-Adjusted Homicide Deaths

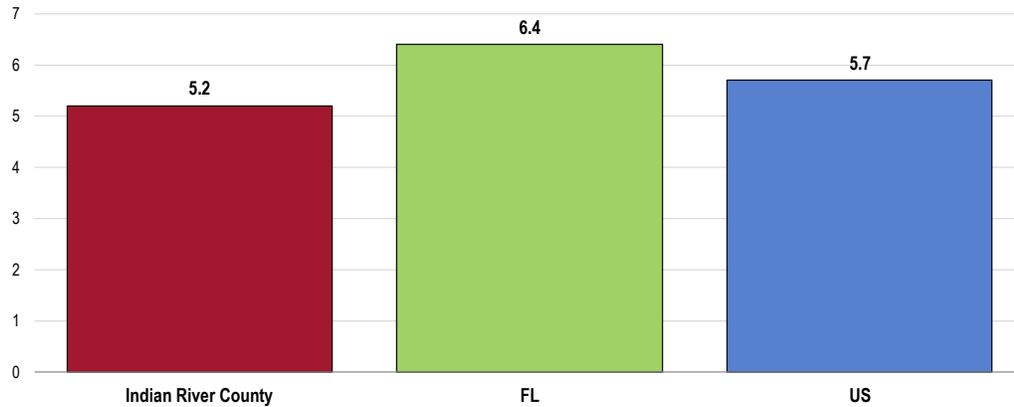
Between 2014 and 2016, there was an annual average age-adjusted homicide rate of 5.2 deaths per 100,000 population in Indian River County.

- Lower than the rate found statewide.
- Similar to the national rate.
- Similar to the Healthy People 2020 target of 5.5 or lower.

RELATED ISSUE:

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

### Homicide: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 5.5 or Lower



Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]

Notes: 

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

### Violent Crime

#### Violent Crime Rates

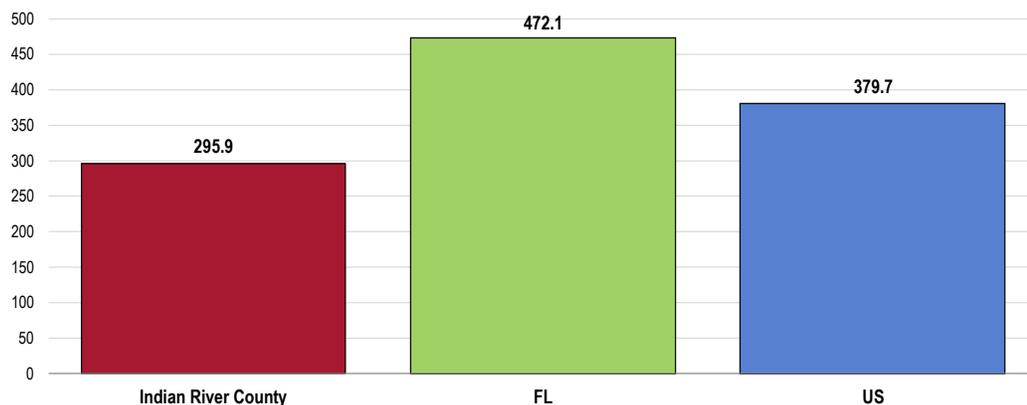
Between 2012 and 2014, there were a reported 295.9 violent crimes per 100,000 population in Indian River County.

- Notably lower than Florida and US rates for the same period.

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

### Violent Crime (Rate per 100,000 Population, 2012-2014)



Sources: 

- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved July 2017 from Community Commons at <http://www.chna.org>.

Notes: 

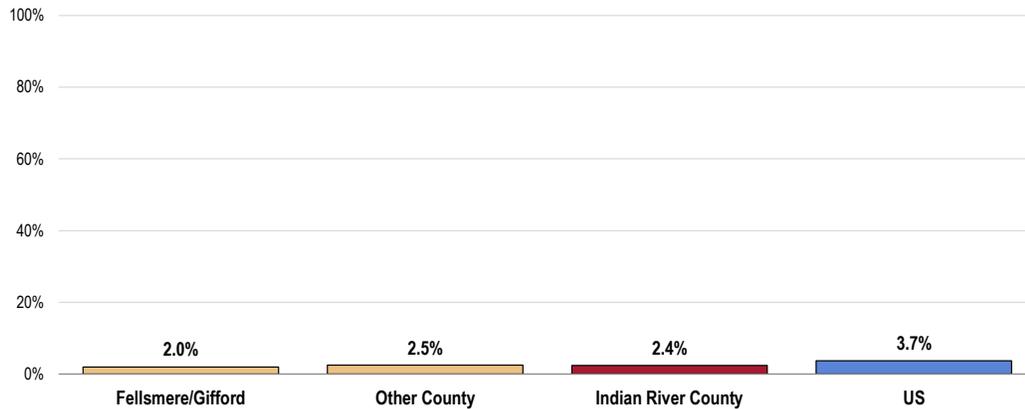
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

### Community Violence

A total of 2.4% of surveyed Indian River County adults acknowledge being the victim of a violent crime in the area in the past five years.

- Statistically similar to national findings.
- Similar by community.

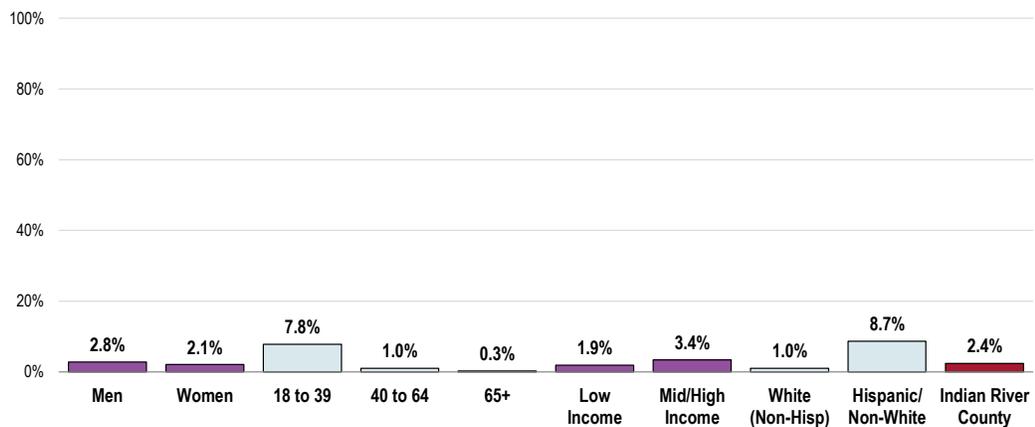
### Victim of a Violent Crime in the Past Five Years



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Reports of violence are notably higher among Hispanic/Non-White residents and notably lower for adults age 65+.

### Victim of a Violent Crime in the Past Five Years (Indian River County, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
- Notes:
- Asked of all respondents.
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

**Family Violence**

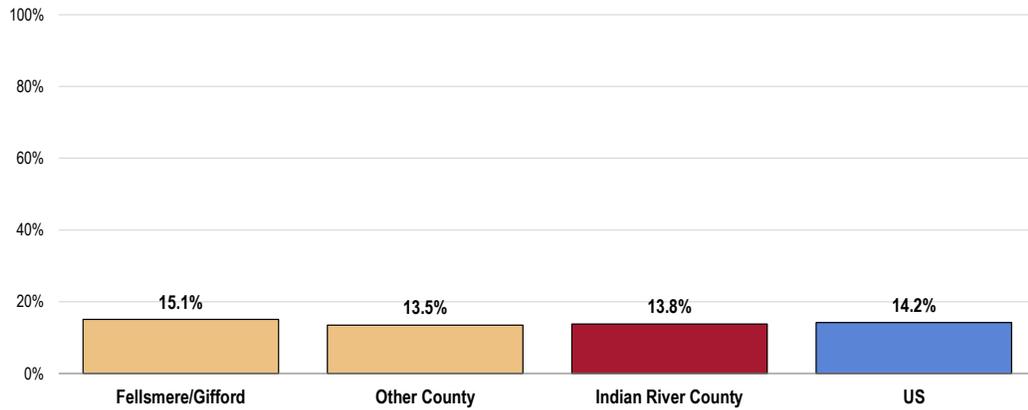
**A total of 13.8% of Indian River County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.**

Respondents were read:

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

- Similar to national findings.
- Statistically similar by community.

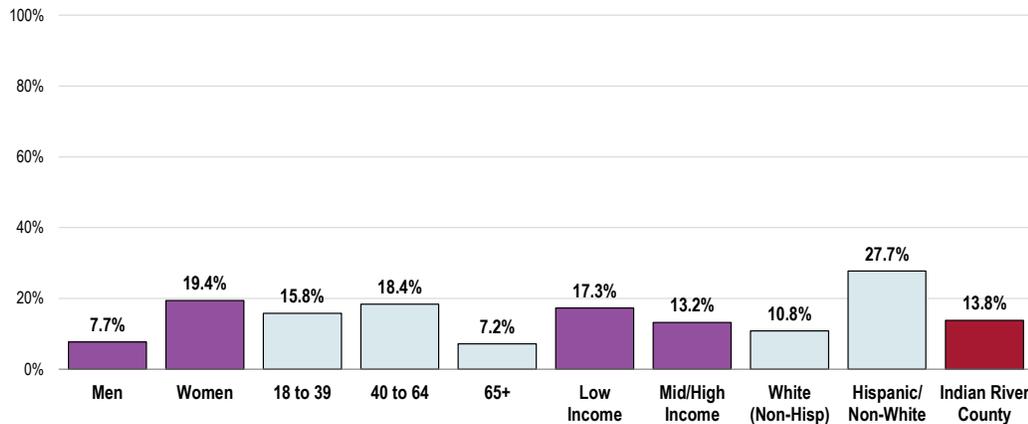
**Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner**



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Reports of domestic violence are notably higher among women, adults between the ages of 40 and 64, and Hispanic/Non-White respondents.

**Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Indian River County, 2018)**

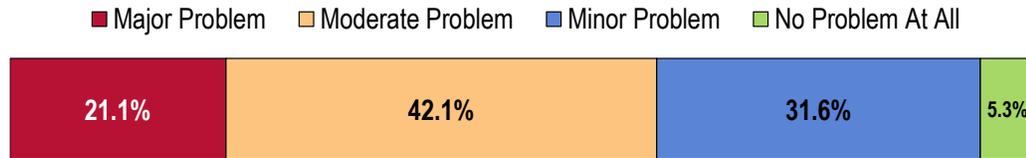


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
  - Asked of all respondents.
- Notes:
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Key Informant Input: Injury & Violence

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

### Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2018)



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

### Top Concerns

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

#### Co-Occurrences

*Poverty and joblessness, and substance abuse is significant in low-income communities. - Social Services Provider*

*Drugs, alcohol, unemployment, frustration, hopelessness. - Community Leader*

#### Prevalence/Incidence

*Florida charts data and crime data. - Public Health Representative*

## Diabetes

### About Diabetes

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

Diabetes mellitus:

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

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

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

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

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

### Age-Adjusted Diabetes Deaths

**Between 2014 and 2016, there was an annual average age-adjusted diabetes mortality rate of 11.7 deaths per 100,000 population in Indian River County.**

- Notably more favorable than that found statewide and nationally.
- Satisfies the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).

## Diabetes: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)  
**Healthy People 2020 Target = 20.5 or Lower (Adjusted)**



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
  - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

## Prevalence of Diabetes

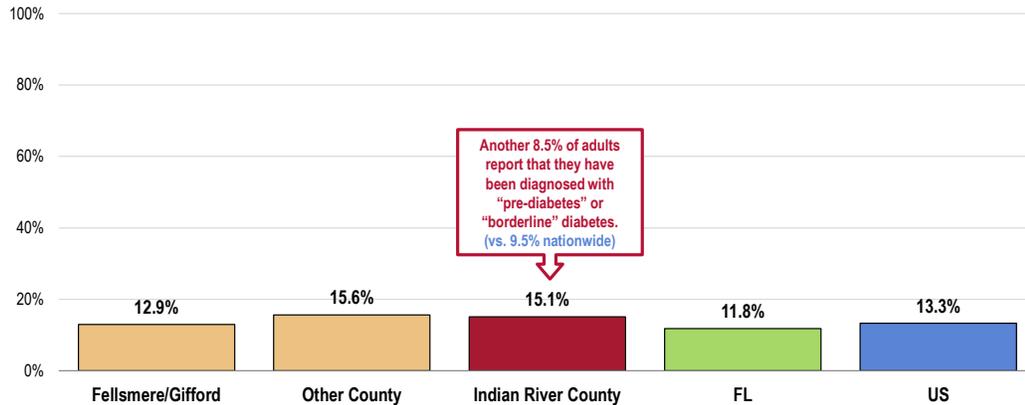
**A total of 15.1% of Indian River County adults report having been diagnosed with diabetes.**

- Less favorable than the statewide proportion.
- Similar to the national proportion.
- Statistically similar by community.

**In addition to the prevalence of diagnosed diabetes referenced above, another 8.5% of Indian River County adults report that they have “pre-diabetes” or “borderline diabetes.”**

- Comparable to the US prevalence.
- Similar findings by area (not shown).

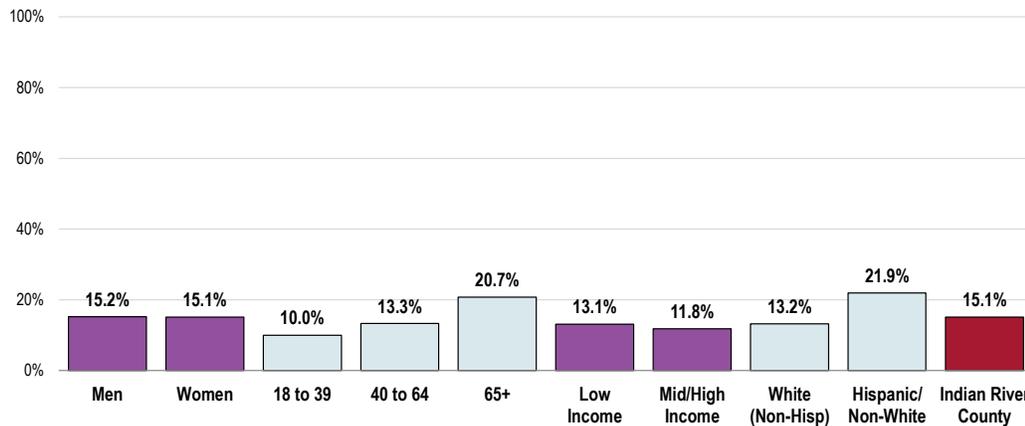
### Prevalence of Diabetes



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.
- Notes:
- Asked of all respondents.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Diagnosed diabetes (excluding pre-diabetes or borderline diabetes) correlates strongly with age.

### Prevalence of Diabetes (Indian River County, 2018)



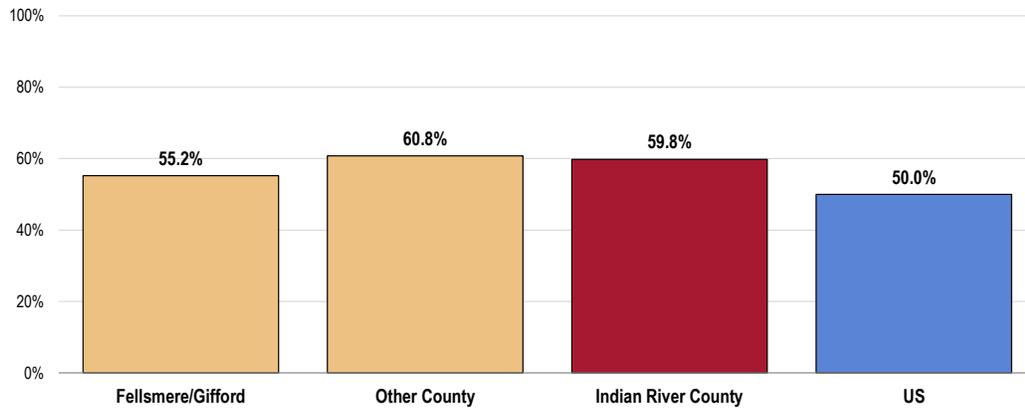
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- Notes:
- Asked of all respondents.
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
  - Excludes gestational diabetes (occurring only during pregnancy).

### Diabetes Testing

Of area adults who have not been diagnosed with diabetes, six in 10 adults (59.8%) report having had their blood sugar level tested within the past three years.

- Higher than the national proportion.
- Statistically similar by community.

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

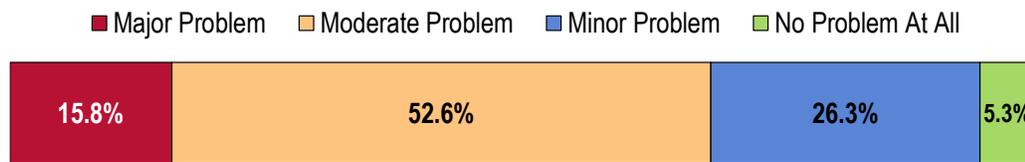


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of respondents who have not been diagnosed with diabetes.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

### Key Informant Input: Diabetes

More than half of key informants taking part in an online survey characterized *Diabetes* as a “moderate problem” in the community.

### Perceptions of Diabetes as a Problem in the Community (Key Informants, 2018)



- Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

### Top Concerns

Among those rating this issue as a “major problem,” the following reason was given:

#### Co-Occurrences

*Affording materials, adherence to care, prevalence of overweight and obese individuals. - Public Health Representative*

## Alzheimer's Disease

### About Dementia

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

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

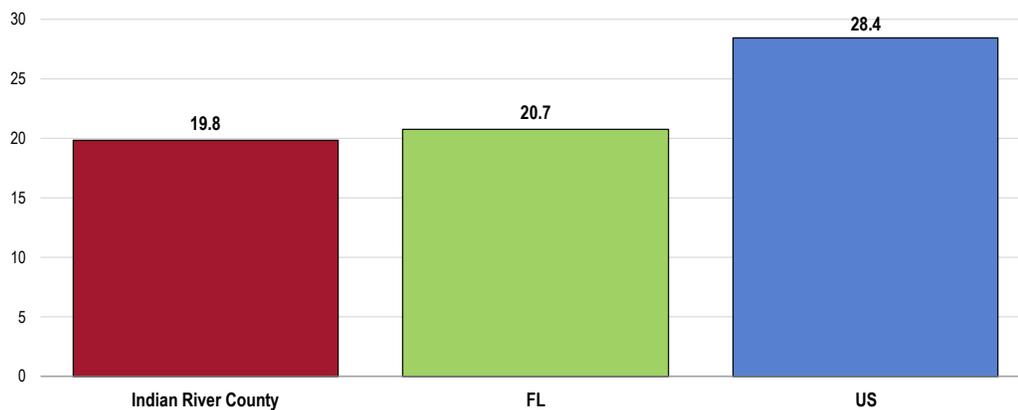
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Alzheimer's Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted Alzheimer's disease mortality rate of 19.8 deaths per 100,000 population in Indian River County.

- Comparable to the statewide rate.
- More favorable than the national rate.

### Alzheimer's Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)



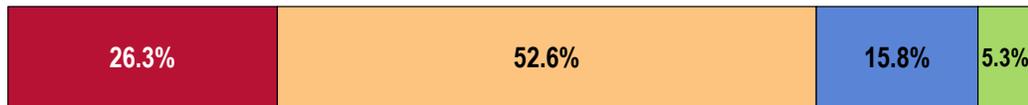
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Key Informant Input: Dementias, Including Alzheimer’s Disease

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

### Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2018)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



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

### Top Concerns

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

#### **Aging Population**

*We are an aging community. - Social Services Provider*  
*Our elderly population is growing dramatically, and there are limited services in parts of the county. - Community Leader*

#### **Access to Care/Services**

*Limited resources and/or placement in the community. - Other Health Provider*

#### **Prevalence/Incidence**

*Dementia and Alzheimer's is a growing issue that is affecting most families in the country, much less Indian River County. Our aging population is presenting what a friend calls a “tidal wave” of dementia issues. - Social Services Provider*

## Kidney Disease

### About Kidney Disease

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

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

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

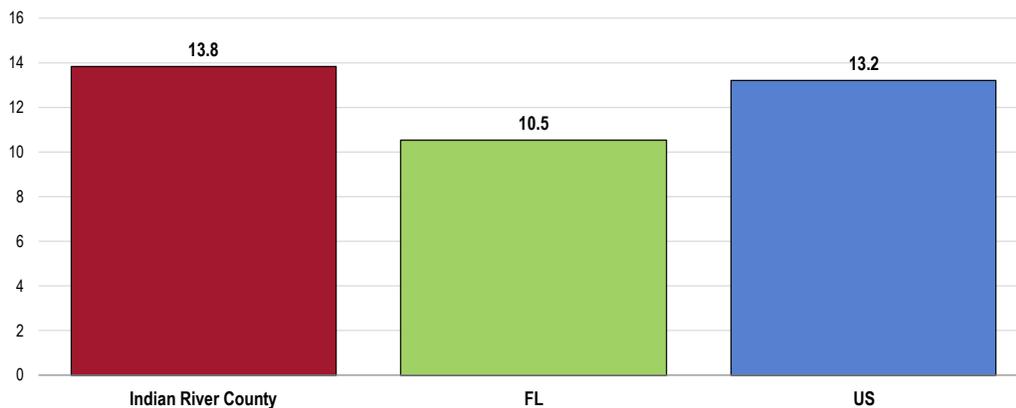
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Kidney Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted kidney disease mortality rate of 13.8 deaths per 100,000 population in Indian River County.

- Higher than the rate found statewide.
- Similar to the national rate.

### Kidney Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)



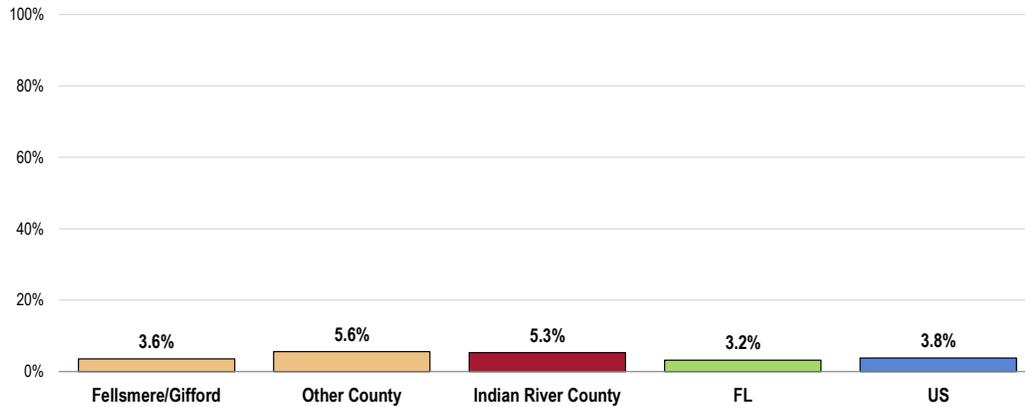
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Prevalence of Kidney Disease

A total of 5.3% of Indian River County adults report having been diagnosed with kidney disease.

- Similar to the state and national proportions.
- Statistically similar by county.

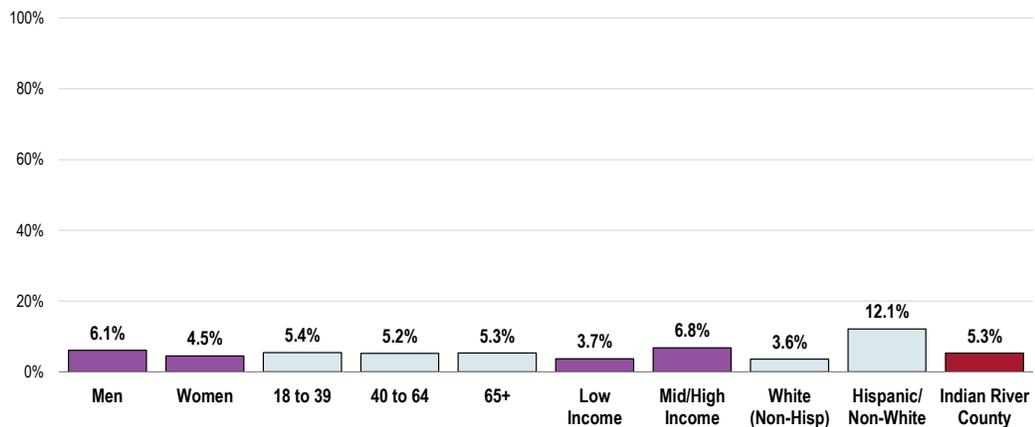
### Prevalence of Kidney Disease



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Differences by demographics are not statistically significant.

### Prevalence of Kidney Disease (Indian River County, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
  - Asked of all respondents.
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Key Informant Input: Kidney Disease

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

### Perceptions of Kidney Disease as a Problem in the Community

(Key Informants, 2018)



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

### Top Concerns

Among those rating this issue as a “major problem,” the following reason was given:

#### Comorbidities

*Diabetes is a critical issue related to poor diet in those facing poverty in our community. - Social Services Provider*

## Potentially Disabling Conditions

### Arthritis, Osteoporosis & Chronic Back Conditions

#### About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2<sup>nd</sup> leading cause of lost work time (after the common cold).
- 3<sup>rd</sup> most common reason to undergo a surgical procedure.
- 5<sup>th</sup> most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

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

#### **One-third (33.3%) of Indian River County adults age 50 and older reports suffering from arthritis or rheumatism.**

- Similar to the statewide prevalence.

#### **A total of 11.7% Indian River County adults age 50 and older have osteoporosis.**

- Similar to that found nationwide.
- Over double the Healthy People 2020 target of 5.3% or lower.

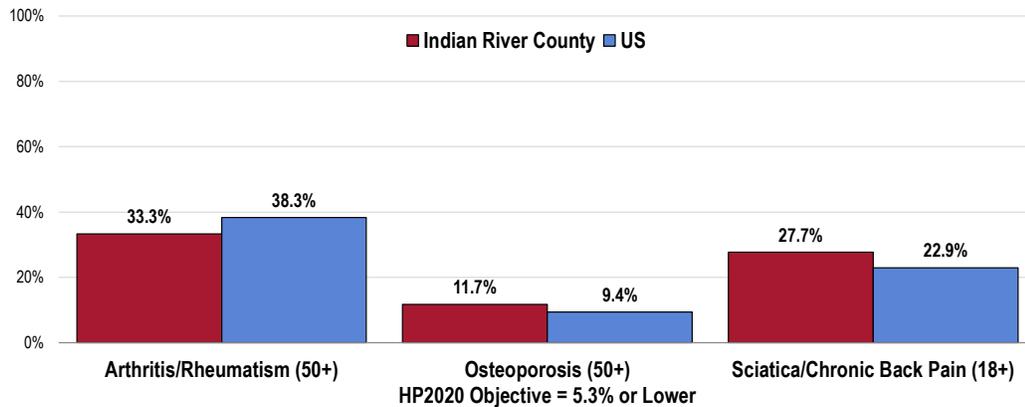
#### **A total of 27.7% of Indian River County adults (18 and older) suffer from chronic back pain or sciatica.**

- Less favorable than that found nationwide.

