

Martin Health System

Community Health Needs Assessment

July 22, 2013



Carnahan Group

Strategic Healthcare Consulting
10 Years of Excellence

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Introduction

Martin Health System at a Glance

Martin Memorial Medical Center, comprised of two hospitals, two Medicenters, a freestanding emergency center and numerous outpatient centers and clinics, is known as Martin Health System (MHS). Martin Health System is comprised of two hospitals in Martin County, a free-standing emergency center and a hospital slated for completion in 2014 in St. Lucie County, and numerous outpatient centers and clinics. The main hospital, Martin Medical Center, is a 244-bed facility located in Stuart, FL with numerous accolades including being named a Top 100 Hospital and a Top 50 Cardiovascular Hospital by Thomson Reuters. Martin Hospital South has 100 beds and is also located in Stuart, while the new hospital, Tradition Medical Center, will be a 90-bed facility located in west Port St. Lucie.

MHS has a staff of more than 400 doctors, 2,900 employees and a robust volunteer network who are dedicated to serving the residents of the Treasure Coast, which includes Stuart, Jensen Beach, Hobe Sound, Palm City and Port St. Lucie.

Community Overview

For the purposes of the CHNA report, Martin Health Systems chose their primary service area to define their community, which includes the following 19 ZIP Codes:

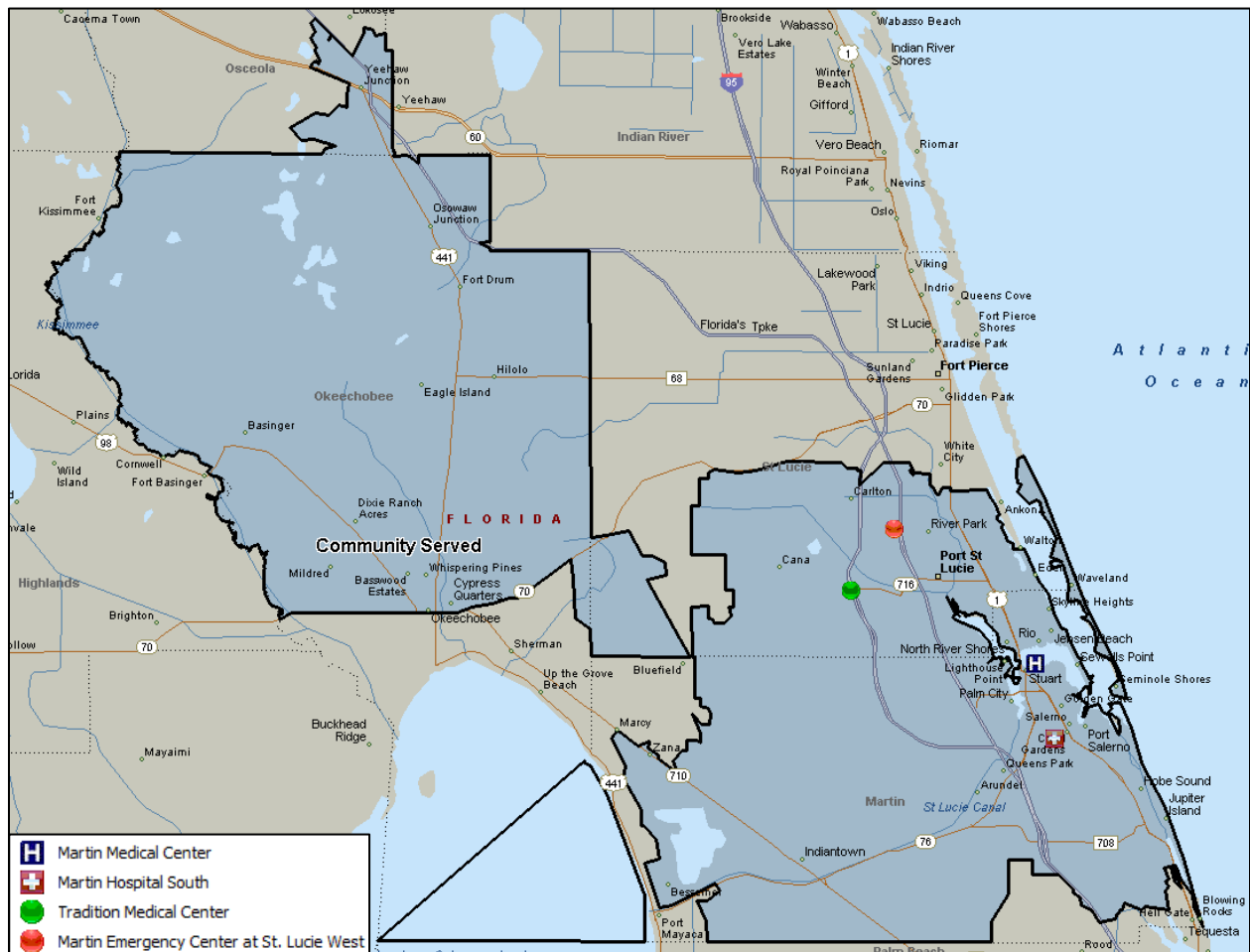
ZIP Code	Community
33455	Hobe Sound
33475	Hobe Sound
34952	Port St. Lucie
34953	Port St. Lucie
34956	Indiantown
34957	Jensen Beach
34958	Jensen Beach
34972	Okeechobee
34983	Port St. Lucie
34984	Port St. Lucie

ZIP Code	Community
34986	Port St. Lucie
34987	Port St. Lucie
34990	Palm City
34991	Palm City
34992	Port Salerno
34994	Stuart
34995	Stuart
34996	Stuart
34997	Stuart

Because this community was chosen purely by geography, it includes medically underserved, low income and minority populations.

Martin Health System

The map below represents the MHS service area.



Source: MHS; Microsoft MapPoint 2013

Purpose

Community Health Needs Assessment Background

On February 13, 2013, Martin Health System contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix A: Carnahan Group Qualifications for more information about the Carnahan Group.

The PPACA, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a

facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

A CHNA is a report based on epidemiological, qualitative and comparative methods that assesses the health issues in a hospital organization's community and that community's access to services related to those issues. The CHNA is available to the public [place applicable information here i.e. on the web, translations]. Based on the findings of the CHNA, an implementation strategy for MHS that addresses the community health needs will be developed and adopted by the end of fiscal year 2013.

Requirements

As required by the Treasury Department ("Treasury") and the Internal Revenue Service (IRS), this CHNA includes the following:

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
 - A description of the sources and dates of the data and the other information used in the assessment; and,
 - The analytical methods applied to identify community health needs.
- The identification of all organizations with which MHS collaborated, if applicable, including their qualifications;
- A description of how MHS took into account input from persons who represented the broad interests of the community served by MHS, including those with special knowledge of or expertise in public health and any individual providing input who was a leader or representative of the community served by MHS; and,
- A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs.

CHNA Strategy

This CHNA was conducted following the requirements outlined by the Treasury and the IRS, which included obtaining necessary information from the following sources:

Martin Health System

- Input from persons who represented the broad interests of the community served by MHS, which included those with special knowledge of or expertise in public health;
- Identifying federal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by MHS, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by MHS; and,
- Consultation or input from other persons located in and/or serving MHS' community, such as:
 - Healthcare community advocates;
 - Nonprofit organizations;
 - Local government officials;
 - Community-based organizations, including organizations focused on one or more health issues;
 - Healthcare providers, including community health centers and other providers focusing on medically underserved populations, low-income persons, minority groups, or those with chronic disease needs.

The sources used for MHS' CHNA are provided in the References and Appendix B: Community Leader Interviewees. Information was gathered by conducting interviews with individuals representing community health and public service organizations, medical professionals, hospital administration and other hospital staff members.

Health Profile

Secondary Data Collection and Analysis Methodology

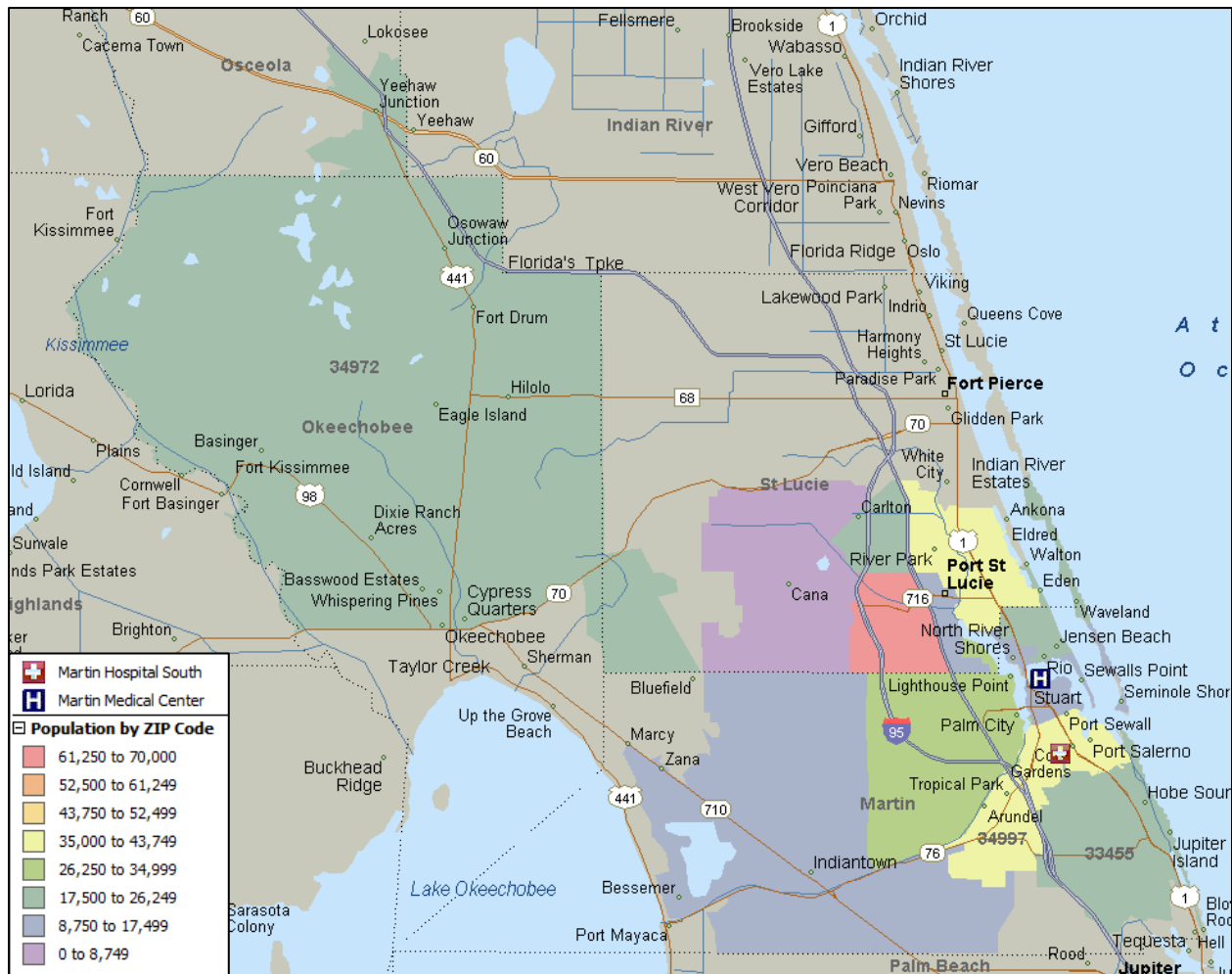
A variety of data sources were utilized to gather demographic and health indicators for the community served by MHS. Commonly used data sources include Claritas, the U.S. Census Bureau, Florida Community Health Assessment Resource Tool Set (CHARTS) and the Centers for Disease Control and Prevention (CDC). As previously mentioned, 19 ZIP Codes define the community for MHS. Eighteen ZIP Codes are in either Martin County or St. Lucie County, therefore demographic and health indicators are presented for these two counties. ZIP Codes 33475, 34995, 34991, 34992 and 34958 represent P.O. Boxes, thus they are not displayed in the map or demographic tables that follow.

