MEMORANDUM

To: Board of Directors

Cc: Bill Boyles, Esquire
Biju Mathews, M.D.

From: George Mikitarian
President/CEO

Subject: Board/Committee Meetings – September 12, 2022

Date: September 7, 2022

****Please note the meeting time changes****

The Investment Committee will meet at 1:30 p.m. in the Executive Conference Room, second floor, Administration.

The Ad Hoc Credentials Review Committee will meet at 2:30 p.m. where the Committee will review credentialing and privileging files as they relate to medical staff appointment/reappointment.

The Quality Committee will convene at 3:00 p.m., which will be followed by the Finance Committee, and then Executive Committee meetings.

The Board of Directors will meet in executive session no earlier than 3:30 p.m. Following the Board of Directors Executive Session, the Education Committee and Board of Directors regularly scheduled meeting will be held immediately following, however no earlier than 4:00 p.m.

The Board of Directors First Public Hearing is scheduled for 5:01 p.m.

The Planning Committee meeting has been canceled.

Investment Committee:
Jerry Noffel, Chairperson
Stan Retz, CPA
Billy Specht

TENTATIVE AGENDA
INVESTMENT COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, SEPTEMBER 12, 2022, NO EARLIER THAN 1:30 P.M.
EXECUTIVE CONFERENCE ROOM

CALL TO ORDER

I. Review and approval of minutes May 2, 2022.

Motion: To recommend approval of the May 2, 2022 meeting minutes as presented.

II. Quarterly Investment Performance Update – Anderson Financial Partners

III. Adjournment

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
INVESTMENT COMMITTEE
MAY 2, 2022
EXECUTIVE CONFERENCE ROOM

The Investment Committee of the North Brevard County Hospital District Board of Directors met on May 2, 2022 at 11:02 a.m. The following members were present:

Jerry Noffel, Chairperson
Stan Retz

Absent-Excused:
Billy Specht

Others present:
Darrell Bacon, Director of Financial Planning
Pam Perez, Administrative Assistant
Stephanie Parham, Executive Assistant
Tim Anderson, Anderson Financial Partners

Call to Order

Mr. Retz called the meeting to order at 11:02 a.m.

Review and Approval of Minutes

The following motion was made by Mr. Retz, seconded by Mr. Noffel, and approved without objection.

Action Taken: Motion to approve the minutes of the December 6, 2021 meeting as presented.

Operating Funds Performance Summary

Tim Anderson, Anderson Financial Partners, gave the quarterly performance update on the Operating Funds.

Adjournment

There being no further business the meeting adjourned at 11:56 a.m.

_____
Jerry Noffel, Chairperson

QUALITY COMMITTEE
Elizabeth Galfo, M.D., Chairperson
Robert L. Jordan, Jr., C.M. (ex-officio)
Billy Specht
Billie Fitzgerald
Herman A. Cole, Jr.
Jerry Noffel
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D.
Biju Mathews, M.D., President/Medical Staff
Greg Cuculino, M.D.
Kiran Modi, M.D., Designee
Francisco Garcia, M.D., Designee
Christopher Manion, M.D., Designee
George Mikitarian (non-voting)

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, SEPTEMBER 12, 2022
3:00 P.M.
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5

CALL TO ORDER

I. Vision Statement

II. My Story

III. Dashboard

IV. TJC Leadership Standards Review - continued

V. Other

VI. Executive Session (if necessary)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE QUALITY COMMITTEE WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110. THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE. TO THE EXTENT OF SUCH DISCUSSION, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT, BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE AND NORTH BREVARD MEDICAL SUUPORT, INC. SHALL BE CONDUCTED.

PARRISH®
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Board of Directors

Quality Committee Presentation

PARRISH HEALTHCARE

Healing Families – Healing Communities®

parrishhealthcare.com

Quality Agenda

September 12, 2022

1. Approval of Minutes
2. Vision Statement
3. My Story
4. Dashboard
5. TJC Leadership Standards Review- continued
6. Other
7. Executive Session

Quality Committee

Vision Statement

"Assure affordable access to safe, high quality patient care to the communities we serve."

My Story

Dashboard

Performance dashboard

Description	Definition	June	Apr-June	Opportunity
Stroke	Stroke management compliance	67%	79%	Goal: 100%
Sepsis	Severe Sepsis and Septic Shock Management bundle compliance	75%	61%	Goal: 76%
Early Elective Delivery	Percentage of elective deliveries among mothers with uncomplicated pregnancies at 37 and 38 weeks gestation	0%	0%	Goal: 0%
HAI	Hospital onset MRSA bacteremia	0.00	1.19	Goal: 0
Readmission	All cause 30 day readmissions	11.4%	9.76%	Goal: 8.0%
Person Centered flow	Inpatient and outpatient emergency department throughput	425	474	164 *weighted goal

The Joint Commission Leadership Chapter Standards

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Overview:

The safety and quality of care, treatment, and services depend on many factors, including the following:

- A culture that fosters safety as a priority for everyone who works in the hospital
- The planning and provision of services that meet the needs of patients
- The availability of resources – human, financial, and physical – for providing care, treatment, and services
- The recruitment and retention of competent staff and other care providers
- Ongoing evaluation of and improvement in performance

To determine the hospital's culture, Surveyor may ask Leaders:

- How does the hospital meet the needs of the population served?
- By what ethical standards will the hospital operate?
- What does the hospital want to accomplish through its work?

What are the Surveyors looking for from Leadership?

- How you work together to fulfill the hospital's mission.
- How you model the hospital's mission to collaborate, communicate, solve problems, manage conflict, and maintain ethical standards.
- That you have a common goal.
- That senior managers are communicating the activities to Leadership
- What resources the hospital needs and how they secure those resources.

Leadership Chapter Sections

- Leadership Structure ✓
- Leadership Relationships
- Hospital Culture and System Performance Expectations
- Operations

Leadership Relationships

1. **Mission, Vision, and Goals** (LD.02.01.01)
2. **Conflict of Interest Among Leaders** (LD.02.02.01)
3. **Conflict Management** (LD.02.04.01)

Leadership Relationships, Standards LD.02.01.01 Through LD.02.04.01

How well leaders work together and manage conflict affects a hospital's performance. In fulfilling its role, the governing body involves senior managers and leaders of the organized medical staff in governance and management functions.

Good relationships thrive when leaders work together to develop the mission, vision, and goals of the hospital; encourage honest and open communication; and address conflicts of interest.

LD.02.01.01 The mission, vision, and goals of the hospital support the safety and quality of care, treatment, and services.

Rationale: The primary responsibility of leaders is to provide for the safety and quality of care, treatment, and services. The purpose of the hospital's mission, vision, and goals is to define how the hospital will achieve safety and quality. The leaders are more likely to be aligned with the mission, vision, and goals when they create them together. The common purpose of the hospital is most likely achieved when it is understood by all who work in or are served by the hospital.

Elements of Performance (EPs)

1 The governing body, senior managers, and leaders of the organized medical staff work together to create the hospital's mission, vision, and goals.

2 The hospital's mission, vision, and goals guide the actions of leaders.

3 Leaders communicate the mission, vision, and goals to staff and the population(s) the hospital serves.

LD.02.02.01

The governing body, senior managers and leaders of the organized medical staff address any conflict of interest involving leaders that affect or could affect the safety or quality of care, treatment and services.

Note: This standard addresses conflict of interest involving individual members of leadership groups. For conflicts of interest among staff and licensed independent practitioners who are not members of leadership groups, see Standard LD.04.02.01.

Introduction to Leadership Relationships, Standards LD.02.01.01 Through LD.02.04.01

How well leaders work together and manage conflict affects a hospital's performance. In fulfilling its role, the governing body involves senior managers and leaders of the organized medical staff in governance and management functions.

Good relationships thrive when leaders work together to develop the mission, vision, and goals of the hospital; encourage honest and open communication; and address conflicts of interest.

Rationale for LD.02.02.01

Conflicts of interest can occur in many circumstances and may involve professional or business relationships. Leaders create policies that provide for the oversight and control of these situations. Together, leaders address actual and potential conflicts of interest that could interfere with the hospital's responsibility to the community it serves.

Elements of Performance (EPs)

1 The governing body, senior managers, and leaders of the organized medical staff work together to define in writing conflicts of interest involving leaders that could affect safety and quality of care, treatment, and services.

2 The governing body, senior managers, and leaders of the organized medical staff work together to develop a written policy that defines how conflict of interest involving leaders will be addressed.

3 Conflicts of interest involving leaders are disclosed as defined by the hospital.

LD.02.04.01

The hospital manages conflict between leadership groups to protect the quality and safety of care.

Introduction to Standard LD.02.04.01

Conflict commonly occurs even in well-functioning hospitals and can be a productive means for positive change. However, conflict among leadership groups that is not managed effectively by the hospital with regard to accountabilities, policies, practices, and procedures has the potential to threaten health care safety and quality. Hospitals need to manage such conflict so that health care safety and quality are protected. To do this, hospitals have a conflict management process in place. To facilitate the management of conflict, it is important that hospitals identify an individual with conflict management skills who can help the hospital implement its conflict management process. Implementation of this process allows hospitals to manage conflict quickly, oftentimes without seeking assistance from outside the hospital.

These skilled individuals can also help hospitals to more easily manage, or even avoid, future conflicts. These people can be the hospital's own leaders, individuals from other areas of the hospital (for example, human resources management and administration), or people from outside the hospital. Conflict management skills can be acquired through various means, including experience, education, and training. If the hospital chooses to train its leaders, it may offer training sessions to key individuals or bring in experts to teach conflict management skills. Conflict can be successfully managed without being resolved. The goal of this standard is not to resolve conflict, but rather to create the expectation that hospitals will develop and implement a conflict management process so that conflict does not adversely affect patient safety or quality of care.

Elements of Performance (EPs)

1 Senior managers and leaders of the organized medical staff work with the governing body to develop and implement an ongoing process for managing conflict among leadership groups that has the potential to adversely affect patient safety or quality of care.

October: Culture and Improvement systems LD 03

November: Operations LD 04

Questions?

FINANCE COMMITTEE
Herman A. Cole, Jr. Chairperson
Stan Retz, CPA, Vice Chairperson
Robert L. Jordan, Jr., C.M., (ex-officio)
Jerry Noffel
Billie Fitzgerald
Billy Specht
Maureen Rupe
Ashok Shah, M.D.
Elizabeth Galfo, M.D.
Christopher Manion, M.D.
Biju Mathews, M.D., President/Medical Staff
George Mikitarian, President/CEO (non-voting)

TENTATIVE AGENDA
FINANCE COMMITTEE MEETING - REGULAR
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, SEPTEMBER 12, 2022
FIRST FLOOR CONFERENCE ROOMS 2/3/4/5
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)

CALL TO ORDER

I. Public Comments

II. Financial Review – Mr. Bacon

III. Capital Request, Operating Room Lights – Mr. Loftin

Motion: Recommend the Board of Directors approve the purchase of the replacement of the surgical lights and associated imaging integration system in operating room (OR) 1 at a total cost not to exceed the amount of $197,712.42.

IV. FY 2023 Major Budget Volume Assumptions and Operating Budget – Mr. Bacon

Motion: Recommend the Board of Directors approve the FY 2023 Major Volume Assumptions and the FY 2023 Operating Budget, as presented.

V. Inter-Governmental Transfer – Disproportionate Share – Mr. Bacon

Motion: Recommend the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund Medicaid DSH for SFY 2023.

VI. Inter-Governmental Transfer – Low Income Pool – Mr. Bacon
Motion: Recommend the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund LIP for SFY 2023.

VII. Inter-Governmental Transfer – Hospital DPP – Mr. Bacon
Motion: Recommend the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund Hospital DPP for year 2.

VIII. Inter-Governmental Transfer – Physician DPP – Mr. Bacon
Motion: Recommend the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund Physician DPP for SFY 2023

IX. Disposal

<u>Motion</u>: To recommend to the Board of Directors to declare the equipment listed in the requests for Disposal of Obsolete or Surplus Property Forms as surplus and obsolete and dispose of same in accordance with FS274.05 and FS274.96.

X. Executive Session (if necessary)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE FINANCE COMMITTEE WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.

THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS FINANCE COMMITTEE. TO THAT EXTENT OF SUCH DISCUSSIONS, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS FINANCE COMMITTEE AND THE NORTH BREVARD MEDICAL SUPPORT, INC. SHALL BE CONDUCTED.

MEMORANDUM

To: Finance Committee

From: Matthew F. Graybill, Executive Director of Surgical, Emergency and Critical Care Services

Subject: FY22 Capital Budget Request – Operating Room 1 Lights Replacement

Date: August 9, 2022

This request is for the budgeted capital replacement of surgical lights and associated imaging integration system in operating room (OR) 1 at Parrish Medical Center (PMC).

A full assessment of our surgical lights in our operating rooms was performed in 2021. PMC currently has 10 operating rooms, all with Steris LED lights, but varying models. The specific make and model in OR 1 has become obsolete for parts and service through the original equipment manufacturer. The age is or purchase date was 12/1/2008. This room is the most frequently of all of our operating rooms. To bridge the gap to the replacement required, we have temporarily removed lights from OR 6 and had them installed in OR 1.

Based on age, usage, obsolescence and surgical growth, at this time, we are requesting your approval to replace the surgical lights and imaging integration system in OR1 now. This year's request will be the first year of a multi-year plan to replace our aging surgical lights.

Representatives from the Surgical Services, Clinical Engineering, Plant, Infection Control, Finance, Administration, and more have been involved in the analysis, evaluation, and the decision and we will continue their involvement as we work through this year's project and due diligence of a future year's needs.

Motion: To recommend to the Board of Directors to approve the purchase of the Replacement of the surgical lights and associated imaging integration system in operating room (OR) 1 at a total cost not to exceed the amount of $197,712.42.

PARRISH
MEDICAL CENTER
PARRISH HEALTHCARE

MEMORANDUM

DATE: September 12, 2022

TO: Finance Committee

FROM: Darrell Bacon, Director of Financial Planning - Finance db

SUBJECT: **FY 2023 Operating Budget**

Attached are the Major Volume Assumptions and Overview of the FY 2023 Operating Budget.

Highlights of the proposed FY 2023 Operating Budget include:

- Total operating revenue = $151.1 Million
- Hospital operating margin = 10.9%
- Investment income = $3.4 Million
- Excess of revenue over expenses = $1,338,885

The proposed FY 2023 budget does not include the effects of implementing Governmental Accounting Standards Board Statement No. 87 ("GASB 87"). GASB 87 revises existing lease standards and establishes a single model for lease accounting. Internal analysis is currently being completed which will impact the presentation of the financial statements. Once this analysis is complete, a proposed FY 2023 budget amendment will be presented to the Finance Committee and Board of Directors to incorporate the impacts of this new accounting standard and any other significant changes in budget assumptions.

The following motion is requested for approval:

Motion: Recommend the Board of Directors approve the FY 2023 Major Volume Assumptions and the FY 2023 Operating Budget, as presented.

Should you have any questions or need additional information, please do not hesitate to contact me at Darrell.Bacon@Parrishmed.com or (321) 268-6111 – Ext. 8514. Thank you for your attention in this matter.

Attachments

PARRISH HEALTHCARE
MAJOR VOLUME ASSUMPTIONS
FOR FY 2022 PROJECTION AND FY 2023 BUDGET

	Actual 2021	Budget 2022	Actual 6 Months 2021	Actual 6 Months 2022	Projected 2022	Budget 2023	% Variance Projected to Budget
A. INPATIENT UTILIZATION HISTORY AND BUDGETED GOALS							
1. Admissions by Service							
Med/Surg	5,381	5,367	2,657	2,461	4,874	5,382	
Peds	8	33	4	-	-	-	
Total Adult/Ped	**5,389**	**5,400**	**2,661**	**2,461**	**4,874**	**5,382**	**10.4%**
Newborn	518	533	278	244	511	521	2.0%
1a. Admissions by Payor							
Medicare	3,114	3,192	1,573	1,466	2,904	3,207	
Medicaid	786	785	387	360	667	736	
Managed Care	766	731	360	360	713	787	
Other	723	692	341	275	590	652	
Total	**5,389**	**5,400**	**2,661**	**2,461**	**4,874**	**5,382**	**10.4%**
2. Patient Days by Service							
Med/Surg	29,309	23,155	13,888	13,866	27,504	25,300	
Peds	14	65	8	-	-	-	
Total Adult/Ped	**29,323**	**23,220**	**13,896**	**13,866**	**27,504**	**25,300**	**-8.0%**
Newborn	1,027	1,030	539	570	1,102	1,066	-3.3%
3. Total Average LOS	**5.4**	**4.3**	**5.2**	**5.6**	**5.6**	**4.7**	**-16.7%**
4. Average Daily Census - Inpatient	**80**	**64**	**76**	**76**	**75**	**69**	**-8.0%**
4a. Average Daily Census - Observation	16	16	16	17	20	17	-15.1%
5. Inpatient Surgery	**1,028**	**1,099**	**551**	**480**	**935**	**1,032**	**10.4%**
6. Inpatient Special Procedures	**556**	**652**	**287**	**278**	**537**	**593**	**10.4%**
7. Inpatient Cardiac Caths (Includes PTCA's)	**423**	**481**	**224**	**194**	**338**	**373**	**10.4%**
B. OUTPATIENT UTILIZATION HISTORY AND BUDGETED GOALS							
1. Observation Patients - Admits	**2,995**	**3,161**	**1,564**	**1,616**	**3,382**	**3,028**	**-10.5%**
2. Emergency Room Visits	**30,530**	**31,612**	**15,307**	**14,255**	**29,808**	**30,168**	**1.2%**
3. Outpatient Lab/Diagnostics							
PMC	47,096	47,803	23,806	23,381	43,951	45,091	
PSJ	12,890	13,083	6,343	6,474	11,967	12,397	
Total Diagnostics	**59,986**	**60,886**	**30,149**	**29,855**	**55,918**	**57,488**	**2.8%**
3a. Outpatient Rehab Services							
PMC Rehab	1,697	1,717	947	783	1,776	1,898	
PSJ Rehab	5,500	6,372	2,546	2,731	5,607	5,827	
H&F Rehab	4,109	5,268	2,627	539	1,140	2,027	
Jess Parrish Ct Rehab	-	-	-	-	-	2,904	
Total Other Outpatient Services	**11,306**	**13,357**	**6,120**	**4,053**	**8,523**	**12,656**	**48.5%**
3b. PMG Physician Operations - wRVU							
PMG - Titus Landing Diagnostics	9,782	12,537	5,168	5,730	11,633	11,813	
PMG - Phys Offices	128,372	151,293	61,062	69,036	140,410	207,528	
PMG - Inpatient	19,477	15,225	9,124	6,974	13,774	15,997	
PMG - Port & Space Port Occ Med	-	3,845	-	359	968	4,594	
PMG - Rehab	**-**	**1,337**	**-**	**-**	**-**	**4,753**	
Total PMG Physician wRVUs	157,631	184,237	75,354	82,099	166,785	244,685	46.7%
4. Outpatient Surgery	1,634	1,745	884	909	1,787	1,974	10.5%

	Actual 2021	Budget 2022	6 Months 2021	6 Months 2022	Projected 2022	Budget 2023	Projected to Budget
A. INPATIENT UTILIZATION HISTORY AND BUDGETED GOALS							
5. Outpatient Special Procedures	1,890	2,066	802	860	1,858	2,052	10.5%
6. Outpatient Cardiac Caths (Includes PTCA's)	**687**	**707**	**350**	**288**	**599**	**727**	**21.4%**

PARRISH HEALTHCARE

BUDGET OVERVIEW INFORMATION SHEET

FOR FY 2022 PROJECTED AND FY 2023 BUDGET

	PROJECTED 9/30/2022	BUDGET 9/30/2023
STATISTICAL DATA		
Patient Days	27,504	25,300
Adjusted Patient Days	74,777	68,116
Admissions	4,874	5,382
Adjusted Admissions	13,251	14,490
Average Length of Stay (Days)	5.64	4.70
Average Daily Census	75.4	69.3
Emergency Department Visits	29,808	30,168
Outpatient Volumes	64,441	74,897
Deliveries	511	521
Surgical and Special Procedures	1,472	1,625
STAFFING		
Full Time Equivalents	837	915
FINANCIAL OVERVIEW		
Gross Patient Revenue	611,894,637	653,821,223
Deductions from Revenue	476,129,631	503,656,408
Operating Expenses	134,639,602	134,685,822
Per Adjusted Patient Day:		
Revenue	8,183	9,599
Deductions	6,367	7,394
Operating Expenses	1,801	1,977
Per Adjusted Admissions:		
Revenue	46,177	45,122
Deductions	35,931	34,758
Operating Expenses	10,161	9,295
Summary of Deductions from Revenue:		
Medicare	278,029,554	292,967,228
Medicaid	72,451,478	76,682,531
HMO/PPO	49,907,964	53,227,805
Community Care	25,294,433	26,976,999
Bad Debts	11,559,658	12,328,598
Other	38,886,543	41,473,247
Total Deductions from Revenue	476,129,631	503,656,408

PARRISH
MEDICAL CENTER
PARRISH HEALTHCARE

MEMORANDUM

DATE: September 12, 2022

TO: Finance Committee

FROM: Darrell Bacon, Director of Financial Planning - Finance db

SUBJECT: Inter-Governmental Transfer (IGT)
Medicaid Disproportionate Share Hospital (DSH) – SFY 2023

The State of Florida, Agency for Health Care Administration (AHCA) will present a Letter of Agreement (LOA) for Parrish Medical Center to provide an inter-governmental transfer (IGT) for funding of the State Fiscal Year 2023 Medicaid Disproportionate Share program (Medicaid DSH).

Medicaid DSH represents funds for hospitals providing a disproportionate share of Medicaid or charity care services.

AHCA has informed Parrish Medical Center that it can expect to receive Medicaid DSH payment for SFY 2023.

Upon receipt of the LOA, the signed version is due to be returned to the State no later than October 1, 2022.

Motion: To recommend to the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund Medicaid DSH for SFY 2023.

Should you have any questions or concerns, please feel free to contact me @ (321) 268-6111 – Ext. 8514 or e-mail me @ Darrell.Bacon@Parrishmed.com.

DB/tfm

PARRISH
MEDICAL CENTER
PARRISH HEALTHCARE

MEMORANDUM

DATE: September 12, 2022

TO: Finance Committee

FROM: Darrell Bacon, Director of Financial Planning - Finance db

SUBJECT: Inter-Governmental Transfer (IGT)
Medicaid Low Income Pool (LIP) – SFY 2023

The State of Florida, Agency for Health Care Administration (AHCA) will present a Letter of Agreement (LOA) for Parrish Medical Center to provide an inter-governmental transfer (IGT) for funding of the State Fiscal Year 2023 Medicaid Low Income Pool program (Medicaid LIP).

The net LIP amount Parrish Medical Center receives is a function of the estimated cost of charity care provided. Changes in the level of charity care and the related estimated costs can cause the net LIP amount to vary year to year.

AHCA has informed Parrish Medical Center that it can expect to receive Medicaid LIP payment for SFY 2023.

Upon receipt of the LOA, the signed version is due to be returned to the State no later than October 1, 2022.

Motion: To recommend to the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund LIP for SFY 2023.

Should you have any questions or concerns, please feel free to contact me @ (321) 268-6111 – Ext. 8514 or e-mail me @ Darrell.Bacon@Parrishmed.com.

DB/tfm

PARRISH
MEDICAL CENTER
PARRISH HEALTHCARE

MEMORANDUM

DATE: September 12, 2022

TO: Finance Committee

FROM: Darrell Bacon, Director of Financial Planning - Finance

SUBJECT: Inter-Governmental Transfer (IGT)
Medicaid Directed Payment Program (DPP)
Rate Year 2 – Covered Period: October 1, 2021 – June 30, 2022

The State of Florida, Agency for Health Care Administration (AHCA) will present a Letter of Agreement (LOA) for Parrish Medical Center to provide an inter-governmental transfer (IGT) for funding of Year 2 of the Medicaid Hospital Directed Payment Program (Hospital DPP).

The Direct Payment Program provides funding for hospitals that provide inpatient and outpatient services to Medicaid managed care enrollees. This funding to be determined includes a combination of both IGTs and federal dollars.

AHCA has informed Parrish Medical Center that it can expect to receive DPP payments for Year 2 of the program which is designed to reduce the shortfall of payments received as compared to the cost incurred for services provided to Medicaid Managed Care patients.

Upon receipt of the LOA, the signed version is due to be returned to the State no later than October 1, 2022.

Motion: To recommend to the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund Hospital DPP for Year 2.

Should you have any questions or concerns, please feel free to contact me @ (321) 268-6111 – Ext. 8514 or e-mail me @ Darrell.Bacon@Parrishmed.com.

DB/tfm

PARRISH
MEDICAL CENTER
PARRISH HEALTHCARE

MEMORANDUM

DATE: September 12, 2022

TO: Finance Committee

FROM: Darrell Bacon, Director of Financial Planning - Finance db

SUBJECT: Inter-Governmental Transfer (IGT)
Medicaid Physician Directed Payment Program (Physician DPP) – SFY 2023

The State of Florida, Agency for Health Care Administration (AHCA) will present a Letter of Agreement (LOA) for Parrish Medical Center to provide an inter-governmental transfer (IGT) for funding of the Medicaid Physician Directed Payment Program (Physician DPP/PHP) for SFY 2023.

SFY 2023 is the second year of the Physician DPP program in the State of Florida. Physician DPP provides supplemental payments to public hospital and is designed to reduce the shortfall of payments received as compared to the cost incurred for physician services provided to Medicaid Managed Care patients.

Upon receipt of the LOA, the signed version is due to be returned to the State no later than October 1, 2022.

Motion: To recommend to the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund Physician DPP for SFY 2023.

Should you have any questions or concerns, please feel free to contact me @ (321) 268-6111 – Ext. 8514 or e-mail me @ Darrell.Bacon@Parrishmed.com.

DB/tfm

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is requested.

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Stryker stretcher	KN029558	9/29/2010	2,100	PMC02299	Stretcher not safe for patient use, no parts available. Removed from service.	0	1.351
Stryker stretcher	KN029543	9/29/2010	3,741.95	PMC02532		0	1.351
Stryker stretcher	KN020952	6/28/1999	3,708.75	PMC02294		0	1.381

Requesting Department - Dialysis

Net Book Value (Finance) [signature] 7/21/22

Sr. VP Finance/CFO [signature] 7/28/22

Board Approval: (Date) _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

Department Director [signature] 7/20(22

EMC Member [signature] 7.21.22

President/CEO [signature] 7/28/22

CFO Signature _____

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN029558
THRU ASSET NUMBER: KN029558

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.352	1 GI							
KN029558	TRANSPORT STRETCHER W/ IV POLE (CE#05404)		ACTIVE	12/02/10	11/23/10		2100.00	0.00
							2100.00	0.00
						TOTAL FOR CLASS:	2100.00	0.00

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN029543
THRU ASSET NUMBER: KN029543

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.351	1 0 R							
KN029543	WIDE 5TH WHEEL TRANSPORT STRETCHER (CE#05439)		ACTIVE		02/03/11	01/19/11	3741.95	0.00
							3741.95	0.00
						TOTAL FOR CLASS:	3741.95	0.00

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN020952 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN020952 THRU ASSET CLASS: END THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING FROM ACQUIRED DATE: BEGINNING FROM RETIRE DATE: BEGINNING FROM RETIRE TYPE: BEGINNING FROM RETIRE TYPE DATE:
THRU STATUS DATE: END THRU ACQUIRED DATE: END THRU RETIRE DATE: END THRU RETIRE TYPE: END THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.381	1 ER DEPT							
KN020952	STRETCHER - RENAISSANCE 26"		ACTIVE	12/01/99	06/28/99		3708.75	0.00
							3708.75	0.00
						TOTAL FOR CLASS:	3708.75	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Suction regulator	KN020732	1/14/1999	600.65	PMC01536	Unit is broken, obsolete and no longer supported. Removed from service.	0	1.375

Requesting Department - Imaging, CT _____ Department Director _____ 7/14/22

Net Book Value (Finance) NP A. Franks 7/21/22 EMC Member _____ 7.20.22

Sr. VP Finance/CFO _____ 7/28/22 President/CEO _____

Board Approval: (Date) _____ CFO Signature _____ 7/28/22

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN020732
THRU ASSET NUMBER: KN020732

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.375	1 SPD							
KN020732	SUCTION GAUGE - BOEHRINGER INTERMITTENT LIGHT W		ACTIVE	11/08/99	01/14/99		600.65	0.00
							600.65	0.00
						TOTAL FOR CLASS:	600.65	0.00

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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Procare 420 Vital signs	KN028433	6/08/2005	2,909.20	PMC01410	Unit is obsolete and no longer supported. Removed from service.	0.00	1.316
Procare 420 Vital signs	KN021999	11/08/2002	2,721	PMC02919		0.00	1.314

Requesting Department - Ortho / Surg Department Director 7/14/22

Net Book Value (Finance) 7/18/22 EMC Member 7.18.22

Sr. VP Finance/CFO 7/28/22 President/CEO

Board Approval: (Date) CFO Signature 7/28/22

Requestor Notified Finance

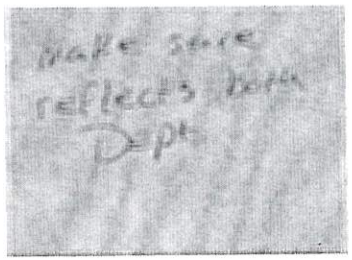
Asset Disposed of or Donated

Removed from Asset List (Finance)

Requested Public Entity for Donation

Entity Contact

Telephone



CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN028433 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN028433 THRU ASSET CLASS: END THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING FROM ACQUIRED DATE: BEGINNING FROM RETIRE DATE: BEGINNING FROM RETIRE TYPE: BEGINNING FROM RETIRE TYPE DATE:
THRU STATUS DATE: END THRU ACQUIRED DATE: END THRU RETIRE DATE: END THRU RETIRE TYPE: END THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.316 1 ORTHO/SURG/PEDS

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN028433	DINAMAP PROCARE 420 MONITOR (PROJECT # 05-316-0		ACTIVE	06/08/05	05/25/05		2909.20	0.00
							2909.20	0.00
						TOTAL FOR DEPARTMENT:	2909.20	0.00

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN021999- FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN021999 THRU ASSET CLASS: END THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING FROM ACQUIRED DATE: BEGINNING FROM RETIRE DATE: BEGINNING FROM RETIRE TYPE: BEGINNING FROM RETIRE TYPE DATE:
THRU STATUS DATE: END THRU ACQUIRED DATE: END THRU RETIRE DATE: END THRU RETIRE TYPE: END THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.314 1 MED/ONCOLOGY

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN021999	VITAL SIGNS MONITOR - DINOMAP		ACTIVE	11/08/02	10/01/02		2721.00	0.00
							2721.00	0.00
						TOTAL FOR DEPARTMENT:	2721.00	0.00

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Asset Description	Asset Control KN #	Purchase Date	Purchase Price	CE #	Reason for Disposal	Net Book Value (proviced by Finance Dept).	Dept.
Enovate Sydekick Powered Cart	KN030488	10/13/16	2,938.49		Obsolete - Batteries don't hold charge and cannot be replaced	-0-	1.721
Enovate Sydekick Powered Cart	KN030489	10/13/16	2,938.49		Obsolete - Batteries don't hold charge and cannot be replaced	-0-	1.721
Enovate Sydekick Powered Cart	KN030490	10/13/16	2,938.49		Obsolete - Batteries don't hold charge and cannot be replaced	-0-	1.721
Enovate Sydekick Powered Cart	KN030491	10/13/16	2,938.49		Obsolete - Batteries don't hold charge and cannot be replaced	-0-	1.721
Enovate Sydekick Powered Cart	KN030492	10/13/16	2,938.49		Obsolete - Batteries don't hold charge and cannot be replaced	-0-	1.721
Enovate Sydekick Powered Cart	KN030493	10/13/16	2,938.49		Obsolete - Batteries don't hold charge and cannot be replaced	-0-	1.721
Enovate Sydekick Powered Cart	KN030494	10/13/16	2,938.49		Obsolete - Batteries don't hold charge and cannot be replaced	-0-	1.721
Enovate Sydekick Powered Cart	KN030495	10/13/16	2,938.49		Obsolete - Batteries don't hold charge and cannot be replaced	-0-	1.721
Enovate Sydekick Powered Cart	KN030496	10/13/16	2,938.49		Obsolete - Batteries don't hold charge and cannot be replaced	-0-	1.721

TOTAL BOOK VALUE **$0.00**

Requesting Department: IS Dept 7/14/22

Net Book Value (Finance) NP

Sr. VP Finance/CFO 7/11/22

Board Approved (CFO Signature) 7/28/22

Requestor Notified Finance

Asset Disposed of or Donated

Removed from Asset List (Finance)

Requested Public Entity for Donation

Entity Contact

Telephone

Department Director on behalf of Mike Marques 7/15/22

EMC Member 7/15/22

President/CEO 7/28/22

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN030488
THRU ASSET NUMBER: KN030496

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.721 1 INFO SYST

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN030488	ENOVATE SYDEKICK POWERED CART		ACTIVE	10/13/16	09/12/16		2938.49	0.00
KN030489	ENOVATE SYDEKICK POWERED CART		ACTIVE	10/13/16	09/12/16		2938.49	0.00
KN030490	ENOVATE SYDEKICK POWERED CART		ACTIVE	10/13/16	09/12/16		2938.49	0.00
KN030491	ENOVATE SYDEKICK POWERED CART		ACTIVE	10/13/16	09/12/16		2938.49	0.00
KN030492	ENOVATE SYDEKICK POWERED CART		ACTIVE	10/13/16	09/12/16		2938.49	0.00
KN030493	ENOVATE SYDEKICK POWERED CART		ACTIVE	10/13/16	09/12/16		2938.49	0.00
KN030494	ENOVATE SYDEKICK POWERED CART		ACTIVE	10/13/16	09/12/16		2938.49	0.00
KN030495	ENOVATE SYDEKICK POWERED CART		ACTIVE	10/13/16	09/12/16		2938.49	0.00
KN030496	ENOVATE SYDEKICK POWERED CART		ACTIVE	10/13/16	09/12/16		2938.49	0.00
							26446.41	0.00
						TOTAL FOR DEPARTMENT:	26446.41	0.00

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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Spacelabs Planar monitor	KN024533	10/9/2002	2877.71	PMC00759	Unit is obsolete and no longer supported. Removed from service.	0.00	1.356 PACU
	KN024957	10/8/2002	2877.71	PMC03460		0.00	1.342 ICU

Requesting Department - OR / Spec _____ Department Director Marcus F. Dayes 7/6/22

Net Book Value (Finance) R. Franz 7/11/22 EMC Member _____ 7/11/22

Sr. VP Finance/CFO _____ 7/28/22 President/CEO _____ 7/28/22

Board Approval: (Date) _____ CFO Signature _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

Parrish Medical Center FA *Live*
CURRENT VALUES REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM THRU FACILITY: SYSTEM
FROM ASSET NUMBER: KN024533 THRU ASSET NUMBER: KN024533
FROM ASSET CLASS: BEGINNING THRU ASSET CLASS: END
FROM DEPARTMENT: BEGINNING THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING THRU STATUS DATE: END
FROM ACQUIRED DATE: BEGINNING THRU ACQUIRED DATE: END
FROM RETIRE DATE: BEGINNING THRU RETIRE DATE: END
FROM RETIRE TYPE: BEGINNING THRU RETIRE TYPE: END
FROM RETIRE TYPE DATE: THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.356 1 PACU(RR)

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN024533	15" XGA FLAT SCREEN MONITOR W/MOUNTING PLATE		ACTIVE	12/11/02	10/23/02		2877.71	0.00
							2877.71	0.00
						TOTAL FOR DEPARTMENT:	2877.71	0.00

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN024957
THRU ASSET NUMBER: KN024957

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.342 1 ICU 2ND

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN024957	15" XGA FLAT SCREEN MONITOR (CE#00044)		ACTIVE	12/11/02	10/23/02		2877.71	0.00
							2877.71	0.00
						TOTAL FOR DEPARTMENT:	2877.71	0.00

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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Safety analyzer	KN017703	10/25/1994	1799.50	PMC00117	Unit is broken, obsolete and no longer supported. Removed from service.	0.00	1.684 CE
Electrical ESU tester	KN006750	11/15/1982	1106.30	PMC02125		-0-	1.684 CE

Requesting Department - Clinical Equipment _____ Department Director _____

Net Book Value (Finance) _____ EMC Member _____

Sr. VP Finance/CFO _____ President/CEO _____

Board Approval: (Date) _____ CFO Signature _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

Parrish Medical Center FA *Live*
CURRENT VALUES REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN017703 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN017703 THRU ASSET CLASS: END THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING FROM ACQUIRED DATE: BEGINNING FROM RETIRE DATE: BEGINNING FROM RETIRE TYPE: BEGINNING FROM RETIRE TYPE DATE:
THRU STATUS DATE: END THRU ACQUIRED DATE: END THRU RETIRE DATE: END THRU RETIRE TYPE: END THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.684 1 CLINICAL EQUIP

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN017703	ANALYZER - SAFETY		ACTIVE	11/03/99	10/25/94		1799.50	0.00
							1799.50	0.00
						TOTAL FOR DEPARTMENT:	1799.50	0.00

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN006750
THRU ASSET NUMBER: KN006750

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.684 1 CLINICAL EQUIP

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN006750	TESTER - ELECTROSURGICAL		ACTIVE	11/03/99	11/15/82		1106.30	0.00
							1106.30	0.00
						TOTAL FOR DEPARTMENT:	1106.30	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
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Request for Disposal of Obsolete or Surplus Property

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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Stryker HD camera system	KN029767	05/02/2012	40556.00	PMC00946	Unit is obsolete and no longer supported. Removed from service.	0.00	1.351 OR

Requesting Department - OR / Spec _____ Department Director Martin F Clyne 6/24/22

Net Book Value (Finance) NP Q. Franus 7/11/22 EMC Member _____ 7.1.2022

Sr. VP Finance/CFO _____ 7/28/22 President/CEO _____ JM 7/28/22

Board Approval: (Date) _____ CFO Signature _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM THRU FACILITY: SYSTEM
FROM ASSET NUMBER: KN029767 THRU ASSET NUMBER: KN029767
FROM ASSET CLASS: BEGINNING THRU ASSET CLASS: END
FROM DEPARTMENT: BEGINNING THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING THRU STATUS DATE: END
FROM ACQUIRED DATE: BEGINNING THRU ACQUIRED DATE: END
FROM RETIRE DATE: BEGINNING THRU RETIRE DATE: END
FROM RETIRE TYPE: BEGINNING THRU RETIRE TYPE: END
FROM RETIRE TYPE DATE: THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.351 1 O R

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN029767	STRYKER HD CCU CAMERA SYSTEM (LEASE BUYOUT)		ACTIVE	05/02/12	04/25/12		40556.00	0.00
							40556.00	0.00
						TOTAL FOR DEPARTMENT:	40556.00	0.00

PMC00946
SN 037374

NORTH BREVARD COUNTY HOSPITAL DISTRICT
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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Sony UP-55 printer	KN029516	5/5/2011	3733.20	PMC01188	Unit is obsolete and no longer supported. Removed from service.	0	
Sony UP-55 printer	KN029511	5/5/2011	3733.20	PMC01178		0	1.352 OR / Spec
Sony UP-55 printer	KN029513	5/5/2011	3733.20	PMC01171		0	1.352

Requesting Department - OR / Spec _____ Department Director Marie Taylor 6/17/22

Net Book Value (Finance) AP A. Tranny 7/11/22 EMC Member BOD 6.27.22

Sr. VP Finance/CFO Daniel b 7/28/22 President/CEO JM 7/28/22

Board Approval: (Date) _____ CFO Signature _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

Parrish Medical Center FA *Live*
CURRENT VALUES REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN029511
THRU ASSET NUMBER: KN029516

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.352 1 GI

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN029511	VIDEO PRINTER (RM 3)- GASTROSCOPE EQUIP BUYOUT		ACTIVE	05/05/11	04/13/11		3733.20	0.00
KN029513	VIDEO PRINTER (TRAVEL ENDO CART)- GASTROSCOPE E		ACTIVE	05/05/11	04/13/11		3733.20	0.00
KN029516	VIDEO PRINTER (RM 1) - GASTROSCOPE EQUIP BUYOUT		ACTIVE	05/05/11	04/13/11		3733.20	0.00
							11199.60	0.00
						TOTAL FOR DEPARTMENT:	11199.60	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is requested.

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Sony UP-55 printer	KN029516	5/5/2011	3733.20	PMC01188	Unit is obsolete and no longer supported. Removed from service.	0	
Sony UP-55 printer	KN029511	5/5/2011	3733.20	PMC01178		0	1.352 OR / Spec
Sony UP-55 printer	KN029513	5/5/2011	3733.20	PMC01171		0	1.352

Requesting Department - OR / Spec _____ Department Director [signature] 6/17/22

Net Book Value (Finance) [signature] 6/28/22 EMC Member [signature] 6.27.22

Sr. VP Finance/CFO [signature] 7/28/22 President/CEO [signature] 7/28/22

Board Approval: (Date) _____ CFO Signature _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN029511 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN029516 THRU ASSET CLASS: END THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING FROM ACQUIRED DATE: BEGINNING FROM RETIRE DATE: BEGINNING FROM RETIRE TYPE: BEGINNING FROM RETIRE TYPE DATE:
THRU STATUS DATE: END THRU ACQUIRED DATE: END THRU RETIRE DATE: END THRU RETIRE TYPE: END THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.352 1 GI

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN029511	VIDEO PRINTER (RM 3)- GASTROSCOPE EQUIP BUYOUT		ACTIVE	05/05/11	04/13/11		3733.20	0.00
KN029513	VIDEO PRINTER (TRAVEL ENDO CART)- GASTROSCOPE E		ACTIVE	05/05/11	04/13/11		3733.20	0.00
KN029516	VIDEO PRINTER (RM 1) - GASTROSCOPE EQUIP BUYOUT		ACTIVE	05/05/11	04/13/11		3733.20	0.00
							11199.60	0.00
						TOTAL FOR DEPARTMENT:	11199.60	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
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PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is requested.

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Safety analyzer	KN017703	10/25/1994	1799.50	PMC00117	Unit is broken, obsolete and no longer supported. Removed from service.	0.00	1.684 CE
Electrical ESU tester	KN006750	11/15/1982	1106.30	PMC02125		-0-	1.684

Requesting Department - Clinical Equipment _____ Department Director _____

Net Book Value (Finance) MP A. Tromp 6/28/22 EMC Member _____ 6.27.22

Sr. VP Finance/CFO _____ 7/28/22 President/CEO _____

Board Approval: (Date) _____ CFO Signature _____ 7/28/22

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN017703
THRU ASSET NUMBER: KN017703

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.684 1 CLINICAL EQUIP

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN017703	ANALYZER - SAFETY		ACTIVE	11/03/99	10/25/94		1799.50	0.00
							1799.50	0.00
						TOTAL FOR DEPARTMENT:	1799.50	0.00

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN006750
THRU ASSET NUMBER: KN006750

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.684 1 CLINICAL EQUIP

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN006750	TESTER - ELECTROSURGICAL		ACTIVE	11/03/99	11/15/82		1106.30	0.00
							1106.30	0.00
						TOTAL FOR DEPARTMENT:	1106.30	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
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PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is requested.

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
General physiotherapy Percussor	KN017430	1/[illegible]/1994	1150.00	CE00095	Units are not functional and no longer supported, end of life.	-0-	1.461 Respiratory
	KN018118	2/8/1995	1204.26	CE00096		-0-	
	KN018119	2/8/1995	1204.26	CE00097		-0-	

Requesting Department - Respiratory -461 Department Director [signature] 6/3/22

Net Book Value (Finance) [signature] 6/15/22 EMC Member [signature] 6.14.22

Sr. VP Finance/CFO [signature] 7/28/22 President/CEO [signature] 7/28/22

Board Approval: (Date) _____ CFO Signature _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM THRU FACILITY: SYSTEM
FROM ASSET NUMBER: KN018118 THRU ASSET NUMBER: KN018119
FROM ASSET CLASS: BEGINNING THRU ASSET CLASS: END
FROM DEPARTMENT: BEGINNING THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING THRU STATUS DATE: END
FROM ACQUIRED DATE: BEGINNING THRU ACQUIRED DATE: END
FROM RETIRE DATE: BEGINNING THRU RETIRE DATE: END
FROM RETIRE TYPE: BEGINNING THRU RETIRE TYPE: END
FROM RETIRE TYPE DATE: THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.461 I RESPIRATORY

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN018118	PERCUSSER, W/ STAND - CE#00096		ACTIVE	11/03/99	02/08/95		1204.26	0.00
KN018119	PERCUSSER, W/ STAND - CE#00097		ACTIVE	11/03/99	02/08/95		1204.26	0.00
							2408.52	0.00
						TOTAL FOR DEPARTMENT:	2408.52	0.00

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN017430
THRU ASSET NUMBER: KN017430

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.461 1 RESPIRATORY

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN017430	PERCUSSOR - MECHANICAL (CE#00095)		ACTIVE	11/03/99	01/18/94		1150.00	0.00
							1150.00	0.00
						TOTAL FOR DEPARTMENT:	1150.00	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
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TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Suction regulator	KN020732	1/14/1999	600.65	PMC01536	Unit is broken, obsolete and no longer supported. Removed from service.	0	1.375

Requesting Department - Imaging, CT

Department Director 7/14/22

Net Book Value (Finance) 7/21/22

EMC Member 7.20.22

Sr. VP Finance/CFO 7/28/22

President/CEO 7/28/22

Board Approval: (Date)

CFO Signature

Requestor Notified Finance

Asset Disposed of or Donated

Removed from Asset List (Finance)

Requested Public Entity for Donation

Entity Contact

Telephone

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN020732
THRU ASSET NUMBER: KN020732

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.375 1 SPD

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN020732	SUCTION GAUGE - BOEHRINGER INTERMITTENT LIGHT W		ACTIVE	11/08/99	01/14/99		600.65	0.00
							600.65	0.00
						TOTAL FOR DEPARTMENT:	600.65	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
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Request for Disposal of Obsolete or Surplus Property

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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Incubator, Infant	KN017359	9/08/1993	7104.05	PMC00493	Unit is obsolete and no longer supported. Removed from service.	0.00	1.336
Incubator, Infant	KN016976	7/10/1992	7104.05	PMC04185	Not in Medatech System	0.00	1.336

Requesting Department - Nursery _____ Department Director Matthew F. Angus 7/14/22

Net Book Value (Finance) MP A Thomas 7/21/22 EMC Member _____ 7.20.22

Sr. VP Finance/CFO Lance L 7/28/22 President/CEO _____ 7/28/22

Board Approval: (Date) _____ CFO Signature _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN017359
THRU ASSET NUMBER: KN017359

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.336 1 NURSERY

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN017359	ISOLETTE - INFANT AIR-SHIELDS		ACTIVE	11/03/99	09/08/93		7104.05	0.00
							7104.05	0.00
						TOTAL FOR DEPARTMENT:	7104.05	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
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PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Bone shaver	KN028156	06/02/04	3,235.10	PMC00922	Unit is obsolete and no longer supported. Removed from service.	0	1.351 OR / Spec
Uterine aspirator	KN029953	1/13/2014	——	PMC00868	Not in Meditech System	0	1.351
OMI Surgical product	KN028155	07/07/04	12,122.97	None	Obsolete	0	1.351

Requesting Department - OR / SPEC / PACU _____ Department Director _____ 7/14/22

Net Book Value (Finance) MP R. Franey 7/21/22 EMC Member _____ 7.20.22

Sr. VP Finance/CFO _____ 7/28/22 President/CEO _____ 7/28/22

Board Approval: (Date) _____ CFO Signature _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN028155
THRU ASSET NUMBER: KN028156

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.351	1 O R							
KN028155	OR (NEURO)-MAYFIELD 2000 RADIOLUCENT HEADREST S		ACTIVE	08/09/04	07/07/04		12122.97	0.00
KN028156	TPS - IRRIGATION CONSOLE (POWER SUPPLY)		ACTIVE	06/08/04	06/02/04		3235.10	0.00
							15358.07	0.00
						TOTAL FOR CLASS:	15358.07	0.00

Report: CURRENT VALUES REPORT was run on 07/25/22 at 3:19pm
No records found.

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is requested.

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Stretcher, Patient floors	KN021170	5/11/2000	3452.14	PMC02292	Units are not working, rusted and no longer supported. Stretchers removed from service.	-0-	1.464 .3
	KN023440	7/2/2002	3699.00	PMC01647		-0-	1.381
	KN021897	7/5/2002	4854.40	PMC03080		-0-	1.381
	KN028544	7/5/2002	5108.45	PMC00665		-0-	1.356

Requesting Department - Patient floors 1.300. _____ Department Director Matthew Clayton 4/21/22

Net Book Value (Finance) A. Franz 4/25/22 EMC Member _____ 4.25.22

Sr. VP Finance/CFO Daniel B 7/28/22 President/CEO _____ 7/28/22

Board Approval: (Date) _____ CFO Signature _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN021170
THRU ASSET NUMBER: KN021170

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.464 1 STRESS LAB

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN021170	STRETCHER - HORIZON AIRGLIDE		ACTIVE	06/09/00	05/11/00		3452.14	0.00
							3452.14	0.00
						TOTAL FOR DEPARTMENT:	3452.14	0.00

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM THRU FACILITY: SYSTEM
FROM ASSET NUMBER: KN023440 THRU ASSET NUMBER: KN023440
FROM ASSET CLASS: BEGINNING THRU ASSET CLASS: END
FROM DEPARTMENT: BEGINNING THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING THRU STATUS DATE: END
FROM ACQUIRED DATE: BEGINNING THRU ACQUIRED DATE: END
FROM RETIRE DATE: BEGINNING THRU RETIRE DATE: END
FROM RETIRE TYPE: BEGINNING THRU RETIRE TYPE: END
FROM RETIRE TYPE DATE: BEGINNING THRU RETIRE TYPE DATE: END

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	RET TYPE	RET TYPE DATE	COST	BOOK
DEPARTMENT: 1.381	1 ER DEPT									
KN023440	STRETCHER - TRAUMA SERIES		RETIRED	04/20/22	07/02/02	04/04/22	OBSOL	04/04/22	3699.10	0.00
									3699.10	0.00
								TOTAL FOR CLASS:	3699.10	0.00

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN021897
THRU ASSET NUMBER: KN021897

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE: BEGINNING
THRU RETIRE TYPE DATE: END

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	RET TYPE	RET TYPE DATE	COST	BOOK
DEPARTMENT: 1.381	1 ER DEPT									
KN021897	STRETCHER - EXTENDED STAY SYNERGY SERIES		RETIRED	04/20/22	07/05/02	04/04/22	OBSOL	04/04/22	4854.40	0.00
									4854.40	0.00
								TOTAL FOR CLASS:	4854.40	0.00

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM THRU FACILITY: SYSTEM
FROM ASSET NUMBER: KN028544 THRU ASSET NUMBER: KN028544
FROM ASSET CLASS: BEGINNING THRU ASSET CLASS: END
FROM DEPARTMENT: BEGINNING THRU DEPARTMENT: END
FROM STATUS DATE: BEGINNING THRU STATUS DATE: END
FROM ACQUIRED DATE: BEGINNING THRU ACQUIRED DATE: END
FROM RETIRE DATE: BEGINNING THRU RETIRE DATE: END
FROM RETIRE TYPE: BEGINNING THRU RETIRE TYPE: END
FROM RETIRE TYPE DATE: THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.356	1 PACU(RR)							
KN028544	BIG WHEEL 30" STRETCHER (PROJECT # 05-356-02)		ACTIVE		11/16/05	10/26/05	5108.45	0.00
							5108.45	0.00
						TOTAL FOR CLASS:	5108.45	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is requested.

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Stryker Stretcher	KN028546	10/26/2005	5108.45	PMC02533	Unit is broken, obsolete and no longer supported. Removed from service.	-0-	1.356 Beds

Requesting Department - 8 Beds _____ Department Director Mateo F. Aguirre 6/2/2022

Net Book Value (Finance) A. Franey 6/3/22 EMC Member _____ 6.3.22

Sr. VP Finance/CFO _____ 7/28/22 President/CEO _____ 7/28/22

Board Approval: (Date) _____ CFO Signature _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN028546
THRU ASSET NUMBER: KN028546

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.356	1 PACU(RR)							
KN028546	BIG WHEEL 30" STRETCHER (PROJECT # 05-356-02)		ACTIVE	11/16/05	10/26/05		5108.45	0.00
							5108.45	0.00
						TOTAL FOR CLASS:	5108.45	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is requested.

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Stryker stretcher	KN029558	9/29/2010	2,100	PMC02299	Stretcher not safe for patient use, no parts available.	0	1.351
Stryker stretcher	KN029543	9/29/2010	3,741.95	PMC02532	Removed from service.	0	1.351
Stryker stretcher	KN020952	6/28/1999	3,708.75	PMC02294		0	1.381

Requesting Department - Dialysis

Net Book Value (Finance) 7/21/22

Sr. VP Finance/CFO 7/28/22

Board Approval: (Date) _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

Department Director 7/20/22

EMC Member 7.21.22

President/CEO 7/28/22

CFO Signature _____

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN029558
THRU ASSET NUMBER: KN029558

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.352 1 GI

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN029558	TRANSPORT STRETCHER W/ IV POLE (CE#05404)		ACTIVE	12/02/10	11/23/10		2100.00	0.00
							2100.00	0.00
						TOTAL FOR DEPARTMENT:	2100.00	0.00

Parrish Medical Center FA *Live*
CURRENT VALUES REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN029543
THRU ASSET NUMBER: KN029543

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.351 I O R

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN029543	WIDE 5TH WHEEL TRANSPORT STRETCHER (CE#05439)		ACTIVE		02/03/11	01/19/11	3741.95	0.00
							3741.95	0.00
						TOTAL FOR DEPARTMENT:	3741.95	0.00

Parrish Medical Center FA *Live*
CURRENT VALUES REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN020952
THRU ASSET NUMBER: KN020952

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.381 1 ER DEPT

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN020952	STRETCHER - RENAISSANCE 26"		ACTIVE	12/01/99	06/28/99		3708.75	0.00
							3708.75	0.00
						TOTAL FOR DEPARTMENT:	3708.75	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is required.