#### RELATED ISSUE:

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

### Prevalence of Potentially Disabling Conditions

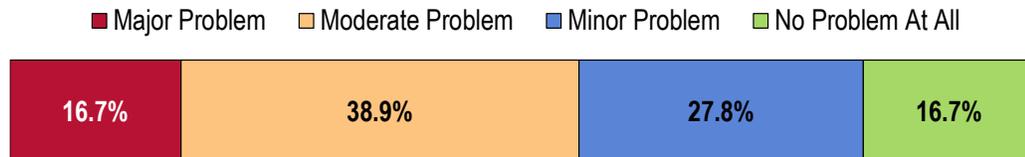


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 26, 141-142]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]  
 Notes: • The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

### Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

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

### Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community (Key Informants, 2018)



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

### Top Concerns

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

#### Access to Care/Services

- The amount of people on the waiting list for WeCare for back conditions and the substantial amount of our elderly population. - Public Health Representative
- Limited number of rheumatologists. - Social Services Provider

#### Aging Population

- Because of age, mostly resulting from previous types of employment. - Community Leader

## Vision & Hearing Impairment

### About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

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

### About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

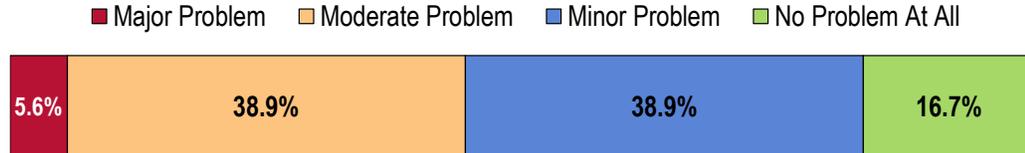
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

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

### Key Informant Input: Vision & Hearing

Key informants taking part in an online survey most often characterized *Vision & Hearing* as a “minor problem” in the community.

### Perceptions of Vision and Hearing as a Problem in the Community (Key Informants, 2018)



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

#### Top Concerns

Among those rating this issue as a “major problem,” the following reason was given:

#### Access to Care/Services

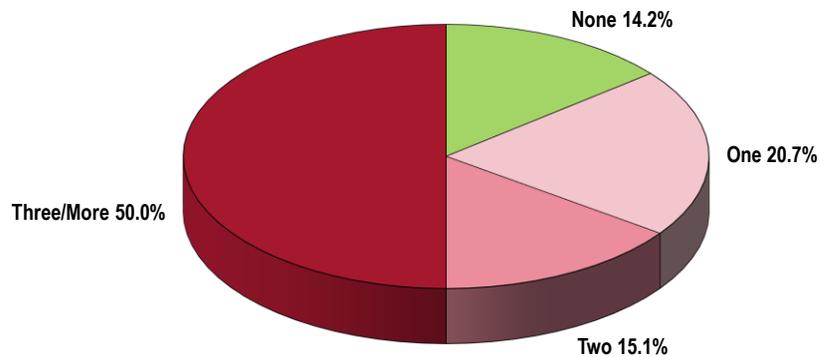
*Challenging to find the right providers, and the amount of time to get an appointment. - Community Leader*

### Multiple Chronic Conditions

Among Indian River County survey respondents, most report currently having at least one chronic health condition, including 20.7% with one condition, 15.1% with two conditions, and half (50.0%) with three or more chronic conditions.

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

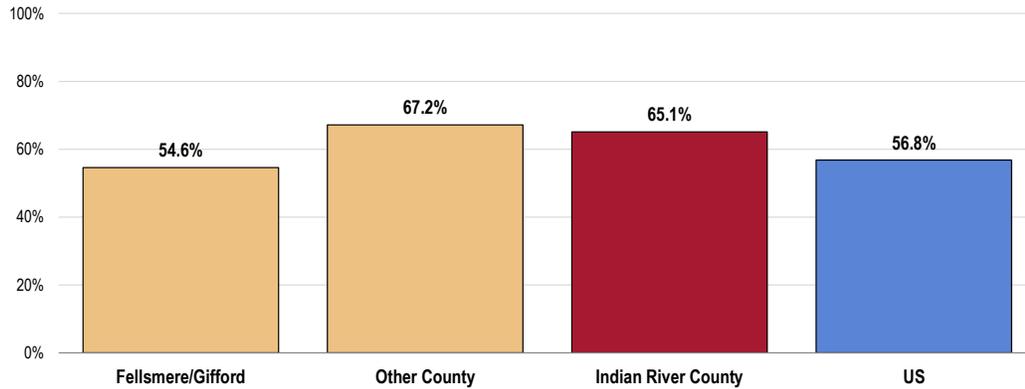
### Number of Current Chronic Conditions (Indian River County, 2018)



Sources: • 2018 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, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

- The prevalence of multiple chronic conditions among Indian River County residents (65.1%) is less favorable than the US prevalence.
- Viewed by area, higher in the Other County community.

### Currently Suffer From Multiple Chronic Conditions

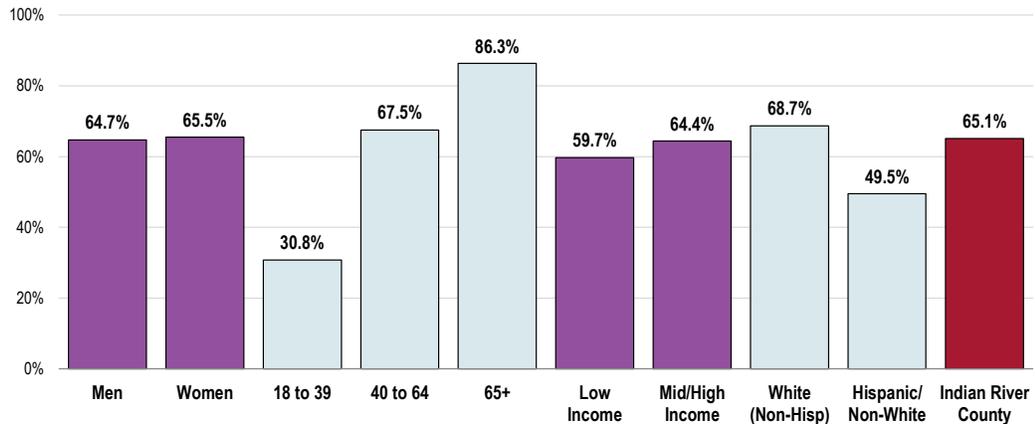


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

The following population segments are more likely to report suffering from multiple chronic conditions:

- Adults age 40 and older (especially those age 65+).
- White residents.

### Currently Suffer From Multiple Chronic Conditions (Indian River County, 2018)



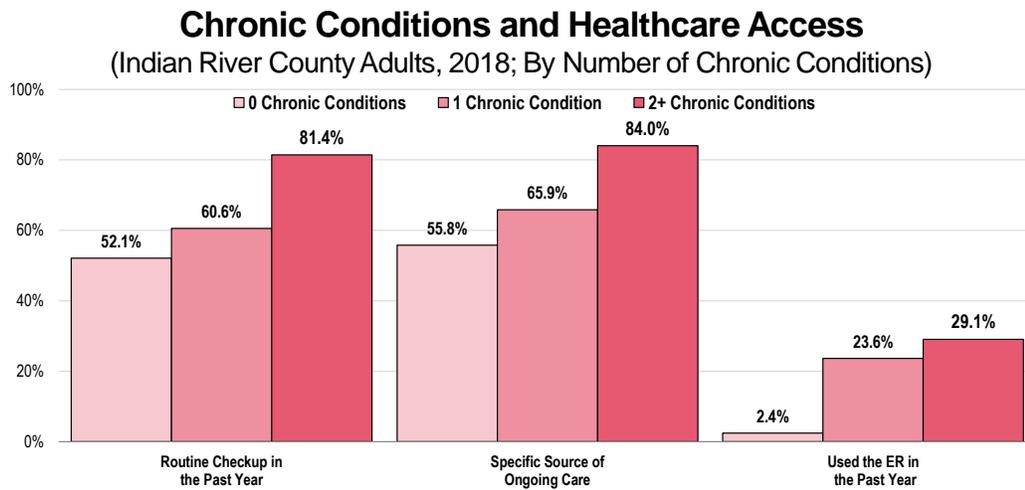
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
  - Asked of all respondents.
- Notes:
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
  - In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

### Chronic Conditions & Healthcare Access

Adults with chronic conditions often go without needed medical care due to cost, and uninsured adults with common chronic conditions suffer serious, identifiable gaps in needed medical care.

**Note these correlations between the number of chronic conditions among Indian River County adults and various indicators of healthcare access:**

- Routine checkup in the past year.
- Specific source of ongoing care.
- Use of the ER for medical care.



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 18, 22, 143, 170]
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

# Infectious Disease



**Professional Research Consultants, Inc.**

## Influenza & Pneumonia Vaccination

### About Influenza & Pneumonia

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

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

### Flu Vaccination

Among Indian River County seniors, three-quarters (76.1%) have received a flu shot within the past year.

- Higher than the Florida finding.
- Similar to the national finding.
- Satisfies the Healthy People 2020 target (70% or higher).
- Statistically comparable by community.

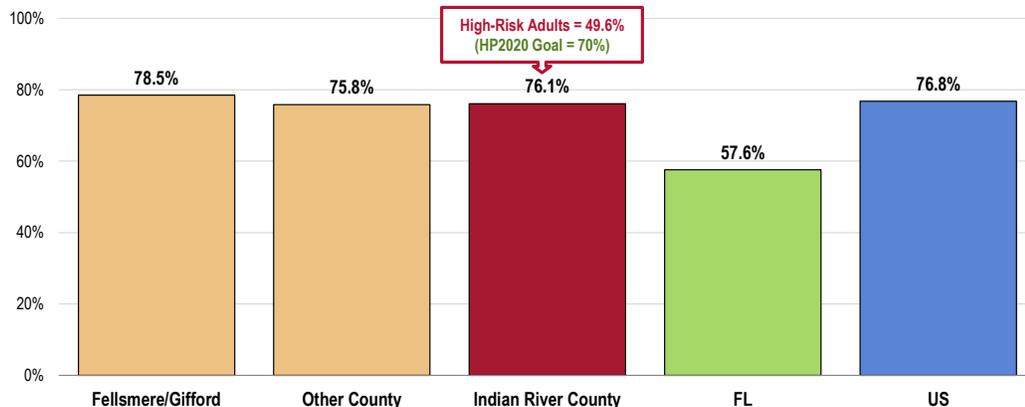
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes, or respiratory disease.

Half (49.6%) of high-risk adults age 18 to 64 received a flu shot within the past year.

### Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144-145]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects respondents 65 and older.
  - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes, or respiratory disease.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

## Pneumonia Vaccination

Among Indian River County adults age 65 and older, 78.1% have received a pneumonia vaccination at some point in their lives.

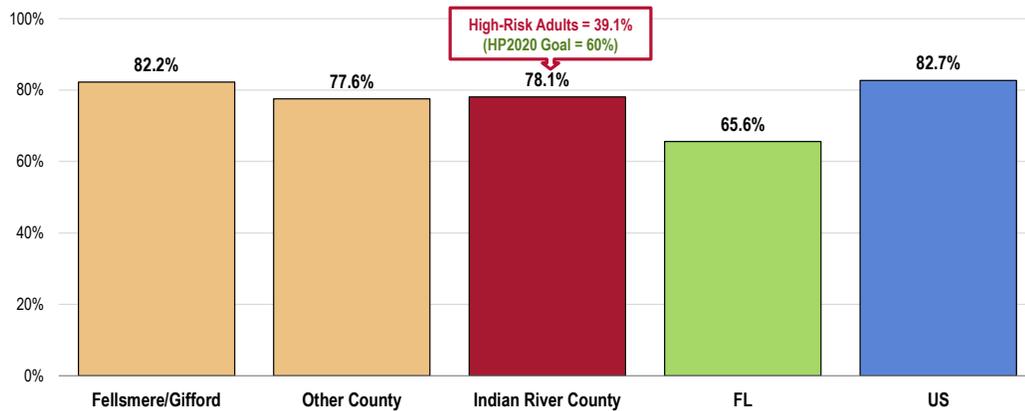
- Notably higher than the Florida finding.
- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Statistically similar by community.

Four in 10 high-risk adults age 18 to 64 (39.1%) have ever received a pneumonia vaccination.

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

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 146-147]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives IID-13.1, IID-13.2]
- Notes:
- Reflects respondents 65 and older.
  - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

## HIV

### About Human Immunodeficiency Virus (HIV)

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

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

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

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

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

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

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

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

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

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

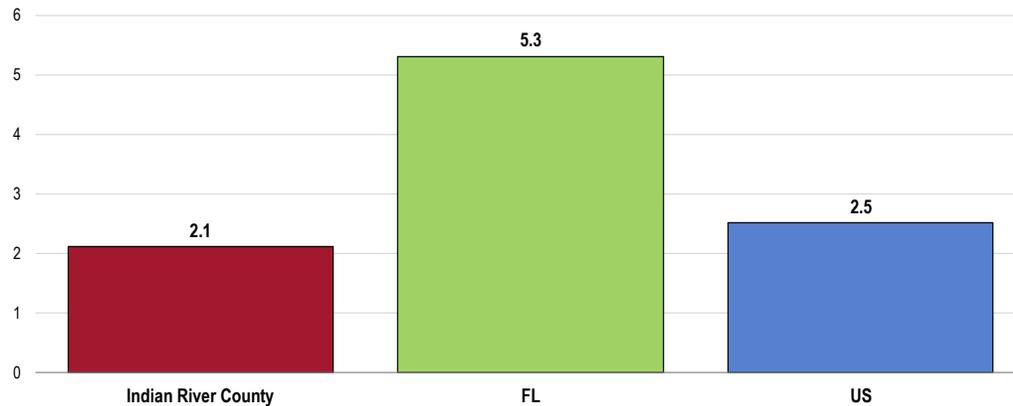
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Age-Adjusted HIV/AIDS Deaths

Between 2007 and 2016, there was an annual average age-adjusted HIV/AIDS mortality rate of 2.1 deaths per 100,000 population in Indian River County.

- Lower than found statewide (especially) and nationally.
- Satisfies the Healthy People 2020 target (3.3 or lower).

**HIV/AIDS: Age-Adjusted Mortality**  
(2007-2016 Annual Average Deaths per 100,000 Population)  
Healthy People 2020 Target = 3.3 or Lower



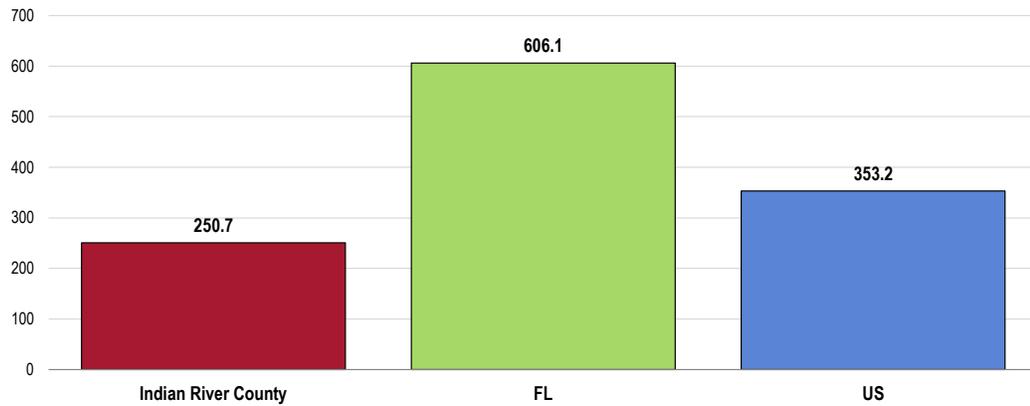
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## HIV Prevalence

In 2013, there was a prevalence of 250.7 HIV cases per 100,000 population in Indian River County.

- Lower than the statewide and national prevalences.

### HIV Prevalence (Prevalence Rate of HIV per 100,000 Population, 2013)



Sources: 

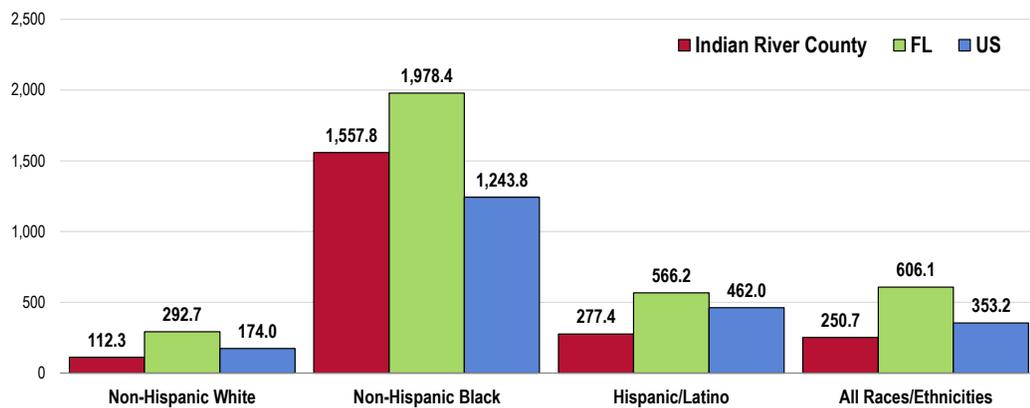
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved July 2017 from Community Commons at <http://www.chna.org>.

Notes: 

- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

- By race and ethnicity, HIV/AIDS prevalence in Indian River County is particularly high among Blacks, although to a lesser degree than found statewide.

### HIV Prevalence by Race/Ethnicity (Rate per 100,000 Population, 2013)



Sources: 

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved July 2017 from Community Commons at <http://www.chna.org>.

Notes: 

- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

## Key Informant Input: HIV/AIDS

Key informants taking part in an online survey most often characterized *HIV/AIDS* as a “moderate problem” in the community.

### Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 2018)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



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

### Top Concerns

Among those rating this issue as a “major problem,” the following reason was given:

#### *Access to Care/Services*

*I am unaware of any resources. - Community Leader*

## Sexually Transmitted Diseases

### About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

**Biological Factors.** STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

**Social, Economic, and Behavioral Factors.** The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

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

### Chlamydia & Gonorrhea

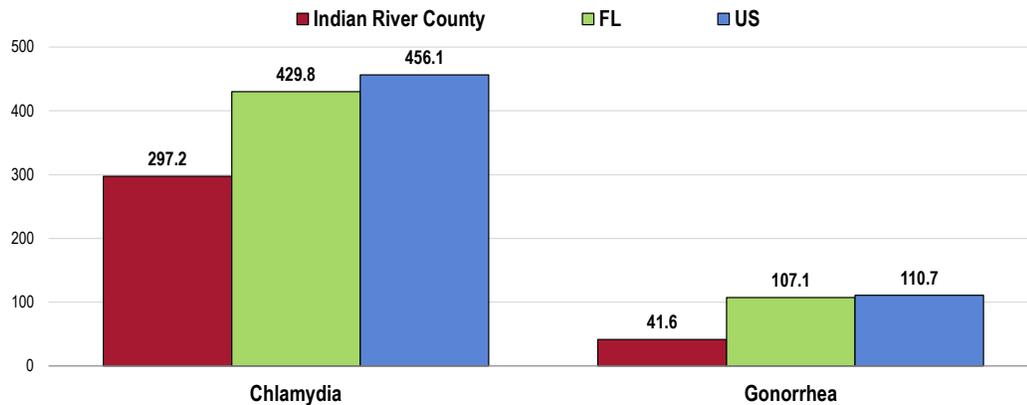
**In 2014, the chlamydia incidence rate in Indian River County was 297.2 cases per 100,000 population.**

- Notably lower than the Florida and US incidence rates.

**The Indian River County gonorrhea incidence rate in 2014 was 41.6 cases per 100,000 population.**

- Notably lower than that found statewide and nationally.

### Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2014)



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.  
 • Retrieved July 2017 from Community Commons at <http://www.chna.org>.

Notes: • This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

### Key Informant Input: Sexually Transmitted Diseases

Key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a “moderate problem” slightly more often than a “minor problem” in the community.

### Perceptions of Sexually Transmitted Diseases as a Problem in the Community (Key Informants, 2018)



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

### Top Concerns

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

#### Prevalence/Incidence

Bacterial STD rates, especially in younger age groups. - Public Health Representative

#### Social Determinants

Sexual education and health are critical issues. The highest rates for transmission are in low-income communities. Education is not getting to those in need. - Social Services Provider

## Immunization & Infectious Diseases

### Key Informant Input: Immunization & Infectious Diseases

Half of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a “moderate problem” in the community.

### Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2018)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



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

# Births



Professional Research Consultants, Inc.

## Prenatal Care

### About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

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

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

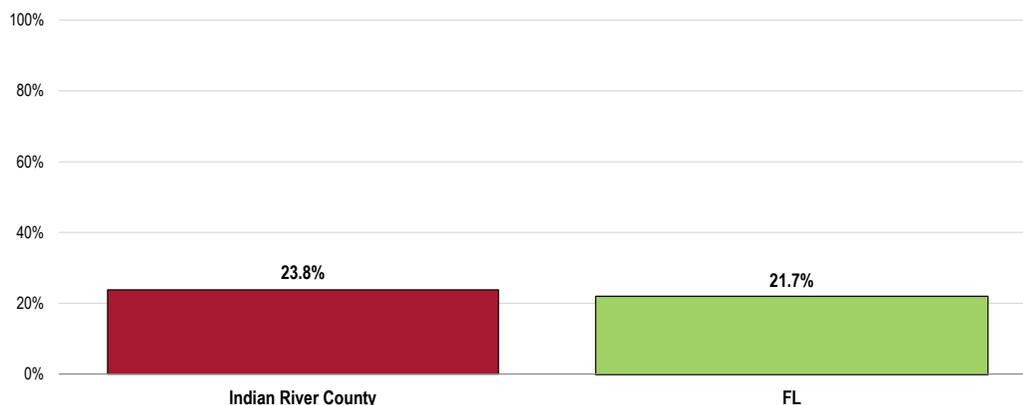
**Between 2015 and 2017, 23.8% of all Indian River County births did not receive prenatal care in the first trimester of pregnancy.**

- Comparable to the Florida proportion.
- Comparable to the Healthy People 2020 target (22.1% or lower).

### Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2015-2017)

Healthy People 2020 Target = 22.1% or Lower



- Sources:
- Florida Department of Health, Bureau of Vital Statistics. Data extracted from FLHealthCharts.com August 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
- Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

## Birth Outcomes & Risks

### Low-Weight Births

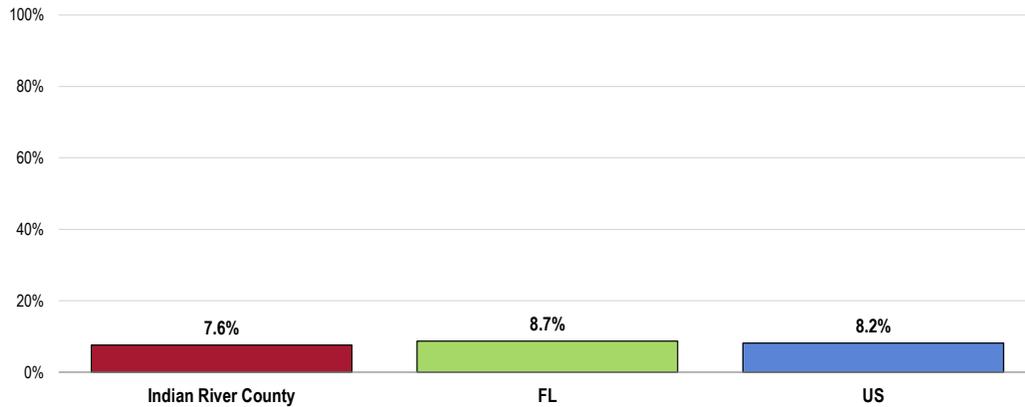
**A total of 7.6% of 2006-2012 Indian River County births were low-weight.**

- Comparable to state and US proportions.
- Similar to the Healthy People 2020 target (7.8% or lower).

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

**Low-Weight Births**  
(Percent of Live Births, 2006-2012)  
**Healthy People 2020 Target = 7.8% or Lower**



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2017.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

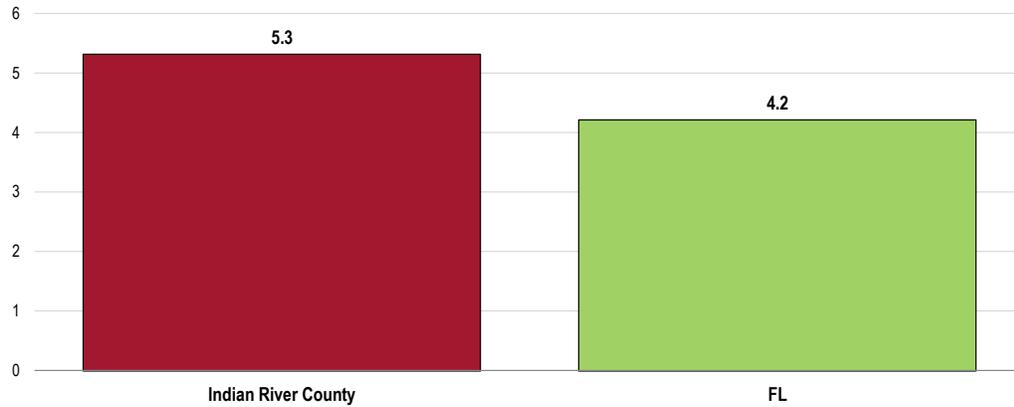
### Neonatal Mortality

**Between 2015 and 2017, there was an annual average of 5.3 neonatal deaths per 1,000 live births.**

- Less favorable than the Florida rate.
- Fails to satisfy the Healthy People 2020 target of 4.1 per 1,000 live births or lower.

Neonatal mortality rates reflect deaths of children less than 27 days old per 1,000 live births.

### Neonatal Mortality Rate (Annual Average Neonatal Deaths per 1,000 Live Births, 2015-2017) Healthy People 2020 Target = 4.1 or Lower



Sources: 

- Florida Department of Health, Bureau of Vital Statistics. Data extracted from FLHealthCharts.com July 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.4]

Notes: 

- Neonatal deaths include deaths of children within 27 days of birth.
- This indicator is relevant because high rates of neonatal mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

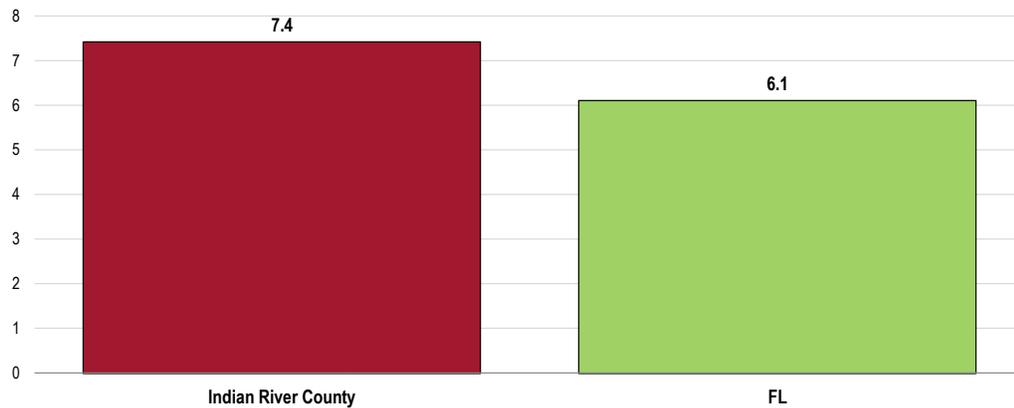
### Infant Mortality

Between 2015 and 2017, there was an annual average of 7.4 infant deaths per 1,000 live births in Indian River County.

