

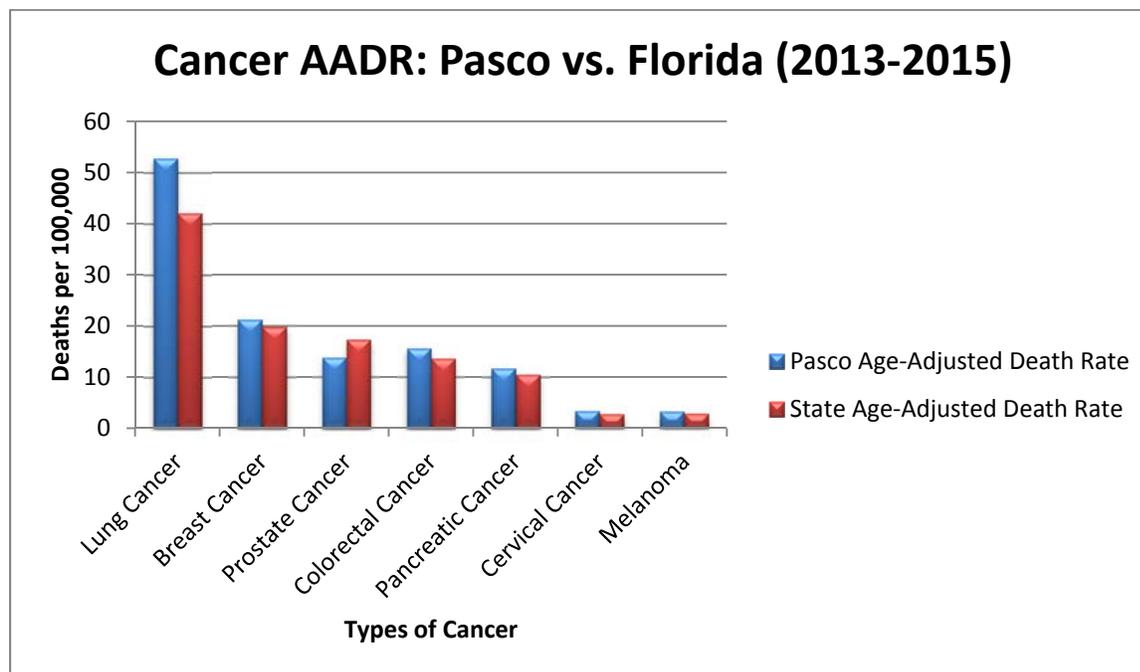
As the burden of infectious disease has been reduced in the United States due to improved public health interventions, there has been a steady increase in the morbidity and mortality related to chronic conditions. In the United States, chronic diseases are responsible for approximately 70% of all deaths and 86% of all health care costs (Source: CDC). Within Pasco County, 72.8% of all deaths are associated with chronic disease, which is slightly above the national average. Many chronic diseases share similar risk factors (lack of physical activity, inadequate nutrition, tobacco use) and comorbidity is relatively common among chronic diseases (Source: CDC). Although chronic diseases are some of the most common health issues facing society today, fortunately many of the risk factors that lead to the development of chronic conditions are modifiable. This means that morbidity and mortality due to chronic conditions can be reduced by engaging in healthy behaviors such as increasing physical activity, eating healthier foods, and not participating in tobacco use.

Figure 1: Selected Chronic Disease Death and Hospitalization Rates

Indicator	Year(s)	Avg. Annual Number of Events	Age-Adjusted Rate (AADR) <sup>1</sup>	Quartile <sup>2</sup>	State Age-Adjusted Rate (per 100,000)
<b>Coronary Heart Disease</b>					
Deaths	2013-15	839	106.1	3	98.7
Hospitalizations	2012-14	2,853	412.9	3	315.4
<b>Stroke</b>					
Deaths	2013-15	306	37.9	3	34.5
Hospitalizations	2012-14	1,964	275.2	2	258.4
<b>Congestive Heart Failure</b>					
Deaths	2013-15	100	11.6	2	11.3
Hospitalizations	2012-14	348	47.9	1	75.2
<b>Chronic Lower Respiratory Disease (CLRD)</b>					
Deaths	2013-15	464	58.7	3	39.9
Hospitalizations	2012-14	2,888	447.1	3	356.1
Adults who currently have asthma (%)	2013		9.2%	3	8.3%
Asthma Hospitalizations <sup>3</sup>	2012-14	4,995	955.2	4	805.8
<b>Diabetes</b>					
Deaths	2013-15	188	25.6	3	19.5
Hospitalizations <sup>3</sup>	2012-14	16,808	2,516.1	3	2,308.7