Asset Description	Asset Control KN #	Purchase Date	Purchase Price	CE #	Reason for Disposal	Net Book Value (proviced by Finance Dept)	Dept.
Enovate Sydekick Powered Cart	KN030488	10/13/16	2,938.49		Obsolete - Batteries don't hold charge and cannot be replaced	-0-	1.721
Enovate Sydekick Powered Cart	KN030489	10/13/16	2,938.49		Obsolete - Batteries don't hold charge and cannot be replaced	-0-	1.721
Enovate Sydekick Powered Cart	KN030490	10/13/16	2,938.49		Obsolete - Batteries don't hold charge and cannot be replaced	-0-	1.721
Enovate Sydekick Powered Cart	KN030491	10/13/16	2,938.49		Obsolete - Batteries don't hold charge and cannot be replaced	-0-	1.721
Enovate Sydekick Powered Cart	KN030492	10/13/16	2,938.49		Obsolete - Batteries don't hold charge and cannot be replaced	-0-	1.721
Enovate Sydekick Powered Cart	KN030493	10/13/16	2,938.49		Obsolete - Batteries don't hold charge and cannot be replaced	-0-	1.721
Enovate Sydekick Powered Cart	KN030494	10/13/16	2,938.49		Obsolete - Batteries don't hold charge and cannot be replaced	-0-	1.721
Enovate Sydekick Powered Cart	KN030495	10/13/16	2,938.49		Obsolete - Batteries don't hold charge and cannot be replaced	-0-	1.721
Enovate Sydekick Powered Cart	KN030496	10/13/16	2,938.49		Obsolete - Batteries don't hold charge and cannot be replaced	-0-	1.721

TOTAL BOOK VALUE **$0.00**

Requesting Department: IS Dept 7/14/22

Net Book Value (Finance) A. Tranor 7/11/22

Sr. VP Finance/CFO 7/28/22

Department Director on behalf of Mike Marques 7/15/22

EMC Member 7/15/22

President/CEO 7/28/22

Board Approved (CFO Signature)

Requestor Notified Finance

Asset Disposed of or Donated

Removed from Asset List (Finance)

Requested Public Entity for Donation

Entity Contact

Telephone

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN030488 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN030496 THRU ASSET CLASS: END THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING FROM ACQUIRED DATE: BEGINNING FROM RETIRE DATE: BEGINNING FROM RETIRE TYPE: BEGINNING FROM RETIRE TYPE DATE:
THRU STATUS DATE: END THRU ACQUIRED DATE: END THRU RETIRE DATE: END THRU RETIRE TYPE: END THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.721 1 INFO SYST

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN030488	ENOVATE SYDEKICK POWERED CART		ACTIVE	10/13/16	09/12/16		2938.49	0.00
KN030489	ENOVATE SYDEKICK POWERED CART		ACTIVE	10/13/16	09/12/16		2938.49	0.00
KN030490	ENOVATE SYDEKICK POWERED CART		ACTIVE	10/13/16	09/12/16		2938.49	0.00
KN030491	ENOVATE SYDEKICK POWERED CART		ACTIVE	10/13/16	09/12/16		2938.49	0.00
KN030492	ENOVATE SYDEKICK POWERED CART		ACTIVE	10/13/16	09/12/16		2938.49	0.00
KN030493	ENOVATE SYDEKICK POWERED CART		ACTIVE	10/13/16	09/12/16		2938.49	0.00
KN030494	ENOVATE SYDEKICK POWERED CART		ACTIVE	10/13/16	09/12/16		2938.49	0.00
KN030495	ENOVATE SYDEKICK POWERED CART		ACTIVE	10/13/16	09/12/16		2938.49	0.00
KN030496	ENOVATE SYDEKICK POWERED CART		ACTIVE	10/13/16	09/12/16		2938.49	0.00
							26446.41	0.00
						TOTAL FOR DEPARTMENT:	26446.41	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is requested.

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Procare 420 Vital signs	KN028433	6/08/2005	2,909.20	PMC01410	Unit is obsolete and no longer supported. Removed from service.	0.00	1.316
Procare 420 Vital signs	KN021999	11/08/2002	2,721	PMC02919		0.00	1.314

Requesting Department - Ortho / Surg _____ Department Director _____ 7/14/22

Net Book Value (Finance) _____ 7/21/22 EMC Member _____ 7.18.22

Sr. VP Finance/CFO _____ 7/28/22 President/CEO _____

Board Approval: (Date) _____ CFO Signature _____ 7/28/22

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

make sure reflects both Dept.

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN028433 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN028433 THRU ASSET CLASS: END THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING FROM ACQUIRED DATE: BEGINNING FROM RETIRE DATE: BEGINNING FROM RETIRE TYPE: BEGINNING FROM RETIRE TYPE DATE:
THRU STATUS DATE: END THRU ACQUIRED DATE: END THRU RETIRE DATE: END THRU RETIRE TYPE: END THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.316 1 ORTHO/SURG/PEDS

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN028433	DINAMAP PROCARE 420 MONITOR (PROJECT # 05-316-0		ACTIVE		06/08/05	05/25/05	2909.20	0.00
							2909.20	0.00
						TOTAL FOR DEPARTMENT:	2909.20	0.00

Parrish Medical Center FA *Live*
CURRENT VALUES REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN021999
THRU ASSET NUMBER: KN021999

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
DEPARTMENT: 1.314 1 MED/ONCOLOGY

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN021999	VITAL SIGNS MONITOR - DINOMAP		ACTIVE	11/08/02	10/01/02		2721.00	0.00
							2721.00	0.00
						TOTAL FOR DEPARTMENT:	2721.00	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is requested.

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Dialysis 2008K2	KN030599	5/2/2018	12,000	PMC02734	Dialysis and RO machines are no longer used. Removed from service.	2,000	1.344
Dialysis 2008T Blue Star	KN030904	12/07/2020	15,350	PMC03548		10,789.20	1.342
Dialysis 2008T Blue Star	KN030912	12/07/2020	15,350	PMC03555		10,789.20	1.342
Millenium M 750 GDP	KN029470	07/27/2011	7,800	PMC02042		0.00	1.344
WRO 300H RO	KN030905	12/07/2020	16,350	PMC03549		11,172.50	1.342
WRO 300H	KN030913	12/07/2020	16,350	PMC03556		11,172.50	1.342

Requesting Department - Dialysis _____ Department Director Marilyn F. Cefus 7/14/22

Net Book Value (Finance) MP A. Franey 7/21/22 EMC Member _____ 7.20.22

Sr. VP Finance/CFO Daniel b 7/28/22 President/CEO _____ JM 7/28/22

Board Approval: (Date) _____ CFO Signature _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN030599
THRU ASSET NUMBER: KN030599

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.344	1 HEMODIALYSIS							
KN030599	HEMODIALYSIS UNIT		ACTIVE	05/08/18	05/02/18		12000.00	2000.00
							12000.00	2000.00
						TOTAL FOR CLASS:	12000.00	2000.00

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN030904 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN030905 THRU ASSET CLASS: END THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING FROM ACQUIRED DATE: BEGINNING FROM RETIRE DATE: BEGINNING FROM RETIRE TYPE: BEGINNING FROM RETIRE TYPE DATE:
THRU STATUS DATE: END THRU ACQUIRED DATE: END THRU RETIRE DATE: END THRU RETIRE TYPE: END THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.342	1 ICU 2ND							
KN030904	HEMODIALYSIS MACHINE W/O CDX W/BIBAG B		ACTIVE	01/29/21	12/07/20		15350.00	10489.20
KN030905	ERGO DOCKING STATION AND STD CARBON BLOCK		ACTIVE	01/29/21	12/07/20		16350.00	11172.50
							31700.00	21661.70
						TOTAL FOR CLASS:	31700.00	21661.70

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN029470
THRU ASSET NUMBER: KN029470

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.344	1 HEMODIALYSIS							
KN029470	MILLENIUM M-750 RO SYSTEM		ACTIVE	08/03/11	07/27/11		7800.00	0.00
							7800.00	0.00
						TOTAL FOR CLASS:	7800.00	0.00

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN030912
THRU ASSET NUMBER: KN030913

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.342	1 ICU 2ND							
KN030912	HEMODIALYSIS MACHINE W/O CDX W/BIBAG B		ACTIVE	01/29/21	12/07/20		15350.00	10489.20
KN030913	ERGO DOCKING STATION AND STD CARBON BLOCK		ACTIVE	01/29/21	12/07/20		16350.00	11172.50
							31700.00	21661.70
						TOTAL FOR CLASS:	31700.00	21661.70

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is requested.

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Heat sealer	KN016376	3/29/1991	1306.37	PMC00921	Unit is obsolete and no longer supported. Removed from service.	0.00	1.351 OR

Requesting Department NP OR / SPEC _____ Department Director Martin F. Gaylord 7/26/22

Net Book Value (Finance) A. Tharp 7/26/22 EMC Member [signature] 7/26/22

Sr. VP Finance/CFO [signature] 7/28/22 President/CEO _____

Board Approval: (Date) _____ CFO Signature [signature] 7/28/22

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN016376
THRU ASSET NUMBER: KN016376

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.351	1 0 R							
KN016376	LIFT HEAT SEALER (OR 8 BY AUTOCLAVE)		ACTIVE	11/03/99	03/28/91		1306.37	0.00
							1306.37	0.00
						TOTAL FOR CLASS:	1306.37	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is requested.

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Steris system 1E	KN029724	12/15/2011	10,103.59	PMC00763	System 1E is no longer used. Removed from service.	0	1.351
Steris System 1E	KN029752	12/15/2011	10,103.60	PMC02711		0	1.351

Requesting Department - OR / SPEC _____ Department Director _____ 8/10/22

Net Book Value (Finance) _____ EMC Member _____ 8.15.22

Sr. VP Finance/CFO _____ 8/31/22 President/CEO _____ 9/6/22

Board Approval: (Date) _____ CFO Signature _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN029724
THRU ASSET NUMBER: KN029724

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.351	1 O R							
KN029724	STERIS 1E STERILIZATION SYSTEM (BY CYSTO)		ACTIVE	08/01/12	07/05/12		10103.59	0.00
							10103.59	0.00
						TOTAL FOR CLASS:	10103.59	0.00

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN029752
THRU ASSET NUMBER: KN029752

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.351	1 O R							
KN029752	STERIS 1E STERILIZATION SYSTEM (BETWEEN OR1 & O		ACTIVE	08/01/12	07/05/12		10103.60	0.00
							10103.60	0.00
						TOTAL FOR CLASS:	10103.60	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Heat sealer	KN016376	3/29/1991	1306.37	PMC00921	Unit is obsolete and no longer supported. Removed from service.	0.00	1.351 OR

Requesting Department - OR / SPEC _____ Department Director Martin F. Snyder 7/26/22

Net Book Value (Finance) R. Franey 8/15/22 EMC Member _____ 7/26/22

Sr. VP Finance/CFO _____ 8/31/22 President/CEO _____

Board Approval: (Date) _____ CFO Signature _____ 9/6/22

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN016376
THRU ASSET NUMBER: KN016376

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.351	1 O R							
KN016376	LIFT HEAT SEALER (OR 8 BY AUTOCLAVE)		ACTIVE	11/03/99	03/28/91		1306.37	0.00
							1306.37	0.00
						TOTAL FOR CLASS:	1306.37	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is required.

Asset Description	Asset Control KN #	Purchase Date	Purchase Price	CE #	Reason for Disposal	Net Book Value (proviced by Finance Dept)	Dept.
Infant Care System Upgrade (07-663-03)	KN028950	06/27/07	$59,952.00		System Upgarded	-0-	1.663
Badge Printer (Located in HR)	KN029028	12/19/07	$7,752.00		Printer Broke / New Printer was Purchased by HR	-0-	1.663

TOTAL BOOK VALUE **$0.00**

Requesting Department: Safety + Security

Net Book Value (Finance) [illegible] 8/30/22

Sr. VP Finance/CFO [illegible] 8/31/22

Board Approved (CFO Signature)

Requestor Notified Finance

Asset Disposed of or Donated

Removed from Asset List (Finance)

Requested Public Entity for Donation

Entity Contact

Telephone

Department Director [illegible] 8/26/22

EMC Member [illegible] 8/26/22

President/CEO [illegible] 9/6/22

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN028950
THRU ASSET NUMBER: KN028950

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.663	1 SAFETY & SECURITY							
KN028950	INFANT CARE SYSTEM UPGRADE (07-663-03)		ACTIVE	07/06/07	06/27/07		59952.00	0.00
							59952.00	0.00
						TOTAL FOR CLASS:	59952.00	0.00

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN029028
THRU ASSET NUMBER: KN029028

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.663	1 SAFETY & SECURITY							
KN029028	BADGE PRINTER (LOCATED IN HR) 08-663-03		ACTIVE	01/09/08	12/19/07		7752.00	0.00
							7752.00	0.00
						TOTAL FOR CLASS:	7752.00	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is required.

Asset Description	Asset Control KN #	Purchase Date	Purchase Price	CE #	Reason for Disposal	Net Book Value (provided by Finance Dept)	Dept.
VITREA SERVER HD-DL380	KN029638	09/22/10	8,740.00		NO hardware, its all virtual	-0-	1.423
VITREA INTEGRATION (PROJECT #10-423-02	KN 029644	01/19/11	7,500.00		NO hardware, its all virtual	-0-	1.423

TOTAL BOOK VALUE $0.00

Requesting Department: CT DEPT. 1.423

Net Book Value (Finance) 8/30/22

Sr. VP Finance/CFO 8/31/22

Board Approved (CFO Signature)

Requestor Notified Finance

Asset Disposed of or Donated

Removed from Asset List (Finance)

Requested Public Entity for Donation

Entity Contact

Telephone

Department Director

EMC Member

President/CEO 8/31/22

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN029638
THRU ASSET NUMBER: KN029638

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.423	1 CAT SCAN							
KN029638	VITREA SERVER - HP DL380		ACTIVE	10/08/10	09/22/10		8740.00	0.00
							8740.00	0.00
						TOTAL FOR CLASS:	8740.00	0.00

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN029644
THRU ASSET NUMBER: KN029644

FROM ASSET CLASS: BEGINNING
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.423	1 CAT SCAN							
KN029644	VITREA INTEGRATION (PROJECT # 10-423-02)		ACTIVE		02/03/11	01/19/11	7500.00	0.00
							7500.00	0.00
						TOTAL FOR CLASS:	7500.00	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is required.

Asset Description	Asset Control KN #	Purchase Date	Purchase Price	CE #	Reason for Disposal	Net Book Value (proviced by Finance Dept)	Dept.
XARIO 100 ULTRASOUND IMAGING SYSTEM	KN030591	11/30/17	56,160.00		LOCATION UNKNOWN	2,808.00	1.961
ULTRASOUND APLIO 500	KN030602	04/13/18	45,138.00		LOCATION UNKOWN	6,018.00	1.961
RADIOLOGY WORK STATIONS X2	KN030704	08/31/17	7,661.26		NOT ON SITE SEE NOTE ON ATTACHED EXCEL	0.00	1.980

TOTAL BOOK VALUE **$8,826.00**

Requesting Department:

Net Book Value (Finance) — 8/30/22

Sr. VP Finance/CFO — 8/31/22

Board Approved (CFO Signature)

Requestor Notified Finance

Asset Disposed of or Donated

Removed from Asset List (Finance)

Requested Public Entity for Donation

Entity Contact

Telephone

Department Director

EMC Member

President/CEO

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM THRU FACILITY: SYSTEM
FROM ASSET NUMBER: KN030591 THRU ASSET NUMBER: KN030591
FROM ASSET CLASS: BEGINNING THRU ASSET CLASS: END
FROM DEPARTMENT: BEGINNING THRU DEPARTMENT: END
FROM STATUS DATE: BEGINNING THRU STATUS DATE: END
FROM ACQUIRED DATE: BEGINNING THRU ACQUIRED DATE: END
FROM RETIRE DATE: BEGINNING THRU RETIRE DATE: END
FROM RETIRE TYPE: BEGINNING THRU RETIRE TYPE: END
FROM RETIRE TYPE DATE: THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-TITUS LANN MOVEABLE EQUIP - TITUS LANDING

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.961	1 PMG-TITUSLANDING DX							
KN030591	XARIO 100 ULTRASOUND IMAGING SYSTEM		ACTIVE	12/06/17	11/30/17		56160.00	2808.00
							56160.00	2808.00
						TOTAL FOR CLASS:	56160.00	2808.00

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM THRU FACILITY: SYSTEM
FROM ASSET NUMBER: KN030602 THRU ASSET NUMBER: KN030602
FROM ASSET CLASS: BEGINNING THRU ASSET CLASS: END
FROM DEPARTMENT: BEGINNING THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING THRU STATUS DATE: END
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FROM RETIRE DATE: BEGINNING THRU RETIRE DATE: END
FROM RETIRE TYPE: BEGINNING THRU RETIRE TYPE: END
FROM RETIRE TYPE DATE: THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-TITUS LANN MOVEABLE EQUIP - TITUS LANDING

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.961	1 PMG-TITUSLANDING DX							
KN030602	ULTRASOUND APLIO 500		ACTIVE	08/13/19	04/13/18		45138.00	6018.40
							45138.00	6018.40
						TOTAL FOR CLASS:	45138.00	6018.40

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN030704 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN030704 THRU ASSET CLASS: END THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING FROM ACQUIRED DATE: BEGINNING FROM RETIRE DATE: BEGINNING FROM RETIRE TYPE: BEGINNING FROM RETIRE TYPE DATE:
THRU STATUS DATE: END THRU ACQUIRED DATE: END THRU RETIRE DATE: END THRU RETIRE TYPE: END THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-TITUS LANN MOVEABLE EQUIP - TITUS LANDING

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.980	1 PMG- CBO							
KN030704	RADIOLOGY WORKSTATIONS (QTY=2)		ACTIVE	06/04/18	08/31/17		7661.26	0.00
							7661.26	0.00
						TOTAL FOR CLASS:	7661.26	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is required.

Asset Description	Asset Control KN #	Purchase Date	Purchase Price	CE #	Reason for Disposal	Net Book Value (proviced by Finance Dept)	Dept.
Calibration Equipment- X Ray dosimeter	KN020497	12/22/1996	$12,290.51		obsolete	-0-	1.421
Mobilett Plus HP Portable X-Ray unit	KN021907	5/1/2001	$35,040.00		obsolete	-0-	1.421

TOTAL BOOK VALUE $0.00

Requesting Department:

Net Book Value (Finance) R. Fraley 8/30/22

Sr. VP Finance/CFO 8/31/22

Board Approved (CFO Signature)

Requestor Notified Finance

Asset Disposed of or Donated

Removed from Asset List (Finance)

Requested Public Entity for Donation

Entity Contact

Telephone

Department Director

EMC Member

President/CEO 9/6/22

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN020497
THRU ASSET NUMBER: KN020497

FROM ASSET CLASS: BEGINNING
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FROM DEPARTMENT: BEGINNING
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THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.421	1 RADIOLOGY							
KN020497	CALIBRATION EQUIPMENT - XRAY DOSIMETER, KVP, ET		ACTIVE	11/03/99	12/26/96		12290.51	0.00
							12290.51	0.00
						TOTAL FOR CLASS:	12290.51	0.00

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN021907
THRU ASSET NUMBER: KN021907

FROM ASSET CLASS: BEGINNING
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THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING
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FROM RETIRE TYPE: BEGINNING
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.421	1 RADIOLOGY							
KN021907	MOBILETT PLUS HP PORTABLE X-RAY UNIT		ACTIVE	06/09/01	05/01/01		35040.00	0.00
							35040.00	0.00
						TOTAL FOR CLASS:	35040.00	0.00

Healing Families – Healing Communities®

parrishmed.com

Finance Committee

FYTD July 31, 2022 – Performance Dashboard

Indicator	FYTD 2022 Actual	FYTD 2022 Budget	FYTD 2021 Actual
IP Admissions	4,038	4,506	4,543
LOS	5.6	4.3	5.2
Surgical Procedures	4,331	4,650	4,509
ED Visits	24,558	26,371	26,295
OP Volumes	41,663	45,518	44,052
Hospital Margin %	3.55%	8.76%	8.65%
Investment Income $	-$5.5 Million	$3.9 Million	$15.3 Million
EBIDA Margin %	-6.85%	5.73%	13.48%
EBIDA Margin %- Excluding Invest Income	-2.20%	2.87%	3.00%

EXECUTIVE COMMITTEE
Stan Retz, CPA, Chairman
Robert L. Jordan, Jr., C.M.
Herman A. Cole, Jr.
Elizabeth Galfo, M.D.
Maureen Rupe
George Mikitarian, President/CEO (non-voting)

DRAFT AGENDA
EXECUTIVE COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, SEPTEMBER 12, 2022
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5
IMMEDIATELY FOLLOWING FINANCE COMMITTEE

CALL TO ORDER

I. Reading of the Huddle

II. Attorney Report – Mr. Boyles

III. Other

IV. Executive Session (if needed)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE BOARD WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.

THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS EXECUTIVE COMMITTEE. TO THE EXTENT OF SUCH DISCUSSIONS, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS EXECUTIVE COMMITTEE AND NORTH BREVARD MEDICAL SUPPORT, INC. SHALL BE CONDUCTED.

EDUCATION COMMITTEE
Billie Fitzgerald, Chairperson
Maureen Rupe, Vice Chairperson
Robert L. Jordan, Jr., C.M. (ex-officio)
Ashok Shah, M.D.
Biju Mathews, M.D.
George Mikitarian, President/CEO (Non-voting)

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE
MONDAY, SEPTEMBER 12, 2022
IMMEDIATELY FOLLOWING EXECUTIVE SESSION
FIRST FLOOR CONFERENCE ROOM 2/3/4/5

CALL TO ORDER

I. Community Health Needs Assessment Report – Ms. Sellers

Motion to recommend the Board of Directors approve the Community Health Needs Assessment Report as presented.

II. Other

IV. Executive Session (if necessary)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE EDUCATION COMMITTEE WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.

THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE. TO THE EXTENT OF SUCH DISCUSSION, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT, BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE AND NORTH BREVARD MEDICAL SUUPORT, INC. SHALL BE CONDUCTED.

PARRISH MEDICAL CENTER
PARRISH HEALTHCARE

MEMORANDUM

TO: Board of Directors

FROM: Natalie Sellers, SVP, Communications, Community & Corporate Services

SUBJECT: Community Health Needs Assessment 2022-2025 Acceptance Request and Next Step

DATE: September 6, 2022

According to federal health reform legislation not-for-profit hospitals must conduct a Community Health Needs Assessment (CHNA) once every three years and develop a plan to meet the health needs of the community served.

Attached to this memo is the full Community Health Needs Assessment (2022) report, which is a follow-up to similar studies conducted in 2016 and 2019 by Professional Research Corporation (PRC) on behalf of Parrish Medical Center (PMC). Previous reports are available online at parrishhealthcare.com/communitybenefit, for further reference.

The attached report contains a detailed description of the methodology and survey instrument(s) used. To briefly review, the assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents within PMC's primary service area (North Brevard). This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey)—a minimum of 300 respondents—as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels. The 12 "Areas of Opportunity" consistently assessed include (in alphabetical order):

1. Access to Healthcare Services
2. Cancer
3. Diabetes
4. Heart Disease & Stroke
5. Infant Health
6. Injury & Violence
7. Mental Health
8. Nutrition/Physical Activity/Weight
9. Potentially Disabling Conditions
10. Respiratory Disease
11. Substance Abuse
12. Tobacco Use

Please refer to the attached report for the detailed results and key findings of our CHNA.

Upon the completion of the assessment, PMC convenes a group of key community stakeholders to evaluate, discuss and prioritize the findings within the assessment, which occurred on August 4, 2022. A group of approximately 30 community stakeholders (representing a cross-section of PMC care partners, community-based agencies and organizations) convened to evaluate, discuss, and prioritize the health issues for our community. The meeting was led and facilitated by a PRC representative which included a presentation of key findings from the CHNA and ending with a prioritization exercise. The group, using an online voting platform, assigned priority to the identified health needs (i.e., Areas of Opportunity). The following are the results of the prioritization exercise:

1. Mental Health
2. Substance Abuse
3. Heart Disease & Stroke
4. Access to Health Care Services
5. Nutrition, Physical Activity & Weight
6. Diabetes
7. Cancer
8. Infant Health
9. Tobacco Use
10. Respiratory Disease
11. Potentially Disabling Conditions
12. Injury & Violence

Of note, Mental Health, Substance Abuse and Nutrition, Physical Activity & Weight remained in the top five from the previous reporting period. Access to Health Care Service and Heart Disease & Stroke replaced Diabetes and Cancer in the top five.

Within the 2019 Implementation Strategy, we challenged ourselves with taking on all 12 Areas of Priority. An evaluation of our past activities associated with the 2019 CHNA can be found as an appendix within the attached CHNA report. To briefly summarize the evaluation of our past activities, PMC together with our integrated network and community health partnerships are making a difference.

Our community is benefiting from the many dedicated resources, investments, initiatives, programs and services already in place and ongoing that serve to address each area of priority. However, more focused work and continued efforts are necessary in order to achieve population health targets established by Healthy People 2030, CMS, and others.

Based on these results and the evaluation of our past activities, we recommend the Board approve narrowing our focus to three Areas of Priority from which to develop PMC's 2022 Implementation Strategy: Access to Health Care Services, Heart Disease & Stroke, and Diabetes.

By narrowing our focus to these three key priorities, meaningful improvement can be achieved across the board.

Next steps.
(1) Request the Board's acceptance of the 2022 CHNA as presented within the attached full report.
(2) Request Board approval of the recommended top three Areas of Priority listed above from which PMC will develop its 2022 Implementation Strategy.
(3) PMC's Implementation Strategy will be presented during the January Board of Directors' meeting for approval.

2022 COMMUNITY □EALT□ NEEDS ASSESSMENT

Parrish Medical Center Primary Service Area

North Brevard County, Florida

Sponsored by

PARRISH MEDICAL CENTER

□ August 2022
2022-1581-02

TABLE OF CONTENTS

INTROD□CTION

PROJECT OVERVIE□

Project Goals

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

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

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

This assessment was conducted on behalf of Parrish Medical Center by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the □nited States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online □ey Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

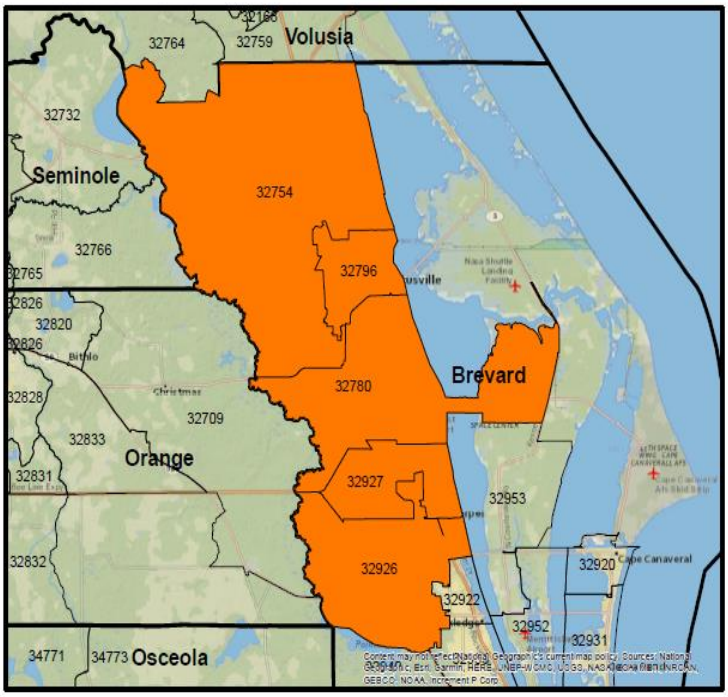
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Parrish Medical Center 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 this survey (referred to as the “Primary Service Area” or “PSA”) is defined as each of the residential □IP Codes comprising the primary service area of Parrish Medical Center in North Brevard County, Florida, including: □2754, □2796, □2780, □2927, and □2926. This community definition, which includes those □IP Codes generating the majority of inpatient admissions, is illustrated in the following map.

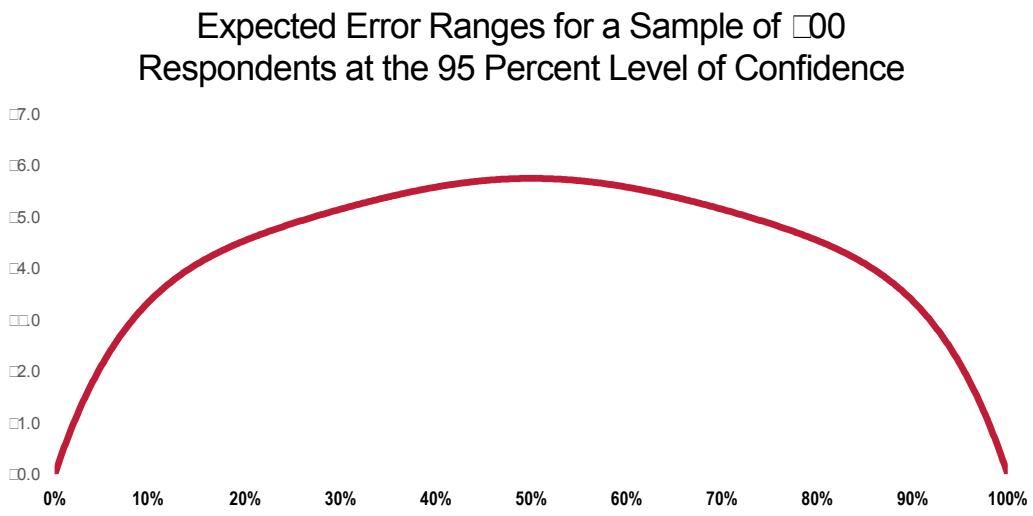


Sample Approach & Design

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

The sample design used for this effort consisted of a random sample of □00 individuals age 18 and older in the Primary Service Area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Primary Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of □00 respondents is □5.7□ at the 95 percent confidence level.



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.

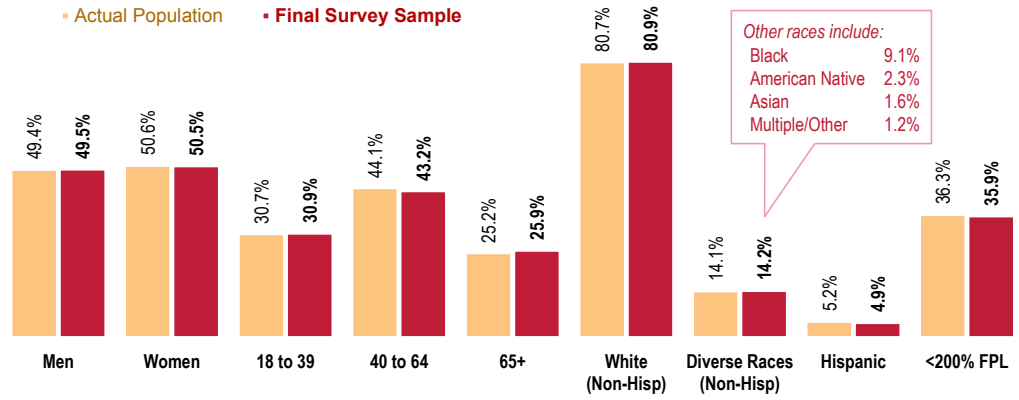
Examples:
- If 10% of the sample of 300 respondents answered a certain question with a "yes," it can be asserted that between 6.6% and 13.4% (10% ± 3.4%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 44.3% and 55.7% (50% ± 5.7%) 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. □ hile this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

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

Population & Survey Sample Characteristics
(Primary Service Area, 2022)



Sources:
- US Census Bureau, 2011-2015 American Community Survey.
- 2022 PRC Community Health Survey, PRC, Inc.

Notes:
- FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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

INCOME & RACE/ETHNICITY

INCOME ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the □S Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2021 guidelines place the poverty threshold for a family of four at $26,500 annual household income or lower). In sample segmentation: "low income" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200□ of) the poverty threshold; "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ET□NICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. "White" reflects non-Hispanic White respondents; "People of Color" includes Hispanics and non-□ hite race groups. □ hile the survey data are representative of the racial and ethnic makeup of the population, the samples for Hispanic and non-□ hite race groups were not of sufficient size for independent analysis.

Online □ey Informant Survey

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

□ey informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 80 community stakeholders took part in the Online □ey Informant Survey, as outlined below:

ONLINE □EY INFORMANT S□RVEY PARTICIPATION	
□EY INFORMANT TYPE	N□MBER PARTICIPATING
Physicians	11
Public Health Representatives	2
Other Health Providers	22
Social Services Providers	8
Other Community Leaders	□7

Final participation included representatives of the organizations outlined below.

- 211 Brevard
- ALL BLAC□ AB
- Auxiliary
- Brevard County Health Department
- Brevard Schools
- Children□s Home Society of Florida
- Community of Hope
- First Baptist Church Aurantia
- Florida Health Care Plans
- Franklin Special Event Productions
- Greater St. James Missionary Baptist Church
- Happenings
- HealthSouth Sea Pines Rehabilitation Hospital
- Holy Spirit Catholic Church
- Jess Parrish Medical Foundation
- National Veterans Homeless Support
- North Brevard Charities Sharing Center
- Palm Point Behavioral Health
- Park Avenue Baptist Church
- Parrish Health Network
- Parrish Healthcare
- Parrish Healthcare Auxiliary
- Parrish Home Health
- Parrish Medical Group
- Parrish Medical Group Athletic Training
- Port St John Community Foundation
- Space Coast Health Foundation
- St. Luke's Presbyterian Church
- St. Mary Missionary Baptist Church, Mims
- The Children□s Center
- Titusville Area Chamber of Commerce
- Titusville City Government
- Titusville Fire Department
- Titusville Playhouse
- Tobacco Free Florida

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

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

NOTE: These findings represent qualitative rather than quantitative data. The Online □ey Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Engagement Systems (CARES), □niversity of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- □S Census Bureau, American Community Survey
- □S Census Bureau, County Business Patterns
- □S Census Bureau, Decennial Census
- □S Department of Agriculture, Economic Research Service
- □S Department of Health & Human Services
- □S Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- □S Department of Justice, Federal Bureau of Investigation
- □S Department of Labor, Bureau of Labor Statistics
- Florida Department of Public Health

Note that secondary data reflect county-level data for Brevard County.

Benchmark Data

Trending

Similar surveys were administered in the Primary Service Area in 2016 and 2019 by PRC on behalf of Parrish Medical Center. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available (note that because □IP Code □2926 was added in 2019, it is not included in the 2016 results). Historical data for secondary data indicators are also included for the purposes of trending.

Florida Risk Factor Data

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

Nationwide Risk Factor Data

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

Healthy People 20□0

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

Healthy People 2030's overarching goals are to:

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

The Healthy People 20□0 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 20□0. After getting feedback from individuals and organizations and input from subject matter experts, the □.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 20□0 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. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15□ variation from the comparative measure.

Information Gaps

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

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

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

Public Comment

Parrish Medical Center made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Parrish Medical Center had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Parrish Medical Center will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS FORM 990, SCHED□LE H COMPLIANCE

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

IRS FORM 990, SCHED□LE H (2019)	See Report Page
Part V Section B Line □a A definition of the community served by the hospital facility	6
Part V Section B Line □b Demographics of the community	□2
Part V Section B Line □c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	178
Part V Section B Line □d How data was obtained	6
Part V Section B Line □e The significant health needs of the community	15
Part V Section B Line □f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line □g The process for identifying and prioritizing community health needs and services to meet the community health needs	16
Part V Section B Line □h The process for consulting with persons representing the community's interests	9
Part V Section B Line □i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	184

S□MMARY OF FINDINGS

Significant Health Needs of the Community

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

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

AREAS OF OPPORT□NITY IDENTIFIED THRO□GH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Lack of Health Insurance ▪ Barriers to Access – Appointment Availability – Finding a Physician ▪ Primary Care Physician Ratio ▪ Emergency Room □tilization ▪ Ratings of Local Health Care
CANCER	▪ Leading Cause of Death ▪ Cancer Prevalence ▪ Lung Cancer Incidence ▪ Cervical Cancer Screening [Age 21-65]
DIABETES	▪ Diabetes Prevalence ▪ □idney Disease Prevalence ▪ □ey Informants: Diabetes ranked as a top concern.
HEART DISEASE & STRO□E	▪ Leading Cause of Death ▪ Heart Disease Prevalence ▪ Stroke Deaths ▪ High Blood Pressure Prevalence ▪ High Cholesterol Prevalence
INFANT HEALTH	▪ Prenatal Care
INJ□RY & VIOLENCE	▪ □nintentional Injury Deaths – Including Motor Vehicle Crash Deaths ▪ Firearm-Related Deaths ▪ Homicide Deaths ▪ Violent Crime Rate

— continued on the next page —

AREAS OF OPPORT□NITY (continued)	
MENTAL HEALTH	▪ “Fair/Poor” Mental Health ▪ Depression ▪ Suicide ▪ Mental Health Provider Ratio ▪ □ey Informants: Mental health ranked as a top concern.
N□TRITION, PHYSICAL ACTIVITY & □ EIGHT	▪ Low Food Access ▪ Fruit/Vegetable Consumption ▪ Meeting Physical Activity Guidelines ▪ Overweight & Obesity [Adults] ▪ □ey Informants: Nutrition, physical activity, and weight ranked as a top concern.
POTENTIALLY DISABLING CONDITIONS	▪ Multiple Chronic Conditions ▪ Activity Limitations ▪ High-Impact Chronic Pain ▪ Sciatica/Chronic Back Pain ▪ Osteoporosis [Age 50□] ▪ Caregiving
RESPIRATORY DISEASE	▪ Chronic Obstructive Pulmonary Disease (COPD) Prevalence ▪ Chronic Lower Respiratory Disease (CLRD) Deaths
S□BSTANCE AB□SE	▪ Cirrhosis/Liver Disease Deaths ▪ □nintentional Drug-Related Deaths ▪ □se of Prescription Opioids ▪ □ey Informants: Substance abuse ranked as a top concern.
TOBACCO □SE	▪ Cigar Smoking ▪ □ey Informants: Tobacco use ranked as a top concern.

Community Feedback on Prioritization of Health Needs

On August 4, 2022, Parrish Medical Center convened a group of approximately □0 internal team members and local community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), an online voting platform was used in which each participant was able to register his/her ratings via a mobile device. The participants were asked to evaluate each health issue along two criteria:

- Scope & Severity — The first rating was to gauge the magnitude of the problem in consideration of the following:

    - *How many people are affected?*
    - *How does the local community data compare to state or national levels, or Healthy People 2030 targets?*
    - *To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?*

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

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

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

1. Mental Health
2. Substance Abuse
3. Heart Disease & Stroke
4. Access to Health Care Services
5. Nutrition, Physical Activity & Weight
6. Diabetes
7. Cancer
8. Infant Health
9. Tobacco Use
10. Respiratory Disease
11. Potentially Disabling Conditions
12. Injury & Violence

Hospital Implementation Strategy

Parrish Medical Center will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables:
Comparisons □ ith Benchmark Data

Reading the Summary Tables

- In the following tables, Primary Service Area results are shown in the larger, gray column.
- The columns to the right of the Primary Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 20□0 objectives. Symbols indicate whether the Primary Service Area compares favorably (), unfavorably (), or comparably () to these external data.

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

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

TREND S□MMARY
(Current vs. Baseline Data)

S□RVEY DATA INDICATORS:
Trends for survey-derived indicators represent significant changes since 2016. (Note that 2016 survey data does not include □IP Code □2926, which was added to the Primary Service Area in 2019).

OTHER (SECONDARY) DATA INDICATORS:
Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

Note that secondary data reflect county-level data.

SOCIAL DETERMINANTS	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)	1.4	6.2	4.1		
Population in Poverty (Percent)	11.2	13.3	12.8	8.0	
Children in Poverty (Percent)	15.8	18.7	17.5	8.0	
No High School Diploma (Age 25+, Percent)	7.8	11.5	11.5		
% Unable to Pay Cash for a $400 Emergency Expense	15.4		24.6		
% Worry/Stress Over Rent/Mortgage in Past Year	24.1		32.2		37.0
% Unhealthy/Unsafe Housing Conditions	6.3		12.2		
% Food Insecure	15.2		34.1		
		better	similar	worse	

OVERALL HEALTH	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	28.3	14.7	12.6		19.8
		better	similar	worse	

ACCESS TO HEALTH CARE	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	**16.2**	22.6	8.7	7.9	8.5
% [Insured] Went Without Coverage in the Past Year	**3.5**				9.7
% Difficulty Accessing Health Care in Past Year (Composite)	**43.5**		35.0		42.8
% Cost Prevented Physician Visit in Past Year	**10.7**	14.0	12.9		16.5
% Cost Prevented Getting Prescription in Past Year	**10.2**		12.8		15.7
% Difficulty Getting Appointment in Past Year	**27.1**		14.5		20.3
% Inconvenient Hrs Prevented Dr Visit in Past Year	**9.7**		12.5		15.0
% Difficulty Finding Physician in Past Year	**16.7**		9.4		15.5
% Transportation Hindered Dr Visit in Past Year	**7.4**		8.9		5.4
% Language/Culture Prevented Care in Past Year	**1.0**		2.8		1.7
% Skipped Prescription Doses to Save Costs	**14.3**		12.7		16.0
% Difficulty Getting Child's Health Care in Past Year	**1.7**		8.0		2.0
Primary Care Doctors per 100,000	**89.2**	103.0	103.5		
% Have a Specific Source of Ongoing Care	**71.5**		74.2	84.0	72.9
% Have Had Routine Checkup in Past Year	**78.7**	76.9	70.5		72.7
		better	similar	worse	

ACCESS TO HEALTH CARE (continued)	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
% Child Has Had Checkup in Past Year	**95.7**		77.4		95.6
% Two or More ER Visits in Past Year	**15.5**		10.1		13.2
% "Seldom/Never" Understand Written Health Information	**11.5**		13.4		13.2
% Rate Local Health Care "Fair/Poor"	**17.6**		8.0		20.1
		better	similar	worse	

CANCER	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
Cancer (Age-Adjusted Death Rate)	**148.6**	139.0	146.5	122.7	181.6
Lung Cancer (Age-Adjusted Death Rate)	**37.8**	32.7	33.4	25.1	
Prostate Cancer (Age-Adjusted Death Rate)	**16.6**	16.0	18.5	16.9	
Female Breast Cancer (Age-Adjusted Death Rate)	**20.8**	18.4	19.4	15.3	
Colorectal Cancer (Age-Adjusted Death Rate)	**12.7**	12.4	13.1	8.9	
Cancer Incidence Rate (All Sites)	**494.1**	460.2	448.6		
Female Breast Cancer Incidence Rate	**124.9**	120.4	126.8		
Prostate Cancer Incidence Rate	**90.1**	95.2	106.2		
Lung Cancer Incidence Rate	**68.1**	56.9	57.3		

CANCER (continued)	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
Colorectal Cancer Incidence Rate	**36.4**	36.2	38.0		
% Cancer	**15.0**	13.3	10.0		
% [Women 50-74] Mammogram in Past 2 Years	**77.9**	79.2	76.1	77.1	76.8
% [Women 21-65] Cervical Cancer Screening	**64.1**	76.7	73.8	84.3	76.5
% [Age 50-75] Colorectal Cancer Screening	**71.4**	72.5	77.4	74.4	79.4
		better	similar	worse	

DIABETES	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
Diabetes (Age-Adjusted Death Rate)	**19.6**	20.6	22.6		18.4
% Diabetes/High Blood Sugar	**17.8**	11.8	13.8		13.9
% Borderline/Pre-Diabetes	**10.2**		9.7		8.7
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	**59.5**		43.3		54.0
		better	similar	worse	

HEART DISEASE & STROKE	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	**159.0**	142.1	164.4	127.4	158.7
% Heart Disease (Heart Attack, Angina, Coronary Disease)	**10.7**	7.6	6.1		8.8

HEART DISEASE & STROKE (continued)	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
Stroke (Age-Adjusted Death Rate)	44.8	41.2	37.6	33.4	30.1
% Stroke	5.0	3.6	4.3		5.8
% Blood Pressure Checked in Past 2 Years	97.7		85.0		94.8
% Told Have High Blood Pressure	59.8	33.5	36.9	27.7	45.8
% [HBP] Taking Action to Control High Blood Pressure	96.0		84.2		93.4
% Cholesterol Checked in Past 5 Years	92.9		80.7		93.6
% Told Have High Cholesterol	39.7		32.7		30.9
% [HBC] Taking Action to Control High Cholesterol	95.2		83.2		89.3
		better	similar	worse	

IMMUNIZATION & INFECTIOUS DISEASES	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
% Completed the Hepatitis B Vaccination Series	42.4				35.1
		better	similar	worse	

INFANT HEALTH & FAMILY PLANNING	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
No Prenatal Care in First Trimester (Percent)	31.3	28.2	22.3		24.3
Low Birthweight Births (Percent)	8.1	8.7	8.2		

INFANT HEALTH & FAMILY PLANNING (continued)	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
Infant Death Rate	6.1	5.8	5.5	5.0	6.9
Births to Adolescents Age 15 to 19 (Rate per 1,000)	16.1	18.4	19.3		
		better	similar	worse	

INJURY & VIOLENCE	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
Unintentional Injury (Age-Adjusted Death Rate)	88.7	58.8	51.6	43.2	50.5
Motor Vehicle Crashes (Age-Adjusted Death Rate)	14.2	14.7	11.4	10.1	
[65+] Falls (Age-Adjusted Death Rate)	67.2	68.9	67.1	63.4	
Firearm-Related Deaths (Age-Adjusted Death Rate)	15.1	13.1	12.5	10.7	
Homicide (Age-Adjusted Death Rate)	7.8	7.0	6.1	5.5	6.2
Violent Crime Rate	500.5	433.9	416.0		
		better	similar	worse	

KIDNEY DISEASE	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
Kidney Disease (Age-Adjusted Death Rate)	10.5	9.6	12.8		13.0
% Kidney Disease	6.4	3.7	5.0		2.1
		better	similar	worse	

MENTAL HEALTH	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	**21.2**		13.4		13.7
% Diagnosed Depression	**25.0**	14.7	20.6		19.6
% Symptoms of Chronic Depression (2+ Years)	**33.4**		30.3		27.3
% Typical Day Is "Extremely/Very" Stressful	**7.6**		16.1		11.9
Suicide (Age-Adjusted Death Rate)	**18.4**	14.3	13.9	12.8	20.2
Mental Health Providers per 100,000	**108.3**	104.2	130.4		
% Have Ever Sought Help for Mental Health	**31.7**		30.0		23.8
% [Those With Diagnosed Depression] Seeking Help	**88.4**		85.4		80.2
% Unable to Get Mental Health Svcs in Past Yr	**7.5**		7.8		5.5
		better	similar	worse	

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
Population With Low Food Access (Percent)	**41.8**	25.1	22.2		
% 5+ Servings of Fruits/Vegetables per Day	**29.5**		32.7		37.6
% Meeting Physical Activity Guidelines	**19.5**	27.0	21.4	28.4	16.4
Recreation/Fitness Facilities per 100,000	**11.5**	12.3	11.9		
% Healthy Weight (BMI 18.5-24.9)	**30.9**	34.0	34.5		30.9

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
% Overweight (BMI 25+)	73.0	64.1	61.0		65.1
% Obese (BMI 30+)	42.7	28.4	31.3	36.0	30.4
% [Overweights] Trying to Lose Weight	60.9		53.7		31.9
		better	similar	worse	

ORAL HEALTH	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
% Have Dental Insurance	70.0		68.7	59.8	59.3
% [Age 18+] Dental Visit in Past Year	57.4	61.2	62.0	45.0	57.1
		better	similar	worse	

POTENTIALLY DISABLING CONDITIONS	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	46.2		32.5		48.0
% Activity Limitations	36.2		24.0		26.2
% With High-Impact Chronic Pain	30.6		14.1	7.0	
% Sciatica/Chronic Back Pain	33.6		16.5		31.5
% [50+] Arthritis/Rheumatism	35.4		33.1		40.3
% [50+] Osteoporosis	17.3		10.5	5.5	11.6

POTENTIALLY DISABLING CONDITIONS (continued)	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)	16.3	19.1	30.9		23.6
% Caregiver to a Friend/Family Member	28.5		22.6		

better similar worse

RESPIRATORY DISEASE	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
CLRD (Age-Adjusted Death Rate)	43.0	35.1	38.1		44.2
Pneumonia/Influenza (Age-Adjusted Death Rate)	10.7	9.1	13.4		11.9
% [Age 65+] Flu Vaccine in Past Year	82.4	61.6	71.0		59.5
% [Age 65+] Pneumonia Vaccine Ever	81.1		71.6		81.4
COVID-19 (Age-Adjusted Death Rate)	42.8	56.4	85.0		
% Vaccinated for COVID-19	70.8				
% [Adult] Ever Diagnosed w/Asthma As An Adult	9.9				
% [Child 0-17] Asthma	7.5		7.8		11.8
% COPD (Lung Disease)	11.5	7.5	6.4		13.3

better similar worse

SEPTICEMIA	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
Septicemia (Age-Adjusted Death Rate)	7.2	7.8	9.8		7.1
		better	similar	worse	

SEXUAL HEALTH	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
HIV/AIDS (Age-Adjusted Death Rate)	2.3	3.7	1.8		
HIV Prevalence Rate	302.9	607.0	372.8		
Chlamydia Incidence Rate	348.5	499.2	539.9		
Gonorrhea Incidence Rate	81.6	155.6	179.1		
		better	similar	worse	

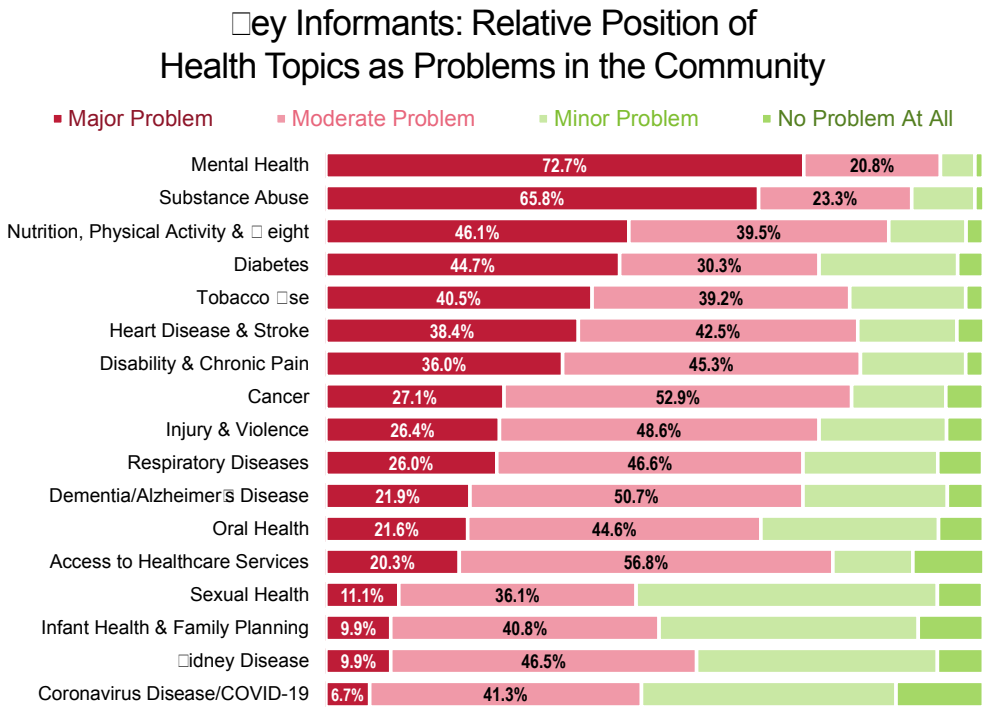
SUBSTANCE ABUSE	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	19.0	12.0	11.9	10.9	16.1
% Excessive Drinker	15.0	15.6	27.2		10.0
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	53.9	25.9	21.0		18.8
% Illicit Drug Use in Past Month	2.4		2.0	12.0	3.1
% Used a Prescription Opioid in Past Year	21.1		12.9		

SUBSTANCE ABUSE (continued)	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
% Ever Sought Help for Alcohol or Drug Problem	7.9		5.4		4.3
% Personally Impacted by Substance Abuse	39.7		35.8		44.4
		better	similar	worse	

TOBACCO USE	Primary Service Area	PRIMARY SVC AREA vs. BENCHMARKS vs. FL	vs. US	vs. HP2030	TREND
% Current Smoker	15.3	14.7	17.4	5.0	15.7
% Someone Smokes at Home	5.7		14.6		13.1
% [Household With Children] Someone Smokes in the Home	4.9		17.4		12.3
% Currently Use Vaping Products	2.0	5.7	8.9		11.1
% Use Smokeless Tobacco	1.0	2.2			2.0
% Smoke Cigars	7.2				2.4
		better	similar	worse	

Summary of □ey Informant Perceptions

In the Online □ey Informant Survey, community stakeholders were asked to rate the degree to which each of 17 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)



COMM□NITY DESCRIPTION

POP□LATION CHARACTERISTICS

Total Population

The Primary Service Area□the focus of this Community □ealth Needs Assessment□is a part of Brevard County□which in its entirety encompasses □□□□□.□□ s□uare miles and houses a total population of □□□□□□□□ residents□according to latest census estimates.

Total Population
(Estimated Population, 2016-2020)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Brevard County	594,001	1,014.97	585
Florida	21,216,924	5□,652.17	□95
□nited States	□26,569,□08	□,5□□,0□8.14	92

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

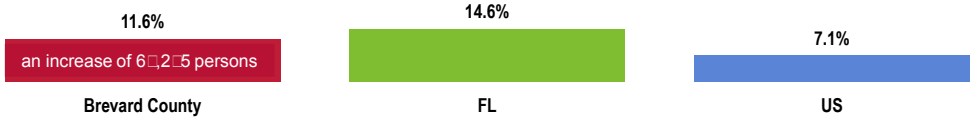
Population Change 2010-2020

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

Between the □□□□ and □□□□ US Censuses□the population of Brevard County increased by □□□□□□ persons□or □□.□□ .

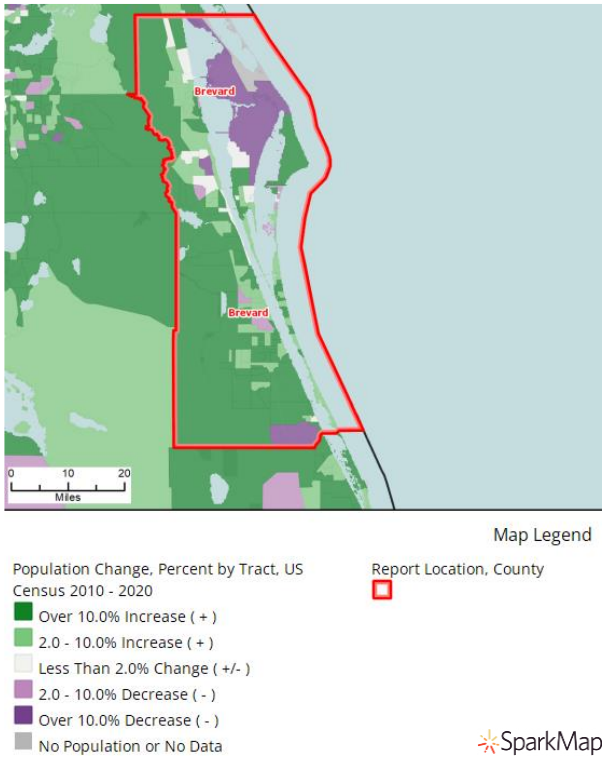
BENCHMAR□ ► A lower population increase than was recorded across the state.