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

- Higher than the Florida rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births or lower.

### Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births, 2015-2017) Healthy People 2020 Target = 6.0 or Lower



Sources: 

- Florida Department of Health, Bureau of Vital Statistics. Data extracted from FLHealthCharts.com August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]

Notes: 

- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

## Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a “moderate problem” in the community.

### Perceptions of Infant and Child Health as a Problem in the Community (Key Informants, 2018)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



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

### Top Concerns

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

#### Access to Care/Services

*Limited access to local specialty medical care for children, such as access to pediatric specialists (neurologists, allergists, cardiologists) and therapists (speech/language, physical/occupational, behavior), and assistance for children with special needs... especially that take the insurance that families carry... without driving out of the county. Also, it would be great if medical staff could help increase parental awareness of developmental milestones, easy educational activities to do with children, and increase access/awareness to local resources and services. - Social Services Provider*

*There is no pediatric emergency department physician. - Physician*

*There is only one place that delivers babies in our county. - Community Leader*

*Lack of prenatal care, lack of education, and fear. - Community Leader*

#### Affordable Care

*Limited access to prenatal care for low-income and/or uninsured patients in certain areas of the community. - Community Leader*

#### Health Awareness/Education

*Children with special needs, education, and support for parents on local resources, activities, expectations, what to do and where to go. Community education on how to be more inclusive and accepting. - Social Services Provider*

#### Prevalence/Incidence

*Infant mortality, unintentional injury rates, intentional injury resulting in hospitalization, mental health. - Public Health Representative*

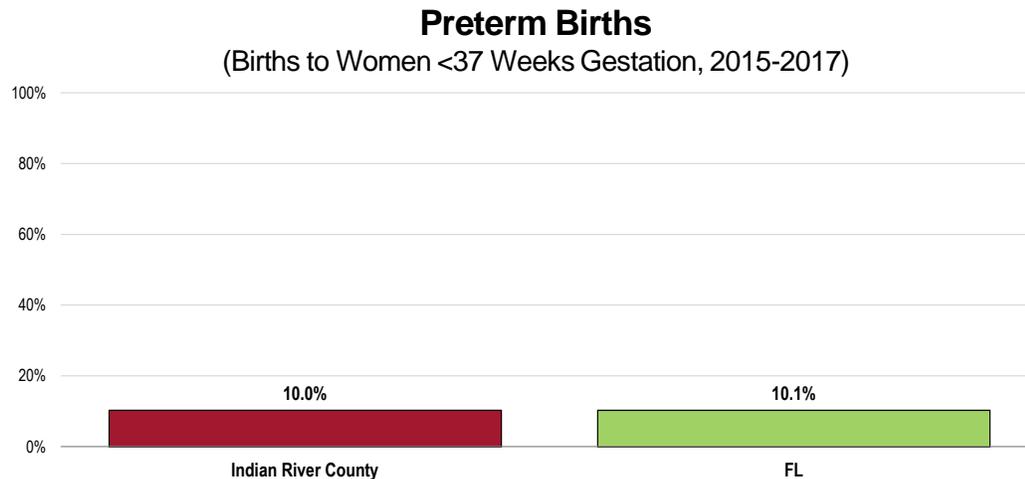
## Family Planning

### Preterm Births

Preterm births reflect births under 37 weeks of gestation.

Between 2015 and 2017, one in 10 births (10.0%) in Indian River County was preterm.

- Almost identical to the statewide rate.



Sources: • Florida Department of Health, Bureau of Vital Statistics. Data extracted from FLHealthCharts.com July 2018.  
Notes: • This indicator reports the proportion of preterm births (<37 weeks gestation).

### Births to Teen Mothers

#### About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents.

Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

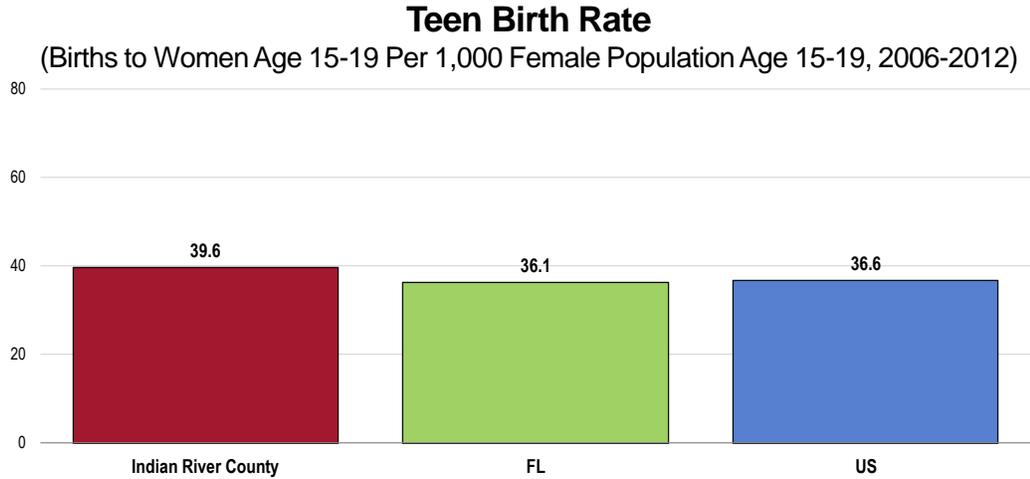
Similarly, early fatherhood is associated with lower educational attainment and lower income.

Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

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

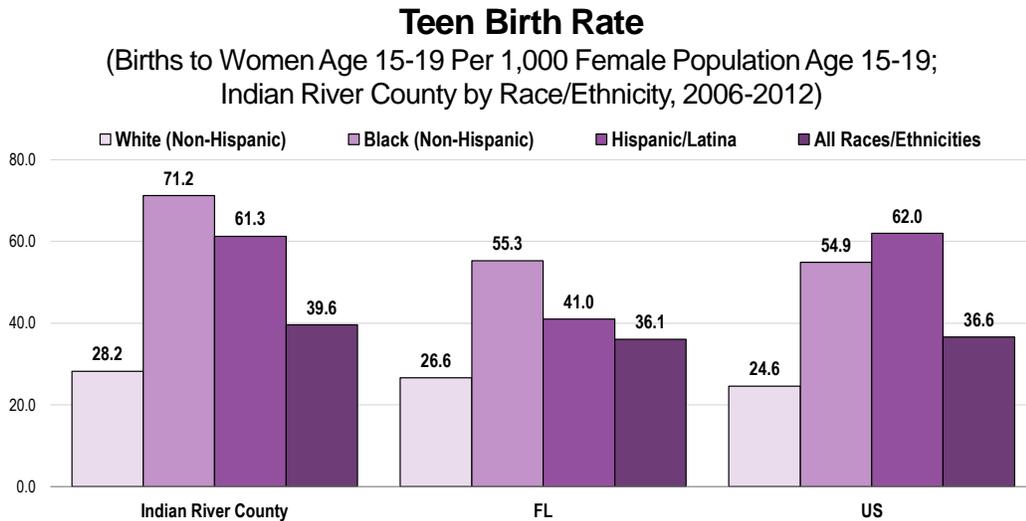
Between 2006 and 2012, there were 39.6 births to women age 15 to 19 per 1,000 women age 15 to 19 in the Indian River County.

- Similar to the Florida and US rates.



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.  
 • Retrieved from Community Commons at <http://www.chna.org>.  
 Notes: • This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

- By race and ethnicity, Black women exhibit the highest rate of teen births in Indian River County, followed by Hispanics/Latinas (as is also found statewide).

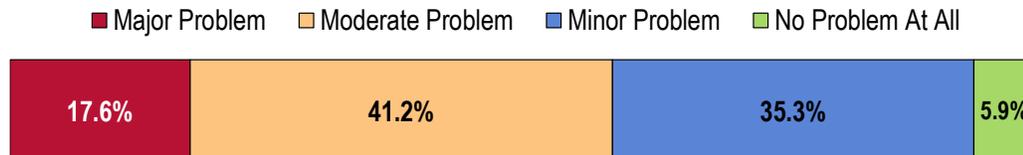


Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.  
 • Retrieved from Community Commons at <http://www.chna.org>.  
 Notes: • This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

## Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a “moderate problem” in the community.

### Perceptions of Family Planning as a Problem in the Community (Key Informants, 2018)



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

### Top Concerns

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

#### Access to Care/Services

*Planned parenthood closed in Indian River County. A number of local non-profits that present as ‘women’s centers’ are focused on maintaining full-term pregnancies and offering care suggestions, such as not receiving any medical attention until 18 weeks to prevent the women from receiving proper medical care; full information on options available and proper prenatal care. This causes problems for both patients who want to carry to term and those who do not. Additionally, there is limited access to birth control for women under 18. - Social Services Provider*

*Difficult to find the right providers, and many folks still over-utilize emergency care. - Community Leader*

# Modifiable Health Risks



Professional Research Consultants, Inc.

## Nutrition

### About Healthful Diet & Healthy Weight

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

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

Americans with a healthful diet:

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

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

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

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

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

Social factors thought to influence diet include:

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

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

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

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

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

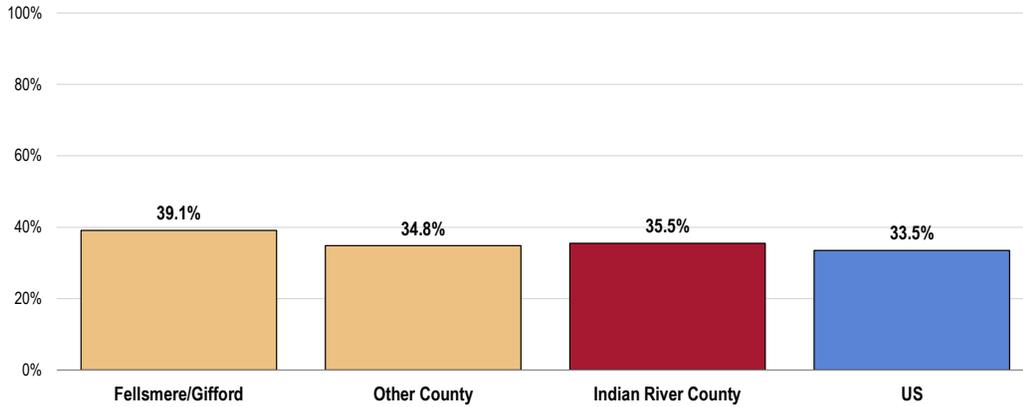
## Daily Recommendation of Fruits/Vegetables

A total of 35.5% of Indian River County adults report eating five or more servings of fruits and/or vegetables per day.

- Similar to national findings.
- Similar by community.

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

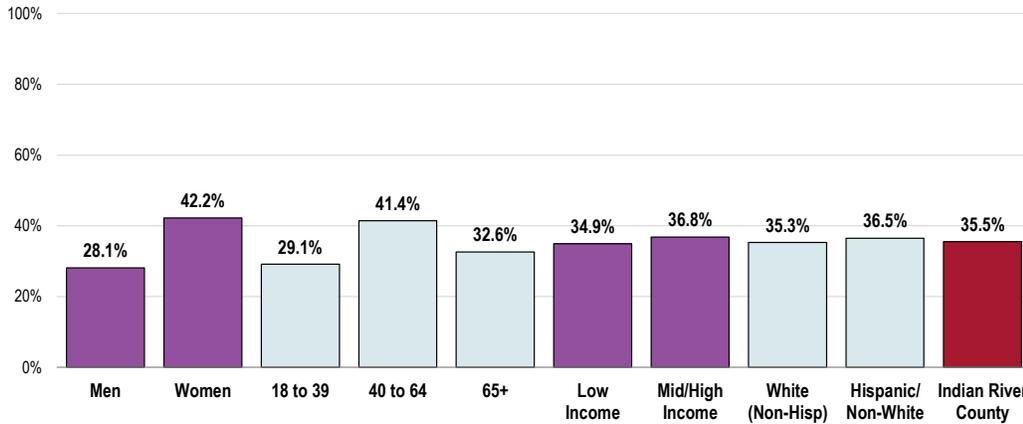
### Consume Five or More Servings of Fruits/Vegetables Per Day



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - For this issue, respondents were asked to recall their food intake on the previous day.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

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

### Consume Five or More Servings of Fruits/Vegetables Per Day (Indian River County, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
  - Asked of all respondents.
- Notes:
- 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.

## Access to Fresh Produce

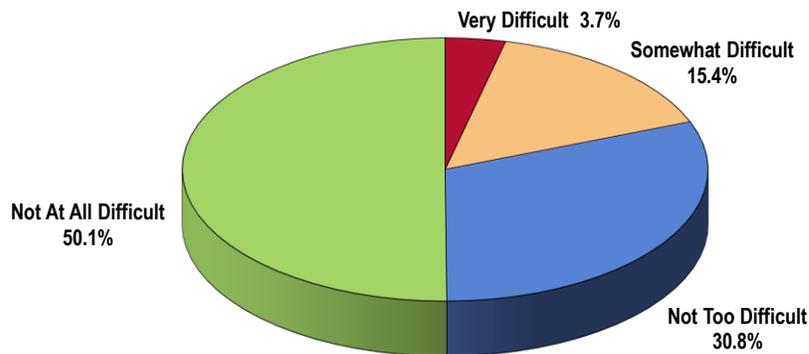
### Difficulty Accessing Fresh Produce

While most report little or no difficulty, 19.1% of Indian River County adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

Respondents were asked:

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

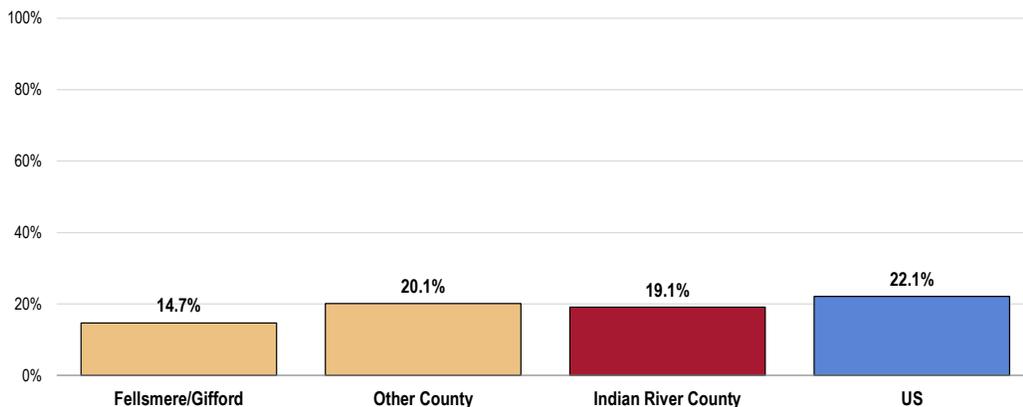
### Level of Difficulty Finding Fresh Produce at an Affordable Price (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]  
Notes: • Asked of all respondents.

- Similar to national findings.
- The difference by community is not significant.

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

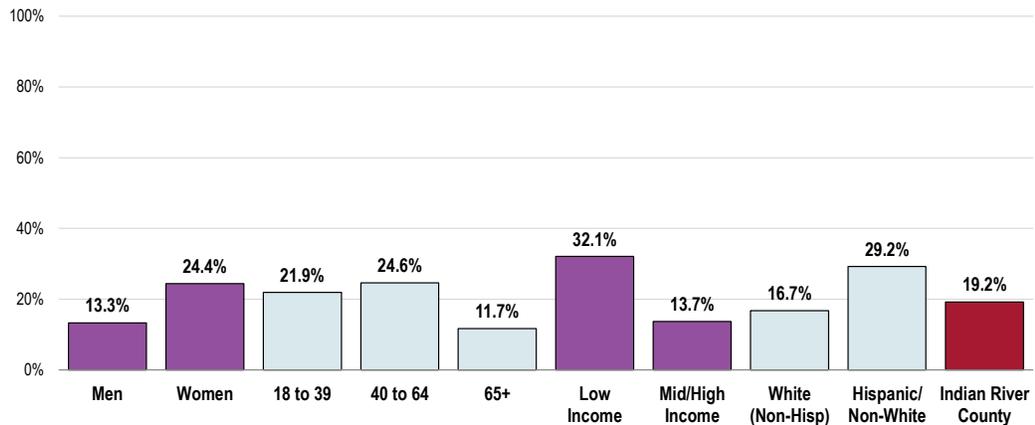


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]  
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.  
• The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

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

- Women.
- Adults age 40-64.
- Lower-income residents.
- Hispanics/Non-Whites.

### Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Low Food Access (Food Deserts)

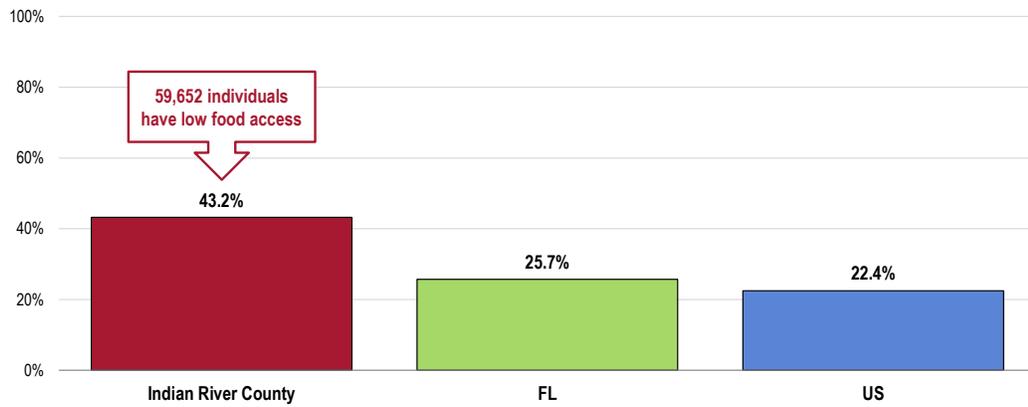
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that 43.2% of the Indian River County population (representing almost 60,000 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- Notably less favorable than state- and nationwide findings.

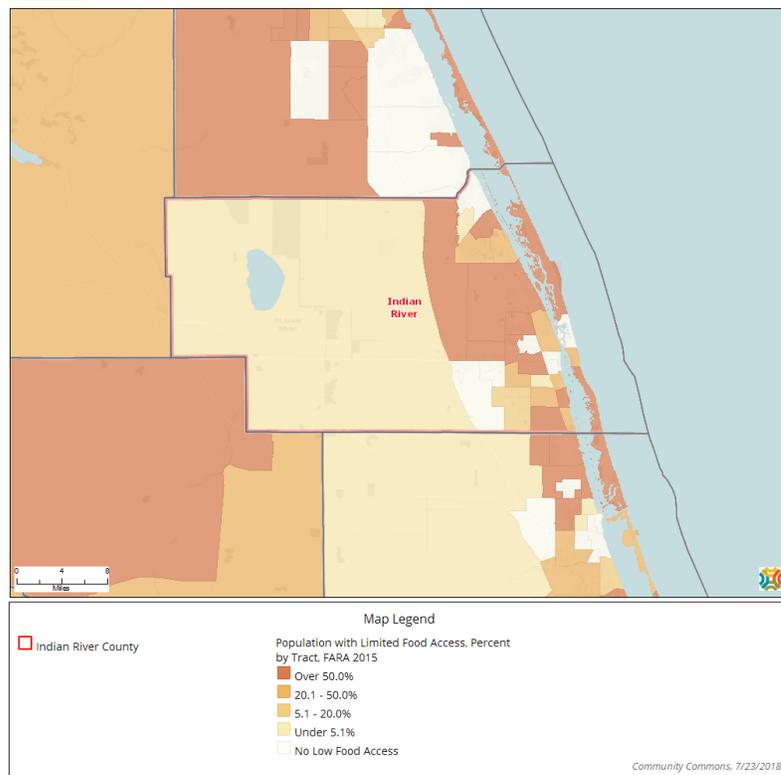
### Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
  - Retrieved July 2017 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract. Note the large share of residents with limited food access along the eastern coastline.



## Physical Activity

### About Physical Activity

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

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

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

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

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

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

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

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

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

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

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

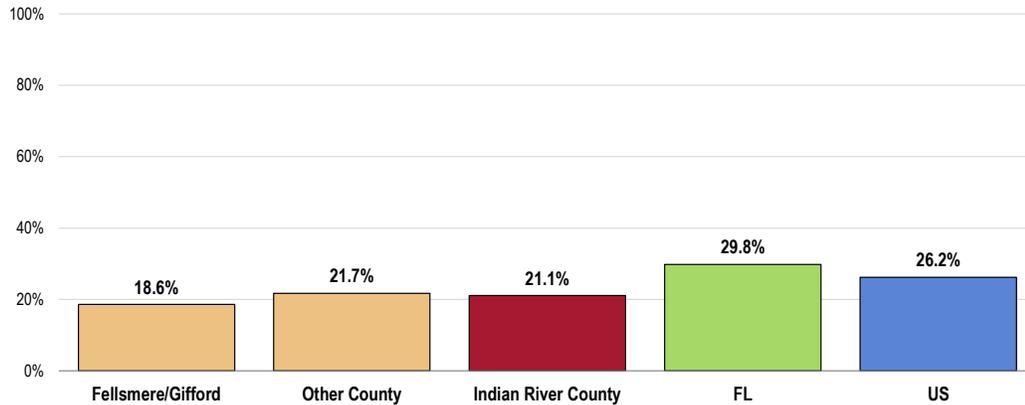
## Leisure-Time Physical Activity

A total of 21.1% of Indian River County adults report no leisure-time physical activity in the past month.

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

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

Healthy People 2020 Target = 32.6% or Lower



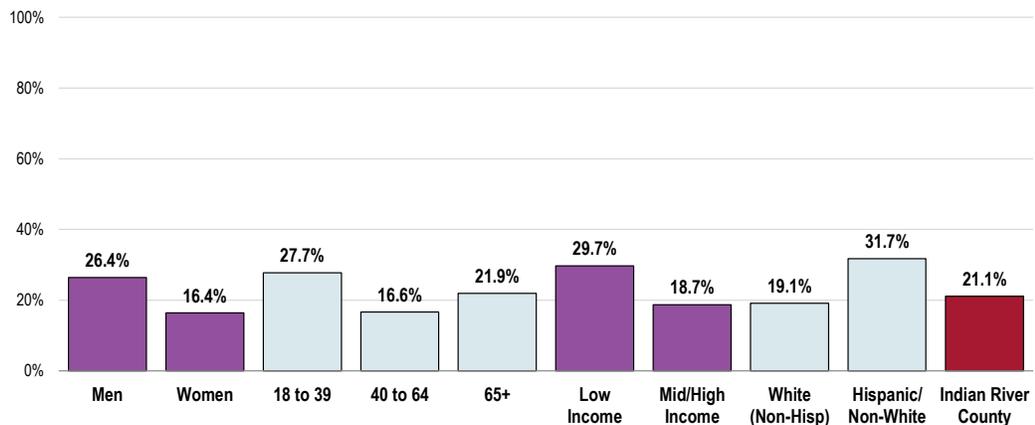
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
- Notes:
- Asked of all respondents.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Lack of leisure-time physical activity in the area is higher among men and lower-income residents.

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

(Indian River County, 2018)

Healthy People 2020 Target = 32.6% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
- Notes:
- Asked of all respondents.
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Activity Levels

### Adults

#### Recommended Levels of Physical Activity

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

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

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

Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

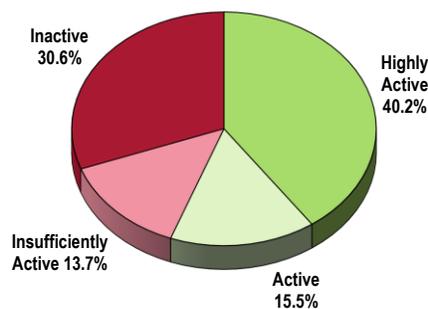
- "Inactive" includes those reporting no aerobic physical activity in the past month.
- "Insufficiently active" includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.
- "Active" includes those with 150-300 minutes of weekly aerobic physical activity.
- "Highly active" includes those with >300 minutes of weekly aerobic physical activity.

#### Aerobic & Strengthening Physical Activity

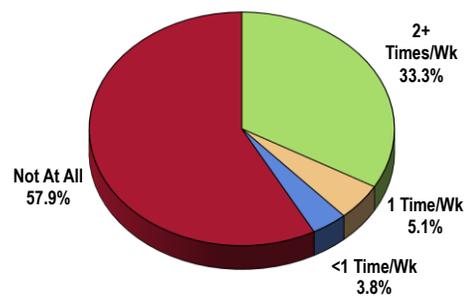
Based on reported physical activity intensity, frequency, and duration over the past month, **44.3% of Indian River County adults are found to be "insufficiently active" or "inactive."**

**A total of 57.9% of Indian River County adults do not participate in any types of physical activities or exercises to strengthen their muscles.**

#### Participation in Physical Activities (Indian River County, 2018)



**Aerobic Activity**



**Strengthening Activity**

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 96, 150]

Notes: • Reflects the total sample of respondents.

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

**Recommended Levels of Physical Activity**

**One in five Indian River County adults (20.9%) regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).**

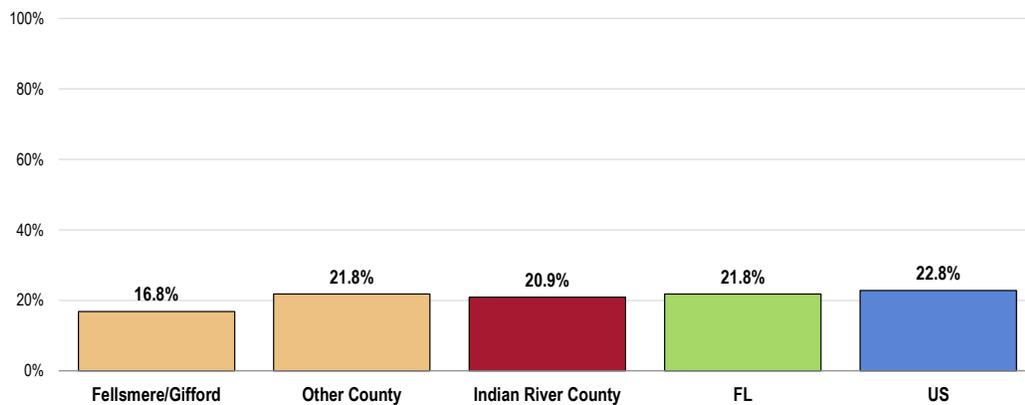
"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

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

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

- Comparable to state and national findings.
- Similar to the Healthy People 2020 target (20.1% or higher).
- No significant difference by community.