ZIP Code level data were used where available and county level data are presented where ZIP Code level data were unavailable. For select indicators, county level data are compared to state and national benchmarks. Additionally, Healthy People 2020 (HP 2020) Goals are presented where applicable. The HP 2020 Goals, launched in December 2010, are science-based, ten-year national objectives for improving the health of all Americans.

Demographics

Population in Martin Health System's Community

Figure 1 – Population Density by ZIP Code, 2013



Sources: Claritas 2013; Microsoft MapPoint 2013

Population Change by ZIP Code

The overall projected population growth is 5.2% over the next five years. Slight or moderate population growth is expected for most ZIP Codes, while substantial growth is expected for ZIP Codes 34953 (10.7%) and 34986 (10.9%).

Table 1 – Population Change by ZIP Code, 2013–18

ZIP Code	Community	Population 2013	Population 2018	Percent Change
34953	Port Saint Lucie	66,007	73,051	10.7%
34997	Stuart	40,499	42,467	4.9%
34983	Port Saint Lucie	39,992	41,320	3.3%
34952	Port Saint Lucie	38,996	40,184	3.0%
34990	Palm City	28,285	29,156	3.1%
34986	Port Saint Lucie	24,242	26,886	10.9%
34957	Jensen Beach	22,804	24,005	5.3%
33455	Hobe Sound	21,207	22,019	3.8%
34972	Okeechobee	20,453	20,717	1.3%
34994	Stuart	16,087	16,352	1.6%
34984	Port Saint Lucie	13,824	14,223	2.9%
34996	Stuart	10,897	11,021	1.1%
34956	Indiantown	9,987	10,340	3.5%
34987	Port Saint Lucie	5,911	5,979	1.2%
Total		359,191	377,720	5.2%

Source: Claritas 2013

Population Change by Age and Gender

The population of residents aged 45–64 is expected to grow marginally (0.5%). Slight population growth is expected for children aged 0–17 (2.8%) and individuals aged 25–44 (2.2%). Substantial population growth is expected among residents aged 18–24 (10.8%) and 65 and older (13.6%).

Table 2 – Population Change by Age and Gender, 2013–18

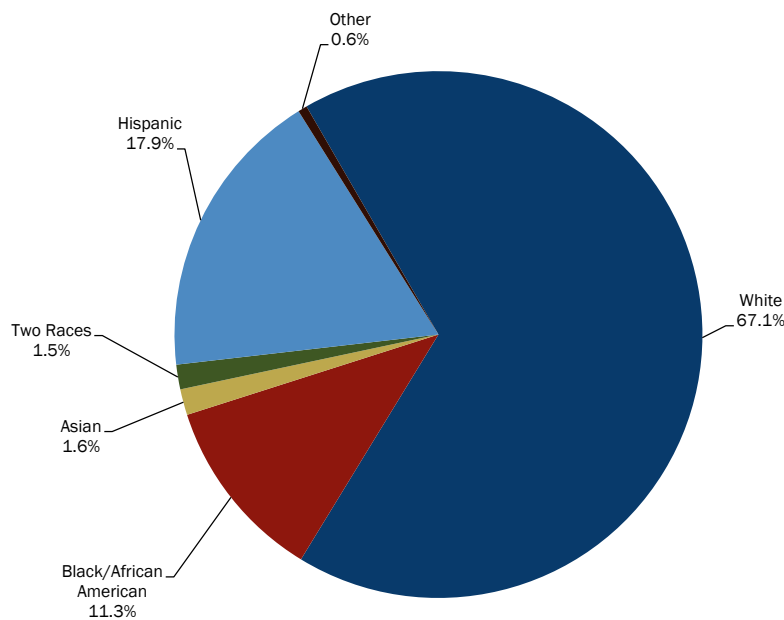
Age Group	2013			2018			Percent Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 17	37,713	35,823	73,536	38,709	36,868	75,577	2.6%	2.9%	2.8%
Age 18 through 24	14,686	13,162	27,848	16,153	14,692	30,845	10.0%	11.6%	10.8%
Age 25 through 44	39,202	37,347	76,549	40,516	37,733	78,249	3.4%	1.0%	2.2%
Age 45 through 64	47,599	50,526	98,125	47,922	50,715	98,637	0.7%	0.4%	0.5%
Age 65 and older	38,150	44,983	83,133	43,037	51,375	94,412	12.8%	14.2%	13.6%
Total	177,350	181,841	359,191	186,337	191,383	377,720	5.1%	5.2%	5.2%

Source: Claritas 2013

Population by Race and Ethnicity

The most common race/ethnicity in MHS’ community is white (67.1%) followed by Hispanic (17.9%), black/African American (11.3%), Asian (1.6%), individuals of two races (1.5%) and other races (0.6%).

Figure 2 – Race Composition, 2013



Source: Claritas 2013

Population Change by Race and Ethnicity

Substantial population growth is expected for Hispanics (21.6%), Asians (19.2%), other races (17.3%), black/African Americans (17.0%) and individuals of two races (14.8%). The white population is expected to decline slightly (-1.9%).

Table 3 – Population Change by Race and Ethnicity, 2013–18

Race & Ethnicity	2013	2018	Percent Change
White	240,849	236,261	-1.9%
Black/African American	40,763	47,697	17.0%
Asian	5,716	6,815	19.2%
Two Races	5,439	6,242	14.8%
Hispanic	64,417	78,351	21.6%
Other	2,007	2,354	17.3%

Source: Claritas 2013

Black/African American Population Change

Overall, the population of black/African Americans is expected to grow by 17.0% over the next five years. Substantial population growth is expected for black/African Americans in five ZIP Codes. Slight or moderate population growth is expected for six ZIP Codes and marginal population growth is expected for one ZIP Code. Population declines are expected for two ZIP Codes.

Table 4 – Black/African American Population Change by ZIP Code, 2013–18

ZIP Code	Community	Population 2013	Population 2018	Percent Change
34953	Port Saint Lucie	14,199	18,166	27.9%
34983	Port Saint Lucie	6,765	8,103	19.8%
34952	Port Saint Lucie	3,945	4,339	10.0%
34986	Port Saint Lucie	3,134	3,842	22.6%
34972	Okeechobee	2,717	2,734	0.6%
34984	Port Saint Lucie	1,994	2,319	16.3%
34997	Stuart	1,874	2,027	8.2%
34956	Indiantown	1,838	1,823	-0.8%
34994	Stuart	1,727	1,648	-4.6%
33455	Hobe Sound	930	969	4.2%
34987	Port Saint Lucie	468	508	8.5%
34957	Jensen Beach	450	466	3.6%
34990	Palm City	387	402	3.9%
34996	Stuart	335	351	4.8%
Total		40,763	47,697	17.0%

Source: Claritas 2013

Hispanic Population Change

By 2018, the Hispanic population is expected to grow by 21.6%. The Hispanic populations in 12 ZIP Codes are expected to grow substantially, while moderate growth is expected for two ZIP Codes.

Table 5 – Hispanic Population Change by ZIP Code, 2013–18

ZIP Code	Community	Population 2013	Population 2018	Percent Change
34953	Port Saint Lucie	16,549	22,107	33.6%
34983	Port Saint Lucie	7,927	9,769	23.2%
34972	Okeechobee	6,930	7,477	7.9%
34997	Stuart	6,677	7,968	19.3%
34952	Port Saint Lucie	5,666	6,590	16.3%
34956	Indiantown	5,404	5,893	9.0%
34986	Port Saint Lucie	4,163	5,330	28.0%
34984	Port Saint Lucie	2,701	3,298	22.1%
34994	Stuart	2,607	3,164	21.4%
34990	Palm City	1,768	2,053	16.1%
33455	Hobe Sound	1,323	1,589	20.1%
34957	Jensen Beach	1,169	1,394	19.2%
34987	Port Saint Lucie	772	872	13.0%
34996	Stuart	761	847	11.3%
Total		64,417	78,351	21.6%

Source: Claritas 2013

Children Aged 0–17 Population Change

The population of children aged 0–17 is expected to grow by 2.8%. Substantial population growth among children aged 0–17 is expected in one ZIP Code. Slight or moderate population growth is expected in seven ZIP Codes, while marginal growth is expected for two ZIP Codes. Population declines are expected in four ZIP Codes.

