

Executive Report

**2015 Community Health
Needs Assessment**

Broward County, Florida

Prepared for:

Broward Regional Health Planning Council

BRHPC

HEALTH & HUMAN SERVICE INNOVATIONS

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Introduction

Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to nine similar studies conducted since 1994, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Broward County, Florida. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

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

This assessment was conducted on behalf of Broward Regional Health Planning Council by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

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 the Broward Regional Health Planning Council and PRC and is similar to the previous surveys used in the region, allowing for data trending.

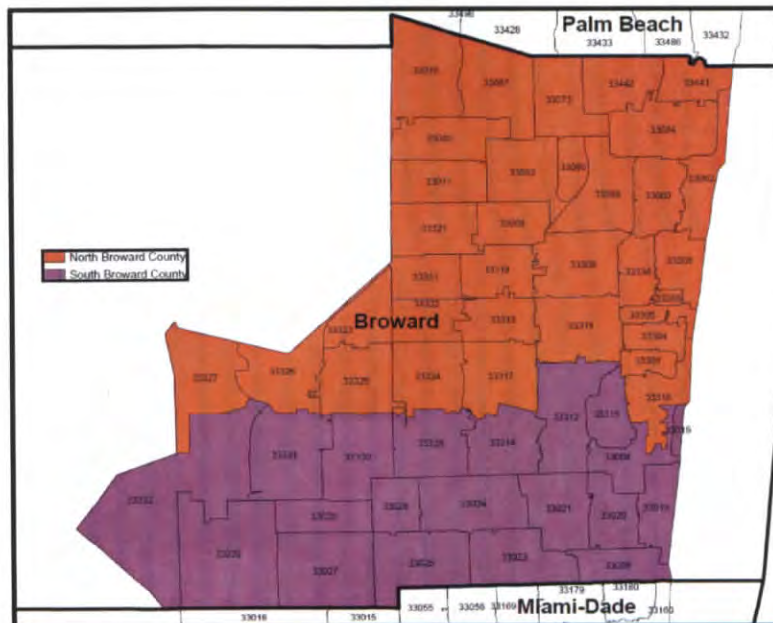
Community Defined for This Assessment

The study area for the survey effort is defined as each of the residential ZIP Codes comprising Broward County, Florida.

In terms of geographic segmentation, note the following:

- North Broward County includes ZIP Codes: 33060; 33062; 33063; 33064; 33065; 33066; 33067; 33068; 33069; 33071; 33073; 33076; 33301; 33304; 33305; 33306; 33308; 33309; 33311; 33313; 33316; 33317; 33319; 33321; 33322; 33323; 33324; 33325; 33326; 33327; 33334; 33351; 33441; and 33442.
- South Broward County includes ZIP Codes: 33004; 33009; 33019; 33020; 33021; 33023; 33024; 33025; 33026; 33027; 33028; 33029; 33312; 33314; 33315; 33328; 33330; 33331; and 33332.

The following map describes this geographical definition.



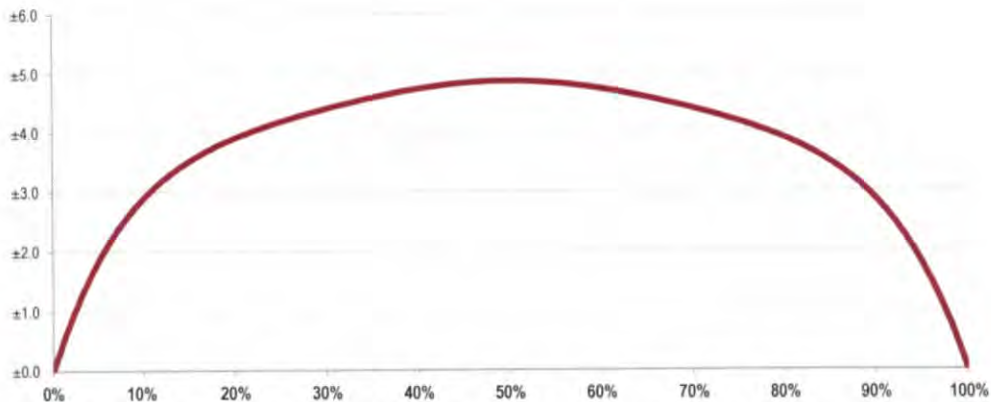
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 412 individuals age 18 and older in Broward County, including 212 in North Broward and 200 in South Broward. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Broward County as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 412 respondents is $\pm 4.8\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 412 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 412 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% ($10\% \pm 2.9\%$) 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 45.2% and 54.8% ($50\% \pm 4.8\%$) of the total population would respond "yes" if asked this question.

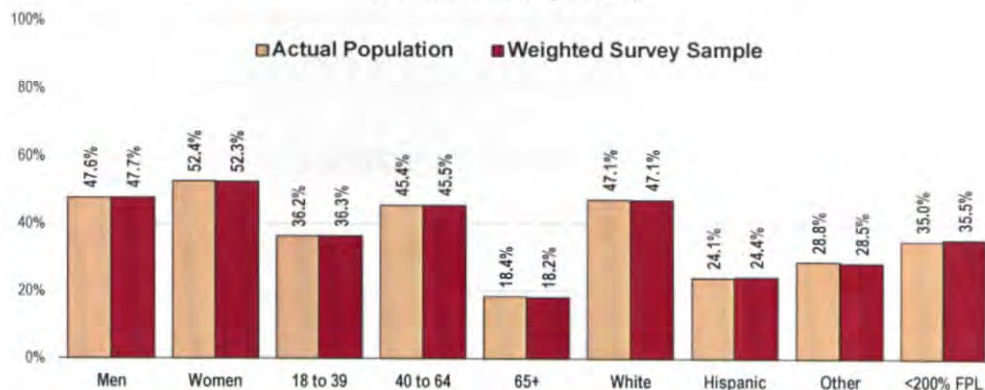
Sample Characteristics

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

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

The following chart outlines the characteristics of the Broward 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 (Broward County, 2015)



Sources:
 • Census 2010, Summary File 3 (SF 3). US Census Bureau.
 • 2015 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 2014 guidelines place the poverty threshold for a family of four at \$23,850 annual household income or lower). In sample segmentation: "low income" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; "mid/high income" refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of

community members in the defined area with a high degree of confidence.

Benchmark Data

Trending

A similar survey was administered in Broward County in 1994, 1997, 1999, 2002, 2004, 2006, 2008, and 2011 by PRC on behalf of Memorial Healthcare System and The Coordinating Council of Broward. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. However, note that not every survey question was asked in every survey administration.

Florida Risk Factor Data

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

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2013 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

Healthy People 2020

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

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



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

Determining Significance

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

Information Gaps

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

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

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

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

Summary of Findings

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Broward County, including comparisons between the individual communities, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

- In the following charts, Broward County results are shown in the larger, blue column.
- The green columns [to the left of the Broward County column] provide comparisons between North Broward and South Broward, identifying differences for each as "better than" (⊕), "worse than" (⊖), or "similar to" (≈) the opposing service area.
- The columns to the right of the Broward County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether Broward 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.

TREND SUMMARY (Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since the year that indicator was first examined. Note that survey data reflect the ZIP Code-defined Broward County.

Overall Health	Each Sub-Area vs. Others		Broward County	Broward County vs. Benchmarks			TREND
	North Broward	South Broward		vs. FL	vs. US	vs. HP2020	
% "Fair/Poor" Physical Health	17.0	23.8	19.5	19.6	15.3		9.0
% Activity Limitations	23.9	17.4	21.5	21.2	21.5		12.0
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>							
				better	similar	worse	

Access to Health Services	Each Sub-Area vs. Others		Broward County	Broward County vs. Benchmarks			TREND
	North Broward	South Broward		vs. FL	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	12.9	18.0	14.9	29.1	15.1	0.0	12.1
% Difficulty Accessing Healthcare in Past Year (Composite)	30.6	37.6	33.2		39.9		
% Cost Prevented Getting Prescription in Past Year	21.2	19.0	20.4		15.8		8.5
% Cost Prevented Physician Visit in Past Year	19.2	23.8	20.9	20.8	18.2		
% Difficulty Getting Child's Healthcare in Past Year	3.3		2.2		6.0		
% [Age 18+] Have a Specific Source of Ongoing Care	66.5	62.3	64.9		76.3	95.0	
% [Age 18-64] Have a Specific Source of Ongoing Care	64.4	58.7	62.2		75.6	89.4	
% [Age 65+] Have a Specific Source of Ongoing Care	74.7	78.4	75.8		80.0	100.0	
% Have Had Routine Checkup in Past Year	75.8	72.1	74.4	70.3	65.0		73.4
% Child Has Had Checkup in Past Year	88.8		88.5		84.1		

Access to Health Services (continued)	Each Sub-Area vs. Others		Broward County	Broward County vs. Benchmarks			TREND
	North Broward	South Broward		vs. FL	vs. US	vs. HP2020	
% Rate Local Healthcare "Fair/Poor"	15.7	20.9	17.6		16.5		14.3
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>				better	similar	worse	

Cancer	Each Sub-Area vs. Others		Broward County	Broward County vs. Benchmarks			TREND
	North Broward	South Broward		vs. FL	vs. US	vs. HP2020	
% Skin Cancer	10.2	10.0	10.1	9.2	6.7		
% Cancer (Other Than Skin)	3.7	7.8	5.2	7.6	6.1		
% [Age 50+] Sigmoid/Colonoscopy Ever			77.1	68.4	75.2		63.3
% [Age 50+] Blood Stool Test in Past 2 Years			47.6	20.4	36.9		
% [Age 50-75] Colorectal Cancer Screening	73.7	82.0	76.8		75.1	70.5	
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>				better	similar	worse	

Diabetes	Each Sub-Area vs. Others		Broward County	Broward County vs. Benchmarks			TREND
	North Broward	South Broward		vs. FL	vs. US	vs. HP2020	
% Diabetes/High Blood Sugar	14.1	13.2	13.8	11.2	11.7		6.0
% Borderline/Pre-Diabetes	5.4	5.4	5.4		5.1		
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>							better similar worse

Heart Disease & Stroke	Each Sub-Area vs. Others		Broward County	Broward County vs. Benchmarks			TREND
	North Broward	South Broward		vs. FL	vs. US	vs. HP2020	
% Heart Disease (Heart Attack, Angina, Coronary Disease)	4.4	10.4	6.6		6.1		
% Stroke	3.1	1.4	2.5	3.7	3.9		
% Told Have High Blood Pressure (Ever)	35.7	37.9	36.5	34.6	34.1	26.9	22.1
% Told Have High Cholesterol (Ever)	33.2	35.8	34.2	40.3	29.9	13.5	29.6
% 1+ Cardiovascular Risk Factor	82.8	82.1	82.5		82.3		90.3
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>							better similar worse

Mental Health & Mental Disorders	Each Sub-Area vs. Others		Broward County	Broward County vs. Benchmarks			TREND
	North Broward	South Broward		vs. FL	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	11.5	13.1	12.1				
% Diagnosed Depression	6.9	9.5	7.9	16.8	20.4		
% Symptoms of Chronic Depression (2+ Years)	21.3	19.1	20.5		30.4		
% Family Member Ever Diagnosed with Alzheimer's or Dementia	24.4	23.3	24.0				
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>				better	similar	worse	

Nutrition, Physical Activity & Weight	Each Sub-Area vs. Others		Broward County	Broward County vs. Benchmarks			TREND
	North Broward	South Broward		vs. FL	vs. US	vs. HP2020	
% Eat 5+ Servings of Fruit or Vegetables per Day	36.9	31.9	35.0				
% Healthy Weight (BMI 18.5-24.9)	35.5	26.9	32.3	35.0	34.4	33.9	
% Overweight (BMI 25+)	63.2	72.5	66.6	62.8	63.1		44.9
% Obese (BMI 30+)	23.8	25.2	24.3	26.4	29.0	30.5	12.5
% Child [Age 5-17] Healthy Weight			75.2		56.7		
% Children [Age 5-17] Overweight (85th Percentile)			16.8		31.5		
% Children [Age 5-17] Obese (95th Percentile)			10.7		14.8	14.5	
% No Leisure-Time Physical Activity	25.9	21.1	24.1	27.7	20.7	32.6	23.9
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>				better	similar	worse	

Oral Health	Each Sub-Area vs. Others		Broward County	Broward County vs. Benchmarks			TREND
	North Broward	South Broward		vs. FL	vs. US	vs. HP2020	
% [Age 18+] Dental Visit in Past Year	68.2	66.5	67.5	59.8	65.9	49.0	71.9
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>				better	similar	worse	

Substance Abuse	Each Sub-Area vs. Others		Broward County	Broward County vs. Benchmarks			TREND
	North Broward	South Broward		vs. FL	vs. US	vs. HP2020	
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	13.8	14.1	13.9	15.6	19.5	24.4	13.6
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>				better	similar	worse	

Tobacco Use	Each Sub-Area vs. Others		Broward County	Broward County vs. Benchmarks			TREND
	North Broward	South Broward		vs. FL	vs. US	vs. HP2020	
% Current Smoker	10.4	5.6	8.6	16.8	14.9	12.0	21.8
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>				better	similar	worse	

General Health Status

Overall Health Status

Self-Reported Health Status

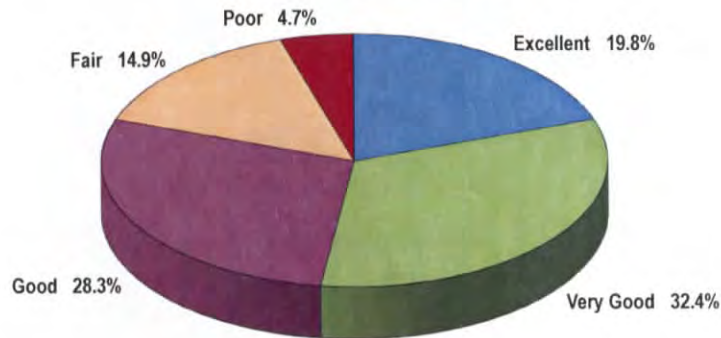
A total of 52.2% of Broward County adults rate their overall health as “excellent” or “very good.”

- Another 28.3% gave “good” ratings of their overall health.

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

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

Self-Reported Health Status
(Broward County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 19.5% of Broward County adults believe that their overall health is “fair” or “poor.”

- Similar to statewide findings.
- Similar to the national percentage.
- Similar by service area.
- TREND: A statistically significant increase has occurred when comparing “fair/poor” overall health reports to previous survey results.

