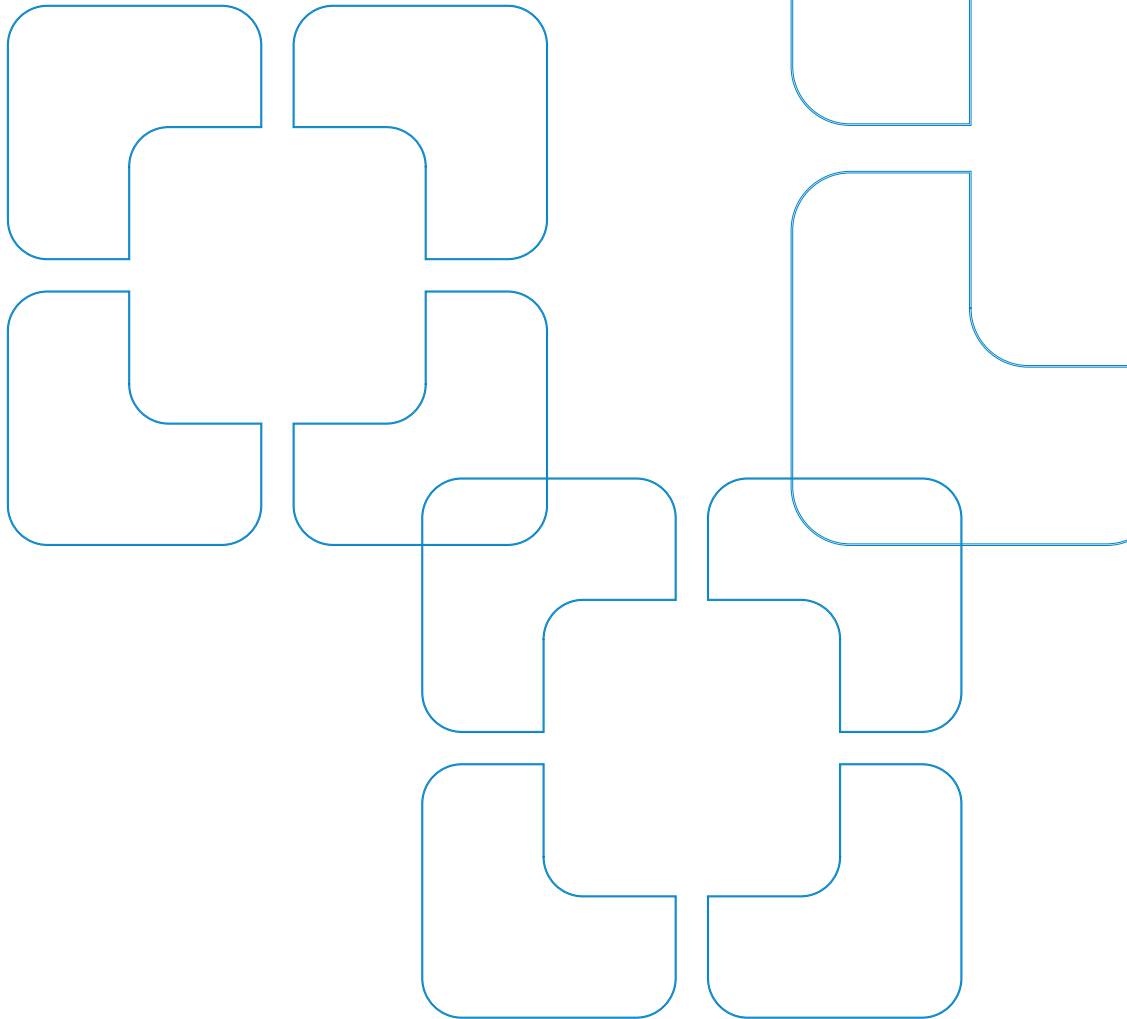




**Cleveland Clinic**  
Martin Health

# Community Health Needs Assessment

2020



**Cleveland Clinic Martin Health**  
**200 SE Hospital Ave**  
**Stuart, FL 34994**

2020 Community Health Needs Assessment  
As required by Internal Revenue Code § 501(r)(3)

Name and EIN of  
Hospital Organizations  
Operating Hospital Facilities:

Martin Memorial Medical Center, Inc.  
59-2307522  
DBA: Martin Medical Center, Cleveland Clinic  
Martin North Hospital, Cleveland Clinic Martin  
South Hospital, Cleveland Clinic Tradition Hospital

Date Approved by  
Authorized Governing Body:

December 8, 2020

Contact:

Cleveland Clinic  
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## PUBLIC COMMENT

Comments and feedback about this report are welcomed. Please contact:  
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# Cleveland Clinic Martin Health

## 2020 Community Health Needs Assessment

### I. INTRODUCTION

Cleveland Clinic Martin Health (CCMH) is part of the Cleveland Clinic Florida region. It features three hospitals with 521 total beds, a free-standing emergency center, and numerous outpatient centers and clinics across Martin and St. Lucie counties on Florida's east coast. Cleveland Clinic Martin Health offers preventive, primary, and acute hospital care, as well as cancer care, a heart center, wellness and rehabilitation services, and much more. Learn more at [clevelandclinic.org/martinhealth](https://clevelandclinic.org/martinhealth).

The hospital is part of the Cleveland Clinic health system, which includes an academic medical center near downtown Cleveland, eleven regional hospitals in northeast Ohio, a children's hospital, a children's rehabilitation hospital, five southeast Florida hospitals, and several other facilities and services across Ohio, Florida, and Nevada. Additional information about Cleveland Clinic is available at <https://my.clevelandclinic.org/>.

Each Cleveland Clinic hospital supports a tripartite mission of patient care, research, and education. Research is conducted at and in collaboration with all Cleveland Clinic hospitals. Through research, Cleveland Clinic has advanced knowledge and improved community health for all its communities, from local to national, and across the world. This allows patients to access the latest techniques and to enroll in research trials no matter where they access care in the health system. Through education, Cleveland Clinic helps to train health professionals who are needed and who provide access to health care across Ohio, Florida, and the United States.

Each Cleveland Clinic hospital also is dedicated to the communities it serves. Each Cleveland Clinic hospital conducts a Community Health Needs Assessment (CHNA) to understand and plan for the current and future health needs of residents and patients in the communities it serves. The CHNAs inform the development of strategies designed to improve community health, including initiatives designed to address social determinants of health.

### A. CHNA Process and Methodology

#### CHNA Background

On September 4, 2019, Cleveland Clinic Martin Health contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) during Fiscal Year 2020 as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix B: Carnahan Group Qualifications for more information about Carnahan Group.

A CHNA is a report based on epidemiological, qualitative, and comparative methods that assess the healthcare and public health issues in a hospital organization's community and that community's access to services related to those issues. Based on the findings of the CHNA, an implementation strategy for CCMH that addresses the community health needs will be developed and adopted no later than May 15, 2021.

## 501(r)(3) CHNA Regulations

The Patient Protection and Affordable Care Act, 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). 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).

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 CCMH collaborated, if applicable, including their qualifications;
- A description of how CCMH took into account input from persons who represented the broad interests of the community served by CCMH, including those with special knowledge of or expertise in public health, written comments regarding the hospital's previous CHNA, and any individual providing input who was a leader or representative of the community served by CCMH; 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.