Table 6 – Children Ages 0–17 Population Change by ZIP Code, 2013–18

ZIP Code	Community	Population 2013	Population 2018	Percent Change
34953	Port Saint Lucie	18,453	19,696	6.7%
34983	Port Saint Lucie	9,533	9,579	0.5%
34997	Stuart	7,562	8,071	6.7%
34952	Port Saint Lucie	6,452	6,708	4.0%
34990	Palm City	5,437	4,832	-11.1%
34972	Okeechobee	5,436	5,457	0.4%
34986	Port Saint Lucie	4,606	5,085	10.4%
34984	Port Saint Lucie	2,970	2,926	-1.5%
33455	Hobe Sound	2,811	2,869	2.1%
34994	Stuart	2,717	2,814	3.6%
34957	Jensen Beach	2,687	2,552	-5.0%
34956	Indiantown	2,437	2,562	5.1%
34996	Stuart	1,239	1,175	-5.2%
34987	Port Saint Lucie	1,196	1,251	4.6%
Total		73,536	75,577	2.8%

Source: Claritas 2013

Women at Childbearing Age Population Change

Overall, the population of women at childbearing age (15–44) is expected to grow by 3.4%. Slight or moderate population growth is expected for nine ZIP Codes, while marginal population growth is expected for two ZIP Codes. There is no projected population growth among women at childbearing age in ZIP Code 34996. Marginal or slight population declines are expected for two Zip Codes.

Table 7 – Women at Childbearing Age Population Change by ZIP Code, 2013–17

ZIP Code	Community	Population 2013	Population 2018	Percent Change
34953	Port Saint Lucie	13,781	14,611	6.0%
34983	Port Saint Lucie	7,546	7,668	1.6%
34997	Stuart	5,848	6,022	3.0%
34952	Port Saint Lucie	5,760	5,884	2.2%
34990	Palm City	3,845	4,080	6.1%
34986	Port Saint Lucie	3,667	4,005	9.2%
34972	Okeechobee	3,521	3,513	-0.2%
34994	Stuart	2,555	2,506	-1.9%
34984	Port Saint Lucie	2,472	2,490	0.7%
34957	Jensen Beach	2,434	2,490	2.3%
33455	Hobe Sound	2,239	2,296	2.5%
34956	Indiantown	1,508	1,570	4.1%
34996	Stuart	996	996	0.0%
34987	Port Saint Lucie	905	913	0.9%
Total		57,077	59,044	3.4%

Source: Claritas 2013

Individuals Aged 65 and Older Population Change

The overall projected population growth among individuals aged 65 and older is 13.6% by 2018. Substantial population growth among individuals ages 65 and older is expected in 10 of 14 ZIP Codes, moderate population growth is expected for three ZIP Codes and slight population growth is expected for one ZIP Code.

Table 8 – Individuals Ages 65 and Older Population Change, 2013–18

ZIP Code	Community	Population 2013	Population 2018	Percent Change
34952	Port Saint Lucie	11,896	12,946	8.8%
34997	Stuart	10,438	11,848	13.5%
34957	Jensen Beach	8,975	10,583	17.9%
33455	Hobe Sound	7,955	9,011	13.3%
34990	Palm City	7,686	8,829	14.9%
34986	Port Saint Lucie	7,425	8,759	18.0%
34953	Port Saint Lucie	6,415	7,845	22.3%
34983	Port Saint Lucie	6,216	6,897	11.0%
34996	Stuart	4,950	5,510	11.3%
34994	Stuart	4,033	4,441	10.1%
34984	Port Saint Lucie	2,594	2,876	10.9%
34972	Okeechobee	2,150	2,346	9.1%
34987	Port Saint Lucie	1,277	1,379	8.0%
34956	Indiantown	1,123	1,142	1.7%
Total		83,133	94,412	13.6%

Source: Claritas 2013

Socioeconomic Characteristics

According to the U.S. Bureau of Labor Statistics, the 2011 annual unemployment average for Martin County (10.8%) was similar to Florida’s (10.5%), while unemployment in St. Lucie County was higher (13.0%).

The U.S. Census American Community Survey (ACS) publishes median household income and poverty estimates. According to 2009–2011 estimates, the median household income in Martin County (\$50,281) is higher than Florida’s (\$45,736), while St. Lucie’s is lower (\$42,911).

Poverty thresholds are determined by family size, number of children and age of the head of the household. A family’s income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. In 2011, the poverty threshold for a family of four was \$23,021. The ACS estimates indicate that Martin County residents are less likely to live in poverty (12.2%) compared to Florida residents (16.1%), while St. Lucie County residents are more likely to live in poverty (18.3%) Children in Martin County are less likely to be living below poverty level (20.7%) compared to all children in Florida (23.2%). Children in St. Lucie County are more likely to live in poverty (29.6%) compared all children in Florida.

Table 9 – Socioeconomic Characteristics

	Martin County	St. Lucie County	Florida
Unemployment rate, 2011 annual average ¹	10.8%	13.0%	10.5%
Median household income ²	\$50,281	\$42,911	\$45,736
Individuals below poverty level ²	12.2%	18.3%	16.1%
Children below poverty level ²	20.7%	29.6%	23.2%

¹Source: Bureau of Labor Statistics

²Source: U.S. Census, ACS 2009–11 estimates

Educational Attainment

The U.S. Census ACS publishes estimates of the highest level of education completed for residents aged 25 years and older. The ACS 2009–2011 estimates indicate that fewer Martin County residents have not earned a high school degree or equivalent (11.5%) compared to Florida residents (14.4%), while more St. Lucie County have not earned a high school degree or equivalent (15.6%). Adults aged 25 years and older in Martin County are about as likely to have a high school degree, but more likely to have a bachelor’s degree than adults aged 25 years and older in Florida (see Table 10). Adults aged 25 years and older in St. Lucie County are more likely to have a high school degree, and less likely to have a bachelor’s degree than adults aged 25 years and older in Florida (see Table 10).

Table 10 – Highest Level of Education Completed by Persons 25 Years and Older, 2009–11

	Martin County	St. Lucie County	Florida
Less than a high school degree	11.5%	15.6%	14.4%
High school degree or equivalent	59.0%	66.3%	59.9%
Bachelor's degree	29.5%	18.1%	25.7%

Source: U.S. Census, ACS 2009–11 estimates

Among fourth and eighth graders, Martin County students are more likely to be proficient in math and reading compared to all Florida students, while St. Lucie County students are less likely to be proficient in math and reading (see Table 11).

Table 11 – Math and Reading Proficiency among fourth and eighth Graders, 2011

	Martin County	St. Lucie County	Florida
4th grade students proficient in math	81.0%	72.0%	74.0%
4th grade students proficient in reading	76.0%	65.0%	71.0%
8th grade students proficient in math	78.0%	66.0%	68.0%
8th grade students proficient in reading	68.0%	52.0%	55.0%

Source: Florida Department of Education

Crime Rates

Domestic violence, aggravated assault, robbery and forced sex offense rates in Martin and St. Lucie Counties are substantially lower compared to Florida (see

Table 12). Homicide in Martin County (0.6 per 100,000 population) is substantially lower than in Florida (6.3 per 100,000 population), while St. Lucie County has a higher homicide rate (9.3 per 100,000 population).

Table 12 – Violent Crime Rates, 2011

	Martin County	St. Lucie County	Florida
Domestic violence	399.8	508.8	589.8
Aggravated assault	152.5	239.6	325.9
Robbery	63.4	109.0	135.5
Forced sex offense	25.9	45.3	52.2
Homicide	0.6	9.3	6.3

Sources: Florida CHARTS; Florida Department of Law Enforcement
 Rates are per 100,000 population

Built Environment

A community’s built environment refers to structures influenced and created by humans. This includes infrastructure, buildings, parks, restaurants, grocery stores, recreational facilities and other structures that affect how people interact and the health status of the community. Business and shopping amenities such as farmer’s markets and fast food restaurant density are factors that contribute to the community’s health.

According to the USDA Food Environment Atlas, there are substantially more fast food restaurants in Martin and St. Lucie Counties compared to farmer’s markets and grocery stores (see Table 13). There are 21 recreational facilities per 100,000 population in Martin County and 7 per 100,000 population in St. Lucie County.

Table 13 – Access to Recreational Facilities and Food Stores

	Martin County	St. Lucie County
Fast food restaurant density*	69	47
Grocery store density*	22	15
Farmer's market density^	1	1
Recreational facility rate*	21	7

Source: USDA Food Environment Atlas

Rates are per 100,000 population

*2009

^2012

Health Outcomes and Risk Factors

Mortality Indicators

The Institute for Health Metrics and Evaluation publishes life expectancies by county and gender. The life expectancy for males in Martin County (77.8 years) is slightly higher Florida’s (76.5 years), while St. Lucie’s is slightly lower (75.6 years). The life expectancy for females is also slightly higher in Martin County (83.4 years) compared to Florida (82.1 years). Women in St. Lucie County have a similar life expectancy (81.8 years) as all women in Florida.

According to the Florida CHARTS, the age-adjusted death rate in Martin County (564.2 per 100,000 population) is substantially lower compared to Florida (677.9 per 100,000 population), while the age-adjusted death rate in St. Lucie County is slightly lower (670.3 per 100,000 population). Years of potential life lost (YPLL) measure the impact of mortality before age 75. Because these deaths occur before the natural time, societal contributions by individuals are lost. Therefore, this statistic is important for understanding the social and economic impacts of various causes of death. It does not, however, address cost, preventability or morbidity of specific causes of death.¹ Martin County’s YPLL rate (6,633.8 per 100,000 population) is substantially lower than Florida’s (7,312.1 per 100,000 population), while St. Lucie County’s YPLL rate is higher (7,652.2 per 100,000 population).

Table 14 – Mortality Indicators

	Martin County	St. Lucie County	Florida
Male life expectancy, 2009 ¹	77.8	75.6	76.5
Female life expectancy, 2009 ¹	83.4	81.8	82.1
Age-adjusted death rate, 2011 ²	564.2	670.3	677.9
YPLL rate, 2011 ²	6,633.8	7,652.2	7,312.1

¹Source: Institute for Health Metrics and Evaluation

²Source: Florida CHARTS

Rates are per 100,000 population

¹ Gardner, J.W., & Sanborn, J.S. (1990). Years of potential life lost (YPLL) – What does it measure? *Journal of Epidemiology*, 1, 322-329.