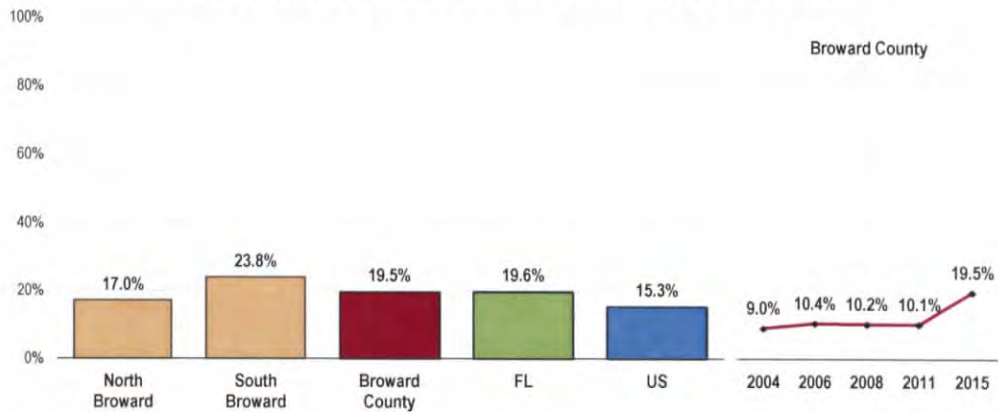
NOTE:

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

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

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

Experience “Fair” or “Poor” Overall Health



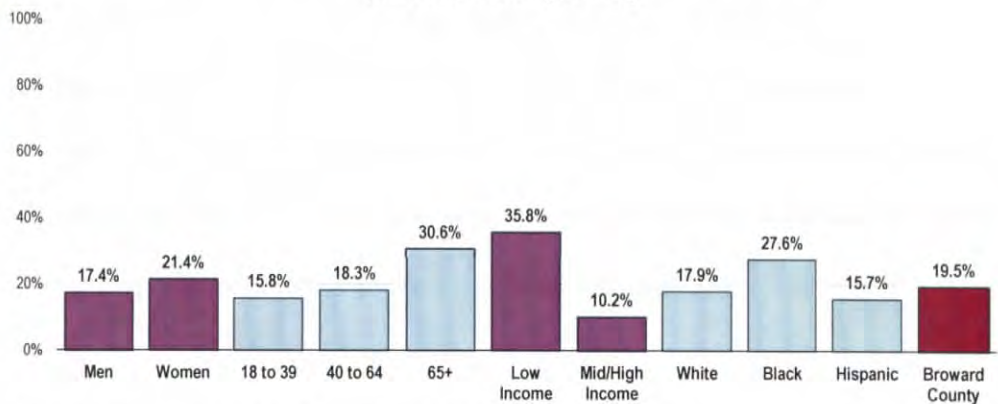
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2013 Florida data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • In past surveys, overall health included mental and emotional health as well as physical health which is used currently.

- Adults 65+ and residents living at lower incomes are more likely to report experiencing “fair” or “poor” overall health (note the positive correlation with age).
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

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

Experience “Fair” or “Poor” Overall Health (Broward County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

About Disability & Health

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

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

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

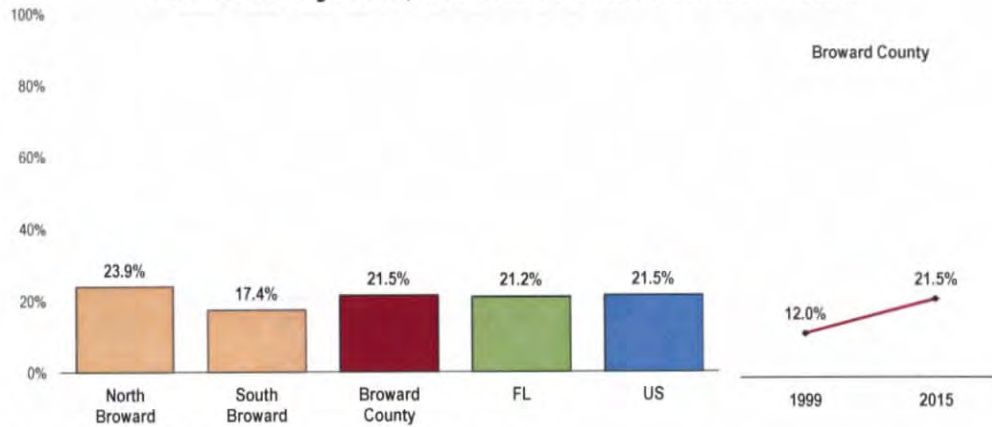
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.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

• Healthy People 2020 (www.healthypeople.gov)

A total of 21.5% of Broward County adults are limited in some way in activities due to a physical, mental or emotional problem.

- Comparable to the prevalence statewide.
- Identical to the national prevalence.
- Comparable by service area.
- **TREND:** Denotes a statistically significant increase in activity limitation since 1999 (note the difference in age sampling).

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



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 43]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

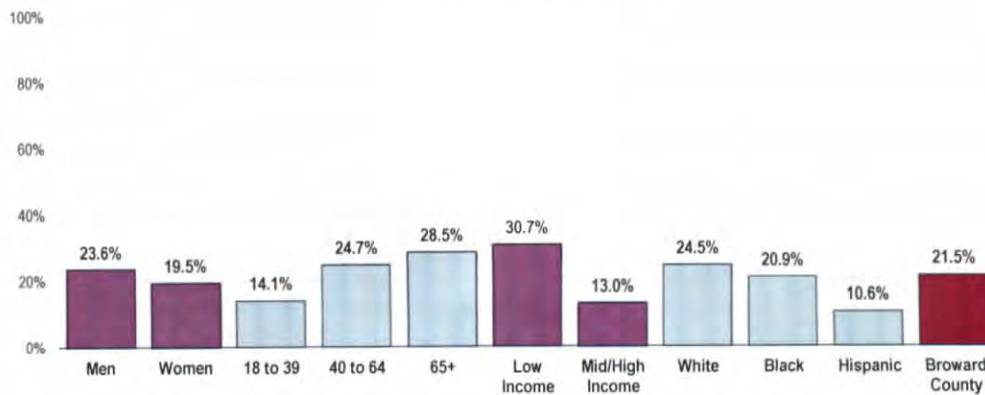
 Notes:

- Asked of all respondents.
- 1999 trend data reflects respondents age 18 to 69.

In looking at responses by key demographic characteristics, note the following:

- Adults age 40 and older and those with lower incomes are much more often limited in activities (note the positive correlation with age).
- Non-Hispanic Whites are more likely than Hispanics to report activity limitations.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Broward County, 2015)



Sources:

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]

 Notes:

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

Mental Health

About Mental Health & Mental Disorders

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

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

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

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

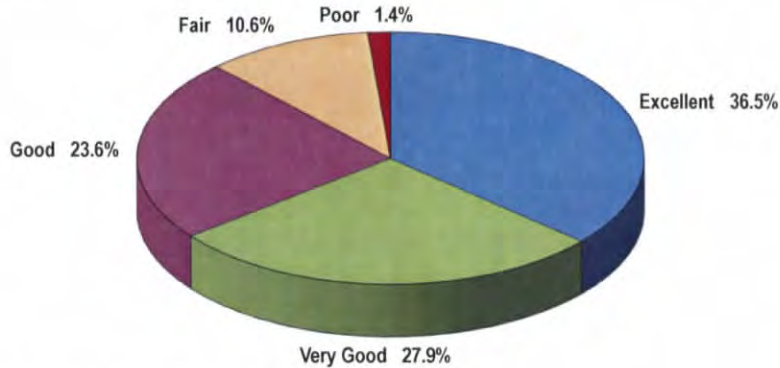
Self-Reported Mental Health Status

"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?"

A total of 64.4% of Broward County adults rate their overall mental health as "excellent" or "very good."

- Another 23.6% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(Broward County, 2015)

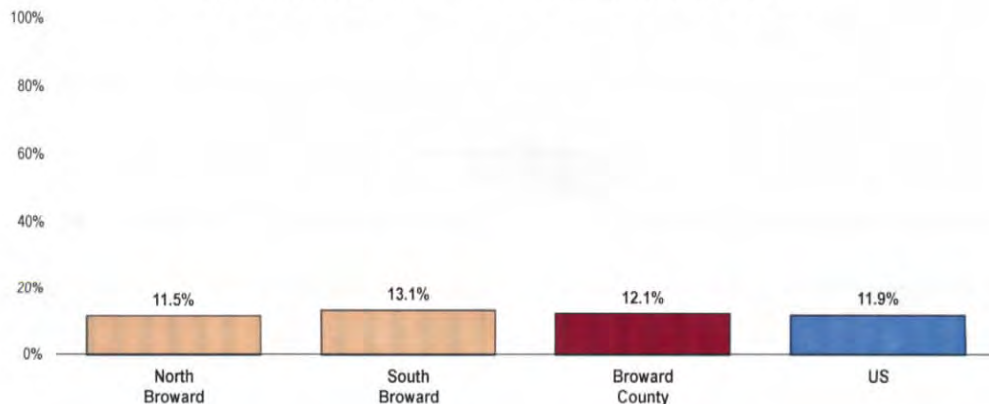


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
Notes: • Asked of all respondents.

A total of 12.1% of Broward County adults, however, believe that their overall mental health is "fair" or "poor."

- Similar to the "fair/poor" response reported nationally.
- Similar by service area.

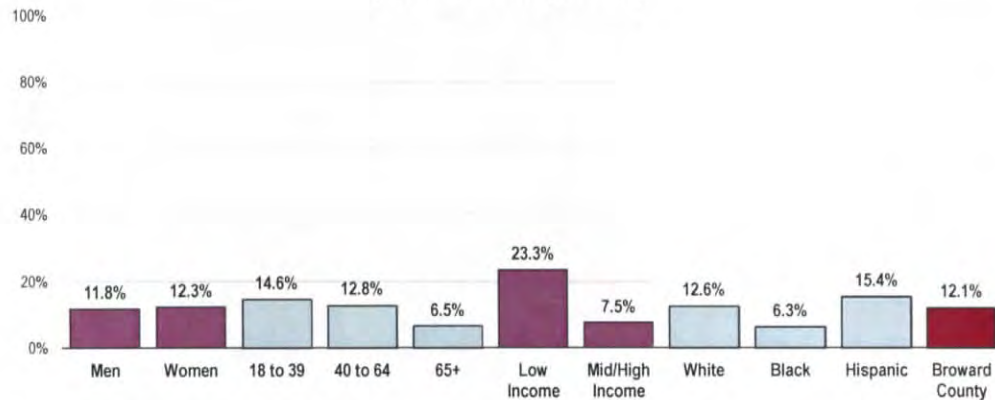
Experience "Fair" or "Poor" Mental Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 40]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Adults 40-64 are more likely than seniors to report experiencing “fair/poor” mental health.
- Lower income residents are also more likely to have experienced “fair/poor” mental health.

Experience “Fair” or “Poor” Mental Health (Broward County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level, “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

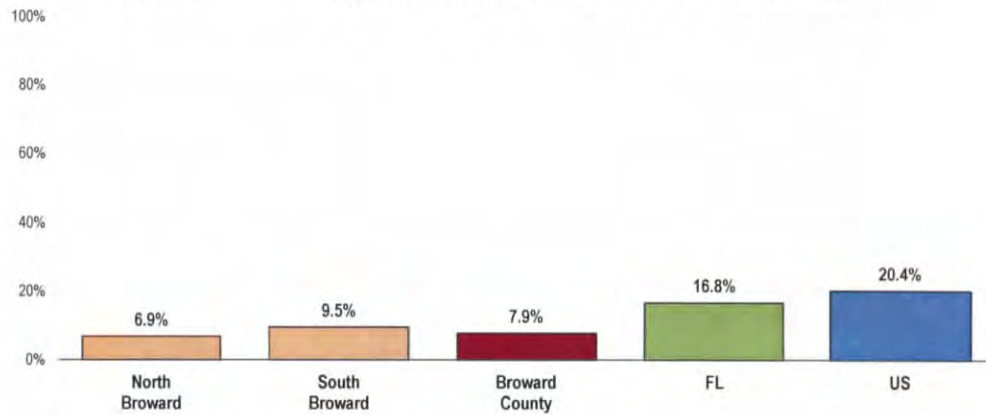
Depression

Diagnosed Depression

A total of 7.9% of Broward County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Lower than the state prevalence.
- Much lower than the national finding.
- Statistically similar by service area.

Have Been Diagnosed With a Depressive Disorder

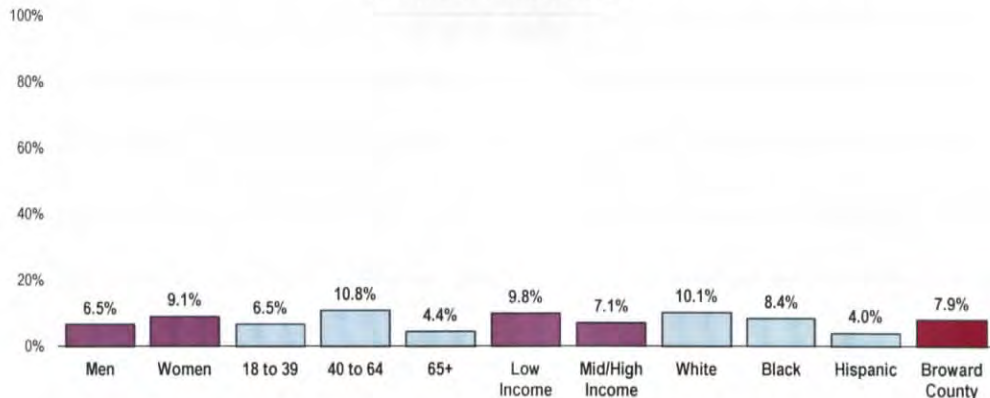


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 42]
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2013 Florida data
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.

- The prevalence of diagnosed depression is higher among adults age 40-64 when compared with those age 65+.

Have Been Diagnosed With a Depressive Disorder (Broward County, 2015)



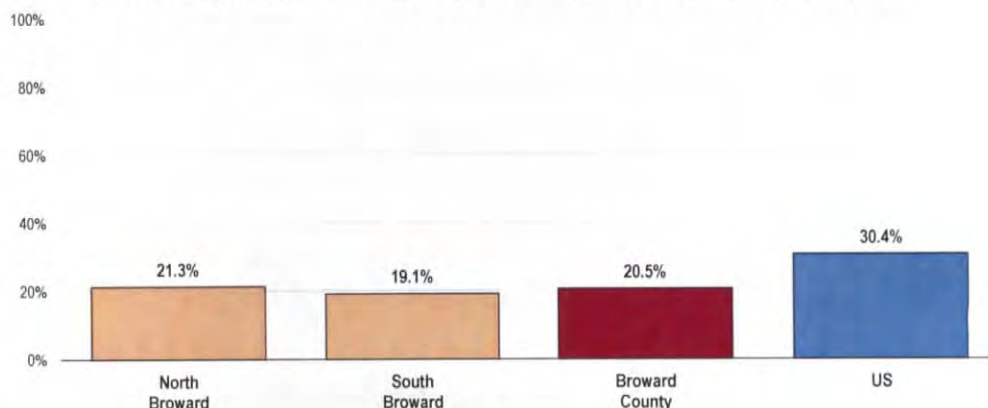
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
 Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 20.5% of Broward County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- More favorable than national findings.
- Similar by service area.