## Primary Data Collection Strategy

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

- Input from persons who represented the broad interests of the community served by CCMH, 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 CCMH, leaders, representatives, or members of medically underserved, low-income,

and minority populations with chronic disease needs in the community served by CCMH; and,

- Consultation or input from other persons located in and/or serving CCMH’s 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 primary data sources utilized for CCMH’s CHNA are provided in Appendix C. Information was gathered by conducting interviews with individuals representing community health and public service organizations, medical professionals, hospital administration, and other hospital staff members.

In addition to the initial community leader interviews, supplemental interviews were conducted with stakeholders with special knowledge of or expertise in public health to address the COVID-19 pandemic.

## Secondary Data Collection Strategy

A variety of data sources were utilized to gather demographic and health indicators for the community served by CCMH. Commonly used data sources include Esri, the U.S. Census Bureau, and the Centers for Disease Control and Prevention (CDC). Martin County and South St. Lucie County defines the community served by CCMH. Demographic and health indicators are presented for these areas. Initial secondary data collection was completed utilizing the most recent periods of data available as of March 18, 2020. Following secondary data collection and analysis, supplemental data was collected related to the COVID-19 pandemic as of August 2020.

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.

## B. Community Definition

For the CHNA report, CCMH chose to define the community as Martin County ZIP Codes and South St. Lucie County ZIP Codes, listed in the table below.

ZIP Code	SA Community	Total Inpatient Discharges	Percent Discharges	Running Total
34953	Port Saint Lucie	4,298	14.74%	14.74%
34997	Stuart	4,083	14.00%	28.74%
34990	Palm City	2,309	7.92%	36.66%
34986	Port Saint Lucie	2,294	7.87%	44.53%
34957	Jensen Beach	2,205	7.56%	52.09%
34983	Port Saint Lucie	2,057	7.05%	59.15%
34994	Stuart	1,989	6.82%	65.97%
33455	Hobe Sound	1,516	5.20%	71.17%
34952	Port Saint Lucie	1,474	5.06%	76.23%
34996	Stuart	1,098	3.77%	79.99%
34987	Port Saint Lucie	919	3.15%	83.14%
34956	Indiantown	749	2.57%	85.71%
34984	Port Saint Lucie	698	2.39%	88.11%
34982	Fort Pierce	496	1.70%	89.81%

Figure 1 - Defined Community by ZIP Code

CCMH reviewed aggregated inpatient discharge data for Cleveland Clinic Martin North Hospital, Cleveland Clinic Martin South Hospital, and Cleveland Clinic Tradition Hospital. ZIP Codes reflecting the top 75% of inpatient discharges within the most recent year of data were initially included within the defined community. Gaps referred to as “donut holes” were also included within the definition. Demographic data by ZIP Code was analyzed by CCMH to ensure that medically underserved, low-income, or minority populations who live in the geographic areas from which the hospitals draw patients were not excluded from the defined community.