**Meets Physical Activity Recommendations**  
**Healthy People 2020 Target = 20.1% or Higher**

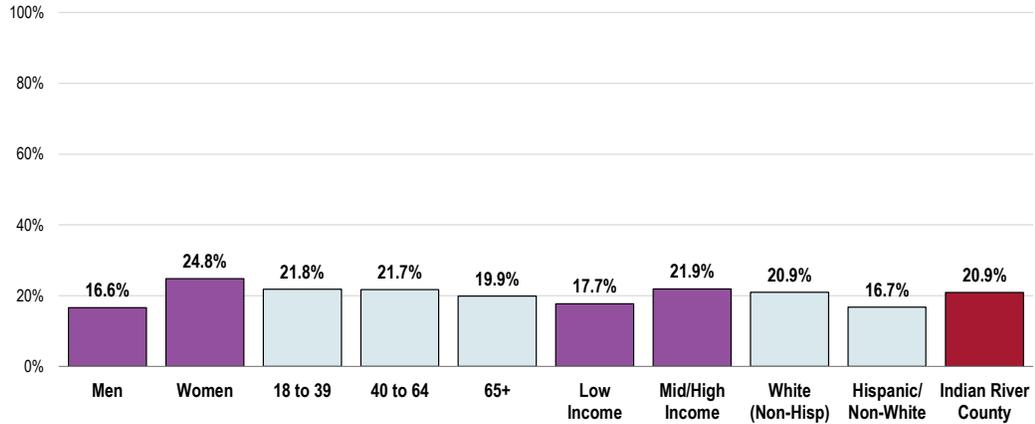


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Florida data.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
- Notes:
- Asked of all respondents.
  - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Men are less likely to meet physical activity requirements.

## Meets Physical Activity Recommendations (Indian River County, 2018)

Healthy People 2020 Target = 20.1% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
- Notes:
- Asked of all respondents.
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
  - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

## Children

### Recommended Levels of Physical Activity

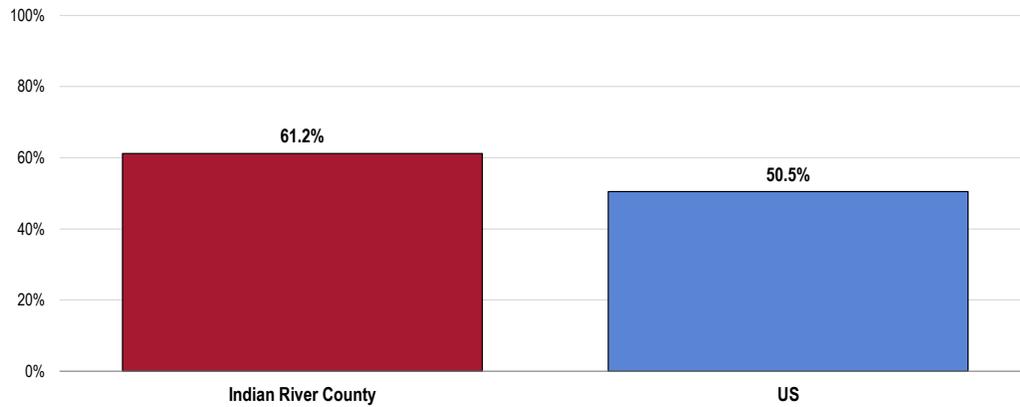
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. [www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)

**Among Indian River County children age 2 to 17, six in 10 (61.2%) are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).**

- Statistically similar to that found nationally.

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



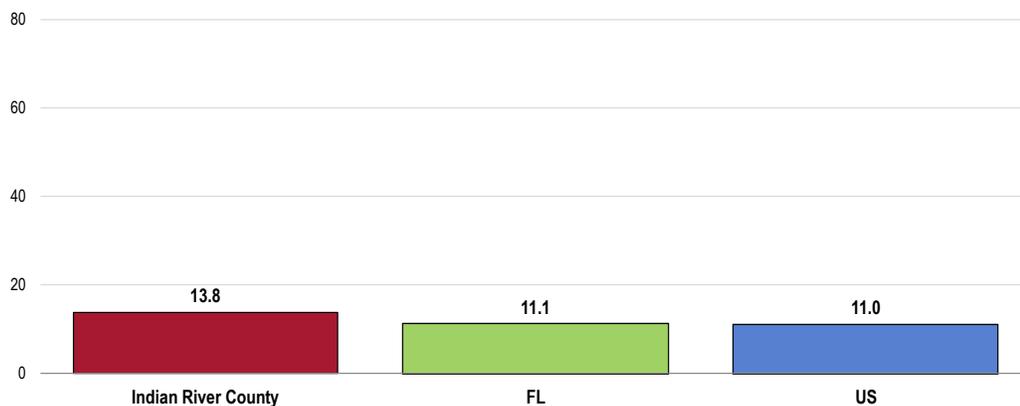
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents with children age 2-17 at home.
  - Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

### Access to Physical Activity

In 2016, there were 13.8 recreation/fitness facilities for every 100,000 population in Indian River County.

- Above what is found statewide and nationally.

### Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2016)



- Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
  - Retrieved July 2017 from Community Commons at <http://www.chna.org>.
- Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities"*. Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

## Weight Status

### About Overweight & Obesity

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

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

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

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

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

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

### Adult Weight Status

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

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

### Overweight Status

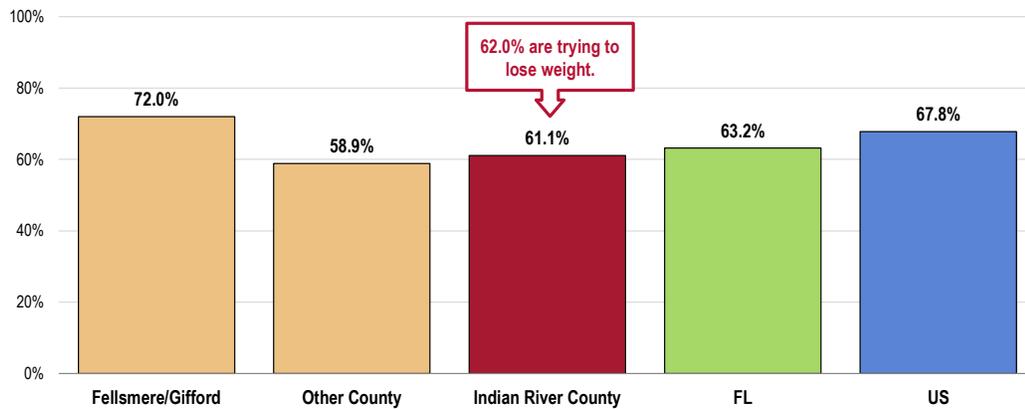
**A total of six in 10 Indian River County adults (61.1%) are overweight.**

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

- Comparable to the Florida prevalence.
- More favorable than the US overweight prevalence.
- Least favorable in Fellsmere/Gifford.

Note that 62.0% of overweight adults are currently trying to lose weight.

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



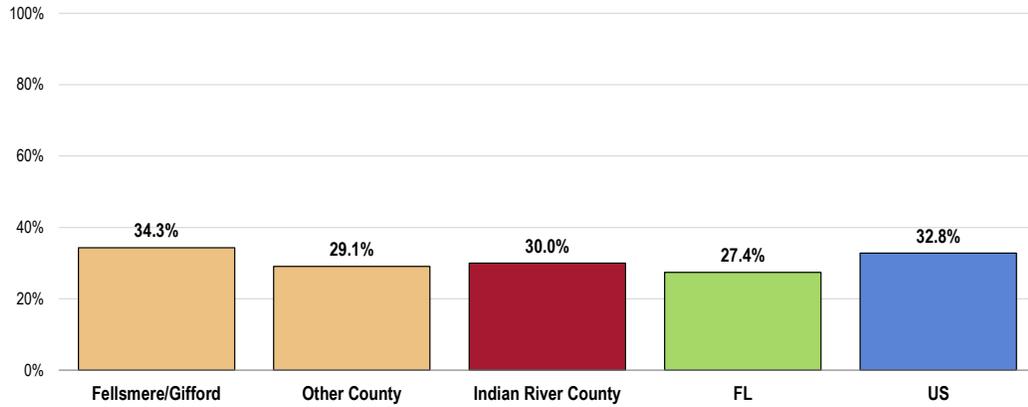
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 154-155]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- Notes:
- Based on reported heights and weights, asked of all respondents.
  - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

**Further, three in 10 Indian River County adults (30.0%) are obese.**

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

- Similar to state and national findings.
- Similar to the Healthy People 2020 target (30.5% or lower).
- Similar by community.

### Prevalence of Obesity (Percent of Adults With a Body Mass Index of 30.0 or Higher) Healthy People 2020 Target = 30.5% or Lower



Sources: 

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2016 Florida data.

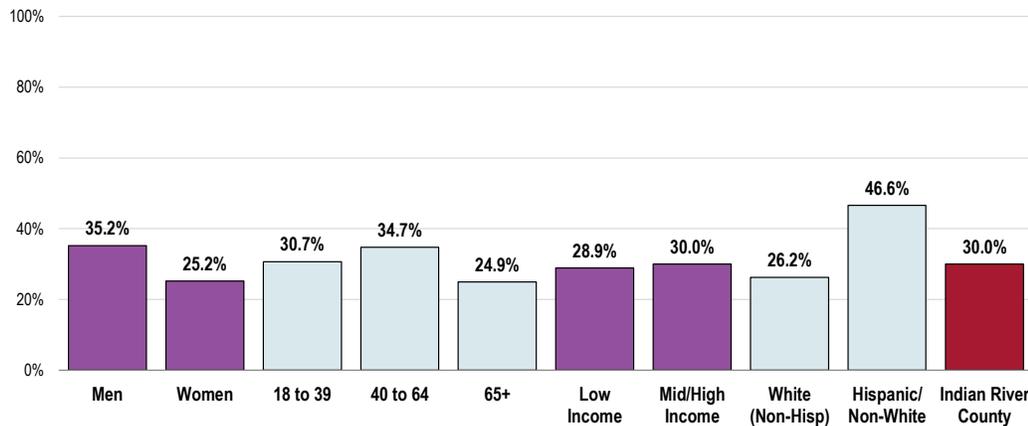
Notes: 

- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
- The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

Note the high prevalence of obesity among **Hispanic/Non-White** residents when compared against White residents. Obesity is also notably more prevalent among:

- Men.
- Those between the ages of 40 and 64

### Prevalence of Obesity (Percent of Adults With a BMI of 30.0 or Higher; Indian River County, 2018) Healthy People 2020 Target = 30.5% or Lower



Sources: 

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

Notes: 

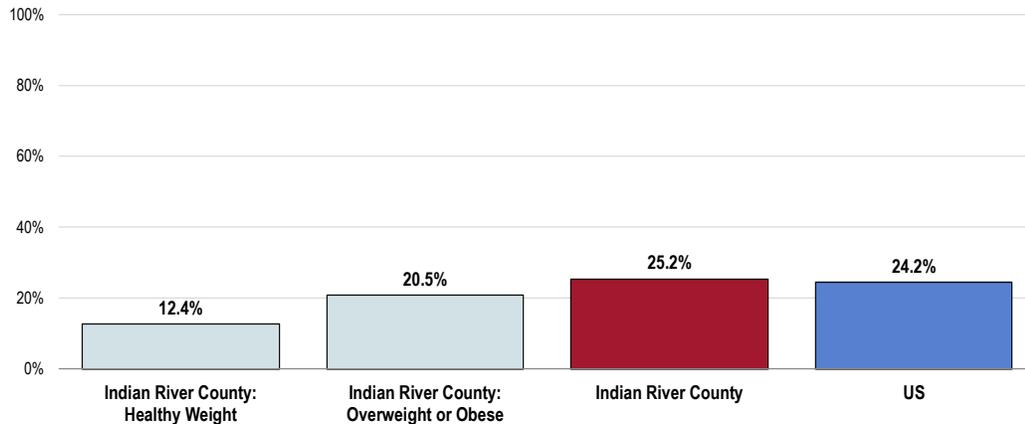
- Based on reported heights and weights, asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income"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

### Health Advice

**One-quarter (25.2%) of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year.**

- Similar to the national findings.
- Note that 20.5% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while four in five have not).

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 98, 156-157]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

## Children’s Weight Status

### About Weight Status in Children & Teens

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

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

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

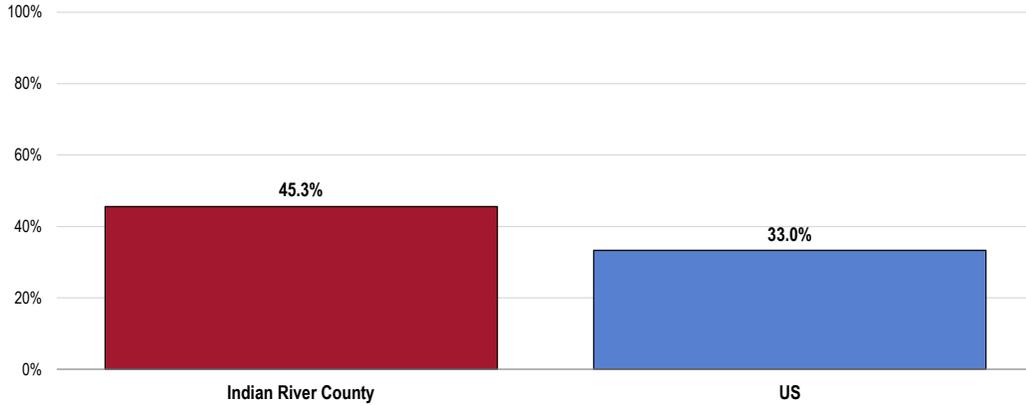
• Centers for Disease Control and Prevention

**Based on the heights/weights reported by surveyed parents, 45.3% of Indian River County children age 5 to 17 are overweight or obese (≥85th percentile).**

- Statistically comparable to the national findings.

### Child Total Overweight Prevalence

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



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents with children age 5-17 at home.
  - Overweight among children is determined by children's Body Mass Index status at or above the 85<sup>th</sup> percentile of US growth charts by gender and age.

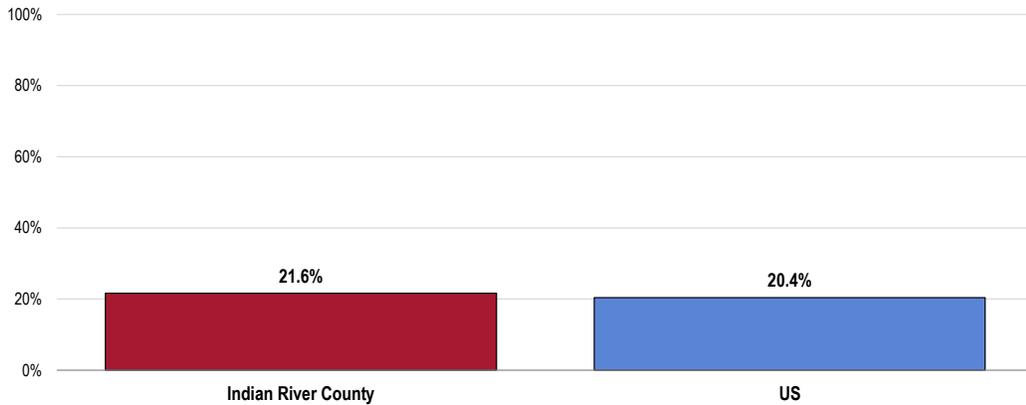
**Further, 21.6% of area children age 5 to 17 are obese (≥95th percentile).**

- Similar to the national percentage.
- Statistically similar to the Healthy People 2020 target (14.5% or lower for children age 2-19).

### Child Obesity Prevalence

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

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



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
- Notes:
- Asked of all respondents with children age 5-17 at home.
  - Obesity among children is determined by children's Body Mass Index status equal to or above the 95<sup>th</sup> percentile of US growth charts by gender and age.

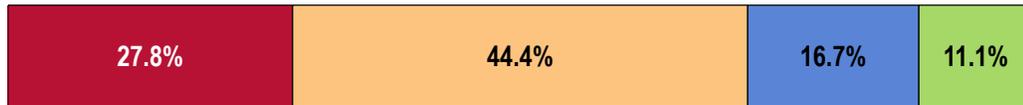
## Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a “moderate problem” in the community.

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

(Key Informants, 2018)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



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

### Top Concerns

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

#### Environmental Factors

*Lack of green spaces. - Community Leader*

*Environmental health, clean water, and clean air. - Community Leader*

#### Access to Healthy Food

*Access to high quality, affordable, nutritious food that is culturally comfortable.*

*Behaviors/routines/habits that families currently have, vs. other healthier options. Education on nutrition tips and "eat this, not that" food prep ideas. Lack of support networks and free/affordable exercise options. Busy, hectic schedules where nutrition is not a priority. Lack of "complete streets" and safe pathways for people to be safe and active outdoors, like multi-purpose paths to the grocery stores and community parks. - Social Services Provider*

#### Affordable Resources

*Limited access to free and reduced meal programs for low-income households. No county-wide free physical fitness programs, bike share programs. - Community Leader*

#### Health Awareness/Education

*There is a severe deficit in the understanding of dietary nutrition. Access to safe physical activity or populations is another area. Additionally, access to a sustainable, nutritiously dense food is critical for low income communities. - Social Services Provider*

#### Obesity/Overweight

*Obesity/overweight and knowledge of walking trails and bike trails. The county has been working on Complete Streets with the support of the health department. The prevalence of overweight/obesity has a direct impact on chronic disease. - Public Health Representative*

## Substance Abuse

### About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

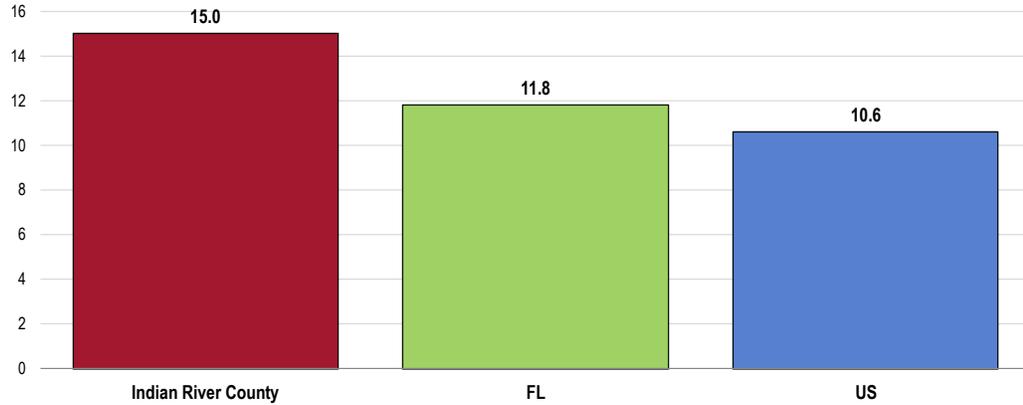
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Cirrhosis/Liver Disease Deaths

**Between 2014 and 2016, Indian River County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 15.0 deaths per 100,000 population.**

- Higher than the state and national rates.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).

### Cirrhosis/Liver Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]  
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Alcohol Use

### Excessive Drinking

**A total of 21.5% of area adults are excessive drinkers (heavy and/or binge drinkers).**

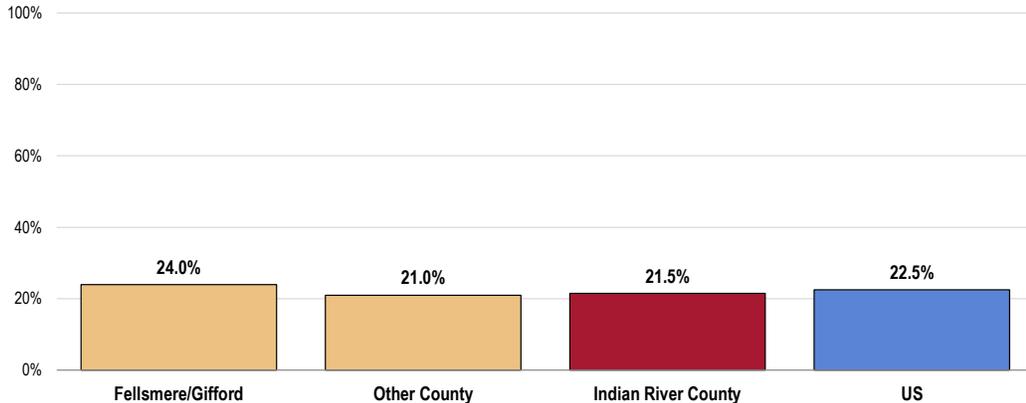
"Excessive drinking" includes heavy and/or binge drinkers:

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

- Similar to the national proportion.
- Satisfies the Healthy People 2020 target (25.4% or lower).
- Statistically similar by community.

### Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower

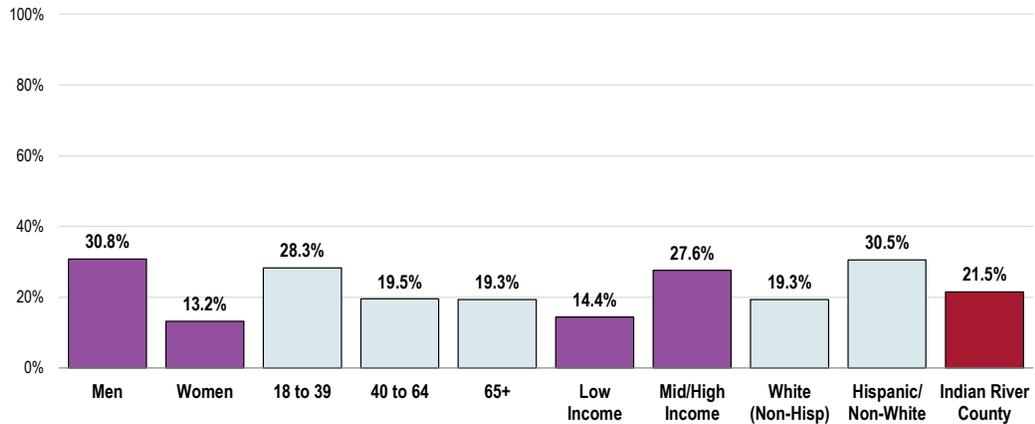


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]  
 Notes: • Asked of all respondents.  
 • Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.  
 • The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

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

- Excessive drinking is statistically more prevalent among men and those with higher incomes.

**Excessive Drinkers**  
(Indian River County, 2018)  
Healthy People 2020 Target = 25.4% or Lower



Sources:
 

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]

 Notes:
 

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

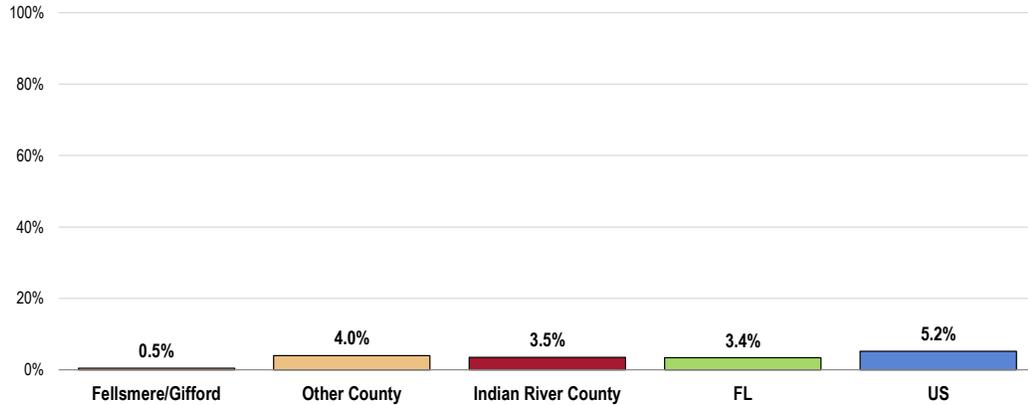
**Drinking & Driving**

**A total of 3.5% of Indian River County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.**

- Similar to the state and national findings.
- Least favorable in the Other County area.

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

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
 • The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

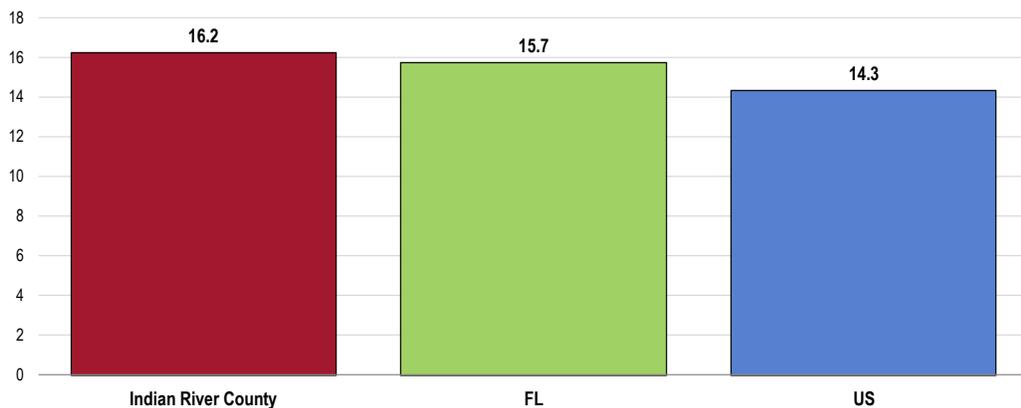
### Age-Adjusted Unintentional Drug-Related Deaths

Between 2014 and 2016, there was an annual average age-adjusted unintentional drug-related mortality rate of 16.2 deaths per 100,000 population in Indian River County.

- Similar to the Florida and US rates.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).

### Unintentional Drug-Related Deaths: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2017.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Illicit Drug Use

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

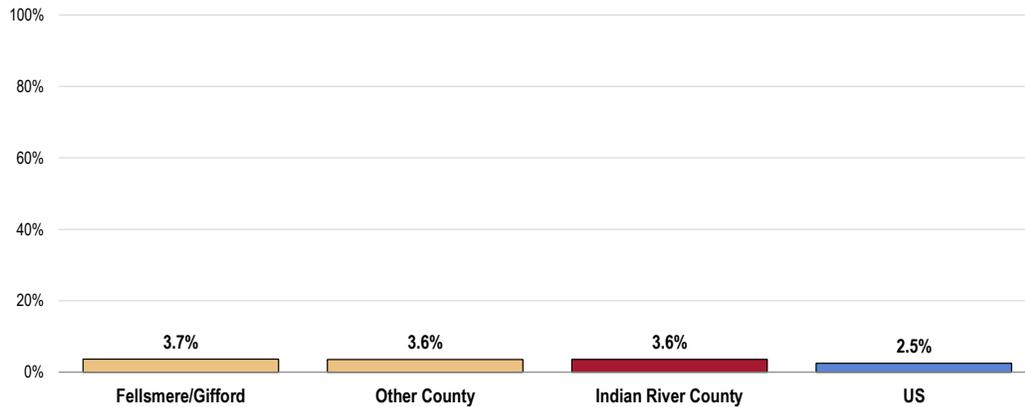
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

**A total of 3.6% of Indian River County adults acknowledge using an illicit drug in the past month.**

- Similar to the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Similar by community.

### Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower



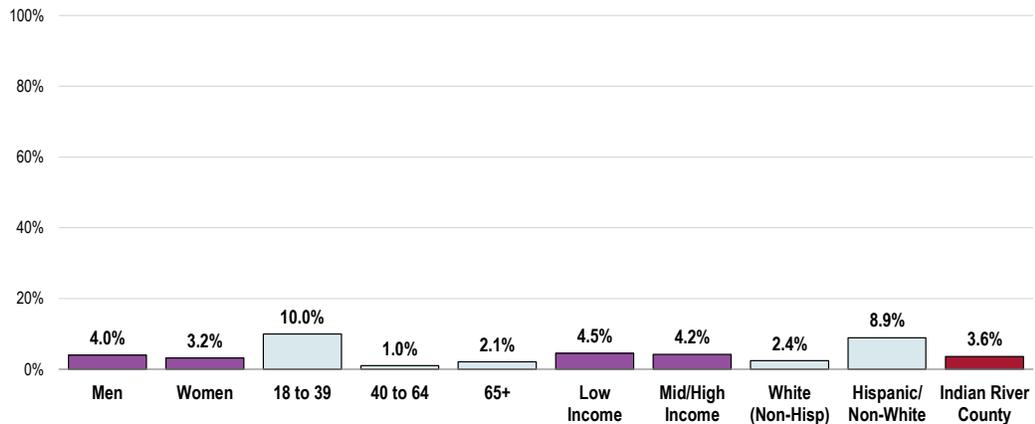
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
- Notes:
- Asked of all respondents.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Illicit drug use is more prevalent among younger adults (under age 40).