Have Experienced Symptoms of Chronic Depression



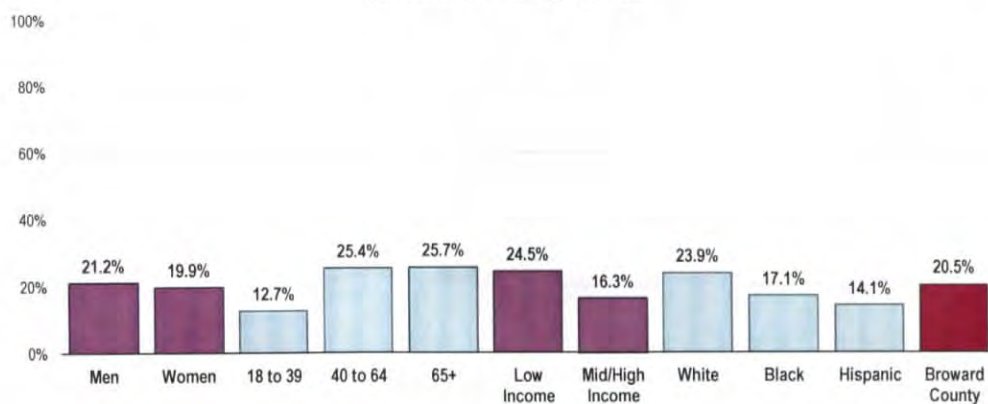
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 41]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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 prevalence of chronic depression is notably higher among adults 40 and older.

Have Experienced Symptoms of Chronic Depression

(Broward County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 41]

Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level, "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Death, Disease & Chronic Conditions

Cardiovascular Disease

About Heart Disease & Stroke

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

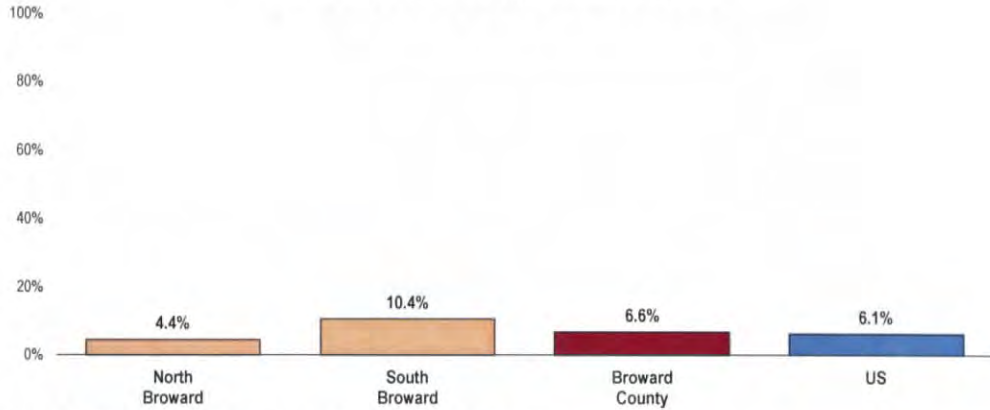
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 6.6% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- Lower in North Broward.

Prevalence of Heart Disease



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 53]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

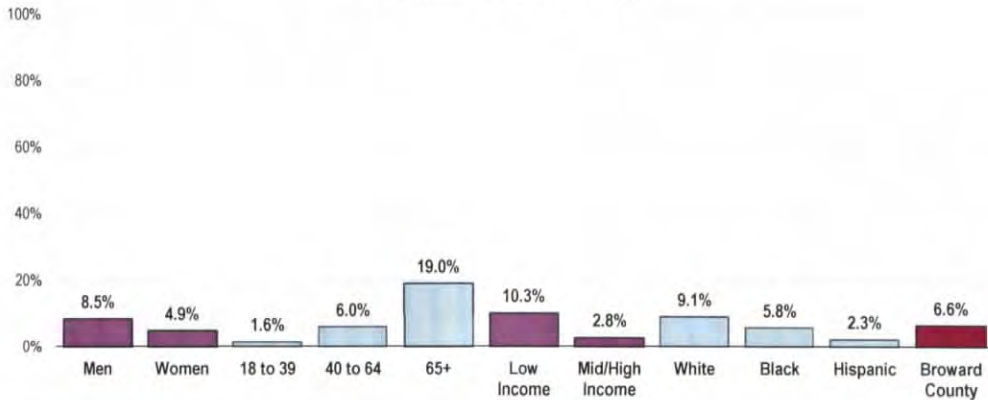
Notes: • Asked of all respondents.

• Includes diagnoses of heart attack, angina or coronary heart disease.

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

- Seniors (note the positive correlation with age).
- Adults living at lower incomes.
- Non-Hispanic Whites when compared with Hispanics.

Prevalence of Heart Disease (Broward County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]

Notes: • Asked of all respondents.

• Includes diagnoses of heart attack, angina or coronary heart disease.

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

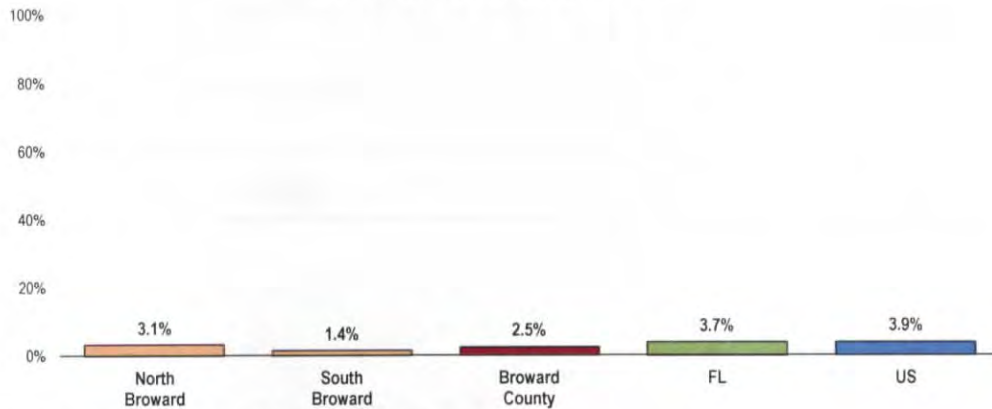
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty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

Prevalence of Stroke

A total of 2.5% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings.
- Similar to national findings.
- Statistically similar by service area.

Prevalence of Stroke



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2013 Florida data.

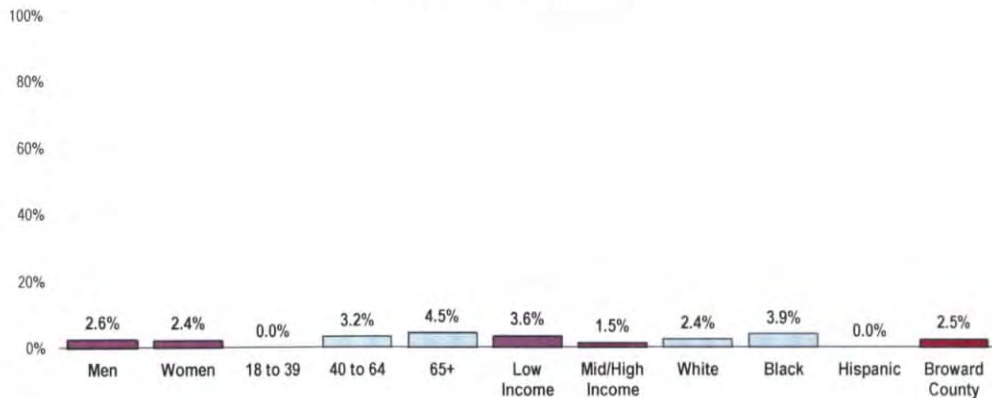
 Notes:

- Asked of all respondents.

Adults more likely to have been diagnosed with stroke include:

- Adults age 40 or over (note the positive correlation with age).
- Non-Hispanic Whites when compared with Hispanics.

Prevalence of Stroke (Broward County, 2015)



Sources:

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]

 Notes:

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

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)

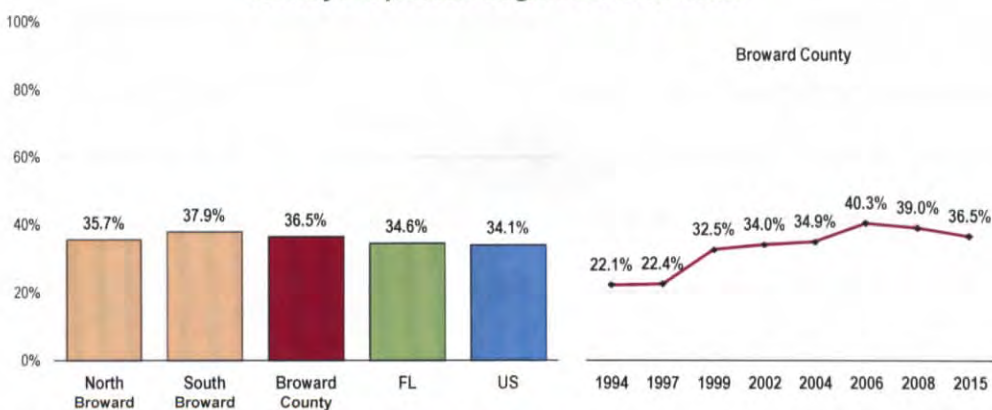
Hypertension (High Blood Pressure)

Prevalence of Hypertension

A total of 36.5% of adults have been told at some point that their blood pressure was high.

- Comparable to the Florida prevalence.
- Comparable to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Comparable by service area.
- TREND: The hypertension rate has been decreasing since 2006, but overall shows a statistically significant increase from what was found in 1994.

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

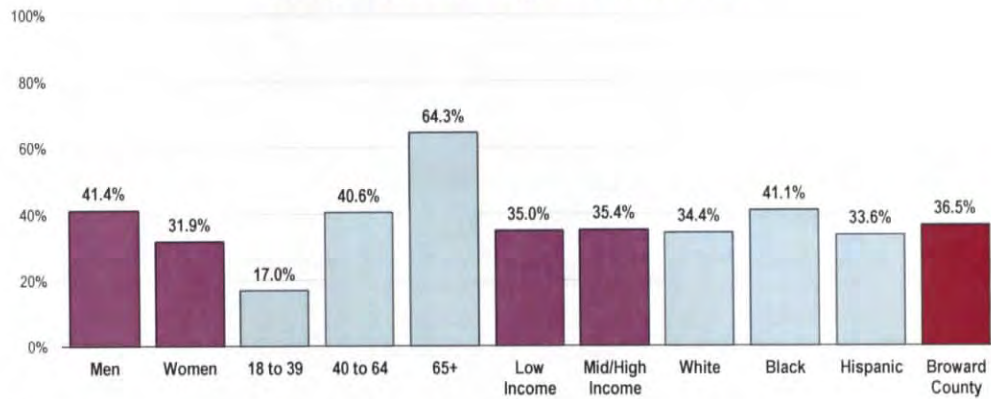


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 21]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2013 Florida data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

Notes: • Asked of all respondents.

- Hypertension diagnoses are higher among adults age 40+, especially seniors (note the strong positive correlation with age).

Prevalence of High Blood Pressure
 (Broward County, 2015)
 Healthy People 2020 Target = 26.9% or Lower



Sources:

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

Notes:

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

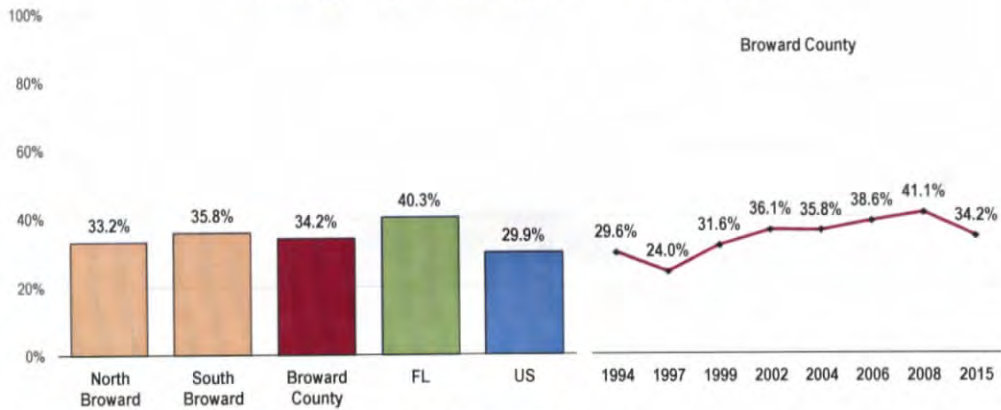
High Blood Cholesterol

Self-Reported High Blood Cholesterol

A total of 34.2% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the Florida findings.
- Similar to the national prevalence.
- Over twice the Healthy People 2020 target (13.5% or lower).
- Similar by service area.
- TREND: Despite some variance within the last 21 years, the prevalence of high blood cholesterol is statistically similar to the 1994 rate.

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

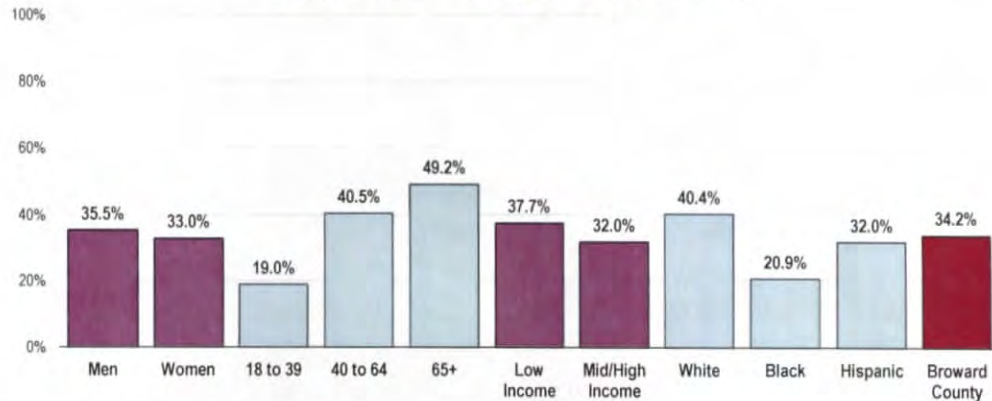


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
 • 2013 PRC 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 Florida data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

Further note the following:

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

Prevalence of High Blood Cholesterol (Broward County, 2015) Healthy People 2020 Target = 13.5% or Lower



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

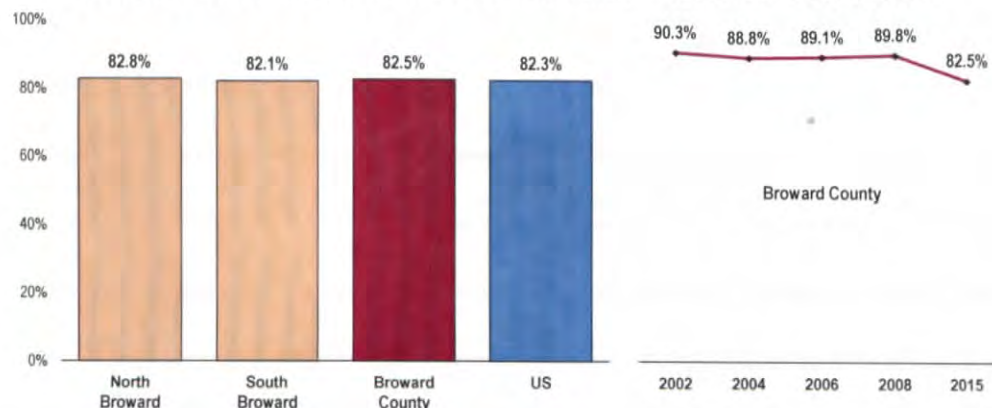
Total Cardiovascular Risk

A total of 82.5% of Broward 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.