Change in Total Population
(Percentage Change Between 2010 and 2020)



Sources:
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

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

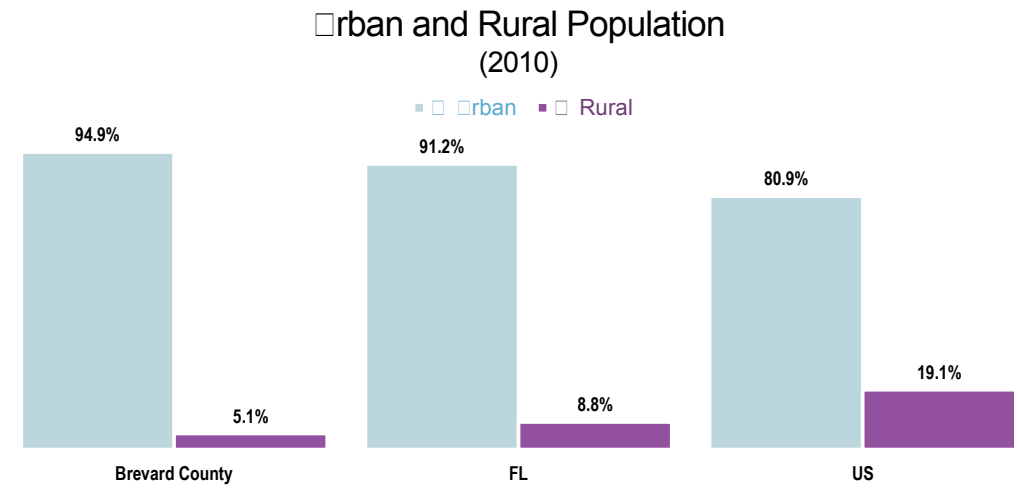


□rban/Rural Population

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

Brevard County is predominantly urban□with □□.□□ of the population living in areas designated as urban.

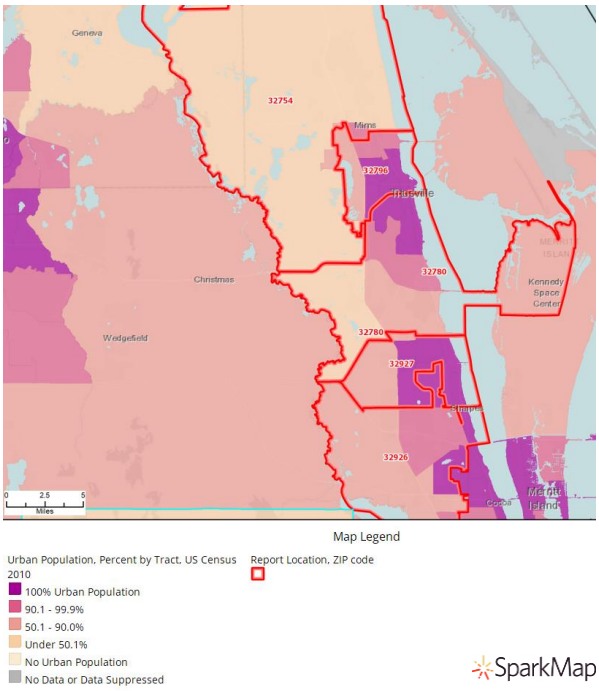
BENCHMAR□ ► More urban than the state and nation.



Sources:
- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

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

Note the following map, outlining the urban population in Northern Brevard County.

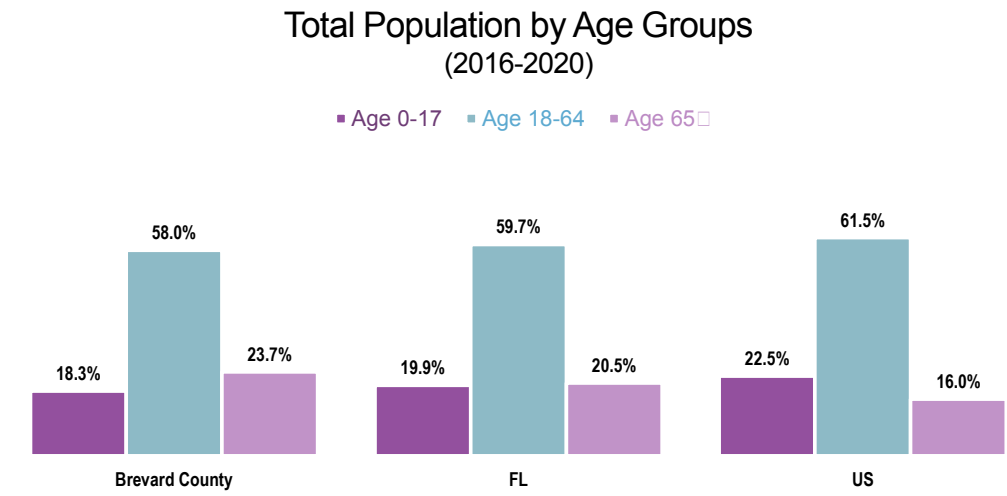


Age

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

In the Brevard County□□□.□□ of the population are children age □□□□another □□.□□ are age □□ to □□□while □□.□□ are age □□ and older.

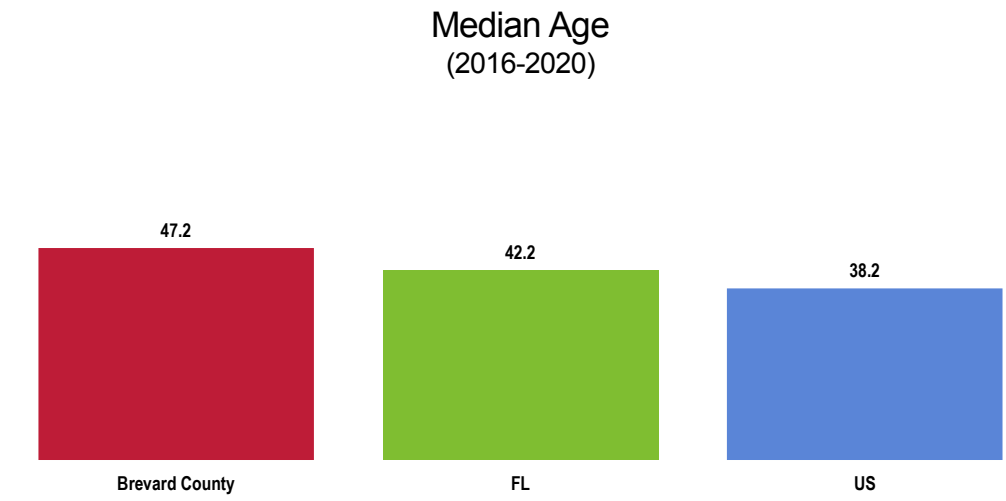
BENCHMAR□ ► The proportion of seniors (age 65□) is higher than found statewide and nationally.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

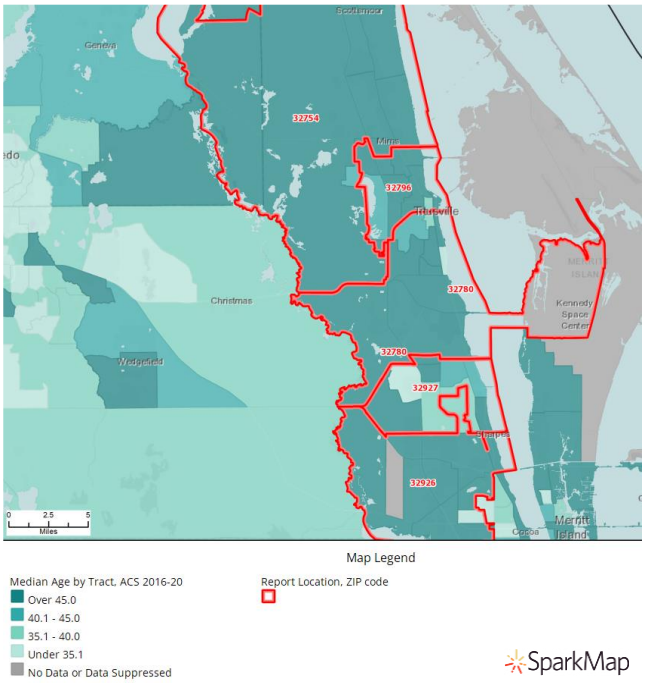
Median Age

Brevard County is "older" than the state and the nation in that the median age is notably higher.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

The following map provides an illustration of the median age in Northern Brevard County.

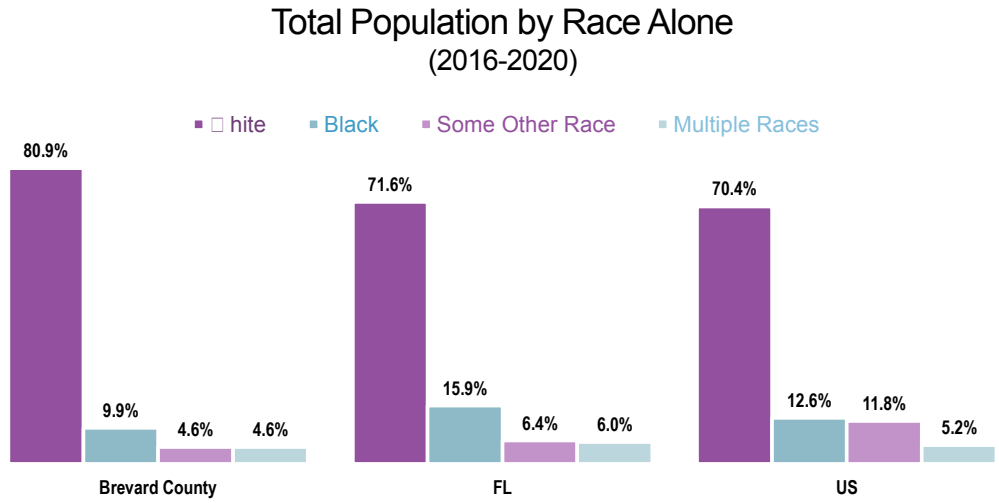


Race & Ethnicity

Race

In loo□ing at race independent of ethnicity □ispanic or Latino origin□□□.□□ of residents of Brevard County are □ hite and □.□□ are Blac□.

BENCHMAR□ ► Brevard County is less diverse than the state and nation.

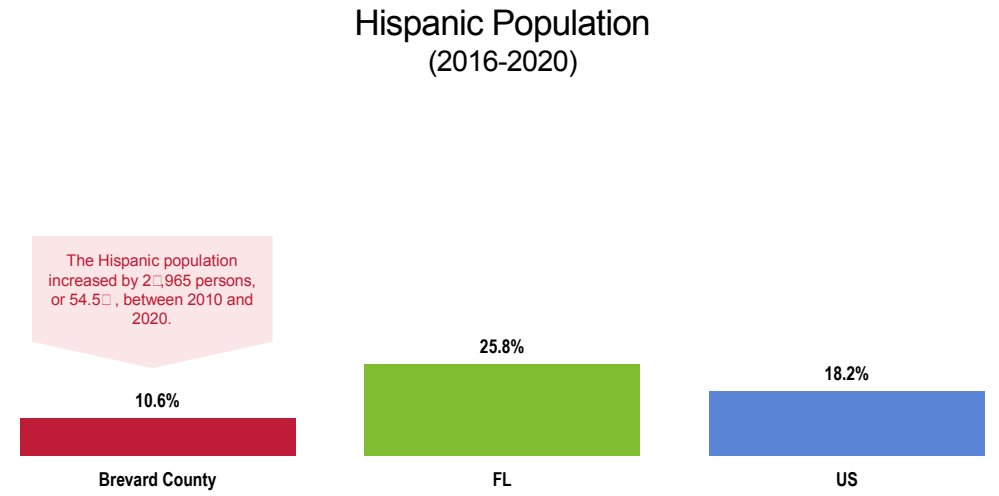


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Ethnicity

A total of □□.□□ of Brevard County residents are □ispanic or Latino.

BENCHMAR□ ► The county has a lower proportion of Hispanic residents than Florida or the □S.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

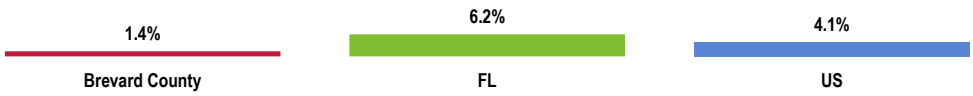
Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

A total of □.□□ of the county population age □ and older live in a home in which no person age □□ or older is proficient in English □spea□ing only English or spea□ing English "very well").

BENCHMAR□ ► Lower than found across the state and nation.

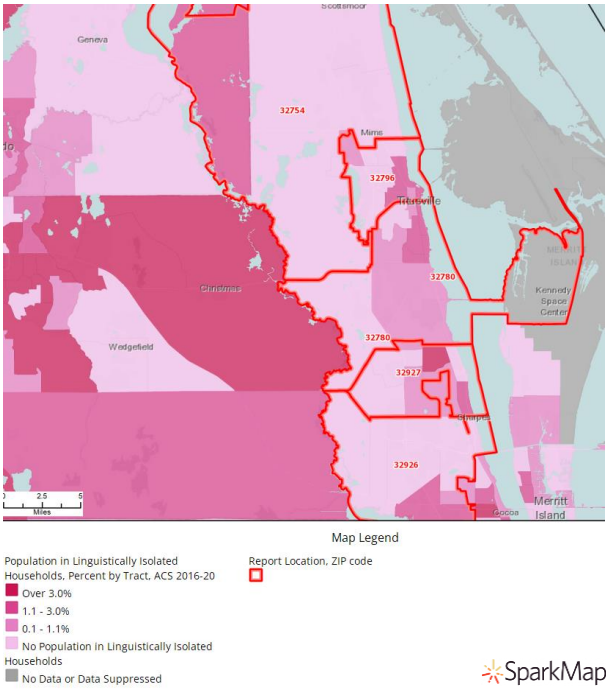
Linguistically Isolated Population
(2016-2020)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."

Note the following map illustrating linguistic isolation throughout Northern Brevard County.



SOCIAL DETERMINANTS OF HEALTH

ABO□T SOCIAL DETERMINANTS OF HEALTH

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

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

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

SDOH also contribute to wide health disparities and inequities. For example, people who don□t have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won□t eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people□s environments.

- Healthy People 20□0 (https://health.gov/healthypeople)

Poverty

The latest census estimate shows □□.□□ of the Brevard County total population living below the federal poverty level.

BENCHMAR□ ► Better than the statewide percentage. Fails to satisfy the Healthy People 20□0 objective.

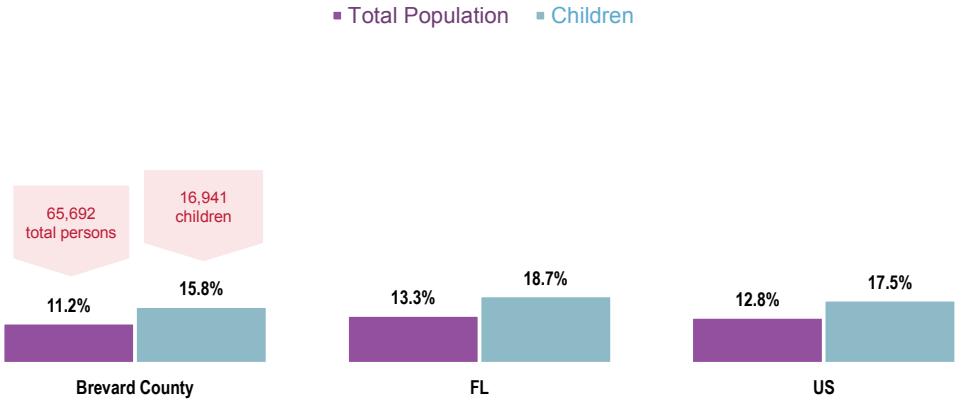
Among □ust children □ages □ to □□□□this percentage in Brevard County is □□.□□ □representing an estimated □□□□□□ children□.

BENCHMAR□ ► Better than the statewide percentage. Fails to satisfy the Healthy People 20□0 objective.

Population in Poverty

(Populations Living Below the Poverty Level; 2016-2020)

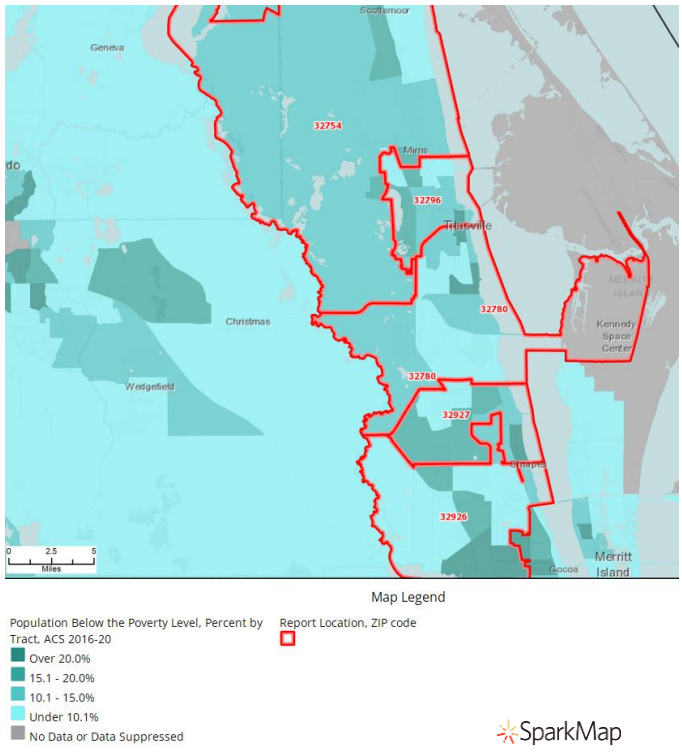
Healthy People 20□0 □8.0□ or Lower

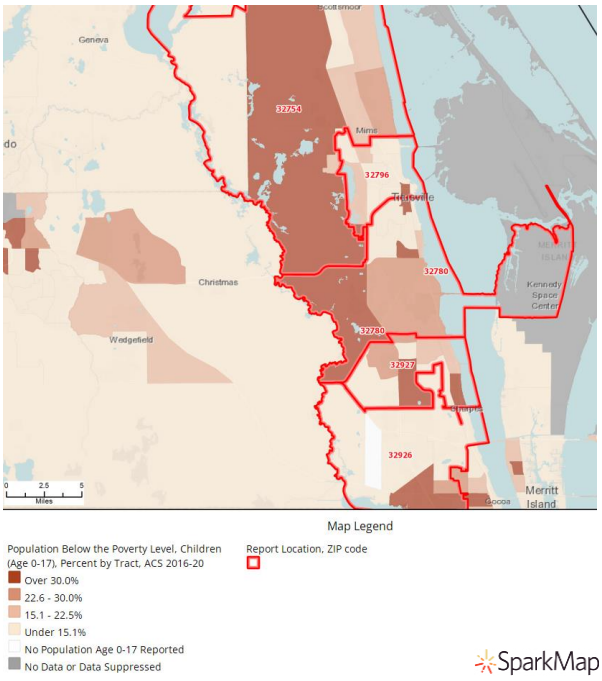


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

The following maps highlight concentrations of persons living below the federal poverty level.





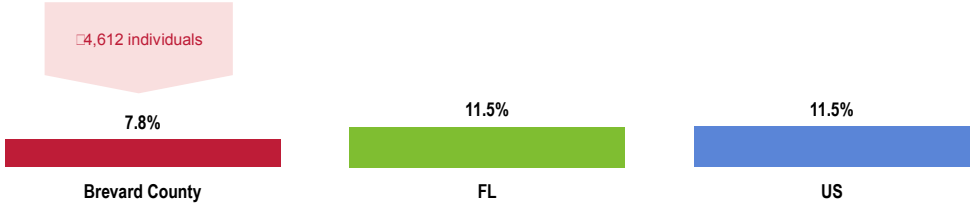
Education

Among the Brevard County population age □□ and older□an estimated □.□□ □over □□□□□□ people□do not have a high school education.

BENCHMAR□ ► More favorable than found across Florida and the □S.

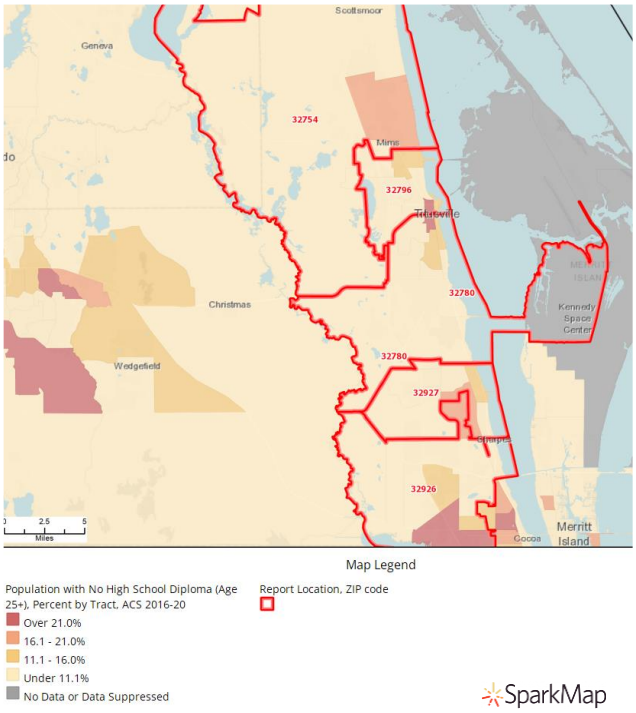
Population □ ith No High School Diploma

(Population Age 25□ □ ithout a High School Diploma or Equivalent, 2016-2020)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.



Financial Resilience

A total of □□.□□ of Primary Service Area residents would <u>not</u> be able to afford an unexpected □□□□ expense without going into debt.

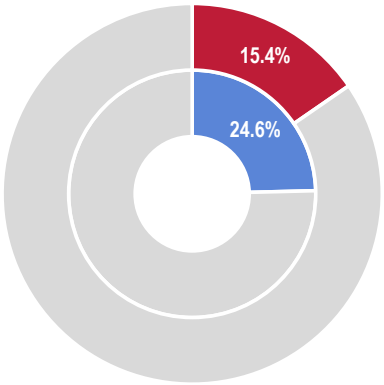
BENCHMAR□ ► More favorable than found nationally.

DISPARITY ► More often reported among women, adults age 45 to 64, and especially lower-income adults and People of Color.

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

NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

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



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 63]
- 2020 PRC National Health Survey, PRC, Inc.

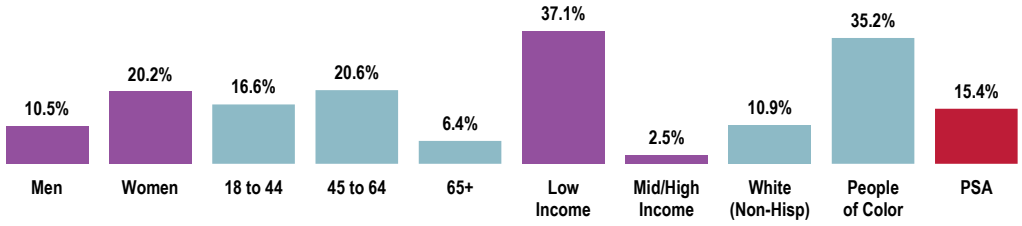
Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

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

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

In addition, “White” reflects non-Hispanic □hite respondents; “People of Color” includes Hispanics and non-□hite race groups.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(Primary Service Area, 2022)



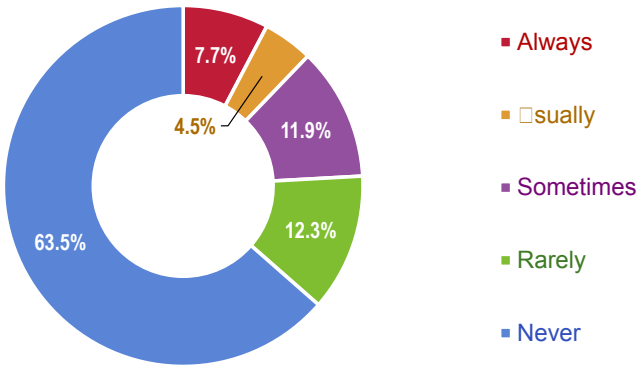
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 63]
Notes: ● Asked of all respondents.
● Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that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

Housing

Housing Insecurity

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

Frequency of □ orry or Stress Over Paying Rent or Mortgage in the Past Year
(Primary Service Area, 2022)



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

□owever□a considerable share □□□.□□ □report that they were "sometimes," "usually□" or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

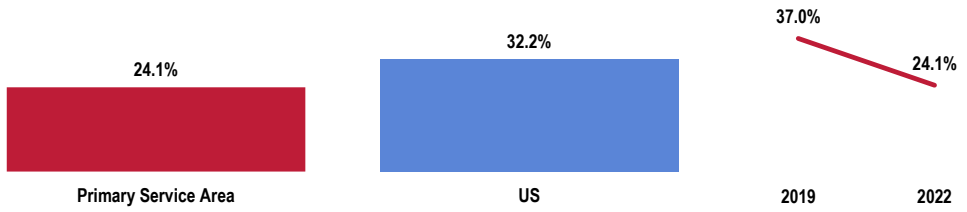
BENCHMAR□ ► Better than the □S percentage.

TREND ► Marks a significant decrease from 2019.

DISPARITY ► More often reported among women, adults younger than 65, and especially lower-income residents and People of Color.

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

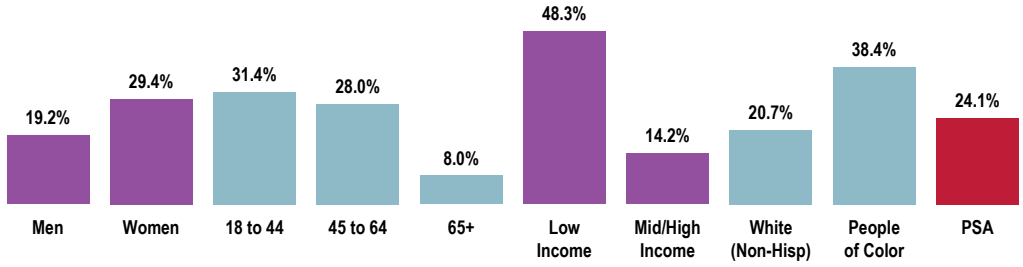
Primary Service Area



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

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

(Primary Service Area, 2022)



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

□nhealthy or □nsafe Housing

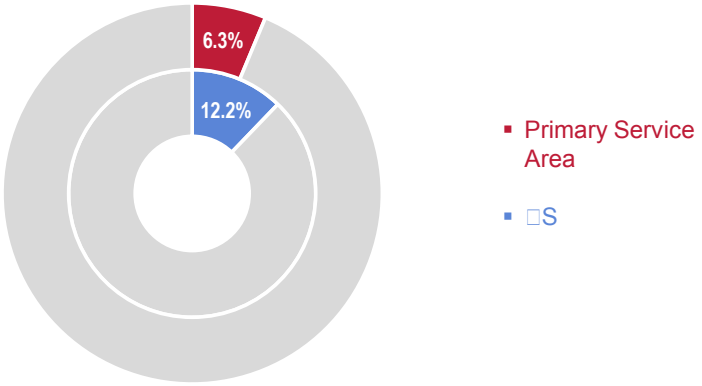
A total of □.□□ of Primary Service Area residents report living in unhealthy or unsafe housing conditions during the past year.

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

BENCHMAR□ ► Lower than the national percentage.

DISPARITY ► More often reported among adults age 45 to 64.

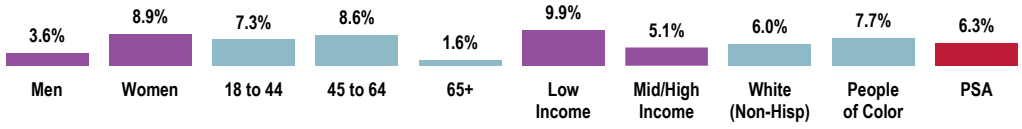
□nhealthy or □nsafe Housing Conditions in the Past Year



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 65]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

□nhealthy or □nsafe Housing Conditions in the Past Year
(Primary Service Area, 2022)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 65]

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Food Access

Low Food Access

Low food access is defined as living more than □ mile from the nearest supermarket, supercenter, or large grocery store.

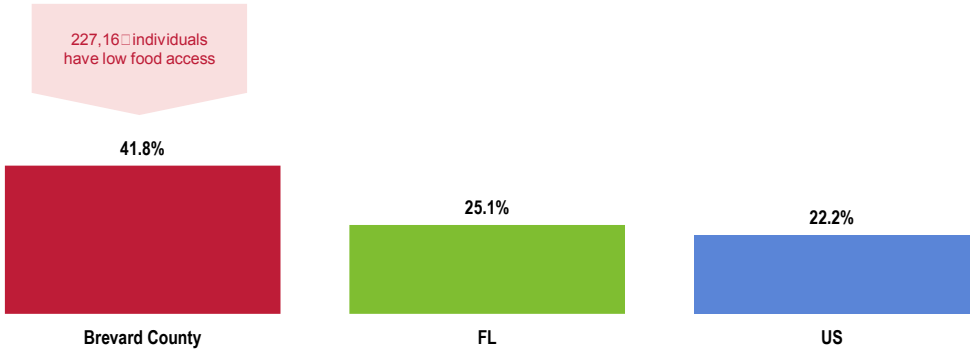
RELATED ISS□E
See also *Nutrition*, *Physical Activity* & *Weight* in the **Modifiable □ealth Ris□s** section of this report.

US Department of Agriculture data show that □□.□□ of the Primary Service Area population □representing over □□□□□□□ residents□have low food access□meaning that they do not live near a supermar□et or large grocery store.

BENCHMAR□ ► Much higher than found across the state and nation.

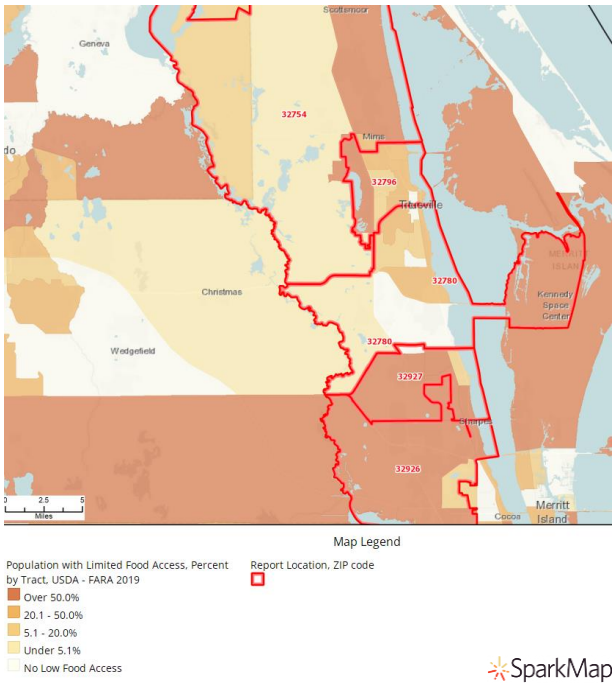
Population □ ith Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2019)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



Food Insecurity

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

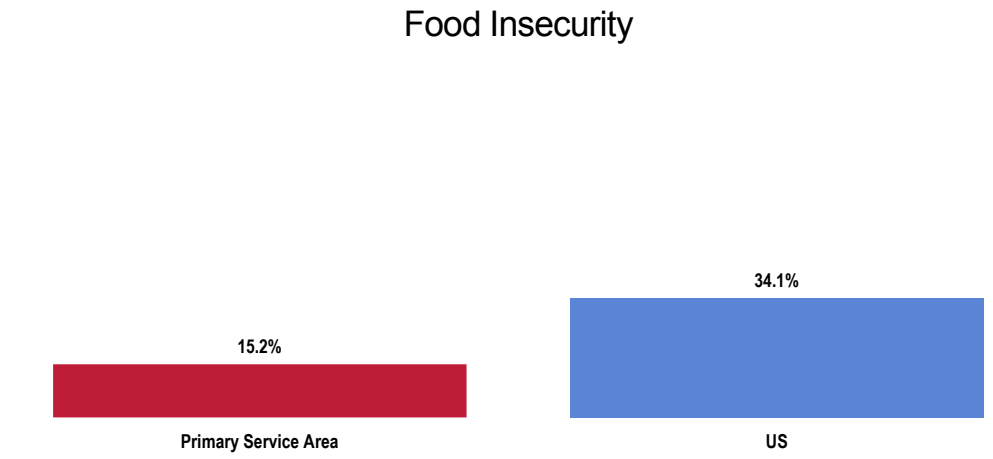
- I worried about whether our food would run out before we got money to buy more.
- The food that we bought just did not last, and we did not have money to get more."

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

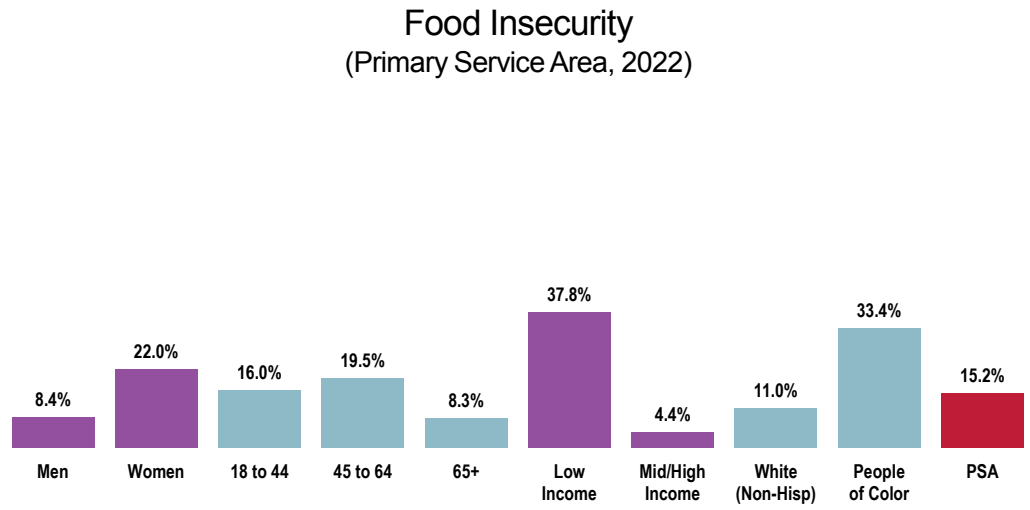
Overall□□□.□% of community residents are determined to be "food insecure," having run out of food in the past year and□or been worried about running out of food.

BENCHMAR□ ► Much lower than the □S percentage.

DISPARITY ► More often reported among women, adults age 45 to 64, lower-income adults, and People of Color.



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



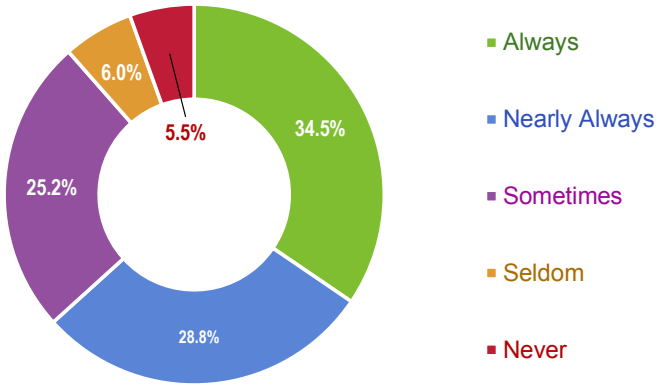
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 112]
Notes: ● Asked of all respondents.
● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Health Literacy

Most surveyed adults in the Primary Service Area report no significant difficulty understanding written health information.

"The next question is about any type of health care information you may receive. You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places. How often is health information written in a way that is easy for you to understand□ □ ould you say: Always, Nearly Always, Sometimes, Seldom, or Never?"

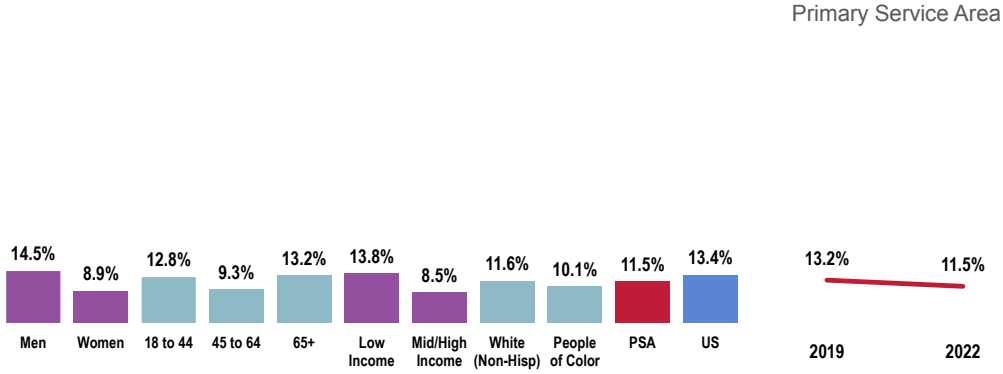
Frequency of □nderstanding □ ritten Health Information
(Primary Service Area, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 316]
Notes: ● Reflects the total sample of respondents.

□owever, a total of 11.5% report that written health information is "seldom" or "never" easy to understand.

Written Health Information Is "Seldom/Never" Easy to Understand
(Primary Service Area, 2022)



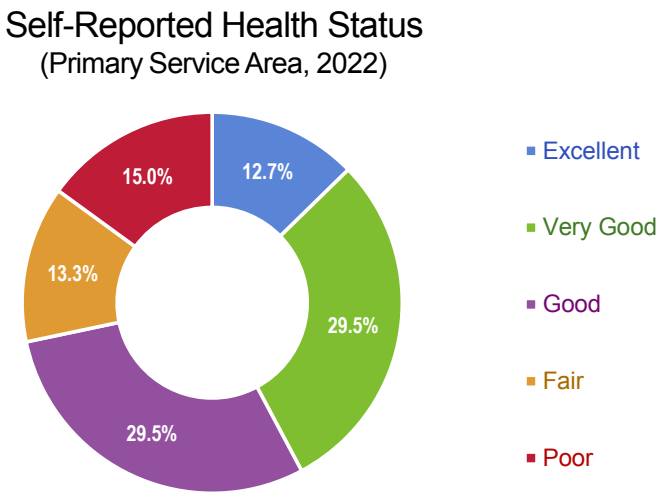
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 316]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

HEALTH STAT□S

OVERALL HEALTH STAT□S

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

Most Primary Service Area residents rate their overall health favorably □responding "excellent," "very good," or "good").



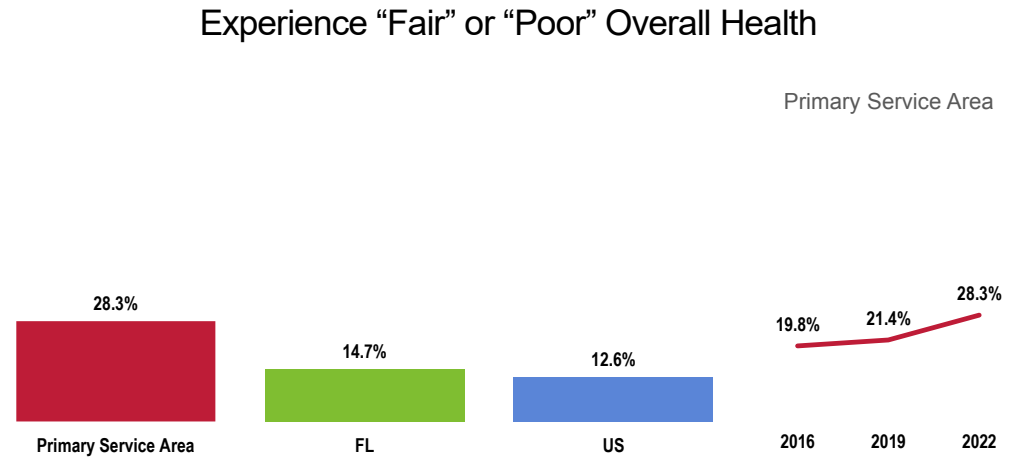
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

□owever□□□.□□ of Primary Service Area adults believe that their overall health is "fair" or "poor."

BENCHMAR□ ► Considerably higher than the state and national percentages.

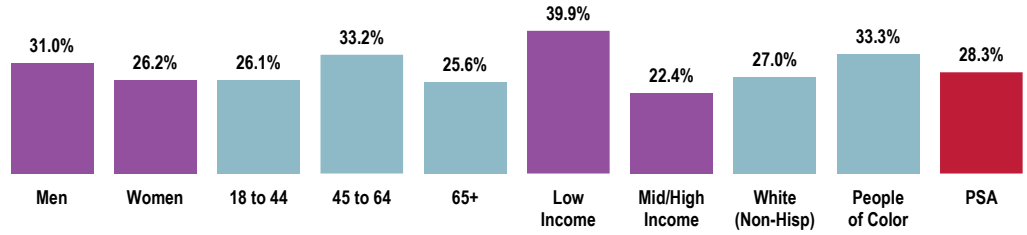
TREND ► Denotes a significant increase over time.

DISPARITY ► More often reported among lower-income adults.



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(Primary Service Area, 2022)



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

MENTAL HEALTH

ABO□T MENTAL HEALTH & MENTAL DISORDERS

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

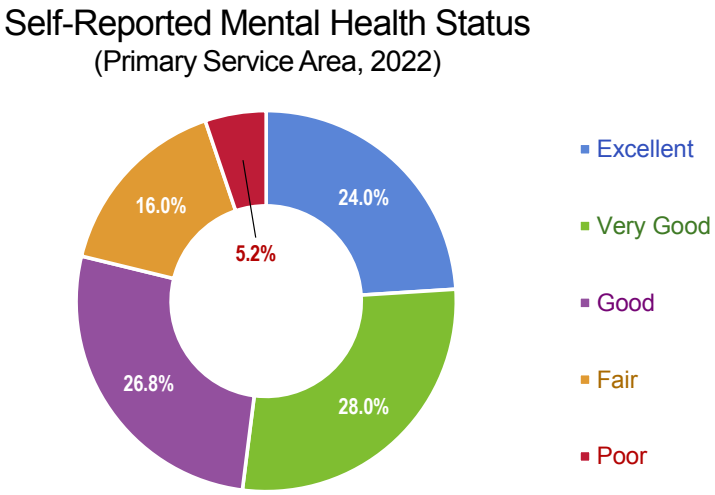
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening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

– Healthy People 20□0 (https://health.gov/healthypeople)

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?"

Most Primary Service Area adults rate their overall mental health favorably ("excellent," "very good," or "good").



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

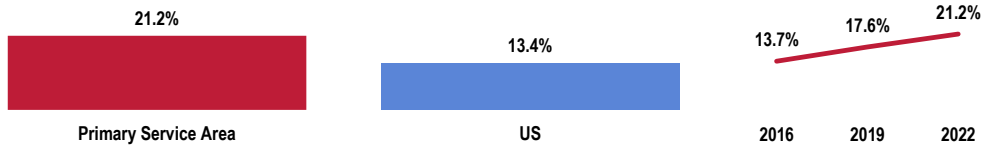
□owever□□□.□□ believe that their overall mental health is "fair" or "poor."

BENCHMAR□ ► □ orse than the □S finding.

TREND ► Marks a significant increase over time.

Experience "Fair" or "Poor" Mental Health

Primary Service Area



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 90]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Depression

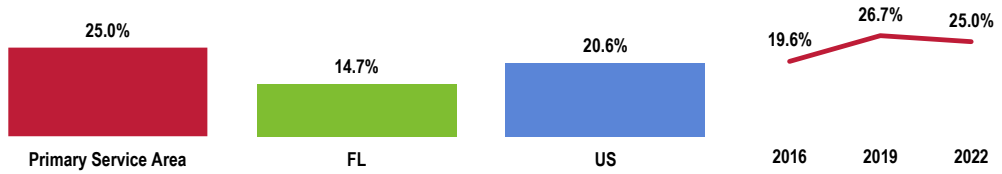
Diagnosed Depression

One□fourth □□□.□□ □of Primary Service Area adults have been diagnosed by a physician□nurse□ or other health care professional as having a depressive disorder □such as depression□ma□or depression□dysthymia□or minor depression□.

BENCHMAR□ ► Higher than found statewide.

Have Been Diagnosed □ ith a Depressive Disorder

Primary Service Area



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 93]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.

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

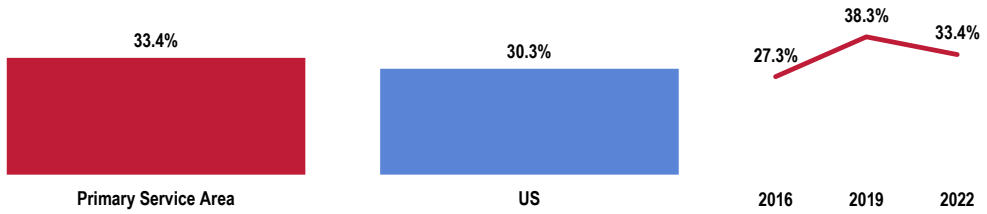
Symptoms of Chronic Depression

One□third □□□.□□ □of Primary Service Area adults have had two or more years in their lives when they felt depressed or sad on most days□although they may have felt o□ay sometimes □symptoms of chronic depression□.

DISPARITY ► More often reported among women, adults age 45 to 64, and lower-income respondents.

Have Experienced Symptoms of Chronic Depression

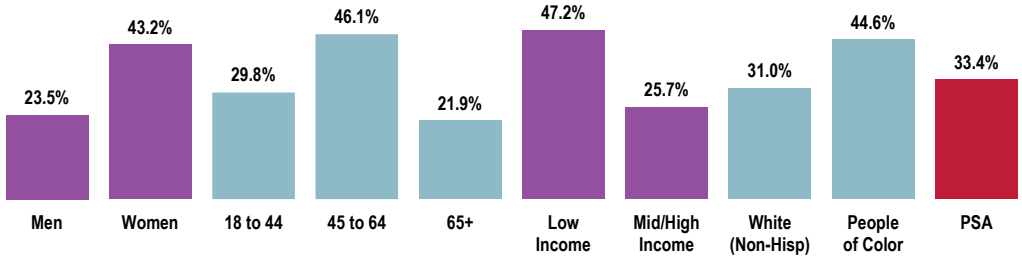
Primary Service Area



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 91]
- 2020 PRC National Health Survey, PRC, Inc.

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

Have Experienced Symptoms of Chronic Depression
(Primary Service Area, 2022)

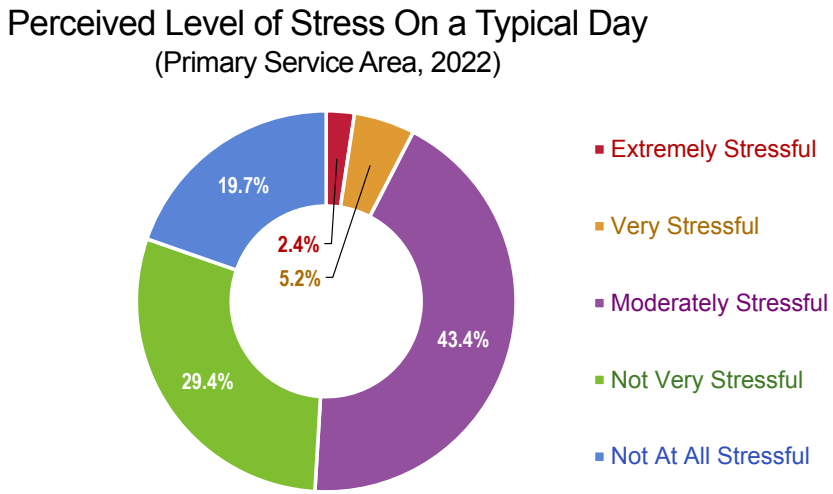


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 91]

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

Stress

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

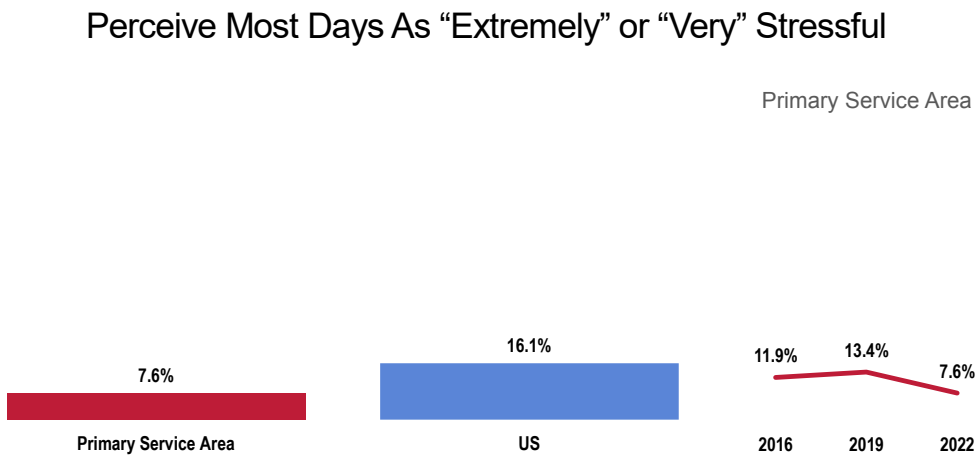


Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: ● Asked of all respondents.

In contrast□□.□□ of Primary Service Area adults feel that most days for them are "very" or "extremely" stressful.

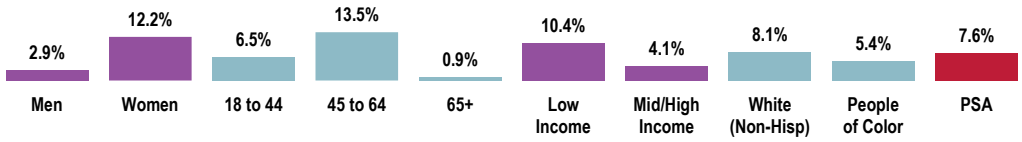
BENCHMAR□ ► Lower than the national finding.

DISPARITY ► More often reported among women and adults age 45 to 64.



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

Perceive Most Days as “Extremely” or “Very” Stressful
(Primary Service Area, 2022)



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

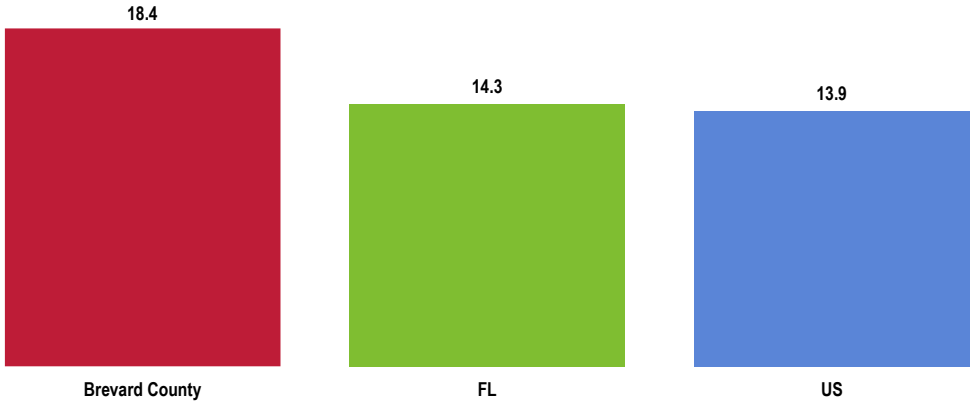
Suicide

In Brevard County there were 18.4 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ► Worse than state and US rates. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher among White residents.

Suicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 – 12.8 or Lower

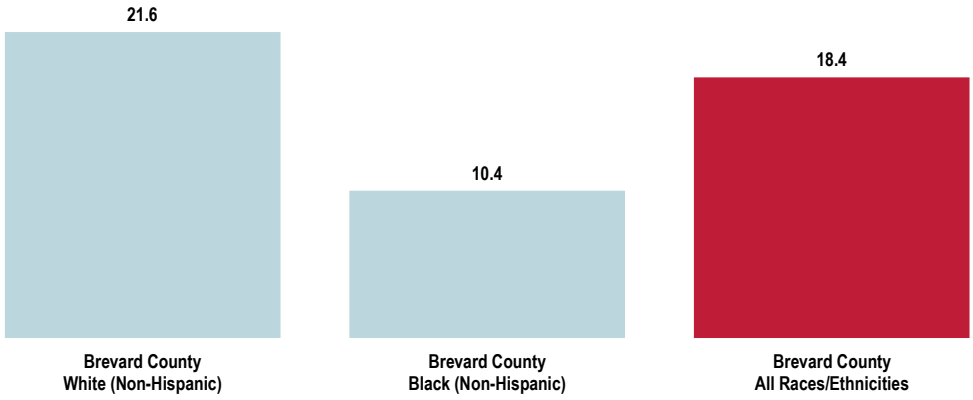


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Suicide: Age-Adjusted Mortality by Race

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 20□0 □ 12.8 or Lower

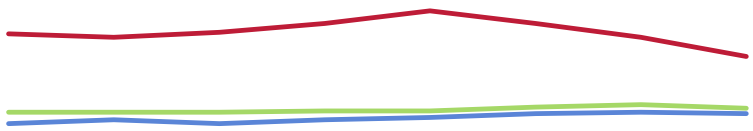


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 20□0 □ 12.8 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Brevard County	20.2	19.9	20.3	21.0	22.0	21.0	19.9	18.4
FL	14.0	14.0	14.0	14.1	14.1	14.4	14.6	14.3
US	13.1	13.4	13.1	13.4	13.6	13.9	14.0	13.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

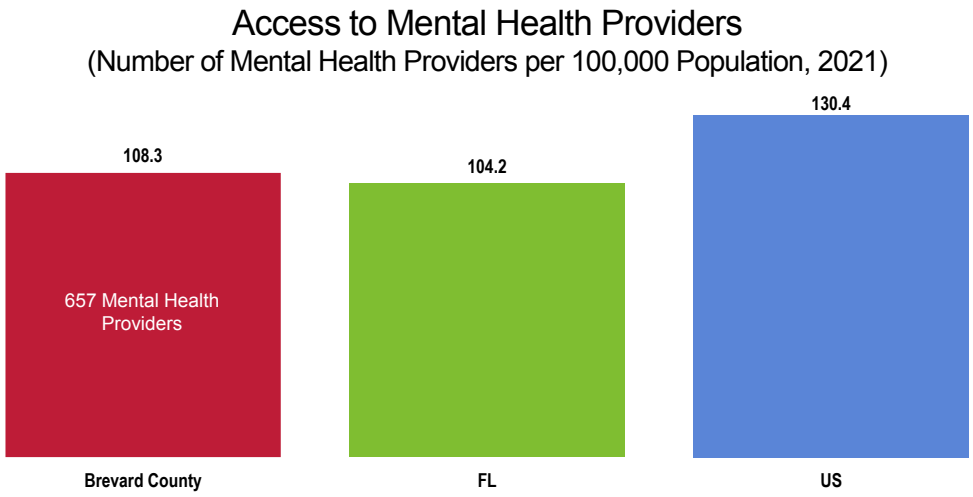
Mental Health Treatment

Mental Health Providers

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this indicator only reflects providers practicing in the Primary Service Area and residents in the Primary Service Area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

In Brevard County in □□□□□there were □□□.□ mental health providers for every □□□□□□ population.