### Illicit Drug Use in the Past Month

(Indian River County, 2018)

Healthy People 2020 Target = 7.1% or Lower



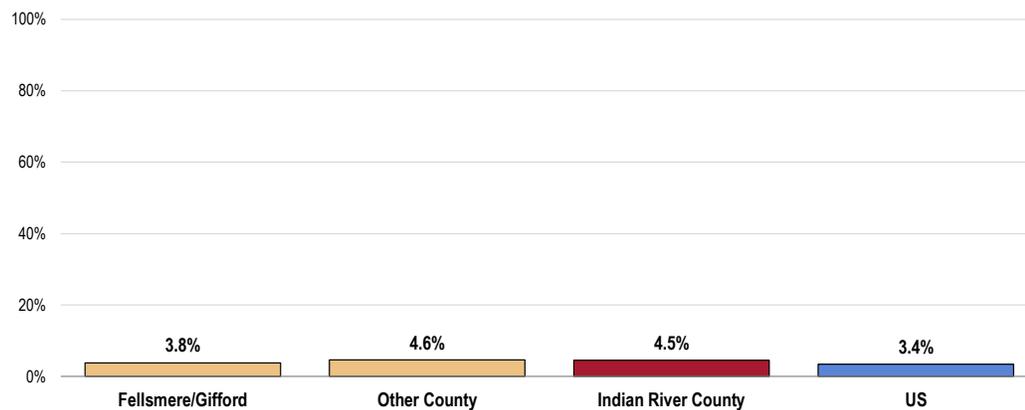
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
- Notes:
- Asked of all respondents.
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Alcohol & Drug Treatment

A total of 4.5% of Indian River County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- Similar by community.

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



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

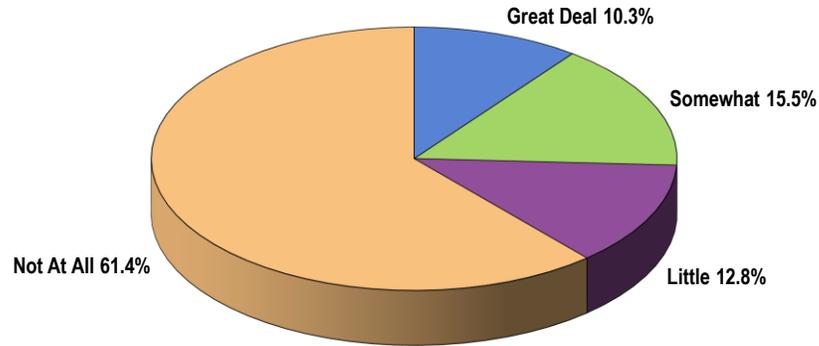
## Negative Effects of Substance Abuse

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

**In all, most respondents have not been negatively affected (61.4% “not at all” responses).**

In contrast, 38.6% of survey respondents indicate that their lives have been negatively affected by substance abuse, including 10.3% who report having been affected “a great deal.”

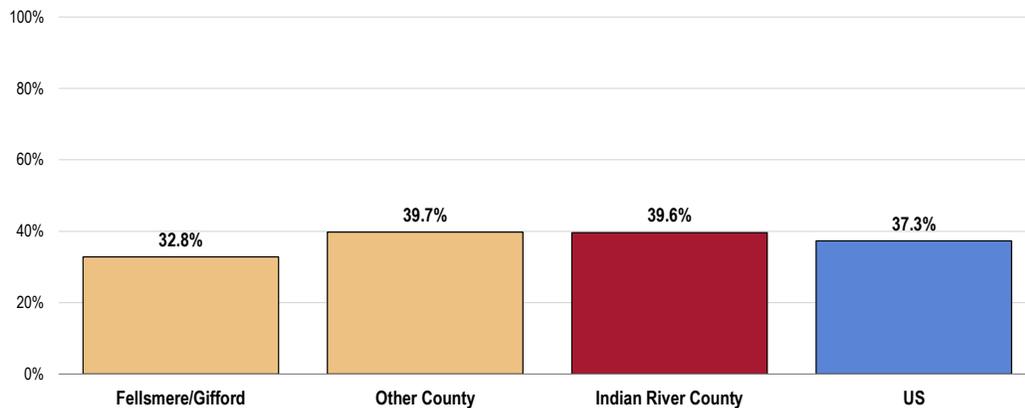
### Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's) (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]  
 Notes: • Asked of all respondents.

- Similar to the US figure.
- The difference by community is not statistically significant.

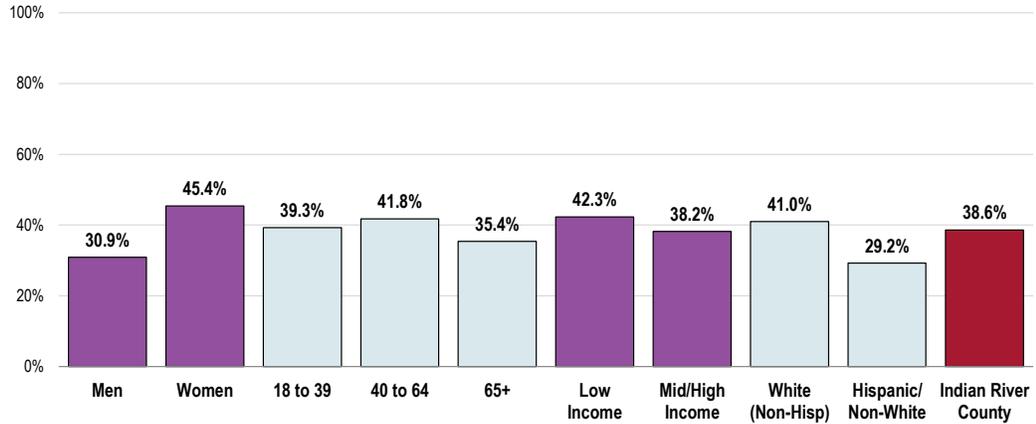
### Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Includes response of "a great deal," "somewhat," and "a little."  
 • The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- The prevalence of survey respondents whose lives have been negatively impacted by substance abuse, whether their own abuse or that of another, is higher among women.

### Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]  
 Notes: • Asked of all respondents.  
 • Includes response of “a great deal,” “somewhat,” and “a little.”  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Key Informant Input: Substance Abuse

More than half of key informants taking part in an online survey characterized *Substance Abuse* as a “moderate problem” in the community.

### Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2018)



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

### Top Concerns

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

#### Access to Care/Services

*There is no detox unit or long-term inpatient treatment programs in our community. Also, lacking in supportive housing and programs to assist long-term sobriety. - Social Services Provider*  
*Lack of facilities and more clients than places to put them, also the costs. - Community Leader*

**Affordable Care/Services**

*Residential treatment for low-income residents is not found in Indian River County. - Social Services Provider*

*Limited 28-day treatment facilities for low income residents. - Community Leader*

**Denial/Stigma**

*Willingness to access treatment. Transportation. Easy access to drugs. Peer acceptance of drug usage. - Social Services Provider*

**Diagnosis/Treatment**

*Identifying issues, and affordability of treatment. - Other Health Provider*

**Most Problematic Substances**

Key informants (who rated this as a “major problem”) identified **heroin or other opioids** as the most problematic substance abused in the community.

<b>Problematic Substances as Identified by Key Informants</b>				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Heroin or Other Opioids	42.9	28.6	28.6	7
Alcohol	14.3	28.6	14.3	4
Methamphetamines or Other Amphetamines	14.3	14.3	14.3	3
Prescription Medications	14.3	0.0	28.6	3
Cocaine or Crack	0.0	28.6	14.3	3
Marijuana	14.3	0.0	0.0	1

## Tobacco Use

### About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

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

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

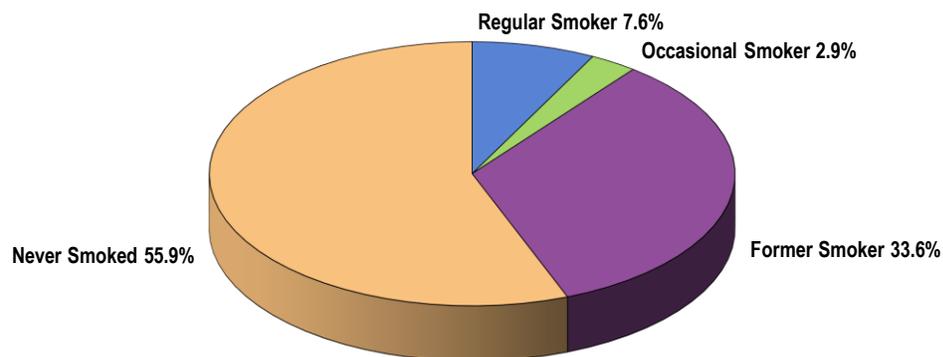
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Cigarette Smoking

### Cigarette Smoking Prevalence

A total of 10.5% of Indian River County adults currently smoke cigarettes, either regularly (7.6 % every day) or occasionally (2.9% on some days).

### Cigarette Smoking Prevalence (Indian River County, 2018)

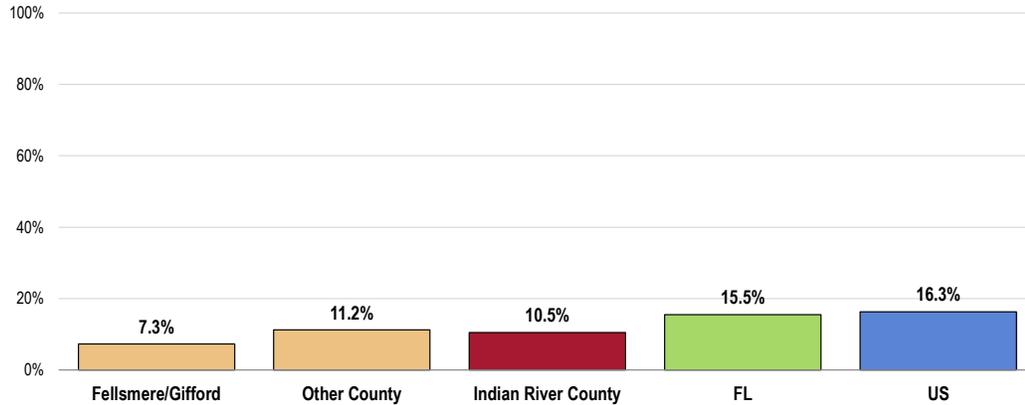


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]  
Notes: • Asked of all respondents.

- Lower than that seen statewide and nationally.
- Similar to the Healthy People 2020 target (12% or lower).
- Statistically similar by community.

### Current Smokers

Healthy People 2020 Target = 12.0% or Lower



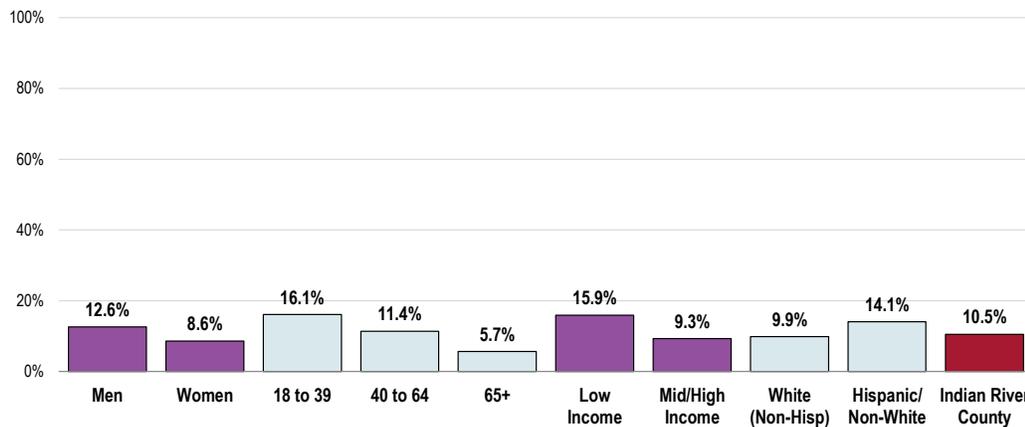
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
  - Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Cigarette smoking is more prevalent among adults under age 65.

### Current Smokers

(Indian River County, 2018)

Healthy People 2020 Target = 12.0% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
  - Includes regular and occasion smokers (every day and some days).

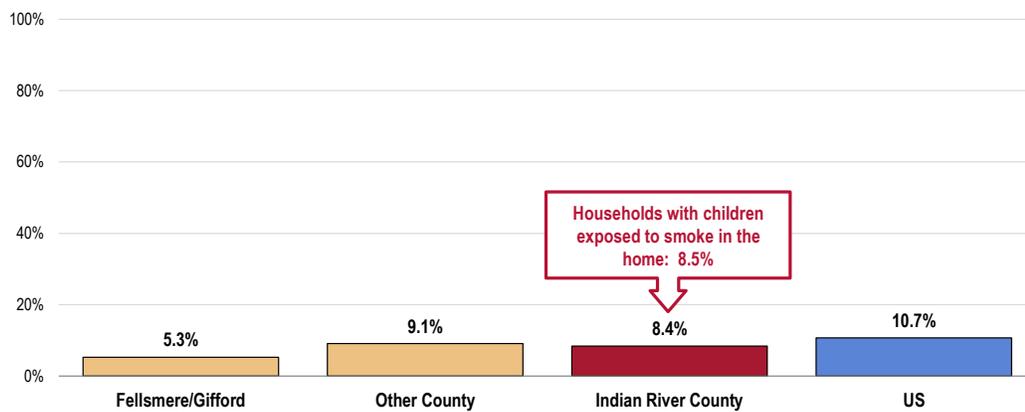
### Environmental Tobacco Smoke

A total of 8.4% of Indian River County adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Statistically comparable to national findings.
- Statistically comparable by community.

Note that 8.5% of Indian River County children are exposed to cigarette smoke at home, similar to what is found nationally (not shown).

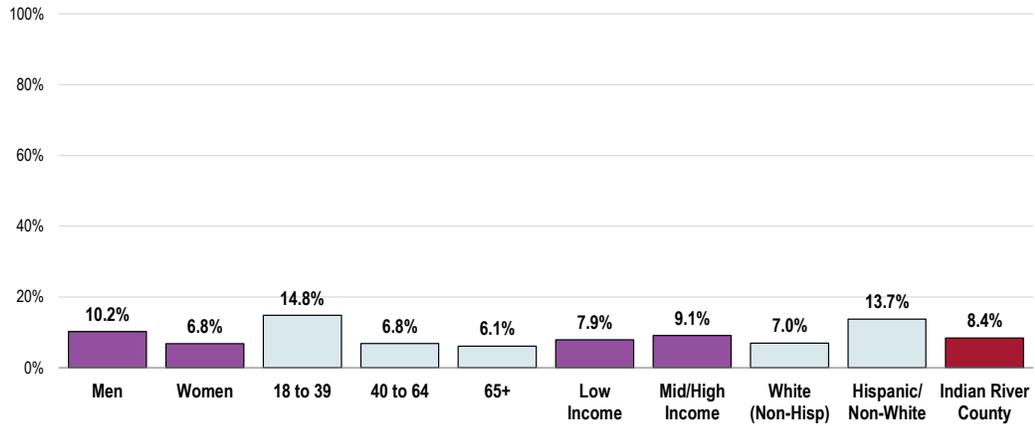
### Member of Household Smokes at Home



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 162]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Differences by demographics are not statistically significant.

### Member of Household Smokes At Home (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

## Smoking Cessation

### About Reducing Tobacco Use

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

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

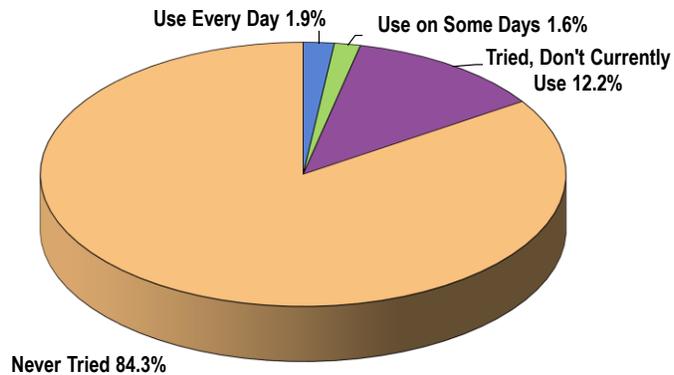
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Other Tobacco Use

### Use of Vaping Products

A total of 3.5% of Indian River County adults currently use electronic cigarettes (e-cigarettes) or other electronic vaping products either regularly (1.9% every day) or occasionally (1.6% on some days).

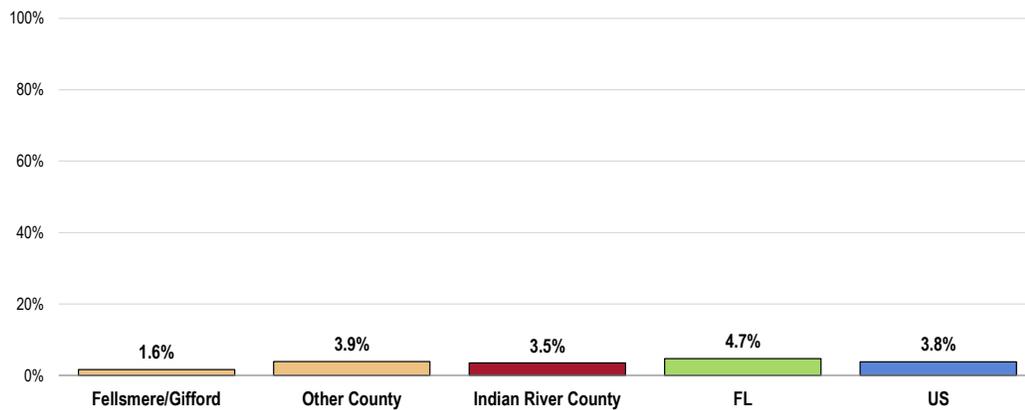
### Use of Vaping Products (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]  
 Notes: • Asked of all respondents.

- Similar to Florida and national findings.
- The difference by community is not significant.

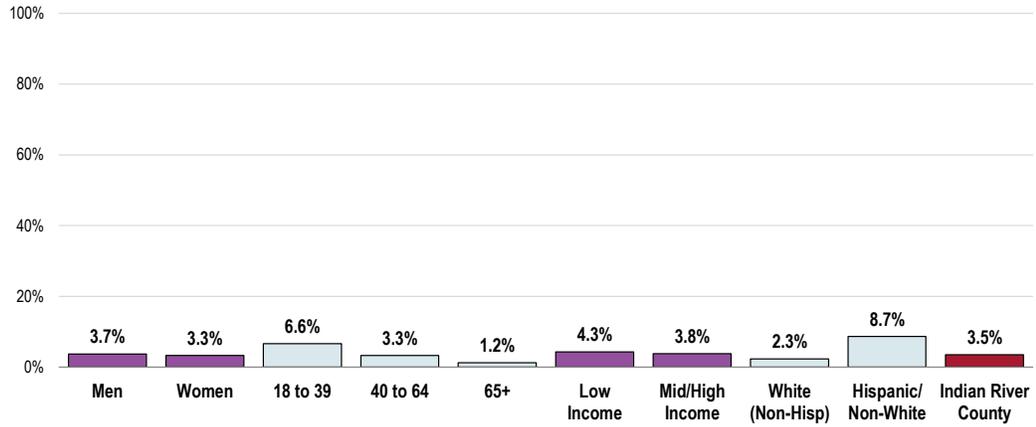
### Currently Use Vaping Products (Every Day or on Some Days)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.  
 Notes: • Asked of all respondents.  
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).  
 • The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- There are no significant differences by demographics.

### Currently Use Vaping Products (Indian River County, 2018)

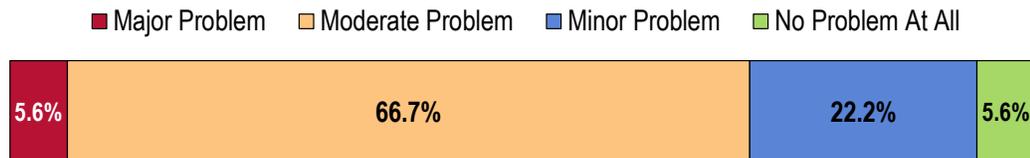


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

### Key Informant Input: Tobacco Use

Two-thirds of key informants taking part in an online survey characterized *Tobacco Use* as a "moderate problem" in the community.

### Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2018)



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

# Access to Health Services



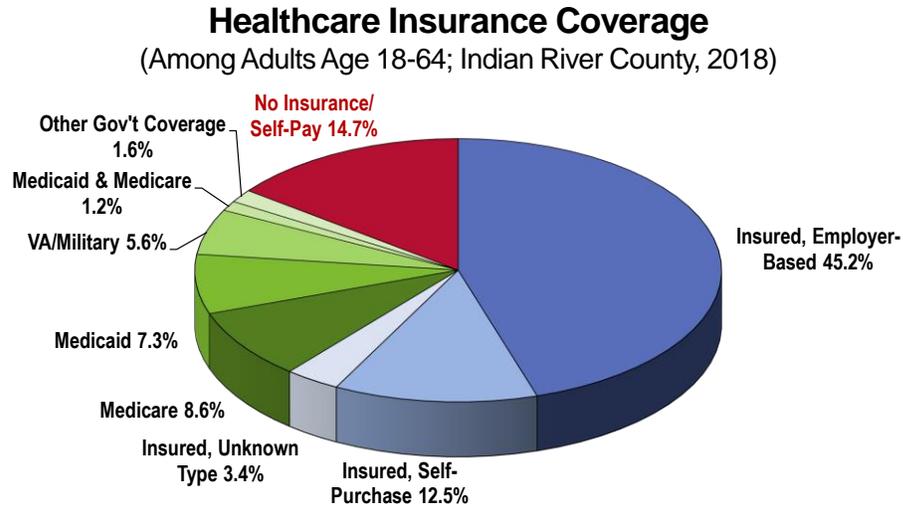
Professional Research Consultants, Inc.

## Health Insurance Coverage

### Type of Healthcare Coverage

A total of 61.1% of Indian River County adults age 18 to 64 report having healthcare coverage through private insurance. Another 24.3% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]  
Notes: • Reflects respondents age 18 to 64.

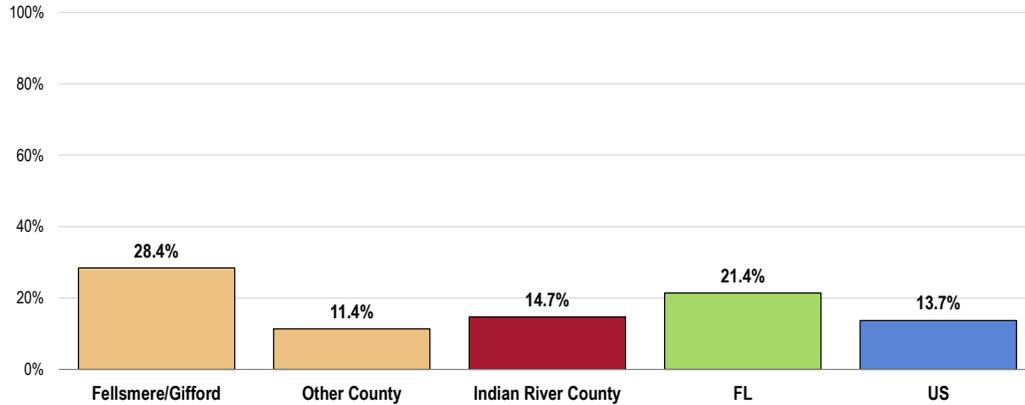
### Lack of Health Insurance Coverage

Among adults age 18 to 64, 14.7% report having no insurance coverage for healthcare expenses.

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

- More favorable than the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Worst in the Fellsmere/Gifford area.

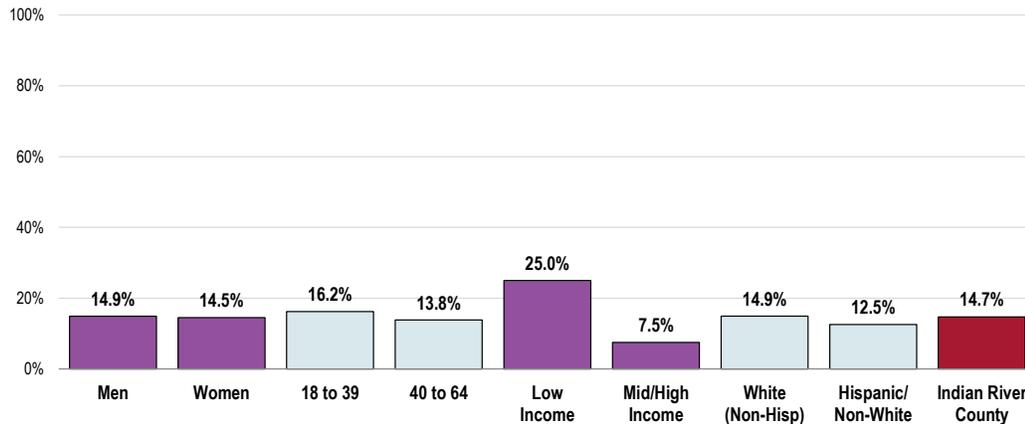
### Lack of Healthcare Insurance Coverage (Among Adults Age 18-64) Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1.1]  
 Notes: • Asked of all respondents under the age of 65.  
 • The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Note the prevalence of low-income residents without healthcare insurance coverage.

### Lack of Healthcare Insurance Coverage (Among Adults Age 18-64; Indian River County, 2018) Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1.1]  
 Notes: • Asked of all respondents under the age of 65.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Difficulties Accessing Healthcare

### About Access to Healthcare

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

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

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

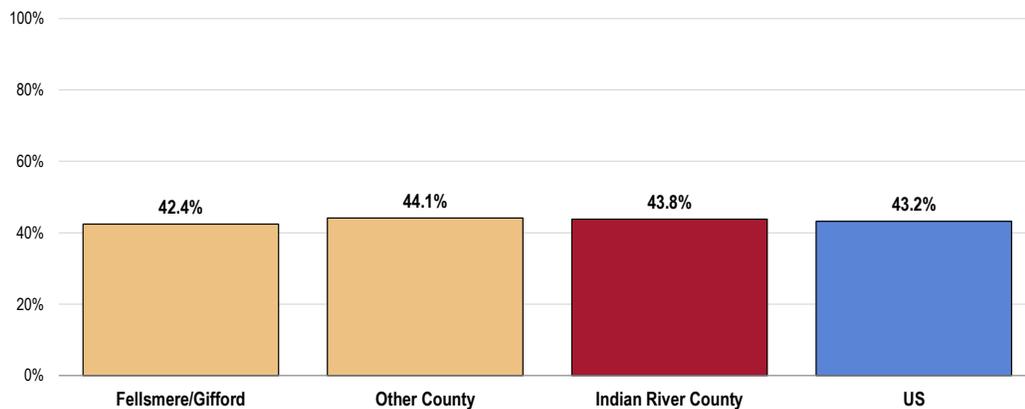
### Difficulties Accessing Services

**A total of 43.8% of Indian River County adults report some type of difficulty or delay in obtaining healthcare services in the past year.**

- Almost identical to national findings.
- Similar by community.