Pasco County performs significantly worse compared to the state in regards to AADR (106.1 vs. 98.7 per 100,000) and hospitalizations (412.9 vs. 315.4 per 100,000) due to coronary heart disease. Pasco County also performed worse in regards to AADR (37.9 vs. 34.5 per 100,000) and age-adjusted hospitalization rate (275.2 vs. 258.4 per 100,000) for stroke. The age-adjusted mortality rate and hospitalization rates for stroke are showing a worsening trend that is statistically significant. Pasco County was not statistically significantly worse than state averages comparing AADR due to congestive heart failure (11.6 vs. 11.3 per 100,000), however, Pasco County did perform better than the state in regards to hospitalizations due to congestive heart failure (47.9 vs. 75.2 per 100,000). Pasco County had both a higher AADR (58.7 vs. 39.9 per 100,000) and age-adjusted hospitalization rate (447.1 vs. 356.1 per 100,000). As shown in last year’s chronic disease profile, Pasco County also has a higher proportion of individuals currently diagnosed as having asthma compared with the state (9.2% vs. 8.3%). Pasco County also had a higher AADR due to diabetes when compared with the state (25.6 vs. 19.5 per 100,000). The county also performed worse in regards to hospitalizations due to diabetes (2,516.1 vs. 2,308.7 per 100,000).

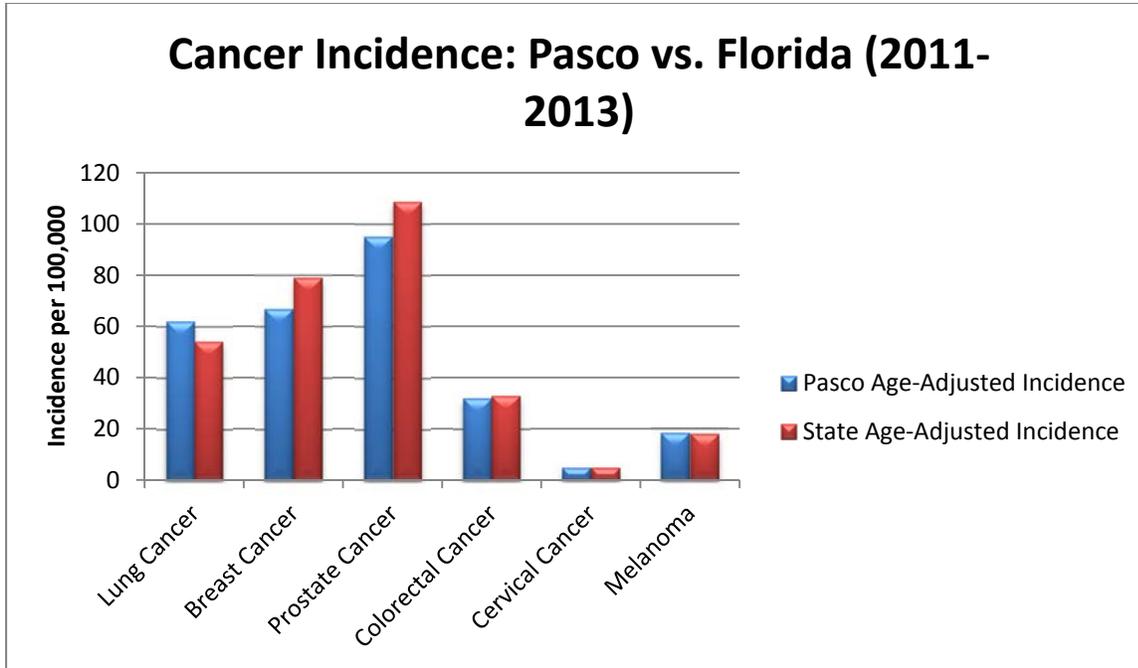
Figure 2. Cancer Age-Adjusted Death Rates, Pasco County vs. Florida, 2015



AADR for several types of cancers were worse in Pasco County than the state average. The AADR due to lung cancer, breast cancer, colorectal cancer, and pancreatic cancer all appear to be significantly higher for Pasco County than the state average. These findings are not necessarily surprising due to higher-than-average smoking rates for Pasco County when

compared to the state average and the fact that cigarette smoking is closely associated with the development of a variety of different cancers.

Figure 3. Cancer Incidence Pasco County vs. Florida, 2015



There were significant differences between Pasco County and the state regarding lung cancer, breast cancer, and prostate cancer incidence. Pasco County had a significantly higher incidence rate for lung cancer versus the state (62.1 per 100,000 vs. 54.2 per 100,000) but significantly lower incidence rate for both breast cancer (66.8 per 100,000 vs. 79.0 per 100,000) and prostate cancer (95.1 per 100,000 vs. 108.7 per 100,000).