Leading Causes of Death

According to Florida CHARTS, cancer and heart disease are the first and second leading causes of death (COD), respectively, in Martin County, St. Lucie County and Florida. Unintentional injuries, chronic lower respiratory disease (CLRD) and stroke are among the top five leading causes of death for Martin County, St. Lucie County and Florida. Suicide is the sixth leading cause of death in Martin County, and the rates in Martin and St. Lucie Counties are substantially higher than the state and national rates. It is important to note that HIV and homicide mortality rates in St. Lucie County are substantially higher than the national rates (see Table 15). Other leading causes of death in Martin County, St. Lucie County, Florida and the United States can be found in Table 15.

Table 15 – Leading Causes of Death, 2011

	Martin County	St. Lucie County	Florida	United States
Cancer	141.5	159.9	159.9	168.6
Heart disease	104.7	133.5	153.0	173.7
Unintentional injuries	45.1	42.5	40.2	38.0
CLRD	35.2	48.0	38.6	42.7
Stroke	23.7	33.6	31.5	37.9
Suicide	22.7	18.1	13.5	12.0
Alzheimer's disease	12.4	21.2	16.1	24.6
Chronic liver disease and cirrhosis	11.7	10.0	10.8	9.7
Diabetes	9.6	20.5	19.6	21.5
Parkinson's disease	7.4	6.4	6.5	7.0
Kidney disease	6.1	12.3	11.6	13.4
Pneumonia/influenza	5.0	5.2	9.2	15.7
HIV	4.7	6.3	5.1	2.4
Septicemia	2.1	4.5	7.5	10.5
Homicide	0.6	9.3	6.3	5.2

Source: Florida CHARTS

Rates are per 100,000 population

Heart Disease

According to Florida CHARTS, deaths from coronary heart disease, acute myocardial infarctions (commonly known as heart attacks), heart failure and hypertension (high blood pressure) are less likely to occur in Martin County and St. Lucie County compared to Florida and the United States (see Table 16).

Table 16 – Age-Adjusted Death Rates from Select Cardiovascular Conditions, 2011

	Martin County	St. Lucie County	Florida	United States
Coronary heart disease	59.5	88.7	103.9	109.0
Acute myocardial infarction	12.3	20.5	27.2	34.9
Heart failure	3.7	4.8	8.9	17.3
Hypertension	2.3	7.7	6.8	9.6

Source: Florida CHARTS

Rates are per 100,000 population

Martin County residents are substantially less likely to be hospitalized from or with coronary heart disease or congestive heart failure compared to Florida residents (see Table 17). In contrast, St. Lucie County residents are more likely to be hospitalized from or with coronary heart disease or congestive heart failure than all Florida residents (see Table 17).

Table 17 – Hospitalization Rates from Select Cardiovascular Conditions, 2011

	Martin County	St. Lucie County	Florida
Hospitalizations from or with coronary heart disease	242.5	365.8	345.0
Hospitalizations from congestive heart failure	61.4	158.3	111.0

Source: Florida CHARTS

Rates are per 100,000 population

Cancer

According to the Florida Cancer Data System, all malignant site cancer incidence in Martin County (362.2 per 100,000 population) is similar to Florida's (365.1 per 100,000 population), while St. Lucie County's rate is slightly higher (374.3 per 100,000 population).

Breast cancer incidence is slightly higher in Martin County (108.4 per 100,000 females) and St. Lucie County (104.6 per 100,000 females) compared to Florida (100.9 per 100,000 females).

Prostate cancer incidence rates are similar in Martin County (89.1 per 100,000 males) and Florida (88.6 per 100,000 males), but lower in St. Lucie County (81.4 per 100,000 males).

Lung and bronchus cancer incidence in Martin County (52.3 per 100,000 population) and Florida (51.8 per 100,000 population) are similar, while St. Lucie County's rate (56.0 per 100,000 population) is higher.

Colorectal cancer incidence is substantially lower in Martin County (22.7 per 100,000 population) compared to Florida (32.7 per 100,000 population), while St. Lucie County's rate (39.2 per 100,000 population) is higher.

Cervical cancer incidence is lower in Martin County (6.6 per 100,000 females) and St. Lucie County (7.3 per 100,000 females) compared to Florida (8.3 per 100,000 females).

Table 18 – Select Cancer Incidence Rates, 2011

	Martin County	St. Lucie County	Florida
All malignant sites ¹	362.2	374.3	365.1
Breast ²	108.4	104.6	100.9
Prostate ³	89.1	81.4	88.6
Lung and bronchus ¹	52.3	56.0	51.8
Colorectal ¹	22.7	39.2	32.7
Cervical ²	6.6	7.3	8.3

Source: Florida Cancer Data System

¹Rates are per 100,000 population

²Rates are per 100,000 females

³Rates are per 100,000 males

Martin Health System

All malignant site cancer mortality in Martin County (134.0 per 100,000 population) is lower than in Florida (149.8 per 100,000 population) and the HP 2020 goal (160.6 per 100,000 population), while St. Lucie County's rate (166.7 per 100,000 population) is higher than Florida's and the HP 2020 goal.

Lung and bronchus cancer mortality in Martin County (38.6 per 100,000 population) is lower than in Florida (41.1 per 100,000 population), while St. Lucie County's rate is higher (52.2 per 100,000 population). Martin County's rate is below the HP 2020 goal (45.5 per 100,000 population), while St. Lucie County's rate is higher.

Breast cancer mortality is higher in Martin County (20.6 per 100,000 females) and St. Lucie County (24.4 per 100,000 females) compared to Florida (19.1 per 100,000 females). Martin County's rate is the same as the HP 2020 goal, while St. Lucie County's rate is higher.

Prostate cancer mortality is lower in Martin County (15.7 per 100,000 males) compared to Florida (17.2 per 100,000 males) and the HP 2020 goal (21.1 per 100,000 males), but higher in St. Lucie County (23.3 per 100,000 males).

Colorectal cancer mortality is higher in Martin County (13.8 per 100,000 population) compared to Florida (13.1 per 100,000 population), while St. Lucie County's rate (12.2 per 100,000 population) is lower. Martin and St. Lucie Counties have lower rates than the HP 2020 goal (14.5 per 100,000 population).

Cervical cancer mortality is lower in Martin County (1.5 per 100,000 females) compared to Florida (2.6 per 100,000 females) and the HP 2020 goal (2.2 per 100,000 females), while St. Lucie County's rate is substantially higher (4.7 per 100,000 females).

Table 19 – Select Cancer Mortality Rates, 2011

	Martin County	St. Lucie County	Florida	HP 2020 Goal
All malignant sites ¹	134.0	166.7	149.8	160.6
Lung and bronchus ¹	38.6	52.2	41.1	45.5
Breast ²	20.6	24.4	19.1	20.6
Prostate ³	15.7	23.3	17.2	21.2
Colorectal ¹	13.8	12.2	13.1	14.5
Cervical ²	1.5	4.7	2.6	2.2

Source: Florida Cancer Data System

¹Rates are per 100,000 population

²Rates are per 100,000 females

³Rates are per 100,000 males

Cancer Screenings and Risk Factors

Adults in Martin County are less likely to be smokers (13.6%) compared to all Florida adults (17.1%), while St. Lucie County adults are more likely to be smokers (19.4%). Martin County and St. Lucie County adults were more likely to report being exposed to secondhand smoke in the past seven days (18.3% and 19.7%, respectively) compared to all Florida adults (14.9%).

Table 20 – Lung Cancer Risk Factors

	Martin County	St. Lucie County	Florida
Adults who are current smokers*	13.6%	19.4%	17.1%
Exposure to secondhand smoke^	18.3%	19.7%	14.9%

Source: Florida CHARTS

*2010

^2007

Martin Health System

Martin County women aged 40 and older are less likely to have received a mammogram in the past year (57.6%) compared to all Florida women (61.9%), while St. Lucie County women were as likely (61.9%). Women aged 40 and older in Martin and St. Lucie Counties are less likely to have had a clinical breast exam in the past year (60.2% and 60.3%, respectively) compared to all Florida women (63.2%).

Table 21 – Breast Cancer Screenings among Women Aged 40 and Older, 2010

	Martin County	St. Lucie County	Florida
Received a mammogram in the past year	57.6%	61.9%	61.9%
Had a clinical breast exam in the past year	60.2%	60.3%	63.2%

Source: Florida CHARTS

In the tables that follow, prostate cancer screening reflects reported data for men aged 50 and older and colorectal screening data is for all adults aged 50 and older.

Men in Martin and St. Lucie Counties are more likely to have received a PSA test in the past two years and a digital rectal exam in the past year compared to all men in Florida (see Table 22).

Table 22 – Prostate Cancer Screenings among Men Aged 50 and Older, 2010

	Martin County	St. Lucie County	Florida
Received a PSA test in the past two years	74.7%	77.3%	72.6%
Received a digital rectal exam in the past year	53.0%	57.7%	48.5%

Source: Florida CHARTS

Martin Health System

Martin County adults are slightly less likely to have received a blood stool test in the past year (14.2%) compared to all Florida adults (14.7%), while St. Lucie County adults are slightly more likely to have received a blood stool test in the past year (15.2%).

Adults in Martin County are about as likely to have ever had a blood stool test (42.2%) compared to all Florida adults (42.5%), while St. Lucie County adults are less likely to have ever had a blood stool test (35.4%).

Martin County adults are more likely to have received a sigmoidoscopy or colonoscopy in the past five years (60.9%) compared to all Florida adults (56.4%), while St. Lucie County adults are slightly less likely to have received a sigmoidoscopy or colonoscopy in the past five years (55.4%).

Martin County adults are more likely to have ever had a sigmoidoscopy or colonoscopy (71.2%) compared to all Florida adults (68.2%), while St. Lucie County adults are slightly less likely to have ever had a sigmoidoscopy or colonoscopy (67.4%).

Table 23 – Colorectal Cancer Screenings among Adults Aged 50 and Older, 2010

	Martin County	St. Lucie County	Florida
Received a blood stool test in the past year	14.2%	15.2%	14.7%
Ever had a blood stool test	42.2%	35.4%	42.5%
Received a sigmoidoscopy or colonoscopy in the past five years	60.9%	55.4%	56.4%
Ever had a sigmoidoscopy or colonoscopy	71.2%	67.4%	68.2%

Source: Florida CHARTS

Women aged 18 and older in Martin County are about as likely to have had a pap test in the past year (57.2%) compared to all women aged 18 and older in Florida (57.1%), while women 18 and older in St. Lucie County are less likely to have received a pap test in the past year (51.5%).