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

- Very similar to the national findings.
- Similar by service area.
- TREND: After remaining statistically consistent for 6 years, the proportion of adults with one or more cardiovascular risks has significantly decreased in the past 7 years.

Present One or More Cardiovascular Risks or Behaviors

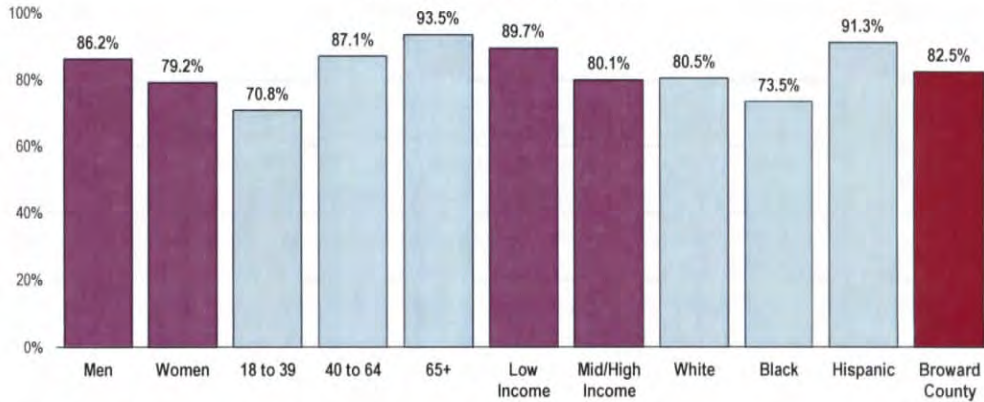


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 56]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) current smoker; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese (BMI>24.9).

Adults more likely to exhibit cardiovascular risk factors include:

- Adults age 40 and older, and especially seniors (note positive correlation with age).
- Low income Residents.
- Hispanics.

Present One or More Cardiovascular Risks or Behaviors
(Broward County, 2015)



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 56)
- Notes:
- Asked of all respondents.
 - Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) current smoker; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese (BMI > 24.9)
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents)
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cancer

About Cancer

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

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

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

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

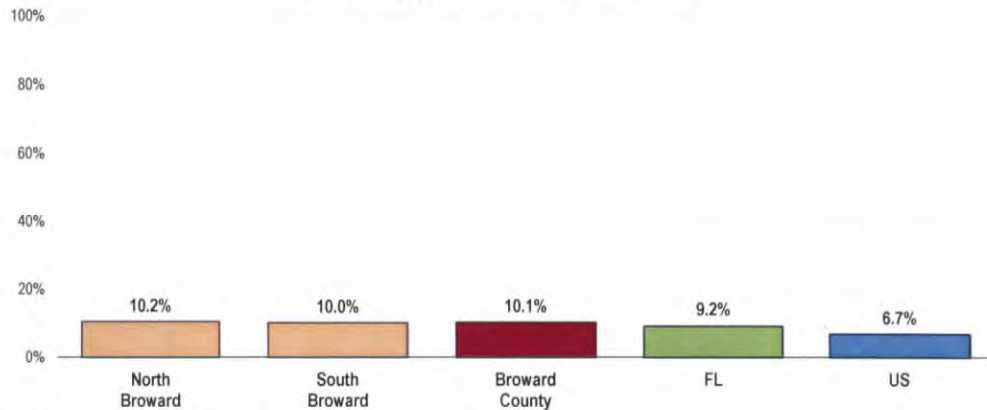
Prevalence of Cancer

Skin Cancer

A total of 10.1% of surveyed Broward County adults report having been diagnosed with skin cancer.

- Similar to what is found statewide.
- Less favorable than the national average.
- Statistically similar by service area.

Prevalence of Skin Cancer



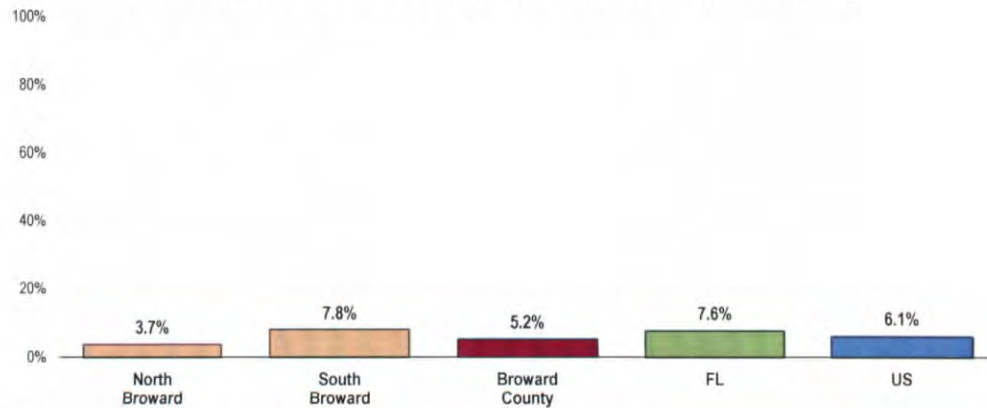
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 15]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Other Cancer

A total of 5.2% of respondents have been diagnosed with some type of (non-skin) cancer.

- Lower than the statewide prevalence.
- Similar to the national prevalence.
- Similar by service area.

Prevalence of Cancer (Other Than Skin Cancer)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 14]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Cancer Risk

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

About Cancer Risk

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

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

Cancer Screenings

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

Screening levels in the community were measured in the PRC Community Health Survey relative to colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

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

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

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

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

Colorectal Cancer Screening

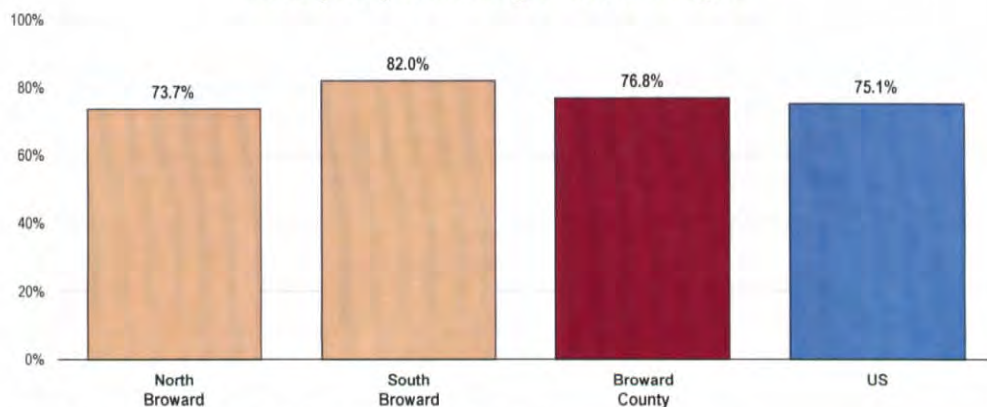
Among adults age 50–75, 76.8% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Similar to national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Statistically similar by service area.

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 59]
 • 2013 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.

Lower Endoscopy

Among adults age 50 and older, More than three-fourths (77.1%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

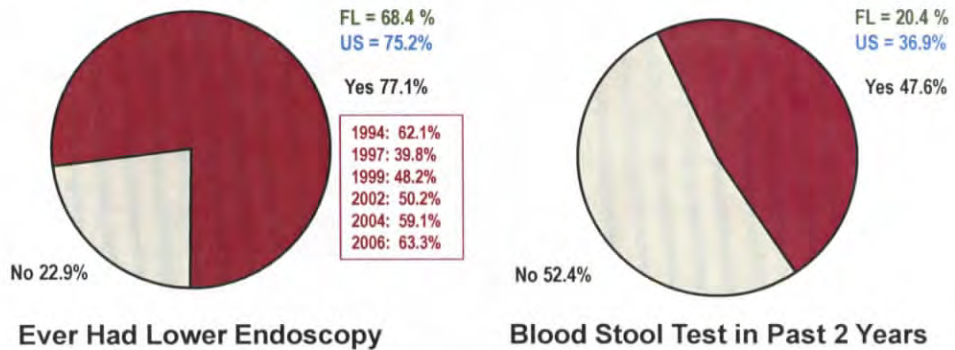
- More favorable than Florida findings.
- Comparable to national findings.
- TREND: After a notable decline in 1997, the rate of adults 50+ ever having a lower endoscopy has exhibited a statistically significant increase surpassing the 1994 rate.

Blood Stool Testing

Among adults age 50 and older, 47.6% have had a blood stool test (aka “fecal occult blood test”) within the past two years.

- More than twice what is found in Florida.
- Notably higher than national findings.

Colorectal Cancer Screenings
(Among Broward County Adults Age 50 and Older, 2015)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 57-58]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Florida data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents age 50 and older.
 • Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Diabetes

About Diabetes

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

Diabetes mellitus:

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Prevalence of Diabetes

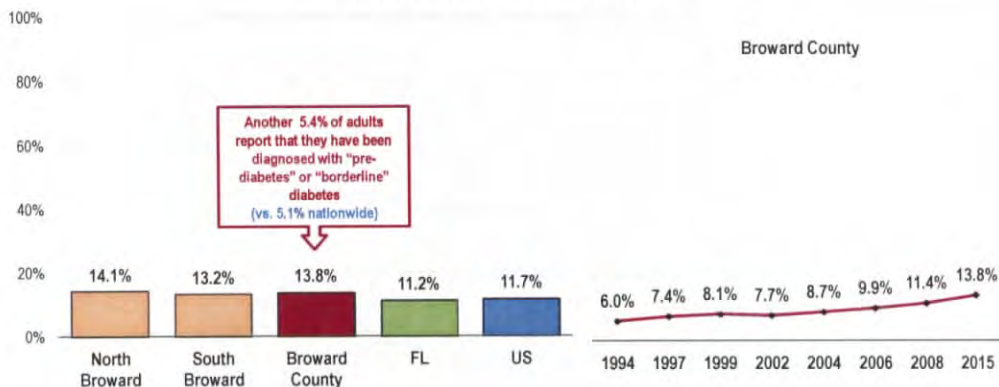
A total of 13.8% of Broward County adults report having been diagnosed with diabetes.

- Similar to the statewide proportion.
- Similar to the national proportion.
- Statistically similar by service area.
- TREND: Denotes a statistically significant increase over the past 21 years.

In addition to the prevalence of diagnosed diabetes referenced above, another 5.4% of Broward County adults report that they have “pre-diabetes” or “borderline diabetes.”

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

Prevalence of Diabetes



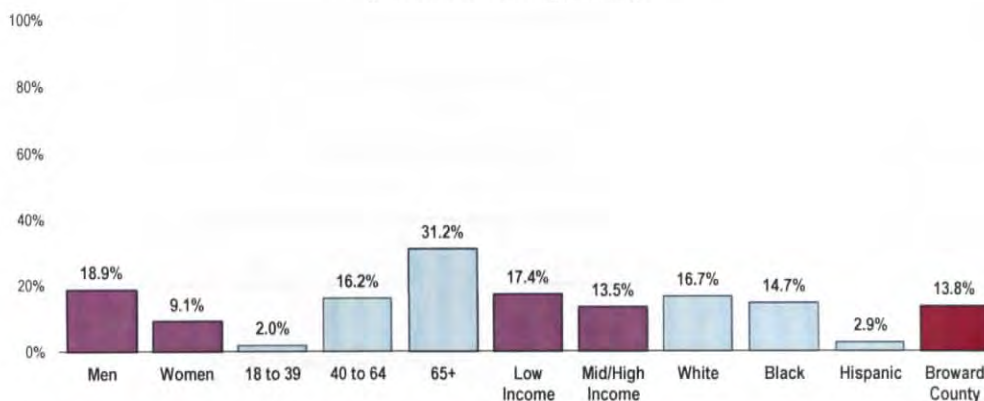
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2013 Florida data.

Notes: • Asked of all respondents.
 • Local and national data exclude gestation diabetes (occurring only during pregnancy).

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

- Men.
- Older adults (note the strong positive correlation between diabetes and age, with 31.2% of seniors with diabetes).
- Whites and Blacks.

Prevalence of Diabetes (Broward County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
 Notes: • Asked of all respondents
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g. "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Excludes gestation diabetes (occurring only during pregnancy).

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.

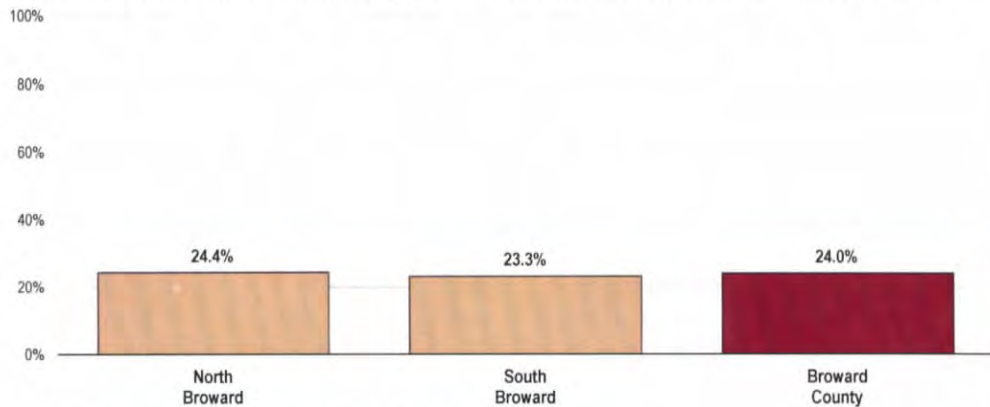
- Healthy People 2020 (www.healthypeople.gov)

Alzheimer's Disease (Any Family Member)

Nearly 1 in 4 survey respondents (24.0%) indicates that they or a member of their family have been diagnosed with Alzheimer's disease or dementia.

- Comparable by service area.

Family Member Ever Diagnosed with Alzheimer's or Dementia



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
 Notes: • Asked of all respondents.