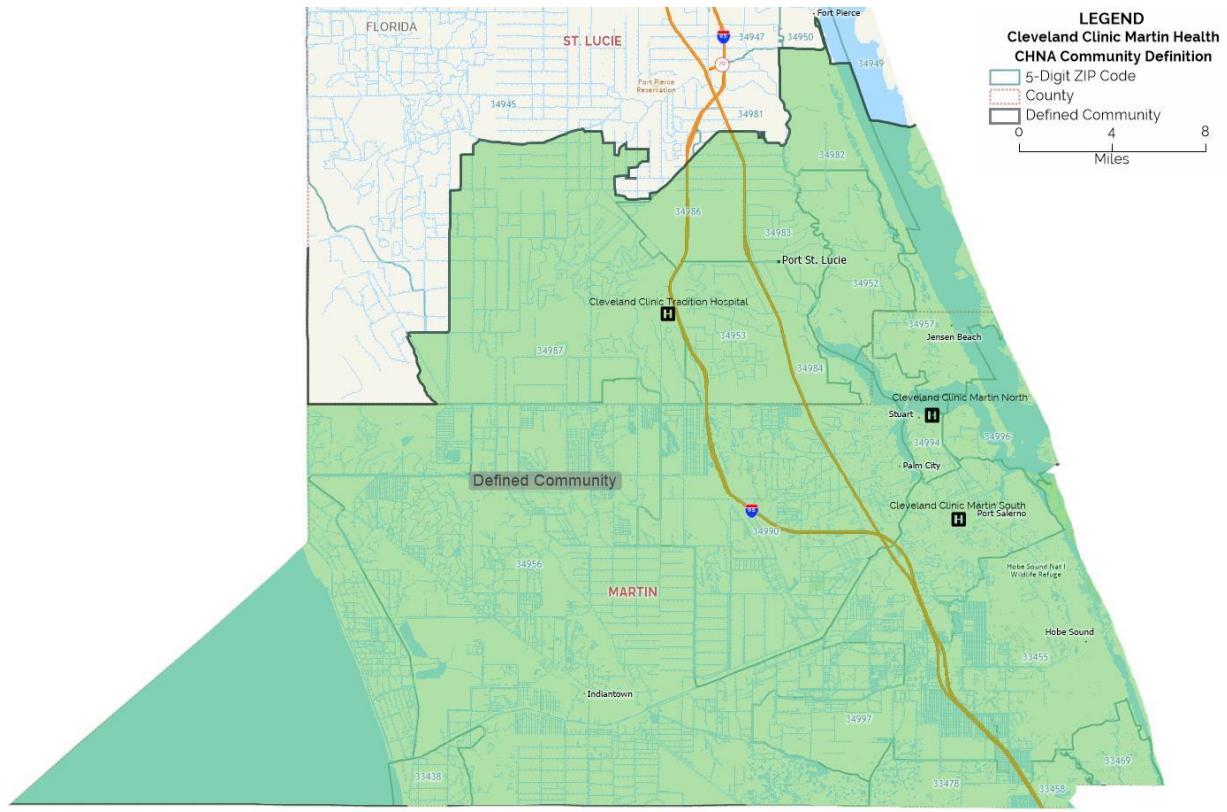


Figure 2 - Community Definition Map Source: CCMH, Carnahan Group, Maptitude 2020

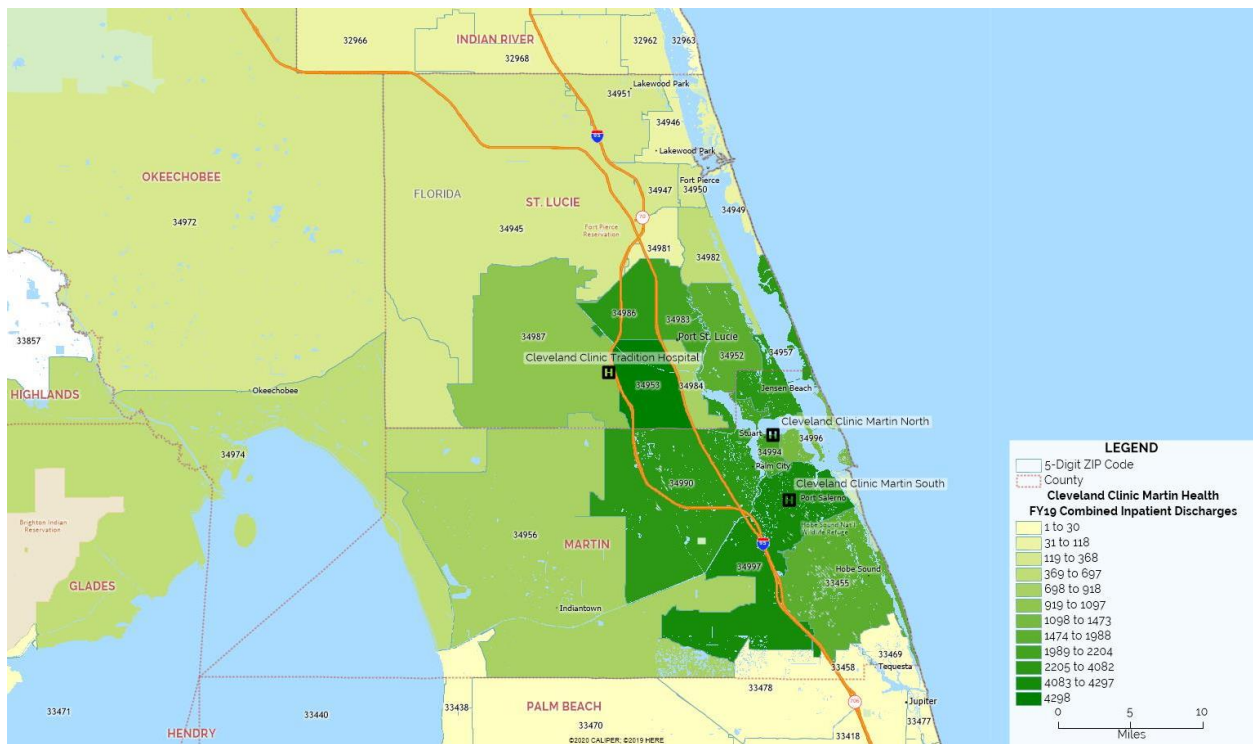


Figure 3 - Community Inpatient Discharges by ZIP Code Source: CCMH, Carnahan Group, Maptitude 2020

## II. EXECUTIVE SUMMARY

### A. Prioritized Community Health Needs

The overarching goals in conducting this Community Health Needs Assessment are to identify significant health needs of the community, prioritize those health needs, and identify potential resources available to address those health needs. To identify health needs for CCMH, a health priority is defined as a medical condition or factor that impacts the health of community members.

An exhaustive list of health needs was compiled based on the secondary data and community leader interviews and a modified version of Fowler and Dannenberg's Revised Decision Matrix was developed to capture priorities. 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 priorities.

As the CHNA is meant to identify the community's most significant health needs, only the top "high" priority health needs have been highlighted. COVID-19 emerged as a need following the initial data collection and prioritization that was conducted in January 2020. Additionally, the community experienced exacerbated issues of health disparities and systemic racism. These public health issues continue to be discussed at the national, state, and local levels. Input from public health experts was sought on these topics during the second round of community leader interviews. The priority of medical research and health professions education was incorporated to reflect CCMH's role in the broader Cleveland Clinic health system.

The community health needs identified during CCMH's 2020 CHNA are listed below in order of priority.

1. COVID-19
2. Access to Care
3. Health Equity & Social Determinants of Health
4. Chronic Disease Prevention & Management
5. Behavioral Health
6. Maternal & Child Health
7. Medical Research & Health Professions Education



Figure 4 - Prioritized Community Health Needs Source: Carnahan Group, CCMH

## COVID-19

At the time of this 2020 CHNA publication, COVID-19, an infectious disease caused by the newly discovered SARS-CoV-2 virus, has dramatically impacted individual and community health. COVID 19 is thought to spread primarily through close person-to-person contact. Reported illnesses have ranged from very mild, including cases with no reported symptoms, to severe, including illness resulting in death. The Centers for Disease Control and Prevention and the Florida Department of Health continue to release guidelines to limit individual exposure to the virus and slow the spread of the disease.

During the development of the 2020 CHNA, COVID-19 has emerged as a leading cause of hospitalizations, death, and economic instability. It is a significant community health need due to the magnitude of the community impact, the continued urgency of responding to COVID-19, and the intersection of the pandemic with the other top health priorities identified.

## Access to Care

Community leaders interviewed were concerned with access to affordable healthcare, medication costs, health insurance coverage, geographical access barriers, cultural and linguistic barriers, and access to care for the “ALICE” (Asset-limited, income-constrained, employed) population. The Institute of Medicine previously defined access to care as “the timely use of personal health services to achieve the best health outcomes.”

Federally designated Medically Underserved Areas (MUAs) and Health Professional Shortage Areas (HPSAs) are present within the defined community. Martin County is designated as a Dental Health HPSA and contains partial Primary Care and Mental Health HPSAs as well as a partial MUA. All of St. Lucie County is designated as a Primary Care, Dental, and Mental Health HPSA, and the whole county is also designated as an MUA. According to the American Medical Association and County Health Rankings, the ratios of population to primary care physicians within Martin and St. Lucie counties were higher than the state and national benchmarks in 2017. A higher ratio is an indicator of less access to providers.

Martin County residents are more likely to have health insurance coverage than the Florida statewide average, while St. Lucie County residents are less likely to have health insurance coverage when compared to the state benchmark. Within Florida, 18.4% of the population had Medicaid or other means-tested public health insurance coverage, either alone or in combination with other forms of insurance. Within CCMH's defined community, Medicaid coverage ranges from 2.0% to over 50% by census tract.

Compared to the state benchmarks, St. Lucie County had higher hospitalization rates for adults under age 65 for the following conditions: asthma, chronic obstructive pulmonary disease, congestive heart failure, dental conditions, hypertension, and bacterial pneumonia. Martin County's hospitalization rates exceeded the Florida benchmarks for the following conditions: chronic obstructive pulmonary disease, dental conditions, hypertension, and bacterial pneumonia.

Martin County's most recent CHIP includes education and awareness of existing health and human services as a top health priority.

## Health Equity and Social Determinants of Health

Community leaders interviewed discussed SDOH broadly and mentioned specific themes including structural racism, poverty, housing, employment, transportation, health literacy, access to healthy foods, COVID-19 impacts, and environmental risk factors.

According to the CDC, the social determinants of health (SDOH) are defined as "conditions in the places where people live, learn, work, and play." The World Health Organization expands upon that definition, adding that the SDOH are "shaped by the distribution of money, power, and resources."

The primary and secondary impacts of COVID-19 have exacerbated many health disparities and barriers that were present before the pandemic. The public health experts interviewed discussed how they were very concerned about community members understanding COVID-19 and having timely access to appropriate health information. The disproportionate impact of the pandemic on communities of color and marginalized individuals has "placed a spotlight on issues that already existed" according to one interviewee.