Table 24 – Cervical Cancer Screening, 2010

	Martin County	St. Lucie County	Florida
Received a pap test in the past year	57.2%	51.5%	57.1%

Source: Florida CHARTS

Diabetes

Martin County residents are substantially less likely to be hospitalized from or with diabetes (1,156.6 per 100,000 population) than all Florida residents (2,293.4 per 100,000 population), while St. Lucie County residents are slightly more likely to be hospitalized from or with diabetes (2,317.0 per 100,000 population). Adults in Martin County are less likely to be diagnosed with diabetes (8.0%) compared to all adults in Florida (10.4%), while St. Lucie County adults are substantially more likely to be diagnosed with diabetes (16.7%).

Table 25 – Select Diabetes Indicators

	Martin County	St. Lucie County	Florida
Hospitalizations from or with diabetes*	1,156.6	2,317.0	2,293.4
Adults with diagnosed diabetes ^	8.0%	16.7%	10.4%

Source: Florida CHARTS

Rates are per 100,000 population

*2010

^2011

Communicable Diseases

There were no tuberculosis deaths in Martin County or St. Lucie County in 2011. Tuberculosis is less likely to occur in Martin County adults (2.0 per 100,000 population) than in all Florida adults (4.0 per 100,000 population). St. Lucie County's tuberculosis case rate (8.9 per 100,000 population) is more than double the state rate.

Table 26 – Tuberculosis Mortality and Cases per 100,000 Population, 2011

	Martin County	St. Lucie County	Florida
Age-adjusted tuberculosis death rate	0.0	0.0	0.1
Tuberculosis case rate	2.0	8.9	4.0

Source: Florida CHARTS

Respiratory Diseases

Martin County and St. Lucie County residents are less likely to be hospitalized from CLRD (189.2 per 100,000 population and 304.0 per 100,000 population, respectively) compared to all Florida residents (367.2 per 100,000 population). Hospitalization rates from or with asthma are substantially lower in Martin County (491.7 per 100,000 population) and St. Lucie County (539.4 per 100,000 population) compared to Florida (773.9 per 100,000 population).

Table 27 – Select Chronic Lower Respiratory Disease Indicators

	Martin County	St. Lucie County	Florida
Age-adjusted hospitalization rate from CLRD (including asthma)*	189.2	304.0	367.2
Age-adjusted hospitalization rate from or with asthma*	491.7	539.4	773.9
Adults who currently have asthma^	6.7%	9.8%	8.3%

Source: Florida CHARTS

Rates are per 100,000 population

*2011

^2010

Sexually Transmitted Infections

Reported rates of sexually transmitted infections (STIs) are available by county through Florida CHARTS. Martin and St. Lucie Counties have substantially lower chlamydia rates (252.7 per 100,000 population and 346.9 per 100,000 population, respectively) compared to Florida (401.3 per 100,000 population). The gonorrhea rate in Martin County (25.9 per 100,000 population) is approximately one-fourth the state rate (104.0 per 100,000 population), while St. Lucie County's rate is similar (105.5 per 100,000 population). The AIDS rate in Martin County (13.6 per 100,000 population) is lower than Florida's (17.4 per 100,000 population), while the rate in St. Lucie County is substantially higher (39.9 per 100,000 population). In Martin and St. Lucie Counties, the rates of HIV and primary and secondary syphilis are lower than the state rate (see Table 28).

Table 28 – Reported Sexually Transmitted Infections, 2011

	Martin County	St. Lucie County	Florida
Chlamydia	252.7	346.9	401.3
Gonorrhea	25.9	105.5	104.0
AIDS	13.6	39.9	17.4
HIV	10.9	22.8	26.9
Infectious syphilis	0.7	3.2	6.6

Source: Florida CHARTS

Rates are per 100,000 population

Health Status, Risk Factors and Behaviors

Data on health status, risk factors and behaviors are available from the Behavioral Risk Factor Surveillance System (BRFSS), a state-based system of health surveys established by the Centers for Disease Control and Prevention (CDC). Respondents in Martin County and St. Lucie County are slightly less likely to report consuming at least five servings of fruits and vegetables daily (25.4% and 23.9%, respectively) compared to all respondents in Florida (26.3%).

Physical inactivity is defined as not participating in any physical activities, other than regular job duties, such as running, calisthenics, golf, gardening or walking for exercise. Adults in Martin and St. Lucie Counties are more likely to report physical inactivity (45.0% and 38.9%, respectively) than all adults in Florida (34.6%).

Martin County adults are more likely to report engaging in heavy drinking in the 30 days prior to the survey or binge drinking on at least one occasion during that period (17.7%) compared to all Florida adults (15.0%), while St. Lucie County adults are less likely to report heavy or binge drinking (11.3%).

Obesity is defined as having a BMI greater than or equal to 30. Respondents in Martin County are less likely to report being obese (21.1%) compared to all Florida respondents (27.2%), while St. Lucie County adults are more likely to be obese (31.4%).

Adults in Martin and St. Lucie Counties are more likely report being overweight (39.9% and 38.6%, respectively) compared to all Florida adults (37.8%).

Sedentary is defined as not participating in any leisure-time physical activities (physical activities or exercises other than their regular job). Adults in Martin County are less likely to report being sedentary (20.6%) than all adults in Florida (25.4%), while St. Lucie County adults are about as likely to report being sedentary (24.8%).

Table 29 – Reported Health Status, Risk Factors and Behaviors

	Martin County	St. Lucie County	Florida
Adult fruit and vegetable consumption*	25.4%	23.9%	26.3%
Adults engaging in moderate physical activity*	45.0%	38.9%	34.6%
Adults who engage in heavy or binge drinking^	17.7%	11.3%	15.0%
Adults who are obese^	21.1%	31.4%	27.2%
Adults who are overweight^	39.9%	38.6%	37.8%
Adults who are sedentary*	20.6%	24.8%	25.4%

Source: Florida CHARTS

*2007

^2010

Maternal and Child Health

The Florida Vital Statistics Report and Florida CHARTS contain data on maternal and child health indicators. The birth rates in Martin County and St. Lucie County (8.1 per 1,000 population and 10.7 per 1,000 population, respectively) are lower than Florida’s (11.3 per 1,000 population). The teen birth rate in Martin County (26.1 per 1,000 women aged 15–19) is lower than Florida’s (29.1 per 1,000 women aged 15–19), while St. Lucie County’s rate (32.6 per 1,000 women aged 15–19) is higher. Infant mortality rates in Martin County (4.2 per 1,000 live births) and St. Lucie County (4.7 per 1,000 live births) are lower than Florida (6.4 per 1,000 live births).

Table 30 – Births and Infant Deaths, 2011

	Martin County	St. Lucie County	Florida
Birth rate per 1,000 population ¹	8.1	10.7	11.3
Teen birth rate per 1,000 women aged 15-19 ²	26.1	32.6	29.1
Infant deaths per 1,000 live births ²	4.2	4.7	6.4

¹Source: Florida Vital Statistics Report

²Source: Florida CHARTS

Martin Health System

The percentages of very low birthweight births in Martin County (1.3%) and St. Lucie County (1.1%) are lower than Florida's (1.6%). Low birthweight, preterm births and first trimester prenatal care are less likely to occur in Martin and St. Lucie Counties than in Florida (see Table 31). Women in Martin County are less likely to be without prenatal care (1.0%) compared to women in Florida (1.3%), while St. Lucie County women are more likely to be without prenatal care (2.3%).

Table 31 – Select Maternal and Child Health Indicators, 2011

	Martin County	St. Lucie County	Florida
Very low birthweight	1.3%	1.1%	1.6%
Low birthweight	7.9%	8.1%	8.7%
Preterm births	12.0%	12.1%	13.4%
First trimester prenatal care	71.9%	70.9%	80.3%
No prenatal care	1.0%	2.3%	1.3%

Source: Florida CHARTS

Access to Care

According to the ACS 2009–2011 estimates, Martin County residents are more likely to have health insurance coverage (83.2%) than all Florida residents (79.0%), while St. Lucie County residents are less likely to have health insurance coverage (77.7%).

Private insurance coverage is more common among Martin County residents (65.3%) compared to all Florida residents (59.1%), while St. Lucie County residents are less likely to have private insurance coverage (56.1%).

Public insurance coverage is more common among Martin County and St. Lucie County residents (38.4% and 37.3%, respectively) than among all Florida residents (32.1%).

Residents in Martin County are less likely to be uninsured (16.8%) compared to all Florida residents (21.0%), while St. Lucie County residents are more likely to be uninsured (22.3%). Children in Martin County and St. Lucie County are more likely to be uninsured (14.6% and 15.0%, respectively) compared to all children in Florida (13.3%).

Table 32 – Health Insurance Coverage, 2009–11

	Martin County	St. Lucie County	Florida
Health Insurance Coverage	83.2%	77.7%	79.0%
Private Insurance	65.3%	56.1%	59.1%
Public Coverage	38.4%	37.3%	32.1%
No Health Insurance Coverage	16.8%	22.3%	21.0%
No Health Insurance Coverage (Children)	14.6%	15.0%	13.3%

Source: U.S. Census, ACS 2009–11 estimates

Inpatient, Outpatient and Emergency Department Discharges

The following hospital discharge data reflect all Martin Health System encounters for calendar years 2011 and 2012.

Inpatient Discharges

Accounting for approximately 1 in 5 discharges (19.7%), diseases of the circulatory system are the most common inpatient discharge reason, followed by diseases of the digestive system (11.8%), complications of pregnancy, childbirth and puerperium (10.6%), diseases of the respiratory system (9.7%) and diseases of musculoskeletal and connective tissue (8.9%). Other common inpatient discharge reasons can be found in Table 33.