Modifiable Health Risks

Actual Causes Of Death

About Contributors to Mortality

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

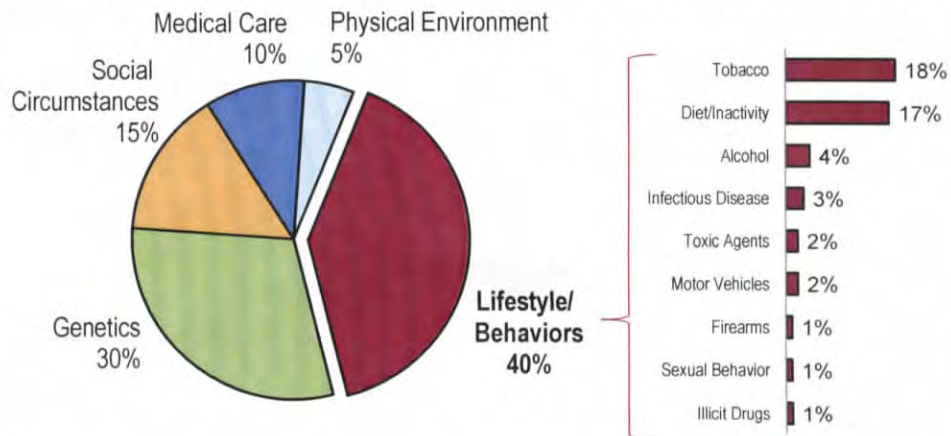
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual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

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

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

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

Factors Contributing to Premature Deaths in the United States



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

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

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)

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.

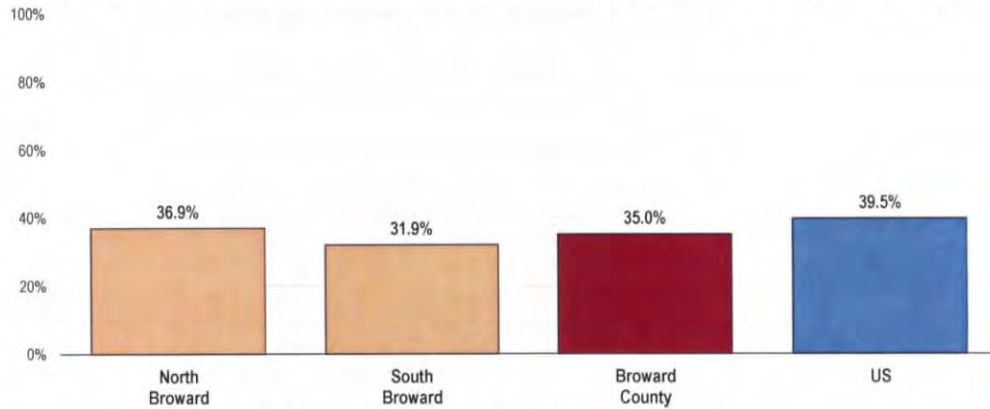
Daily Recommendation of Fruits/Vegetables

A total of 35.0% of Broward County adults report eating five or more servings of fruits and/or vegetables per day.

- Similar to national findings.

- Statistically similar by service area.

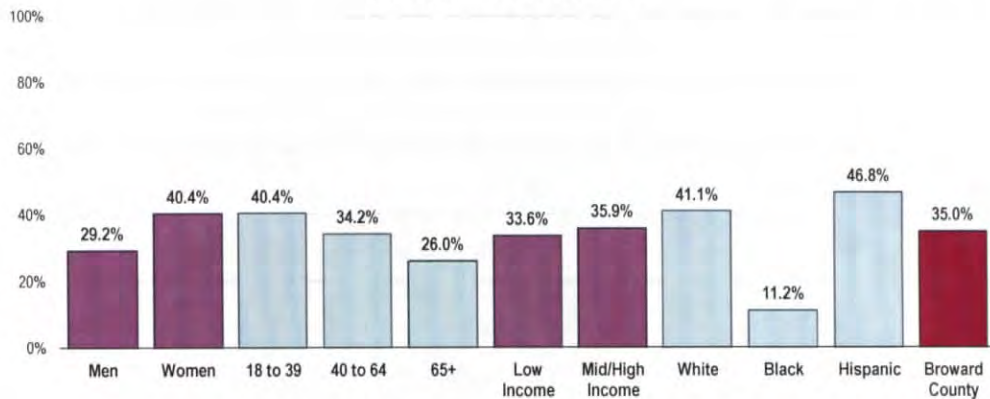
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 61]
 • 2013 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.

- Area men are less likely to get the recommended servings of daily fruits/vegetables, as are Black adults.
- The correlation with age is not statistically significant.

Consume Five or More Servings of Fruits/Vegetables Per Day (Broward County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level. "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Physical Activity

About Physical Activity

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

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

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

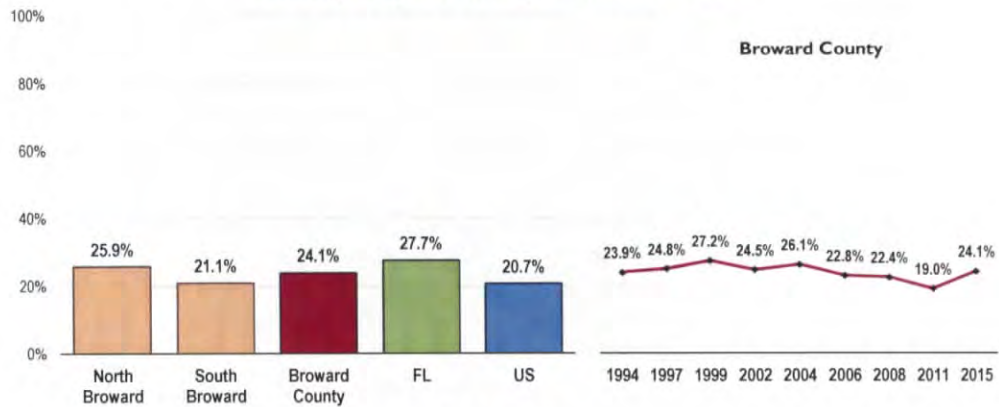
Leisure-Time Physical Activity

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.

A total of 24.1% of Broward County adults report no leisure-time physical activity in the past month.

- Similar to statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Similar by service area.
- TREND: Statistically unchanged since 1994.

No Leisure-Time Physical Activity in the Past Month Healthy People 2020 Target = 32.6% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 39]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
 • 2013 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]

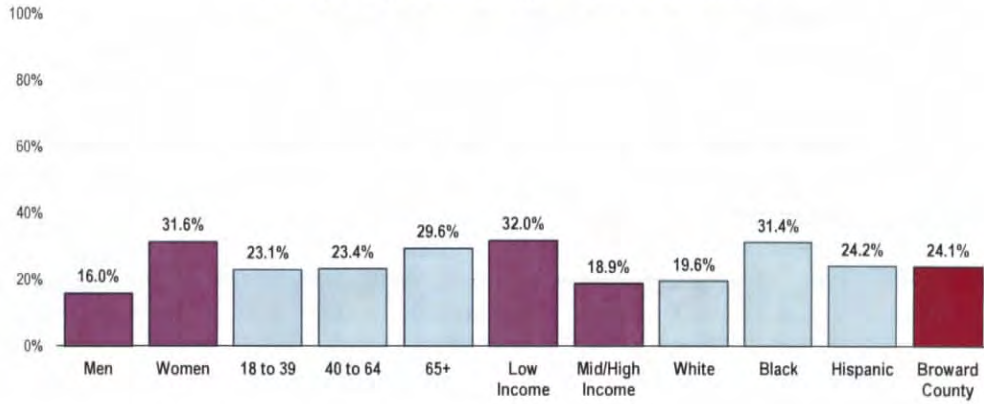
Notes: • Asked of all respondents.

Lack of leisure-time physical activity in the area is higher among:

- Women.
- Lower-income residents.
- Blacks when compared with Whites.

No Leisure-Time Physical Activity in the Past Month (Broward County, 2015)

Healthy People 2020 Target = 32.6% or Lower



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Weight Status

About Overweight & Obesity

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

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

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

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

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

Adult Weight Status

Healthy Weight

"Healthy weight" means neither underweight, nor overweight (BMI = 18.5-24.9).

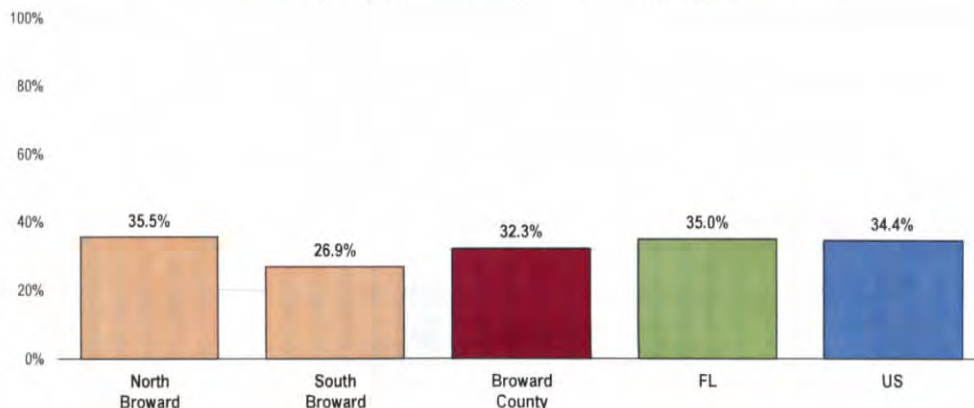
Based on self-reported heights and weights, 32.3% of Broward County adults are at a healthy weight.

- Comparable to statewide findings.
- Comparable to national findings.
- Comparable to the Healthy People 2020 target (33.9% or higher).
- Statistically comparable by service area.

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 63]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]

Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

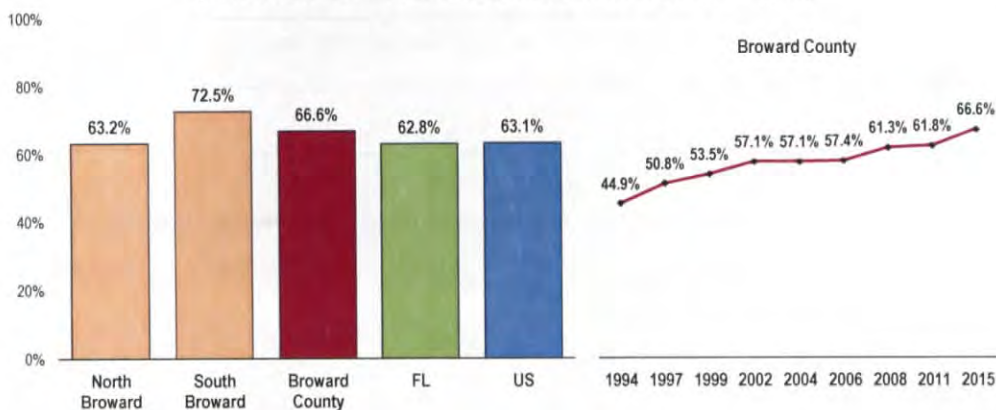
Overweight Status

A total of 2 in 3 Broward County adults (66.6%) are overweight.

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

- Similar to the Florida prevalence.
- Similar to the US overweight prevalence.
- Less favorable in South Broward.
- TREND: Exhibits a steady statistically significant increase over the past 20 years.

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



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 63]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.

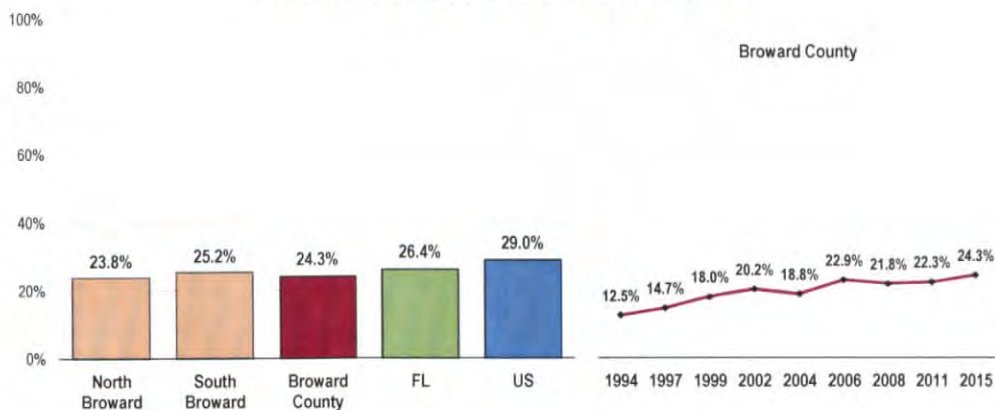
Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater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

Further, 24.3% of Broward County adults are obese.

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

- Similar to Florida findings.
- Similar to US findings.
- Satisfies the Healthy People 2020 target (30.5% or lower).
- Similar by service area.
- TREND: Denotes a statistically significant increase in obesity since 1994.

Prevalence of Obesity (Percent of Adults With a Body Mass Index of 30.0 or Higher) Healthy People 2020 Target = 30.5% or Lower



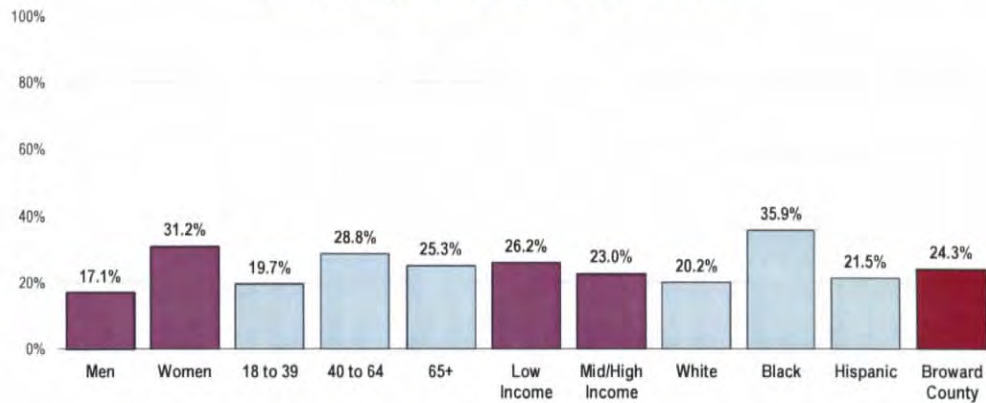
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 63]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.

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

Obesity is notably more prevalent among:

- Women.
- Blacks when compared with Whites.

Prevalence of Obesity
 (Percent of Adults With a BMI of 30.0 or Higher; Broward County, 2015)
 Healthy People 2020 Target = 30.5% or Lower



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 63]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 Notes: • Based on reported heights and weights, asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

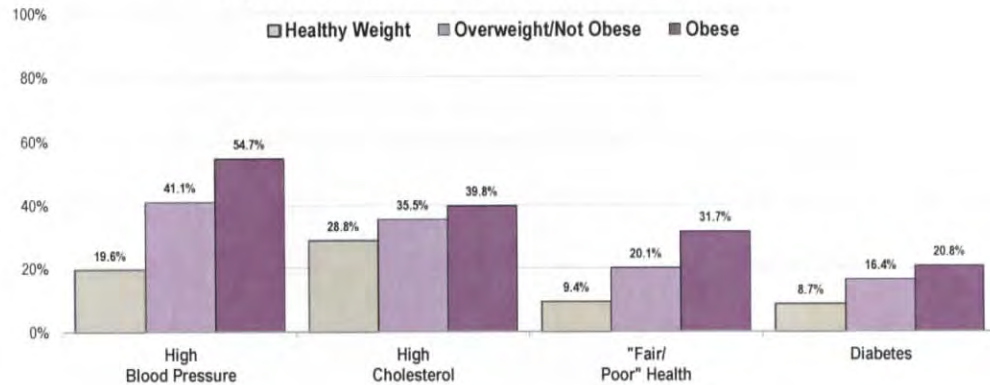
Overweight and obese adults are more likely to report a number of adverse health conditions.

Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- "Fair/Poor" Health.
- Diabetes.

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

Relationship of Overweight With Other Health Issues (By Weight Classification; Broward County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 21, 22, 60, 63]
 Notes: • Based on reported heights and weights, asked of all respondents.

Childhood Overweight & Obesity

About Weight Status in Children & Teens

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

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

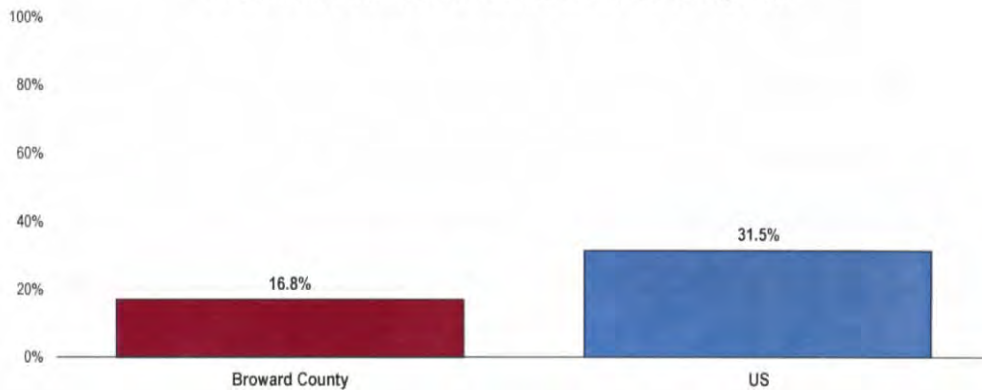
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

• Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 16.8% of Broward County children age 5 to 17 are overweight or obese (≥85th percentile).

- Much more favorable than found nationally.

Child Total Overweight Prevalence (Percent of Children Age 5-17 Who Are Overweight/Obese; Body Mass Index in the 85th Percentile or Higher)

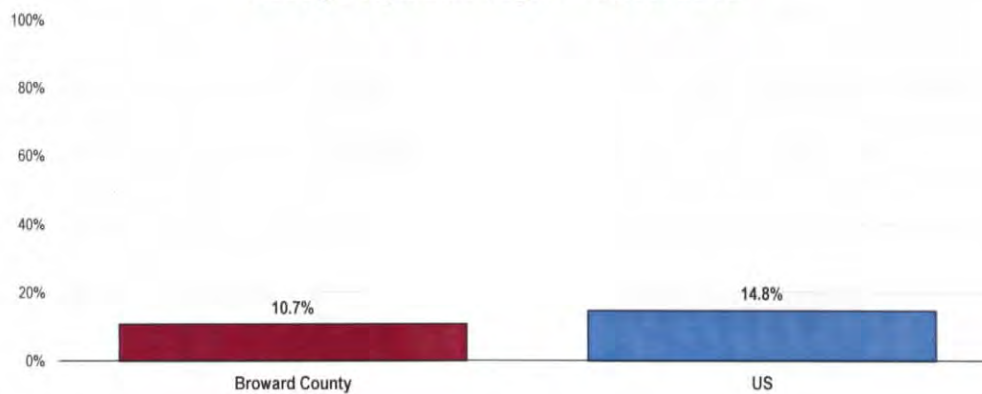


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 64]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 10.7% of Broward County children age 5 to 17 are obese (≥95th percentile).

- Similar to the national percentage.
- Similar to the Healthy People 2020 target (14.5% or lower for children age 2-19).

Child Obesity Prevalence (Percent of Children Age 5-17 Who Are Obese; Body Mass Index in the 95th Percentile or Higher) Healthy People 2020 Target = 14.5% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 64]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

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)

High-Risk Alcohol Use

Binge Drinking

A total of 13.9% of Broward County adults are binge drinkers (single-occasion 5+ drinks for men and 4+ drinks for women in the past month).

- Similar to Florida findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (24.4% or lower).
- Similar by service area.
- TREND: Statistically unchanged since 1994.

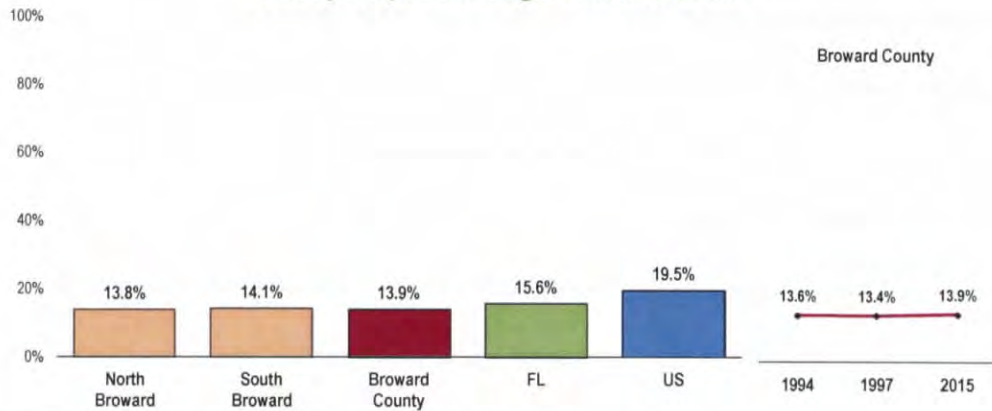
Binge drinkers¹ include:

1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

Binge Drinkers

Healthy People 2020 Target = 24.4% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 69]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2013 Florida data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Binge drinking reflects the number of adults 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.
 • In the 1994 and 1997 trend data, binge drinkers are defined as those who have had 5 or more drinks on any one occasion (regardless of gender).

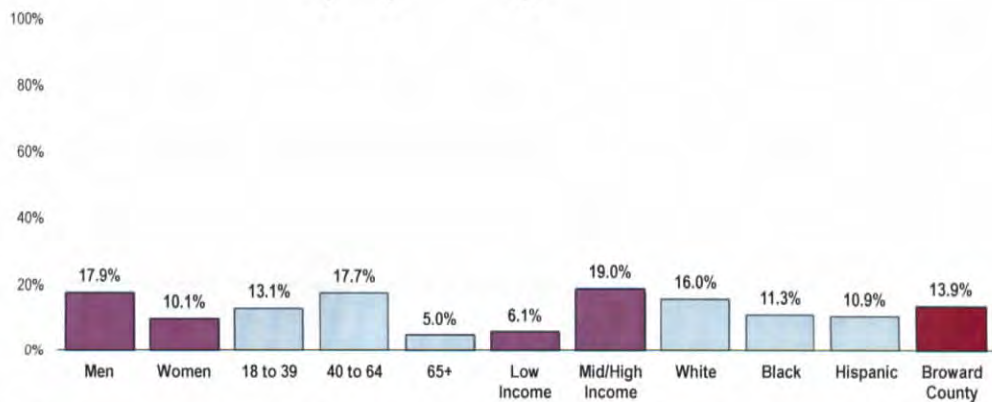
Binge drinking is more prevalent among:

- Men.
- Adults age 40-64 when compared with adults 65+.
- Residents with mid/high income.

Binge Drinkers

(Broward County, 2015)

Healthy People 2020 Target = 24.4% or Lower



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level, "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Binge drinking reflects the number of adults 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.

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

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

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

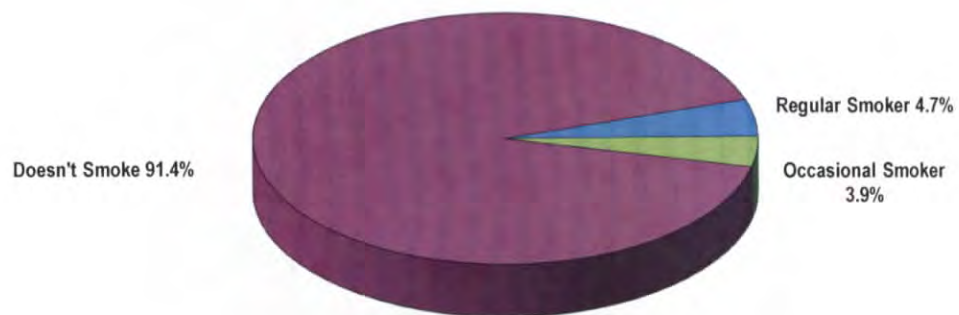
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 8.6% of Broward County adults currently smoke cigarettes, either regularly (4.7% every day) or occasionally (3.9% on some days).

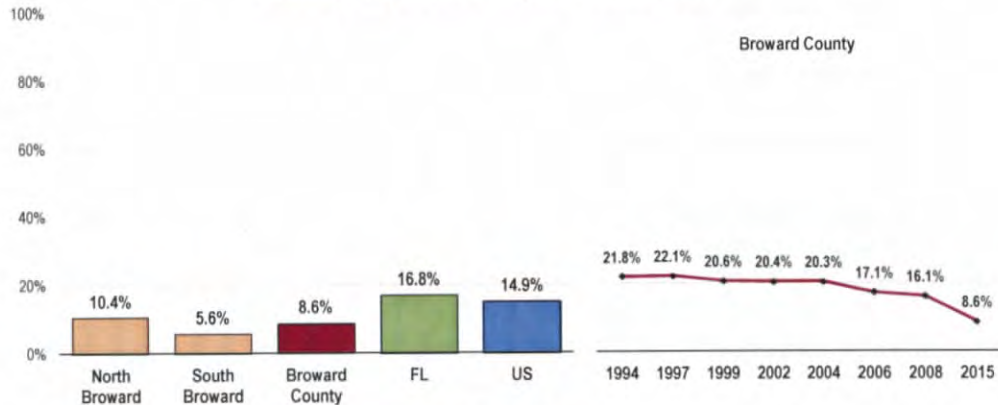
Cigarette Smoking Prevalence
(Broward County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
Notes: • Asked of all respondents.

- Nearly half of the statewide prevalence.
- Lower than national findings.
- Satisfies the Healthy People 2020 target (12% or lower).
- Similar by service area.
- TREND: Denotes a statistically significant decrease since 1994.

Current Smokers
 Healthy People 2020 Target = 12.0% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 23]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

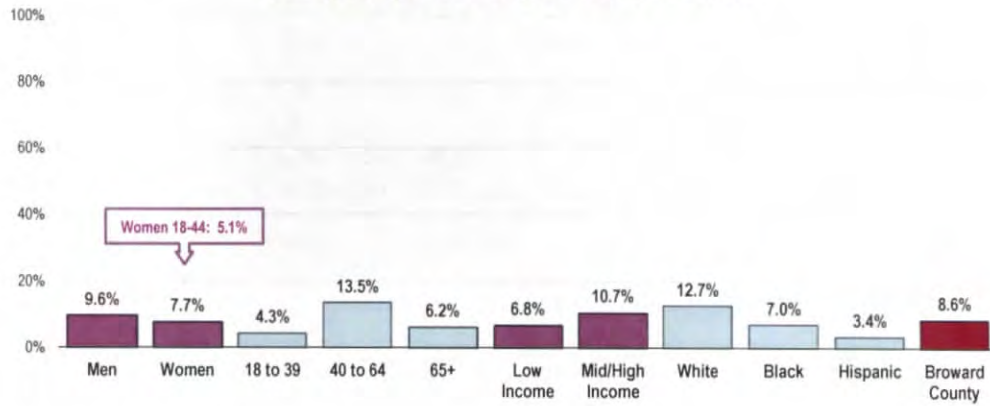
Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

- Cigarette smoking is more prevalent among adults age 40-64 and Whites when compared with Hispanics.

Note also:

- 5.1% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth, and low birthweight for women who smoke during pregnancy.

Current Smokers (Broward County, 2015) Healthy People 2020 Target = 12.0% or Lower



Sources:

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item Z3]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes:

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

Access to Health Services

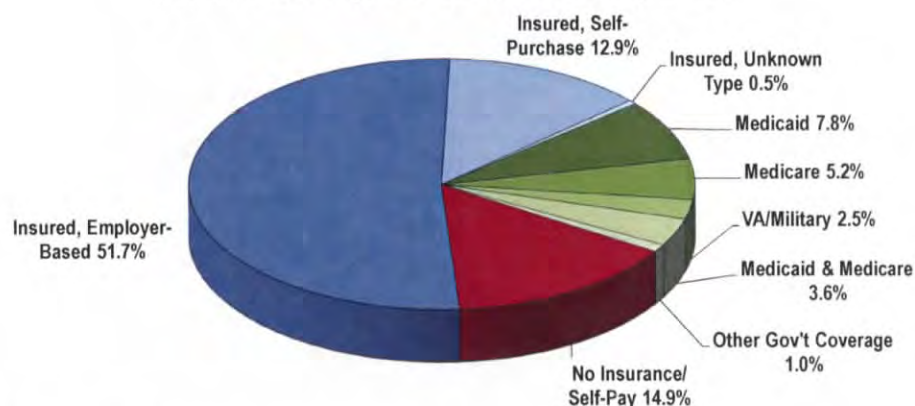
Health Insurance Coverage

Type of Healthcare Coverage

A total of 65.1% of Broward County adults age 18 to 64 report having healthcare coverage through private insurance. Another 20.1% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

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

Healthcare Insurance Coverage
(Among Adults Age 18-64; Broward County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 72]
Notes: • Reflects respondents age 18 to 64.

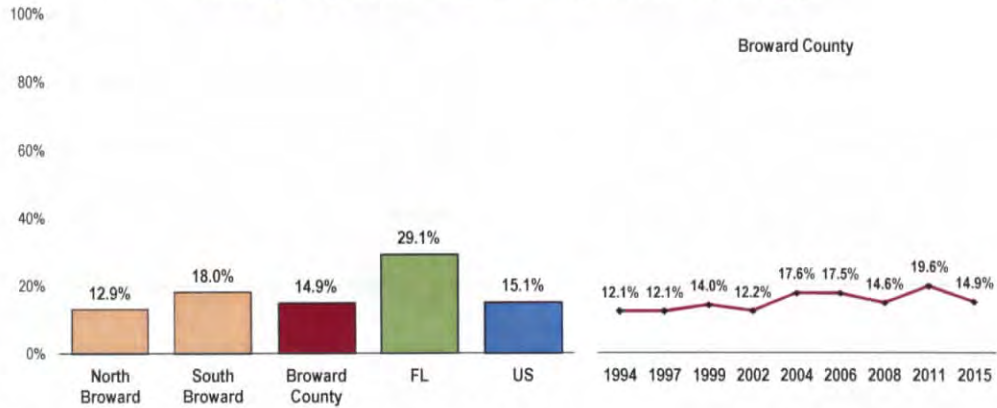
Lack of Health Insurance Coverage

Among adults age 18 to 64, 14.9% 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).