Within St. Lucie County, the percentage of individuals below the federal poverty level, the percentage of children in poverty, and the population below the SNAP poverty threshold

exceeded the state benchmarks. Additionally, the percent of the population with a high school degree or higher and the percent of the population with a bachelor's degree or higher was lower in St. Lucie County than the state benchmark values.

The difference between the community's highest and lowest life expectancy by census tract was 22.1 years, ranging from 64.8 years to 86.9 years. Further, Martin County has higher residential segregation indicators than the Florida statewide indicators.

Violent crime rates were generally lower in Martin and St. Lucie counties than the statewide crime rates. St. Lucie County had a slightly higher homicide rate than the Florida rate and Martin County had a higher rape rate than Florida in 2018. The rates of child abuse and sexual violence towards children ages 5-11 were higher than the state rates in both Martin and St. Lucie counties.

Health equity is one of nine priority areas within the 2017-2021 State Health Improvement Plan for Florida.

## Chronic Disease Prevention and Management

During interviews, leaders were concerned with the prevalence of heart disease, stroke, respiratory conditions, diabetes, and hypertension within the community. They also discussed nutrition and access to healthy foods, physical activity, childhood obesity, and health education in the context of chronic disease prevention.

The CDC's National Center for Chronic Disease Prevention and Health Promotion defines chronic disease broadly as "conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both". The most prevalent conditions include heart disease, cancer, chronic lung disease, stroke, Alzheimer's disease, diabetes, and chronic kidney disease. Key lifestyle-related risk factors for chronic disease include tobacco use and secondhand smoke, poor nutrition including diets low in fruits and vegetables and high in sodium and saturated fats, lack of physical activity, and excessive alcohol use.

From 2014-2018, Martin, and St. Lucie counties had greater rates of disability compared to the Florida average. Mortality rates for chronic lower respiratory disease, chronic liver disease and cirrhosis, and cancer were worse in the defined community than in Florida. Both Martin and St. Lucie County had higher hospitalization rates for COPD and hypertension than the state averages. Smoking rates were lower for adults in Martin County (10.0%) than adults in St. Lucie County (16.1%) in 2016. However, Martin County had a higher percentage of individuals who reported excessive drinking than the proportion St. Lucie County and the state of Florida.

Roughly 30% of adults in St. Lucie County were obese in 2016. Adults in St. Lucie County were more likely overweight and more likely sedentary than those in Martin County and the state of Florida. The food environment index in St. Lucie County also fell below the state benchmark from 2015-2016, with 13.0% of St. Lucie County residents having limited access

to healthy foods. Nearly 15% of St. Lucie County's population was food insecure in 2017, according to Map the Meal Gap.

Chronic diseases and conditions, and healthy weight, nutrition and physical activity are priority areas within the 2017-2021 State Health Improvement Plan for Florida. St. Lucie County's most recent CHIP focuses on three priorities - reducing the impacts of chronic disease, physical activity, and healthy diet. Lastly, Martin County's most recent CHIP includes obesity as a top health priority.

## Behavioral Health

Community leaders expressed concern over access to behavioral health services and provider shortages, anxiety, depression, suicide, substance use, tobacco and vaping, stigma associated with behavioral health conditions, social isolation, and trauma.

One of the HP2020 goals is to "improve mental health through prevention and by ensuring access to appropriate, quality mental health services." Another key goal is to "reduce substance abuse to protect the health, safety, and quality of life for all, especially children." Substance use disorders refer to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Many individuals who develop substance use disorders are also diagnosed with mental disorders, often referred to as a dual diagnosis.

St. Lucie County had a higher rate of hospitalizations for mental disorders than Martin County and the state of Florida in 2018. According to FL Health CHARTS and the CDC, the state and national benchmark rates for drug poisoning deaths were 22.9 and 20.7 deaths per 100,000 population during the same time frame. In 2018 there were 42.4 and 24.9 drug poisoning deaths per 100,000 population in Martin and St. Lucie counties, respectively. Martin County had a higher opioid prescribing rate (per 1,000 population) than St. Lucie County and the state of Florida in 2017. According to BRFSS, the rate of excessive drinking in Martin County was higher than the rates in St. Lucie County and the state of Florida.

Behavioral health is included as a priority area within the 2017-2021 State Health Improvement Plan for Florida.

## Maternal and Child Health

During interviews, community leaders indicated their concerns regarding access to obstetrics providers and prenatal care, high cesarean section rates, infant mortality, injury prevention, access to pediatric specialists, and oral health.

One of the HP2020 goals is to "improve the health and well-being of women, infants, children, and families." According to Healthy People, many factors impact pregnancy and childbirth, including preconception health status, age, access to appropriate preconception, prenatal, and inter-conception health care, and poverty. Infant and child health are also impacted by

sociodemographic and behavioral factors like education, family income, and breastfeeding, but are also tied to the health of parents/caregivers.

According to FL Health CHARTS, from 2016-2018 Martin and St. Lucie counties had greater rates of maternal smoking, inadequate prenatal care, and mothers who did not initiate breastfeeding during the same time frame. Martin County had a higher rate of births with a less than an 18-month interpregnancy interval, when compared to St. Lucie County and the state of Florida. St. Lucie County experienced 21.9 maternal deaths per 100,000 live births from 2016-2018, exceeding Florida's statewide rate of 17.9.

Maternal and child health is included as a top priority within the 2017-2021 State Health Improvement Plan for Florida. Martin County's most recent CHIP includes school health as a top health priority.

## Medical Research & Health Professions Education

Community leader concerns included the need for specific specialty care providers, including pediatric-subspecialists and pediatric dentists, and training for healthcare professionals related to racial bias and systemic racism.

More trained health professionals are needed locally, regionally, and nationally. The Cleveland Clinic model of medicine, as developed by its founders, is one that integrates research and education in medical services provided to patients. Research conducted by Cleveland Clinic has improved health for community members through advancements in new clinical techniques, devices, and treatment protocols in such areas as cancer, heart disease, and diabetes. There is a need for more research to address these and other community health needs.

The Cleveland Clinic's research activities are intended to improve patient care and the health of the public at large, by providing the latest advances in medicine directly to patients and by refining the practice of medicine through the development and promulgation of new techniques, devices, and treatment protocols. The newly opened Florida Research and Innovation Center is focused on research related to the emerging COVID-19 pandemic.

## III. SECONDARY DATA

### A. COVID-19

On March 1, 2020, a statewide Public Health Emergency was declared, and on March 9, 2020, an executive order declaring a state of emergency was issued in response to the spread of COVID-19 within Florida. COVID-19 was declared a pandemic by the World Health Organization on March 11, 2020. The governor of Florida issued a statewide “Safer at Home” order on April 1, 2020, directing residents to “limit their movements and personal interactions outside of their home to only those necessary to obtain or provide essential services or conduct essential activities.” During this time elective surgical procedures and preventative healthcare services were severely limited. Beginning May 4, 2020, Phase 1 of the governor’s plan to re-open the state of Florida went into effect, with the advancement to Phase 2 of the plan occurring on June 5, 2020.

#### Morbidity and Mortality

As of August 10, 2020, there has been a total of 532,806 confirmed cases of COVID-19 in Florida. Martin County has experienced 3,825 cases, reflecting a case rate of 2,377 per 100,000 population, while St. Lucie County has experienced 5,772 cases, a case rate of 1,797 per 100,000 population. Within Martin County, roughly 9% of all COVID-19 cases led to hospitalizations, and in St. Lucie County the hospitalization rate was 6%.