BENCHMAR□ ► Lower than the □S ratio.



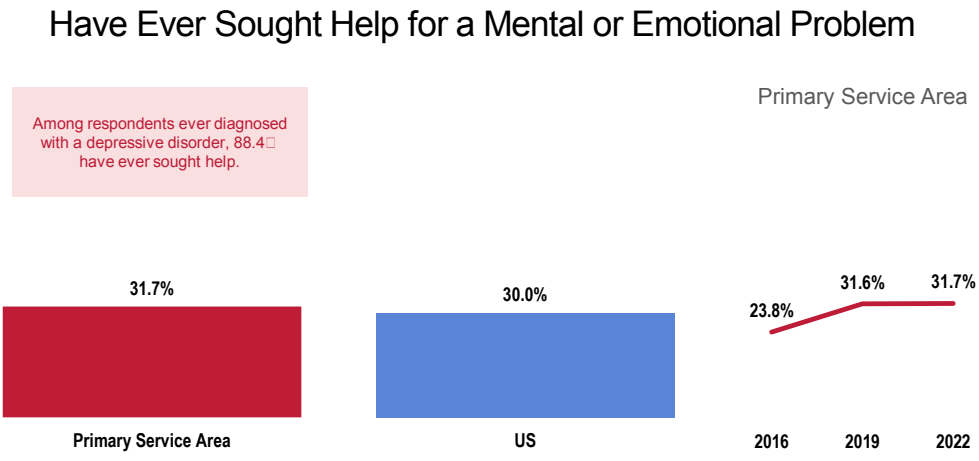
Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Have Sought Professional Help

A total of □□.□□ of area adults report that they have sought professional help for a mental or emotional problem at some point in their lives.

TREND ► Denotes a significant increase since 2016 (similar to 2019 findings).



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 113, 319]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

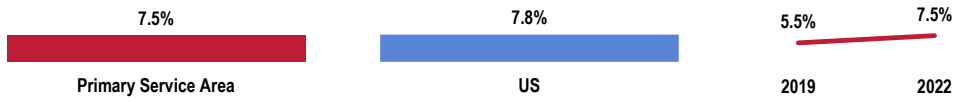
Difficulty Accessing Mental Health Services

A total of □.□□ of Primary Service Area adults report a time in the past year when they needed mental health services but were not able to get them.

DISPARITY ► Note the negative correlation with age, with young adults reporting the most difficulty.

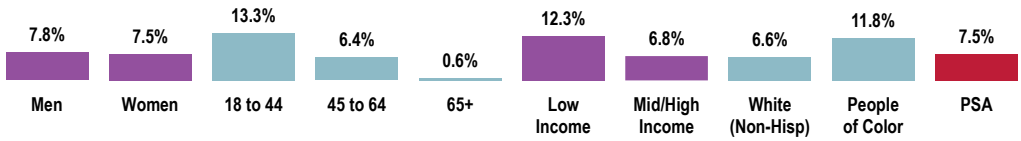
□nable to Get Mental Health Services □ hen Needed in the Past Year

Primary Service Area



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 95]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

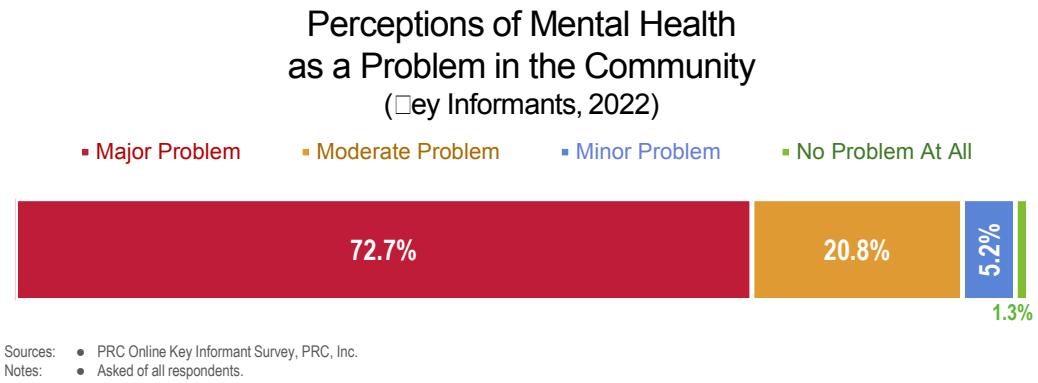
□nable to Get Mental Health Services □ hen Needed in the Past Year
(Primary Service Area, 2022)



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

□ey Informant Input: Mental Health

A high percentage of □ey informants ta□ing part in an online survey characteri□ed *Mental Health* as a "ma□or problem" in the community.



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

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

Access to Care/Services

> Resources. – Other Health Provider
>
> Lack of resources available, lack of psychologists and psychiatrists, no treatment centers. – Community Leader
>
> Access and affordability. – Community Leader
>
> There is a lack of resources. Getting patients without transportation to these outpatient appointments. – Other Health Provider
>
> □ e have Palm Point and Circles of Care, but those centers are always full, and it is difficult to get patients into those facilities, creating avoidable ER visits. – Community Leader
>
> No access to mental health treatment unless Baker Acted. – Community Leader
>
> There is not enough access to care for those that suffer from mental health in the North Brevard area. – Other Health Provider
>
> Lack of services for those whose mental health issues lead to incarceration. There should be a good forensic mental health facility (see Montgomery County Mental Health Treatment Facility in Texas, for example) that provides counseling, psychoeducation, medication, aftercare planning, and social work services while people are in jail for minor offenses related to mental health. Lack of good truly S□PPORTIVE housing. Many of these people are unhoused or perilously housed. □ hile long-term hospitalization needs to be rare and well-run, there needs to be good services to those able to live □independently.□Shutting down psychiatric hospitals □0□ years ago made sense, but doing so without strong supportive housing services yielded today□s street homeless population. So many more ... – Community Leader
>
> Not enough resources. – Other Health Provider
>
> There seems to be a lack of treatment facilities and access to mental health professionals. – Community Leader
>
> Lack of access to comprehensive care, costs. – Public Health Representative
>
> Local resources and staffing for minority communities. – Social Services Provider
>
> Lack of access to behavioral health care. Stigma of mental health. – Public Health Representative
>
> Getting access to psychiatry/medication as well as quality crisis stabilization. – Physician

Lack of Providers

> No psychiatrists here, most recent one didn□t stay very long. – Physician
>
> No psychiatrists for many of the insurance plans within □0-minute drive. Appointments average three-plus months for getting established. – Physician
>
> □ e don□t have enough providers in our area. This has been an ongoing problem. – Other Health Provider
>
> Not enough mental health providers. Psychiatrist and psychologist access/availability is severely limited. – Physician
>
> Not enough physicians or mental health organizations and specialists to treat patients. – Community Leader
>
> Lack providers in North Brevard. – Other Health Provider

There are not enough clinicians to provide services to all of the adults and children struggling with mental illness. There are also not enough statewide inpatient psychiatric programs for all of the children in need. – Social Services Provider

Access to psychologists in North Brevard is limited, or in Brevard County in general. □ninsured and underinsured patients also struggle with finding providers to see them to treat their mental health issues. – Other Health Provider

Denial/Stigma

The stigma of mental health challenges is not unique to our community, and I believe the community is working hard to find solutions. I think that in general mental health issues have increased exponentially during the pandemic and there isn□ enough bandwidth in most communities to deal with it. – Community Leader

Social stigma is still attached, which discourages people from reaching out. Resources are not well-known, nor are their locations well-known. In some cases, the resources only take those who are insured, which can also be a barrier to care. – Community Leader

They do not seek treatment because of the stigma attached. Lack of insurance do not know where to turn for services and programs. – Community Leader

Stigma. No proper mental health follow-up and management. Access to care, no insurance or support. – Other Health Provider

Stigma around mental health, lack of education within law enforcement, lack of affordable resources. – Other Health Provider

Access to Care for □ninsured/□nderinsured

No or inadequate insurance, difficulty finding providers and providers□ difficulty finding staff, and stigma. – Social Services Provider

Lack of services for uninsured and underinsured. Lack of psychiatrists. – Other Health Provider

Lack of insurance, lack of providers. – Physician

Lack of resources for the uninsured. – Other Health Provider

Due to COVID-19

COVID and inflation have had a huge impact on the housing market and food prices, which has caused major stress on families to afford everyday items. – Community Leader

The emotional distress during the pandemic, isolation, depression, lack of social face-to-face did add a whole additional layer to more mental health concerns. In addition to social media, increased video games, lack of socialization has impacted our community. Our mental health patients have at least doubled on utilization in our ER and admissions. Sadly, though all the resources are decreasing. – Other Health Provider

Isolation. Far too many people are going from home to work to home and living on their computer. Mental health is fast becoming a bigger problem than it□s been in the past. – Community Leader

COVID made mental illness worse because of the isolation. □ ork from home is not always a good fit for some. – Social Services Provider

Awareness/Education

Not enough education for the person or the family members. – Community Leader

Education regarding mental health so that it is not a stigma. Facilities to care and treat mental health issues. – Community Leader

□nowing what resources exist for support. – Other Health Provider

Affordable Care/Services

Accessing affordable counseling to deal with mental health issues, particularly anxiety and depression. Many insurance companies offer very limited coverage or none at all. – Community Leader

Affordable services, resident compliance with following treatment plan. Transportation to/from resources. – Other Health Provider

Diagnosis/Treatment

Not being diagnosed properly, exposed to the right medication. Sent to the right doctors. – Community Leader

Most are unaware that they have a mental illness. – Community Leader

Incidence/Prevalence

□ e are dealing with an increasing number of people who have mental health challenges in our community. – Community Leader

> Significant increase in mental health and substance abuse disorder. COVID 19 seems to have significantly increased the prevalence of acute mental health needs. – Other Health Provider

Alcohol/Drug □se

> Drug abuse. – Community Leader

Disease Management

> Making the commitment to change behavior, access to illicit drugs, and cost of care. – Other Health Provider

Homelessness

> Homelessness. – Social Services Provider

Insurance Issues

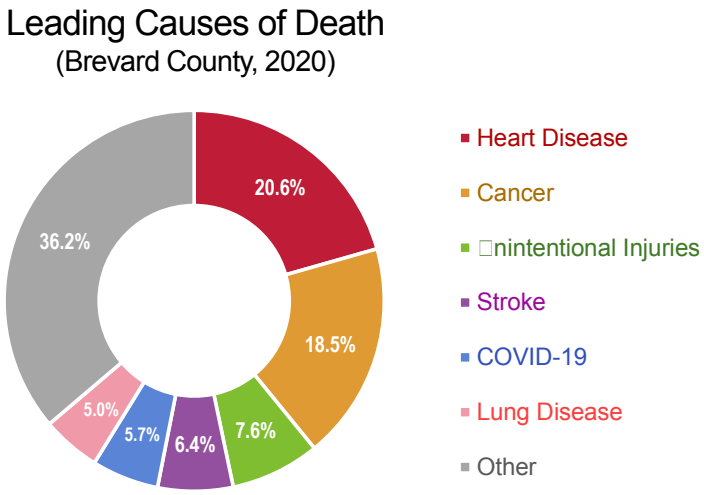
> Insurance coverage. Access and lack of targeted case management. – Other Health Provider

DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CA□SES OF DEATH

Distribution of Deaths by Cause

Together□heart disease and cancers accounted for □ in □□ of all deaths in Brevard County in □□□□.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Notes: • Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJ□STED DEATH RATES

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

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. □se of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 20□0 objectives.

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

The following chart outlines 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in Brevard County.

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

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

Age-Adjusted Death Rates for Selected Causes
(2018-2020 Deaths per 100,000 Population)

	Brevard County	Florida	US	HP2030
Diseases of the Heart	159.0	142.1	164.4	127.4*
Malignant Neoplasms (Cancers)	148.6	139.0	146.5	122.7
Unintentional Injuries	88.7	58.8	51.6	43.2
Falls [Age 65+]	67.2	68.9	67.1	63.4
Unintentional Drug-Related Deaths	53.9	25.9	21.0	—
Cerebrovascular Disease (Stroke)	44.8	41.2	37.6	33.4
Chronic Lower Respiratory Disease (CLRD)	43.0	35.1	38.1	—
Coronavirus Disease/COVID-19 [2020]	42.8	56.4	85.0	—
Diabetes Mellitus	19.6	20.6	22.6	—
Cirrhosis/Liver Disease	19.0	12.0	11.9	10.9
Intentional Self-Harm (Suicide)	18.4	14.3	13.9	12.8
Alzheimer's Disease	16.3	19.1	30.9	—
Firearm-Related	15.1	13.1	12.5	10.7
Motor Vehicle Deaths	14.2	14.7	11.4	10.1
Pneumonia/Influenza	10.7	9.1	13.4	—
Kidney Disease	10.5	9.6	12.8	—
Homicide/Legal Intervention	7.8	7.0	6.1	5.5
Septicemia	7.2	7.8	9.8	—
HIV/AIDS [2011-2020]	2.3	3.7	1.8	—

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov.

Note:
- *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

CARDIOVASC□LAR DISEASE

ABO□T HEART DISEASE & STRO□E

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

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

– Healthy People 20□0 (https://health.gov/healthypeople)

Age-Adjusted Heart Disease & Stroke Deaths

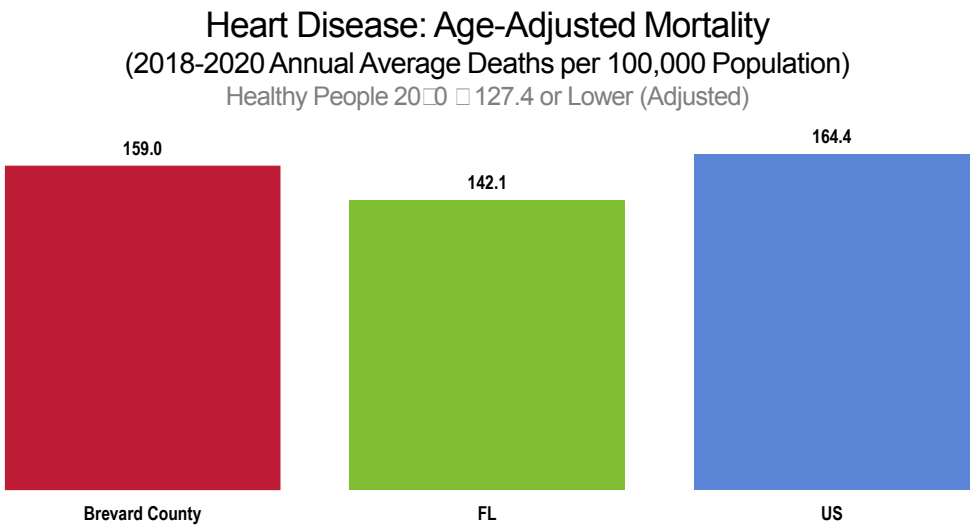
Heart Disease Deaths

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

Between □□□□ and □□□□□there was an annual average age□ad□usted heart disease mortality rate of □□□.□ deaths per □□□□□□□ population in Brevard County.

BENCHMAR□ ► Fails to satisfy the Healthy People 20□0 objective.

DISPARITY ► Lower among Hispanic residents.



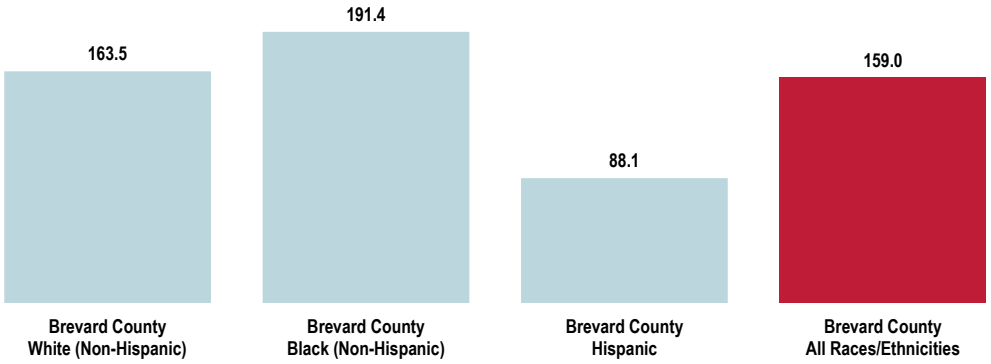
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality by Race

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 20□0 □127.4 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 20□0 □127.4 or Lower (Adjusted)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Brevard County	158.7	161.1	162.9	166.2	165.8	166.1	162.7	159.0
FL	152.0	151.4	150.3	149.1	147.3	145.0	143.0	142.1
US	190.6	188.9	168.9	167.5	166.3	164.7	163.4	164.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

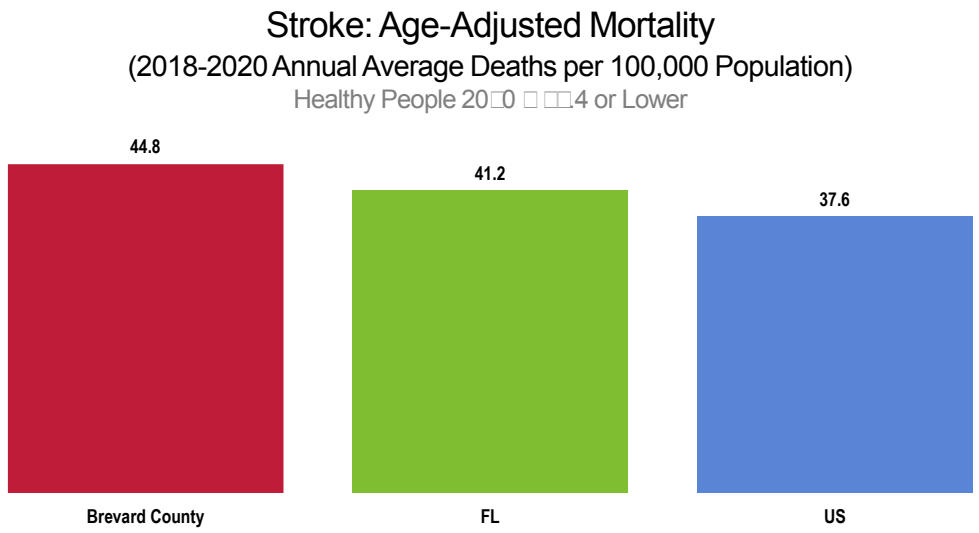
Stroke Deaths

Between □□□□ and □□□□□there was an annual average age□ad□usted stro□e mortality rate of □□.□ deaths per □□□□□□□ population in Brevard County.

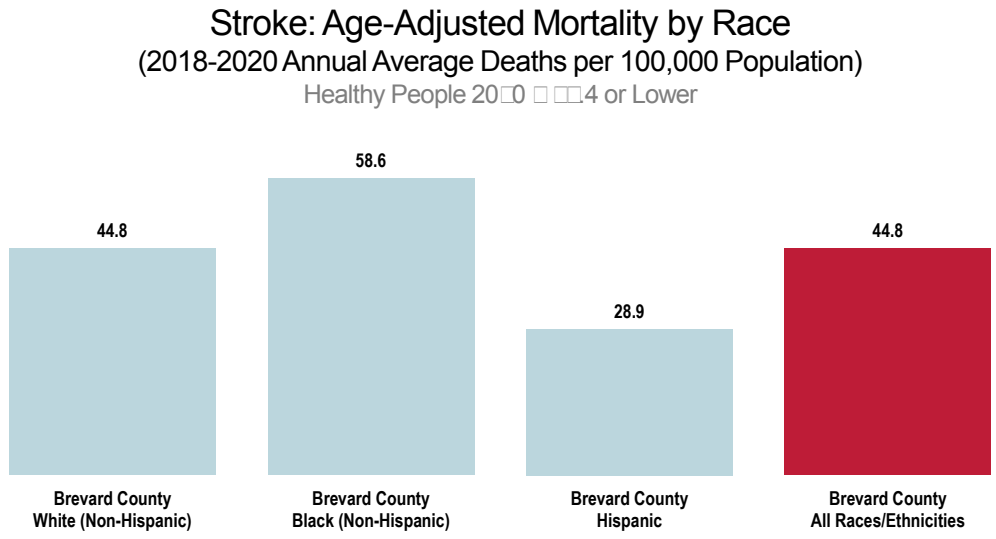
BENCHMAR□ ► □ orse than the national rate. Fails to satisfy the Healthy People 20□0 objective.

TREND ► Increasing to the highest level recorded within the county in the past decade.

DISPARITY ► The rate among Black residents is two times the rate among Hispanic residents.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 20□0 □ □□4 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Brevard County	30.1	30.5	34.3	37.4	41.2	41.8	43.6	44.8
FL	30.9	31.4	33.6	35.8	37.8	38.6	39.6	41.2
US	40.7	40.6	37.1	37.5	37.5	37.3	37.2	37.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

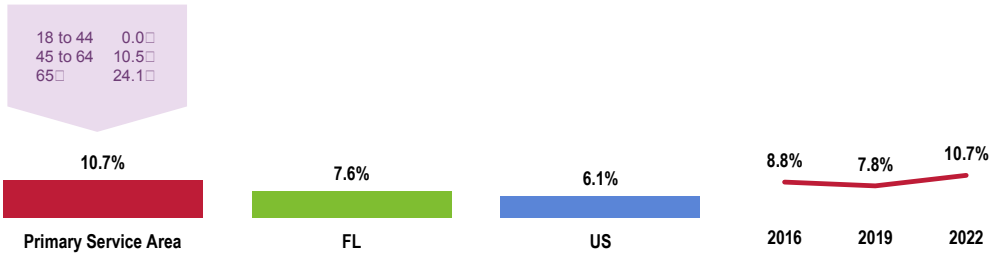
A total of □□.□□ of surveyed adults report that they suffer from or have been diagnosed with heart disease□such as coronary heart disease□angina□or heart attac□.

BENCHMAR□ ► □ orse than the □S percentage.

DISPARITY ► Highly correlated with age.

Prevalence of Heart Disease

Primary Service Area



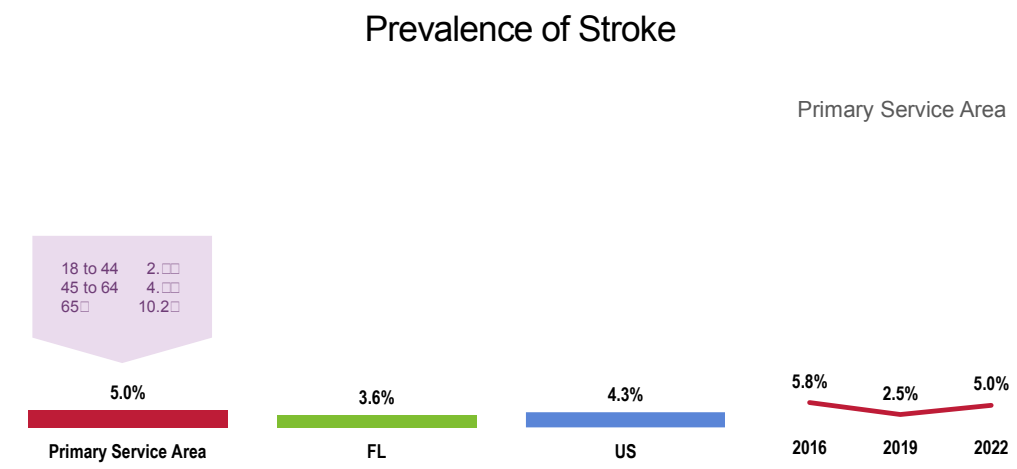
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 114]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.

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

Prevalence of Stroke

A total of □.□□ of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease □a stro□e□.

DISPARITY ► Highly correlated with age.



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 29]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of □□.□□ of Primary Service Area adults have been told by a health professional at some point that their blood pressure was high.

BENCHMAR□ ► □ orse than found across Florida and the □S. Far from satisfying the Healthy People 20□0 objective.

TREND ► Marks a significant increase over time.

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

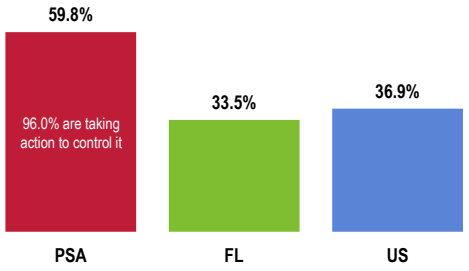
BENCHMAR□ ► □ orse than found across the □S.

TREND ► Marks a significant increase over time.

Prevalence of High Blood Pressure

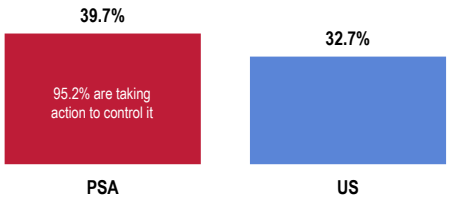
Healthy People 20□0 □27.7□ or Lower

97.7% of respondents had a high blood pressure screening in the past two years.



Prevalence of High Cholesterol

92.9% of respondents were screened for high cholesterol in the past five years.

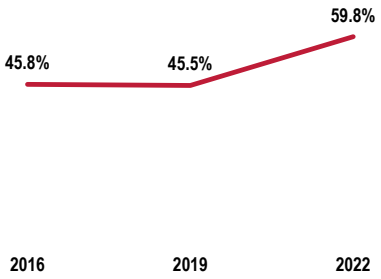


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 36, 305-309]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

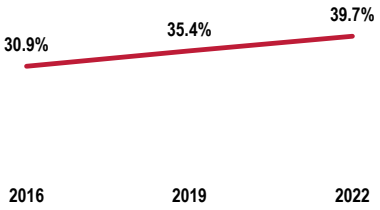
Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure (Primary Service Area)

Healthy People 20□0 □27.4□ or Lower



Prevalence of High Cholesterol (Primary Service Area)

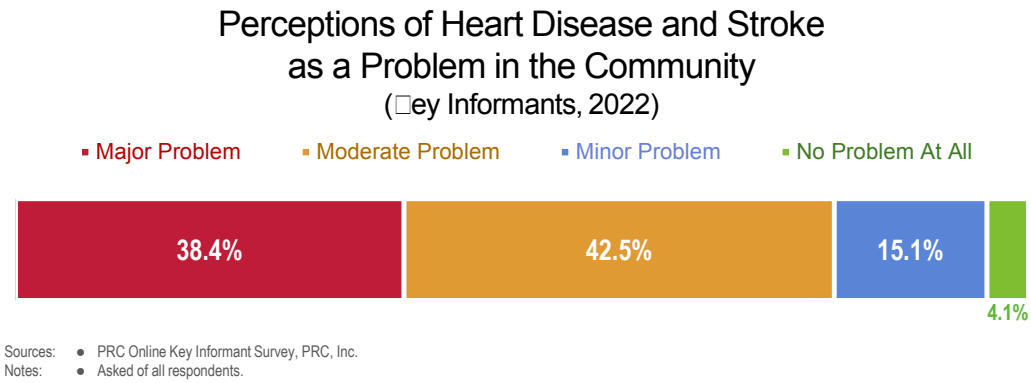


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 36, 305]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

□ey Informant Input: Heart Disease & Stroke

□ey informants ta□ing part in an online survey most often characteri□ed *Heart Disease & Stroke* as a "moderate problem" in the community.



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

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

Incidence/Prevalence

> High number of people come in the hospital with heart disease and stroke. – Other Health Provider
>
> Heart disease is the leading cause of death worldwide. – Community Leader
>
> Number of ER visits related to heart disease and stroke. – Community Leader
>
> Several young and middle age are suffering from a bad heart, or they are victims of a stroke. – Community Leader
>
> High morbidity/mortality. – Physician
>
> Lots of it in our community. – Physician
>
> ER visit data, employer health data, and community demographic risk data. – Community Leader

Aging Population

> □ e have a senior population. Lifestyle again lends itself to be sedentary, too much television. – Social Services Provider
>
> Because of age, more people having these issues. – Community Leader
>
> Due to the senior population, many residents are having heart attacks and strokes. – Community Leader

Lack of Providers

> Lack providers in North Brevard. – Other Health Provider
>
> You have two cardiologists on staff, and they were scheduling out to August. Additional cardiologists are needed to meet North Brevard needs. – Community Leader
>
> Access to cardiologist. – Other Health Provider

Income/Poverty

> Low income causing people not to make health choices for food or exercise. Access to care, many people not getting screenings or prevention appointments due to no health insurance or Medicaid which many specialists in the North Brevard area do not accept. Not many neurologist and cardiologist specialists in the North Brevard area, leading to long wait times to get an appointment to be seen. Cost of medications for heart disease and strokes are expensive, even with insurance. – Other Health Provider
>
> Socioeconomic status of population. – Other Health Provider

Insufficient Physical Activity

> The demographics of the population and lack of physical activity. – Community Leader
>
> The population of the area has a lower level of fitness and an unhealthy diet. – Community Leader

Access to Affordable Healthy Food

> Lack of community resources for healthy eating. Very few restaurants offering healthy options - low-fat, low sodium, plant-based dishes. Government/health stakeholders such as insurance companies and hospital systems should work with restaurants to offer healthy meals. Lack of organic foods in grocery stores. Major roadways may have some bike lanes, but they are inadequate from a safety perspective to be used for commuting. Communities need to promote healthy lifestyles and market this on billboards. Currently, there are not enough cardiologists available. Referral time to appointment, even for urgent referrals, is way too long. – Physician

Awareness/Education

> Lack of education concerning eating habits. – Social Services Provider

Co-Occurrences

> Many people in the community have diabetes, and diabetes is one of the major causes of heart disease and stroke. Healthy eating costs more; people can afford it. – Other Health Provider

Generational

> Most patients coming into our provider's office have history of themselves or at least one parent with history of heart disease and/or stroke. – Community Leader

Lifestyle

> ith the rise of obesity, food trucks, lack of mobility and staying isolated, we have seen a huge increase in hypertension, heart failure exacerbations, worsening diabetes, and in which all increases the risk for stroke. Additionally, during the pandemic, many people avoided getting the routine medical care they needed. Our hospital statistics have shown a big uptick in readmissions and mortality for heart disease. – Other Health Provider

CANCER

ABO□T CANCER

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

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

– Healthy People 20□0 (https://health.gov/healthypeople)

Age-Adjusted Cancer Deaths

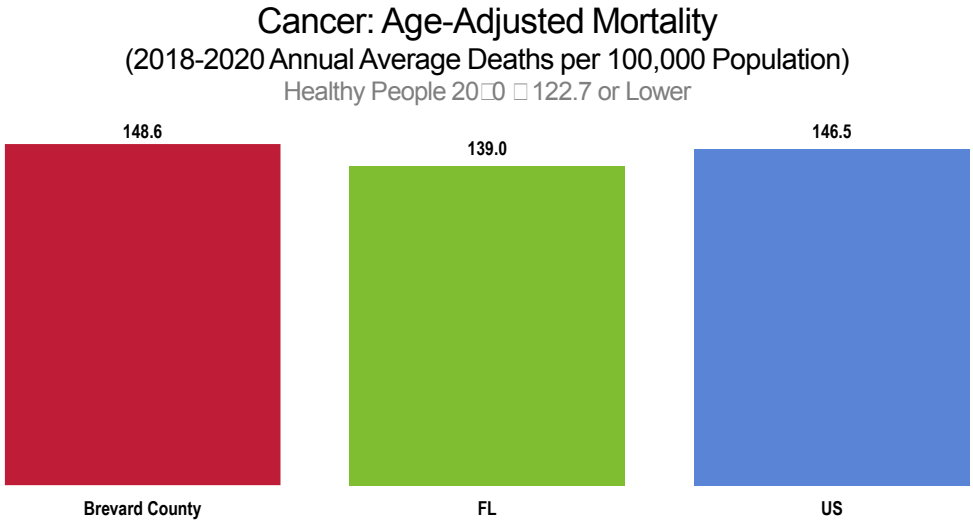
All Cancer Deaths

Between □□□□ and □□□□□there was an annual average age□ad□usted cancer mortality rate of □□□.□ deaths per □□□□□□□ population in Brevard County.

BENCHMAR□ ► Fails to satisfy the Healthy People 20□0 objective.

TREND ► Lower in Hispanic residents.

DISPARITY ► Decreasing significantly to the lowest level recorded within the county in the past decade.

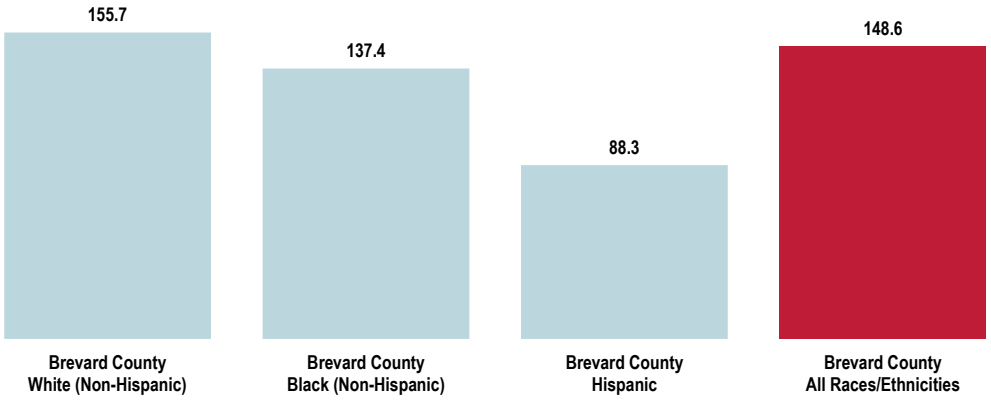


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer: Age-Adjusted Mortality by Race

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 20□0 □122.7 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 20□0 □122.7 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Brevard County	181.6	180.7	180.6	175.6	173.0	162.5	157.9	148.6
FL	158.6	155.9	153.1	150.1	147.8	144.8	142.2	139.0
US	171.5	168.0	160.1	157.6	155.6	152.5	149.3	146.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in Brevard County.

Other leading sites include female breast cancer, prostate cancer, and colorectal cancer (both sexes).

BENCHMAR□

Lung Cancer ► Fails to satisfy the Healthy People 20□0 objective.

Female Breast Cancer ► Fails to satisfy the Healthy People 20□0 objective.

Prostate Cancer ► Similar to the Healthy People 20□0 objective.

Colorectal Cancer ► Fails to satisfy the Healthy People 20□0 objective.

Age-Adjusted Cancer Death Rates by Site
(2018-2020 Annual Average Deaths per 100,000 Population)

	Brevard County	Florida	US	HP2030
ALL CANCERS	148.6	139.0	146.5	122.7
Lung Cancer	37.8	32.7	33.4	25.1
Female Breast Cancer	20.8	18.4	19.4	15.3
Prostate Cancer	16.6	16.0	18.5	16.9
Colorectal Cancer	12.7	12.4	13.1	8.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

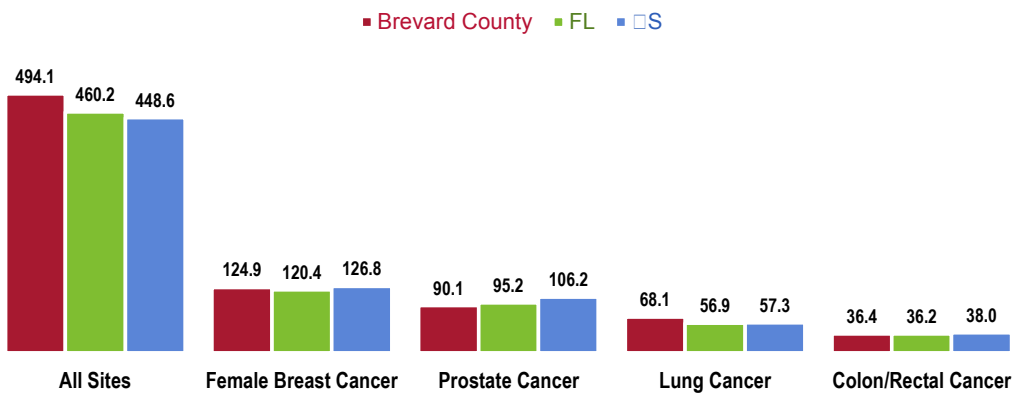
The highest cancer incidence rates are for female breast cancer and prostate cancer.

BENCHMAR□

Prostate Cancer ► Lower than the national rate.

Lung Cancer ► Higher than both state and national rates.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)



Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

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

Prevalence of Cancer

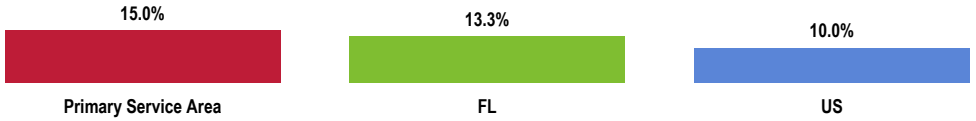
A total of □□.□□ of surveyed adults report having ever been diagnosed with cancer. The most common types include s□in cancer□breast cancer□and prostate cancer.

BENCHMAR□ ► Higher than the national finding.

DISPARITY ► More often reported among adults age 45□ (and especially those 65□), lower-income respondents, and □ hite residents.

Prevalence of Cancer

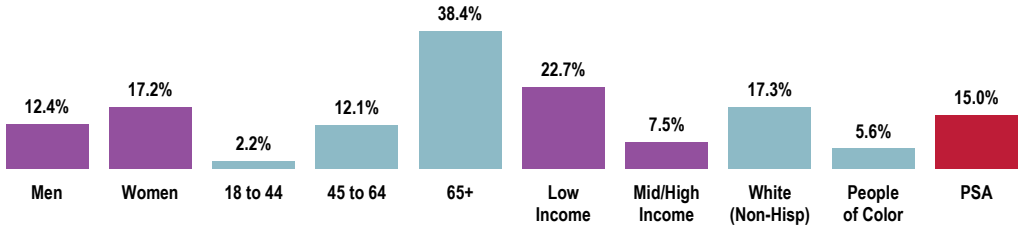
The most common types of cancers cited locally include:
1) Skin Cancer □6.5□
2) Breast Cancer 15.6□
□) Prostate Cancer 14.4□



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 25-26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.

Prevalence of Cancer
(Primary Service Area, 2022)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 25]

Notes:
- Reflects all respondents.

RELATED ISS□E
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable □ealth Ris□s** section of this report.

ABO□T CANCER RIS□

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 □nited States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the □nited States each year are due to nutrition and physical activity factors, including obesity.

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

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor□s checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.
Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear); and colorectal cancer (colonoscopy/sigmoidoscopy and fecal occult blood testing).

FEMALE BREAST CANCER

The □S Preventive Services Task Force (□SPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

CERVICAL CANCER

The □S Preventive Services Task Force (□SPSTF) recommends screening for cervical cancer every □ years with cervical cytology alone in women aged 21 to 29 years. For women aged □0 to 65 years, the □SPSTF recommends screening every □ years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The □SPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or □) or cervical cancer.

COLORECTAL CANCER

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

– □S Preventive Services Task Force, Agency for Healthcare Research and □uality, □S Department of Health & Human Services

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

Among women age □□□□□□□□.□□ have had a mammogram within the past □ years.

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every three years in women age 21 to 65.

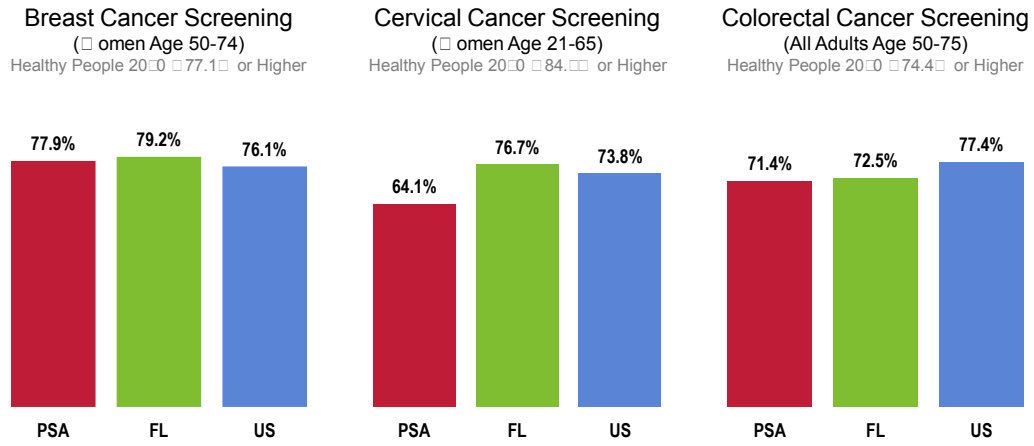
Among Primary Service Area women age □□ to □□□□□.□□ have had appropriate cervical cancer screening.

BENCHMAR□ ► Less favorable than the Florida percentage. Fails to satisfy the Healthy People 20□0 objective.

TREND ► Represents a significant decrease over time.

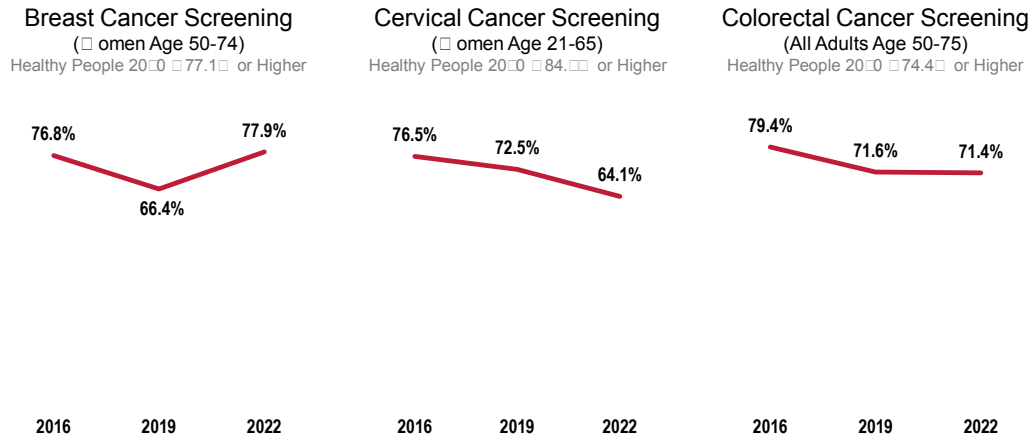
"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Among all adults age □□□□□□□□.□□ have had appropriate colorectal cancer screening.



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 116-118]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

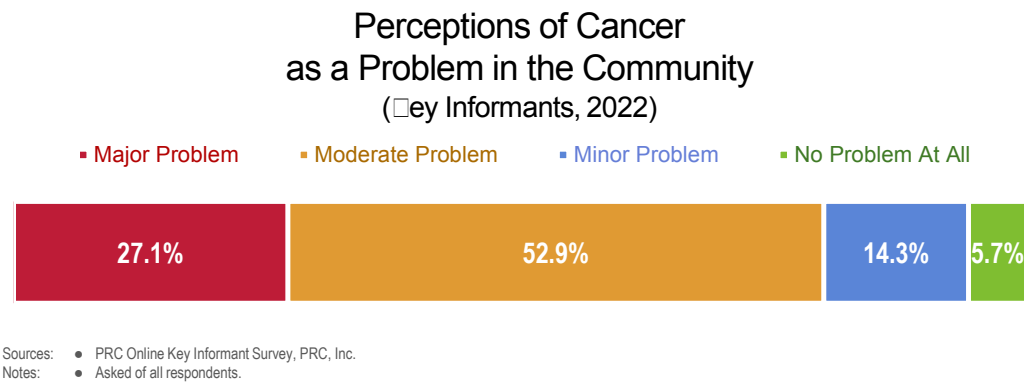


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 116-118]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

□ey Informant Input: Cancer

The greatest share of □ey informants ta□ing part in an online survey characteri□ed *Cancer* as a "moderate problem" in the community.



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

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

Incidence/Prevalence

> The number of breast cancer patients increased twofold during the last two years in North Brevard. Most everyone I encounter in my work either knows someone currently in treatment or has had treatment themselves. – Community Leader
>
> The rate of cancers in Brevard has been and remains higher than the rate for the state of Florida. – Public Health Representative
>
> Many people have it. – Physician
>
> I personally know many people in the area that have been diagnosed and treated for cancers of all variations. Most have survived, but several have succumbed to the cancer. – Community Leader
>
> Because it is and has been affecting so many in our area. – Community Leader
>
> Fairly obvious with the prevalence as well as the poor quality of care available for those with the disease in the Titusville area. – Social Services Provider

Diagnosis/Treatment

> I think that we need help in early detection. – Social Services Provider
>
> I feel that people aren□ diagnosed early or taken seriously. I feel that there are better treatments and cures, but big business would rather make money than save lives. – Community Leader
>
> Lack of screening for lung cancer/smokers, obesity, lack of comprehensive coordinated cancer care at our North Brevard Hospital (including lack of some services such as gynecologic oncology and ability to offer some radiation therapies for gynecologic cancers like cervical cancer in North Brevard). – Physician
>
> So many people are diagnosed and then are unsure/confused with the best treatment plan. – Community Leader

Access to Care for □ninsured/□nderinsured

> There are many people in the community that are diagnosed with cancer. There are many people that come through the hospital that are uninsured, have a cancer diagnosis, and cannot get medical treatment and therefore die. – Other Health Provider

Access to Care/Services

> There is not enough access to care. – Other Health Provider

Aging Population

> Older population, lack of access to providers. – Other Health Provider

Due to COVID-19

> Because of COVID, people are not getting their screenings like they once did yearly, or they lost their job and do not feel they can afford insurance or a trip to the doctor. – Social Services Provider

Environmental Contributors

> Increasing cancer rates on the national and state level. Increased local pollution levels, and water studies indicate an increased risk to community residents as the result of waterway and environmental pollutants. Limited oncology specialists in community with few treatment location options. – Other Health Provider

RESPIRATORY DISEASE (INCL□DING COVID-19)

ABO□T RESPIRATORY DISEASE

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

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

– Healthy People 20□0 (https://health.gov/healthypeople)

Age-Adjusted Respiratory Disease Deaths

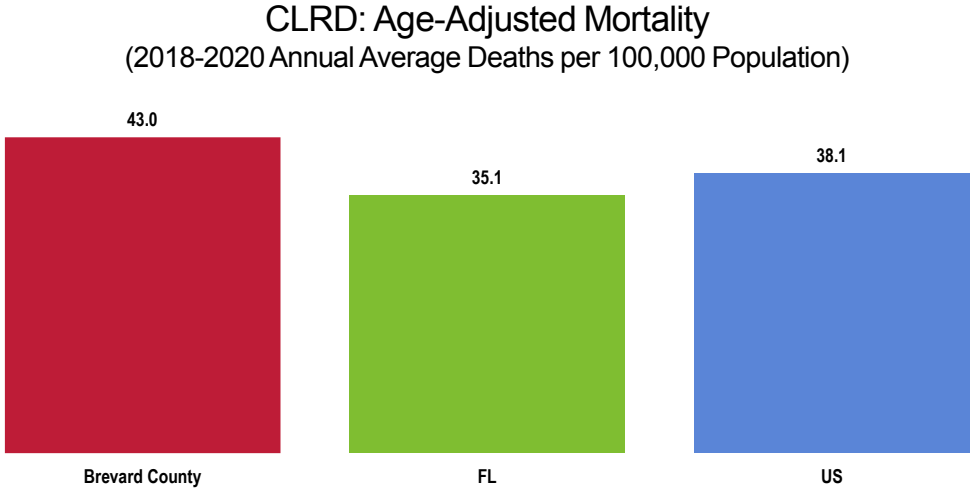
Chronic Lower Respiratory Disease Deaths (CLRD)

Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.

Between □□□□ and □□□□□there was an annual average age□ad□usted CLRD mortality rate of □□.□ deaths per □□□□□□□ population in Brevard County.

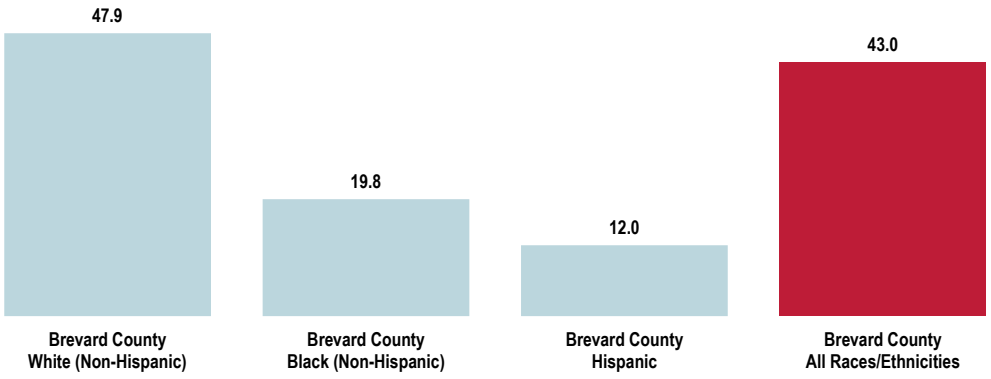
BENCHMAR□ ► □ orse than the statewide rate.

DISPARITY ► Notably higher among □ hite residents.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
Notes: ● CLRD is chronic lower respiratory disease.

CLRD: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and. Informatics. Data extracted June 2022.
Notes: ● CLRD is chronic lower respiratory disease.

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

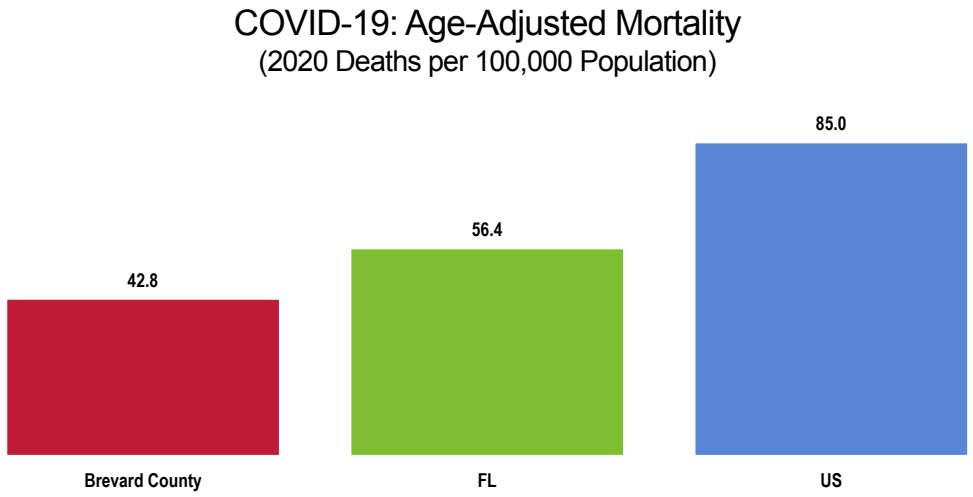
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Brevard County	44.2	45.6	47.1	48.9	48.1	49.4	47.1	43.0
FL	38.9	38.8	38.8	38.1	38.5	38.0	37.0	35.1
US	46.5	46.2	41.8	41.3	41.0	40.4	39.6	38.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
Notes: ● CLRD is chronic lower respiratory disease.

Coronavirus Disease (COVID-19) Deaths

In □□□□□Brevard County reported an age□ad□usted Coronavirus Disease□COVID □□□ mortality rate of □□.□ deaths per □□□□□□□ population.

BENCHMAR□ ► Lower than found across the state and nation.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Pneumonia/Influenza Deaths

ABO□T INFL□EN□A & PNE□MONIA

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

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. Depending on the cause, doctors often treat pneumonia with medicine. In addition, vaccines can prevent some types of pneumonia. However, it is still the leading infectious cause of death in children younger than 5 years old worldwide. Common signs of pneumonia include cough, fever, and difficulty breathing. You can help prevent pneumonia and other respiratory infections by following good hygiene practices. These practices include washing your hands regularly and disinfecting frequently touched surfaces. Making healthy choices, like quitting smoking and managing ongoing medical conditions, can also help prevent pneumonia.

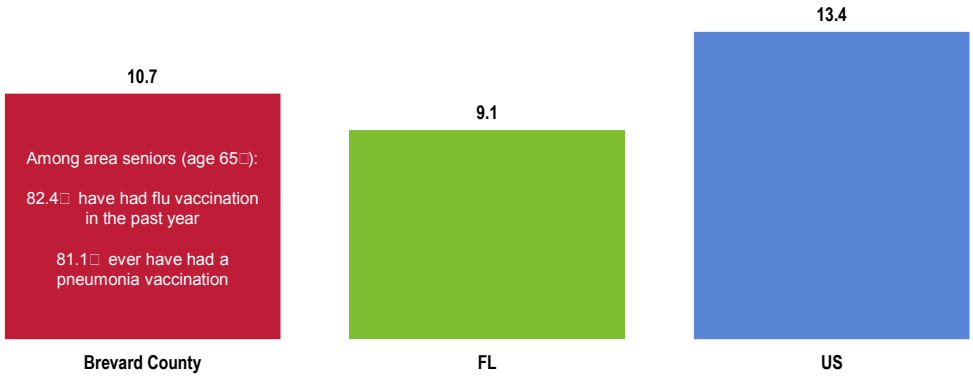
Vaccines help prevent pneumococcal disease, which is any type of illness caused by *Streptococcus pneumoniae* bacteria.

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

Between □□□□ and □□□□□Brevard County reported an annual average age□ad□usted pneumonia influen□a mortality rate of □□.□ deaths per □□□□□□□ population.

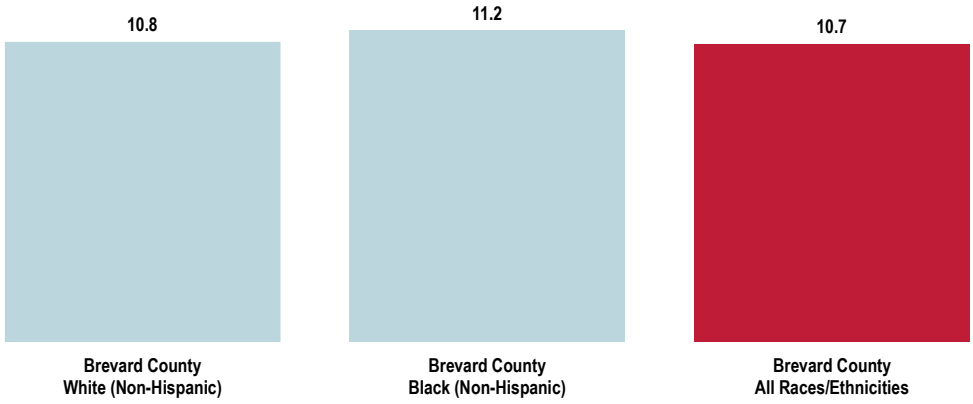
BENCHMAR□ ► Lower than the □S rate.