- Lower than the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Statistically similar by service area.
- TREND: Despite small fluctuations, the insurance coverage rate is statistically unchanged from the 1994 rate.

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64) Healthy People 2020 Target = 0.0% (Universal Coverage)



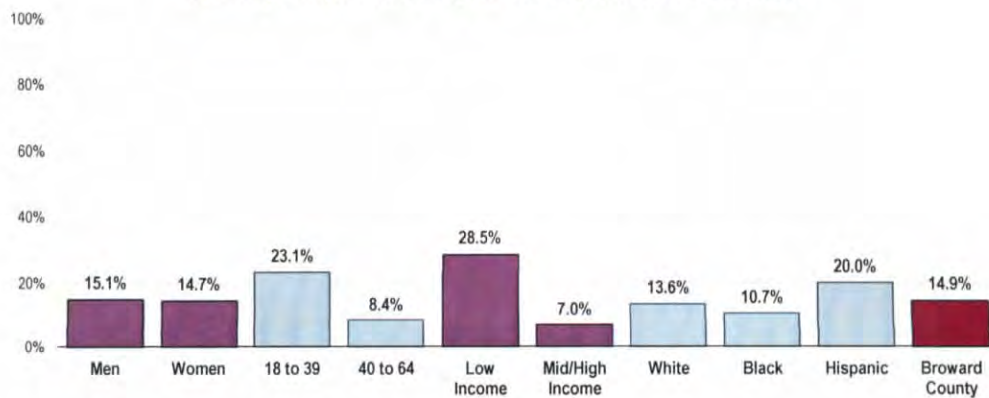
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 72]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Florida data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.
 • Trend data prior to 2006 represent all adults 18+.

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

- Young adults (18-39) when compared to those age 40-64.
- Residents living at lower incomes (note the 28.5% uninsured prevalence among low-income adults).

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64; Broward County, 2015) Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 72]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

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

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

• Healthy People 2020 (www.healthypeople.gov)

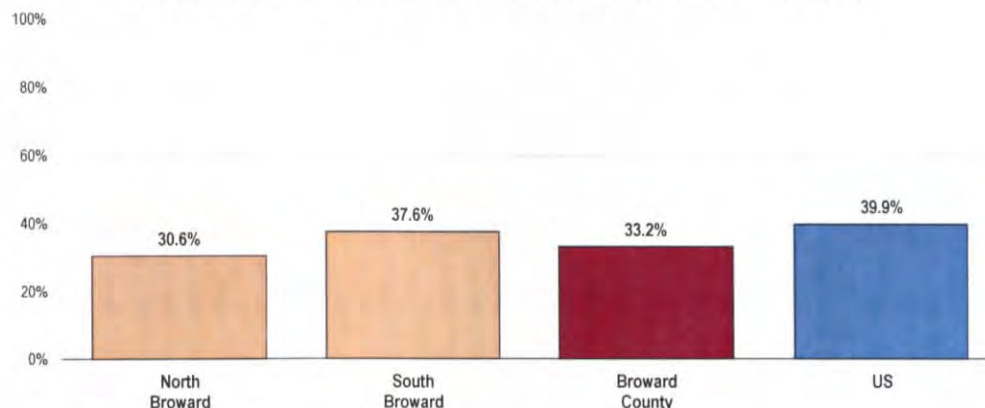
Difficulties Accessing Services

A total of 33.2% of Broward County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

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

- More favorable than national findings.
- Statistically similar by service area.

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



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 78]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

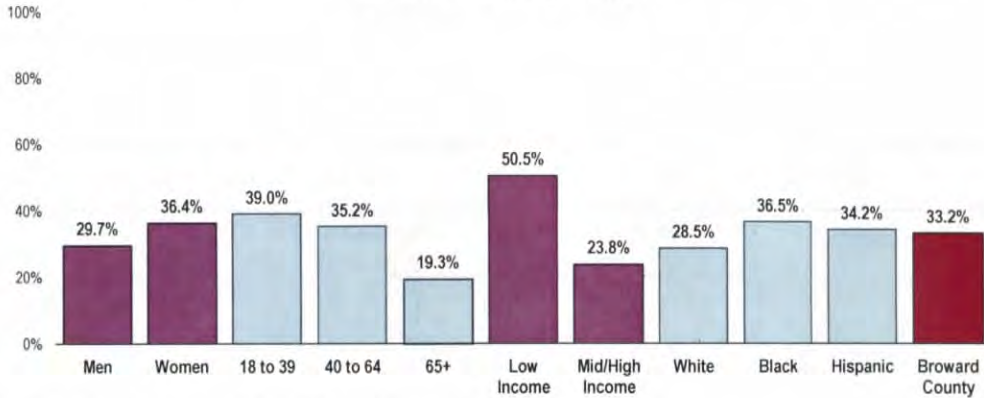
• Asked of all respondents.

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

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

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

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Broward County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 76]
 Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level. "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

Cost of Prescription

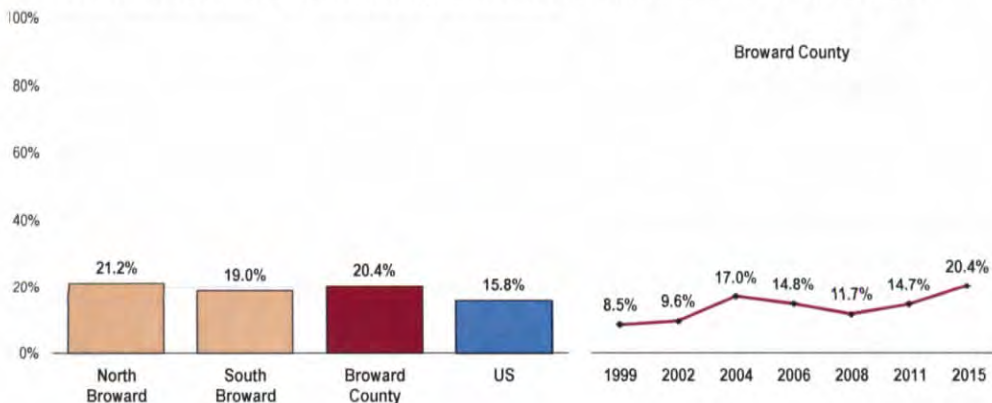
Among all Broward County adults, 20.4% report that cost prevented a prescription medication which was needed in the past year.

- Less favorable than national findings.
- Comparable by service area.
- TREND: Denotes a statistically significant increase since 1999.

To better understand healthcare access barriers, survey participants were asked whether cost 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.

Cost Prevented Prescription Medication in the Past Year

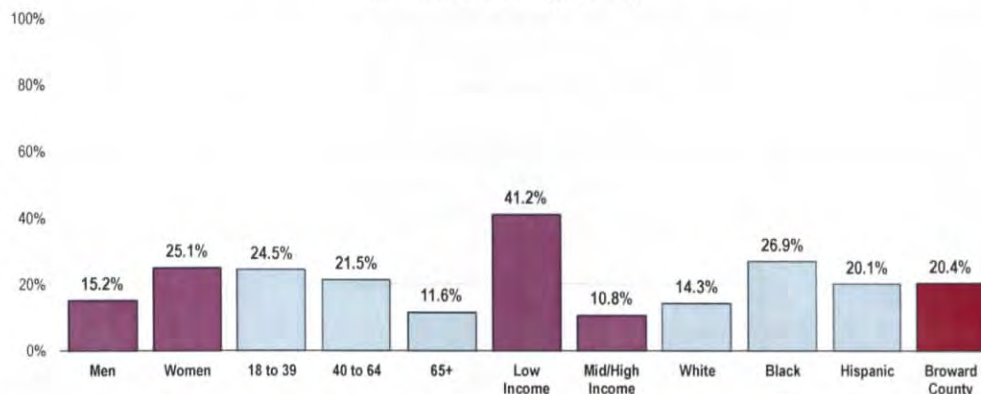


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 8]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Adults more likely to report that cost prevented a prescription medication in the past year include:

- Women.
- Adults age 18 to 64 (note the negative correlation with age).
- Respondents with lower incomes.
- Blacks when compared with Whites.

Cost Prevented Prescription Medication in the Past Year (Broward County, 2015)



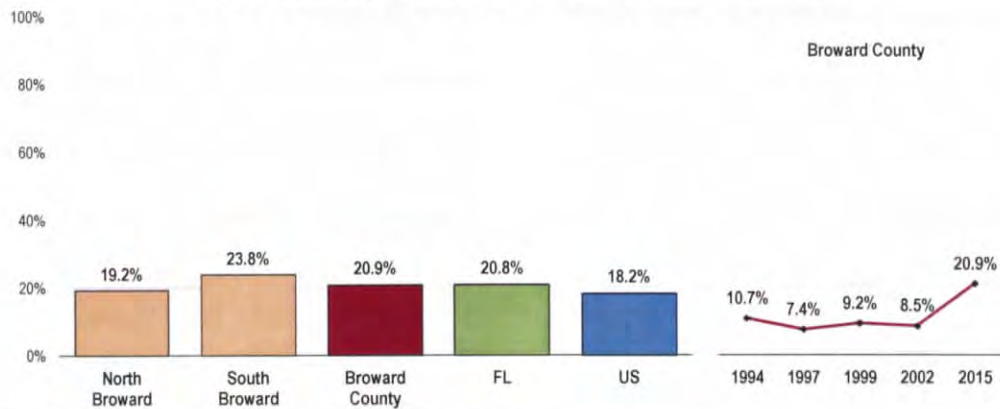
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 8]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cost of Physician Visit

Among all Broward County adults, 20.9% indicate that cost prevented them from a needed doctor visit in the past year.

- Nearly identical to the Florida proportion.
- Similar to the national findings.
- Similar by service area.
- TREND: Following some lower findings in the late 1990s and early 2000s, the proportion of adults who do not see a doctor because of cost increased significantly from the 1994 rate.

Cost Prevented Doctor Visit in the Past Year



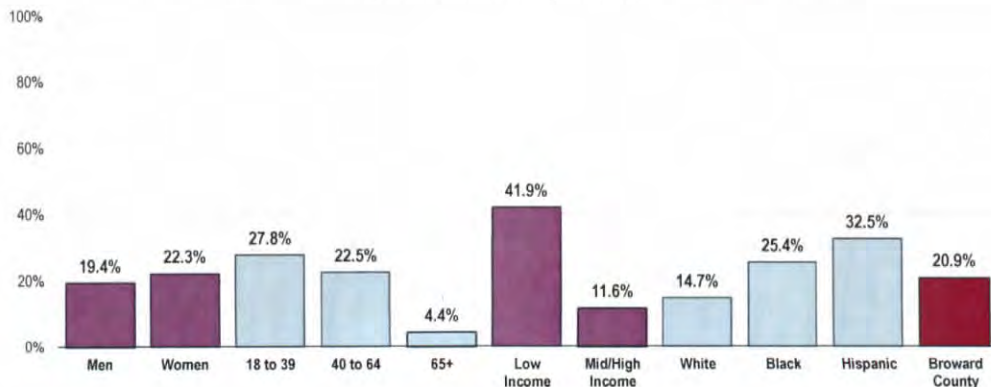
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 7]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Florida data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Adults more likely to indicate that cost prevented them from a doctor visit in the past year include:

- Adults age 18-64 (note the negative correlation with age).
- Respondents with lower incomes.
- Blacks and Hispanics.

Cost Prevented Doctor Visit in the Past Year (Broward County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

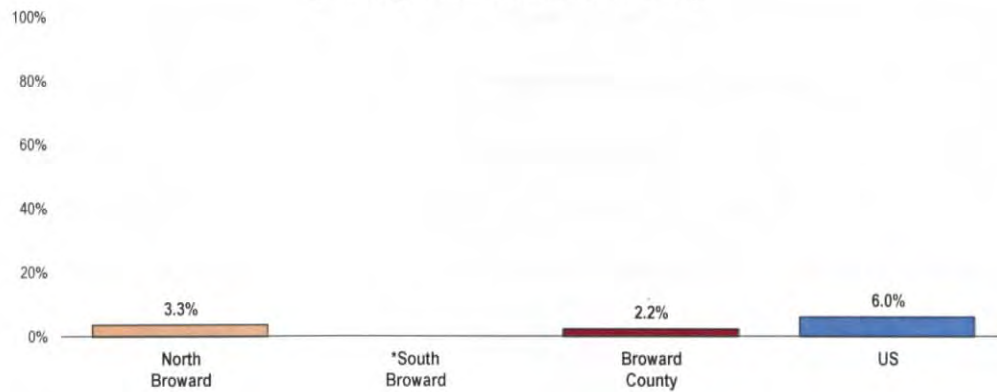
A total of 2.2% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

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.

- Much lower than what is reported nationwide.

Could Not get Medical Care for Child When Needed in the Past Year

(Among Parents of Children 0-17)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents with children 0 to 17 in the household.
 - *Sample too small to be reliable.

Primary Care Services

About Primary Care

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

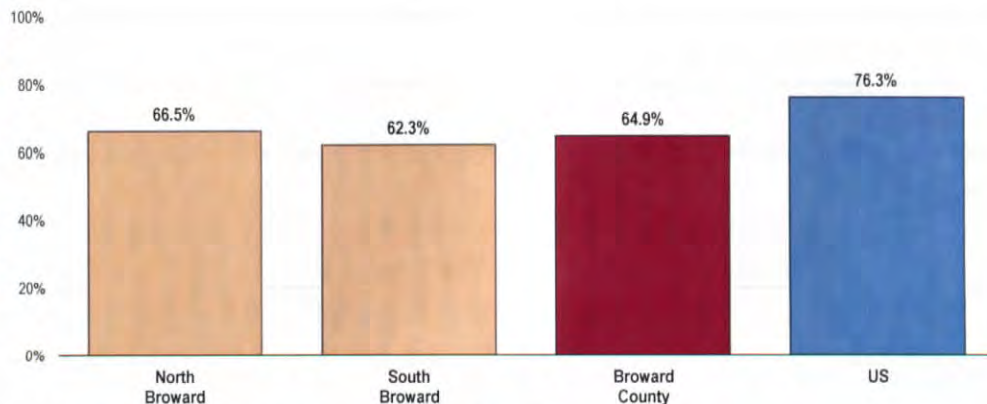
A total of 64.9% of Broward County adults were determined to have a specific source of ongoing medical care.

- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Comparable by service area.

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 [All Ages]



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 73]
 - 2013 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.