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

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

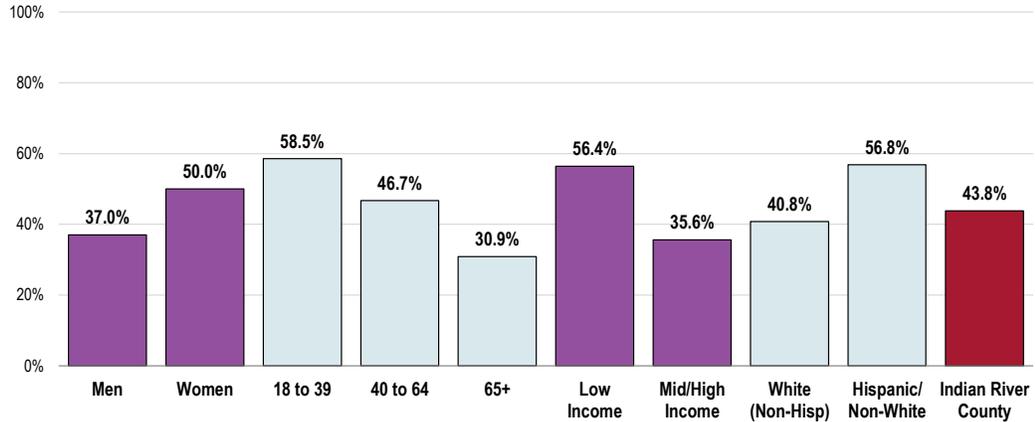


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

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

- Women.
- Adults under age 65 (strong negative correlation with age).
- Lower-income residents.
- Hispanic/Non-White residents.

## Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]  
 Notes: • Asked of all respondents.  
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.  
 • 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.

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

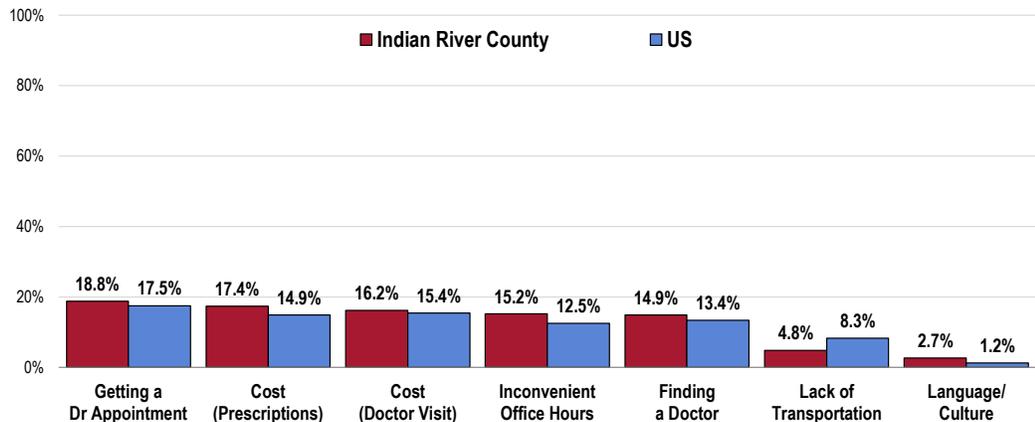
Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

## Barriers to Healthcare Access

Of the tested barriers, difficulty getting an appointment impacted the greatest share of Indian River County adults (18.8% say that they had difficulty getting a doctor's appointment in the past year).

- The proportion of impacted Indian River County adults is statistically comparable to or better than that found nationwide for each of the tested barriers.

## Barriers to Access Have Prevented Medical Care in the Past Year



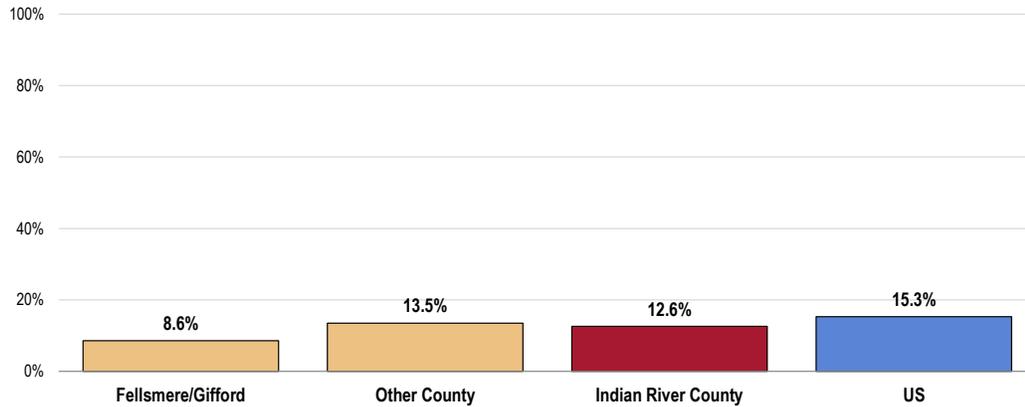
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

### Prescriptions

Among all Indian River County adults, 12.6% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Similar to national findings.
- Similar by community.

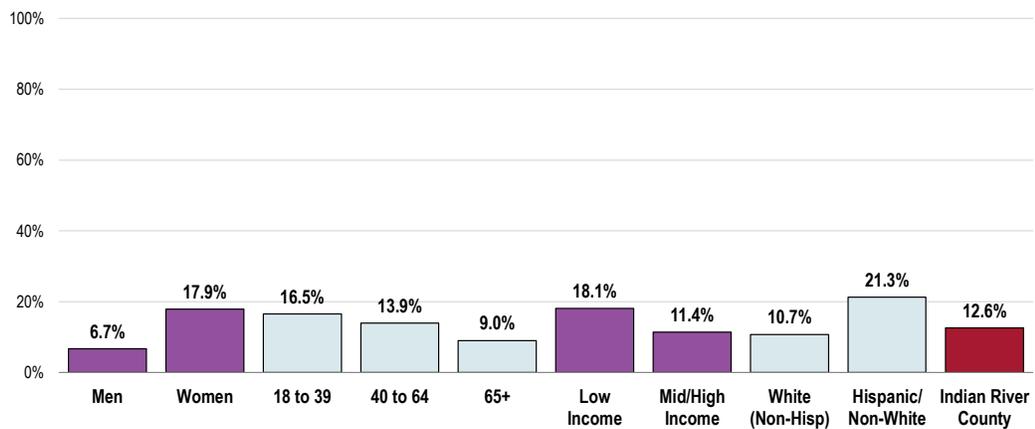
### Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- By demographics, women are more likely to have skipped or reduced their prescription doses.

### Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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

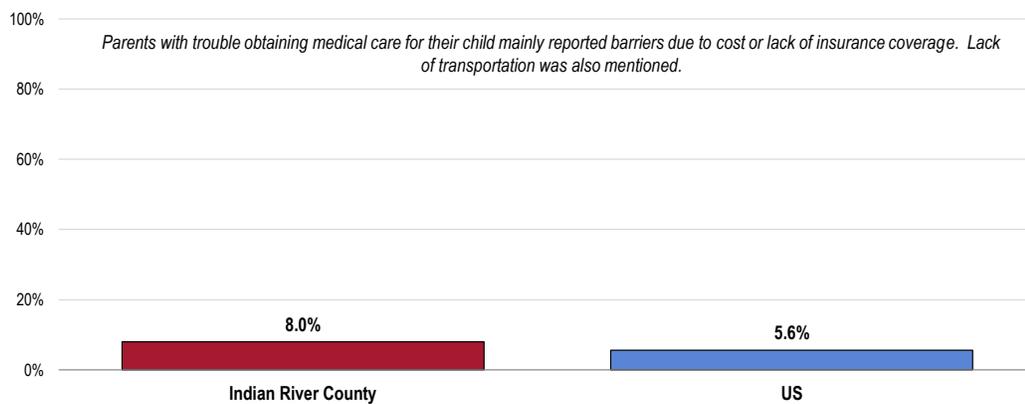
## Accessing Healthcare for Children

A total of 8.0% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to what is reported nationwide.

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

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

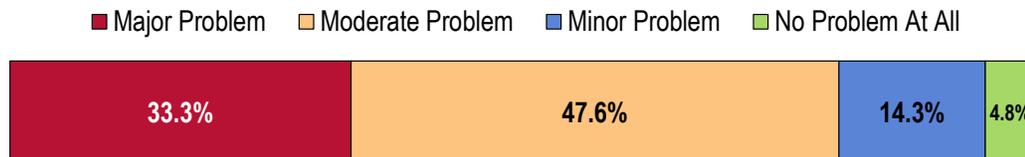


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118-119]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents with children 0 to 17 in the household.

## Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized **Access to Healthcare Services** as a “moderate problem” in the community.

## Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2018)



- Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

## Top Concerns

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

### Affordable Care/Services

*For low income and uninsured members of our community access to care is very limited. Particularly for preventative or specialty care. We recently had a child who broke her leg; was seen at Indian River Medical Center emergency but had to travel to Okeechobee to have her leg set. - Social Services Provider*

*By nature of people's life challenges, it can be difficult to complete all the paperwork for the hospital district. People are caught in the gap, as they are over the qualifying level, but no insurance, and an inability to pay for health care is also a concern. - Public Health Representative*

*Money, access, transportation and education. - Community Leader*

*Access to affordable health care is controlled by a referral system which is fragmented and serves only to increase the cost of health care exponentially by the number of referrals an individual needs to get to care, and the wait for appointments for general and preventive health care is often so long that the referral is meaningless. - Social Services Provider*

*Access varies by socio-economic category, especially with respect to indigent care and emergency room load and wait time. - Community Leader*

### Insurance Issues

*Limited access to primary and specialty care for uninsured and/or indigent patients. Limited access to pediatric specialists and psychiatry. No level-one trauma resource in Vero Beach. - Community Leader*

*Lack of insurance for many people. Ability to pay for services or co-pays. Limited (but improving) ability to get mental health services. Limited Medicaid providers. - Social Services Provider*

*Preventive health care access is limited for low-income families. - Social Services Provider*

*Very few providers take Medicaid, so specialty care is unavailable - Social Services Provider*

### Vulnerable Populations

*Indigent and homeless persons get very limited access to services, which are not delivered in the emergency room setting. So-called specialty and free medical care is virtually nonexistent to the average indigent person. - Social Services Provider*

*We have significant health disparities, and any plan needs to be cognizant of issues of health equity. - Public Health Representative*

### Women's Care

*Women's health care: access to family planning, including abortion services. - Social Services Provider*

### Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified primary care and specialty care as the most difficult to access in the community.

Medical Care Difficult to Access as Identified by Key Informants				
	Most Difficult	Second-Most Difficult	Third-Most Difficult	Total Mentions
Primary Care	42.9	14.3	0.0	4
Specialty Care	28.6	28.6	0.0	4
Substance Abuse Treatment	0.0	28.6	28.6	4
Mental Health Care	0.0	28.6	0.0	2
Chronic Disease Care	0.0	0.0	28.6	2
Women's Care	14.3	0.0	0.0	1
Urgent Care	14.3	0.0	0.0	1
Prenatal Care	0.0	0.0	14.3	1
Elder Care	0.0	0.0	14.3	1
Dental Care	0.0	0.0	14.3	1

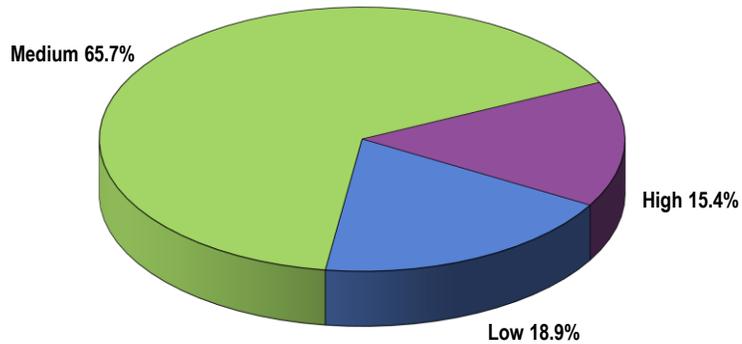
## Health Literacy

### Population With Low Health Literacy

A total of 18.9% Indian River County adults are found to have low health literacy.

Low health literacy is defined as those respondents who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

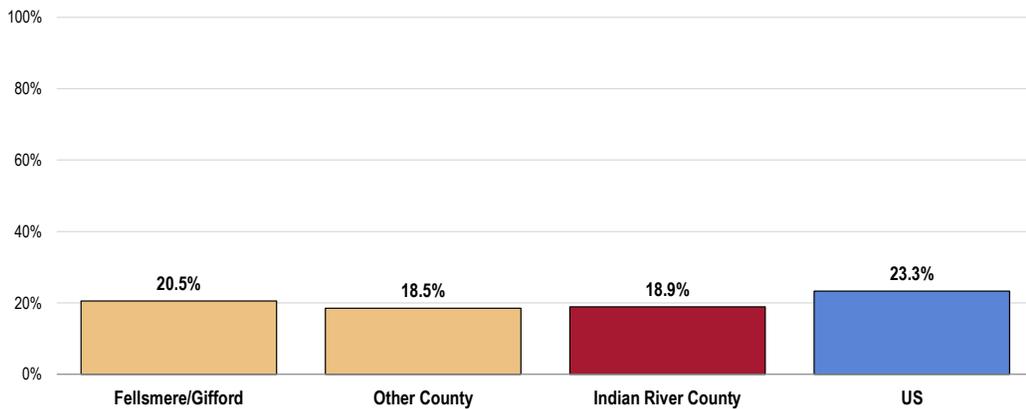
**Level of Health Literacy**  
(Indian River County, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
- Notes:
- Asked of all respondents.
  - Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

- More favorable than national findings.
- Similar by community.

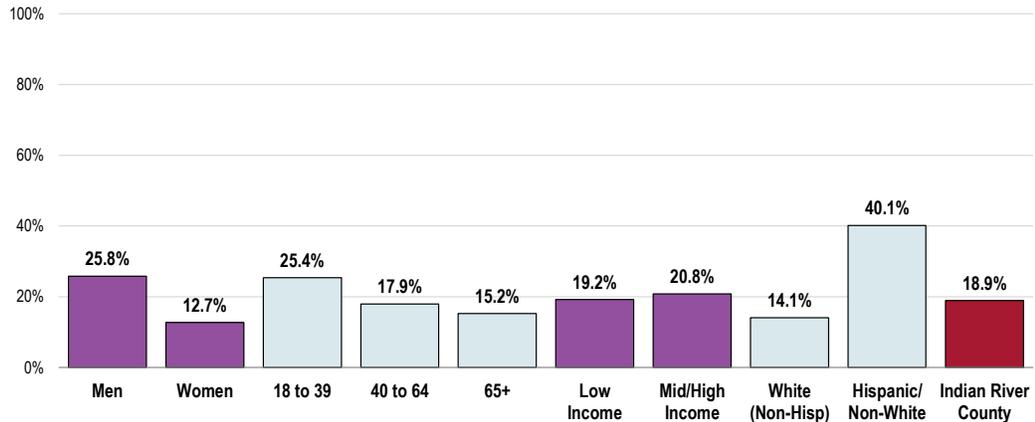
### Low Health Literacy



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Note the four in 10 Hispanic/Non-White residents with low levels of health literacy.
- Men are also more likely to have low health literacy when compared against women.

### Low Health Literacy (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

### Understanding Health Information

The following individual measures are used to determine the health literacy levels described above.

#### Written & Spoken Information

While a majority of Indian River County adults generally find health information to be easy to understand, 9.2% experience some difficulty with written health information and 5.8% experience some difficulty with spoken health information (responding "seldom" or "never" easy to understand).

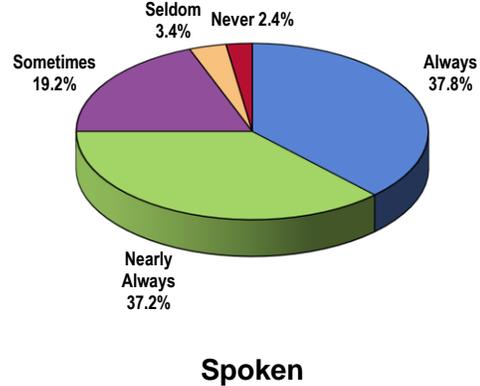
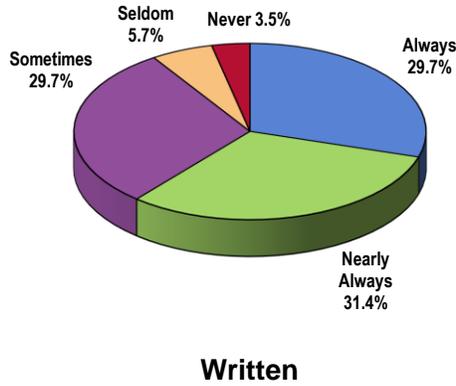
Respondents were read:

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

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

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

### Frequency With Which Health Information Is \_\_\_\_\_ in a Way That is Easy to Understand (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 74, 76]  
 Notes: • Asked of all respondents.

### Reading Health Information & Completing Health Forms

Respondents were read:

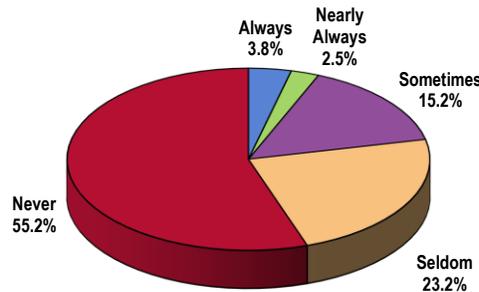
"People who might help you read health information include family members, friends, caregivers, doctors, nurses, or other health professionals. How often do you need to have someone help you read health information?"

**A total of 6.3% of Indian River County adults "always" or "nearly always" need to have someone help them read health information.**

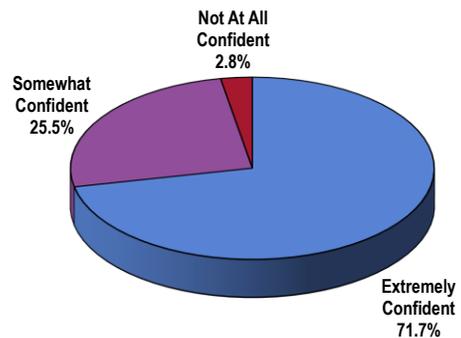
**A total of 2.8% of adults are "not at all confident" in their ability to fill out health forms by themselves.**

"Health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and health care. In general, how confident are you in your ability to fill out health forms yourself?"

### Frequency of Needing Help Reading Health Information (Indian River County, 2018)



### Confidence in Ability to Fill Out Health Forms (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 75, 77]  
 Notes: • Asked of all respondents.  
 • In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

## Primary Care Services

### About Primary Care

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

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

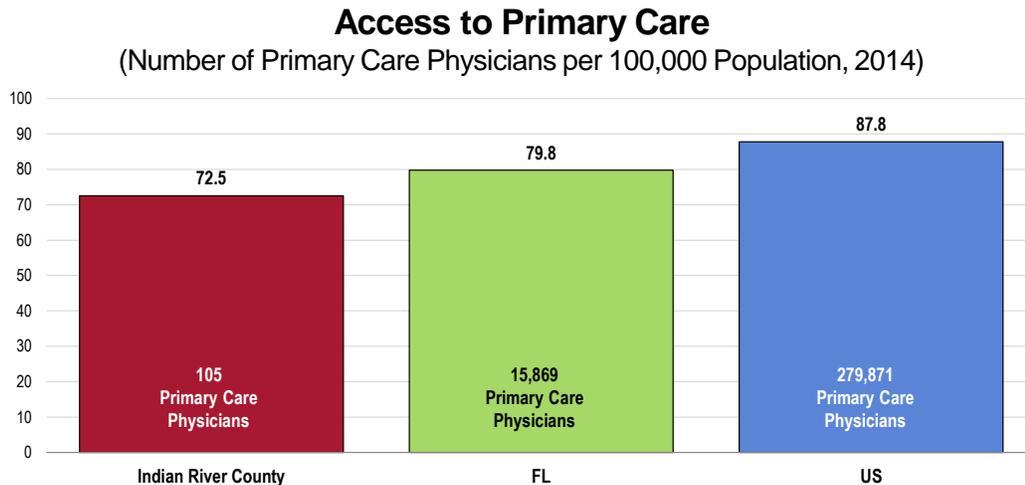
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease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

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

### Access to Primary Care

In Indian River County in 2014, there were 105 primary care physicians, translating to a rate of 72.5 primary care physicians per 100,000 population.

- Similar to what is found statewide.
- Below the national rate.



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
  - Retrieved July 2017 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

## Specific Source of Ongoing Care

Over three-quarters (76.3%) of Indian River County adults are determined to have a specific source of ongoing medical care.

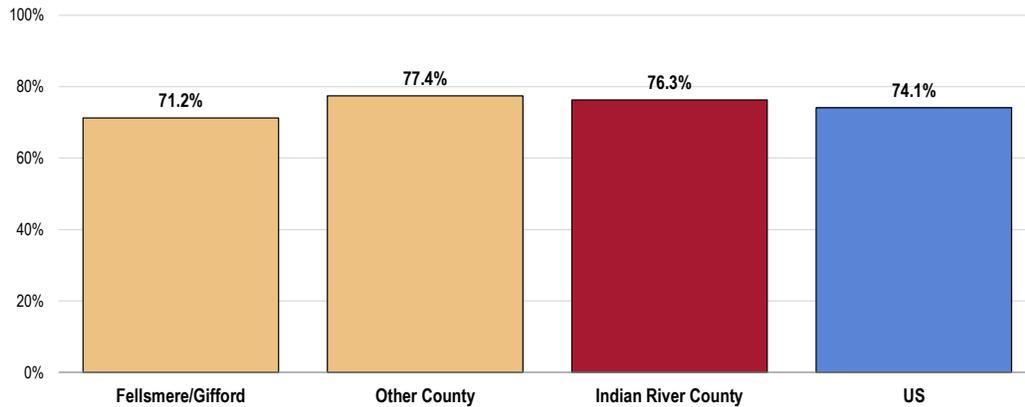
- Similar to national findings.
- Far from satisfying the Healthy People 2020 objective (95% or higher).
- Similar by community.

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

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

### Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher



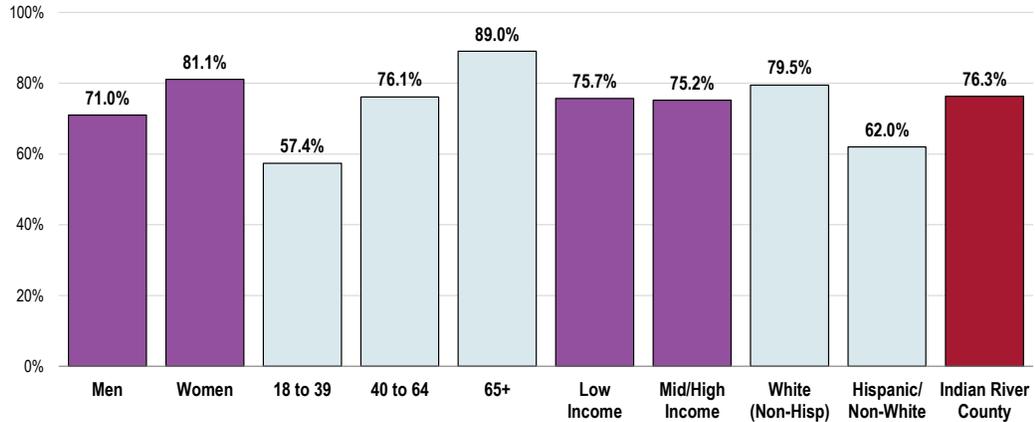
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
- Notes:
- Asked of all respondents.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under age 40 (strong correlation with age).
- Hispanic/Non-White residents.

## Have a Specific Source of Ongoing Medical Care (Indian River County, 2018)

Healthy People 2020 Target = 95.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
- Notes:
- Asked of all respondents.
  - 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.

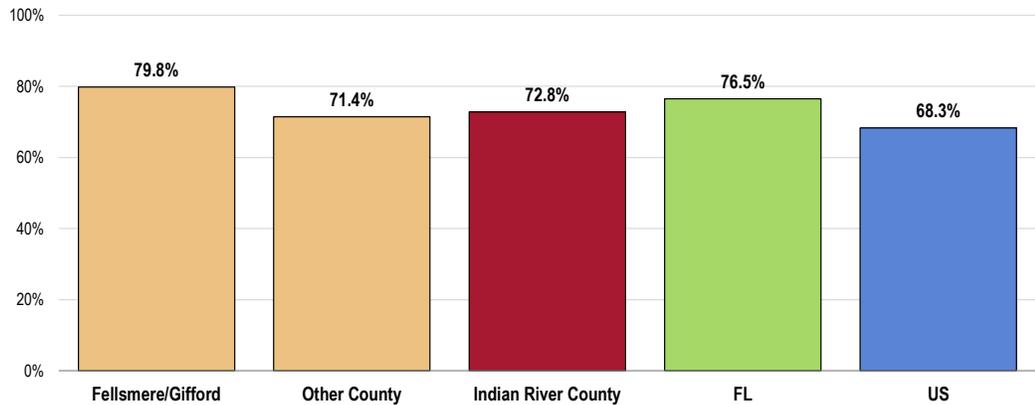
## Utilization of Primary Care Services

### Adults

Seven in 10 adults (72.8%) visited a physician for a routine checkup in the past year.

- Comparable to state and national findings.
- Statistically comparable by community.

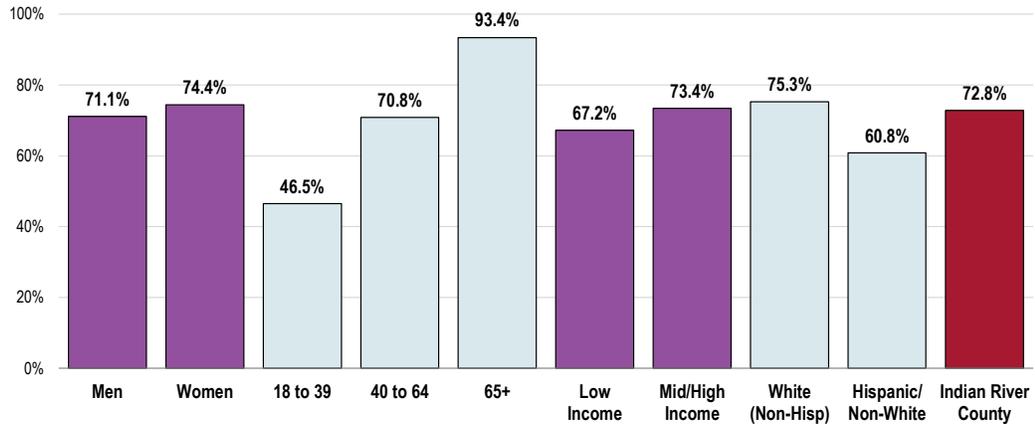
## Have Visited a Physician for a Checkup in the Past Year



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Adults under age 40 are less likely to have received routine care in the past year (note the strong correlation with age). Hispanic/Non-White individuals also report a lower prevalence of routine health care.