Pneumonia/Influenza: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



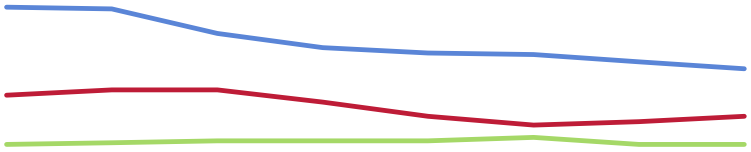
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 124, 322]
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Pneumonia/Influenza: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Brevard County	11.9	12.2	12.2	11.5	10.7	10.2	10.4	10.7
FL	9.1	9.2	9.3	9.3	9.3	9.5	9.1	9.1
US	16.9	16.8	15.4	14.6	14.3	14.2	13.8	13.4

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Prevalence of Respiratory Disease

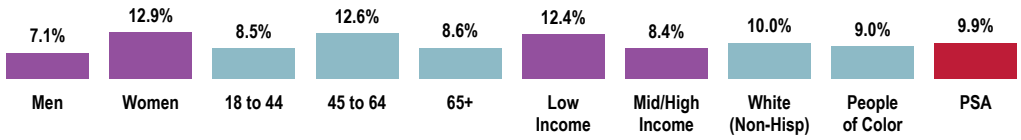
Asthma

Adults

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

A total of □.□□ of Primary Service Area adults have had asthma as an adult.

Prevalence of Asthma in Adults
(Primary Service Area, 2022)



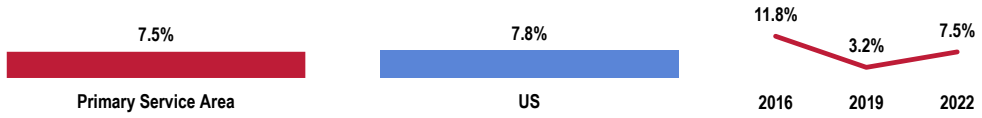
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 30]
Notes: • Asked of all respondents.

Children

Among Primary Service Area children under age □□□□.□□ currently have asthma.

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

Primary Service Area



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 120]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Includes children who have ever been diagnosed with asthma and are reported to still have asthma.
- Note that the sample size falls below 50; use caution when interpreting results.

Chronic Obstructive Pulmonary Disease (COPD)

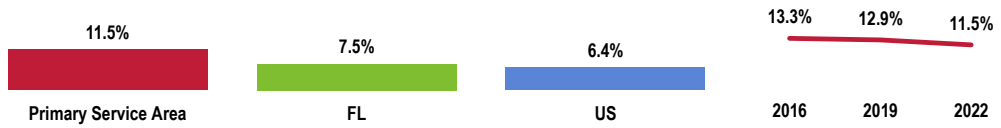
Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

A total of □□.□□ of Primary Service Area adults suffer from chronic obstructive pulmonary disease □COPD□including emphysema and bronchitis□.

BENCHMAR□ ► □ orse than state and national findings.

Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)

Primary Service Area

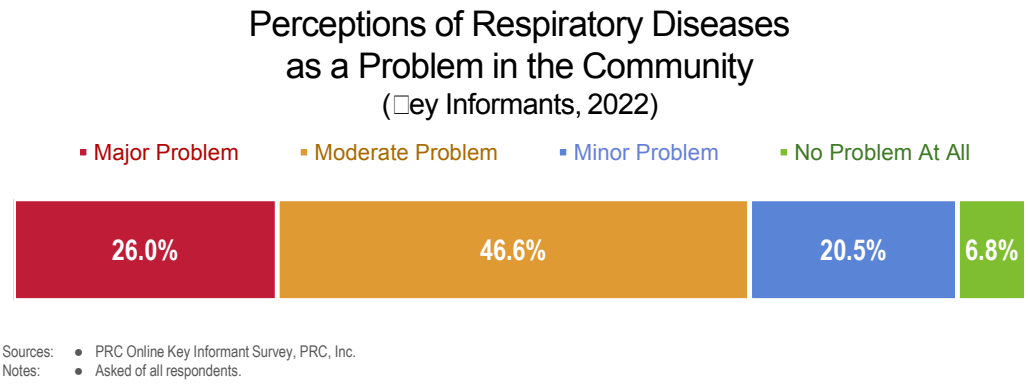


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.

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

□ey Informant Input: Respiratory Disease

□ey informants ta□ing part in an online survey most often characteri□ed *Respiratory Disease* as a "moderate problem" in the community.



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

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

Tobacco □se

> Factors related to smoking/tobacco use like COPD and asthma. – Public Health Representative
>
> There is a large population of smokers with COPD. – Physician
>
> Tobacco. – Physician
>
> Smoking and allergies, vaping, and substance abuse. – Other Health Provider
>
> Large population of smokers. Early intervention/screening for lung diseases. – Other Health Provider
>
> High incidence of smoking/vaping, hospitalizations due to COPD, and during COVID Delta surge, high incidence of death. – Community Leader

Incidence/Prevalence

> I know lots of people with COPD. – Other Health Provider
>
> Higher morbidity and mortality of pneumonia and COPD patients. Limited access to board-certified pulmonologists. – Other Health Provider
>
> Incidence of COPD, ER data, employee/employer health data. The number of smoke and vape shops in the area. – Community Leader

Lack of Providers

> Lack of pulmonologists, only one available locally. – Physician
>
> Only one pulmonology fellowship/trained specialist in this area. Lots of COPD and lung CA. – Physician
>
> Lack providers in North Brevard. – Other Health Provider

Aging Population

> This problem is increased due to the local senior population. – Community Leader

Awareness/Education

> I do not feel we have enough education about COPD and other respiratory disease process. – Other Health Provider

Disease Management

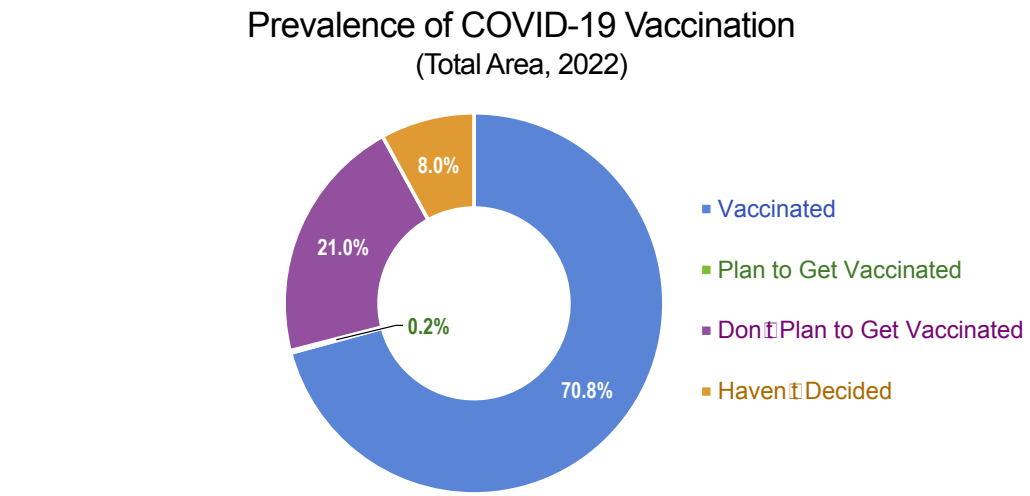
> If left untreated, can lead to more problems. The importance of disease management, weight control, and diet are so important. It is a lifestyle change, too, that will help in controlling some diseases. Compliance is so important. – Other Health Provider

Lifestyle

> The sedentary lifestyle, smoking, e-cigarettes, and air quality. – Social Services Provider

Coronavirus Disease/COVID-19 Vaccination

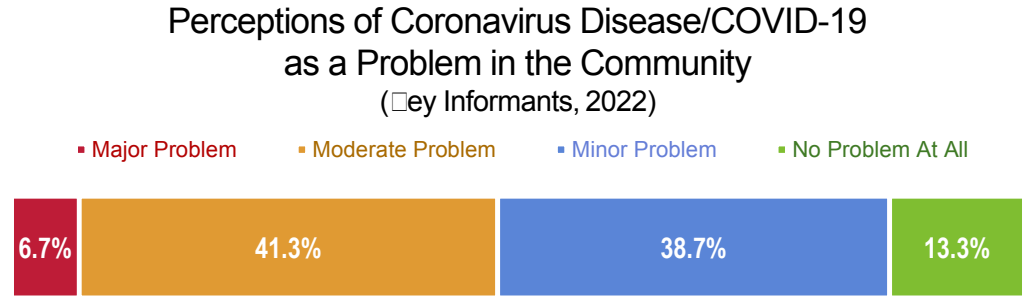
Seven in □□ Primary Service Area adults □□□.□□ □report being vaccinated against COVID □□□.



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 314]
Notes: ● Asked of all respondents.

□ey Informant Input: Coronavirus Disease/COVID-19

□ey informants ta□ing part in an online survey generally characteri□ed *Coronavirus Disease/COVID-19* as a "moderate problem" in the community.



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

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

Access to Care/Services

> Nursing shortages and burnout. Lack of isolation rooms, long lengths of stay. Take beds out of the community for other health emergencies. – Other Health Provider

Awareness/Education

> COVID-19 started as a complete unknown. Too many people get ALL of their information from TV, and it seems TV reporters don□t□communicate well with doctors and hospitals actually dealing with patients, so MISINFORMATION IS RAMPANT. There have been few effective news releases from the facilities who could/would and know how to help people. And to be fair, they were overwhelmed at the start of the pandemic. People are still getting very little information other than TV statistics and □Get more vaccine boosters,□and they□re ignoring those because the common thought is that it□s no longer dangerous. Some good PR is desperately needed. – Community Leader

Impact on Mental Health

> Depression, many job losses and financial changes over last couple years. Isolation and lack of community engagement and support. – Other Health Provider

Incidence/Prevalence

> □ e are still seeing numbers rising, people not being safe. – Social Services Provider

Vaccination Rates

> Some will not take the vaccinations/booster and are putting their contacts at risk. People are going to work anyway because they need the money. – Social Services Provider

INJ□RY & VIOLENCE

ABO□T INJ□RY & VIOLENCE

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

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

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

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

– Healthy People 20□0 (https://health.gov/healthypeople)

□nintentional Injury

Age-Adjusted □nintentional Injury Deaths

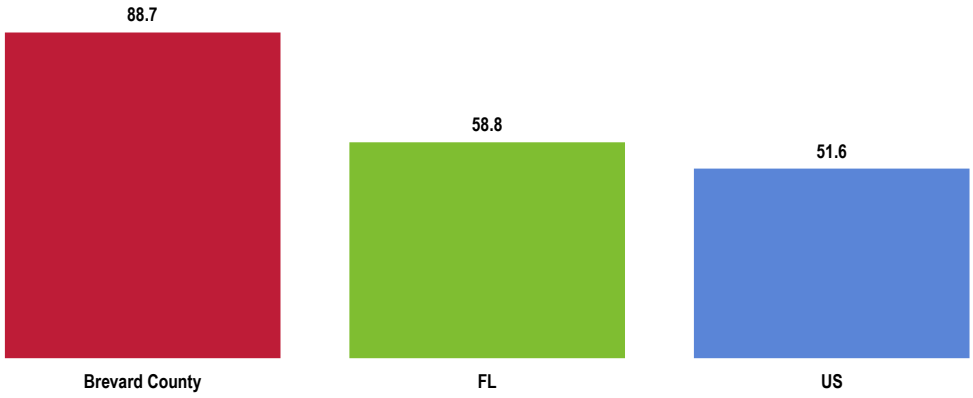
Between □□□□ and □□□□□there was an annual average age□ad□usted unintentional in□ury mortality rate of □□.□ deaths per □□□□□□□ population in Brevard County.

BENCHMAR□ ► □ orse than Florida and □S rates. Far from satisfying the Healthy People 20□0 objective.

TREND ► Increasing significantly to the highest level recorded within the county in the past decade.

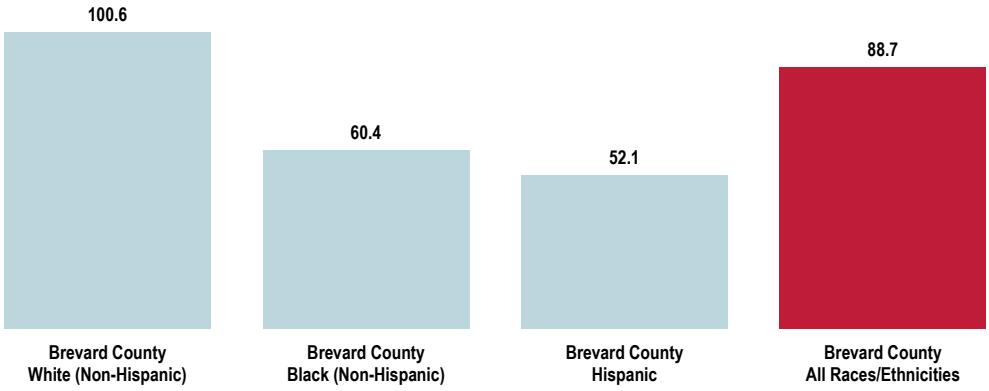
DISPARITY ► Higher among □ hite residents.

□nintentional Injuries: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 20□0 □4□2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

□nintentional Injuries: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 20□0 □4□2 or Lower

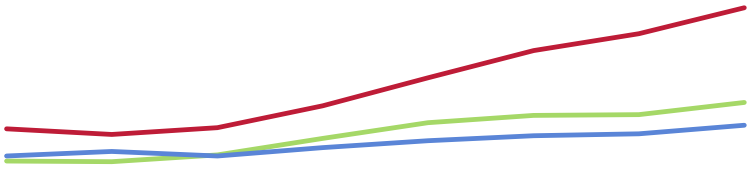


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

□nintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 20□0 □4□2 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Brevard County	50.5	48.7	50.8	57.7	66.6	75.2	80.5	88.7
FL	40.3	40.1	42.2	47.5	52.4	54.7	54.9	58.8
US	41.9	43.3	41.9	44.6	46.7	48.3	48.9	51.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

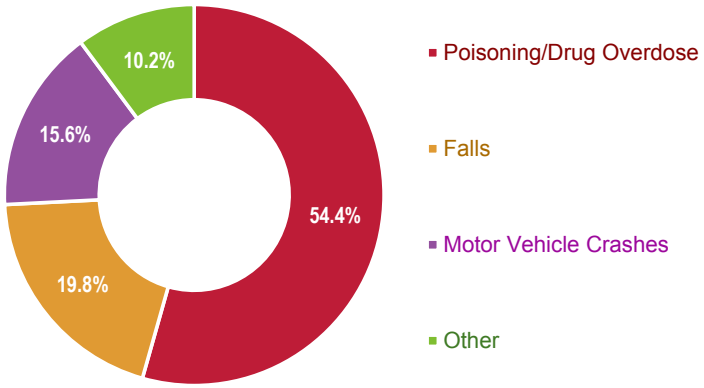
Leading Causes of □nintentional Injury Deaths

Poisoning □including unintentional drug overdose□accounted for most unintentional in□ury deaths in the Primary Service Area between □□□□ and □□□□.

RELATED ISS□E
For more information about unintentional drug-related deaths, see also *Substance Abuse* in the **Modifiable □ealth Ris□s** section of this report.

Leading Causes of □nintentional Injury Deaths

(Primary Service Area, 2018-2020)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

In Brevard County there were . homicides per population annual average age adjusted rate.

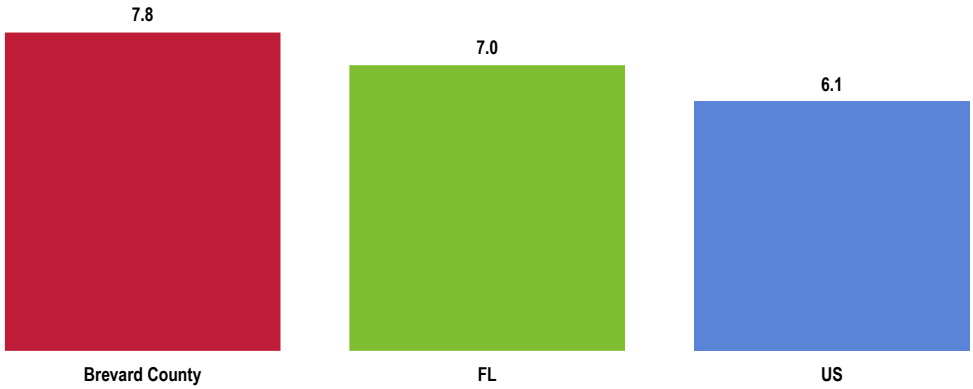
RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

BENCHMARK ► orse than the national rate. Fails to satisfy the Healthy People 20 0 objective.

TREND ► Increasing to the highest level recorded within the county in the past decade.

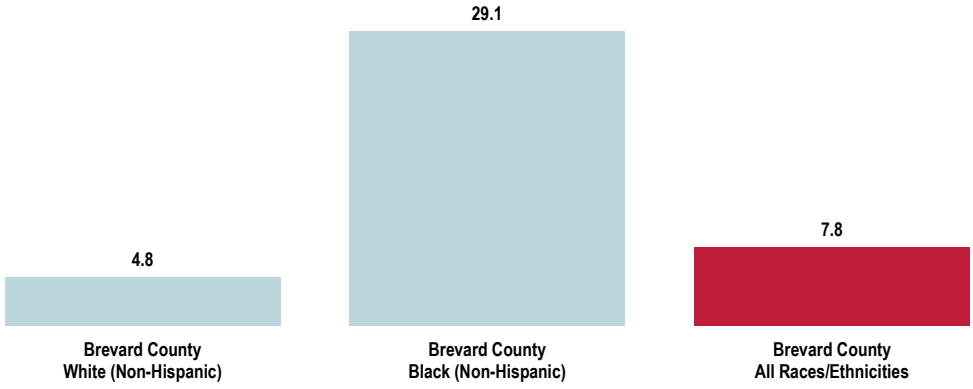
DISPARITY ► Considerably higher among Black residents.

Homicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 20 0 5.5 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Homicide: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 20 0 5.5 or Lower

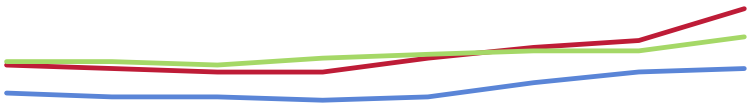


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 20□0 □5.5 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Brevard County	6.2	6.1	6.0	6.0	6.4	6.7	6.9	7.8
FL	6.3	6.3	6.2	6.4	6.5	6.6	6.6	7.0
US	5.4	5.3	5.3	5.2	5.3	5.7	6.0	6.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Violent Crime

Violent Crime Rates

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

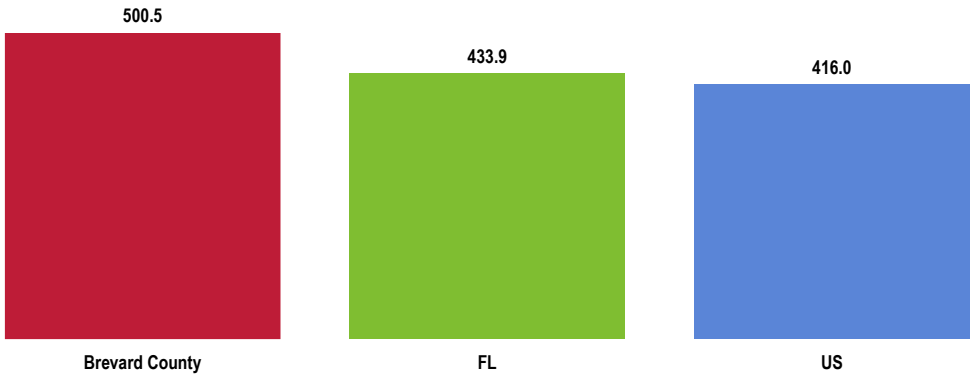
Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between □□□□ and □□□□□there were a reported □□□.□ violent crimes per □□□□□□□ population in Brevard County.

BENCHMAR□ ► Less favorable than the □S rate.

Violent Crime

(Rate per 100,000 Population, 2014-2016)

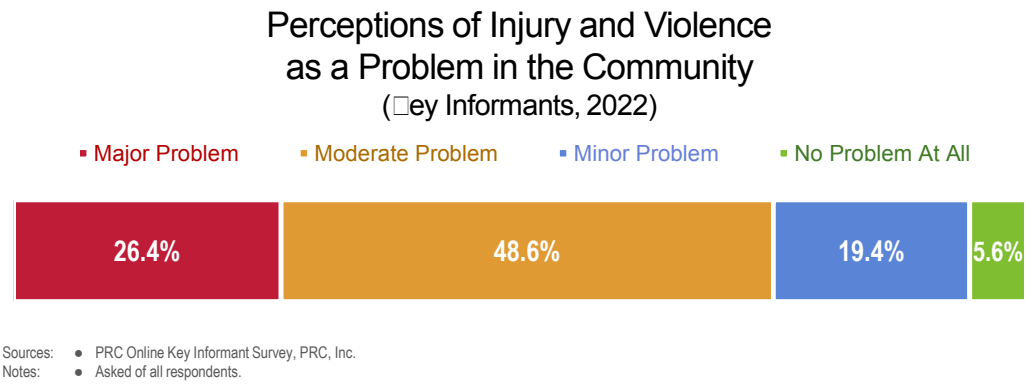


Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

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

□ey Informant Input: Injury & Violence

The largest share of □ey informants ta□ing part in an online survey characteri□ed *Injury & Violence* as a "moderate problem" in the community.



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

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

Incidence/Prevalence

> The daily news, television, and newspaper are reporting a lot of acts of violence, more than what I think is normal. – Community Leader
>
> There has been more reported violence here in Brevard County lately. – Social Services Provider
>
> Violence on the news, bullying in the schools. Motorcyclists not required to wear helmets. – Social Services Provider
>
> The murder and assault rates are higher than other areas of the county. – Physician
>
> Turn on any news channel and you will undoubtedly see a story on violence or domestic abuse. Some incidents, I believe, stem from mental illness. – Community Leader
>
> Our crime rate has escalated, as well as violence in the community as well as city. – Community Leader
>
> News. – Other Health Provider
>
> Major crime incidents in the community and drug use. – Community Leader
>
> □nfortunately, violence is running rampant throughout our communities. – Community Leader

Gun Violence

> Drive-by shooting on Harrison this past weekend peppered four bullets into a friend's home, murders, and a friend's uncle is awaiting sentencing for abusing children in our community. – Community Leader
>
> The gun violence has become an epidemic not only nationwide, but also in the Titusville area. Between the shootings and drugs, the awareness, the crime rate has increased resulting in too many injuries and deaths. Titusville Police and Brevard County Police Dept. both do an awesome job, but they have their limitations. The society is angry, and violence seems to be their solution to everything. – Other Health Provider
>
> Titusville violent crime rate greater than the national average. Apparent increase in gunshot and assault victims for the year 2022. – Other Health Provider

Access to Care/Services

> Lack of resources in the North Brevard area for home health, PT, and fall prevention. Violence are becoming an increase in our community, which can be a result of the lack of mental health resources and low income. – Other Health Provider
>
> No trauma hospital this end of the county. – Physician

Multiple Factors

> Substance abuse, socioeconomic conditions, and drug trafficking. – Other Health Provider

Diagnosis/Treatment

> I pretty much said all specific diseases processes were moderate problems. There is less direct ability on the part of healthcare providers to decrease the incidence of such diseases. Major problems, in my opinion, are those over which we have more control, especially those that continue to increase both incidence and severity. These include mental health issues, violence, substance abuse, etc. – Community Leader

Domestic Violence

> Domestic violence remains an issue throughout the county but is especially an issue for North Brevard County. hile support services exist, they are not well-known to the community. – Community Leader

Gang Violence

> Gang-related. Population, drug and alcohol use and mental health population. – Other Health Provider

DIABETES

ABO□T DIABETES

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

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

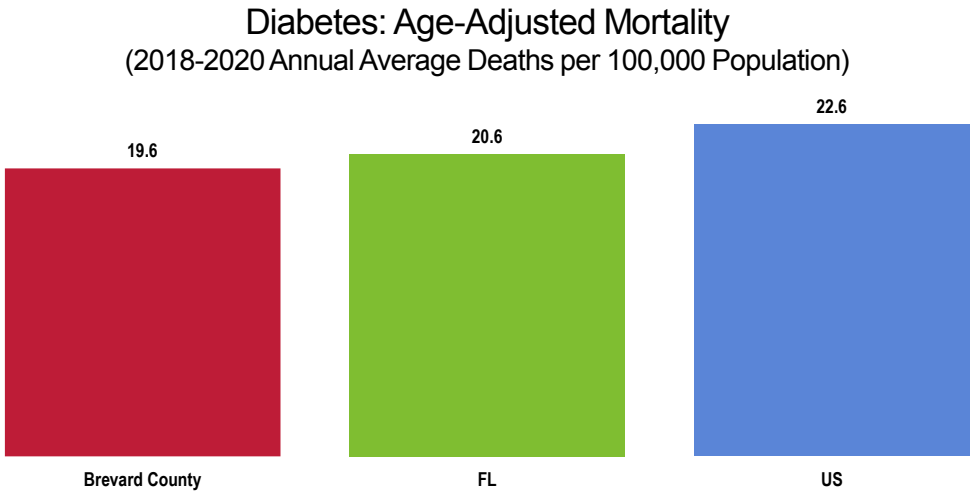
– Healthy People 20□0 (https://health.gov/healthypeople)

Age-Adjusted Diabetes Deaths

Between □□□□ and □□□□□there was an annual average age□ad□usted diabetes mortality rate of □□.□ deaths per □□□□□□ population in Brevard County.

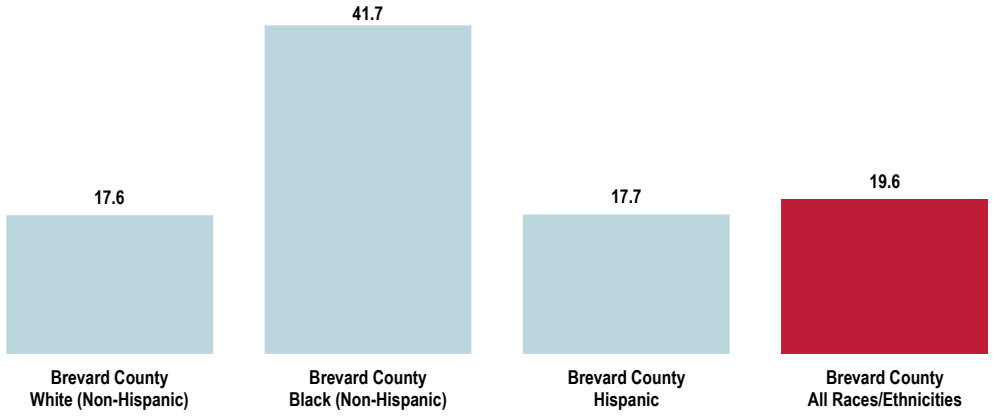
BENCHMAR□ ► More favorable than the national rate.

DISPARITY ► Notably higher among Black residents.



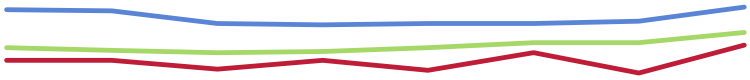
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Diabetes: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Brevard County	18.4	18.4	17.7	18.4	17.6	19.0	17.4	19.6
FL	19.4	19.2	19.0	19.1	19.4	19.8	19.8	20.6
US	22.4	22.3	21.3	21.2	21.3	21.3	21.5	22.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Prevalence of Diabetes

A total of □□.□□ of Primary Service Area adults report having been diagnosed with diabetes.

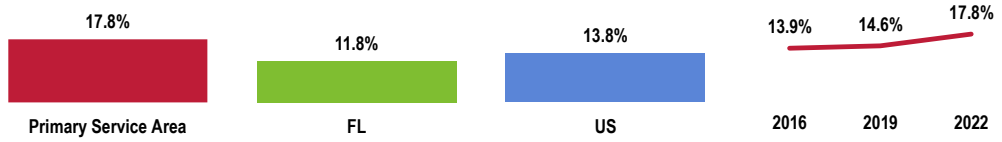
BENCHMAR□ ► Higher than found across the state.

DISPARITY ► Primarily age-related, increasing to □0.5□ among those 65□.

Prevalence of Diabetes

Another 10.2□ of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

Primary Service Area



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 121]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(Primary Service Area, 2022)

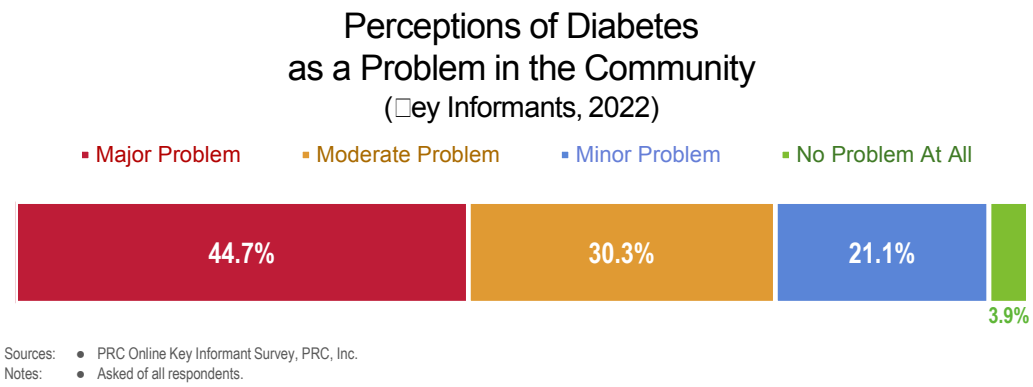
Note that among adults who have not been diagnosed with diabetes, 59.5□ report having had their blood sugar level tested within the past three years.

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 33, 121]

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

□ey Informant Input: Diabetes

□ey informants ta□ing part in an online survey generally characteri□ed *Diabetes* as a "ma□or problem" in the community.



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

Affordable Medications/Supplies

> Cost of medications. – Other Health Provider
>
> Cost of insulin/testing supplies, making behavior changes, acknowledging that they have diabetes, following up with healthcare provider due to cost/lack of insurance coverage. – Other Health Provider
>
> Access to affordable medications. – Community Leader
>
> Access/cost of insulin. Low income, causing people to eat fast food/low cost/unhealthy food. – Other Health Provider
>
> One of the biggest challenges for people with diabetes in my community is having the finances to buy their medicines, lancets, glucometers, etc. Lack of education on how to eat right on a budget when living with diabetes is also challenging for people in my community. – Other Health Provider
>
> Affording diabetes insulin and supplies. Affording food that follows diabetic restrictions. – Other Health Provider

Awareness/Education

> Education and compliance. – Other Health Provider
>
> Education and access to affordable healthy food. – Other Health Provider
>
> Education and access to more affordable treatments. – Community Leader
>
> Education for disease management. – Community Leader
>
> Most type 2 diabetics lack a solid understanding of the importance of diet and, specifically, an appropriate diet for the regulation of their diabetes. – Community Leader

Affordable Care/Services

> Affordable health care, prices of insulin, and lack of classes. – Other Health Provider
>
> Cost of treatment and medication adherence. – Public Health Representative
>
> As a critical care nurse, the most-reported barrier to diabetes management was cost/access to resources. Insulin, testing supplies, and alternative medications can be quite expensive. – Other Health Provider

Disease Management

> Compliance with care plans and self-management. – Community Leader
>
> □ncontrolled and undiagnosed poor diet and choices. – Other Health Provider
>
> Compliance with self-care goals, uninsured/underinsured. – Community Leader

Access to Care/Services

> There is one diabetes navigator and classes in our community, but she is one person. □ e have many patients that cannot afford their medications, cannot afford health foods, and many times are not motivated to take care of their diabetes because they don□t understand the consequences until it is too late. □ e also have many diagnosed way too late after having years of undiagnosed diabetes and years of damage. There's not enough convenience for our diabetic population to eat healthier. – Other Health Provider

> Access to endocrinology, health literacy, medical compliance, and poor socioeconomic status. – Other Health Provider

Diagnosis/Treatment

> Receiving guidance in how to treat diabetes with prescribed meds and proper nutrition. – Community Leader

> Not knowing they have it until it□s too late or know that they have it but ignore it. – Community Leader

Lack of Providers

> Not enough endocrinologists, have to wait too long for appointments to get in. Seem to be more concerned with type 2 diabetes than type 1. Medication's way too expensive. – Community Leader

> Lack providers in North Brevard. – Other Health Provider

Nutrition

> □nderstanding how to eat healthy. – Social Services Provider

> People eat too much sugar. Cost of insulin is too high for uninsured and underinsured. – Other Health Provider

Access to Care for □ninsured/□nderinsured

> Getting the additional support needed for indigent care patients. – Physician

Comorbidities

> Comorbidities. – Physician

Lifestyle

> Lifestyles may not be healthy, fast food, and sedentary life. – Social Services Provider

Obesity

> Obesity is widespread. Cost of first line medications mostly very high for complicated diabetics. It can take months to get in to an endocrinologist. – Physician

□IDNEY DISEASE

ABO□T □IDNEY DISEASE

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

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

– Healthy People 20□0 (https://health.gov/healthypeople)

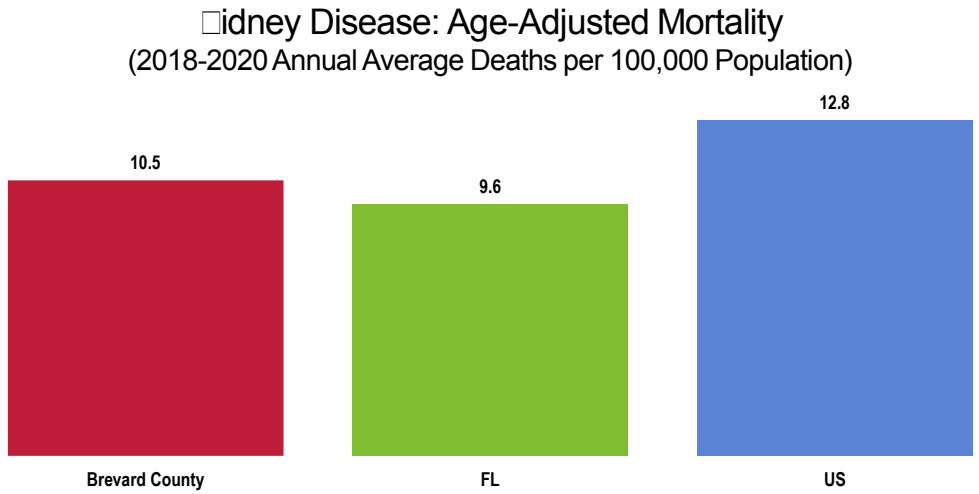
Age-Adjusted □idney Disease Deaths

Between □□□□ and □□□□□there was an annual average age□ad□usted □idney disease mortality rate of □□.□ deaths per □□□□□□□ population in Brevard County.

BENCHMAR□ ► Lower than the □S rate.

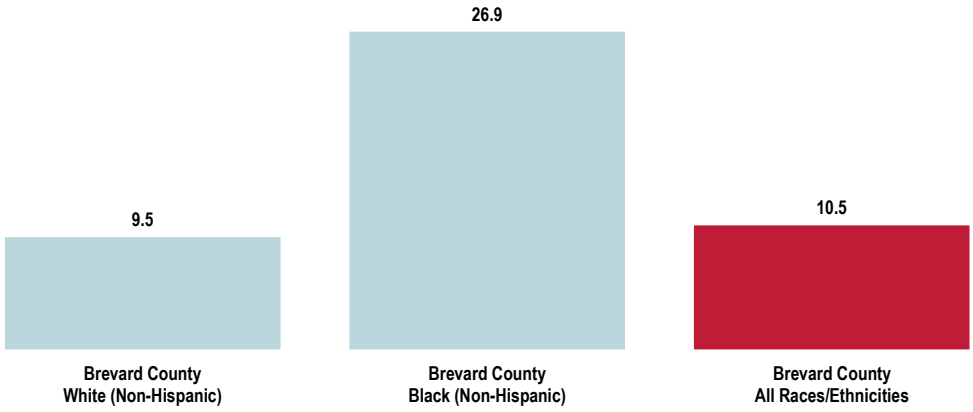
TREND ► Decreasing significantly to the lowest level recorded within the county in the past decade.

DISPARITY ► Higher among Black residents.



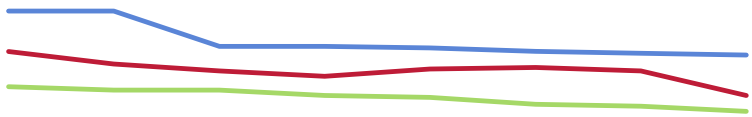
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

□idney Disease: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

□idney Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Brevard County	13.0	12.3	11.9	11.6	12.0	12.1	11.9	10.5
FL	11.0	10.8	10.8	10.5	10.4	10.0	9.9	9.6
US	15.3	15.3	13.3	13.3	13.2	13.0	12.9	12.8

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Prevalence of □idney Disease

A total of □.□□ of Primary Service Area adults report having been diagnosed with □idney disease.

TREND ► Marks a significant increase over time.

DISPARITY ► Much more prevalent among seniors (age 65□).

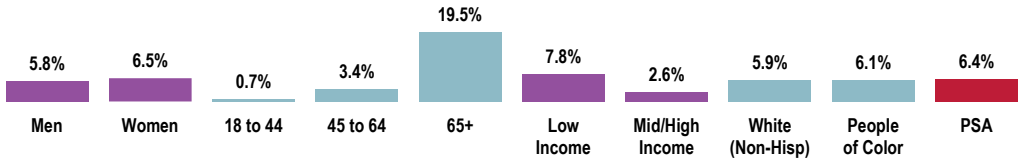
Prevalence of □idney Disease

Primary Service Area

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of □idney Disease
(Primary Service Area, 2022)

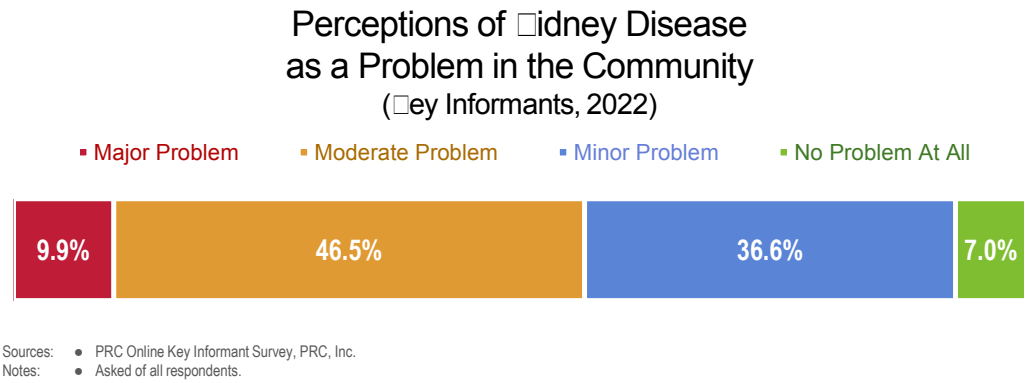


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 24]

Notes:
- Asked of all respondents.

□ey Informant Input: □idney Disease

□ey informants ta□ing part in an online survey generally characteri□ed *Kidney Disease* as a "moderate problem" in the community.



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

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

Incidence/Prevalence

> Many people with chronic kidney disease. – Physician
>
> I know lots of people on dialysis. – Other Health Provider
>
> Because I know an increasing number of people who have kidney disease in our community. – Community Leader

Access to Care/Services

> □idney disease requires a specialist. Dialysis is long-term, expensive, and time commitment. – Social Services Provider
>
> Lots of people on dialysis, hard to get times and places that are easy to get to for the treatment. It's a matter of life and death, and there should be more places with easier access, and less expense. – Community Leader

Disease Management

> I feel that people lack ownership of their disease. After a dx and a referral to a specialist, disease management is not always being done. The ED is being used in place of the doctor□s office. □It□s not going to happen to me□ mindset is hard to break. Obesity is at epidemic stage, and it is now in the schools. – Other Health Provider

Lack of Providers

> Lack providers in North Brevard. – Other Health Provider

SEPTICEMIA

ABO□T SEPSIS

Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency. Sepsis happens when an infection you already have —in your skin, lungs, urinary tract, or somewhere else—triggers a chain reaction throughout your body. □ ithout timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death.

When germs get into a person's body, they can cause an infection. If that infection isn't stopped, it can cause sepsis. Anyone can get an infection and almost any infection can lead to sepsis. Certain people are at higher risk:

- Adults 65 or older
- People with chronic medical conditions, such as diabetes, lung disease, cancer, and kidney disease
- People with weakened immune systems
- Children younger than one

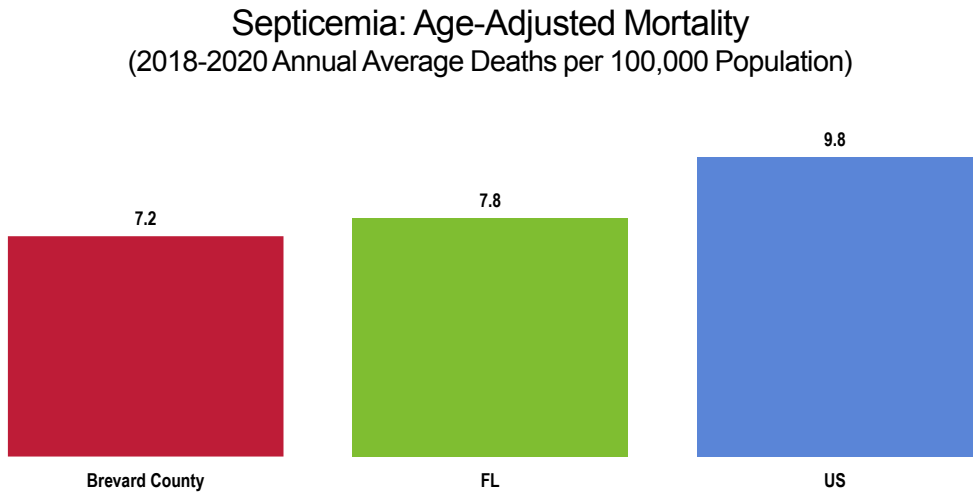
– Centers for Disease Control (https://www.cdc.gov/sepsis/what-is-sepsis.html)

Age-Adjusted Septicemia Deaths

Between □□□□ and □□□□□Brevard County reported an annual average age□ad□usted septicemia mortality rate of □.□ deaths per □□□□□□□ population.

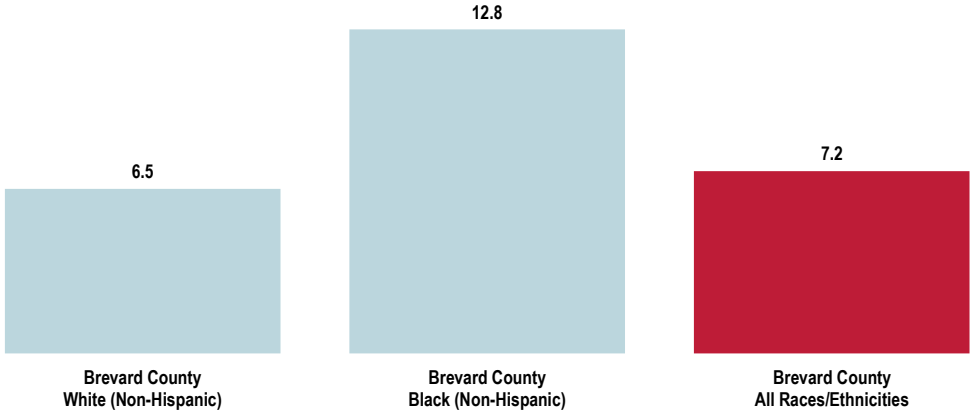
BENCHMAR□ ► Lower than the national rate.

DISPARITY ► The rate among Black residents is almost two times the rate among □ hite residents.



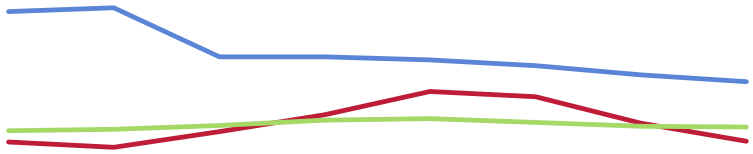
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Septicemia: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Septicemia: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Brevard County	7.1	6.9	7.6	8.3	9.4	9.1	8.0	7.2
FL	7.6	7.7	7.9	8.1	8.2	8.0	7.8	7.8
US	12.9	13.1	10.9	10.9	10.8	10.5	10.1	9.8

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

POTENTIALLY DISABLING CONDITIONS

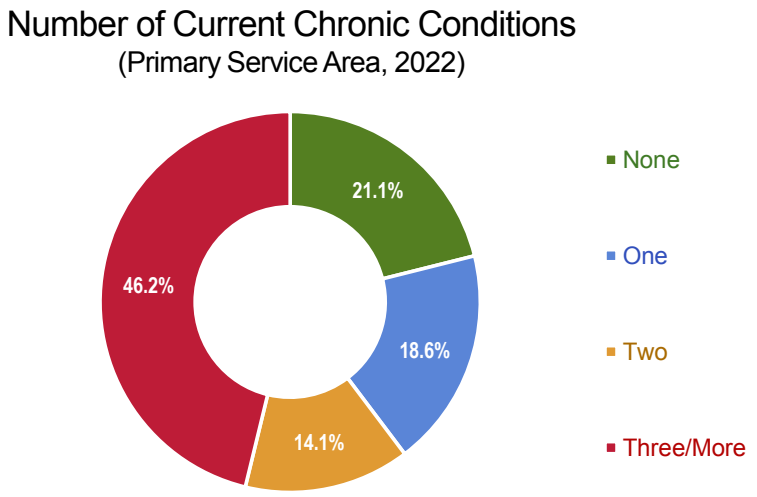
Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

- Arthritis
- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High cholesterol
- High blood pressure
- □idney disease
- Lung disease
- Obesity
- Osteoporosis
- Sciatica
- Stroke

Multiple chronic conditions are concurrent conditions.

Among Primary Service Area survey respondents□most report currently having at least one chronic health condition.

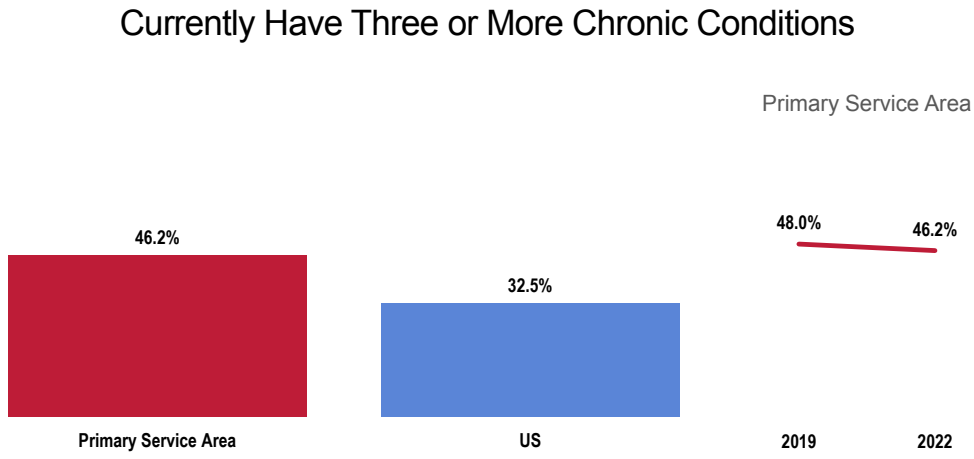


Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 123]
Notes: ● Asked of all respondents.
● In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes,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

In fact□□□.□□ of Primary Service Area adults report having three or more chronic conditions.

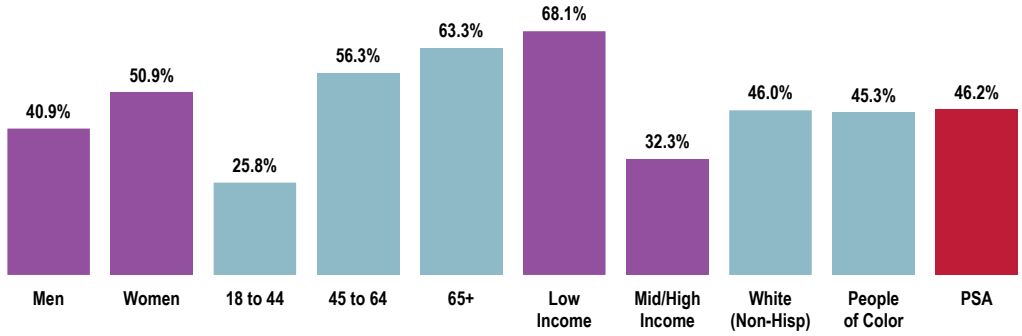
BENCHMAR□ ► Less favorable than the national finding.

DISPARITY ► More often reported among adults age 45□ and lower-income respondents.



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

Currently Have Three or More Chronic Conditions
(Primary Service Area, 2022)



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

Activity Limitations

ABO□T DISABILITY & HEALTH

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

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

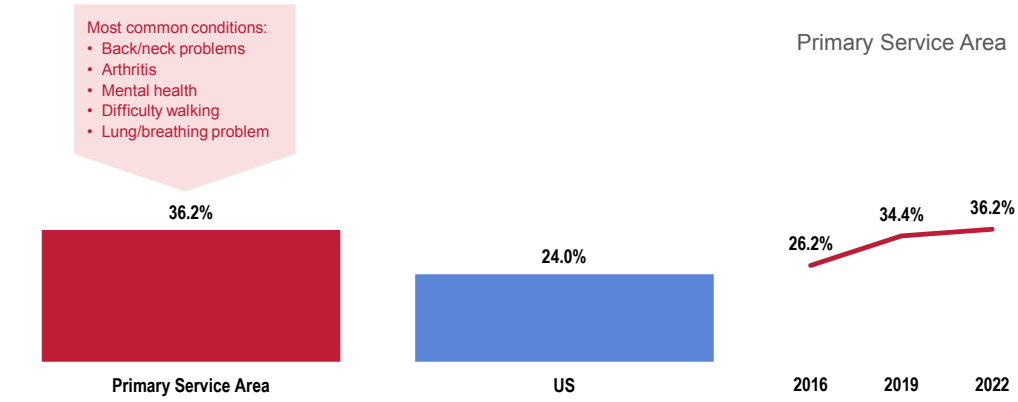
– Healthy People 20□0 (https://health.gov/healthypeople)

A total of □□.□ □ of Primary Service Area adults are limited in some way in some activities due to a physical□mental□or emotional problem.

BENCHMAR□ ► □ orse than the □S percentage.

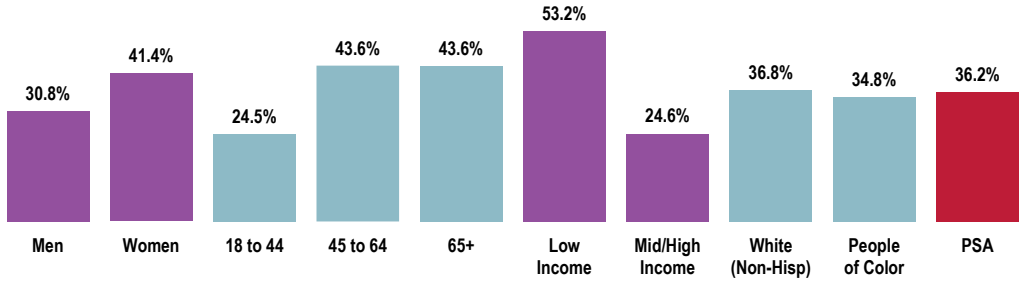
DISPARITY ► More often reported among adults age 45□ and lower-income adults.

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



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 96-97]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some □ ay
Due to a Physical, Mental, or Emotional Problem
(Primary Service Area, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 96]
Notes: ● Asked of all respondents.

Chronic Pain

High-Impact Chronic Pain

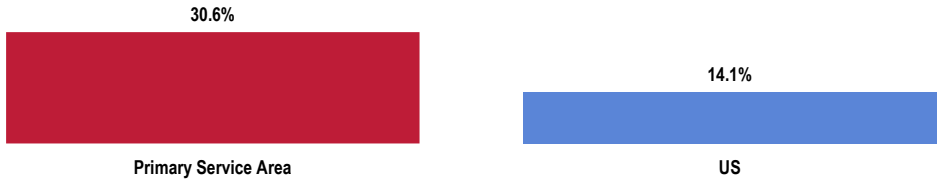
A total of □□.□□ of Primary Service Area adults experience high□impact chronic pain□meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

BENCHMAR□ ► More than two times the national percentage.

DISPARITY ► More often reported among women, adults age 45 to 64, and lower-income respondents.

Experience High-Impact Chronic Pain

Healthy People 20□0 □7.0□ or Lower



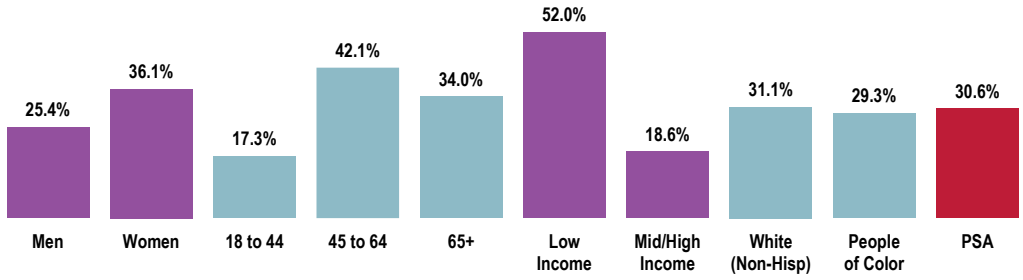
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 37]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Experience High-Impact Chronic Pain

(Primary Service Area, 2022)

Healthy People 20□0 □7.0□ or Lower



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 37]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Arthritis, Osteoporosis & Chronic Back Conditions

More than one□third of Primary Service Area adults age □□ and older □□□.□□ □reports suffering from arthritis or rheumatism.

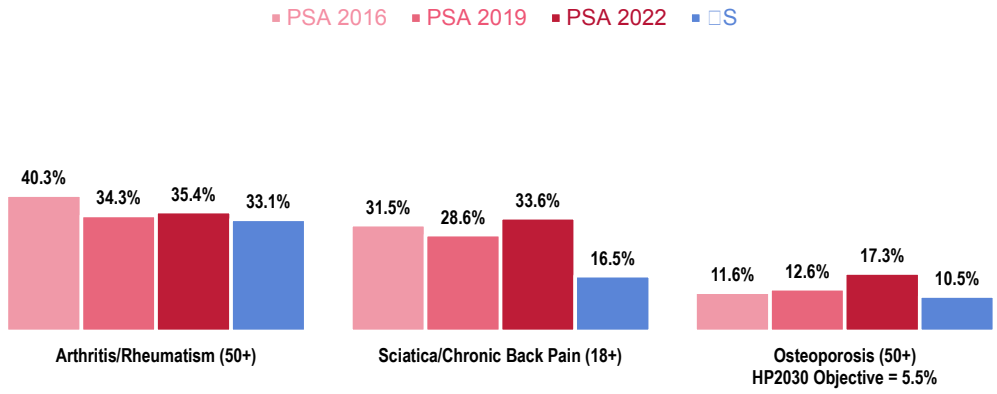
A total of □□.□□ of Primary Service Area adults □□□ and older□suffer from chronic bac□ pain or sciatica.

BENCHMAR□ ► Two times the national percentage.