Table 33 – Top 15 Inpatient Discharge Reasons, 2011–12

Category	Number of Discharges	Share
Diseases of the circulatory system	6,463	19.7%
Diseases of the digestive system	3,878	11.8%
Complications of pregnancy, childbirth and the puerperium	3,497	10.6%
Diseases of the respiratory system	3,174	9.7%
Diseases of musculoskeletal and connective tissue	2,928	8.9%
Injury and poisoning	2,700	8.2%
Classification of factors influencing health status and contact with health service	1,664	5.1%
Neoplasms	1,656	5.0%
Diseases of the genitourinary system	1,641	5.0%
Infectious and parasitic diseases	1,619	4.9%
Signs, symptoms and ill-defined conditions	1,094	3.3%
Endocrine, nutritional and metabolic diseases and immunity disorders	847	2.6%
Diseases of skin and subcutaneous tissue	577	1.8%
Diseases of the nervous system and sense organs	439	1.3%
Diseases of the blood and blood forming organs	363	1.1%

Outpatient Discharges

Classification of factors influencing health status and contact with health service is the most common outpatient discharge reason (21.5%), followed by signs, symptoms and ill-defined conditions (19.8%), diseases of the circulatory system (12.6%), diseases of the musculoskeletal and connective tissue (12.6%) and endocrine, nutritional and metabolic diseases and immunity disorders (7.2%). Other common inpatient discharge reasons can be found in Table 34.

Table 34 – Top 15 Outpatient Discharge Reasons, 2011–12

Description	Number of Discharges	Share
Classification of factors influencing health status and contact with health service	25,846	21.5%
Signs, symptoms and ill-defined conditions	23,822	19.8%
Diseases of the circulatory system	15,179	12.6%
Diseases of musculoskeletal and connective tissue	15,179	12.6%
Endocrine, nutritional and metabolic diseases and immunity disorders	8,614	7.2%
Diseases of the genitourinary system	8,316	6.9%
Neoplasms	7,081	5.9%
Diseases of the respiratory system	4,831	4.0%
Diseases of the digestive system	2,061	1.7%
Injury and poisoning	2,024	1.7%
Diseases of the blood and blood forming organs	1,580	1.3%
Complications of pregnancy, childbirth and the puerperium	1,491	1.2%
Diseases of the nervous system and sense organs	1,272	1.1%
Mental disorders	562	0.5%
Unknown	524	0.4%

Emergency Department Discharges

Injury and poisoning account for 26.1% of emergency department discharges and are the most common reason, followed by signs, symptoms and ill-defined conditions (18.6%), diseases of the respiratory system (12.6%), diseases of the musculoskeletal and connective tissue (6.7%) and diseases of the genitourinary system (6.5%). Other common emergency department discharge reasons can be found in Table 35.

Table 35 – Top 15 Emergency Department Discharges, 2011–12

Description	Number of Discharges	Share
Injury and poisoning	33,897	26.1%
Signs, symptoms and ill-defined conditions	24,083	18.6%
Diseases of the respiratory system	16,366	12.6%
Diseases of musculoskeletal and connective tissue	8,726	6.7%
Diseases of the genitourinary system	8,478	6.5%
Diseases of the digestive system	8,078	6.2%
Diseases of the nervous system and sense organs	6,788	5.2%
Diseases of skin and subcutaneous tissue	5,846	4.5%
Diseases of the circulatory system	3,424	2.6%
Classification of factors influencing health status and contact with health service	3,420	2.6%
Mental disorders	2,915	2.2%
Infectious and parasitic diseases	2,825	2.2%
Complications of pregnancy, childbirth and the puerperium	2,538	2.0%
Endocrine, nutritional and metabolic diseases and immunity disorders	1,550	1.2%
Diseases of the blood and blood forming organs	367	0.3%

Community Input

The interview and focus group data is qualitative in nature and should be interpreted as reflecting the values and perceptions of those interviewed. This portion of the CHNA process is meant to gather input from persons who represent the broad interest of the community serviced by the hospital facility, as well as individuals providing input who have special knowledge or expertise in public health. It is meant to provide depth and richness to the quantitative data collected.

Community Leader Interviews

Interview Methodology

Twenty-one in-person interviews were conducted from April 2–4, 2013 and one interview was conducted over the phone on April 1, 2013. Interviews required approximately 30 minutes to complete. Interviewers followed the same process for each interview, which included documenting the interviewee's expertise and experience related to the community. Additionally, the following community-focused questions were used as the basis for discussion:

- Interviewee's name
- Interviewee's title
- Interviewee's organization
- Overview information about the interviewee's organization
- What are the top three strengths of the community?
- What are the top three health concerns of the community?
- What are the health assets and resources available in the community?
- What are the health assets or resources that the community lacks?
- What are the barriers to obtaining health services in the community?
- What is the single most important thing that could be done to improve the health in the community?
- What other information can be provided about the community that has not already been discussed?

Community Leader Interview Summary

There were a variety of topics discussed in the community leader interviews. The most common topics include mental health, obesity, the aging population, issues in healthcare access and availability, and the various resources available to the community served by MHS.

Mental health was the most frequently discussed topic among community leaders. Eight interviewees mentioned mental health as either the single most important issue or a significant community health problem. Most interviewees feel mental health is a major issue in the community because of the lack of mental health services and treatment facilities. One interviewee compared acute mental health conditions to acute heart problems in the sense that years of untreated mental illness can often result in a life-altering acute event. This interviewee also highlighted the drastically higher healthcare costs related to treating patients who enter this stage of disease versus preventive measures beginning at a younger age. Mental health was also discussed in the context of co-occurrence with substance abuse, adding to the already complex nature of the disease.

Interviewees discussed an overall lack of mental health services in the community, particularly Martin County. New Horizons, located in St. Lucie County, provides comprehensive mental health services for adults and children which include counseling, detox, crisis intervention, medication management, emergency screening and short-term housing assistance. Multiple interviewees mentioned this organization as a key resource in addressing mental illness in the community, but some stated there is an immense burden on this facility due to a lack of other resources. Some interviewees discussed the presence of mental health resources targeting teens and children. For example, Tykes and Teens, located in Palm City, is geared towards addressing child and family mental and behavioral health issues. Some interviewees feel that not only does the community lack sufficient mental health service centers, but that there is also a shortage of psychiatrists. Others cited the presence of psychiatrists and psychologists in the community, but discussed the difficulty among all populations, regardless of socioeconomic status, in accessing services.

Obesity was also a commonly mentioned health concern in the community. Most of the interviewees who discussed obesity specifically referred to childhood obesity or the need for preventive measures for children. Those who emphasized prevention cited obesity as a condition which is often correlated with hyperlipidemia, hypertension and type 2 diabetes in adulthood. Intervention efforts in school-aged children were suggested as a measure to prevent children from “growing up to be sick adults.” In adults, obesity was mentioned as a nationwide issue that costs the healthcare system tremendously because of the numerous interrelated conditions. In relation to cardiovascular and

diabetic conditions, multiple interviewees discussed preventive efforts such as wellness programs, screenings and health education.

Community and hospital leaders discussed the challenges of treating an aging population. In addition to general health issues related to aging, interviewees discussed healthcare costs, support systems, healthcare system navigation and medication adherence. Elderly individuals often face financial trouble when dealing with rising healthcare costs, medications and other supportive care, especially if they are on a fixed income. Interviewees discussed complications among elderly individuals who have experienced the loss of a partner. They cited increased alcohol consumption and the inability to live independently as potential problems associated with this type of loss. Additionally, retirees often lack a viable support system because they have relocated from family members. Lack of family support, transportation and recurring appointments were cited as reasons for difficulty navigating the healthcare system.

Other health concerns expressed by interviewees include substance abuse, hypertension, cardiovascular disease, dental care, diabetes and HIV/AIDS. The majority of the discussion related to substance abuse focused on alcoholism and co-occurrence with mental health. Interviewees feel that alcohol abuse is of public concern and occurs predominantly among the affluent population and elderly adults who are depressed over the loss of a partner. Hypertension, cardiovascular disease and diabetes were discussed as common chronic diseases that affect the community, as well as targets for preventive efforts. While there was discussion of a newly constructed sidewalk for walking, running and biking, interviewees feel additional efforts can be made to engage the community through exercise and education programs. A few interviewees mentioned the lack of dental services for uninsured and underinsured individuals in the community. Interviewees who represent organizations in St. Lucie County discussed concerns related to high rates of HIV/AIDS.

Healthcare access and availability was also a frequently discussed topic in community leader interviews. One issue discussed by multiple interviewees is a lack of Medicaid providers in the community. There is a sense that because Martin County is an affluent community, physicians are already doing well and therefore have no need to accept Medicaid patients. These patients are forced to travel to neighboring counties for healthcare. Additionally, some interviewees expressed concern regarding the implementation of the Affordable Care Act because they feel there are not enough physicians to take care of the patients who will be entering the healthcare system. Another concern is lack of access to primary care. For certain individuals, low-income or lack of adequate health insurance coupled with fewer providers creates a percentage of the population who are not

receiving regular medical and preventive care. There was a discussion by some interviewees regarding long wait times associated with scheduling an appointment with a primary care physician, particularly during specific times of the year. Two interviewees mentioned that during the spring, Martin County residents often wait months to see a physician. Other interviewees feel there is a high percentage of uninsured residents which creates a gap in coverage for those who do not qualify for benefits, such as the working poor and individuals working in the service industry. One interviewee stated that approximately one-third of St. Lucie County residents aged 18–35 are uninsured. The challenges in treating undocumented residents were also mentioned by a few interviewees. The lack of providers for residents who are low-income, undocumented or lack employee benefits results in decreased utilization of preventive measures and increased emergency department volume. One suggestion for such populations was the development of an information network to assist these patients in navigating the healthcare system so they can be connected to available services.

Interviewees discussed a number of healthcare resources available to the community. The Volunteers in Medicine (VIM) was frequently mentioned as a valuable community resource due to its service to the uninsured and indigent populations. The VIM clinic staffs retired medical professionals who provide free primary care to these populations. The HANDS Clinic of St. Lucie County follows the VIM model by providing free healthcare services by volunteer medical professionals. The Visiting Nurse Association is a nonprofit agency providing free healthcare services including mobile clinics and screenings, private home care, therapy, medication management and support groups to individuals in need. Another commonly mentioned resource is the Kane Center Council on Aging, located in Stuart. This facility offers a wealth of opportunities and activities for residents aged 55 and older ranging from wellness programs, adults day care, meal services, social events and entertainment. Interviewees also emphasized the high quality of care and service provided by Martin Health System. Other organizations that play a major role in community health either by funding initiatives or directly coordinating programs include the United Way of Martin County, the United Way of St. Lucie County, Martin County Healthy Start Coalition, Hobe Sound Community Chest, House of Hope, 2-1-1 and Florida Community Health Centers. Multiple interviewees discussed the county health departments as viable community health resources, but also cited a recent restriction of services due to funding cuts. In addition to the resources that provide health services and other community benefits, interviewees also discussed the will and desire of local organizations to work together in solving community problems.