### Have Visited a Physician for a Checkup in the Past Year (Indian River County, 2018)



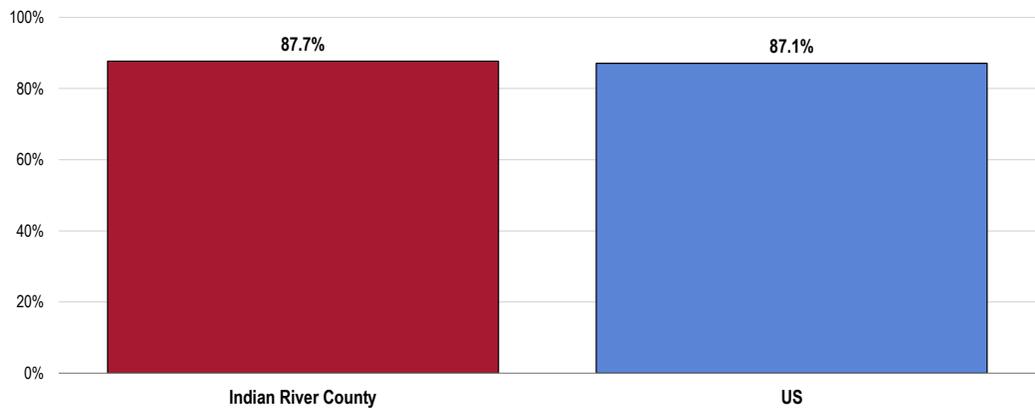
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Children

Among surveyed parents, **87.7%** report that their child has had a routine checkup in the past year.

- Almost identical to national findings.

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.

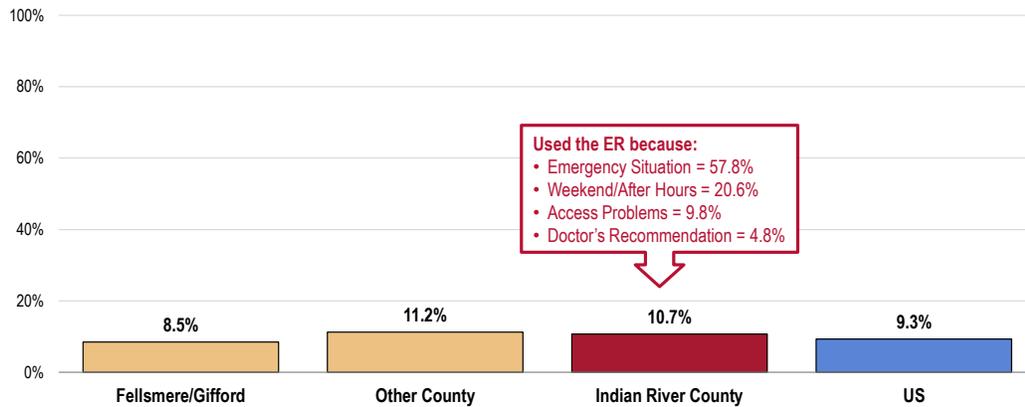
## Emergency Room Utilization

One in 10 Indian River County adults (10.7%) have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to national findings.
- Comparable by community.

Of those using a hospital ER, 57.8% say this was due to an **emergency or life-threatening situation**, while 20.6% indicated that the visit was during **after-hours or on the weekend**. A total of 9.8% cited **difficulties accessing primary care** for various reasons, and 4.8% went on a **doctor's recommendation**.

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

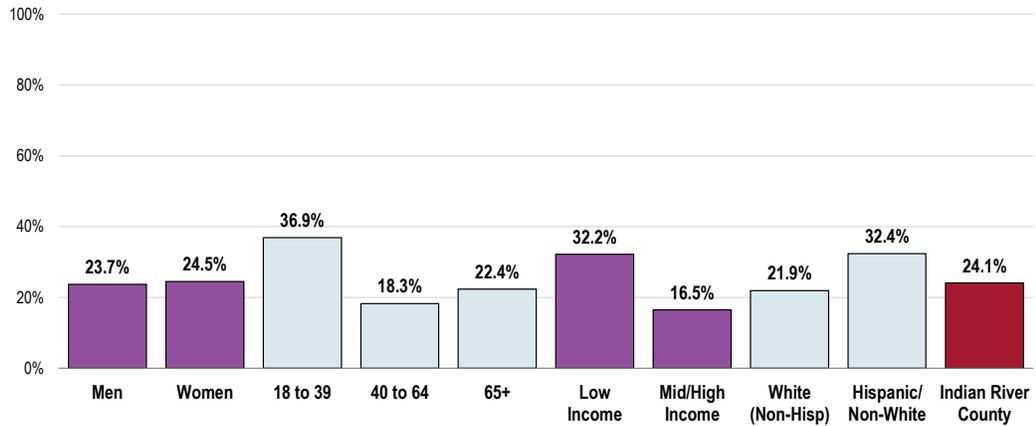


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

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

- Young adults (under age 40).
- Lower-income residents

### Have Used a Hospital Emergency Room More Than Once in the Past Year (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Oral Health

### About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

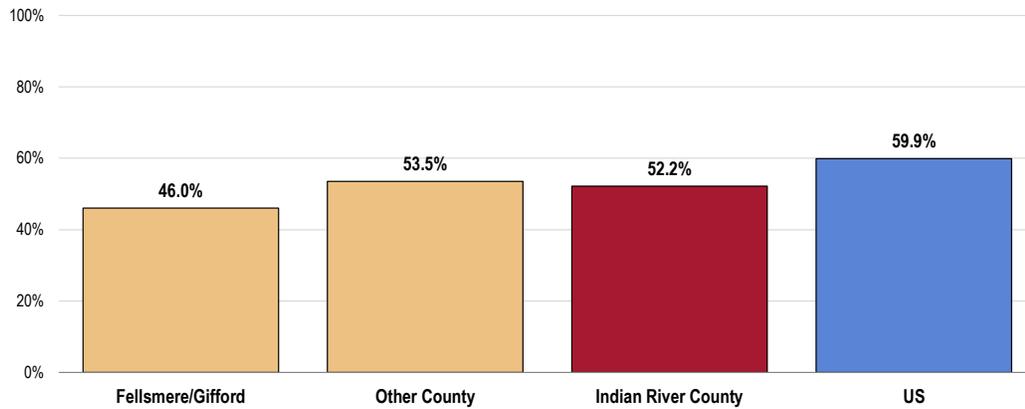
• Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Dental Insurance

**Over one-half of Indian River County adults (52.2%) have dental insurance that covers all or part of their dental care costs.**

- Lower than the national finding.
- Similar by community.

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

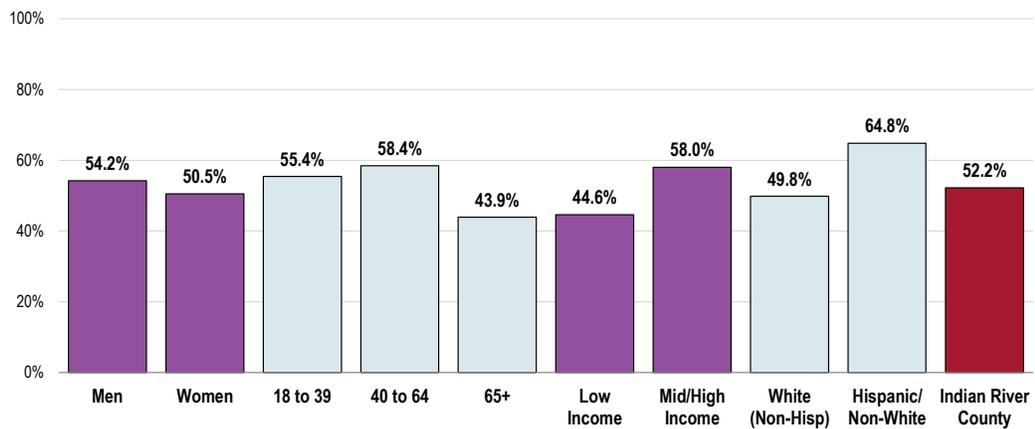


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

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

- Adults age 65 and older.
- Those with lower incomes.
- White individuals.

### Have Insurance Coverage That Pays All or Part of Dental Care Costs (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Dental Care

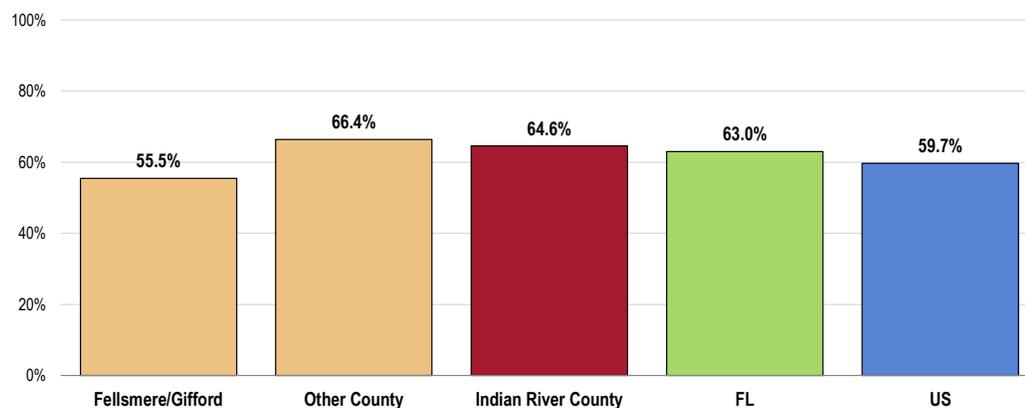
### Adults

A total of 64.6% of Indian River County adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide and national findings.
- Easily satisfies the Healthy People 2020 target (49.0% or higher).
- Lowest in Fellsmere/Gifford.

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

Healthy People 2020 Target = 49.0% or Higher



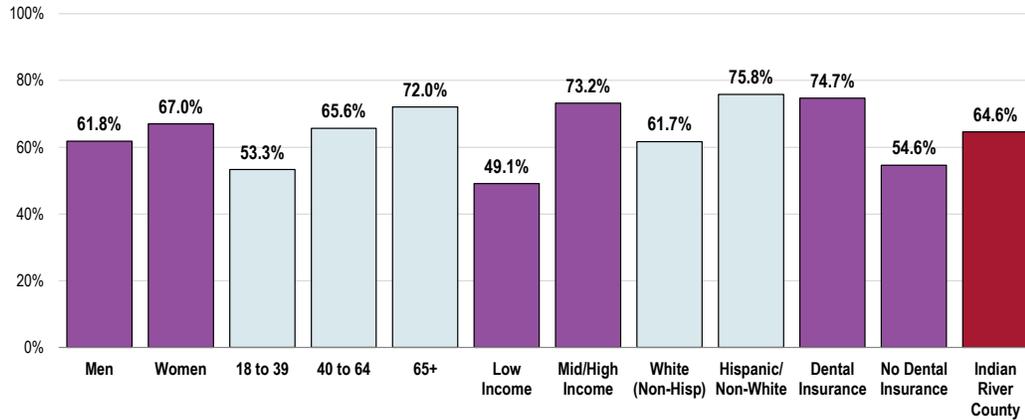
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Florida data.
- Notes:
- Asked of all respondents.
  - The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

Note the following:

- Adults under age 65, those living in the lower income categories, and White residents report much lower utilization of oral health services.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

## Have Visited a Dentist or Dental Clinic Within the Past Year (Indian River County, 2018)

Healthy People 2020 Target = 49.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
- Notes:
- Asked of all respondents.
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

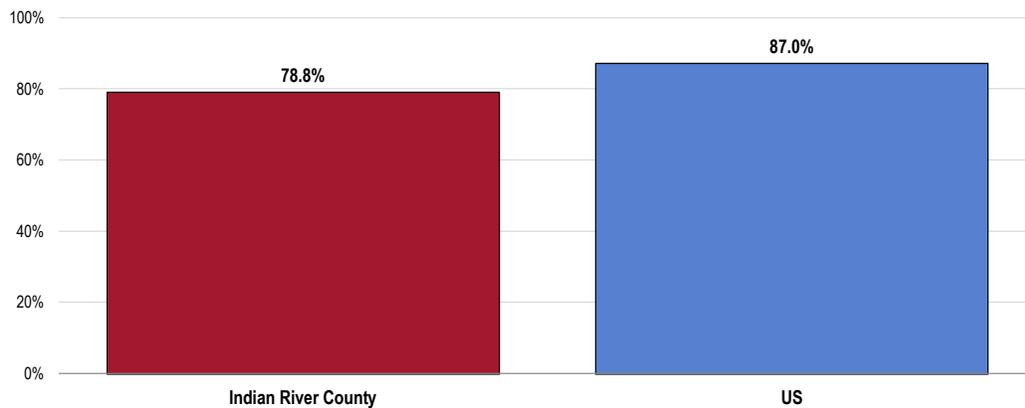
### Children

A total of 78.8% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Statistically similar to national findings.
- Easily satisfies the Healthy People 2020 target (49% or higher).

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

Healthy People 2020 Target = 49.0% or Higher



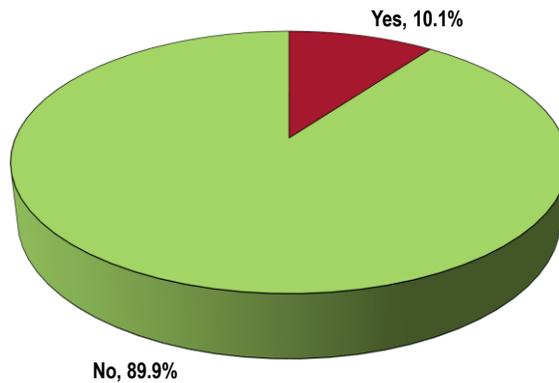
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
- Notes:
- Asked of all respondents with children age 2 through 17.

**Barriers to Dental Care**

One in 10 parents (10.1%) report being unable to access needed dental services for their child (age 2 to 17) in the past year.

Of those experiencing barriers, the majority mentioned cost or insurance issues, followed by distance.

**Unable to Get Child Dental Services When Needed in the Past Year**  
(Among Parents of Children Age 2-17)

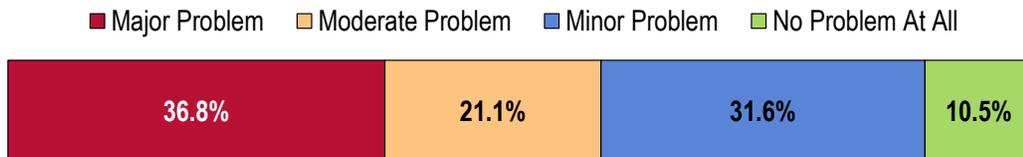


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]  
Notes: • Asked of all respondents with children age 2 through 17.

**Key Informant Input: Oral Health**

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

**Perceptions of Oral Health as a Problem in the Community**  
(Key Informants, 2018)



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

## Top Concerns

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

### **Affordable Care/Services**

*Expensive, few treatment centers available for low income. Lack of knowledge that low-income treatment centers exist. Preventative care is not seen as a priority in the county. - Social Services Provider*

*There isn't any [oral health care] for persons who are indigent, even those who have median income struggle to pay the costs. - Social Services Provider*

### **Access to Care/Services**

*There is very limited cosmetic dental care for those who have suffered poor dental care in early life. Poor dental appearance can be a barrier to employment for low-income people in our community. - Social Services Provider*

### **Health Awareness/Education**

*Need for more dental education. Importance of flossing, brushing baby teeth, no soda for kids, not putting babies to bed with a bottle. Access to affordable dental care. - Social Services Provider*

### **Prevalence/Incidence**

*School screening rates and what we see in our clinics, as well as response to mobile clinics. - Public Health Representative*

## Vision Care

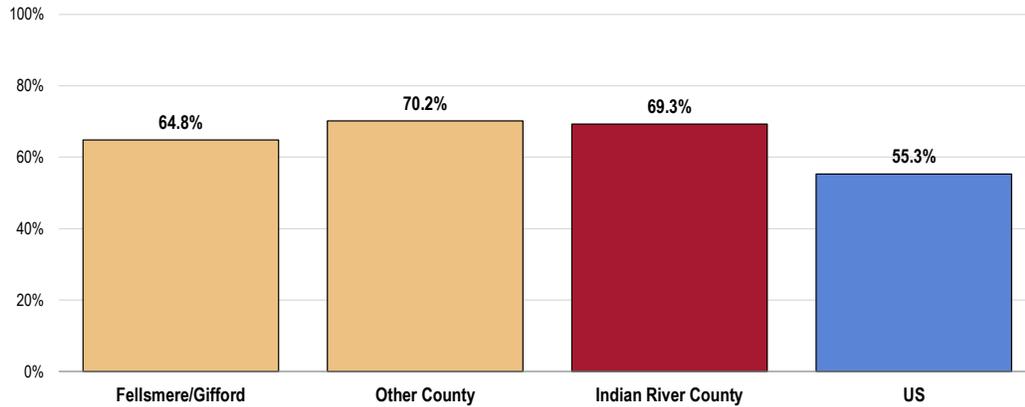
Seven in 10 Indian River County residents (69.3%) had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE:

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

- Notably more favorable than national findings.
- Statistically similar by community.

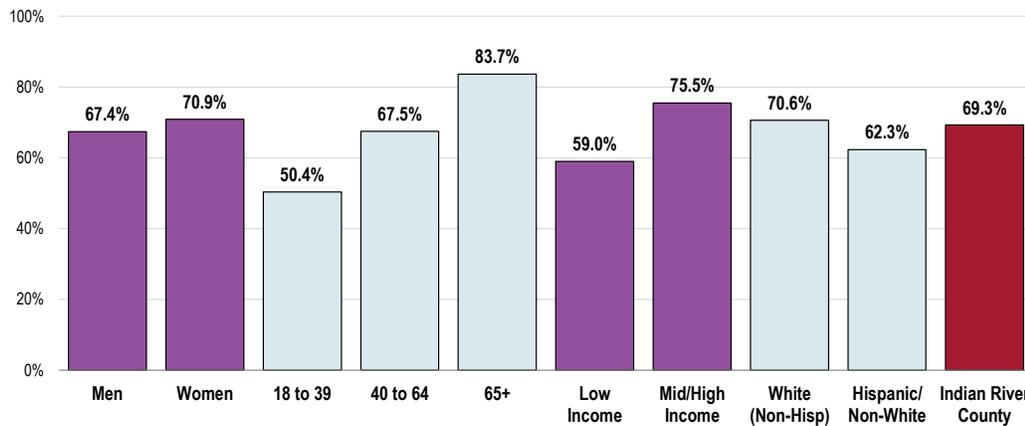
### Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Note the correlations of recent vision care with both age and income in Indian River County.

### Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Indian River County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# Local Resources



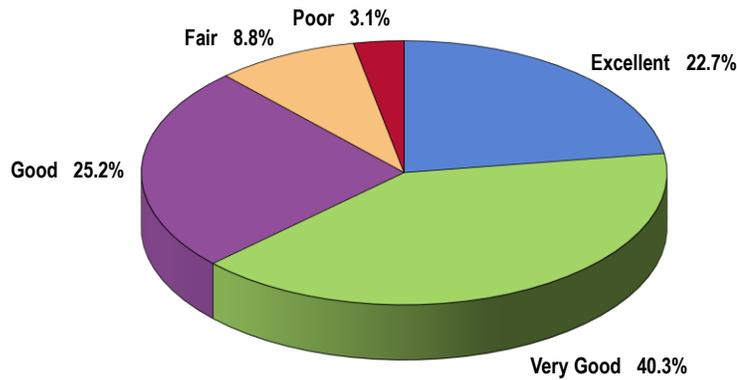
**Professional Research Consultants, Inc.**

## Perceptions of Local Healthcare Services

A total of 63.0% of survey respondents rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 25.2% gave “good” ratings.

**Rating of Overall Healthcare Services Available in the Community**  
(Indian River County, 2018)

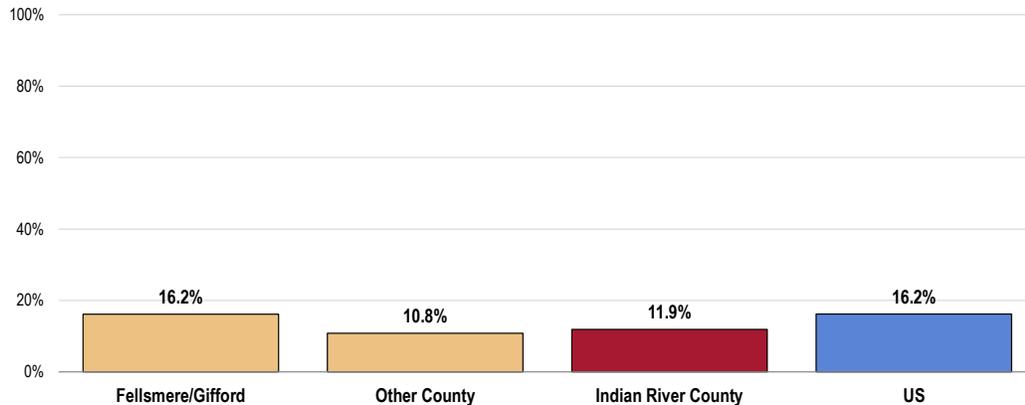


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
Notes: • Asked of all respondents.

However, 11.9% of residents characterize local healthcare services as “fair” or “poor.”

- More favorable than reported nationally.
- Statistically similar by community.

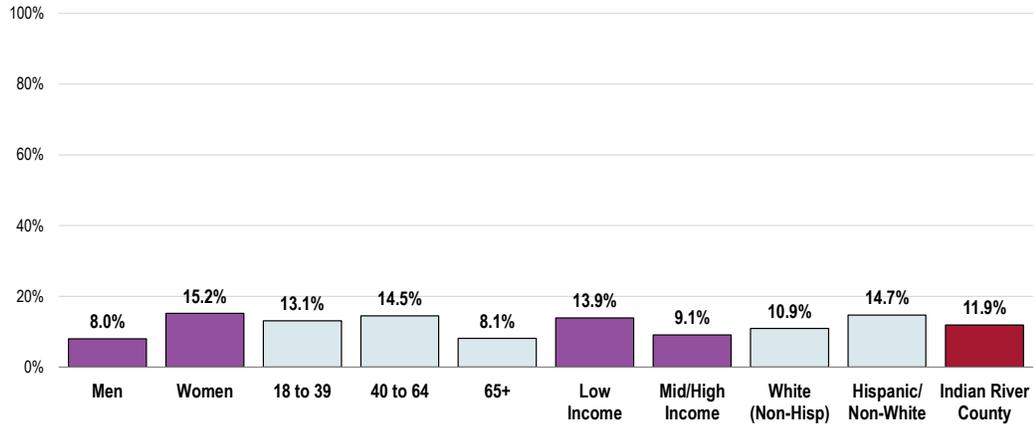
### Perceive Local Healthcare Services as “Fair/Poor”



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.  
• The Fellsmere/Gifford area includes ZIP Codes 32948 and 32967.

- Women and adults under age 65 are more critical of local healthcare services.

### Perceive Local Healthcare Services as “Fair/Poor” (Indian River County, 2018)

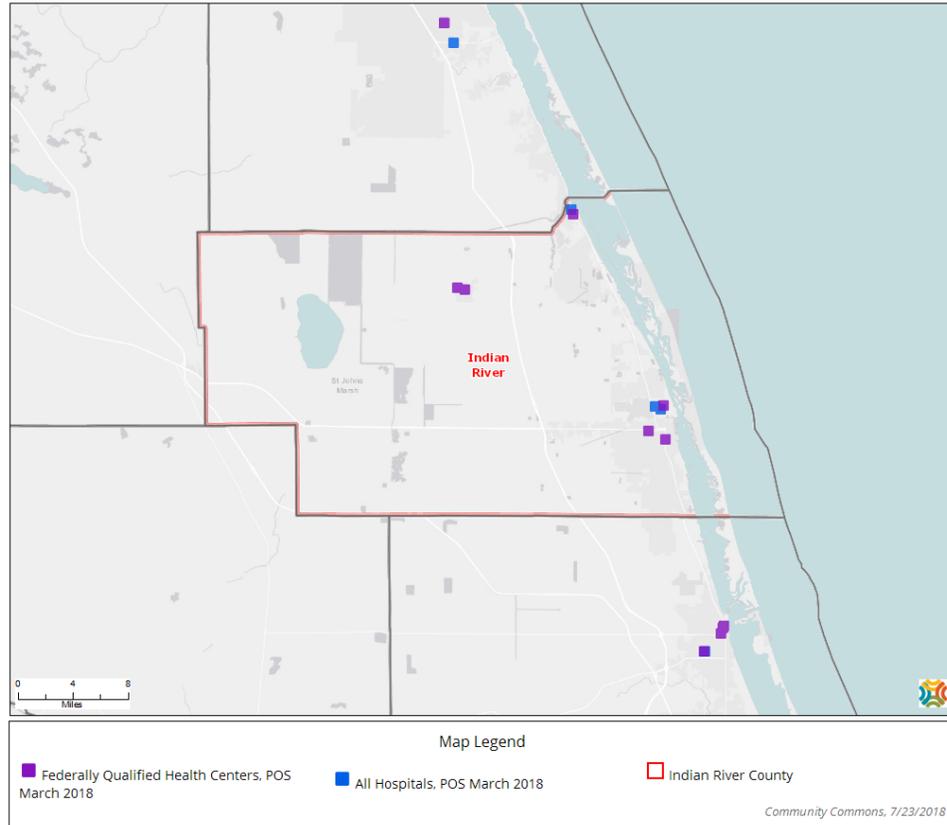


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Healthcare Resources & Facilities

### Hospitals & Federally Qualified Health Centers (FQHCs)

The following map details the hospitals and Federally Qualified Health Centers (FQHCs) within Indian River County as of March 2018.



## Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

### Access Problems

- Gifford Health Center*
- Health Department*
- Indian River County Health Department*
- Indian River Medical Center*
- McCabe Connections Center*
- Mental Health Association*
- Mental Health Collaborative*
- Sebastian River Medical Center*
- Treasure Coast Community Health Center (TCCHC)*
- Treasure Coast Health Council (TCHC)*
- United Against Poverty Grocery Co-op*
- Visiting Nurse Association (VNA)*
- WE Care*

### Arthritis/Osteoporosis/Back Conditions

- Doctor's Offices*

### Cancer

- American Cancer Society*
- Indian River Hospital District Foundation*
- Indian River Medical Center*
- Sebastian River Medical Center*
- Support Groups*

### Dementia/Alzheimer's Disease

- Adult Day Care*
- Alzheimer's Parkinson's Association*
- Caregiver Support Groups*
- Indian River Medical Center*

### Diabetes

- Health Department*
- Treasure Coast Community Health Center*
- Visiting Nurse Association (VNA)*

### Family Planning

- Doctor's Offices*
- Federally Qualified Health Centers*
- Gifford Health Center*

### Heart Disease and Stroke

- American Heart Association*
- Doctor's Offices*
- Health Department*
- Indian River County Health Department*
- Indian River Medical Center*
- Sebastian River Medical Center*
- Treasure Coast Community Health Center*
- Visiting Nurse Association (VNA)*

### Infant and Child Health

- Doctor's Offices*
- Gifford Health Center*
- Health Department*
- Healthy Start*
- Indian River Medical Center*
- Nonprofits*
- Parent Support Groups*
- Partners in Women's Health*
- School Systems*
- Treasure Coast Community Health Center*

### Injury and Violence

- Castle*
- Health Department*
- Law Enforcement*
- Safe Space*

### Kidney Disease

- American Diabetes Association*
- Federally Qualified Health Centers*
- Indian River County Health Department*

**Mental Health Issues**

211 Helpline  
 Baker Act, Marchman Act Process  
 Center for Behavioral Health  
 Center for Emotional and Behavioral Health  
 Home Health Care  
 Indian River Medical Center  
 Lawnwood Pavilion  
 Mental Health Association  
 Mental Health Collaborative  
 New Horizons  
 School Systems  
 Suncoast Mental Health  
 Therapy Centers and Support Groups  
 Treasure Coast Community Health Center  
 Tykes and Teens  
 UF Center for Psychiatry and Addiction Medicine

**Sexually Transmitted Diseases**

Health Department  
 Indian River School System

**Substance Abuse**

Camp Haven  
 Drug Court  
 Substance Abuse Center  
 Substance Awareness Center  
 Substance Awareness Council  
 Treasure Coast Community Health Center

**Nutrition, Physical Activity, and Weight**

Doctor's Offices  
 Fitness Centers/Gyms  
 Health Department  
 Healthy Start  
 Indian River County Health Department  
 Indian River School System  
 Parks and Recreation  
 School Systems  
 Sports Teams and Leagues

**Oral Health/Dental Care**

Dentist's Offices  
 Health Department  
 Nonprofits  
 Resource and Referral Agencies  
 School Systems

**Respiratory Diseases**

Doctor's Offices  
 Health Department  
 Indian River Medical Center  
 Treasure Coast Community Health Center

# Appendix



**Professional Research Consultants, Inc.**

# Indian River Medical Center Evaluation of Past Activity

December, 2018

## Introduction

A Community Health Needs Assessment (CHNA) is a community driven process to identify unmet health care and human service needs of a population. This process results in the identification of possible interventions and a plan called a Community Health Improvement Plan (CHIP). IRMC developed a CHNA in collaboration with the Indian River County Hospital District, Florida Department of Health-Indian River, Treasure Coast Community Health, Visiting Nurses Association, and Whole Family Health Center. IRMC's Board of Directors approved the CHNA at the March 31, 2016 meeting. The following is a review of the process, the IRMC Community Health Improvement Plan, actions and outcomes.



## Overview

The 2016 CHNA was facilitated by the Health Council of Southeast Florida and was organized into four sections:

1. Demographic and Socioeconomic profiles
2. Health Status Profile
3. Health Resource Access and Availability profile, and
4. Community Perspective

In October of 2015, a broad spectrum of health and human service organizations came together in a series of meetings to review the information and to provide insight and perspective through our collaborative community needs assessment. This was followed by twelve community focus groups and fifteen in-depth interviews with key informants. The resulting information was compiled and presented on December 1, 2015 to the CHNA Advisory Council in the form of a "Trigger Report" which summarized the qualitative and quantitative data, which was then discussed and prioritized.

On December 8, 2015, members of the Steering Committee participated in a facilitated prioritization session of the issues identified by the larger Advisory Council to prioritize the key health issues of the community. The Committee members developed two focus areas, "Long, Healthy Lives" and "Healthy Moms, Healthy Kids," each of which encompass several specific goals.

On February 19, 2016, the Indian River Medical Center Board and the Indian River County District Board met in a combined public forum for a presentation of the results of the Community Health Needs Assessment. As a result, IRMC identified three priorities for our

2016-2018 Community Health Improvement Plan; **Cancer, Access to Care-Emergency Department, and Chronic Disease.** The other health needs identified as priorities by the CHNA will be led by other facilities and/or organizations and IRMC will collaborate and assist in improving the health of Indian River County as needed. (See Table 1)

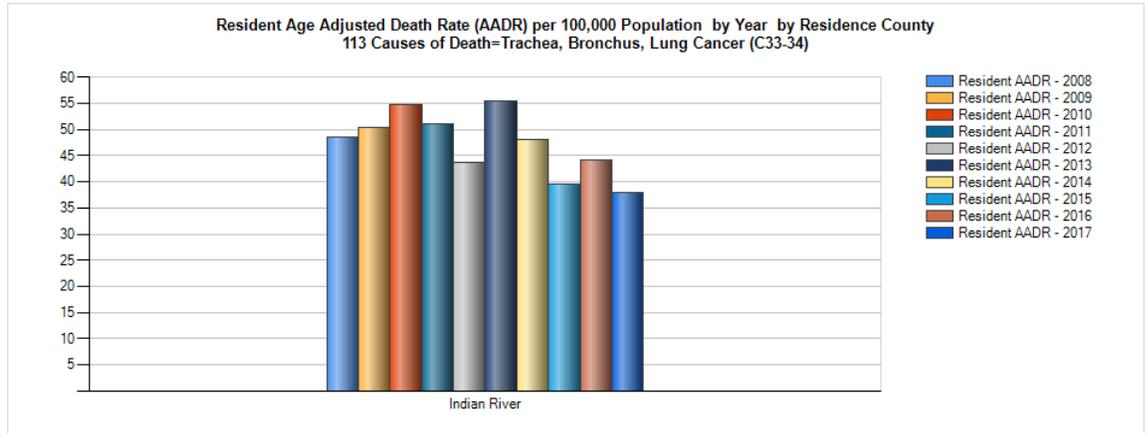
**TABLE 1**

CATEGORY	PRIORITY	LEAD
<b>LONG, HEALTHY LIVES</b>	<ul style="list-style-type: none"> <li>• Emergency Department                             <ul style="list-style-type: none"> <li>- Manage frequent utilizers</li> <li>- Right level of care</li> </ul> </li> <li>• Cancer- Prevention, early diagnosis</li> <li>• Unintentional Injury/Falls</li> <li>• Healthy Weight</li> <li>• Chronic Disease (CHF &amp; Diabetes)</li> <li>• Mental Health (Suicide)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>IRMC</b></li> <li>• <b>IRMC</b></li> <li>• <b>VNA</b></li> <li>• <b>DOH/IRC</b></li> <li>• <b>IRMC</b></li> <li>• <b>MHC</b></li> </ul>
<b>HEALTHY MOMS, HEALTHY KIDS</b>	<ul style="list-style-type: none"> <li>• Oral Health</li> <li>• Mental Health</li> <li>• Childhood Obesity/Healthy Weight</li> <li>• Infant &amp; Fetal Mortality Rate/ Prenatal Care</li> </ul>	<ul style="list-style-type: none"> <li>• <b>TCCH</b></li> <li>• <b>MHC</b></li> <li>• <b>DOH/IRC</b></li> <li>• <b>PC</b></li> </ul>

Notes:  
 DOH/IRC-Department of Health/Indian River County  
 IRCHD-Indian River County Hospital District  
 IRMC- Indian River Medical Center  
 MHC-Mental Health Collaborative  
 PC-Partners Collaborative  
 TCCH-Treasure Coast Community Health Center  
 VNA-Visiting Nurses Association  
 WFHC-Whole Family Health Center

HEALTH NEED	Access to Care
<b>DESCRIPTION OF NEED:</b>	<ul style="list-style-type: none"> <li>• Availability, accessibility and affordability of health care services, including primary care services</li> <li>• Lack of knowledge and health education, especially prevention of chronic diseases</li> <li>• Lack of continuity of patient care</li> <li>• Inappropriate use of ER</li> </ul>
<b>CHNA DATA:</b> <ul style="list-style-type: none"> <li>• In base year 2015 there were a total of 56,013 ER Visits at Indian River Medical Center with 17.4% Low Acuity with appropriate setting being a community Primary care provider</li> <li>• Of these Low Acuity patient visits (9,749 visits), 70% were Indigent</li> <li>• Affordable health care coverage was mentioned as a <b>key health issue</b> in a majority of focus groups conducted across Indian River County.</li> </ul>	
<b>COLLABORATIVE MEMBERS:</b> <ul style="list-style-type: none"> <li>• Indian River County Hospital District</li> <li>• Treasure Coast Community Health, Inc.</li> <li>• Florida Department of Health - Indian River County</li> <li>• Visiting Nurse Association of the Treasure Coast</li> <li>• Whole Family Health</li> <li>• Senior Resource Association</li> </ul>	
<b>STRATEGIES/TACTICS:</b> <ul style="list-style-type: none"> <li>• Facilitate qualification of indigent patients for Medicaid</li> <li>• Educate patients and community regarding appropriate access to primary care at non-emergent facilities</li> </ul>	
<b>MONITORING/METRICS:</b> <ul style="list-style-type: none"> <li>• Reduction in Core Emergency Department utilization for less acute visits</li> </ul>	
<b>ACTIONS:</b> <ul style="list-style-type: none"> <li>• Collaborative members performed analysis of PCP providers in community, identified barriers to access to Primary care such as hours of operations and transportation.</li> <li>• As a result, the development of a model for a Patient Navigator located in IRMC ER 12 hours per day to assist in coordination in patient care was developed.</li> <li>• The Indian River County Hospital District funded the Navigator program from 10am to 10pm, 365 days per year for 2 years beginning in March, 2017.</li> <li>• The Navigator's role was to facilitate and coordinate patient's next care episode with appropriate PCP provider by scheduling next appointment, coordinating transportation, reminder phone calls in advance of scheduled visit.</li> <li>• Through September 30, 2018, the Navigators have had 10,396 patient interactions and scheduled 1,843 appointments with appropriate collaborative PCP providers</li> <li>• Transportation was coordinated through "Go Line" bus service with routes to provide services to ALL PCP provider locations to meet the needs of patients.</li> <li>• Focused education regarding Dental Services and community resource availability resulted in decrease in inappropriate ER utilization and improved access.</li> <li>• Developed coordination of care for pregnant patients presenting to the ER through coordinated efforts of Healthy Start and Partners providers</li> </ul>	

HEALTH NEED	Cancer
<b>DESCRIPTION OF NEED:</b>	Cancer is the #1 cause of death in Indian River County
<b>CHNA DATA:</b> <ul style="list-style-type: none"> <li>• Cancer is the leading cause of death in Indian River County, with 25.1% of all deaths in the county attributed to cancer in 2014.</li> <li>• Lung Cancer accounts for 30.0 % of all Cancer deaths</li> </ul>	
<b>COLLABORATIVE MEMBERS:</b> <ul style="list-style-type: none"> <li>• Indian River County Hospital District</li> <li>• Treasure Coast Community Health, Inc.</li> <li>• Florida Department of Health - Indian River County</li> <li>• Visiting Nurse Association of the Treasure Coast</li> <li>• Whole Family Health</li> <li>• Senior Resource Association</li> </ul>	
<b>STRATEGIES/TACTICS:</b> <ul style="list-style-type: none"> <li>• Focus on Lung Cancer through community based education and utilization of new technology to identify Lung Cancer in early stage to improve survival rate.</li> <li>• In cooperation with the American Cancer Society and other collaborators develop and implement community education programs on the hazards of smoking and benefits of early diagnosis and prevention of Cancer.</li> </ul>	
<b>MONITORING/METRICS:</b> <ul style="list-style-type: none"> <li>• Annual review of Cancer Mortality rate</li> <li>• Annual review of the increase in early diagnosis of lung cancer (i.e. Percent stage 0, 1, and 2)</li> </ul>	
<b>ACTIONS:</b> <ul style="list-style-type: none"> <li>• In cooperation with Duke, IRMC Pulmonologists, Scully Welsh Cancer Center (SWCC) and Vero Radiology, developed a Low Dose CT scanning program at VRA to facilitate early diagnosis of Lung Cancer and improve survival rate.</li> <li>• An educational program for the community on smoking cessation paired with education of high risk patients/families and health providers about the benefits of early detection of Lung Cancer through Low Dose CT scan screening was developed.</li> <li>• SWCC leadership, in cooperation with other collaborators developed and implemented community education programs at over 40 venues to over 4,700 people from September, 2016 to April, 2017. Also, Public service announcement were conducted on Radio in November, 2016 and March, 2017</li> </ul>	
<b>OUTCOMES:</b> <ul style="list-style-type: none"> <li>• Over the course of the program 1,013 Low Dose CT screening exams were performed with patients at high risk for Lung Cancer. (FY16 - 256, FY17- 358, FY18 – 399)</li> <li>• Annual review of the increase in early diagnosis of lung cancer 2015/AJCC-43% 2017/AJCC-38% (i.e. Percent stage 0, 1, and 2)</li> <li>• Lung Cancer Mortality rate (Source: Florida Charts) 2014-2016 = 42.9%, 2017 = 37.9%</li> </ul>	



**AADR Rate by Year by Residence County**  
 Age=All and Sex=All and Ethnicity=All and RACE - Counts and Rate=All and 113 Causes of Death=Trachea, Bronchus, Lung Cancer (C33-34)

	Resident AADR										Total
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	
<b>Indian River</b>	48.7	50.5	54.9	51.1	43.7	55.5	48.2	39.5	44.1	37.9	47.1

(Source: www.floridacharts.com)

HEALTH NEED	CHRONIC DISEASES: Congestive Heart Failure and Diabetes
<p><b>CHNA DATA:</b></p> <ul style="list-style-type: none"> <li>• The rate of hospitalizations from coronary heart disease was higher in Indian River County (353.5 per 100,000) than the state (338.0 per 100,000), which is important to note because heart disease is a second leading cause of death in the county.</li> <li>• The rate of hospitalizations from diabetes has increased since 2009 from 1433.4 per 100,000 to 1735.3 per 100,000 in 2012.</li> <li>• Diabetes was mentioned as one of the key health issues in Indian River County in the majority of focus groups and key informant interviews.</li> </ul>	
<p><b>COLLABORATIVE MEMBERS:</b></p> <ul style="list-style-type: none"> <li>• Indian River County Hospital District</li> <li>• Treasure Coast Community Health, Inc.</li> <li>• Florida Department of Health - Indian River County</li> <li>• Visiting Nurse Association of the Treasure Coast</li> <li>• Whole Family Health</li> <li>• Senior Resource Association</li> </ul>	
<p><b>STRATEGIES/TACTICS:</b></p> <ul style="list-style-type: none"> <li>• Focus on Heart disease through education on prevention and wellness through community events, such as health fairs, lecture series and symposiums</li> <li>• Promote the use of health care coverage as prevention through Coumadin® Clinic at Indian River Medical Center</li> <li>• Promote the use of the Congestive Heart Failure Clinic at Indian River Medical Center</li> <li>• Collaborate with community-based organizations to implement community interventions to reduce the determinants heart disease</li> </ul>	
<p><b>MONITORING/METRICS:</b></p> <ul style="list-style-type: none"> <li>• Reduction in Congestive Heart Failure Re-admission rate.</li> </ul>	
<p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>• Participated in 4 community health fairs reaching over 1000 community members to provide education on early heart attack care and blood pressure management</li> <li>• Increased availability of Congestive Heart Failure (CHF) Clinic from 3 days a week to 5 days a week. Developed transitional care visits that facilitate ensuring CHF patients are seen in clinic within 7 days of discharge from an acute care inpatient stay</li> <li>• Provided a monthly Heart Failure support group open to anyone in the community</li> <li>• Promoted access to the Coumadin Clinic through transitional care visits and medication management presentations at the monthly heart failure support group.</li> <li>• Provide routine monitoring for local community members with Left Ventricular Assist Devices (LVAD's) in collaboration with local EMS so they do not need to travel outside the community</li> </ul>	
<p><b>OUTCOMES:</b></p> <ul style="list-style-type: none"> <li>• 30 day Re-admission rate for Congestive Heart Failure: Goal-90th percentile – 20.8%</li> <li>• Outcome: FY2016- 17.4%, FY2017- 18.5%, FY2018- 18.0%</li> </ul>	



# Cleveland Clinic

## Indian River Hospital

### COMMUNITY HEALTH IMPROVEMENT PLAN

**2019 - 2021**

Executive Summary

May 8, 2019

#### **I. Introduction**

A Community Health Needs Assessment (CHNA) is a community driven process to identify unmet health care and human service needs of a population which results in the identification of possible interventions and a plan called a Community Health Improvement Plan (CHIP).

Cleveland Clinic Indian River Hospital has developed a 2018 CHNA in collaboration with the Indian River County Hospital District, Treasure Coast Community Health, Visiting Nurses Association, and Whole Family Health Center. The Board of Directors has previously received and approved the CHNA at the December, 2018 meeting. The following is a review of the process and the proposed IRMC Community Health Improvement Plan.

This written plan is intended to satisfy the requirements set forth in Internal Revenue Code Section 501(r) (3) regarding community health needs assessments and implementation strategies. The overall purpose of the IRMC Community Health Improvement Plan (implementation strategy) is to align the hospital's limited resources, program services, and activities with the findings of the 2018 CHNA.

## II. Overview

The CHNA was conducted on behalf of Indian River Medical Center by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994. This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

On October 12, 2018, members of the Indian River Medical Center Board, the Indian River Healthcare District Board, Health and Social Services providers met in a public meeting with community stakeholders to review the results and participate in a facilitated prioritization session of the issues identified in the Community Health Needs Assessment.

As the result, there were 10 Indian River County priorities agreed upon. IRMC was identified as the Lead organization in the collaborative effort in three priorities; **Skin Cancer** (p. 3), **Mental Health** (p. 4) and **Stroke** (p. 5). The other health needs identified as priorities by the CHNA will be led by other facilities and/or organizations and IRMC will collaborate with them in improving the health of Indian River County. (See Table 1)

On December 12, 2018, the Indian River Medical Center Board met to review and approve the Community Health Needs Assessment and endorsed the leadership role in the three priorities.

On April 29, 2019, CCIRH Executives met to review the proposed CHIP for each of the three priorities with the lead Physician leaders and administrative directors to review and confirm Strategies/Tactics, Monitoring/Metrics and Actions.

**Table 1.  
2019 - 2021 Community Health Improvement Plan**

PRIORITY	LEAD
1. Access to Healthcare	VNA
2. Mental Health	IRMC
3. Infant Health	Healthy Start
4. Heart Disease & Stroke	IRMC
5. Nutrition, Physical Activity & Weight	DOH
6. Substance Abuse	TCCH
7. Injury & Violence (Falls)	VNA
8. Cancer (Skin Cancer)	IRMC
9. Diabetes	TCCH
10. Oral Health	TCCH

**Key to Abbreviations:**

IRCHD-Indian River County Hospital District

IRMC- Indian River Medical Center

MHC-Mental Health Collaborative

PC-Partners Collaborative

TCCH-Treasure Coast Community Health Center

HS-Healthy Start

VNA-Visiting Nurses Association

WFHC-Whole Family Health Center

DOH/IRC-Department of Health/Indian River County

<b>HOSPITAL FACILITY</b>	Cleveland Clinic, Indian River Hospital
<b>CHNA SIGNIFICANT HEALTH NEED</b>	Skin Cancer
<b>CHNA REFERENCE PAGE</b>	90
<b>DESCRIPTION OF NEED:</b>	Skin Cancer in IRC markedly exceeds state and national averages
<p><b>CHNA DATA:</b></p> <ul style="list-style-type: none"> <li>• A total of 21.3% of surveyed Indian River County adults report having been diagnosed with skin cancer. This is more than double state (9.1%) and national (8.5%) levels.</li> <li>• Since the risk of skin cancer increases with age, this local increase may be in part due to IRC median age of 51.4 years, compared to a state median of 41.6 and a national median of 37.7 years of age.</li> <li>• Since the risk of skin cancer is also increased in fair skinned individuals, the high proportion of whites in IRC 85.7% compared to 75.9% for the state and 73.4% for the US may also be playing a role.</li> <li>• While most skin cancers can be treated with local therapy, a significant proportion can be lethal.</li> <li>• The primary cause of skin is exposure to ultraviolet light, present in abundance in IRC.</li> </ul>	
<p><b>STRATEGIES/TACTICS:</b></p> <ul style="list-style-type: none"> <li>• The best way to reduce skin cancer incidence is by reducing UV exposure.</li> <li>• The best way to reduce the risk from a developing skin cancer is through earlier detection.</li> <li>• Early detection initially increase skin cancer rates (due to lead time bias), but in time will reduce patient morbidity and mortality</li> <li>• With our community partners, we will implement a community education campaign to teach the public how best to identify lesions that should be checked and reduce unnecessary UV damage while still maintaining an active lifestyle.</li> <li>• We will also set up education programs to teach local caregivers how to better identify skin cancers at earlier stages. We will also instruct them on how to educate their patients on sun safe behavior.</li> </ul>	
<p><b>MONITORING/METRICS:</b></p> <ul style="list-style-type: none"> <li>• We will keep track of the number of IRC residents present at education events.</li> <li>• At some events we will have a pre and post questionnaire to assess how well resident have understood the information and assess their motivation to reduce UV exposure</li> <li>• For caregiver training, there will be pre- and post-test images to determine how well they have learned to identify early skin cancers.</li> </ul>	
<p><b>COLLABORATIVE MEMBERS:</b></p> <ul style="list-style-type: none"> <li>• Treasure Coast Community Health, Inc.</li> <li>• Florida Department of Health - Indian River County</li> <li>• Visiting Nurse Association of the Treasure Coast</li> <li>• Whole Family Health</li> <li>• Senior Resource Association</li> <li>• Indian River County School District</li> <li>• American Cancer Society</li> <li>• Indian River County Recreational Department</li> <li>• Indian River Hospital District</li> </ul>	

<b>HOSPITAL FACILITY</b>	Cleveland Clinic, Indian River Hospital
<b>CHNA SIGNIFICANT HEALTH NEED</b>	Mental Health
<b>CHNA REFERENCE PAGE</b>	62
<b>DESCRIPTION OF NEED:</b>	Mortality due to Suicide
<p><b>CHNA DATA:</b></p> <ul style="list-style-type: none"> <li>• The Suicide Age-Adjusted Mortality in Indian River County between 2014-2016 was 14%. In 2017 it rose to 23.7% which is well above the Florida rate of 14.1%</li> <li>• 10.2 percent of Indian River County adults believe that their overall mental health is fair or poor. 65% of key stakeholders perceived mental health as a major problem within the community.</li> <li>• 18.6 percent of Indian River County adults have been diagnosed by a physician as having a depressive disorder which is above the state average of 14.2%. The prevalence of chronic depression is highest in women, adults over the age of 65 and adults with lower incomes</li> </ul>	
<p><b>STRATEGIES/TACTICS:</b></p> <ul style="list-style-type: none"> <li>• The best way to prevent suicide is to identify and support those people at risk. We will work with our “gatekeepers” within the Cleveland Clinic system such as the Emergency Department, Urgent Cares and Primary Care Physicians to identify those consumers at risk for suicide and provide them with available resources for crisis intervention. We will educate and encourage those medical providers to utilize the Columbia Suicide Severity Rating Scale (C-SSRS) which is a free, evidenced-based tool that can be utilized to identify suicide risk and appropriate crisis interventions.</li> <li>• We will work collaboratively with our Community Partners (who are already working to institute educational and stigma reducing programs) to educate the community and improve access to appropriate mental health care.</li> </ul>	
<p><b>MONITORING/METRICS:</b></p> <ul style="list-style-type: none"> <li>• We will keep track of the number of providers that receive training on the Columbia Suicide Severity Rating Scale (C-SSRS) identifying risk factors for suicide and available referral for crisis intervention.</li> <li>• We will monitor the suicide death rate in Indian River County annually utilizing the FLHealthCharts data.</li> <li>• We will document Cleveland Clinic involvement with our community partners around their initiative for education and stigma reduction.</li> </ul>	
<p><b>COLLABORATIVE MEMBERS:</b></p> <ul style="list-style-type: none"> <li>• Treasure Coast Community Health, Inc.</li> <li>• McCabe Connections Center</li> <li>• The Mental Health Collaborative of Indian River County</li> <li>• Mental Health Association of Indian River County</li> <li>• New Horizons of the Treasure Coast</li> <li>• UF Center for Psychiatry and Addiction</li> <li>• Whole Family Health</li> <li>• Legacy Mental Health Center</li> <li>• Indian River County School District</li> <li>• Indian River Hospital District</li> </ul>	

<b>HOSPITAL FACILITY</b>	Cleveland Clinic Indian River Hospital
<b>CHNA SIGNIFICANT HEALTH NEED</b>	Stroke
<b>CHNA REFERENCE PAGE</b>	Page 73 - 85
<b>DESCRIPTION OF NEED:</b>	Stroke is the 5 <sup>th</sup> leading cause of mortality in the United States and in IRC, it is also a leading cause of disability
<b>CHNA DATA:</b>	
<ul style="list-style-type: none"> <li>Stroke is the 5<sup>th</sup> leading cause of mortality in IRC, and the leading cause of disability.</li> <li>Of all Strokes - <b>nearly 1 of 4</b> - are in people who have had a previous stroke.</li> <li>About <b>87%</b> of all strokes are ischemic strokes, in which blood flow to the brain is blocked.</li> <li>Stroke is a leading cause of serious long-term disability. Stroke reduces mobility in more than half of stroke survivors age 65 and over.</li> <li>Stroke is the fifth leading cause of death in IRC that varies with race and ethnicity.</li> <li>Risk of having a first stroke is <b>nearly twice</b> as high for blacks as for whites, and blacks have the highest rate of death due to stroke.</li> <li>Though stroke death rates have declined for decades among all race/ethnicities, Hispanics have seen an increase in death rates since 2013.</li> </ul>	
<b>STRATEGIES/TACTICS:</b>	
<ul style="list-style-type: none"> <li>Community and Caregiver Education on Stroke Prevention and Risk factors <ul style="list-style-type: none"> <li>- Preventing Stroke through Healthy Living <ul style="list-style-type: none"> <li><i>No Cigarette Smoking</i></li> <li><i>Limited Alcohol intake</i></li> <li><i>Exercise</i></li> <li><i>Healthy Diet</i></li> <li><i>Healthy Weight</i></li> </ul> </li> </ul> </li> <li>Signs and Symptoms: <i>BEFAST</i> – Balance, Eye, Face, Arm, Speech, Time to call 911 <ul style="list-style-type: none"> <li>-Integration and coordination of area EMS efforts and process to facilitate rapid</li> </ul> </li> </ul>	
<b>MONITORING/METRICS:</b>	
<ul style="list-style-type: none"> <li>We will work to implement a community education campaign about signs and symptom recognition and early EMS activation as well as the importance of maintaining an active and healthy lifestyle.</li> <li>Number of Indian River County residents and Caregivers at education events.</li> <li>Assessment of Education efforts: pre- and post- questionnaire to assess understanding of the information regarding stroke prevention.</li> <li>Caregiver training will be implemented with hospital wide rotational training events to include Skill Fairs and monthly stroke education reviews for all the caregivers at CCIRH.</li> </ul>	
<b>COLLABORATIVE MEMBERS:</b>	
<ul style="list-style-type: none"> <li>Indian River County Fire and Rescue</li> <li>Indian River Shores EMS</li> <li>American Heart Association</li> <li>Treasure Coast Community Health</li> <li>Florida Department of Health</li> <li>Visiting Nurse Association of the Treasure Coast</li> <li>Senior Resource Association</li> <li>Indian River Hospital District</li> </ul>	