Across Florida 8,186 deaths are associated with COVID-19 as of August 10, 2020, reflecting a statewide fatality rate of 1.54%. Martin County had recorded a total of 94 deaths with a fatality rate of 2.88 while St. Lucie County has recorded a total of 166 deaths and a fatality rate of 2.46. According to the World Health Organization, there were a total of 19,462,112 COVID-19 cases reported as of August 9, 2020, with a total of 722,285 deaths globally as of August 10, 2020. According to projections by researchers at the University of Washington’s Institute for Health Metrics and Evaluation, COVID-19 will be the third leading cause of death, following heart disease, and cancer, in the United States for 2020, with nearly 300,000 total deaths anticipated by year-end.

#### COVID-19 and Health Equity

Populations especially vulnerable to COVID-19 include older adults and those with underlying chronic conditions. In addition, minorities and individuals with lower socioeconomic status are also at increased risk of COVID-19 infection and death.

“Although racial and ethnic information is currently available for only about 35% of the total deaths in the U.S., even this limited sample shows that Black Americans and other historically disadvantaged groups are experiencing infection and death rates that are disproportionately high for their share of the total population. For example, while Black Americans represent only about 13%



of the population in the states reporting racial/ethnic information, they account for about 34% of total Covid-19 deaths in those states. Asian Americans and Latinx Americans also show elevated impacts in some regions.”

– Dr. Lisa A. Cooper, Johns Hopkins Bloomberg School of Public Health

The observed health disparities associated with COVID-19 are partially related to socioeconomic factors, including living conditions, access to care, language or educational barriers, transportation, financial wellbeing, access to internet and phone services, and overrepresentation in essential jobs. Minority populations may be tested for the virus less frequently. Further, distrust in institutions due to discrimination and stigma may lead ethnic minorities to disregard public health guidance and consume misinformation related to the virus.

According to CMS data from billing records, individuals enrolled in the Medicare program who also qualified for Medicaid coverage were four times more likely to have been infected or hospitalized than those with Medicare coverage alone.

## Social Determinants of Health & Access to Care

Essential resources will remain a concern for vulnerable populations within the community long after the COVID-19 infection peak has subsided. Community partners are struggling to meet demands for food and childcare assistance while continuing to map shifting resource availability and ensure access for vulnerable populations.

According to 2-1-1 of Palm Beach/Treasure Coast, roughly 1,619 requests related to COVID-19 were processed by the 2-1-1 Helpline from Martin and St. Lucie counties for the period from February 10 through August 9, 2020. A total of 2,881 requests related to housing, 893 related to food, 1,745 related to utilities, and 2,974 related to mental health and addictions were received during that time frame.

Restrictions on non-essential businesses due to the spread of COVID-19 significantly impacted the local economies within the defined community. Over 32 million Americans received unemployment benefits as of July 2020. Within Florida, the unemployment rate was 10.4% in June 2020, reflecting a 6.1% decrease in the number of jobs since June 2019. As of June 2020, the unemployment rate in Martin County was 8.0%, while the unemployment rate in St. Lucie County was 10.0%. Increased unemployment rates imply that many community members lost employer-sponsored health insurance during the pandemic.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed by Congress in March 2020 and contained provisions related to paid sick leave, insurance coverage of coronavirus testing and treatment, nutrition assistance, medical supplies, telehealth, updates to the Medicare program, and several grants to support research, healthcare services and the overall coordinated response to the pandemic.

## Older Adults

Nursing homes serve many older adults or individuals with disabilities or underlying chronic medical conditions, which means their populations are at higher risk of serious illness associated with COVID-19. The CDC issued specific guidelines for nursing home facilities including limiting visitation, restricting volunteers and non-essential personnel, canceling group activities and communal dining, and implementing an active screening protocol for residents and workers.

Florida issued an emergency order prohibiting visitation to nursing homes, assisted living facilities and other long-term care facilities except by family and friends during end-of-life situations or for health care or legal services. Further, effective on June 15th, AHCA's Emergency Rule 59AER20-5 states that nursing homes shall require all staff to be tested every two (2) weeks with testing resources provided by the state.

According to CMS, Florida's nursing home residents experienced an average case rate of 146.0 per 1,000 residents and an average death rate of 30.1 per 1,000 residents. As of August 14, 2020, a total of 62 COVID-19 deaths were associated with nursing homes in Martin County, and a total of 93 deaths were associated with nursing homes in St. Lucie County.

## Behavioral Health

COVID-19 may negatively impact individuals' physical, emotional, and financial wellbeing in a multitude of ways. Individuals with mental health conditions and those who experience greater social isolation may be particularly impacted by social distancing recommendations. Results from a survey conducted by the Commonwealth Fund from March to May 2020 indicate that one-third of adults experienced stress, anxiety, or great sadness that was difficult to cope with by themselves. Additionally, law enforcement and community-based organizations have reported higher incidences of domestic violence across the nation during the pandemic.

One report estimates that roughly 75,000 additional deaths within the U.S. will occur over the coming decade that can be linked to the pandemic. This projection was based on a model of the socioeconomic fallout from the coronavirus and a shortage of mental health services.

As the Center for Health Care Strategies states:

**“There is a known phenomenon after disasters of increased morbidity and mortality, depression, anxiety, suicide, substance use, overdose, violence, heart attacks, strokes, etc.”**

## Chronic Disease Prevention and Management

During the pandemic, individuals experienced limited access to elective outpatient healthcare services and may have delayed seeking care for a variety of healthcare conditions. According to a study by the CDC, within the 10 weeks following the COVID-19 outbreak, ED visits

declined 23% for heart attack, 20% for stroke, and 10% for hyperglycemic crisis. This observed decrease in emergency visits is troubling since these types of events always require immediate emergency care. Delays in seeking care may translate into increased incidences of severe presentations of chronic diseases or negative health outcomes.

Poverty, unemployment, loneliness and isolation, and changes in lifestyle including diet and physical activity levels that occur because of the pandemic may have a lasting impact on heart disease prevalence and outcomes in the future.

The National Cancer Institute published a model that predicts the future impacts of COVID-19 on breast and colorectal cancer. This model estimates that there will be an additional 10,000 deaths linked to these two types of cancers over the next 10 years, reflecting a 1% increase above the typical death rate. Providers fear that patients are missing regular medical visits including checkups, which will reduce the number of incidental cancer diagnoses that arise during office visits, laboratory tests, or emergency room visits.

## Maternal and Child Health

As of August 4, 2020, there were a total of 15,735 cases of COVID-19 in pregnant women across the United States including 37 deaths. A June CDC analysis indicated that pregnant women who contract COVID-19 are not at an increased risk of death compared to non-pregnant women, although they may be at an increased risk of severe illness. This data also suggested that Black or Hispanic pregnant women may be at higher risk of infection than white pregnant women.