Focus Groups

Three focus groups were conducted at the Robert Weissman Cancer Center and Martin Medical Center on April 3–4, 2013. The purpose of the focus groups was to gather information about health concerns from particular interest groups in Martin and St. Lucie Counties to add to the richness of the quantitative data collected. Participants provided information about their experiences in the community and ways in which they think the services and resources provided to the community can be improved.

Focus Group Methodology

Focus groups consisted of adult community members. Target populations that represent a cross section of Martin and St. Lucie Counties were recruited through promotion in the media and outreach to organizations to glean potential leads on participants. The three focus groups were: Hispanic, 55 and over and general adult community members.

Focus group participants were notified prior to divulging information that it would be used solely to benefit the public good, and all information would be presented in an anonymous nature. All participants were encouraged to share their ideas, opinions and experiences, including any positive or negative feedback. Participants completed a demographic questionnaire and a consent form agreeing to participate in the focus group.

Each focus group session required approximately two hours to complete and followed this agenda:

- Session Opening – 15 Minutes
 - Introductions
 - Explanation of the purpose of the focus group
 - Overview of the rules governing the session
- Nominal Group Technique was utilized to identify priority health needs in the community. The Nominal Group Technique process is as follows:
 - Participants are instructed to separately write on a piece of paper their top three perceived health concerns within the community
 - Each participant calls out in order the health concerns round robin style until all options for every person have been exhausted
 - Participants instruct the facilitator on which like items, if any, they would like to combine

- Participants are instructed to separately rank the items most important (3) to least important (1)
- Each member calls out round robin style their 3's, then 2's and so on until all ranked items have been exhausted and recorded
- The facilitator adds up the rankings for each item, ranking the highest to lowest in importance based on the added result, taking the item that has the largest number as highest importance and so on
- After this process has been completed, a discussion is facilitated about the results of the process. Examples of these questions include:
 - Was there anything about the results that surprised you?
 - Why do you feel these are the top health concerns?
 - How do you feel these needs could be addressed in the community?
- Session Conclusion – 15 minutes
 - Summary of findings
 - Closing discussion
 - Distribution of incentives for participation

Data Analysis

The collected qualitative data was analyzed using Dedoose software utilizing a thematic approach. These themes and the resulting analysis, combined with quantitative data, served as the foundation of the CHNA, including identifying areas where the needs of the community were properly addressed and where service offerings could be improved.

Focus Group Summary

The ranked list of priorities generated by the nominal group technique, which is described above, are shown below in Table 36.

Table 36 – Top Health Concerns in Rank Order by Focus Group

Focus Group	Top Health Concerns
Hispanic	Preventive Healthcare Healthcare Reform Education Empathy for Domestic Violence Survivors in Healthcare Professionals
Fifty-five and Over	Affordable Healthcare Preventive Healthcare Health Resources
General Population	Affordable Healthcare Child Health Specialty Care

Hispanic Focus Group

Thirteen individuals, nine females and five males, ranging from 37–75 years of age, participated in the focus group. Nine participants reported living in St. Lucie County and two reported living in Martin County. Three of these participants do not have insurance, four have Medicare or Medicaid coverage, three have private insurance and two did not report their insurance status.

The top health concern discussed among participants was preventive healthcare. Some discussed how the food culture of many Hispanic subgroups such as Puerto Rican and Mexican contribute to obesity and diabetes in the population. Preventive measures suggested to address unhealthy eating habits largely revolved around health education. Giving individuals the tools to monitor their portion sizes and how to use ingredients commonly used in cultural cooking in a healthier way were examples of this. One particular intervention suggestion was to acquire a Latin chef to prepare recipes that can be disseminated throughout the community in pamphlets, through classes and online.

Cultural competence in healthcare professionals and health educators was discussed as a key component in effectively reaching the Hispanic populations. One individual discussed the various educational, economic and linguistic competency levels within this population in the community. These components contribute to the complex nature of addressing the Hispanic community in a way

that is appropriate to their level of need. An example of this that was given by a participant was that some individuals work physical jobs so portion sizing and nutrition are more important pieces of health to stress than exercise. Another difficulty lies in creating various types of resources in both English and Spanish that embrace Hispanic culture.

Lack of awareness of resources available to meet health needs among the Hispanic community was mentioned as a barrier to accessing healthcare. This lack of information was largely said to contribute to the perceived low rates of vaccinations among children in lower socioeconomic environments. Participants gave numerous ways to increase knowledge among the Hispanic community. Some examples are the local Hispanic newspaper, television, church bulletins and events, local radio stations and the school system. Health fairs in these places were also discussed as an outreach component that could reach a large audience. An example of a well-received outreach event was a fair sponsored by a local church at a recreational soccer game for children. While the children were playing soccer, parents were able to go to different booths and gather health information. As the family is a key component in Hispanic culture and many individuals work long hours, this health fair was seen to be an example of the types of programs and venues that would be most effective in reaching community members.

Another top health concern among participants was the implications that healthcare reform would have on access and affordability of healthcare services. Individuals discussed the inconsistent information available to the community about what the reform will mean, if it would require them to alter their current insurance structure, and how undocumented persons would be affected. The main barrier to healthcare professionals in informing the Hispanic community was felt to be a lack of interest unless it directly affects them. Reaching the community through many of the venues and outlets described above in an indirect way (e.g. radio and television) was a suggestion to reach both those might not actively seek the information they need but those who have limited working English proficiency.

Empathy in healthcare professionals, particularly as it relates to those dealing with domestic violence survivors, was another top health concern. Two individuals in the focus group work in domestic violence and have seen that some healthcare professionals are not properly trained to address the delicate mental state many men and women facing domestic violence are in. Focus group participants expressed that domestic violence is a prevalent issue in the Hispanic community, and suggested training programs for physicians, nurses and other medical staff members to increase their self-efficacy in competently assisting patients presenting with domestic violence signs.

Fifty-five and Over Focus Group

Ten individuals, nine females and one male, ranging from 64–91 years of age, participated in the focus group. All participants reported living in Martin County. Nine participants reported being on Medicare with supplemental insurance, and one participant reported having private insurance.

Healthcare affordability was a main concern expressed by most participants. Medicare does not offer coverage to meet the full spectrum of health needs. While supplemental insurance is offered, some participants expressed they did not know how to choose a policy that was right for their needs. One resource to help address this need is the SHINE Program at the Kane Center. One participant stated they made an appointment to meet with a SHINE representative and were able to go through all of their needs and pick the supplemental policy that was right for them.

One recommendation individuals felt would address the issue of lack of awareness in seniors about what services are available to them is a resource directory. One participant mentioned 2-1-1 as a valuable resource in the community, but many in the group did not know what 2-1-1 was. Incorporating 2-1-1 into a resource directory for those who wanted to speak to someone directly about services in the community would be beneficial. If this resource directory included eligibility requirements of available services, this would address the issue of confusion among community members about what providers take Medicare. Participants felt it would be useful to put resource directories in physician offices and hospitals, community centers, and clubhouses in senior living communities. The Kane Center was consistently mentioned as an important resource for seniors in the community. The center offers programs to meet the emotional and physical needs of seniors, and offers transportation through the Community Coach to assist those in need.

Affordable medication was also discussed. A few participants mentioned resources available through pharmaceutical companies and websites to get information about drugs to help reduce cost. Others discussed the importance of talking with a physician or nurse to assess whether or not there would be another more affordable medication that could take the place of an expensive one.

Participants mentioned the importance of discussing preventive health measures with a physician. One participant felt that doctors do not always have open communication with their patients when prescribing screening tests like prostate cancer screenings, and this can lead to unnecessary expense for the individual. All individuals agreed that having a patient advocate in the community, possibly at the Kane Center, to explain the potential benefits and harms of certain age-related screenings, would be a good way to education seniors about how they could be advocates for their

own health and increase communication with their physician. Increasing empathy in healthcare professionals when working with seniors was another suggestion to enhance the knowledge of preventive healthcare services among those in the community.

General Population Focus Group

Nine individuals, eight females and one male, ranging from 29–62 years of age, participated in the focus group. Five participants reported living in St. Lucie County and three reported living in Martin County; one reported living outside of these two counties but works in Martin County. Five of these participants do not have insurance, two have private insurance and two did not report their insurance status.

Specialty care was discussed as a concern among focus group participants, particularly in relation to affordability. While many participants felt there an adequate amount of specialists in the area, the lack of specialists offering care that is affordable and accessible, especially for those with Medicaid and Medicare coverage, was an issue. The facilitator asked if individuals felt that primary care physicians could address health concerns they often go to a specialist for as a way to reduce costly specialist visits. It was the general consensus among individuals that primary care physicians would not be able to adequately address many of those health concerns. There is fear among community members that the healthcare reform's potential effect on reimbursements to physicians will further limit the availability of affordable specialists. Additionally, participants seemed unsure of the effects the healthcare reform would have on the profession itself, citing rumored penalties to physicians for over-testing and strict guidelines that might decrease the quality of care.

Excessive wait times for specialists was another concern, although this was mentioned with regard to primary care physicians as well. Some individuals told stories of physician visits where they would go for an appointment in the morning and not be seen until the afternoon, and then only for a short time. One concern about the short amount of time with the physician is the issue of return visits. Focus group participants felt many health problems could be addressed in a longer first visit. Some of the problems with return visits included a lack of consistent transportation, inability to take time off from work and a repeat occurrence of prior visits; long wait times and minimal physician contact. One person suggested an enhancement in communication among office staff, nurses and physicians to increase efficiency and reduce wait times.

Child health was another concern among focus group participants. The lack of affordable mental health and dental services were some of the issues discussed. Programs like Helping People

Succeed, Florida Diagnostic and Learning Resource System and New Horizons were mentioned as resources for children's mental health, but some expressed that eligibility requirements such as income and age limited access to certain services.

The lack of dental health services available to meet the needs of the community, particularly pediatric dentistry, was a concern. Limited resources create difficulty for parents, as there are long wait times and the potential for a less comprehensive appointment. Another problem with the limited resources that exist is eligibility; there are many people in what would be considered a "gap" where they are unable to afford services through a private dentist but their income is too high to meet eligibility for reduced or sliding scale dental services. A high point of the dental services provided in the community however, is that many of them are offered on at least one weekend day.