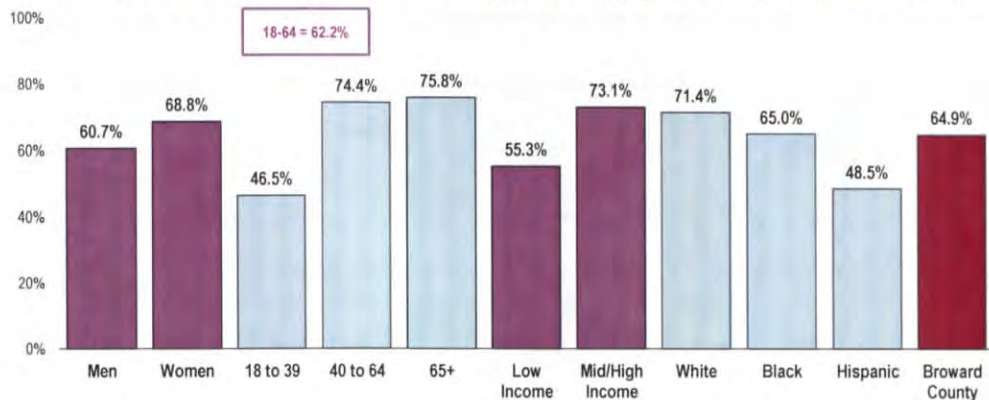
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Adults under age 40 (note the positive correlation with age).
- Lower-income adults.
- Hispanics when compared with Whites.
- Among adults age 18-64, 62.2% have a specific source for ongoing medical care, less favorable than national findings.
 - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 75.8% have a specific source for care, comparable to the percentage reported among seniors nationally.
 - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care

(Broward County, 2015)

Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]



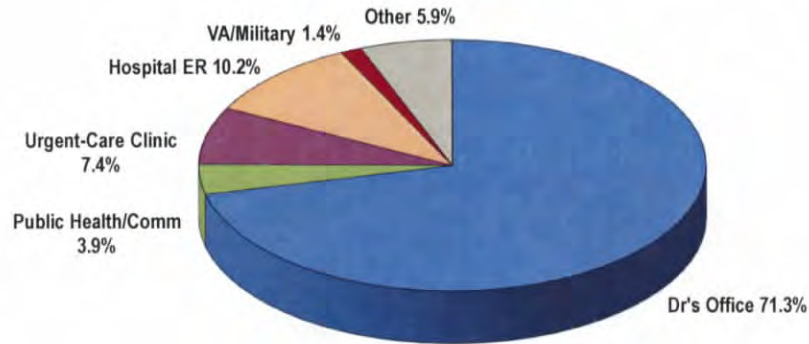
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 73]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.1, 5.3, 5.4]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level. "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (71.3%) identified a particular doctor's office.

- Note that 10.2% of respondents rely on a hospital emergency room, followed by 7.4% mentioning an urgent-care center. Only 3.9% usually go to some type of public health or community center, while 1.4% use a VA/military facility for their care.

Particular Place Utilized for Medical Care (Broward County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 11]
 Notes: • Asked of all respondents.

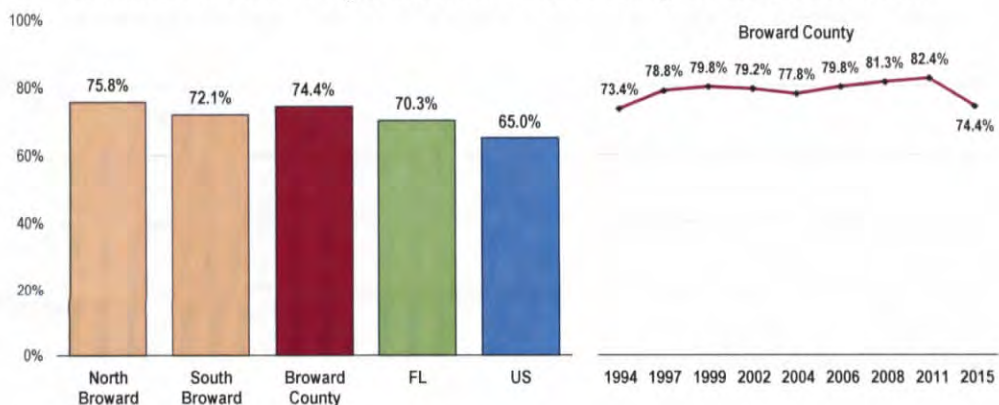
Utilization of Primary Care Services

Adults

Almost three-fourths of adults (74.4%) visited a physician for a routine checkup in the past year.

- Similar to state findings.
- Higher than national findings.
- Similar by service area.
- TREND: After a period of higher rates, the proportion of adults visiting a physician for a routine checkup has lowered to a rate statistically similar to that shown in 1994.

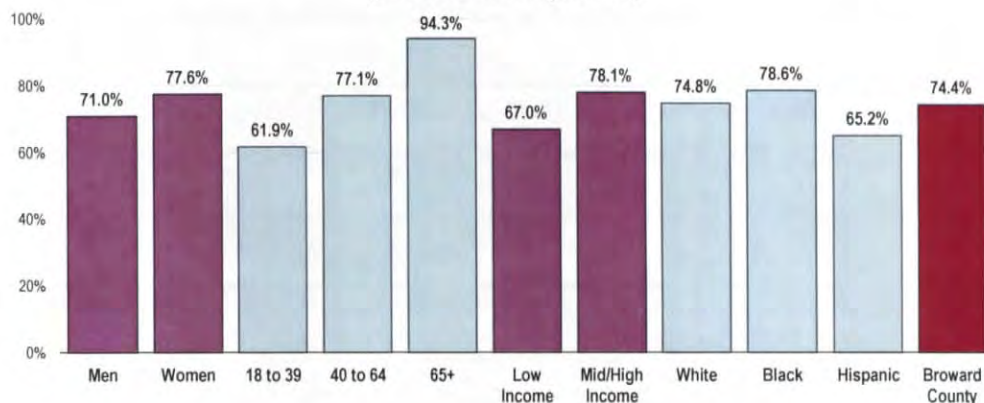
Have Visited a Physician for a Checkup in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 12]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2013 Florida data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Younger adults, especially those under age 40, are less likely to have received routine care in the past year (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year (Broward County, 2015)



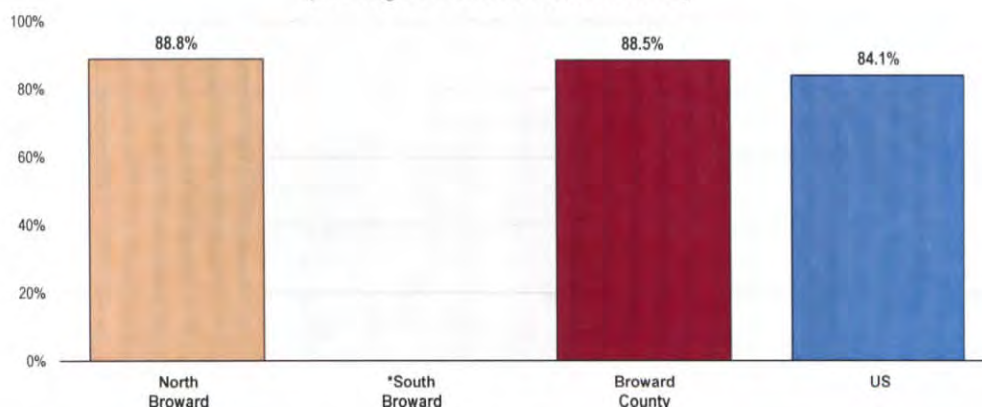
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 88.5% report that their child has had a routine checkup in the past year.

- Similar to national findings.

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



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • *Sample size is too small to be reliable.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

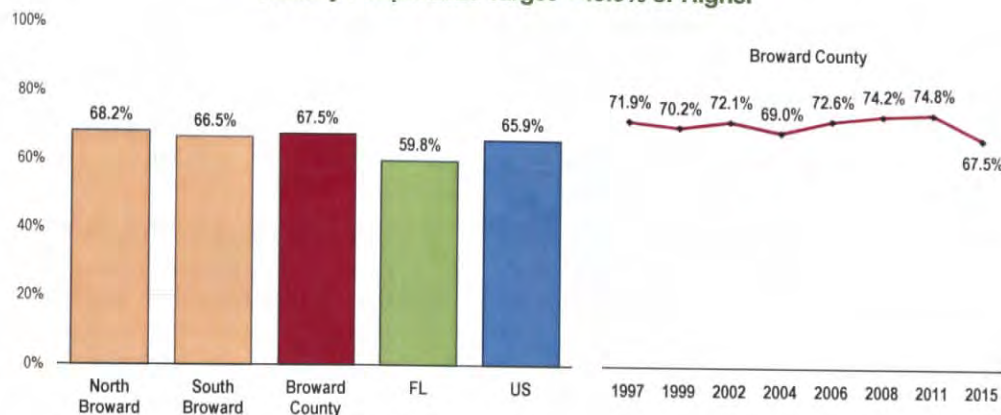
- Implementing and evaluating activities that have an impact on health behavior.
 - Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
 - Evaluating and improving methods of monitoring oral diseases and conditions.
 - Increasing the capacity of State dental health programs to provide preventive oral health services.
 - Increasing the number of community health centers with an oral health component.
- Healthy People 2020 (www.healthypeople.gov)

Dental Care

A total of 67.5% of Broward County adults have visited a dentist or dental clinic (for any reason) in the past year.

- More favorable than statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Similar by service area.
- TREND: Although decreasing since 2011, the proportion of adults visiting the dentist is statistically similar to the proportion found in 1997.

Have Visited a Dentist or Dental Clinic Within the Past Year Healthy People 2020 Target = 49.0% or Higher

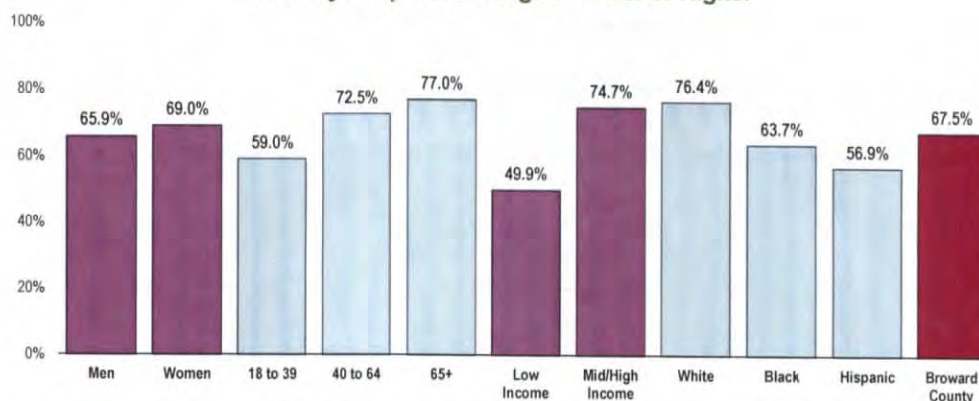


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Florida data.

Notes: • Asked of all respondents.

- There is a positive correlation between age and recent dental visits.
- Persons living in the higher income categories report much higher utilization of oral health services (low-income adults barely satisfy the Healthy People 2020 target).
- Whites are more likely than Blacks or Hispanics to report recent dental care.

Have Visited a Dentist or Dental Clinic Within the Past Year (Broward County, 2015) Healthy People 2020 Target = 49.0% or Higher



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

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

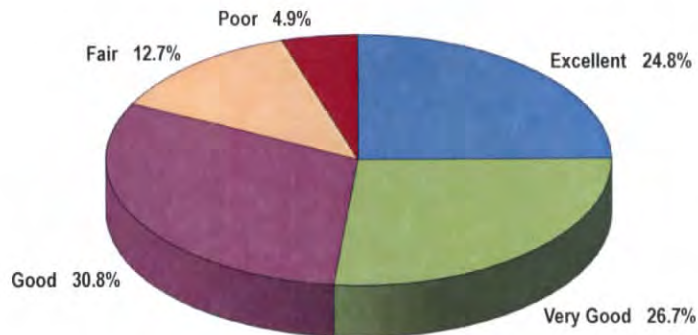
Local Healthcare

Perceptions of Local Healthcare Services

Just over one-half of Broward County adults (51.5%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 30.8% gave “good” ratings.

Rating of Local Healthcare
(Broward County, 2015)

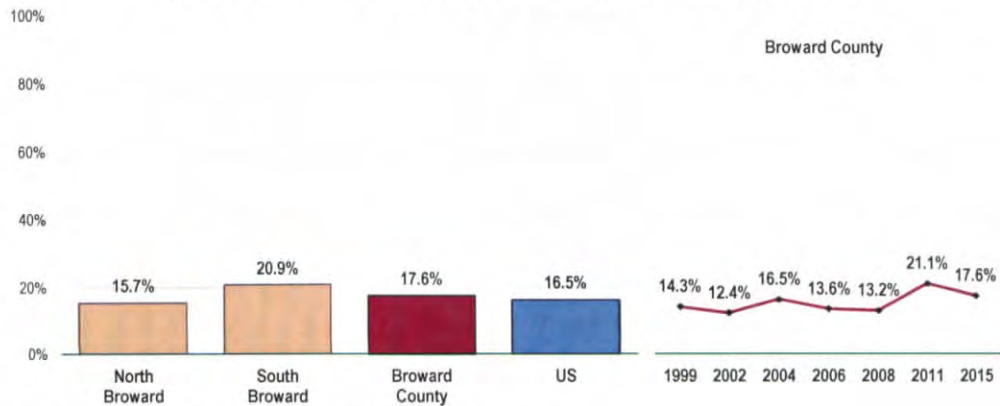


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 17.6% of residents characterize local healthcare services as “fair” or “poor.”

- Comparable to what is reported nationally.
- Comparable by service area.
- TREND: Although exhibiting small deviations, ratings have remained statistically unchanged since 1994.

Perceive Local Healthcare Services as “Fair/Poor”

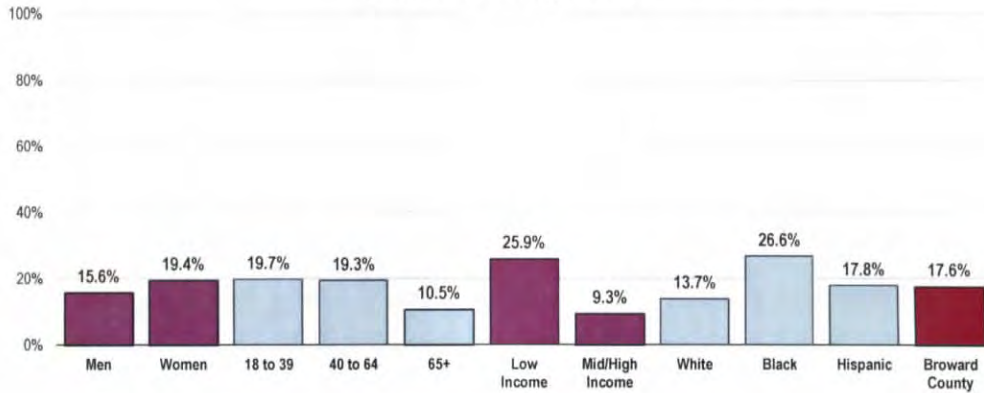


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- Adults under 65.
- Residents with lower incomes.
- Blacks when compared with Whites.

Perceive Local Healthcare Services as “Fair/Poor” (Broward County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes: • Asked of all respondents.

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

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