Figure 4. Selected Cancer Deaths and Incidence, Pasco County, 2015

Indicator	Year(s)	Avg. Annual Number of Events	Age-Adjusted Rate (per 100,000) <sup>1</sup>	Quartile <sup>2</sup>	State Age-Adjusted Rate (per 100,000)
<b>Lung Cancer</b>					
Deaths	2013-15	406	52.8	3	42.1
Incidence	2011-13	539	62.1	2	54.2
Adults who are current smokers	2013		24.0%	4	16.8%
<b>Breast Cancer</b>					
Deaths	2013-15	80	21.2	3	19.8
Incidence	2011-13	355	66.8	1	79.0
<b>Prostate Cancer</b>					
Deaths	2013-15	49	13.8	1	17.3
Incidence	2011-13	320	95.1	2	108.7
<b>Colorectal Cancer</b>					
Deaths	2013-15	119	15.6	3	13.6
Incidence	2011-13	277	31.9	2	32.8
Adults >=50 who received a sigmoidoscopy or colonoscopy in past 5 years	2013		59.4%	2	55.3%
Adults >=50 who received a stool blood test in the past year	2013		18.2%	1	13.9%
<b>Pancreatic Cancer</b>					
Deaths	2013-15	91	11.7	N/A	10.5
Incidence	2011-13	N/A	N/A	N/A	N/A
<b>Cervical Cancer</b>					
Deaths	2013-15	10	3.3	3	2.7
Incidence	2011-13	26	4.9	2	4.9
Women >=18 who received a Pap smear test in past year	2013		41.5%	4	51.4%
<b>Melanoma</b>					
Deaths	2013-15	22	3.1	2	2.8
Incidence	2011-13	160	18.4	2	18.0

In Pasco County, the AADR for lung cancer was once again higher than the state (52.8 per 100,000 vs. 42.1 per 100,000). Pasco County lung cancer AADR has been consistently higher than the state rate since 1994. Lung cancer incidence at the county level was also higher than the state incidence rate (62.1 per 100,000 vs. 54.2 per 100,000). Breast cancer AADR was slightly higher than the state average (21.2 per 100,000 vs. 19.8 per 100,000), however, breast cancer incidence was significantly lower in Pasco County (66.8 per 100,000 vs. 79.0 per 100,000). Pasco County prostate cancer AADR was significantly lower than the state average (13.8 per 100,000 vs. 17.3 per 100,000), along prostate cancer incidence (95.1 per 100,000 vs. 108.7 per 100,000). The AADR due to colorectal cancer in Pasco County was slightly higher than the state average (15.9 per 100,000 vs. 13.9 per 100,000), however, colorectal cancer incidence was slightly lower than the state average (31.9 per 100,000 vs 32.8 per 100,000). According to the latest BRFSS data, a higher proportion of Pasco County residents at or above the age of 50 were more likely to have received a sigmoidoscopy or colonoscopy in the previous 5 years (59.4% vs. 55.3%), when compared to the state average (Source: 2013 BRFSS). A larger proportion of Pasco County residents aged 50 or older also received a stool blood test in the previous year when compared with the state average (18.2% vs. 13.9%) (Source: 2013 BRFSS). There was no data concerning pancreatic cancer incidence, however, Pasco County does have a higher AADR for pancreatic cancer compared to the state average (11.7 per 100,000 vs. 10.5 per 100,000). Cervical cancer AADR is slightly higher in Pasco County as compared to the state average (3.3 per 100,000 vs. 2.7 per 100,000), however, cervical cancer incidence is the same for both the county and the state, at 4.9 cases per 100,000 individuals. BRFSS data collected in 2013 shows that the proportion of Pasco County women at or above the age of 18 who received a Pap smear test in the previous year was far lower than the state average (41.5% vs. 51.4%). This discrepancy will need to be monitored in future iterations of the BRFSS. The AADR of melanoma is slightly higher in Pasco County as compared to the state (3.1 per 100,000 vs. 2.8 per 100,000); the incidence rate between the two is also relatively similar (18.4 per 100,000 vs. 18.0 per 100,000).

### **Notes**

<sup>1</sup> Trends are not available for BRFSS data. Incidence rates are not displayed for < 10 cases.

<sup>2</sup> Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable and dividing the list into 4 equal-size groups. In this report, a low quartile value (i.e., 1) represents more favorable health situations while a higher value (i.e., 4) represent less favorable situations.

<sup>3</sup> Includes primary and contributing diagnoses

**Data Sources**

**Deaths** – Florida Department of Health, Bureau of Vital Statistics

**Behavioral Risk Factor Surveillance System (BRFSS)** – Florida Department of Health, Bureau of Epidemiology

**Hospitalizations** – Florida Agency for Health Care Administration (AHCA)

**Cancer Incidence** – University of Miami (FL) Medical School, Florida Cancer Data System