Another concern with child health is the lack of activities available for children to be physically active. There are resources in the community, but due to a general decrease in funding they are unable to meet the demand. Some participants stated that the cost to play recreational sports is not always affordable, which makes it hard for children to engage in social activities with friends that involve physical activity. Another barrier for some families is having the transportation available to take children to and from recreational activities.

A piece of discussion involving all health resources is the lack of awareness in the community. One individual commented that while they know some resources exist, they are unaware of what they specifically provide to the community. For example, United Way has numerous programs available, but community members do not always know the program's connection with United Way, which can create a barrier in accessing services if they have a question but do not know who to contact. Participants suggested an increase in marketing and awareness in the community to help address this issue.

Community Health Priorities

The overarching goal in conducting this Community Health Needs Assessment is to identify significant health needs of the community, prioritize those health needs and identify potential measures and resources available to address the health needs. For the purpose of identifying health needs for MHS, a health priority is defined as a medical condition or factor that is central to the state of health of the residents in the community. An exhaustive list of health needs was compiled based on the health profile, interviews and focus group data. Concerns that did not fall within the definition of an identified health priority, such as social determinants of health, are discussed in conjunction with the health priorities where applicable. A modified version of Fowler and Dannenberg's Revised Decision Matrix was developed to capture priorities from the primary and secondary data. This matrix tool is used in health program planning intervention strategies, and uses a ranking system of "high," "medium" and "low" to distinguish the strongest options based on effectiveness, efficiency and sustainability. As the CHNA is meant to identify the community's most significant health needs, only the health needs falling under the "high" and "medium" categories are highlighted.

Martin Health System's executive board, which consists of hospital leadership and key community stakeholders, reviewed the primary and secondary data compiled and ordered the priority health needs based on capacity to meet the needs identified. The six health priorities identified through the CHNA are, in order of the executive board's priority: health access and affordability, mental health, obesity, diabetes, cancer and substance abuse.

Healthcare Access and Affordability

Included in this category are issues related to healthcare providers, primary and specialty care, emergency department utilization and health insurance.

- Interviewees expressed concern for the shortage of Medicaid and primary care providers in the community, as well as long wait times between scheduling an appointment and seeing the doctor.
- There was a lot of discussion among interviewees regarding educating the public on services available, particularly for those lacking traditional health insurance.
- Interviewees also discussed the need for an emphasis on preventive care to avoid high healthcare costs and overutilization of emergency departments.
- Focus group participants discussed the lack of specialists accepting Medicaid and Medicare in the community.

Martin Health System

- Individuals in all three focus groups expressed confusion about the healthcare reform's potential effects on health insurance and healthcare access.
- Long wait times and subsequent short primary and specialty care visits were discussed among focus group participants.
- Cultural competence in healthcare professionals was felt to be one of the most important components in effectively reaching the Hispanic population in the community.

Mental Health

- Suicide mortality rates in Martin and St. Lucie Counties are substantially higher than in Florida and the United States.
- Mental health was the most commonly discussed topic in the community leader interviews.
- The majority of interviewees who discussed mental health feel the community has a critical need for more resources.
- A lack of mental health resources for children of families in the “gap” of eligibility for low-income and private health insurance was mentioned in the general population focus group.
- Mental health resources were felt to be lacking in the community among focus group members.

Overweight/Obesity

According to the World Health Organization, obesity (BMI \geq 30) and overweight (BMI=25–29.9) refer to abnormal or excessive fat accumulation.

- Adults in Martin and St. Lucie Counties are slightly more likely to be overweight compared to all Florida adults.
- St. Lucie County adults are more likely to be obese compared to all Florida adults.
- Interviewees discussed obesity as a health concern in the community, particularly among children.
- The conversation among interviewees revolved around preventing obesity in children so they grow up to be healthy adults.
- Overweight and obesity in relation to the dietary patterns of Hispanic subgroups was discussed as a concern in the Hispanic focus group.
- Inconsistent sidewalks and a lack of recreational facilities and opportunities for children were discussed in focus groups.

Diabetes

- In St. Lucie County, adults are substantially more likely to be diagnosed with diabetes compared to all Florida adults.
- Hospitalizations related to or from diabetes are slightly higher in St. Lucie County compared to Florida.
- Multiple interviewees discussed diabetes as one of the top health concerns in the community.
- Diabetes was discussed in relation to eating habits in the Hispanic population focus group.

Cancer

- Cancer is the leading cause of death in Martin and St. Lucie Counties.
- All malignant site cancer incidence and mortality rates are higher in St. Lucie County than in Florida.
- Martin County and St. Lucie County have slightly higher breast cancer incidence and mortality rates compared to Florida.
- Women in Martin and St. Lucie Counties are less likely to have had a clinical breast exam in the past year.
- Cervical cancer mortality in St. Lucie County is nearly double the Florida rate.
- Women in St. Lucie County are less likely to have received a pap test in the past year compared to all women in Florida.
- Lung cancer mortality is substantially higher in St. Lucie County than in Florida.
- St. Lucie County adults are more likely to be smokers than all adults in Florida.
- Focus group participants discussed the need for enhanced patient education in relation to preventive screening in the community, particularly PSA testing.

Substance Abuse

- Martin County adults are more likely to report engaging in heavy drinking in the 30 days prior to the survey or binge drinking on at least one occasion during that period compared to all Florida adults.
- Interviewees commonly mentioned alcohol abuse as a concern in the community, citing increased usage among the affluent population and depressed older adults.

Resources

Many of the resources in the community addressing the priority health needs were listed in the community leader and focus group summary sections. However, some priority health needs were not elaborated on in these sections. The following is an overview of programs in the community that work to address the priority health needs identified.

Healthcare Access and Affordability

The Kane Center was consistently mentioned as a resource for seniors in the community. The SHINE Program at the center provides Medicare insurance information for those seeking education on which policy might be best for them. Another valuable resource for community members is 2-1-1, which serves as a resource information center for social and health services. The HANDS clinic of St. Lucie County and the Volunteers in Medicine clinic provide free healthcare by volunteer medical professionals. Another agency providing free services is the Visiting Nurse Association, which has mobile clinics and screenings as well as home care and other support services. Other organizations providing community services include United Way of Martin and St. Lucie Counties, Martin Healthy Start Coalition, Hobe Sound Community Chest, House of Hope, and Florida Community Health Centers.

Mental Health

New Horizons of the Treasure Coast provides comprehensive mental health services for adults and children; this was discussed as the key provider of mental health services in the community. Tykes and Teens has mental health programming designed to target teens and children. This organization also has a collaboration with Martin Health System to address mental health components of the Martin Health Diabetes Education Program for pediatrics.

Obesity

Overweight/Obesity

Martin County Health Department is involved in the National Institutes of Health We Can! program, which provides education to parents, caregivers and the community at large to help children ages eight to thirteen maintain a healthy weight. The program offers resources, support and evidence-based initiative options for communities to implement. For eligible individuals, surgical options are available through Martin Health System. The Treasure Coast Food Bank is working in partnership with Martin Health System and other community organizations to increase knowledge of healthy food

options and resources among community members through outreach initiatives. Additionally, Martin Health System's diabetes education courses have a component that address obesity for participants who fall under this category.

Diabetes

The American Diabetes Association recognizes Martin Health System's Diabetes Education Program, which provides services to both adults and adolescents. The St. Lucie County Diabetes Coalition is a non-profit entity working to reduce the impact of diabetes throughout the county. Self-management program providers include St. Lucie County Health Department, Mustard Seed Ministries and Florida Community Health Center. Prescription discount cards are also available through the St. Lucie County Health Department and the St. Lucie County Board of Commissioners.

Cancer

Martin Health System's Robert and Carol Weissman Cancer Center provides prevention and treatment services to the community. Some of these services include support programming targeting breast and lung cancer, as well as a resource center and patient navigator initiative. Martin Health provides free mammography screenings for eligible women through a Susan G. Komen for the Cure grant. Additionally, the American Cancer Society has several resources for community members including support groups and resource centers.

Substance Abuse

New Horizons was discussed by community members as the key resource for substance abuse in the area. Additionally, Tykes and Teens and Narcotics Overdose Prevention and Education (NOPE) task force work to provide substance abuse education and support for teens and adolescents.

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Appendix A: Carnahan Group Qualifications

Carnahan Group is an independent and objective healthcare consulting firm that focuses on the convergence of regulations and planning. For 10 years, Carnahan Group has been trusted by healthcare organizations throughout the nation as an industry leader in providing Fair Market Valuations, Medical Staff Demand Analyses, Community Health Needs Assessments and Strategic Planning. Carnahan Group serves a variety of healthcare organizations, such as, but not limited to, hospitals and health systems, large and small medical practices, imaging centers and ambulatory surgery centers. Carnahan Group offers services through highly trained and experienced employees, and Carnahan Group's dedication to healthcare organizations ensures relevant and specific insight into the needs of our clients.

Our staff members offer diverse capabilities and backgrounds, including:

- CPAs, JDs, Ph.Ds., and others with medical and clinical backgrounds;
- Degrees that include Masters of Business Administration, Masters of Science, Masters of Public Health, Masters of Accounting and Masters of Health Administration;
- Credentials include Certified Health Education Specialists (CHES) and Certified Public Health Professionals (CPH); and,
- Serving as members of the American Institute of CPAs (AICPA), Medical Group Management Association (MGMA) and the National Association of Certified Valuation Analysts (NACVA).

Appendix B: Community Leader Interview Organizations

Organization	Area Represented
United Way of Martin County	Public Service Organization
United Way of St. Lucie County	Public Service Organization
Volunteers in Medicine	Medically Underserved and Low-Income Populations
St. Lucie County Health Department	Public Health Expert
Martin County School Health Services	Child Health
Florida Community Health Centers	Community Health Organization
Gertrude Walden Childcare Center	Public Service Organization
Mustard Seed Ministries	Medically Underserved and Low-Income Populations
House of Hope	Medically Underserved and Low-Income Populations
Firefly Group	Local Business
Martin County Healthy Start Coalition	Maternal and Child Health
Martin Health System	Hospital Leaders/Medical Professionals