A total of □□.□ □ of Primary Service Area adults age □□ and older have osteoporosis.

BENCHMAR□ ► Higher than the national finding. Fails to satisfy the Healthy People 20□0 objective.

Prevalence of Potentially Disabling Conditions



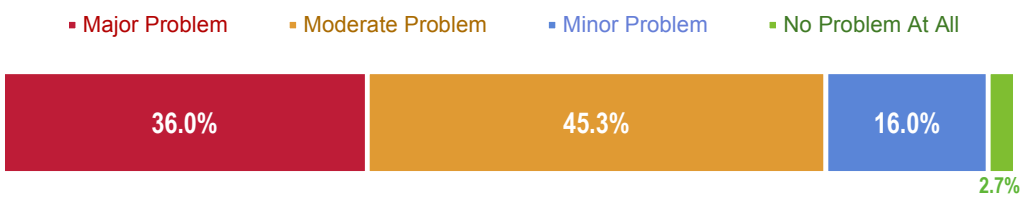
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 303, 320-321]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

□ey Informant Input: Disability & Chronic Pain

□ey informants ta□ing part in an online survey most often characteri□ed *Disability & Chronic Pain* as a "moderate problem" in the community.

Perceptions of Disability & Chronic Pain as a Problem in the Community
(□ey Informants, 2022)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Incidence/Prevalence

> I see many patients that are disabled and that suffer from chronic pain. – Other Health Provider
>
> Pervasive. – Physician
>
> Because a significant number of people I know in the community have the problems. – Community Leader
>
> □ orking in a provider’s office, we see a number of patients with chronic pain and requesting disability for conditions that are treatable and do not truly warrant disability. – Community Leader
>
> ER visit data, employee/employer health data. – Community Leader

Aging Population

> As the population ages, disabilities and pain become a bigger issue. There should be more programs available on these issues. – Community Leader
>
> Community has an older population. Seniors are prone to chronic pain (degenerative discs, osteoarthritis, etc.), which can be crippling and brings on disability without the right care and pain management. There does not seem to be a pain management specialist at Parrish or in Titusville ... there is a need. – Community Leader
>
> Many senior citizens in this community suffer with chronic pain. – Community Leader

Lack of Providers

> Most doctors don□want to treat pain due to addiction. – Social Services Provider
>
> There is a lack of chronic pain specialists in proximity to the population centers in North County. – Physician
>
> No chronic pain provider in North Brevard. – Physician

Substance Abuse

> Substance abuse. – Other Health Provider
>
> Many people come into the hospital who are dependent on opioids for pain management. Many people end up abusing the medications and/or going to the street to obtain medications. – Other Health Provider

Access to Care/Services

> Very few clinics in this area. – Physician

Comorbidities

> Many people in our community have multiple chronic conditions. □ e see many with polypharmacy on long-term pain medications. Our need for skilled nursing and assisted living facilities seems to have been on the increase. Many are limited on their ADLs due to lack of movement, mobility, and chronic pain, so they cannot stay in their own home. Over the pandemic, it appears many did not get the care they needed and therefore have also suffered with worsening conditions. – Other Health Provider

Co-Occurrences

> Chronic pain may or may not be real. This problem goes hand-in-hand with prescription dependency. Disability is hard to prove. – Social Services Provider

Disease Management

> Many members of our community have difficulty managing their chronic pain symptoms. Patients who have disability often have difficulty getting the care they need in the North Brevard area, causing them to have to travel to the Orlando/Melbourne area. Patients who are newly diagnosed with a disability have a time period to await for disability assistance. This time period leaves patients with very little resources in the interim. – Other Health Provider

Government/Policy

> Too worried about the federal government, or the insurance companies, saying the patient doesn’t need the drugs, or too expensive for the drugs. Treat you like a criminal if you’re on the drugs. Always try to tell you what you should be on instead of what you are on – Community Leader

Disability

> Many residents are unable to work due to ongoing chronic pain. Disability population is high, and many young people are currently active with disability. – Other Health Provider

Alzheimer's Disease

ABO□T DEMENTIA

Alzheimer's disease is the most common cause of dementia and the sixth leading cause of death in □.S. adults.1 Nearly 6 million people in the □nited States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

– Healthy People 20□0 (https://health.gov/healthypeople)

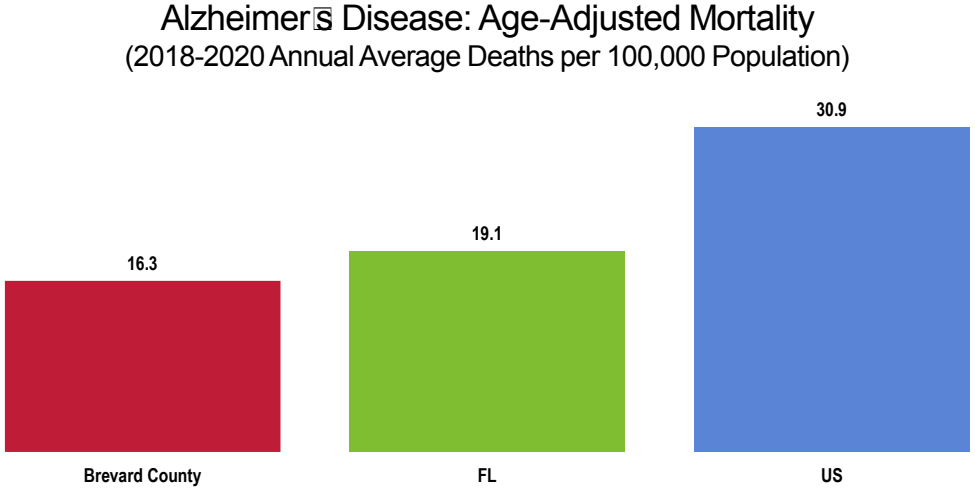
Age-Adjusted Alzheimer's Disease Deaths

Between □□□□ and □□□□□there was an annual average age□adjusted Alzheimer's disease mortality rate of □□.□ deaths per □□□□□□□ population in Brevard County.

BENCHMAR□ ► More favorable than the statewide rate and nearly half the national rate.

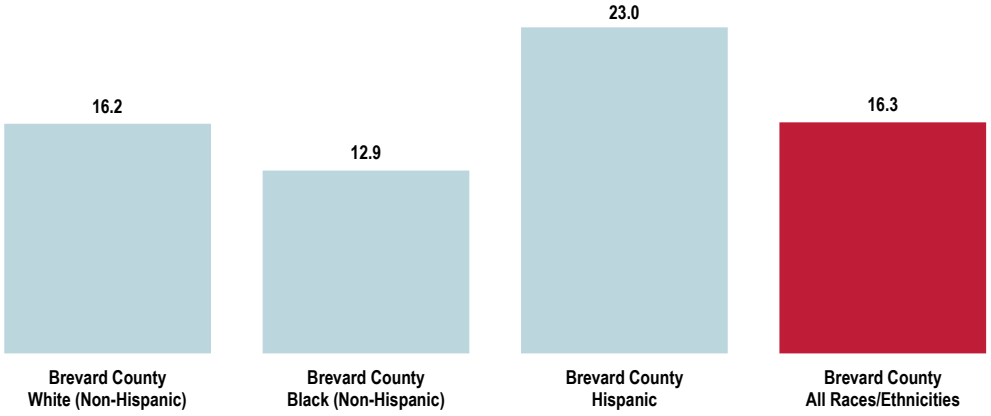
TREND ► Marks a general decrease within the county over time.

DISPARITY ► Higher among Hispanic residents.



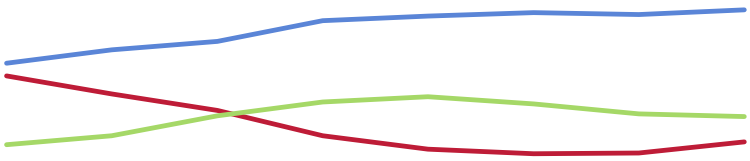
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Alzheimer's Disease: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

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

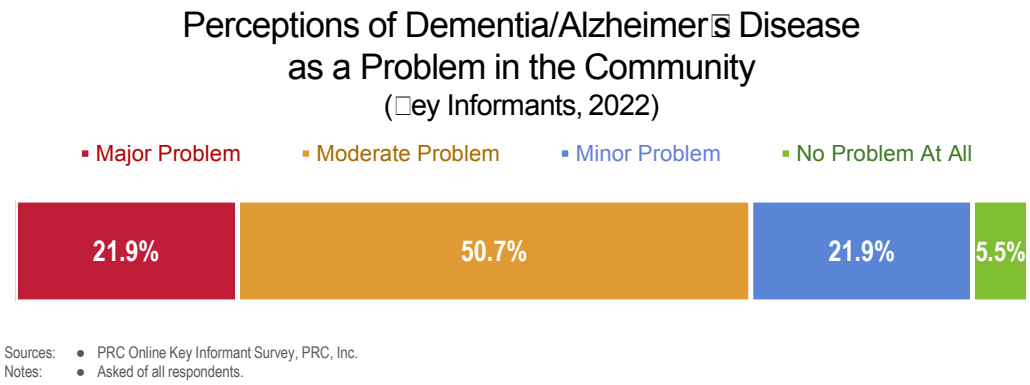


	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Brevard County	23.6	21.6	19.8	17.0	15.5	15.0	15.1	16.3
FL	16.0	17.0	19.2	20.7	21.3	20.5	19.4	19.1
US	25.0	26.5	27.4	29.7	30.2	30.6	30.4	30.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

□ey Informant Input: Dementia/Alzheimer's Disease

□ey informants ta□ing part in an online survey are most li□ely to consider *Dementia/ Alzheimer's Disease* as a "moderate problem" in the community.



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

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

Access to Care/Services

> Many of the community members with dementia have difficulty finding resources and safe places in this community to live when family members are no longer able to care for them. The ALFs that accept dementia/memory care patients can be very expensive, and many members in our community cannot afford the out-of-pocket cost or there is also a long waiting list, as there is only one ALF with a memory care in the North Brevard area. Getting a formal diagnosis of dementia in the outpatient setting in the North Brevard area can be difficult as well, due to the access to care issue/health insurance. The skilled nursing facilities in the North Brevard area also cannot typically accommodate a severely demented community member. – Other Health Provider
>
> Lack of treatment facilities. Placement alternatives. – Other Health Provider
>
> So many people are affected, either by themselves or family members, it's hard to find help in many areas that is needed, that is affordable, and easily accessible for the family. – Community Leader
>
> There are limited services in North Brevard that provide memory-related care. – Community Leader

Aging Population

> People are living longer, and family members may not be in a position to help monitor them as needed. – Social Services Provider
>
> Large population of elderly in the community. – Other Health Provider
>
> Our community has a large number of seniors. Like cancer, many, many people that I encounter are either currently caregivers for a loved one that has dementia/Alzheimer□s or know of someone that has this disease. – Community Leader

Incidence/Prevalence

> According to FL Charts, Brevard is in the highest quartile for probably Alzheimer□s cases, ages 65□. – Public Health Representative
>
> Because an increasing number of people I know in the community have the disease and they/their caregivers need day and night help, coping strategies, and more. – Community Leader
>
> In the last 10 years, it has affected so many in our community, as well as in our church. – Community Leader

Awareness/Education

> There is little information to most of the public until the need for a family member has them too tied up caretaking to get ahead of the problem. The Baby Boomers have arrived at the age where we pay for our youthful fun and we□re all living longer. – Community Leader

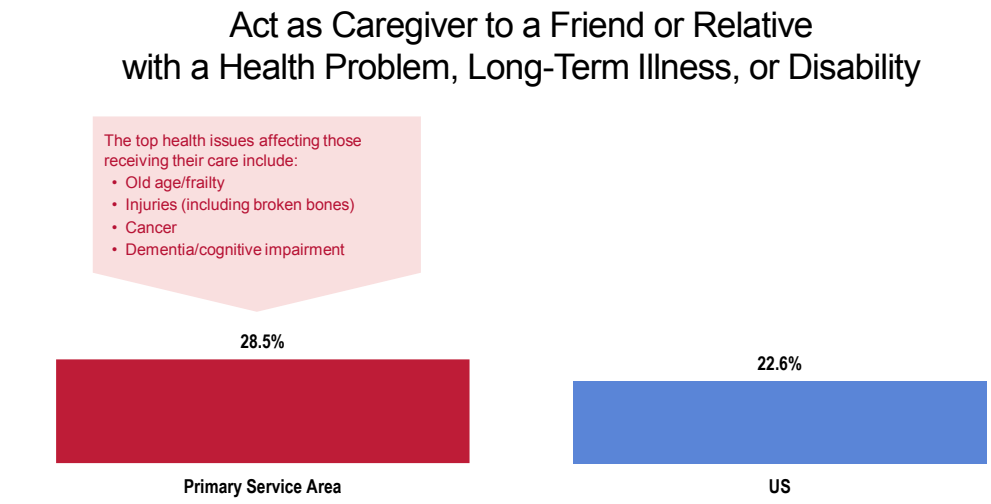
Lack of Providers

> Lack providers in North Brevard. – Other Health Provider

Caregiving

A total of □□.□□ of Primary Service Area adults currently provide care or assistance to a friend or family member who has a health problem□long□term illness□or disability.

BENCHMAR□ ▶ Higher than the □S finding.



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

BIRTHS

PRENATAL CARE

ABO□T INFANT HEALTH

□eeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the □nited States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

– Healthy People 20□0 (https://health.gov/healthypeople)

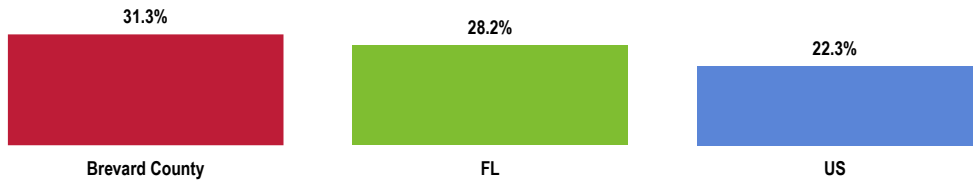
Between □□□□ and □□□□□□.□□ of all Brevard County births did <u>not</u> receive prenatal care in the first trimester of pregnancy.

BENCHMAR□ ► Less favorable than found across the □S.

TREND ► Increasing significantly to the highest level recorded within the county in the past decade.

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

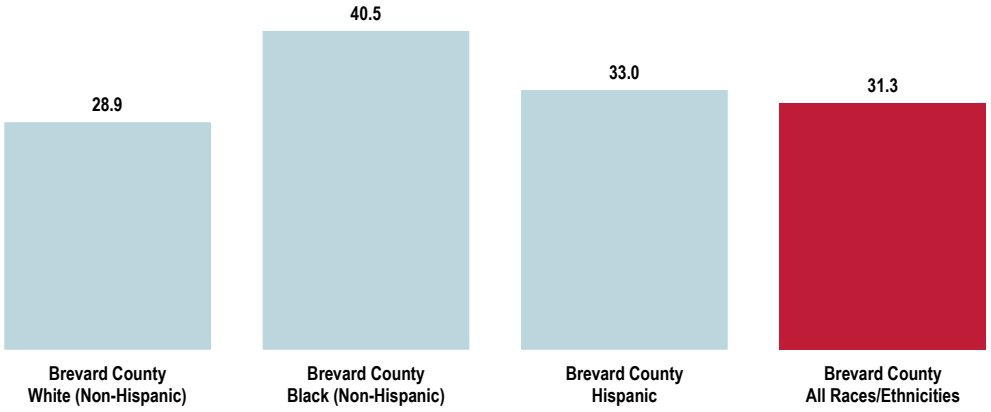
Lack of Prenatal Care in the First Trimester
(Percentage of Live Births, 2018-2020)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2022.

Note: ● This indicator reports the percentage of women who do not obtain prenatal care during the first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

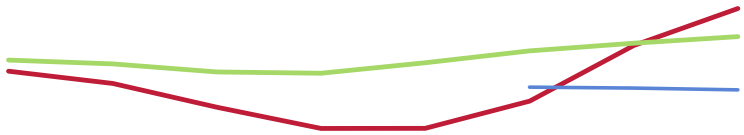
Lack of Prenatal Care in the First Trimester
(Percentage of Live Births, 2018-2020)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2022.

Note: ● This indicator reports the percentage of women who do not obtain prenatal care during the first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Brevard County	24.3%	23.0%	20.4%	18.0%	18.1%	21.1%	27.2%	31.3%
FL	25.6%	25.2%	24.3%	24.1%	25.3%	26.6%	27.5%	28.2%
US						22.6%	22.5%	22.3%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2022.

Note: ● This indicator reports the percentage of women who do not obtain prenatal care during the first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

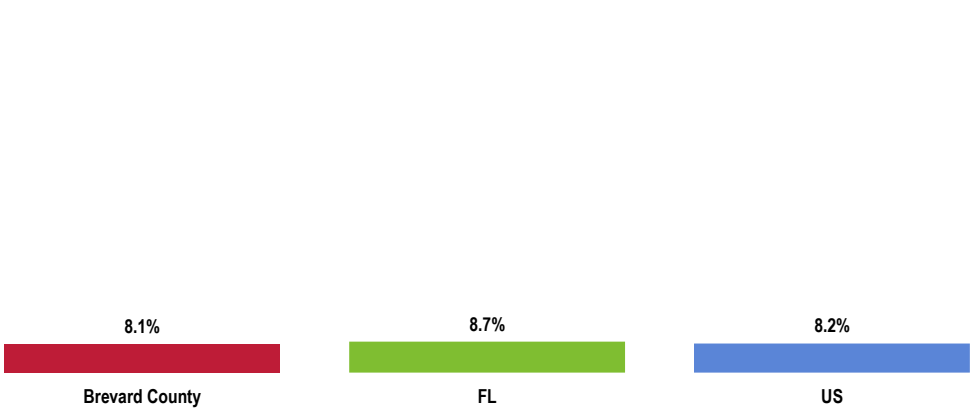
BIRTH O□TCOMES & RIS□S

Low-□ eight Births

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

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

A total of □.□□ of □□□□□□□□□ Brevard County births were low□weight.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2022.

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

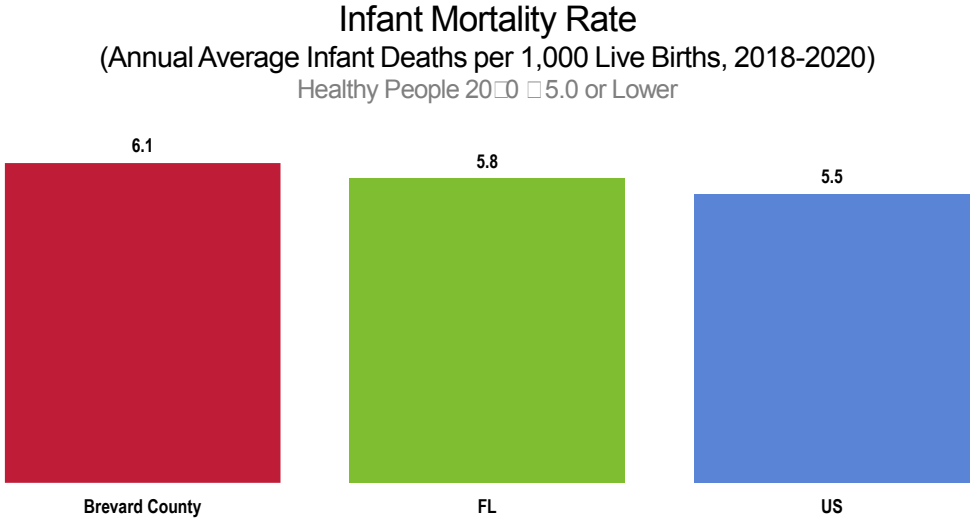
Infant Mortality

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

Between □□□□ and □□□□□there was an annual average of □.□ infant deaths per □□□□□ live births.

BENCHMAR□ ► Fails to satisfy the Healthy People 20□0 objective.

DISPARITY ► The rate among Black births is two times the rate among □ hite births.



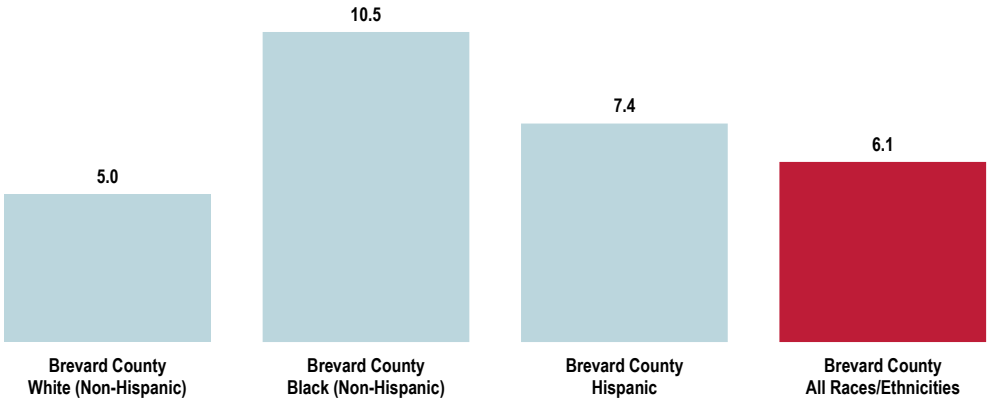
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Infant Mortality Rate by Race/Ethnicity

(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)

Healthy People 20□0 □5.0 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Infant Mortality Trends

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 20□0 □5.0 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Brevard County	6.9	6.4	6.3	5.8	5.6	5.7	5.7	6.1
FL	6.2	6.1	6.2	6.2	6.2	6.1	6.0	5.8
US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2022.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

FAMILY PLANNING

ABO□T FAMILY PLANNING

Nearly half of pregnancies in the □nited States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the □nited States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

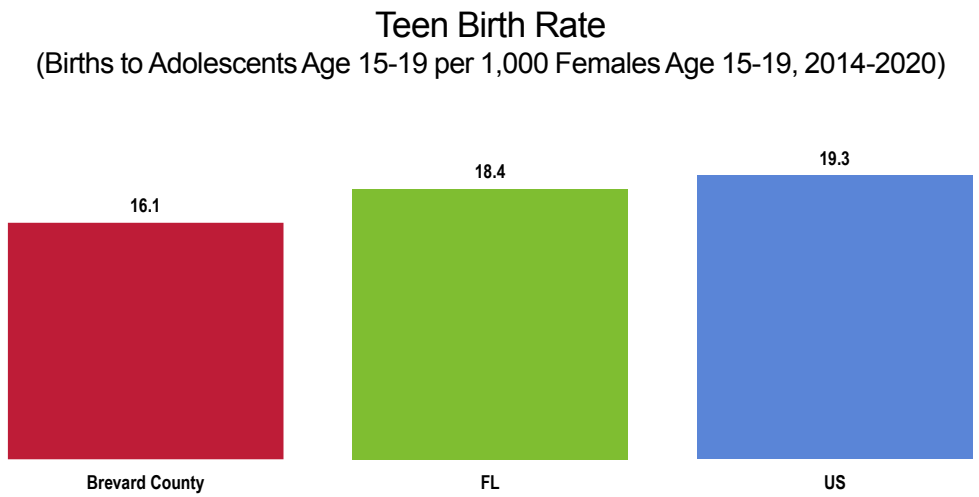
– Healthy People 20□0 (https://health.gov/healthypeople)

Births to Adolescent Mothers

Between □□□□ and □□□□□there were □□.□ births to adolescents age □□ to □□ per □□,□□□ women age □□ to □□ in Brevard County.

BENCHMAR□ ► More favorable than the □S rate.

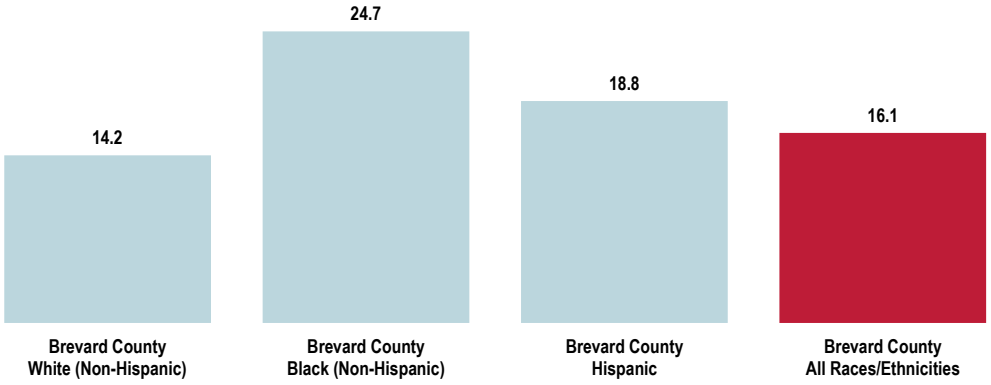
DISPARITY ► Higher among Black adolescents.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2014-2020)



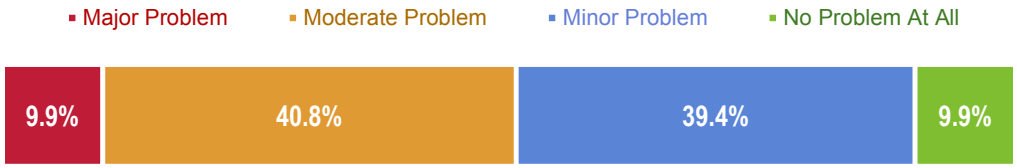
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

□ey Informant Input: Infant Health & Family Planning

□ey informants ta□ing part in an online survey generally characteri□ed *Infant Health & Family Planning* as a "moderate problem" in the community.

Perceptions of Infant Health and Family Planning as a Problem in the Community
(□ey Informants, 2022)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Awareness/Education

> Infant health sets the stage for a person□s entire life. Parents need to have the knowledge of how to set that state for future success. Family planning – education in terms of contraceptive options, spacing, healthy relationships are important for families generally and women specifically. – Public Health Representative
>
> □ ith health quality insurance (example: Cigna) it costs over $8,000 to have a baby (birth, ultrasounds, prenatal checkups, etc.). There is not a lot of support/information given to new mothers, which puts infant health at risk. Many women are not sure of their options for contraception as well as the risks of each option. Postpartum depression and the baby blues should be addressed and talked about before delivery so it does not catch women off guard. – Community Leader

Access to Care/Services

> Not enough resources. – Other Health Provider

Family Planning

> There is very little family planning or forethought as to when the baby comes. – Social Services Provider

Funding

> After conversations with our OB/GYN office, they explain the need for donations to help moms that cannot support themselves and children they have and/or are pregnant with. – Community Leader

MODIFIABLE HEALTH RIS□S

N□TRITION

ABO□T N□TRITION & HEALTHY EATING

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

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

– Healthy People 20□0 (https://health.gov/healthypeople)

Daily Recommendation of Fruits/Vegetables

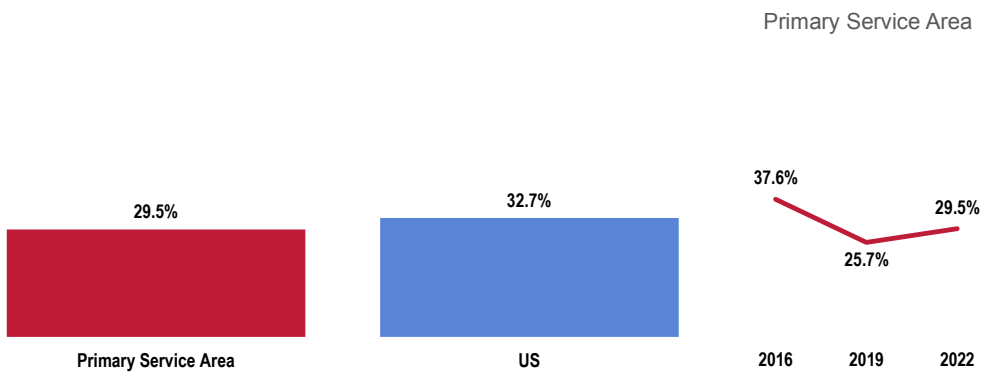
To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

A total of □□.□□ of Primary Service Area adults report eating five or more servings of fruits and□or vegetables per day.

TREND ► Marks a significant decrease since 2016.

DISPARITY ► Men are less likely than women to report eating fruits and vegetables.

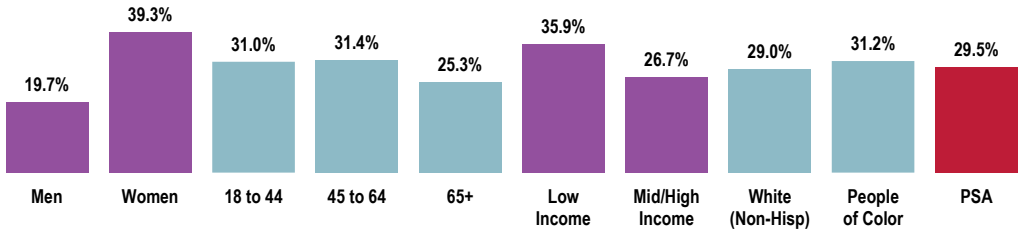
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 125]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Primary Service Area, 2022)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 125]

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

PHYSICAL ACTIVITY

ABO□T PHYSICAL ACTIVITY

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

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

– Healthy People 20□0 (https://health.gov/healthypeople)

Activity Levels

AD□LTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Adults should do 2 hours and □0 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle□strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about □0 percent are engaging in the recommended muscle-strengthening activity.

– 201□ Physical Activity Guidelines for Americans, □S Department of Health and Human Services. www.cdc.gov/physicalactivity

A total of □□.□□ of Primary Service Area adults regularly participate in ade□uate levels of both aerobic and strengthening activities □meeting physical activity recommendations□.

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

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

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

BENCHMAR□ ► Less favorable than found across Florida. Fails to satisfy the Healthy People 20□0 objective.

Meets Physical Activity Recommendations

Healthy People 20□0 □28.4□ or Higher

Primary Service Area

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 126]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Meets Physical Activity Recommendations

(Primary Service Area, 2022)

Healthy People 20□0 □28.4□ or Higher

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

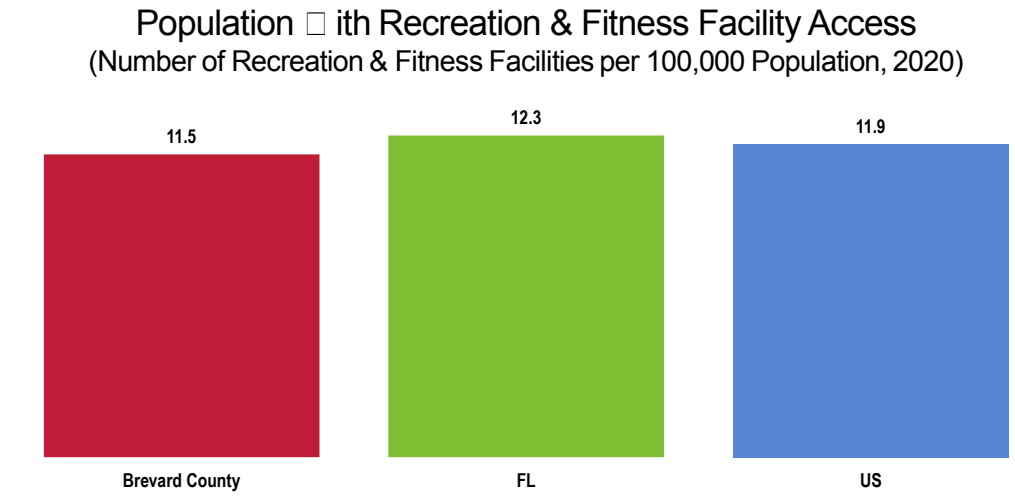
Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity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

Access to Physical Activity

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer “exercise and other active physical fitness conditioning or recreational sports activities.”

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

In □□□□□there were □□.□ recreation□fitness facilities for every □□□□□□□ population in Brevard County.



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer “exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

□ EIGHT STAT□S

ABO□T OVER□ EIGHT & OBESITY

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

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

– Healthy People 20□0 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 70□.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥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 □0 kg/m^2 is reached. For persons with a BMI ≥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 □ ith The National Institute of Diabetes and Digestive and □idney Diseases. September 1998.

Adult □ eight Status

CLASSIFICATION OF OVER□ EIGHT AND OBESITY BY BMI	BMI (kg/m^2)
□nderweight	<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 □ ith The National Institute of Diabetes and Digestive and □idney Diseases. September 1998.

Overweight Status

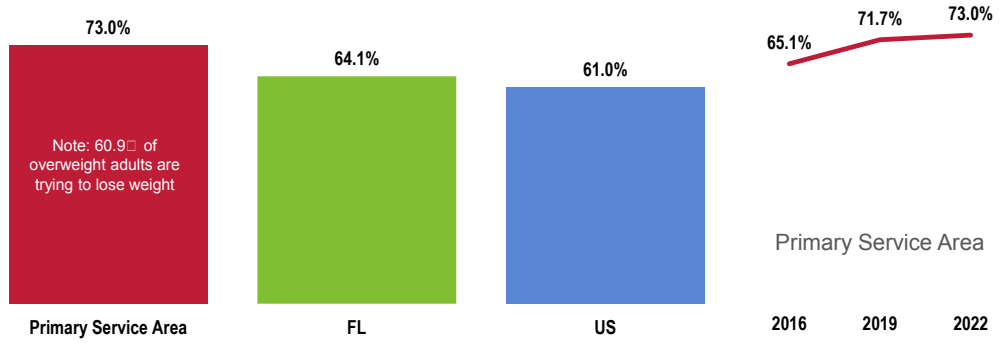
Here, “overweight” includes those respondents with a BMI value ≥25.

A total of □ in □□ Primary Service Area adults □□.□□ □are overweight.

BENCHMAR□ ► □ orse than found across the state and nation.

TREND ► Represents a significant increase over time.

Prevalence of Total Overweight (Overweight and Obese)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 128, 317]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.

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

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

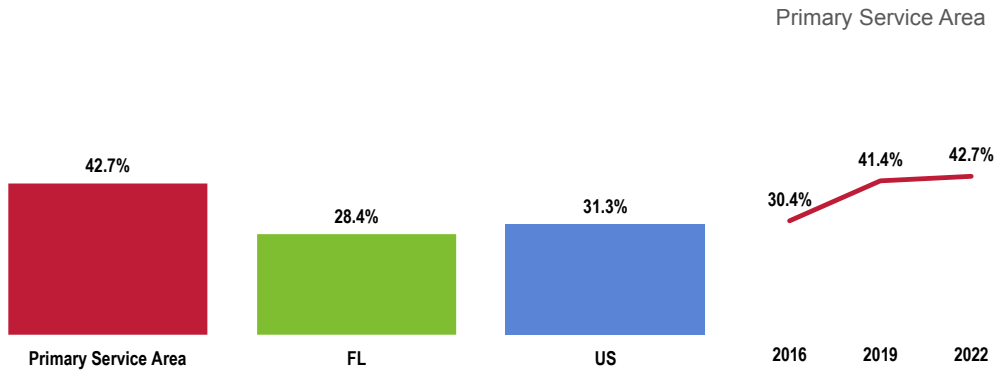
The overweight prevalence above includes □□.□□ of Primary Service Area adults who are obese.

BENCHMAR□ ► □ orse than found across the state and nation. Fails to satisfy the Healthy People 20□0 objective.

TREND ► Marks a significant increase since 2016 (similar to 2019 findings).

Prevalence of Obesity

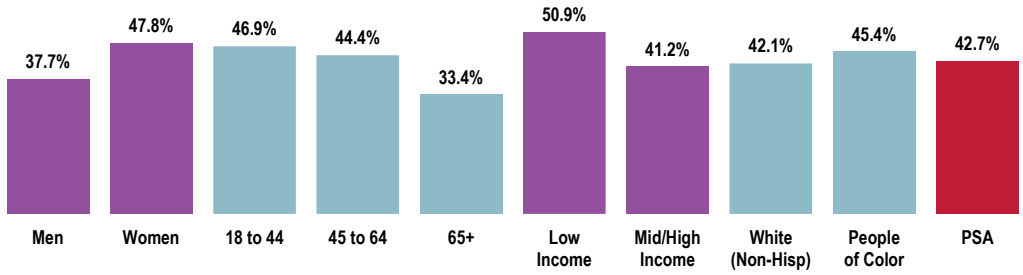
Healthy People 20□0 □ □6.0□ or Lower



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 128]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Prevalence of Obesity
(Primary Service Area, 2022)
Healthy People 20□0 □ □6.0□ or Lower



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

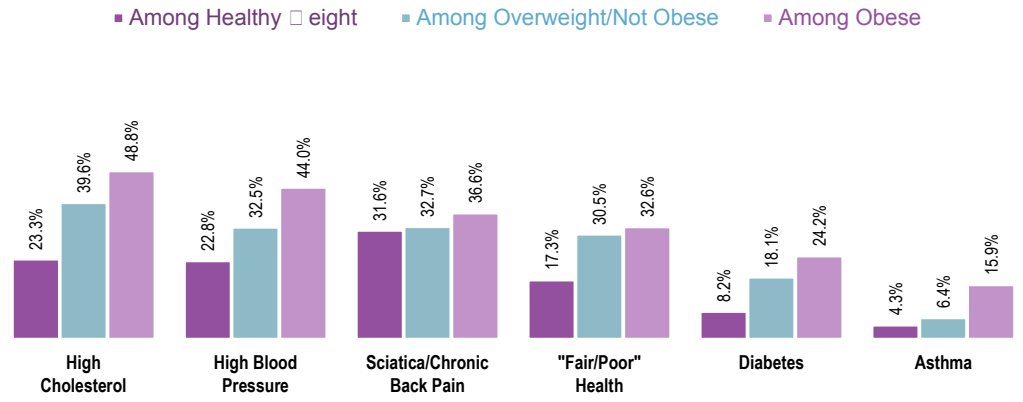
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight □ ith Other Health Issues

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

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

Relationship of Overweight □ ith Other Health Issues
(Primary Service Area, 2022)

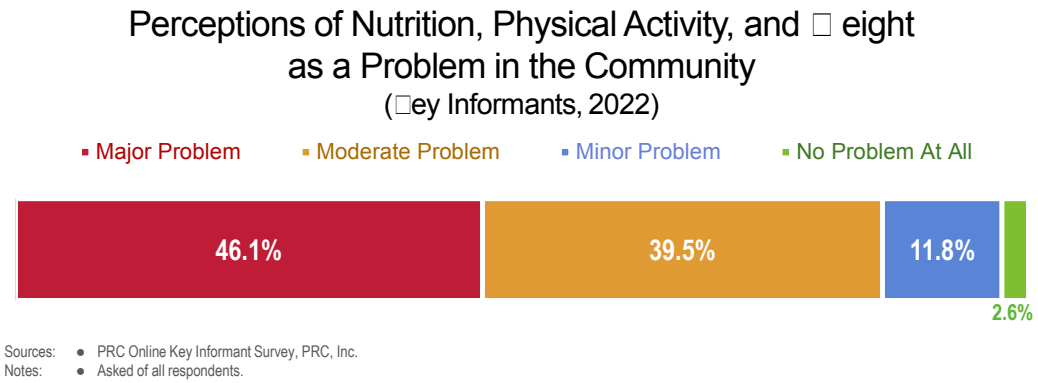


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 128]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight/not obese is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), of 25.0 to 29.9, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

□ey Informant Input:
Nutrition, Physical Activity & □ eight

□ey informants ta□ing part in an online survey most often characteri□ed *Nutrition, Physical Activity & Weight* as a "ma□or problem" in the community.



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

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

Access to Affordable Healthy Food

> Cost of healthy foods vs cost of unhealthy food choices; the community has many options for people to be physically active if they so choose; we have many parks, access to walking/running trails that do not cost anything to use; other outdoor activities that are free and many gyms around town. – Community Leader
>
> Foods that are healthy and good for you cost more. A lot of overweight people eat unhealthily because it's all they can afford. – Community Leader
>
> Being able to afford to eat healthy. Lack of education on what eating health looks like. No access to physical fitness gyms and/or lack of education on alternative physical activity tasks that patients can do without a gym or when they have a physical limitation. – Other Health Provider
>
> Costs of healthy food and access. – Public Health Representative
>
> Lack of community resources for healthy eating. Very few restaurants offering healthy options low. – Physician
>
> □nsure, perhaps cost of healthy foods versus unhealthy foods, personal choices. □ e have plenty of free options for outdoor activities, parks, walking, running, and cycling. – Community Leader
>
> Too many fast-food restaurants. Not enough healthy eating choices. Not enough people committed to their health. – Physician

Obesity

> Obesity in the school age population is high. Low-income families and healthy food availability. Decreased physical activity among residents. – Other Health Provider
>
> Obesity for adults and children. □ e are seeing an increased trend in obesity overall in our sleep centers, in acute care, and in our primary care practices. □ e see a contributing factor was the last two years of social isolation. – Other Health Provider
>
> Overweight. – Physician
>
> Many people morbidly obese/obese. Large fitness center closed a couple years ago. – Physician
>
> Obesity. – Physician
>
> I know that the obesity and overweight rate is high in general, and then when seeing patients in the office, it has been confirmed for years. – Community Leader
>
> Too many obese and unhealthy lifestyles. – Community Leader

Access to Care/Services

> Not enough resources. – Other Health Provider
>
> Access to registered dietitians, affordable fitness/exercise options. □nhealthy food is cheaper than healthy food. Rising cost of everything and making the behavior changes needed. – Other Health Provider
>
> Lack of resources. Nutritional education and access to fresh foods. – Other Health Provider

□ eight loss programs in North Brevard. No clinics that are covered by insurance and none coordinate with a gym like Parrish used to have. No nutritionist on staff at hospital. – Physician

Lifestyle

I see the biggest challenges to be 1) taking that first step. People often will start a □diet,□and as we all know, diets are short-lived. They need a change in lifestyle. A life coach to help make the needed changes to change all those things, the loop that is in their mind, you cannot do this, I don□t like to eat this, I□m too fat□– Other Health Provider

I think people find it difficult to fit physical activity and meal planning into their schedules. This can lead to unhealthy weight. – Community Leader

People are hard workers in the area and don□t make time for physical activity. There is also a significant occurrence of alcoholism in the area. – Community Leader

Sitting is the new smoking. Support of walks as well as 5□ events makes them more popular. Cooking has become a bit of a fad, so sites where healthy recipes and cooking techniques are available would help. – Community Leader

Nutrition

Lack of proper nutrition and physical activity. Food deserts in some communities. High cost of fresh foods versus low cost of prepackaged foods. – Public Health Representative

Fast food and processed food. □ e are society that is eating itself to death. – Social Services Provider

Affordable Care/Services

Lack of affordable gyms and programs. – Other Health Provider

Awareness/Education

Lack of education at an early age. – Community Leader

Due to COVID-19

COVID took away a lot of extracurricular activities that kept kids and parents outside and moving. Food costs are forcing parents to cut corners and order fast food to feed their families. – Community Leader

Incidence/Prevalence

Probably higher locally than nationally. – Physician

Income/Poverty

Low income leading to members making poor health decisions and food choices. – Other Health Provider

Lack of Providers

Lack providers in North Brevard. – Other Health Provider

S□BSTANCE AB□SE

ABO□T DR□G & ALCOHOL □SE

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

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

– Healthy People 20□0 (https://health.gov/healthypeople)

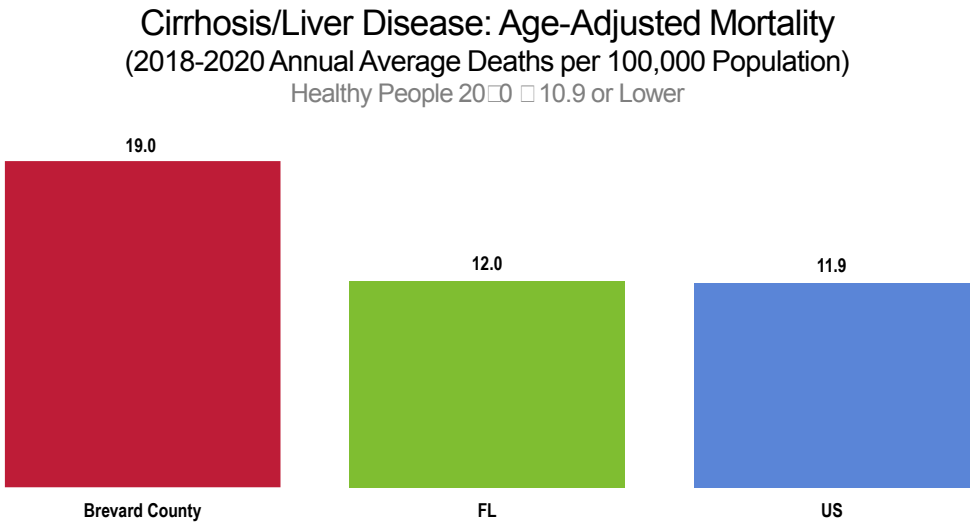
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between □□□□ and □□□□□Brevard County reported an annual average age□ad□usted cirrhosis□liver disease mortality rate of □□.□ deaths per □□□□□□□ population.

BENCHMAR□ ► Less favorable than state and □S rates. Fails to satisfy the Healthy People 20□0 objective.

TREND ► Represents a significant increase within the county over time.

DISPARITY ► Higher among □ hite residents.

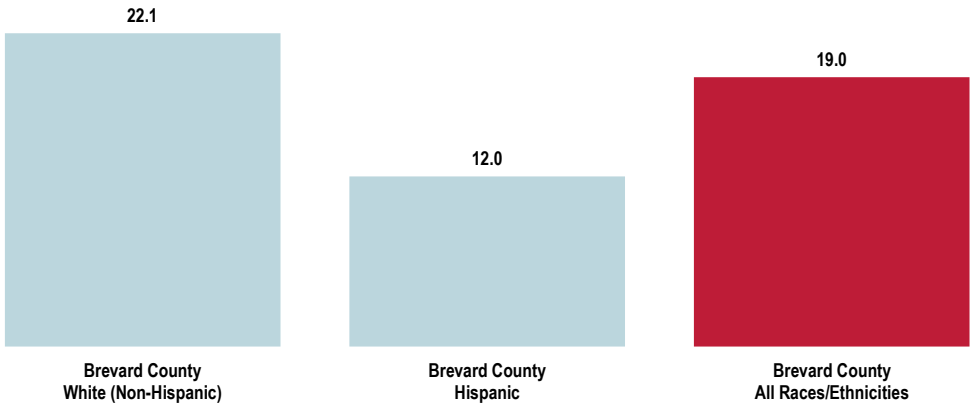


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 20□0 □ 10.9 or Lower

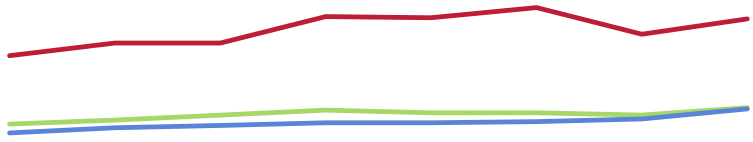


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 20□0 □ 10.9 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Brevard County	16.1	17.1	17.1	19.2	19.1	19.9	17.8	19.0
FL	10.7	11.0	11.4	11.8	11.6	11.6	11.4	12.0
US	10.0	10.4	10.6	10.8	10.8	10.9	11.1	11.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Alcohol □se

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

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

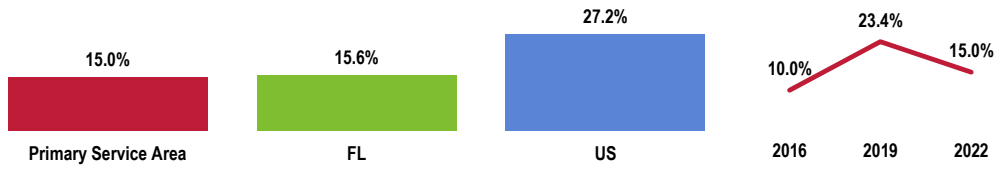
A total of □□.□□ of area adults are excessive drin□ers □heavy and□or binge drin□ers□.

BENCHMAR□ ► More favorable than the national percentage.

DISPARITY ► More often reported among young adults.

Excessive Drinkers

Primary Service Area



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 136]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.

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

Excessive Drinkers
(Primary Service Area, 2022)

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

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

Age-Adjusted □nintentional Drug-Related Deaths

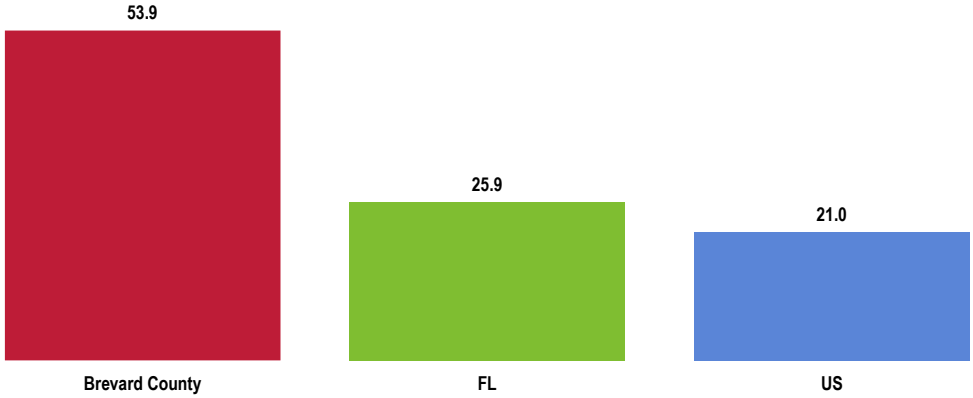
Between □□□□ and □□□□□there was an annual average age□ad□usted unintentional drug□related mortality rate of □□.□ deaths per □□□□□□□ population in Brevard County.

BENCHMAR□ ► More than two times the state and national rates.

TREND ► Increasing significantly to the highest level recorded within the county in the past decade.

DISPARITY ► Notably higher among □ hite residents.

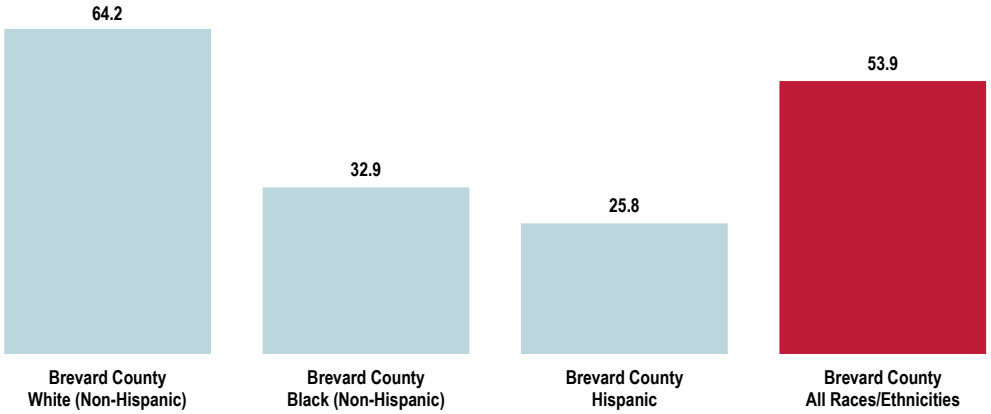
□nintentional Drug-Related Deaths: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

□nintentional Drug-Related Deaths: Age-Adjusted Mortality by Race

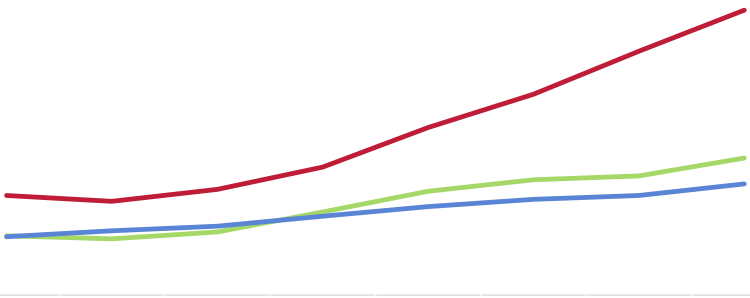
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

□nintentional Drug-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Brevard County	18.8	17.7	20.0	24.2	31.7	38.0	46.1	53.9
FL	11.2	10.6	11.9	15.7	19.6	21.8	22.5	25.9
US	11.0	12.1	13.0	14.9	16.7	18.1	18.8	21.0

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Illicit Drug □se

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

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

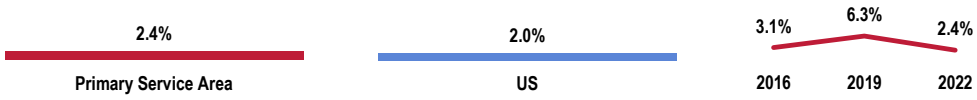
A total of □.□□ of Primary Service Area adults ac□nowledge using an illicit drug in the past month.

BENCHMAR□ ► Satisfies the Healthy People 20□0 objective.

Illicit Drug □se in the Past Month

Healthy People 20□0 □12.0□ or Lower

Primary Service Area



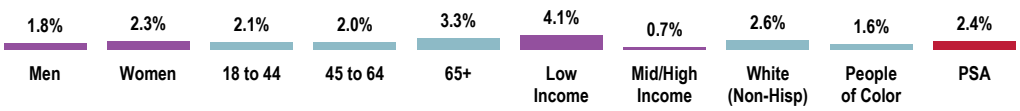
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 49]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Illicit Drug □se in the Past Month

(Primary Service Area, 2022)

Healthy People 20□0 □12.0□ or Lower



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 49]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

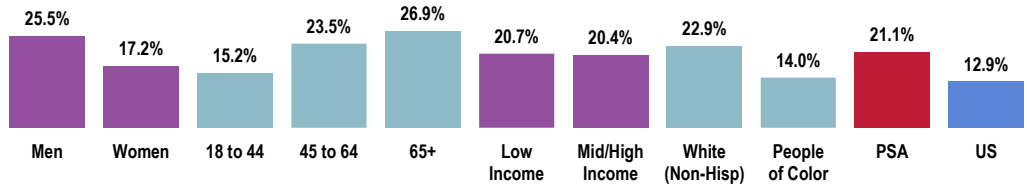
□se of Prescription Opioids

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

A total of □□.□□ of Primary Service Area adults report using a prescription opioid drug in the past year.

BENCHMAR□ ► Less favorable than the □S finding.

□sed a Prescription Opioid in the Past Year
(Primary Service Area, 2022)



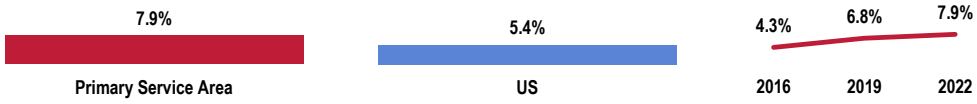
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 50]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Alcohol & Drug Treatment

A total of □.□□ of Primary Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

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

Primary Service Area



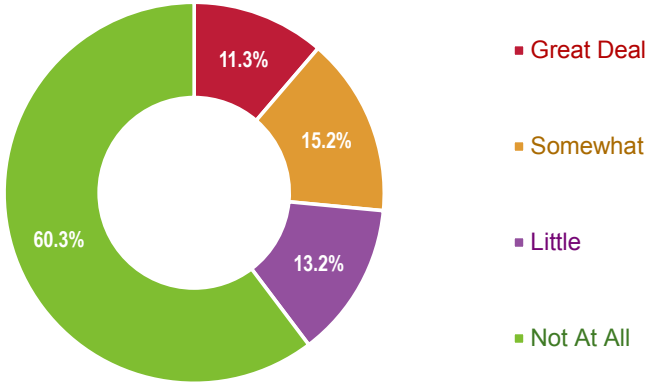
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 51]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Personal Impact From Substance Abuse

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

Most Primary Service Area residents' lives have <u>not</u> been negatively affected by substance abuse (either their own or someone else's□.