Researchers are unsure if mothers can spread the COVID-19 virus to babies through breast milk. The CDC recommends that mothers who choose to breastfeed should wear a mask while breastfeeding, practice handwashing, follow proper breast pump cleaning, and have a healthy caregiver feed the infant breast milk if possible.

As of August 10, more than 380,000 children in the United States have tested positive for COVID-19. In Florida, cases in children aged 0 through 14 years reflected 5.6% of the total number of COVID-19 cases through August 6, 2020. Initial data suggests that children who do become infected do not become as sick as adults, with most cases in children reported as asymptomatic or mild. Some evidence has emerged linking COVID-19 to the development of Multisystem Inflammatory Syndrome in children. Research shows that infants are at a higher risk of serious illness associated with COVID-19.

## Medical Research and Health Professions Education

Hundreds of clinical trials across the nation experienced pauses or delays during the pandemic. Simultaneously, the development process for various COVID-19 tests, antibody tests, existing antiviral drugs, and new treatments has been accelerated by regulatory agencies, including treatments within the FDA's Coronavirus Treatment Acceleration Program (CTAP). As of July 31, 2020, the CTAP included over 570 non-vaccine drug development programs in planning stages and over 270 trials that had been reviewed by the FDA. Research studies are exploring

the use of antiviral drugs, convalescent plasma, and other antibody therapies, monoclonal antibodies, cell and gene therapies, and others to treat COVID-19. Cleveland Clinic is involved in research related to susceptibility to COVID-19 including the evaluation of specific genetic factors.

## B. Shortage Areas

### Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in primary care, dental health, or mental health. Shortages may be geographic-, population-, or facility-based:

- Geographic Area - A shortage of providers for the entire population within a defined geographic area.
- Population Groups - A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)

The following counties are characterized as Health Professional Shortage Areas (HPSA) within the service area:

County	Primary Care Designation	Dental Health Designation	Mental Health Designation	Rural Status
<b>Martin County</b>	Geographic HPSA (Indiantown CCD Minor Civil Division Only)	Low Income Population HPSA (Whole County)	Geographic HPSA (Indiantown CCD Minor Civil Division Only)	Rural
<b>St. Lucie County</b>	Low Income Migrant Farmworker Population HPSA	Low Income Migrant Farmworker Population HPSA	Low Income Population HPSA	Non-Rural

Figure 5 – Health Professional Shortage Area Source: Health Resources and Services Administration

### Medically Underserved Areas

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations with a lack of access to primary care services. MUAs have a shortage of primary care health services for residents within a geographic area, while MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care health services. Designations are based on the Index of Medical Underservice (IMU). The IMU is calculated based on four criteria:

- the population to provider ratio;
- the percent of the population below the federal poverty level;
- the percent of the population over age 65; and
- the infant mortality rate.

IMU can range from 0 to 100, where zero represents the completely underserved. Areas or populations with IMUs of 62.0 or less qualify for designation as an MUA/P. The following table describes the MUA within the community:

County	IMU Score	Medically Underserved Area Designation
	60.8 (Indiantown CCD Minor Civil Division Only)	
<b>Martin County</b>		MUA
<b>St. Lucie County</b>	53.0	MUA

Figure 6 - Medically Underserved Areas Source: Health Resources and Services Administration

## C. Population Demographics

### Population Density

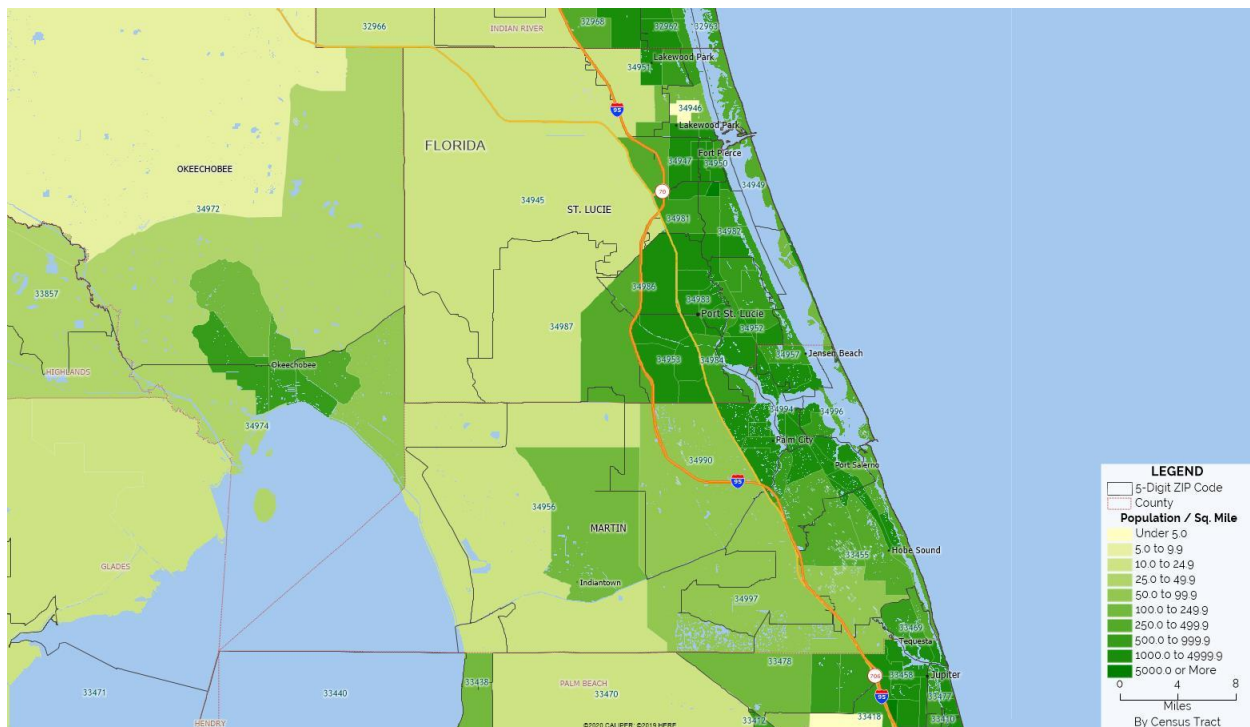


Figure 7 - 2019 Population Density by ZIP Code Source: Maptitude 2020

### Population Growth

The projected population growth for the community is 9.0% over the next five years. Moderate population growth is expected for most ZIP Codes, while substantial growth is expected for ZIP Codes 34987 (106.6%) and 34986 (22.9%) in Port St. Lucie.

ZIP Code	Community	Current Population	Projected 5-Year Population	Percentage Change
34953	Port Saint Lucie	69,278	73,194	5.7%
34952	Port Saint Lucie	42,272	44,116	4.4%
34983	Port Saint Lucie	42,132	43,910	4.2%
34986	Port Saint Lucie	27,901	34,297	22.9%
34982	Fort Pierce	27,549	29,182	5.9%
34984	Port Saint Lucie	15,521	16,331	5.2%
34987	Port Saint Lucie	10,399	21,485	106.6%
<b>St. Lucie County Total</b>		<b>235,052</b>	<b>262,515</b>	<b>11.7%</b>
34997	Stuart	44,373	46,730	5.3%
34990	Palm City	30,748	32,619	6.1%
34957	Jensen Beach	24,066	25,160	4.5%
33455	Hobe Sound	21,536	22,458	4.3%
34994	Stuart	16,824	17,681	5.1%
34996	Stuart	11,333	11,696	3.2%
34956	Indiantown	11,228	11,933	6.3%
<b>Martin County Total</b>		<b>160,108</b>	<b>168,277</b>	<b>5.1%</b>
<b>Grand Total</b>		<b>395,160</b>	<b>430,792</b>	<b>9.0%</b>

Figure 8 - Population Change by ZIP Code, 2019 - 2024 Source: Esri 2019

## Population Age

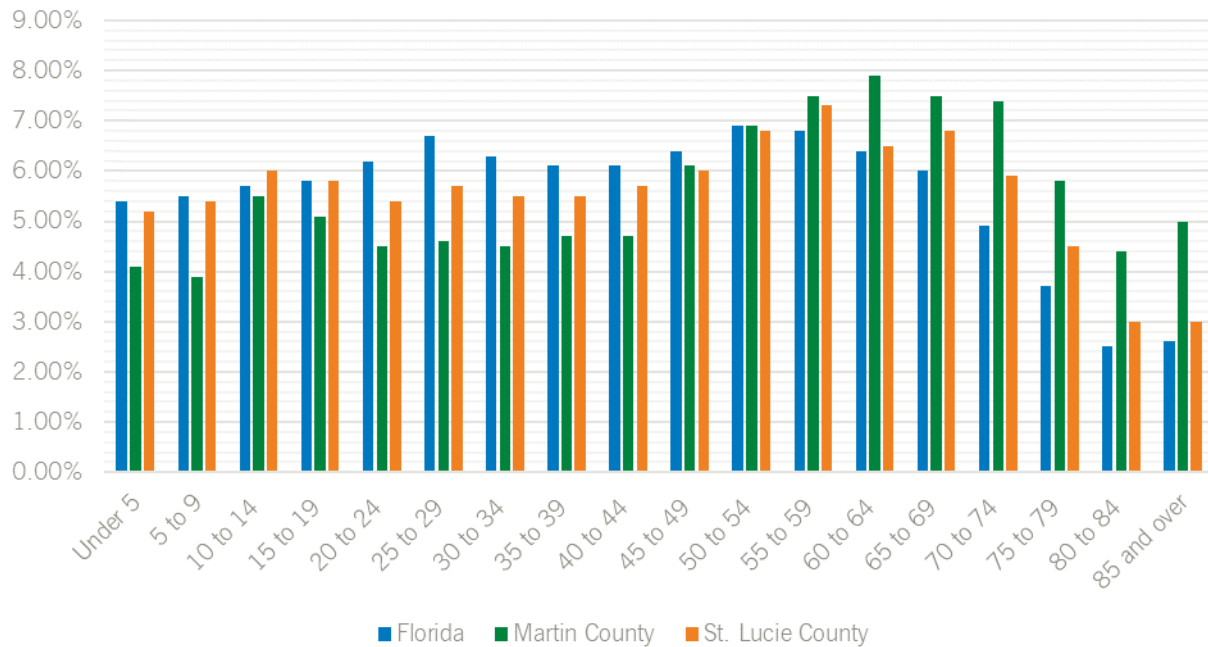


Figure 9 - Population Age Groups Source: U.S. Census Bureau ACS 2014-2018

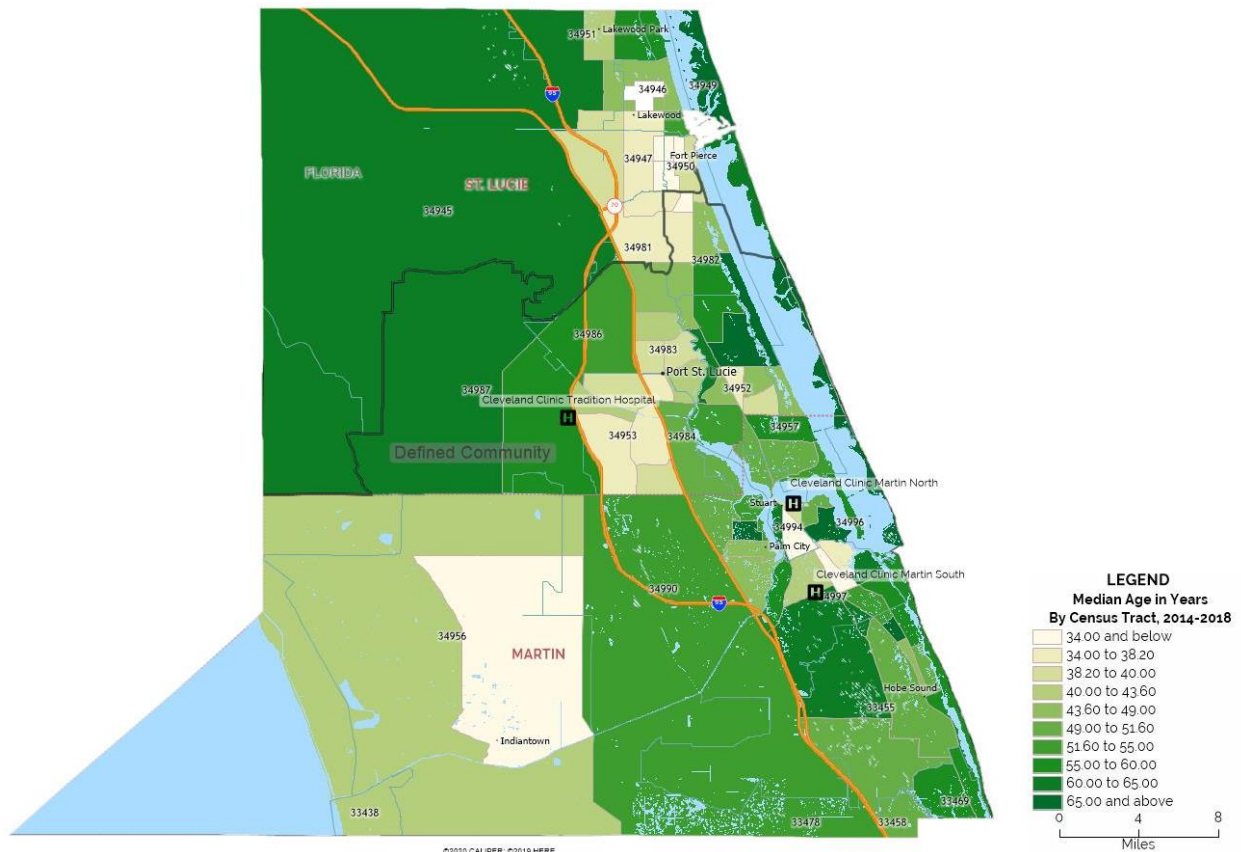


Figure 10 - Map of Median Age by Census Tract Source: U.S. Census Bureau ACS 2014-2018, Maptitude 2020

The populations of residents aged 20-29 and 45-59 are expected to decrease slightly over the next five years. Population growth is expected for children aged 0-19, adults aged 30-44, and adults over the age of 60.