Degree to □ hich Life Has Been Negatively Affected by Substance Abuse (Self or Other's)
(Primary Service Area, 2022)

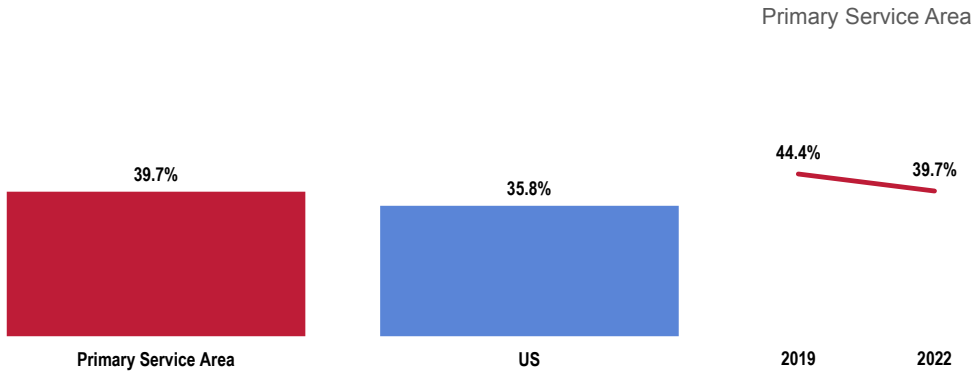


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 52]
Notes: • Asked of all respondents.

□owever□□□.□□ have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

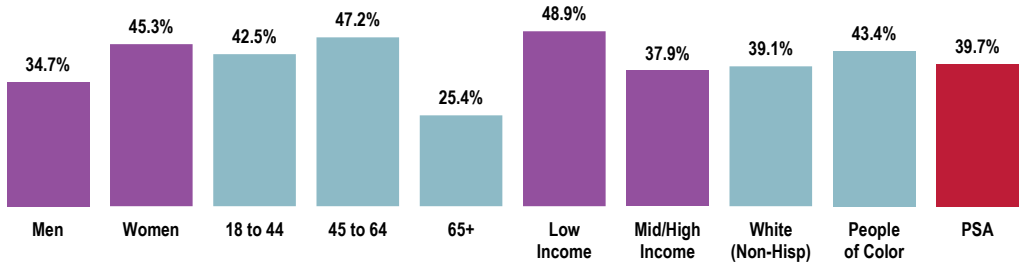
DISPARITY ► More often reported among adults younger than 65.

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



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

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)
(Primary Service Area, 2022)

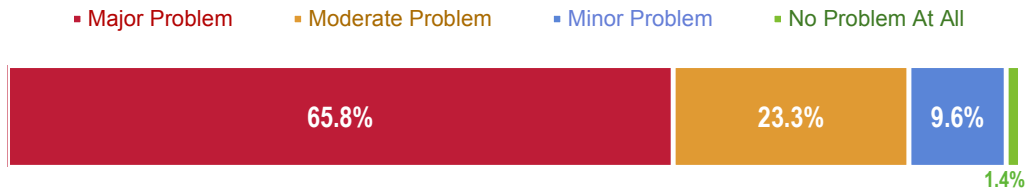


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 52]
Notes: • Asked of all respondents.
• Includes response of "a great deal," "somewhat," and "a little."

□ey Informant Input: Substance Abuse

A high percentage of □ey informants ta□ing part in an online survey characteri□ed *Substance Abuse* as a "ma□or problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community
(□ey Informants, 2022)



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

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

Access to Care/Services

> Residential beds, especially for pregnant patients that are using are scarce to none. No inpatient facility. – Physician
>
> Lack of resources. All resources are in the south end of the county. Most people are unable to travel there or unable to afford treatment. – Other Health Provider
>
> Lack of resources and lack of awareness of resources. – Other Health Provider
>
> Overall lack of resources and a lack of awareness of available resources and cost of programs. – Community Leader
>
> The access to receiving care and for patients to be able to access from their areas. – Other Health Provider
>
> Capacity of facilities. Lack of insurance of this population. – Other Health Provider
>
> Availability of resources. A willingness to take advantage of resources already in place. – Community Leader

There is a lack of resources. – Other Health Provider

Availability. – Other Health Provider

No programs here. – Physician

Treatment facilities and educational facilities. – Community Leader

Lack of treatment centers. – Community Leader

Lack of good substance abuse diagnose programs. Lack of treatment at jails. Housing First programs that are all too often Housing Only programs, providing little if any guidance toward recovery. – Community Leader

There are very few treatment centers in the area. – Community Leader

Lack of treatment places, sober living programs. – Social Services Provider

Denial/Stigma

Individuals typically do not want to admit he/she has a problem/addiction. – Community Leader

People not wanting to admit they have a problem and money for the treatment. – Community Leader

People recognizing, they need help, knowing what resources are available to help. – Other Health Provider

General mental health perceptions, afraid to seek help or belief that there is no assistance available. High prevalence of illicit substances in the community. – Other Health Provider

Recognizing that treatment is needed and access to treatment. – Public Health Representative

Interest/readiness to quit among those addicted, knowledge of lack of services and costs. – Public Health Representative

Affordable Care/Services

Affordable care. Transportation to/from substance abuse treatment. – Other Health Provider

Access to affordable treatment centers that are not faith based. Many addicts are deterred by faith-based treatment centers. Private treatment centers are expensive. – Other Health Provider

Cost and social stigma. – Community Leader

IOP cost. – Community Leader

Access to Care for □ninsured/□nderinsured

Care for indigent persons. – Physician

Lack of services for uninsured or underinsured. – Other Health Provider

No or inadequate insurance, difficulty finding providers, and providers□difficulty finding staff. Difficulty accessing services at the time the person is willing to accept help. – Social Services Provider

Insured coverage. – Other Health Provider

Awareness/Education

Reaching the youth in area to know how dangerous drugs can be. Getting their trust and helping them to learn ways to avoid getting involved with drugs. – Community Leader

Not having enough information as to where to go if a problem exists, like what physicians, organizations. – Community Leader

Resource knowledge. – Other Health Provider

Incidence/Prevalence

I deal with substance abuse individuals in my community very often. – Community Leader

I feel there is a high rate of substance abuse. It is not only in our community but also in our schools. The pop culture has made it acceptable. □ hat has happened to positive role models□ – Other Health Provider

Drug use is expanding in our community. – Community Leader

Easy Access

I think the bigger problem is the readily accepted availability and usage of substances by all age groups. Junior high and high schoolers have easy access to controlled substances, not to mention the adult population. The community needs to recognize and support the development of more readily available treatment facilities and programs. Right now, a couple of mental health/substance abuse facilities that are overwhelmed are being supplemented by faith-based programs – and it is working for many – but it□s not enough. – Community Leader

Tying hands of law enforcement. Drugs are so available. I suspect people living respectable lives are bringing many drugs into our country and communities. Notice border. – Community Leader

Court System

The court system. No guidelines or follow-up. – Community Leader

Alcohol/Drug □se

> Drug and alcohol abuse, especially pain medication dependency. – Community Leader

Income/Poverty

> Money. – Social Services Provider

Most Problematic Substances

Key informants (who rated this as a “major problem”) identified **alcohol** as causing the most problems in the community, followed by **heroin□other opioids** and **cocaine or crac□**.

S□BSTANCES VIE□ ED AS MOST PROBLEMATIC IN THE COMM□NITY (Among □ey Informants Rating Substance Abuse as a “Major Problem”)	
ALCOHOL	27.5□
HEROIN OR OTHER OPIOIDS	2□.□□
COCAINE OR CRAC□	19.2□
PRESCRIPTION MEDICATIONS	9.2□
METHAMPHETAMINE OR OTHER AMPHETAMINES	8.□□
MARIJ□ANA	6.7□
CL□B DR□GS (e.g. MDMA, GHB, Ecstasy, Molly)	4.2□
HALL□CINOGENS OR DISSOCIATIVE DR□GS (e.g. □etamine, PCP, LSD, D□M)	1.7□

TOBACCO □SE

ABO□T TOBACCO □SE

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

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

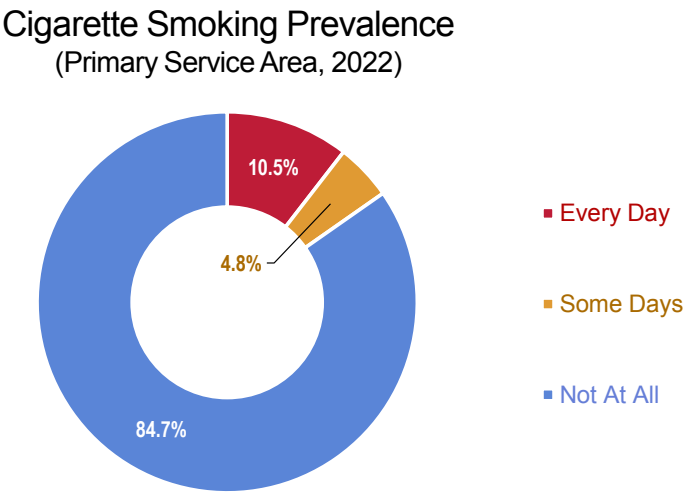
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 20□0 (https://health.gov/healthypeople)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of □□.□□ of Primary Service Area adults currently smo□e cigarettes□either regularly □every day□or occasionally □on some days□.



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

Note the following findings related to cigarette smoking prevalence in the Primary Service Area.

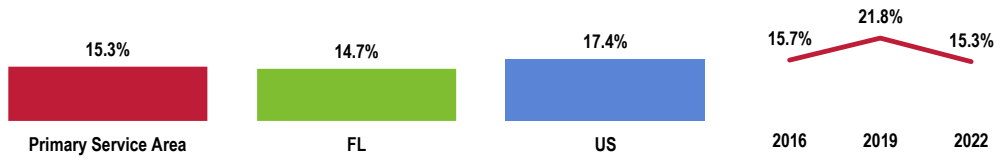
BENCHMAR□ ► Fails to satisfy the Healthy People 20□0 objective.

DISPARITY ► Adults age 45 to 64 and especially lower-income adults are more likely to report smoking cigarettes.

Current Smokers

Healthy People 20□0 □5.0□ or Lower

Primary Service Area



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 40]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Current Smokers

(Primary Service Area, 2022)

Healthy People 20□0 □5.0□ or Lower

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

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

Environmental Tobacco Smoke

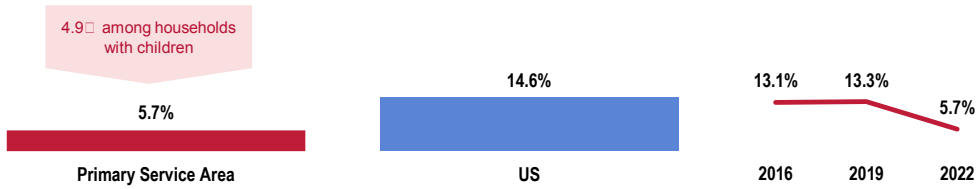
Among all surveyed households in the Primary Service Area□□.□□ report that someone has smo□ed cigarettes□cigars□or pipes in their home on an average of four or more times per wee□ over the past month.

BENCHMAR□ ► More favorable than the national percentage.

TREND ► Marks a significant decrease over time.

Member of Household Smokes at Home

Primary Service Area



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 43,134]
- 2020 PRC National Health Survey, PRC, Inc.

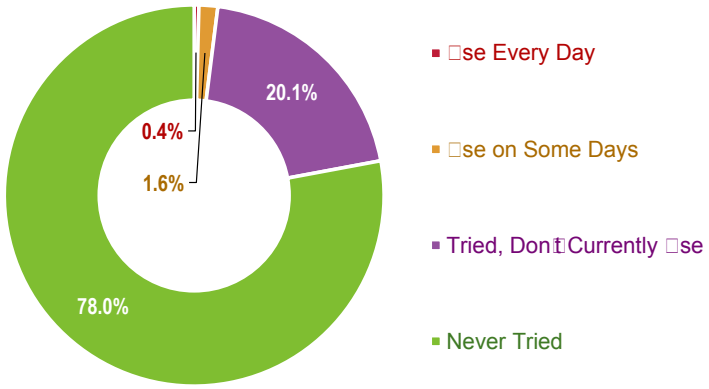
Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
- Note that the sample size for households with children falls below 50; use caution when interpreting results.

Other Tobacco □se

□se of Vaping Products

Most Primary Service Area adults have never tried electronic cigarettes □e□cigarettes□or other electronic vaping products.

□se of Vaping Products
(Primary Service Area, 2022)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 135]

Notes:
- Asked of all respondents.

□owever□□.□□ currently use vaping products either regularly □every day□or occasionally □on some days□

BENCHMAR□ ► Better than state and national percentages.

TREND ► Marks a significant decrease since 2019.

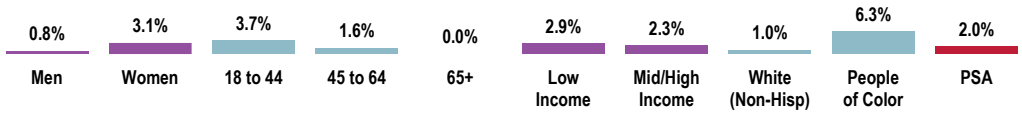
Currently □se Vaping Products
(Every Day or on Some Days)

Primary Service Area

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 135]
- 2020 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.

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

Currently □se Vaping Products
(Primary Service Area, 2022)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 135]

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

Cigars & Smokeless Tobacco

A total of □.□□ of Primary Service Area adults use cigars every day or on some days.

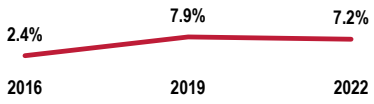
TREND ► Denotes a significant increase over time.

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

A total of □.□□ of Primary Service Area adults use some type of smo□eless tobacco every day or on some days.

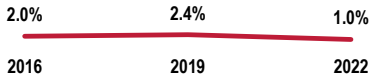
BENCHMAR□ ► More favorable than the statewide finding.

Currently Smoke Cigars



Currently □se Smokeless Tobacco

FL = 2.2%



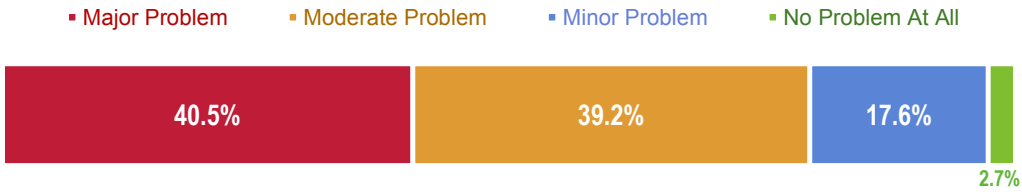
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 310-311]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.

Notes:
- Reflects the total sample of respondents.
- Smokeless tobacco includes chewing tobacco, snuff, or snus.

□ey Informant Input: Tobacco □se

□ey informants ta□ing part in an online survey most often characteri□ed *Tobacco Use* as a "ma□or problem" in the community.

Perceptions of Tobacco □se as a Problem in the Community (□ey Informants, 2022)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Incidence/Prevalence

> Because people are smoking everywhere I go. – Community Leader
>
> Significant number of residents engage in smoking/smokeless tobacco. – Other Health Provider
>
> Many people smoke. – Other Health Provider
>
> Visually, the number of individuals I see daily smoking throughout North Brevard. Vaping, which some believe is a better alternative, I think not, is also prevalent. – Community Leader
>
> Just seeing a lot of people smoking. – Other Health Provider
>
> I see too many people smoking in public. – Physician
>
> Probably higher rate of use/abuse locally than nationally. – Physician
>
> Lot of smokers. – Physician
>
> Brevard County has a higher rate of smokers than the overall Florida average. – Public Health Representative
>
> I do feel it’s getting better, but we still have a high incidence of respiratory problems such as COPD due to smoking. – Other Health Provider

Impact on □uality of Life

> High incidence of COPD and high number of people seen smoking and/or vaping. – Community Leader
>
> A huge percent of my hospice patients die from complications of tobacco use. – Physician
>
> Causes many types of cancer and secondhand smoke. – Social Services Provider

Addiction

> Addictive and population don□t have resources to have support to quit. – Other Health Provider
>
> People really struggle with this addiction. – Social Services Provider

Co-Occurrences

> Causes health problems and sometimes leads to COPD and cancer. – Community Leader
>
> Many people with diabetes and cardiac disease smoke. Increased stress related to current economy state, smoking to relieve stress. – Other Health Provider

Diagnosis/Treatment

> Still need more options to drive people to quit smoking. – Community Leader

Easy Access

> The number of vape and smoke shops in the area and incidence of respiratory issues. – Community Leader

Income/Poverty

> Socioeconomic, education. – Other Health Provider

Self-Medicating

> Social/stress relief for most members. – Other Health Provider

SE□□AL HEALTH

ABO□T HIV & SE□□ALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the □nited States each year — and rates are increasing. In addition, more than 1.2 million people in the □nited States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 20□0 (https://health.gov/healthypeople)

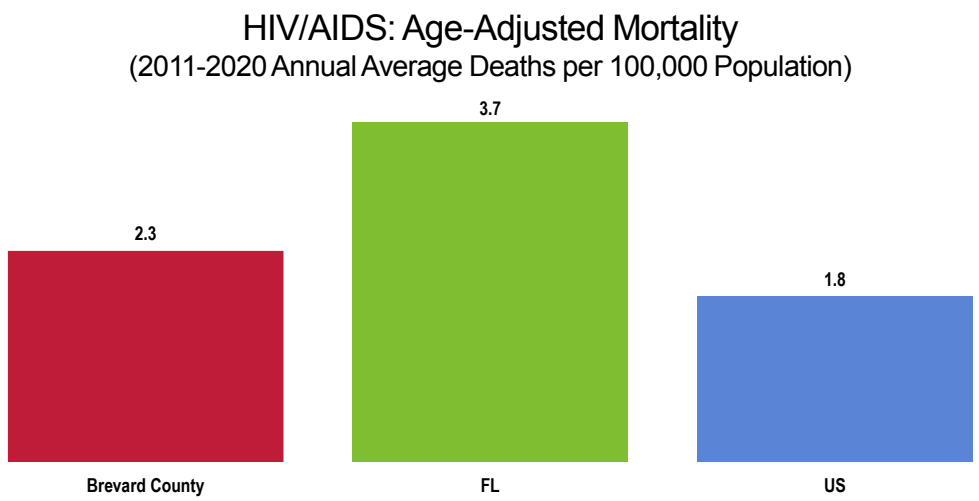
HIV

Age-Adjusted HIV/AIDS Deaths

Between □□□□ and □□□□□there was an annual average age□ad□usted □IV□AIDS mortality rate of □.□ deaths per □□□□□□□ population in Brevard County.

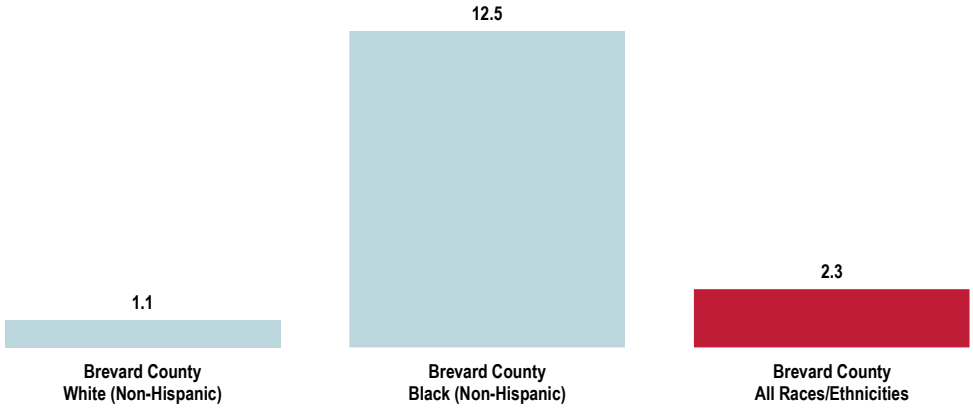
BENCHMAR□ ► More favorable than the statewide rate but less favorable than the □S rate.

DISPARITY ► Notably higher among Black residents.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

HIV/AIDS: Age-Adjusted Mortality by Race
(2011-2020 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

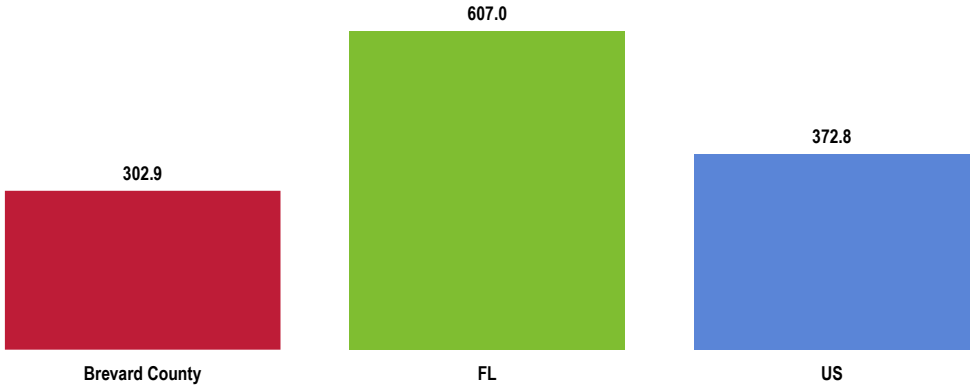
HIV Prevalence

In [illegible] there was a prevalence of [illegible] HIV cases per [illegible] population in Brevard County.

BENCHMAR[illegible] ► More favorable when compared to the nation and especially when compared to Florida.

DISPARITY ► Dramatically higher among Black residents.

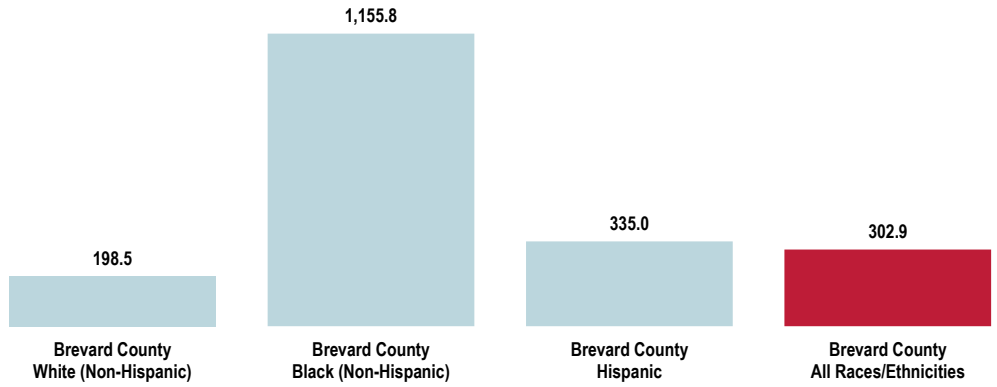
HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2018)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

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

HIV Prevalence by Race/Ethnicity
(Rate per 100,000 Population, 2018)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

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

Hepatitis B Vaccination

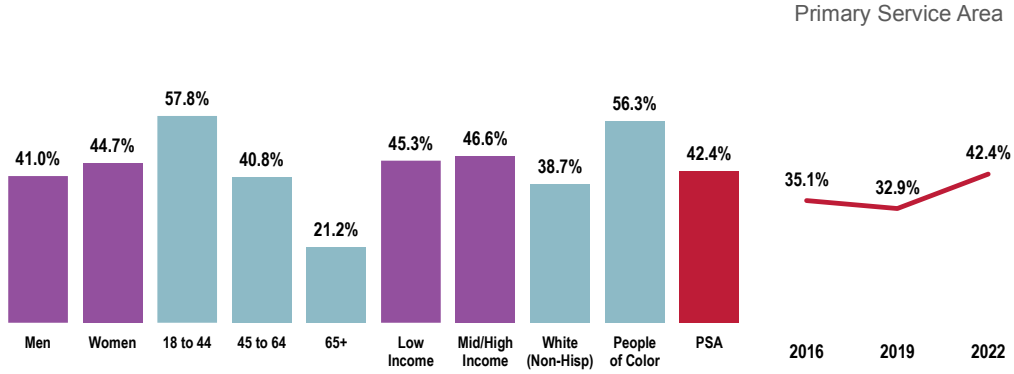
"To be vaccinated against Hepatitis B, a series of three shots must be administered, usually at least one month between shots.

Have you completed a Hepatitis B series?"

Among Primary Service Area adults□□□.□□ report that they have completed a □epatitis B vaccination series.

DISPARITY ► Adults age 45□ (especially seniors) and □ hite respondents are less likely to report having completed the series.

Completed the Hepatitis B Vaccination Series
(Primary Service Area, 2022)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 313]

Notes:
- Asked of all respondents.

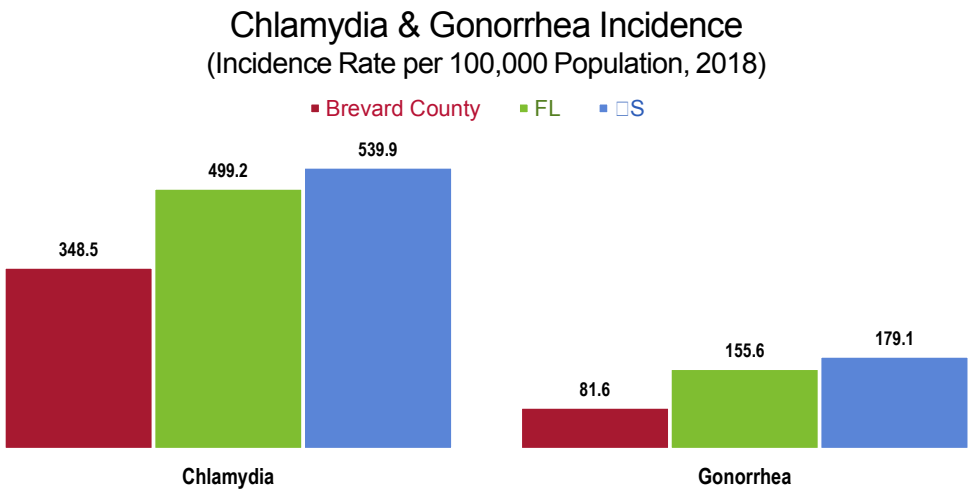
Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

In □□□□□the chlamydia incidence rate in Brevard County was □□□.□ cases per □□□□□□□ population.

The Brevard County gonorrhea incidence rate in □□□□ was □□.□ cases per □□□□□□□ population.

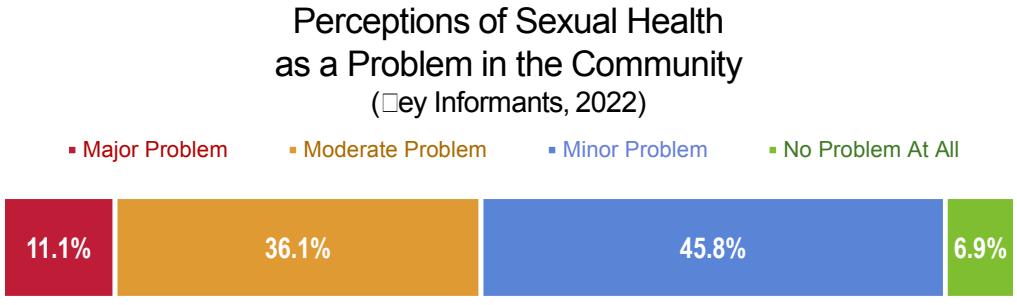
BENCHMAR□ ► Each is more favorable than corresponding state and national rates.



Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
Notes: ● This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

□ey Informant Input: Sexual Health

□ey informants ta□ing part in an online survey generally characteri□ed *Sexual Health* as a "minor problem" in the community.



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

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

Incidence/Prevalence

> Communicable diseases are on the rise. – Social Services Provider
>
> Increase STDs. – Other Health Provider
>
> I know too many in the community that have sexual transmitted diseases. – Community Leader

Access to Care/Services

> No resources. – Other Health Provider

Testing/Screening

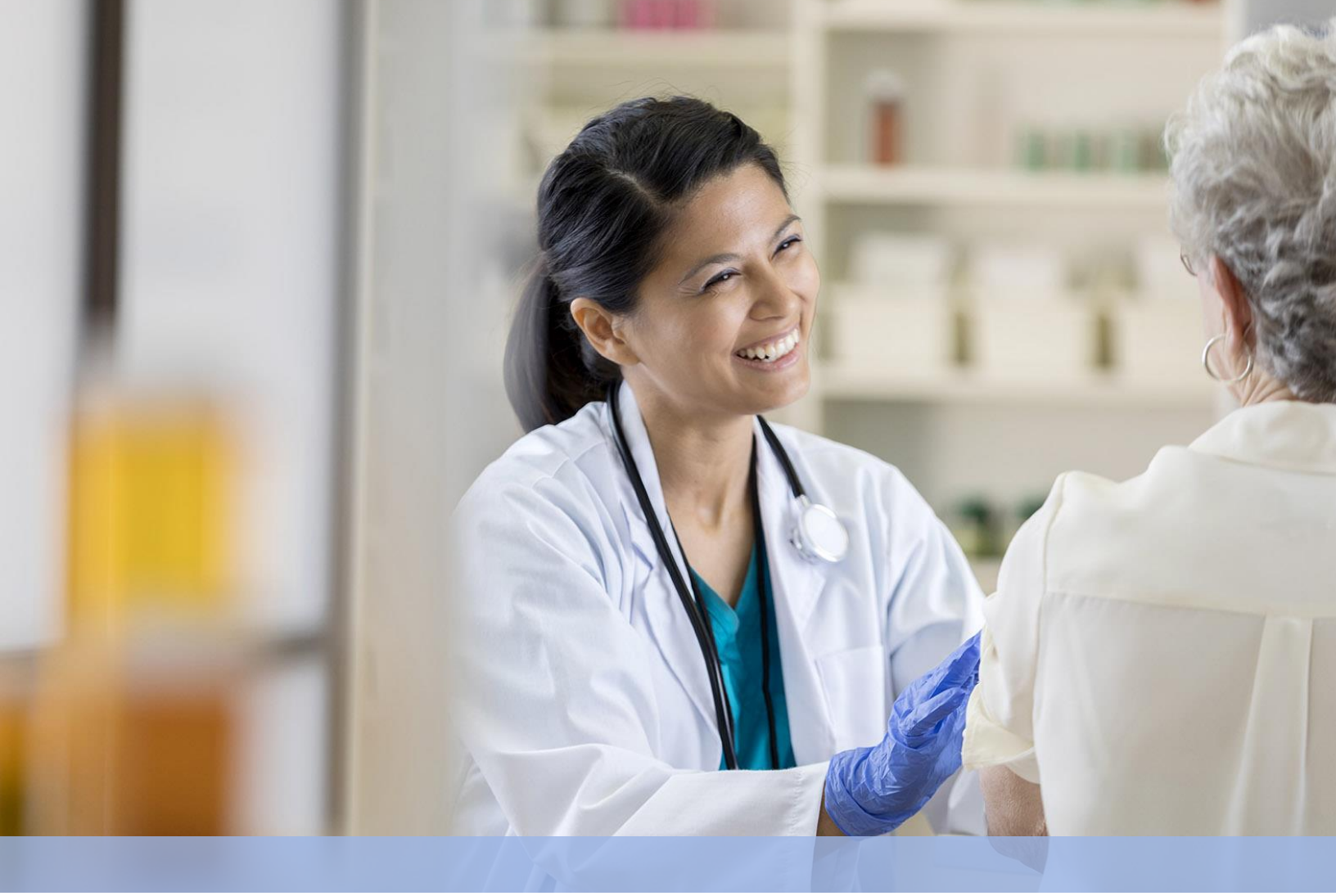
> Pap and STD screening. – Physician

Teen Pregnancy

> I feel that even though the health department and the community outreach programs are in place, the rate of teenage pregnancy is still high, as well as the HIV rate. – Other Health Provider

Youth

> STDs among teens. – Community Leader



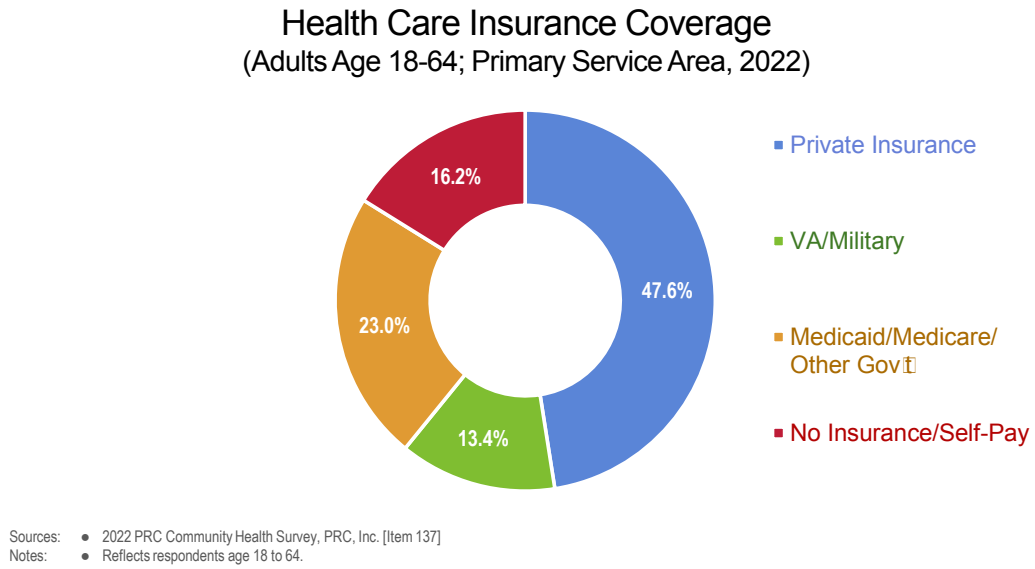
ACCESS TO HEALTH CARE

HEALTH INS□RANCE COVERAGE

Type of Health Care Coverage

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

A total of □□.□□ of Primary Service Area adults age □□ to □□ report having health care coverage through private insurance. Another □□.□□ report coverage through a government□ sponsored program □e.g.□Medicaid□Medicare□military benefits□.



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

Lack of Health Insurance Coverage

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

Among adults age □□ to □□□□□.□□ report having no insurance coverage for health care expenses.

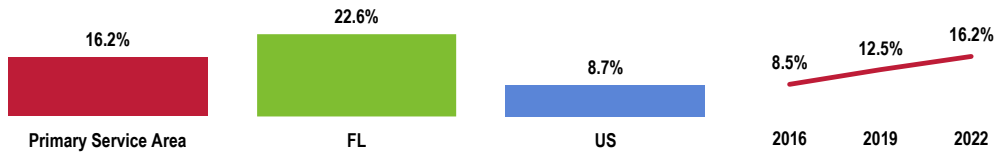
BENCHMAR□ ► More favorable than the statewide percentage but less favorable than the national percentage.

TREND ► Represents a significant increase over time.

DISPARITY ► Male respondents and □ hite residents are more likely to report being without insurance coverage.

Lack of Health Care Insurance Coverage
(Adults Age 18-64)
Healthy People 20□0 □7.9□ or Lower

Primary Service Area



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Lack of Health Care Insurance Coverage
(Adults Age 18-64; Primary Service Area, 2022)
Healthy People 20□0 □7.9□ or Lower

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

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

Insurance Instability

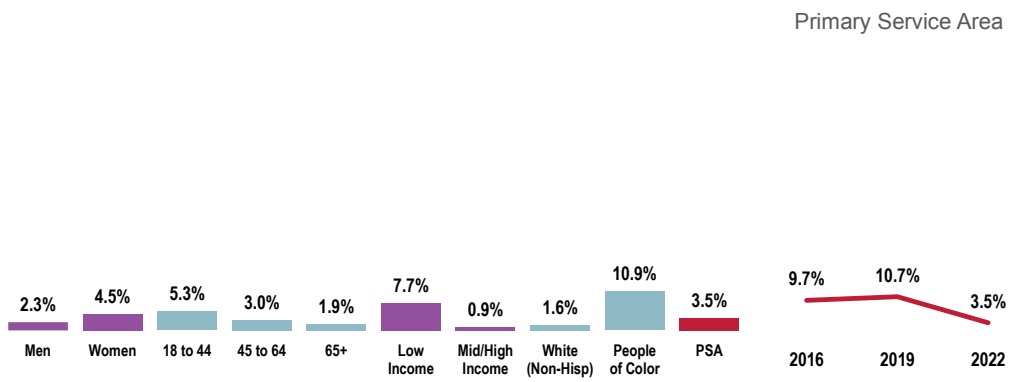
Among currently insured Primary Service Area adults□□.□□ report that they were without healthcare coverage at some point in the past year.

TREND ► Denotes a significant decrease over time.

DISPARITY ► The data suggest that insurance instability is higher among lower-income residents and People of Color.

□ ent □ ithout Healthcare Insurance Coverage At Some Point in the Past Year

(Insured Adults in the Primary Service Area, 2022)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 315]
Notes: ● Asked of all insured respondents.

DIFFIC□LTIES ACCESSING HEALTH CARE

ABO□T HEALTH CARE ACCESS

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

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

– Healthy People 20□0 (https://health.gov/healthypeople)

Difficulties Accessing Services

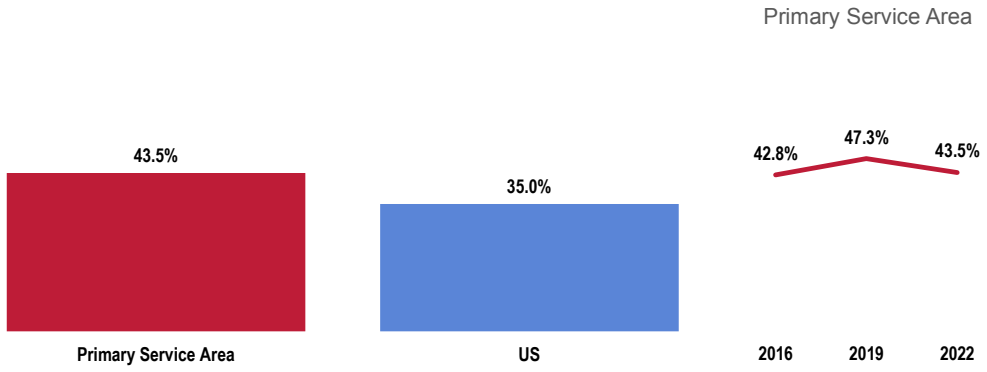
This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

A total of □□.□□ of Primary Service Area adults report some type of difficulty or delay in obtaining health care services in the past year.

BENCHMAR□ ► □ orse than the national percentage.

DISPARITY ► More often reported among women, adults age 45 to 64, lower-income residents, and People of Color.

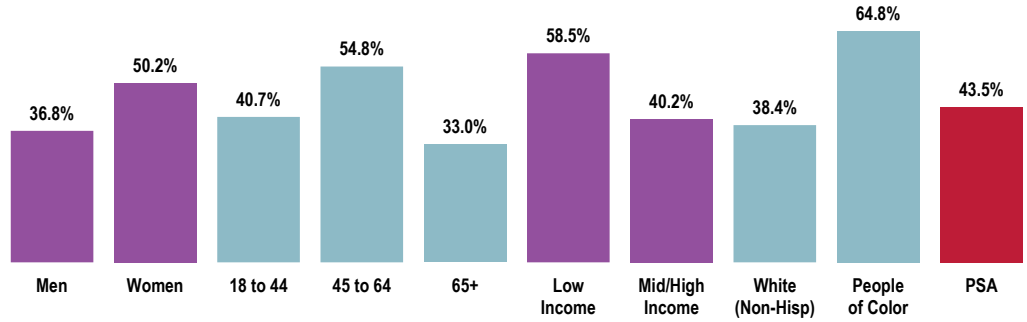
Experienced Difficulties or Delays of Some □ind in Receiving Needed Health Care in the Past Year



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 140]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some □ind in Receiving Needed Health Care in the Past Year
(Primary Service Area, 2022)



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 140]

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

Of the tested barriers□appointment availability impacted the greatest share of Primary Service Area adults.

BENCHMAR□ ► The impact of **appointment availability** and **finding a physician** as barriers are higher locally than nationally; mention of **language□culture** as a barrier is lower locally.

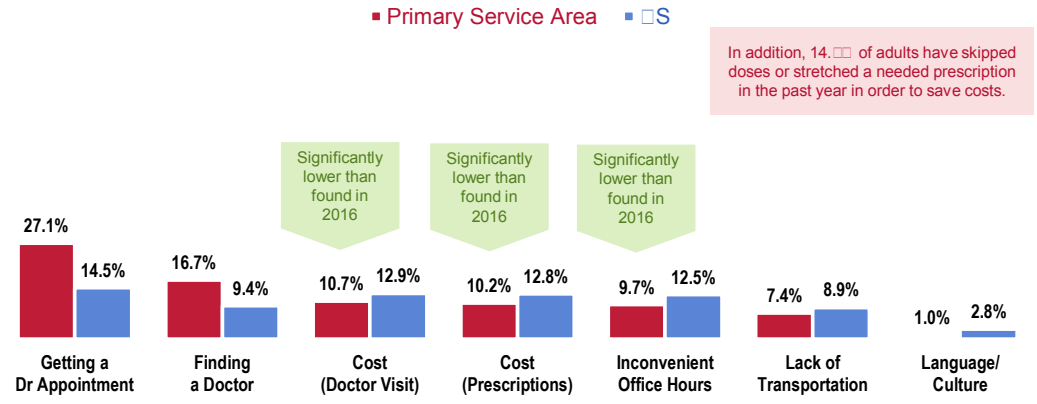
TREND ► Since 2016, the impact of three barriers has lessened significantly: **cost of a doctor visit**, **cost of prescriptions**, and **inconvenient office hours**.

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

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 7-14]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Accessing Health Care for Children

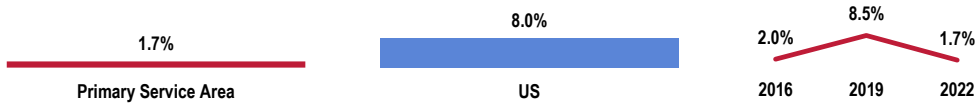
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of □.□□ 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.

BENCHMAR□ ► More favorable than the national percentage.

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

Primary Service Area



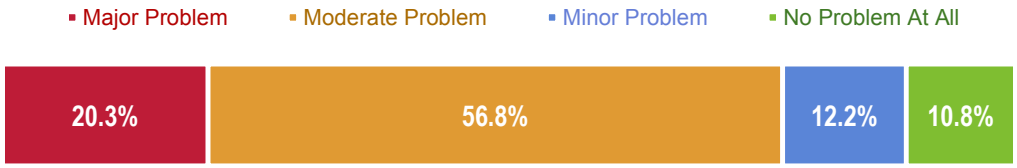
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 104]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Note that the sample size falls below 50; use caution when interpreting results.

□ey Informant Input: Access to Health Care Services

The greatest share of □ey informants ta□ing part in an online survey characteri□ed *Access to Health Care Services* as a "moderate problem" in the community.

Perceptions of Access to Health Care Services as a Problem in the Community
(□ey Informants, 2022)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Lack of Providers

> Access to primary care in a timely manner. I hear almost on a weekly basis that it will be months before someone can become established with a new PCP or there are no providers for their insurance. – Other Health Provider
>
> Lack providers in North Brevard. – Other Health Provider

> Inadequate physician services and specialties. – Physician
>
> No internists. – Physician
>
> Lack of primary care providers. – Physician
>
> Lack of mental health physicians, not nurses, in the North Brevard area to deal with everything from depression to substance abuse. – Physician
>
> There is a lack of specialists in general, especially cardiology, GI and pulmonary. For even insured patients, it takes months to get a patient an appointment. Then it's even worse for underinsured, such as self-pay and Medicaid. □ e have no specialists for the underinsured. – Other Health Provider

Access to Care/Services

> Hours of availability. Lack of transportation. Accessibility issues for specialty physicians. – Public Health Representative
>
> Access to appropriate care. – Other Health Provider
>
> Access to care. – Other Health Provider

Access to Care for □ninsured/□nderinsured

> Many members of our community do not have health insurance. If they do have health insurance, it is primarily Medicaid or a managed Medicare plan. This becomes difficult, as many specialists and resources in this community do not accept the managed Medicare plans or the Medicaid plans. For example, it is difficult to find home health care agencies to staff the North Brevard area if patients have a Medicaid plan or certain managed Medicare plans. This limits the patient to home services. Many members also have difficulty with transportation due to not having a vehicle. – Other Health Provider
>
> Self-pay patients having access to PCP and most definitely specialists. – Other Health Provider
>
> Lack of insurance. Lack of providers for Medicaid insurances. Lack of affordable transportation. Lack of affordable substance use and mental health services. Lack of psychiatrists in the north end of the county. – Other Health Provider

Access for Medicaid Patients

> Insurance coverage and availability of providers who accept Medicaid. A majority of specialty doctors in North Brevard do not accept Medicaid; the patients have to travel more than an hour for a provider, and then transportation and financial resources become a barrier. – Other Health Provider

Diagnosis/Treatment

> Doctors that care about your health problems, not just do tests, write medications, and send you on your way. Always want to start over regardless of what you've already been through, they want to do them again, like nothing you've done in the past meant anything. – Community Leader

Cost of Insurance

> I have found that families cannot afford health insurance. Specifically, if one parent's employer does not provide insurance and the other parent's does, to add the other adult onto the insurance is $400-$500 per month. A lot of families barely make more than the Medicaid maximum so they cannot afford it to insure both parents and their children. – Community Leader

Social Determinants

> Social determinants. – Physician

PRIMARY CARE SERVICES

ABO□T PREVENTIVE CARE

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

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

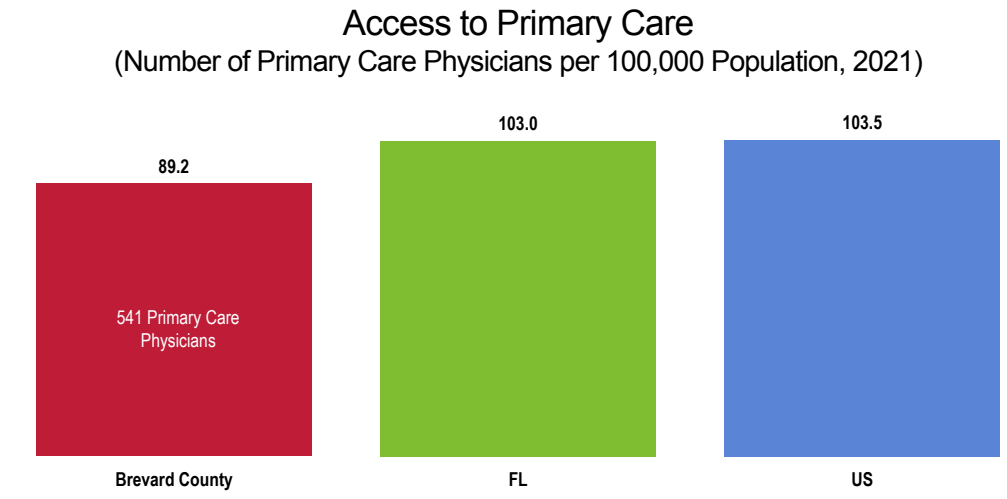
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 20□0 (https://health.gov/healthypeople)

Access to Primary Care

In □□□□□there were □□□ primary care physicians in Brevard County□translating to a rate of □□.□ primary care physicians per □□□□□□□ population.

BENCHMAR□ ► Less favorable than found across the state and nation.



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

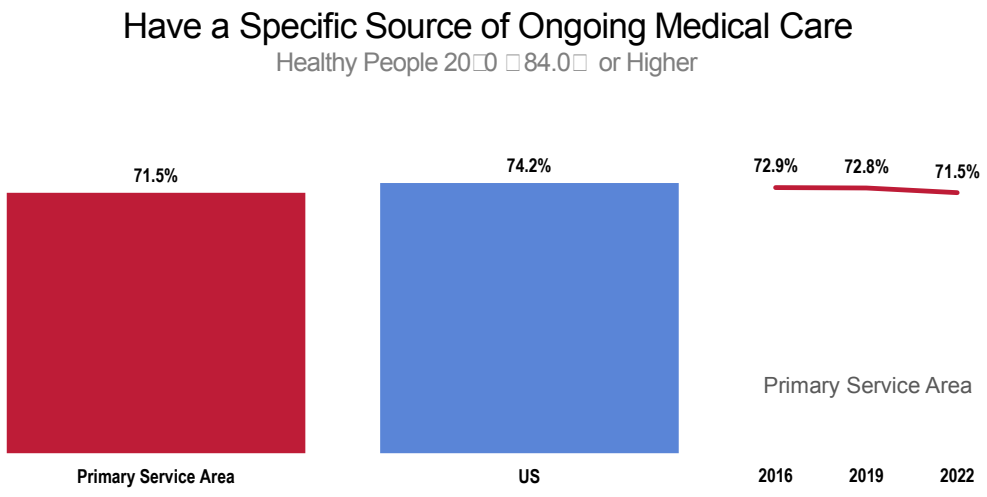
Specific Source of Ongoing Care

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.

A total of □□.□□ of Primary Service Area adults were determined to have a specific source of ongoing medical care.

BENCHMAR□ ► Fails to satisfy the Healthy People 20□0 objective.



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 139]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

□tilization of Primary Care Services

Adults

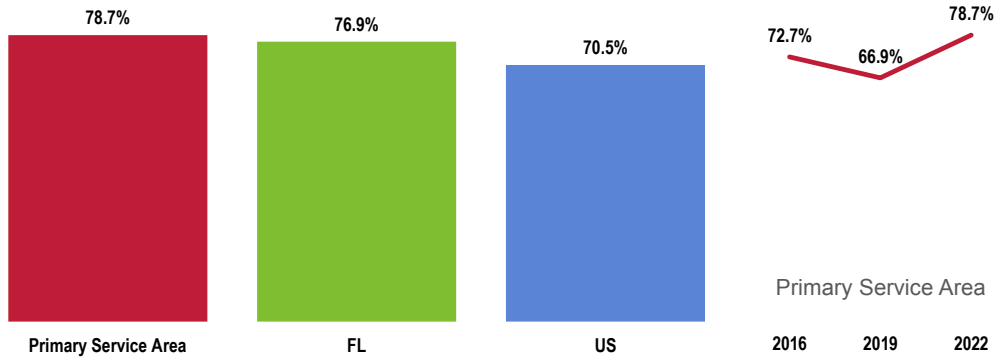
More than three□fourths of adults □□□.□□ □visited a physician for a routine chec□up in the past year.

BENCHMAR□ ► Better than the □S finding.

TREND ► Represents a significant increase since 2019.

DISPARITY ► Those less likely to have received a checkup include men, adults younger than 65 (note the correlation with age), higher-income adults, and □ hite respondents.

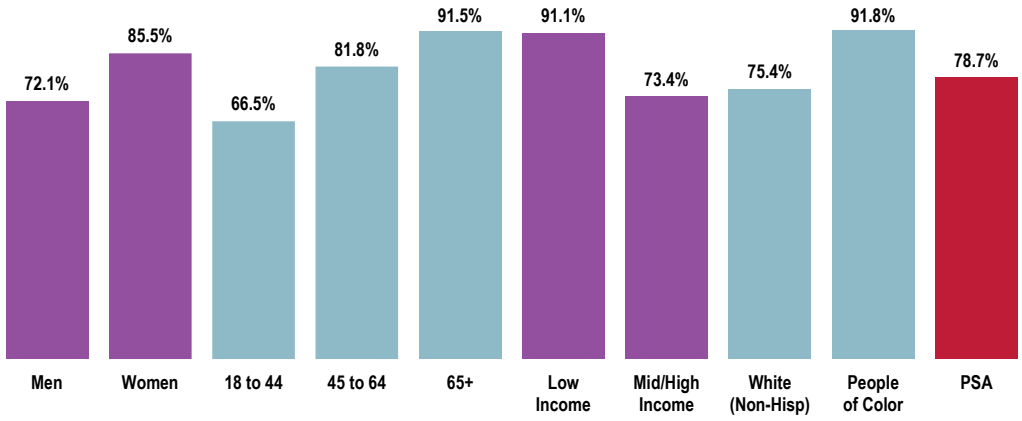
Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Primary Service Area, 2022)



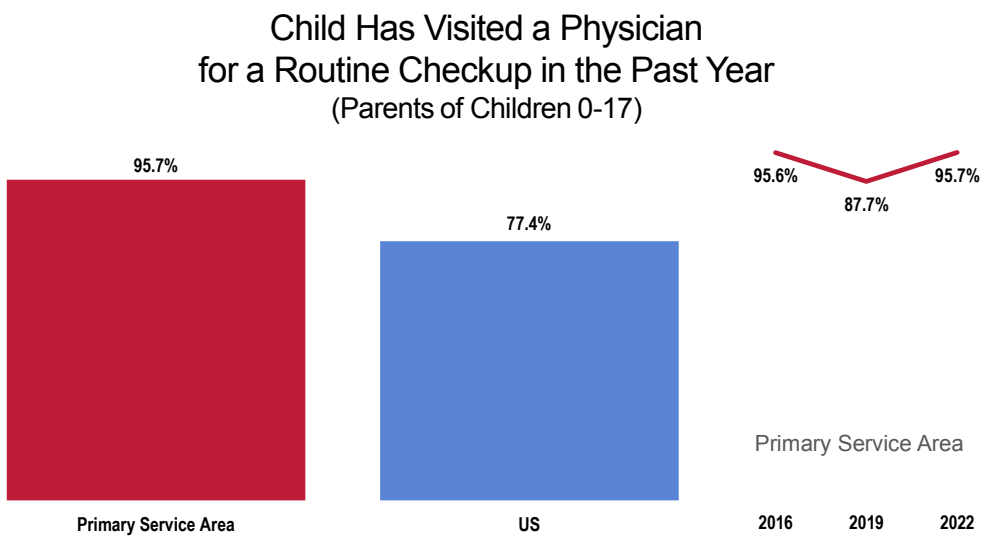
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 18]

Notes:
- Asked of all respondents.

Children

Among surveyed parents□□□.□ □ report that their child has had a routine chec□up in the past year.

BENCHMAR□ ► More favorable than found nationally.



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 105]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Note that the sample size falls below 50; use caution when interpreting results.

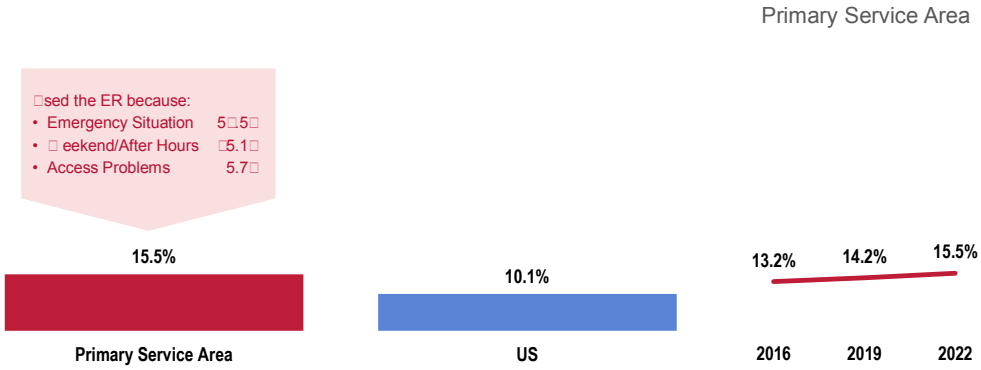
EMERGENCY ROOM □TILI□ATION

A total of □□.□□ of Primary Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

BENCHMAR□ ► Higher than the □S percentage.

DISPARITY ► □ omen, young adults, and lower-income respondents are more likely to report having used the ER.

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



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 22, 301]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have □sed a Hospital Emergency Room More Than Once in the Past Year
(Primary Service Area, 2022)

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

ORAL HEALTH

ABO□T ORAL HEALTH

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

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

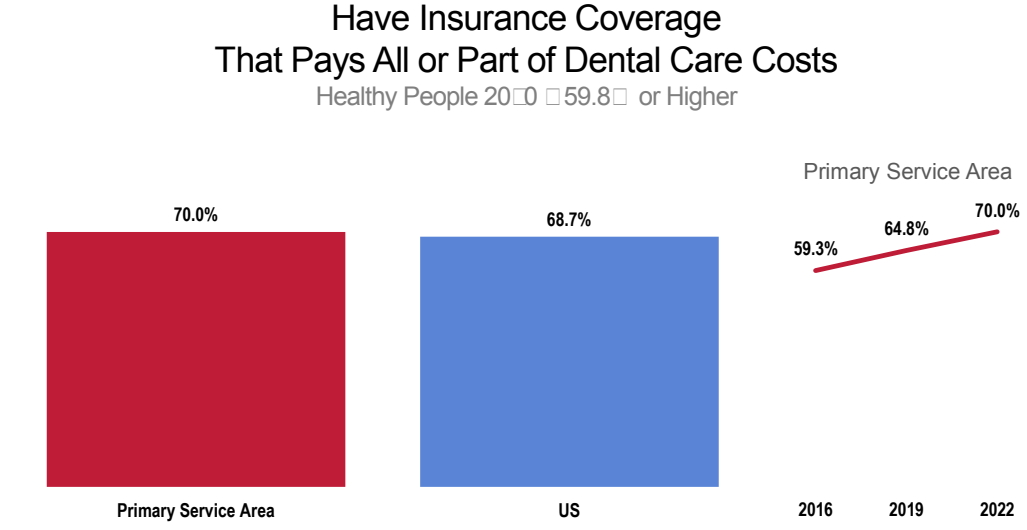
– Healthy People 20□0 (https://health.gov/healthypeople)

Dental Insurance

Seven in □□ Primary Service Area adults □□□.□□ □have dental insurance that covers all or part of their dental care costs.

BENCHMAR□ ► Satisfies the Healthy People 20□0 objective.

TREND ► Marks a significant increase over time.



Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 21]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

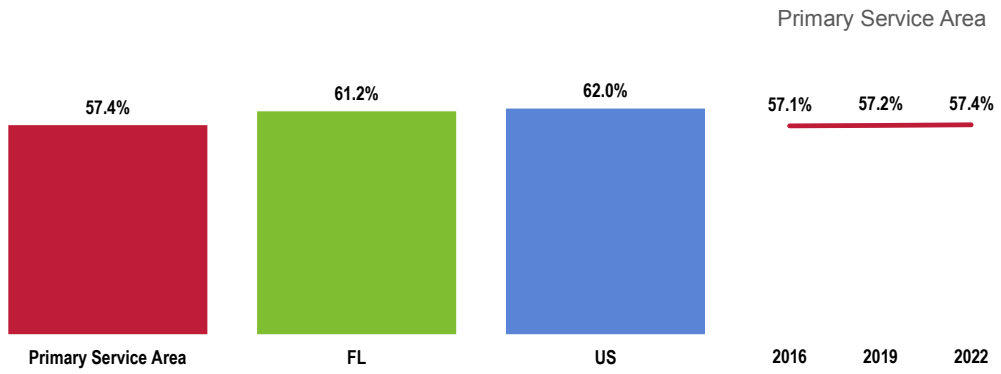
Dental Care

A total of □□.□□ of Primary Service Area adults have visited a dentist or dental clinic □for any reason□in the past year.

BENCHMAR□ ► Satisfies the Healthy People 20□0 objective.

Have Visited a Dentist or Dental Clinic □ ithin the Past Year

Healthy People 20□0 □45.0□ or Higher



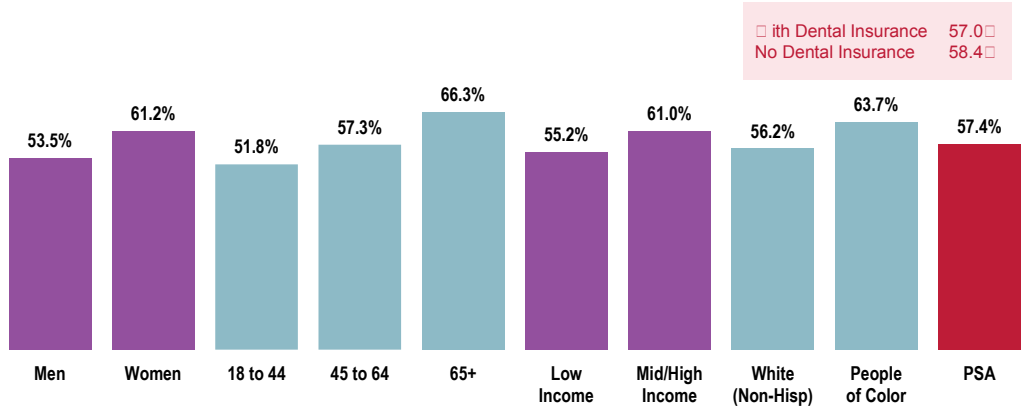
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic □ ithin the Past Year

(Primary Service Area, 2022)

Healthy People 20□0 □45.0□ or Higher

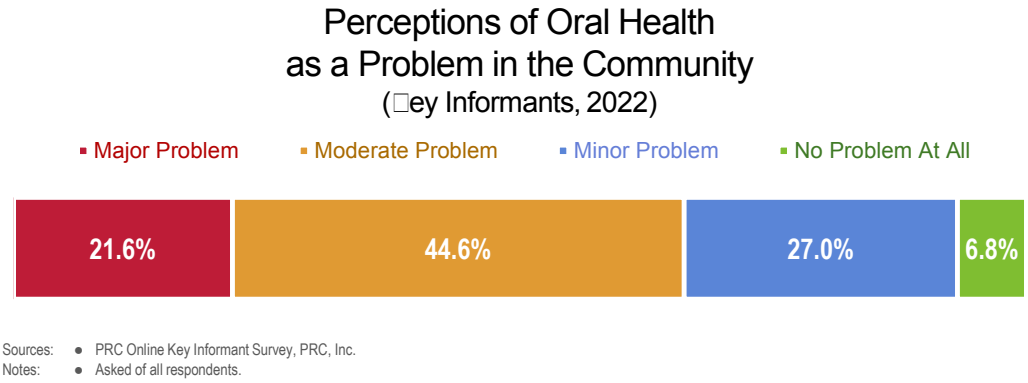


Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

□ey Informant Input: Oral Health

□ey informants ta□ing part in an online survey most often characteri□ed *Oral Health* as a "moderate problem" in the community.



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

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

Access to Care for □ninsured/□nderinsured

> Access to dental care, no health insurance and transport to dental. – Other Health Provider
>
> People may have health insurance but not dental. Dentists are expensive. – Social Services Provider
>
> Lack of insurance for routine dental care. – Community Leader
>
> Access to care and insurance. – Other Health Provider

Access to Care/Services

> Limited access or desire to access to care. – Physician
>
> Overwhelmed health department clinic. No one on staff at hospital for emergencies. – Physician

Affordable Care/Services

> Affordability. – Social Services Provider
>
> Most people cannot afford to go to the dentist and do not go for preventive care every 6 months. They will go to the ED when it is infected and hurting. Access to an oral surgeon is limited and very expensive. The college offers a clinic, but it is often difficult to access this. – Other Health Provider

Incidence/Prevalence

> Frequency of persons without teeth seems higher. – Physician
>
> I teach school, and the number of kids I see with really bad teeth is overwhelming. Parents claim a lack of money to do anything about it. – Community Leader

Co-Occurrences

> Tooth and gum disease can be a gateway to other medical problems. Finding a doctor that will accept your insurance so that you can afford to have gum surgery or teeth pulled and ready for dentures way too expensive. – Community Leader

Insurance Issues

> Lack of dental insurance and access to care. – Public Health Representative

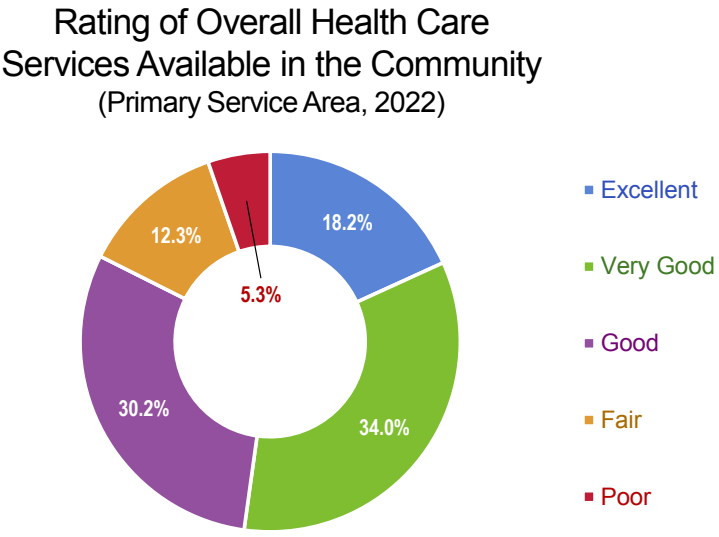
Lack of Providers

> Lack providers in North Brevard. – Other Health Provider

LOCAL RESO□RCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

More than half of Primary Service Area adults rate the overall health care services available in their community as "excellent" or "very good."

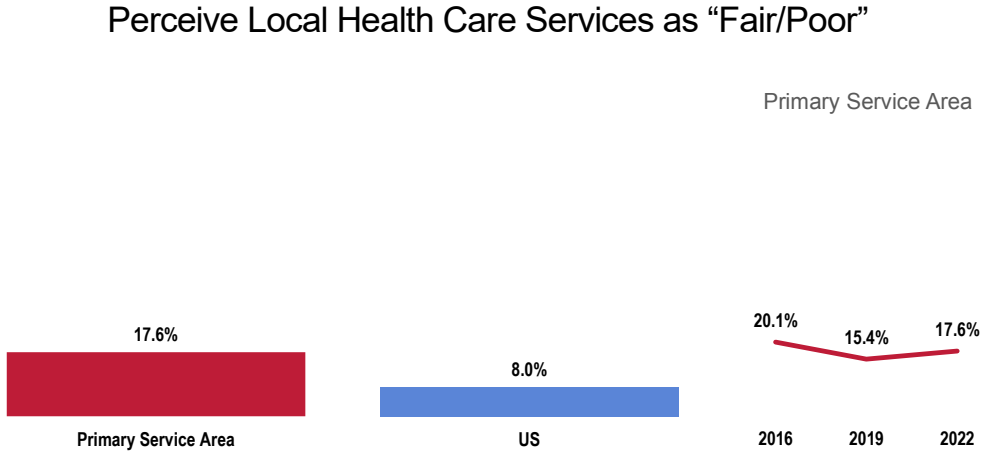


Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: ● Asked of all respondents.

□owever□□□.□□ of residents characteri□e local health care services as "fair" or "poor."

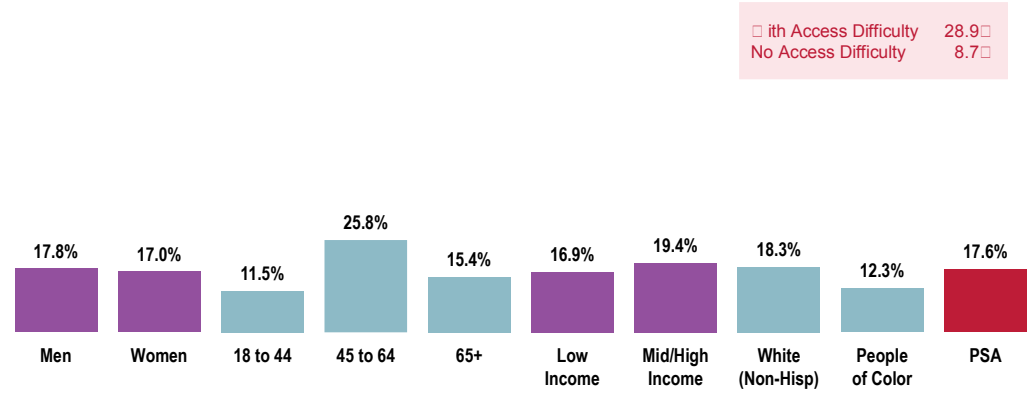
BENCHMAR□ ► More than two times the □S percentage.

DISPARITY ► Adults age 45 to 64 and those with difficulties accessing services are more likely to rate local services unfavorably.



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

Perceive Local Health Care Services as “Fair/Poor”
(Primary Service Area, 2022)

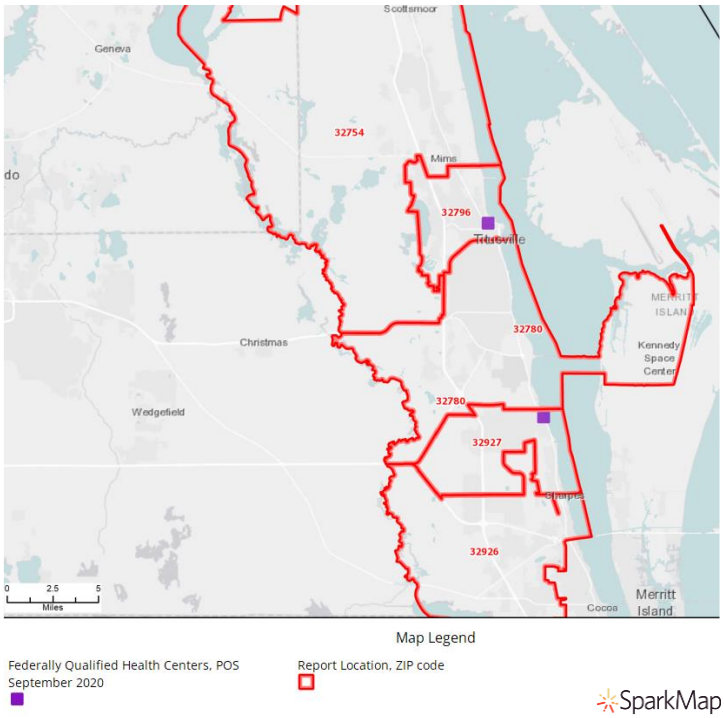


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

HEALTH CARE RESO□RCES & FACILITIES

Federally □ualified Health Centers (F□HCs)

The following map details Federally □ualified □ealth Centers □F□□Cs□within the Primary Service Area as of September □□□□.



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online □ey Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to □ealth Care Services

- 211
- Brevard County Health Department
- Brevard Health Alliance
- Change Healthcare
- Churches
- Circles of Care
- Community Pandemic Program
- Diagnostic Centers
- Doctor□s Offices
- Family/Friends
- Health Department
- Health First Cancer Institute
- Hospitals
- Medfast □rgent Care
- Palm Point Behavioral Health
- Parrish Healthcare
- Parrish Healthcare Care Navigation
- Parrish Medical Center
- Space Coast Area Transit
- Space Coast Clinic
- Space Coast Health Centers
- □nited □ ay
- □ IC

Cancer

- 211
- Advent Cancer Center
- American Cancer Society
- Brevard Health Alliance
- Cancer Center
- Doctor□s Offices
- Health Department
- Health Fairs
- Health First Cancer Institute
- Moffitt Cancer Center
- OMNI Healthcare
- Parrish Healthcare
- Parrish Healthcare Care Navigation
- Parrish Medical Center
- Space Coast Cancer Center

Coronavirus Disease□COVID□□□

- Brevard County Parks and Recreation
- Brevard County School Board
- COVID-19 Sites
- Drug Stores
- Florida Today Newspaper
- Home Testing □its
- Nomi Health
- North Brevard Business Directory
- Parrish Medical Center

Dementia□Al□heimer□s Disease

- Addington Place of Titusville
- Adult Day Care Centers
- Alzheimer□s Association
- Alzheimer□s Foundation
- Center for Aging Health First
- Hospice of St. Francis
- Joe□s Club Adult Day Care
- Masons
- Nursing Homes
- Online Resources
- Parrish Healthcare
- Parrish Medical Group
- Private Sitters
- Respite Care
- Sam□s Club

Diabetes

- 211
- ADA
- Brevard County Health Department
- Brevard Health Alliance
- Century Pharmacy
- Churches
- Cuyler Park Community Center
- Diabetes Association
- Diabetes Navigator
- Diabetes Support Groups
- Diabetic Educator

- Doctor□s Offices
- Hospitals
- Mission Family Medicine
- Nutrition Services
- Parrish Health and □ ellness Center
- Parrish Health Network
- Parrish Healthcare
- Parrish Healthcare Care Navigation
- Parrish Medical Center
- Parrish Medical Center Diabetes Care
- Parrish Medical Group
- Pharmaceutical Companies
- Senior Solutions Center
- Space Coast Health Centers
- □ almart
- YMCA

Disability & Chronic Pain

- Aging Matters
- Chiropractors
- Churches
- Doctor□s Offices
- Hospitals
- Janet Rooks Support Groups
- □indred
- MAT
- Pain Management Clinics
- Parrish Healthcare
- Parrish Healthcare Care Navigation
- Parrish Home Health
- Parrish Medical Group
- Physical Therapy/Occupational Therapy
- St. Francis Reflections Palliative Care
- Support Groups

□eart Disease & Stro□e

- American Heart Association
- Cape Canaveral Hospital
- Care Navigator
- Doctor□s Offices
- Heart Association
- Holmes Regional Medical Center
- Hospitals
- Janet Rooks Support Groups
- Parrish Health and □ ellness Center
- Parrish Healthcare
- Parrish Healthcare Care Navigation
- Parrish Medical Center
- Parrish Medical Group
- Parrish Physical Therapy and Rehabilitation
- Rockledge Medical Center
- Royal Oaks
- Support Groups
- Tobacco Free Programs
- Viera Hospital
- YMCA

Infant □ealth & Family Planning

- BETA
- Brevard County Health Department
- Brevard Health Alliance
- Doctor□s Offices
- Health Department
- Healthy Start
- Planned Parenthood
- □ IC

In□ury & Violence

- 211
- Behavioral Health Navigator
- Boys & Girls Clubs
- Channel 1□
- Child Abuse Resources
- Churches
- Circles of Care
- Cuyler Park Community Center
- Domestic Violence Resources
- First Flight
- Florida Today Newspaper
- Housing Resources
- Law Enforcement
- Palm Point Behavioral Health
- Parrish Healthcare
- Parrish Medical Center
- Police Athletic Club
- Police
- Safe Public Transportation
- School System
- Sheriff□s Department
- Space Coast Health Centers
- Sue M. Pridmore Center
- □ omen□s Center

□idney Disease

- DaVita
- Doctor□s Offices
- Home Dialysis
- Hospitals
- □idney and Dialysis Associations

Parrish Healthcare
Shyam Verma, M.D.
Support Groups

Mental □ealth

211
Aspire Health Partners
Bella Mental Health Services
Brevard Coalition
Brevard Health Alliance
Care Navigator
Charis Counseling Center
Children□s Home Society
Churches
Circles of Care
Community Action Team (CAT)
Dawn □ arner, LMHC
Devereux
Doctor□s Offices
Eckerd Connects
Fire and Police
Florida Tech Psychology Program
Food Pantry
Housing For Homeless
□inder □onsulting
Lifetime Counseling
Mental Health Counselors
Mobile Response Team
North Brevard Charities
Out of the Darkness
Palm Point Behavioral Health
Parrish Healthcare
Parrish Healthcare Care Navigation
Parrish Medical Center
Parrish Medical Center Peer Recovery Support Specialist
Psychiatrists
Rockledge Hospital
Sources of Strength
Space Coast Clinic
Space Coast Health Centers
St. Francis Reflections Palliative Care
Supportive Housing □nits

Nutrition□Physical Activity□& □ eight

Anytime Fitness
Boys & Girls Clubs
Brevard County Health Department
Brevard County□s Partnership with IFAS
Doctor□s Offices
Farmer□s Markets
FHSAA
Fitness Centers/Gyms
Health Department
Newspapers
OPTAVIA
Parks and Recreation
Parrish Health and □ ellness Center
Parrish Medical Center
Parrish Medical Group
Public Health Department
SNAP
Space Coast Health Centers
□niversity of Florida Institute of Food & Agricultural
□ eight □ atchers
□ ellness Center
□ IC
YMCA

Oral □ealth

Brevard County Health Department
Brevard Dental Coalition
Brevard Health Alliance
Doctor□s Offices
Eastern Florida State College Dental Program
Health Department
North Brevard Charities

Respiratory Disease

American Lung Association
Brevard Health Alliance
Doctor□s Offices
Hospitals
Parrish Healthcare Care Navigation
Parrish Healthcare Sleep Center
Parrish Medical Center
Parrish Medical Center Smoking Cessation
Parrish Medical Group
Parrish Physical Therapy and Rehabilitation
□uit Line
Support Groups

Sexual □ealth

BETA
Brevard County Health Department
Brevard Health Alliance
Doctor□s Offices
Health Department
Palm Point Behavioral Health

School System

Substance Abuse

211
AA/NA
Aspire Health Partners
Baker Act/Marchman Act
Brevard Charities
Brevard County Fire Rescue
Brevard County Jail
Brevard County Sheriff□s Office
Celebrate Recovery
Central Florida Treatment Center
Churches
Circles of Care
Groups Recover Together
Hospitals
Liberty Lodge Ministries
Men□s Ministry
Online Resources
Overcomers at Christ Church
Palm Point Behavioral Health
Parrish Healthcare Care Navigation
Parrish Medical Center Peer Recovery Specialist Program
RASE Project
Rehab Facilities
Space Coast Health Centers
St. John□s Treatment Program
STEPS
The Grove Church
Treatment Center
□ alkabout Recovery

Tobacco Use

Brevard Tobacco Initiative
Central Florida AHEC
Doctor□s Offices
Health Department
Parrish Healthcare Care Navigation
Parrish Medical Center Smoking Cessation
Parrish Medical Group
□uit Line
Respiratory Navigator
Smoking Cessation Programs
Tobacco Free Brevard
Tobacco Free Florida
Tobacco Free Programs

APPENDI□

EVAL□ATION OF PAST ACTIVITIES

Significant Health Needs Addressed □nder Common Theme

Parrish Healthcare's significant health needs are being addressed under Body-□ ellness-Mind as the common theme.

□□ **Body**

a) Cancer

b) Respiratory Diseases

c) Heart Disease and Stroke

d) Diabetes

□□ □ **ellness**

a) Oral Health

b) Nutrition, Physical Activity and □ eight

c) Tobacco □se

□□ **Mind**

a) Mental Health

b) Substance Abuse

c) Injury and Violence

Priority Area Body: □eart Disease□Stro□e□Respiratory Disease□Diabetes and Cancer	
Community □ealth Need	Chronic Disease Prevention and Management • They include conditions such as heart disease, stroke, respiratory disease, diabetes and cancer. • Nine in 10 adults in our service area report at least one risk factor for heart disease. • Cancer screenings have declined since 2016. • In our service area, 14.6□ of adults have been diagnosed with diabetes.
Initiatives	• Maintain Joint Commission Integrated Care Certification. • Maintain national quality accreditations (Primary Stroke and Commission on Cancer Certifications). • □tilize navigator program to provide interventions, education, support and access to primary care and community resources. • □tilize community outreach mechanisms to raise awareness and educate. • □tilize evidence-based health screenings and risk assessments.
□ **ere initiatives Implemented□**	Yes

Results Impact	✓ Maintained Joint Commission Integrated Care Certification.
	✓ Maintained national quality accreditations (Primary Stroke and Commission on Cancer Certifications).
	✓ tilized navigator program to provide interventions, education, support and access to primary care and community resources.
	✓ Provided diabetes screenings, stroke risk assessments and blood pressure screenings at health fairs and select critical population focused community events.
	  ✓ More than 1400 screenings, assessments and person-centered care plans were completed.
	  ✓ Parrish Diabetes Education program served more that 400 patients with care plans resulting in an average one-point reduction in A1C levels within three months.
	  ✓ More than 50 post-acute stroke patients completed a stroke care plan for recovery. This reduced readmission risks and improved recovery scales and quality of life.
	  ✓ Operated comprehensive cancer center complete with radiation oncology and chemotherapy in one convenient location.
	  ✓ Provided support groups for diabetes, stroke, heart failure, cancer and sleep apnea.

Priority Area ellness: Oral ealth Nutrition Physical Activity eight and Tobacco Use	
Community ealth Need	Lifestyle Changes to Modify Risk Factors • A heathy diet, appropriate weight and physical activity can improve health and quality of life. • Seven out of 10 adults in our service area are overweight. • Tobacco use is the single most preventable cause of death in the nited States.
Initiatives	• Maintain Joint Commission Integrated Care Certification. • tilize navigator program to provide interventions, education, support and access to primary care and community resources. • Operate comprehensive health & wellness center. • tilize community outreach mechanisms to raise awareness and educate. • tilize evidence-based health screenings and risk assessments.
ere initiatives implemented	Yes

Results Impact	✓ Maintained Joint Commission Integrated Care Certification.
	✓ tilized navigator program to provide interventions, education, support and access to primary care and community resources.
	  ✓ Parrish Health & ellness Center, eight atchers, YMCA Department of Health and other partners offer programs to assist adults and children with nutrition education and physical activity.
	  ✓ Parrish offers discounts and scholarships for Health & ellness Center services.
	  ✓ Parrish provides incentives and in-kind staff to assist the Department of Health in their Healthy weight Brevard initiative.
	  ✓ Parrish athletic trainers support local schools by educating coaches and students on safe play and injury prevention.
	  ✓ Physicians and trainers provide sports participation physicals to student athletes.
	  ✓ Parrish supports ho e Play For to provide ECGs to student athletes.
	  ✓ Parrish partners with Tobacco Free Florida to provide smoking cessation classes.

Priority Area Mind: Mental □ealth□Substance Abuse and In□ury and Violence	
Community □ealth Need	Mental, Emotional and Behavioral Health • □ hile most primary service area adults rate their overall mental health favorably, 17.6□ believe their mental health is "fair" or "poor". • More than one quarter of primary service area adults have been diagnosed by a physician as having a depressive disorder. • The effects of substance abuse are cumulative and can significantly contribute to physical, social and public health problems. • In our service are, heroin/other opioids and alcohol were identified as problematic.
Initiatives	• Maintain Joint Commission Integrated Care Certification. • □tilize navigator program to provide interventions, education, support and access to primary care and community resources. • □tilize community outreach mechanisms to raise awareness and educate. • □tilize evidence-based health screenings and risk assessments. • Fund and develop Peer Recovery Leaders/Program. • Collaborate with area providers to coordinate care within Parrish Healthcare's integrated care delivery system (PHN, PMG, Mayo, etc.)
□ ere initiatives implemented□	Yes
Results□Impact	✓ Maintained Joint Commission Integrated Care Certification. □tilized navigator program to provide interventions, education, support and access to primary care and community resources. ✓ Parrish committed funding and resources to raise awareness of Mental, Emotional and Behavioral (MEB) services available in the community. ✓ Parrish, funded the Certified Peer Recovery Specialist with a $70,000 donation to the Doctor's Goodwill Foundation. ✓ Parrish employs a Peer Recovery Specialist. Approximately 50□ of patients meeting with the Peer Recovery Specialist were connected to recovery services. ✓ □ orking with 2-1-1 Brevard, law enforcement and other Community Health Partnership members, including news and educational publications, community members are informed about MEB contact information and services. ✓ Through our information technology systems, development of protocols and other activities, Parrish strengthens safe prescribing protocols for opioids. ✓ Parrish works with organizations such as Doctors' Goodwill Foundation and Eckerd Connect Opioid Taskforce to provide community addiction resources and support materials. ✓ Parrish was presenting sponsor for Eckerd Connects' Move into the Light community event to provide mental health and addiction resources to more than 500 who attended. ✓ Parrish was the presenting sponsor for the Smile from □ ithin community event focused on mental health and in partnership with the Gibson Youth Center for at-risk youth and Healology Counseling Services. More than 200 area youth participated in the event. ✓ Parrish partners with Titusville Police Department to serve as a collection point for the National Prescription Drug Take Back event. ✓ Parrish continues to provide funding and resources to the Women's Center/shelter within North Brevard. The Women's Center has grown to serve victims of domestic violence, sexual assault, and those suffering the ill effects of poverty, homelessness, and mental health challenges.

Healing Families – Healing Communities®

parrishmed.com

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) – 2022-2025

- According to federal health reform legislation not-for-profit hospitals must conduct a Community Health Needs Assessment (CHNA) once every three years and develop a plan to meet the health needs of the community served.
- The federal guidelines require that the CHNA and Implementation Plan be adopted by an authorized governing body of the hospital before the last day of the taxable year or previous two taxable years.

BACKGROUND/PROCEDURE

- The 2022 CHNA is being brought to you today for acceptance as presented.
- The Implementation Plan has an additional four and a half months for adoption after the Needs Assessment is completed to be reviewed and approved by the Board of Directors.
- The 2022-2025 Implementation Plan will be presented to the Board at the January 2023 board meeting.

BACKGROUND/PROCEDURE

- A Community Health Needs Assessment (CHNA) is a systematic, data-driven approach used to study the health status, behaviors and needs of residents served by PMC
- Professional Research Consultants, Inc. (PRC) was selected as our data collection and analysis consultant. Same consultant who performed our previous surveys since 2016.

BACKGROUND/PROCEDURE

Random sample – 300 residents

In order to obtain the most encompassing needs assessment we collected the data using three methods.

1. Telephone Interview
2. Online Key Informant Survey
3. Prioritization Exercise with Community Stakeholders

ONLINE KEY INFORMANT SURVEY

80 PARTICIPANTS

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	11
Public Health Representatives	2
Other Health Providers	22
Social Services Providers	8
Other Community Leaders	37

COMMUNITY HEALTH PARTNERSHIP

Florida Health Care Plans (FHCP)
211 Brevard, Inc.
American Cancer Society (ACS)
Aging Matters in Brevard
Brevard Tobacco Initiative
Brevard YMCAs
CareerSource Brevard
Casting for Recovery
Christ Community Church
Community of Hope
Eckerd Connects
Encompass Health
Housing Authority of Brevard County (HABC)
Healthy Start Coalition of Brevard County
Hospice of St. Francis
Indian River Medical Office
North Brevard Children's Medical Center (NBCMC)
Neuropsychology Concierge and Niños Health
No One Hungry, Inc.
North Brevard Charities Sharing Center
Palm Point Behavioral Health Hospital
Parrish Senior Consultation Center
Rotary Club of Titusville
Royal Oaks Nursing and Rehab
Second Harvest Food Bank of Central Florida
South Brevard Women's Center
St. Francis Pathways to Healthcare
The Children's Center
Titusville Playhouse, Inc.
United Way Health Initiatives
United Way of Brevard County
Women's Center

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	• Difficulty Getting an Appointment • Routine Medical Care (Adults) • Emergency Room Utilization
Cancer	• Leading Cause of Death • Female Breast Cancer Screening [Age 50-74] • Colorectal Cancer Screening [Age 50-75] • *Key Informants: Cancer ranked as a top concern.*
Diabetes	• Prevalence of Borderline/Pre-Diabetes • *Key Informants: Diabetes ranked as a top concern.*
Heart Disease & Stroke	• Leading Cause of Death • High Blood Pressure Prevalence • Blood Cholesterol Screening • Overall Cardiovascular Risk
Injury & Violence	• Domestic Violence Experience
Mental Health	• Symptoms of Chronic Depression • *Key Informants: Mental health ranked as a top concern.*
Nutrition, Physical Activity & Weight	• Fruit/Vegetable Consumption • Overweight & Obesity [Adults] • Meeting Physical Activity Guidelines • Children's Physical Activity • *Key Informants: Nutrition, physical activity, and weight ranked as a top concern.*
Oral Health	• Regular Dental Care [Adults] • Regular Dental Care [Children]
Potentially Disabling Conditions	• Activity Limitations • Sciatica/Chronic Back Pain Prevalence • Multiple Chronic Conditions

continued on next page

Areas of Opportunity (continued)	
Respiratory Diseases	• Asthma Prevalence [Adults] • Chronic Obstructive Pulmonary Disease (COPD) Prevalence • Flu Vaccination [Age 65+]
Substance Abuse	• Excessive Drinking • Binge Drinking • Illicit Drug Use • Personally Impacted by Substance Abuse (Self or Other's) • *Key Informants: Substance abuse ranked as a top concern.*
Tobacco Use	• Cigarette Smoking Prevalence • Use of Vaping Products • Cigar Smoking Prevalence

COMMUNITY FEEDBACK ON PRIORITIZATION OF HEALTH NEEDS

- August 4, 2022, the Community Health Partnership (CHP), was convened
- 30 representatives in attendance
- PRC led the meeting/exercise
- Ranked needs based on perceived Scope & Severity

PROCESS YIELDED THE FOLLOWING PRIORITIES

1. Mental Health
2. Substance Abuse
3. Heart Disease & Stroke
4. Access to Health Care Services
5. Nutrition, Physical Activity & Weight
6. Diabetes
7. Cancer
8. Infant Health
9. Tobacco Use
10. Respiratory Disease
11. Potentially Disabling Conditions
12. Injury & Violence

Of note, Mental Health, Substance Abuse and Nutrition, Physical Activity & Weight remained in the top five from the previous reporting period. Access to Health Care Service and Heart Disease & Stroke replaced Diabetes and Cancer in the top five.

EVALUATION OF PAST ACTIVITIES

- 2019-2021 Implementation Strategy, addressed all 12 Areas of Priority.
- Through our integrated network and community health partnerships we are making a difference.
- Our community is benefiting from the many dedicated resources, investments, initiatives, programs and services already in place and ongoing that serve to address each area of priority.
- However, more focused work and continued efforts are necessary in order to achieve population health targets established by Healthy People 2030, CMS, as described within the CHNA.

RECOMMENDATIONS

2022-2025 CHNA Implementation Strategy

Recommend narrowing our focus to three (3) Areas of Priority from which to develop PMC's 2022-2025 Implementation Strategy:

1. Access to Health Care Services,
2. Heart Disease & Stroke, and
3. Diabetes.

Requesting the Board of Directors Accept and Approve the 2022-2025 Community Health Needs Assessment Report and the recommended three areas of priorities as presented.

DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
SEPTEMBER 12, 2022
NO EARLIER THAN 4:00 P.M.,
FOLLOWING THE LAST COMMITTEE MEETING
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5

CALL TO ORDER

I. Pledge of Allegiance

II. PMC's Vision – *Healing Families – Healing Communities*

III. Approval of Agenda

IV. Recognitions(s)

V. Open Forum for PMC Physicians

VI. Public Input and Comments***[1]

VII. Unfinished Business***

VIII. New Business***

A. **North Brevard Medical Support, Inc, Liaison Report –Mr. Retz**

B. Motion to recommend the Board of Directors approve the Responsibility Matrix policy, as presented.

IX. Medical Staff Report Recommendations/Announcements

X. Public Comments (as needed for revised Consent Agenda)

A. Consent Agenda***

Finance

1. Motion: Recommend the Board of Directors approve the purchase of the replacement of the surgical lights and associated imaging integration system in operating room (OR) 1 at a total cost not to exceed the amount of $197,712.42.

2. Motion: Recommend the Board of Directors approve the FY 2023 Major Volume Assumptions and the FY 2023 Operating Budget, as presented.

3. Motion: Recommend the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund Medicaid DSH for SFY 2023.

4. Motion: Recommend the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund LIP for SFY 2023.

5. Motion: Recommend the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund Hospital DPP for year 2.

6. Motion: Recommend the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund Physician DPP for SFY 2023

7. Motion to recommend to the Board of Directors to declare the equipment listed in the requests for Disposal of Obsolete or Surplus Property Forms as surplus and obsolete and dispose of same in accordance with FS274.05 and FS274.96.

B. Education
   1. Motion to recommend the Board of Directors approve the Community Health Needs Assessment Report as presented.

. ***1 Pursuant to PMC Policy 9500-154:

- non-agenda items – 3 minutes per citizen
- agenda items for board action -- 3 minutes per citizen, permitted prior to board discussion for regular agenda action items and prior to board action on consent agenda
- 10 minute total per citizen
- must be related to the responsibility and authority of the board or directly to an agenda item [see items marked ***]

XI. Committee Reports

A. Quality Committee

B. Finance Committee

C. Executive Committee

D. Educational, Governmental and Community Relations Committee

E. Planning, Physical Facilities & Properties Committee

XII. Process and Quality Report – Mr. Mikitarian

A. Other Related Management Issues/Information

B. Hospital Attorney - Mr. Boyles

XIII. Other

XVII. Closing Remarks – Chairman

XVIII. Executive Session (if necessary)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE BOARD WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.

THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS.

ANY MEMBER OF THE PUBLIC THAT WILLFULLY INTERRUPTS OR DISTURBS A MEETING OF THE BOARD OF DIRECTORS IS SUBJECT TO REMOVAL FROM THE MEETING BY AN OFFICER AND SUCH OTHER ACTIONS AS MAY BE DEEMED APPROPRIATE AS PROVIDED IN SECTION 871.01 OF THE FLORIDA STATUTES.

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING PARRISH MEDICAL CENTER
MEDICAL EXECUTIVE COMMITTEE MEETING – REGULAR SESSION MINUTES
August 16, 2022

Present: B. Mathews, MD, M. Navas, MD, I. Rashid, MD, C. Manion, MD, C. Jacobs, MD, R. Patel, MD, D. Barimo, MD, G. Cuculino, MD, R. Rivera-Morales, MD, K. Patel, MD, J. Rojas, MD, H. Cole, C. Fernandez, MD, G. Mikitarian, J. Zambos, MD

Absent: P. Carmona, MD, C. McAlpine, A. Ochoa, MD

The meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was called to order on August 16, 2022 at 5:30 pm in the Conference Center. A quorum was determined to be present.

CALL TO ORDER.

Dr. B. Mathews, MD, President, called the meeting to order at 5:32pm.

I. REVIEW AND APPROVAL OF MINUTES

Motion to approve the Regular Session minutes of July 11, 2022 as written and distributed. ***Motion was made by Dr. Manion, seconded by Dr. Rivera-Morales, and unanimously approved.***

II. OLD BUSINESS: None

III. NEW BUSINESS: ***Noted for the minutes.***

Meditech 6.08 Enhancements- August 10, 2022
PCS Patient Care Systems
Vaccination Screening ***attached***
Code STEMI Intervention Protocol ***attached***

Emergency Department Management (EDM)
Vaccination Screening ***attached***
Code STEMI Intervention Protocol ***attached***

Meditech 6.08 Enhancements – August 17, 2022
PCS Patient Care Systems –
OT/PT/ST Initial Evaluation ***attached***
MAR-Medication Pain Reassessment- Pain Level Query ***attached***

Order Management (OM)
Activity Orders – Weight bearing status – ***attached***

Emergency Department Management (EDM)

MAR – Medication Pain Reassessment – Pain level query ***attached***

Expanded Cardiology/Electrophysiology Privileges:

Added under Level IV Electrophysiology

Performance of therapeutic catheter ablation procedure

1. Catheter ablation of supraventricular tachycardia, atrial fibrillation/flutter, atrial tachycardia
2. Catheter ablation of ventricular tachycardia, premature ventricular contractions
3. Electrophysiology study
4. **Add the words:** *Or provide documentation of the performance of at least 30 supervised cardiac nuclear scans.*
5. Remede' by ZOLL procedure (added for new Sleep Clinic procedure).

- Note, Remede' procedure exclusive to Dr. James Wang initially, pending CMEC's interview of Dr. Wang, (unavailable 8/8/22).

Motion by Dr. Manion, seconded by Dr. Rojas and unanimously approved to expand Level IV Cardiology privileges to include the Electrophysiology privileges noted above, in addition to the Remede procedure.

A. Seeking motion to expand the privileges under Cardiology to accommodate Electrophysiology.

Added to CORE/Level 1

1. Pacemaker implantation, including biventricular, LBBAP, His Bundle, lead revision
2. Internal cardioverter defibrillator implantation, LBBAP, His Bundle, Subcutaneous ICD, lead revision
3. Leadless pacemaker implantation
4. Loop recorder implantation and removal
5. Pericardiocentesis
6. TEE and Cardioversion were moved under Level 1

Above motion was tabled until next month when Core/Level One can be reviewed.

IV. Policies for Review:

Policy Stat ID: 10693102 **Pre-Event Smallpox Vaccination Program**

Policy Stat ID: 11926294 **Multi-Dose Vials and Single Use Containers**

Policy Stat ID: 11839656 **Cancer Registry Quality Control Policy**

Motion to approve as written and distributed was made by Dr. Barimo, seconded by Dr. Cuculino and unanimously approved.

V. Consent Agenda:

- ICU Electrolyte Replacement Options Protocol (E884-1, 2) - Under Potassium added to PO Q2Hx3, Q2Hx2, x1 ; Removed Maintenance; Added Recheck serum potassium 6 hours after oral replacement; Under Magnesium removed Maintenance; Under Phosphorus removed "OR 15 mMol* x 2; Removed Maintenance; Changed PO for (1.5 to 2.5) to Neutra-Phos (1) packet PO Q4Hx3; Under Calcium removed PO for A symptomatic 2-4g/d; Removed "Correct Potassium and Magnesium levels then recheck every 4 hours.
- Contrast Reaction Prevention (E3595) - Revision based on present recommendations.
- Octreotide Bolus/Infusion (E3632) - New Order Set.

Motion to approve the order sets as written and distributed was made by Dr. Rivera-Morales, seconded by Dr. Barimo and unanimously approved.

VI. Report from Administration: None

VII. Report from the Board – None

VIII. Committee Reports:
Credentialing & Medical Ethics Committee (Regular Session, August 8, 2022) were entered into the Minutes as written.

IX. Open Forum:

Dr. Fernandez requested further clarification as to the process regarding H&P in excess of 30 days and/or H&P within 30 days considered current?

42CFR482.22(c) (5)(iii)

PC1.02.03 EP4 and 5

(iii) An assessment of the patient (in lieu of the requirements of paragraphs (c)(5)(i) and (ii) of this section) be completed and documented after registration, but prior to surgery or a procedure requiring anesthesia services, when the patient is receiving specific outpatient surgical or procedural services and when the medical staff has chosen to develop and maintain a policy that identifies, in accordance with the requirements at paragraph (c)(5)(v) of this section, specific patients as not requiring a comprehensive medical history and physical examination, or any update to it, prior to specific outpatient surgical or procedural services. The assessment must be completed and documented by a physician (as defined in section 1861(r) of the Act), an oral and maxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.

H&P Within 30 days…… ***The above would seem to indicate that we can a) modify the R&R to define specific outpatient non-surgical (NON ANESTHESIA) procedures which would allow for an assessment by the LIP in lieu of a FULL H&P. OR… we can allow the same specified procedures to be accompanied by a H&P "update" stamp that would indicate that a conversation has taken place and the physician's signature confirms that "no changes have taken place" since the H&P.***

H&P in excess of 30 days…. Investigating the protocol that allows scheduling of procedure in excess of date order was written + 30 days.

Research ongoing.

Adjournment: There being no further business, the meeting adjourned at 5:52pm.

NEXT MEETING September 20, 2022 CR 2/4.

Biju Mathews, MD President, Medical Staff	Christopher Manion, MD Secretary/Treasurer, Medical Staff

Origination:	*05/1994*
Effective:	*Upon Approval*
Last Approved:	*N/A*
Last Revised:	*07/2022*
Next Review:	*1 year after approval*
Areas:	*Administration*
Tags:	*9500*
Applicability:	*Parrish Medical Center*

Responsibility Matrix

I. PURPOSE

This responsibility matrix will identify who is responsible, accountable, consulted, or informed, for noted activities under the areas listed.

II. SCOPE

Applies to all of Parrish Healthcare.

III. POLICY STATEMENT

This matrix is intended to provide guidelines for the approving responsibility for each area as it pertains to the North Brevard County Hospital District d/b/a Parrish Medical Center Board of Directors and Administration.

IV. RESPONSIBILITY MATRIX

~~AREA~~ AREA	~~BOARD OF DIRECTORS~~ BOARD OF DIRECTORS	~~ADMINISTRATION~~ ADMINISTRATION
I. Strategic Planning		
• Long-term goals (more than 1 yr)	Approves	Recommends & provides input
• Short-term goals (less than 1 yr)	Monitors	Establishes & carries out
• Day-to-day operational decisions	No role	Made by all management staff
II. Personnel Administration		
• Hiring of staff	Hires the President/CEO, Approves budget for all other staff	Approves all hiring
• Staff	No role except for President/CEO	Establishes

development & assignment		
• Staff termination	No role except for President/CEO	Makes final termination decisions
• Staff grievances	No role	Grievances stop at the President/CEO
• Personnel policies	Reviews & approves	Recommends & administers
• Staff salaries	Approves salary for President/CEO; allocates line item for salaries in budget and approves salary ranges in financial plan	Approves salaries with recommendations from Human Resources and supervisory staff
• Staff evaluation	Evaluates the President/CEO	Evaluates all other staff
III. Expenditures For Capital & Operations		
• Budget	Reviews & approves	Develops & presents recommendation then manages the budget after approval
• Capital purchases exceeding $150,000	Reviews & approves	Prepares requests & recommendation for capital purchases, authorizes budgeted equipment purchases up to $150,000; unbudgeted up to $25,000
• Decisions on building renovation, leasing, expansion	Reviews & approves	Develops & presents recommendation, manages after approval
• Supply purchases	Establishes policy & approves budget	Purchases according to Board policy & maintains an adequate audit trail
• Major repairs exceeding $150,000	Reviews & approves	Obtains estimates and prepares recommendation, authorizes budgeted repairs up to $150,000; unbudgeted up to $25,000
• Emergency repairs	Approval of Finance Chairperson, Board approval at its next meeting	Notified Board Chairperson & acts with concurrence from Chair
• Fees & charges	Reviews & adopts policy	Develops fee schedules
• Billing, credit & collections	Reviews & adopts policy	Proposes policy & implements

IV. External Relationships		
• Legal	Board selects attorney, approves fee schedule	Day-to-day interface, billings, etc.
• Audit	Board selects independent auditor, approves fee schedule	Day-to-day interface
• Management consulting engagements less than $20,000	No role	Approves all engagements
• Architectural & engineering	Board selection, approves fees	Develops & presents recommendations, manages after approval
• Investment advisers	Board selection, approves fee	Day-to-day interface
• Board bylaws & polices	Reviews & approves	Recommends
• Litigation settlements >$25,000	Reviews & approves	Recommends
• Litigation settlements <$25,000	No role	Approves with agreement of Hospital attorney, if conflicting opinion refer to Board
• Healthcare System affiliations/ relationships	Reviews & approves	Develops & recommends
• Medico-Administrative agreements	Reviews & approves	Develops & recommends
• Medical staff manpower needs	Reviews & approval	Develops & recommends

V. REFERENCES

Purchase of Capital Equipment

All revision dates: 07/2022, 02/2021, 04/2017, 12/1995

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Board of Directors	Robert Jordan: Board Member	pending
President/CEO	George Mikitarian: President/CEO [PP]	08/2022
Executive Management Committee	Executive Management Committee [PP]	08/2022
Policy Management	Policy Management [PP]	07/2022
	Natalie Sellers: Sr Vice President, Communications, Community & Cor	06/2022

Applicability

Parrish Medical Center

PARRISH®

MEDICAL CENTER

PARRISH HEALTHCARE

Healing Families – Healing Communities®

parrishhealthcare.com

Welcome New Providers

Jan Berrios Colon, MD – Internal Medicine – Hospitalist

Medical School:

Doctor of Medicine– Universidad Central del Caribe, School of Medicine

Fellowship:

Rheumatology– University of South Florida, College of Medicine

Welcome New Providers

Paul Karlinski, MD – Interventional Radiology

Medical School:

Doctor of Medicine – Rosalind Franklin University, Chicago Medical School

Residency:

Henry Ford Hospital

Mt. Sinai Hospital

Fellowship:

Case Western Reserve University

University Hospitals Cleveland Medical Center

Welcome New Providers

Scott Hankinson, MD, FACOG – Obstetrics/Gynecology

Medical School:

Doctor of Medicine – University of Minnesota

Residency:

Medical Center of Delaware

Welcome New Providers

Ajit Janardhan, MD, Ph.D. – Cardiology/Electrophysiology

Medical School:

Doctor of Medicine – Stony Brook University, School of Medicine

Residency:

Internal Medicine – Washington University

Fellowship:

Cardiovascular Disease & Cardiac Electrophysiology – Washington University

Welcome New Providers

Ashish Udeshi, MD – Anesthesiology/Pain Management

Medical School:

Doctor of Medicine – University of Miami, Miller School of Medicine

Residency:

Anesthesiology – University of Miami

Fellowship:

Chief Fellow, Interventional Pain Management – University of Miami

Welcome New Providers

Robert Oldham, MD – Oncology

Medical School:

Doctor of Medicine – University of Missouri

Residency:

Internal Medicine – Vanderbilt University

Fellowships:

Medical Oncology – Ellis Fischel Cancer Hospital; Lemual Shattuck Hospital; National Cancer Institute; Paul Brousse Hospital

TENTATIVE AGENDA
BOARD OF DIRECTORS - SPECIAL MEETING
PUBLIC HEARING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TUESDAY, SEPTEMBER 12, 2022 5:01 P.M.
FIRST FLOOR, CONFERENCE CENTER

CALL TO ORDER

I. First of two special public hearings to establish the millage rate and budget for FY2022-2023 as required by Laws of Florida (LD.2.50)

II. Tentative millage rate of $0.0000 per $1,000 valuation is the prior year operating millage levy (LD.2.50).

A. Public comments and/or questions

B. Adopt tentative millage rate

Motion: To adopt the tentative millage rate of $0.0000 for FY2022-2023

III. Tentative Budget for FY2022-2023 (LD.2.50)

A. Public comments and/or questions

B. Adopt tentative budget

Motion: To adopt the tentative budget for FY2022-2023

IV. Announce special Board meeting (second public hearing) Monday, September 26, 2022 at 5:01 p.m. First Floor, Conference Center.

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE BOARD WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110 or TDD (800) 955-8770.

THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS. TO THE EXTENT OF SUCH DISCUSSIONS, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT AND NORTH BREVARD MEDICAL SUPPORT, INC. SHALL BE CONDUCTED.

PARRISH HEALTHCARE

BUDGET OVERVIEW INFORMATION SHEET

FOR FY 2022 PROJECTED AND FY 2023 BUDGET

	PROJECTED 9/30/2022	BUDGET 9/30/2023
STATISTICAL DATA		
Patient Days	27,504	25,300
Adjusted Patient Days	74,777	68,116
Admissions	4,874	5,382
Adjusted Admissions	13,251	14,490
Average Length of Stay (Days)	5.64	4.70
Average Daily Census	75.4	69.3
Emergency Department Visits	29,808	30,168
Outpatient Volumes	64,441	74,897
Deliveries	511	521
Surgical and Special Procedures	1,472	1,625
STAFFING		
Full Time Equivalents	837	915
FINANCIAL OVERVIEW		
Gross Patient Revenue	611,894,637	653,821,223
Deductions from Revenue	476,129,631	503,656,408
Operating Expenses	134,639,602	134,685,822
Per Adjusted Patient Day:		
Revenue	8,183	9,599
Deductions	6,367	7,394
Operating Expenses	1,801	1,977
Per Adjusted Admissions:		
Revenue	46,177	45,122
Deductions	35,931	34,758
Operating Expenses	10,161	9,295
Summary of Deductions from Revenue:		
Medicare	278,029,554	292,967,228
Medicaid	72,451,478	76,682,531
HMO/PPO	49,907,964	53,227,805
Community Care	25,294,433	26,976,999
Bad Debts	11,559,658	12,328,598
Other	38,886,543	41,473,247
Total Deductions from Revenue	476,129,631	503,656,408

AD VALOREM TAXES
PUBLIC HEARING DATES

1ST PUBLIC HEARING DATE

Regulations:

Must be conducted not before 65 days after 6/30/22 and within 80 days after 6/30/22.

Tentative date set for September 12, 2022 (Monday) at 5:01 p.m. in Conference Room 2/3/4/5. The regular meetings of the Board of Directors and the Committees of the Board of Directors are also set for September 12th (Monday).

2ND PUBLIC HEARING DATE

Regulations:

Must be conducted not before two days after newspaper add and not more than five days after newspaper add.

Tentative date set for September 26, 2022 (Monday) at 5:01 p.m. in the Executive Conference Room, Administration, 2nd Floor.

Note: The newspaper ad for the 2nd public hearing is to be published within 15 days of the 1st public hearing. The tentative date for this publishing is set for September 22, 2022 (Thursday).

ATTACHMENT: Confirmation from Brevard County Board of County Commissioners re: Public Hearings on County and School Budgets.

September 8, 2022

Public Hearings on County and School Budgets for Fiscal Year 2022-2023

In accordance with the requirements of Florida Statutes, Chapter 200.065, notice is given concerning the dates of the scheduled public hearings on the ad valorem tax rates and budgets of the Brevard County School Board and the Brevard County Board of County Commissioners for the fiscal year beginning October 1, 2022.

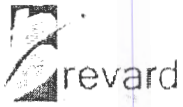
The Brevard County School Board will hold public hearings on its ad valorem tax rates and budget: for the fiscal year beginning July 1, 2022 on:

Thursday – July 28, 2022 at 5:30 P.M. and
Thursday - September 8, 2022 at 5:30 P.M.

The Brevard County Board of County Commissioners will hold public hearings on its ad valorem tax rates and budget for the fiscal year beginning October 1, 2022 on:

Tuesday - September 6, 2022 at 5:30 P.M. and
Tuesday - September 20, 2022 at 5:30 P.M.

If there are any questions concerning these meetings, please call the Brevard County Budget Office at 321-633-2153.



Brevard County Board of County Commissioners

2725 Judge Fran Jamieson Way Viera, FL 32940,
711 FLORIDA RELAY
(800)-955-8771