Age Group	2019			2024			Percent Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 00 through 04	9,552	9,239	18,791	10,548	10,143	20,691	10.4%	9.8%	10.1%
Age 05 through 09	10,089	9,774	19,863	10,909	10,571	21,480	8.1%	8.2%	8.1%
Age 10 through 14	10,804	10,322	21,126	11,868	11,320	23,188	9.8%	9.7%	9.8%
Age 15 through 19	10,312	9,716	20,028	11,113	10,508	21,621	7.8%	8.2%	8.0%
Age 20 through 24	10,062	9,494	19,556	9,570	9,069	18,639	-4.9%	-4.5%	-4.7%
Age 25 through 29	12,283	11,490	23,773	11,559	11,115	22,674	-5.9%	-3.3%	-4.6%
Age 30 through 34	10,848	10,206	21,054	13,693	12,939	26,632	26.2%	26.8%	26.5%
Age 35 through 39	10,220	9,993	20,213	12,176	11,721	23,897	19.1%	17.3%	18.2%
Age 40 through 44	9,909	10,322	20,231	11,519	11,458	22,977	16.2%	11.0%	13.6%
Age 45 through 49	11,238	11,768	23,006	10,822	11,189	22,011	-3.7%	-4.9%	-4.3%
Age 50 through 54	12,343	12,874	25,217	11,890	12,595	24,485	-3.7%	-2.2%	-2.9%
Age 55 through 59	13,924	14,865	28,789	13,002	14,092	27,094	-6.6%	-5.2%	-5.9%
Age 60 through 64	13,736	15,499	29,235	15,557	17,002	32,559	13.3%	9.7%	11.4%
Age 65 through 69	13,237	15,147	28,384	15,661	17,691	33,352	18.3%	16.8%	17.5%
Age 70 through 74	12,202	13,671	25,873	13,923	15,837	29,760	14.1%	15.8%	15.0%
Age 75 through 79	9,305	11,066	20,371	11,765	13,663	25,428	26.4%	23.5%	24.8%
Age 80 through 84	6,693	7,759	14,452	7,823	9,710	17,533	16.9%	25.1%	21.3%
Age 85 and over	6,426	8,772	15,198	7,105	9,666	16,771	10.6%	10.2%	10.4%
<b>Total</b>	<b>193,183</b>	<b>201,977</b>	<b>395,160</b>	<b>210,503</b>	<b>220,289</b>	<b>430,792</b>	<b>9.0%</b>	<b>9.1%</b>	<b>9.0%</b>

Figure 11 - Population Change by Age Group, Source: Esri 2019, Carnahan Group

# Population Race/Ethnicity

The most common race/ethnicity in CCMH's community is white (65.6%) followed by Hispanic (18.7%), black/African American (11.5%), Asian/Pacific Islander (1.9%), individuals of two or more races (1.8%), and other races (0.4%).

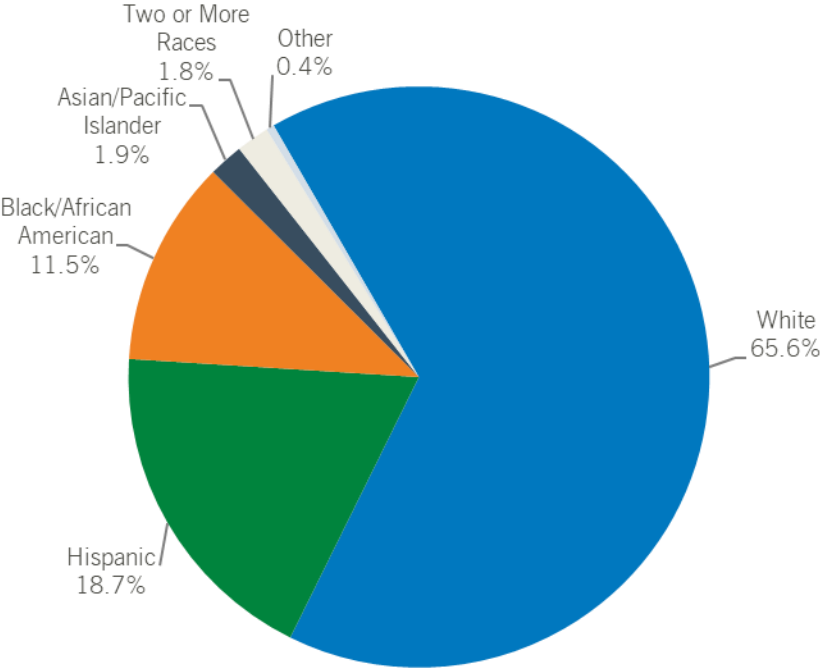


Figure 12 - Population by Race/Ethnicity Source: Esri 2019

Substantial population growth is expected for Asian/Pacific Islanders (26.5%), individuals of two or more races (24.1%), Hispanics (19.4%), and black/African Americans (17.2%), The white population is expected to increase (3.7%) as well as individuals from other race/ethnicities (6.6%).

Race/Ethnicity	2019	2024	Percentage Change
White	259,357	268,986	3.7%
Hispanic	73,875	88,185	19.4%
Black/African American	45,347	53,167	17.2%
Asian/Pacific Islander	7,557	9,561	26.5%
Two or More Races	7,289	9,043	24.1%
Other	1,735	1,850	6.6%

Figure 13 - Population Change by Race/Ethnicity Source: Esri 2019



## D. Socioeconomic Status

According to Healthy People 2020, socioeconomic status (SES) is most often based on a person’s income, education level, occupation, social status in the community, and geographic location. Studies have found that SES, more than race or ethnicity, predicts the likelihood of an individual’s or group’s access to education, health insurance, health care services, and safe and healthy living or working conditions.

The 2018 annual unemployment average for Martin County (3.5%) was similar to Florida’s average (3.6%), while the unemployment rate in St. Lucie County was higher during the same time frame (4.4%). The U.S. Census Bureau publishes median household income and poverty estimates. According to the 2014-2018 American Community Survey estimates, the median household income in Martin County (\$57,959) is higher than FL’s (\$53,267), while St. Lucie’s is lower (\$49,373).

Poverty thresholds are determined by family size, the number of children, and the 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. As of January 15, 2020, the 2020 federal poverty threshold for a family of four was \$26,200. The ACS estimates indicate that Martin County residents are less likely to live in poverty (10.5%) compared to FL residents (14.8%), while St. Lucie County residents are more likely to live in poverty (15.0%). Children in Martin County are less likely to be living below the poverty level (16.1%) compared to all children in FL (21.3%) and in St. Lucie (21.5%).

	Martin County	St. Lucie County	Florida	United States
Unemployment Rate <sup>1</sup>	3.5%	4.4%	3.6%	3.9%
Median Household Income <sup>2</sup>	\$ 57,959	\$ 49,373	\$ 53,267	\$ 60,293
Individuals Below Poverty Level <sup>2</sup>	10.5%	15.0%	14.8%	14.1%
Children Below Poverty Level <sup>2</sup>	16.1%	21.5%	21.3%	19.5%

Figure 14 - Socioeconomic Indicators, Source: 1) Bureau of Labor Statistics, 2) U.S. Census Bureau ACS 2014-2018, shading indicates the county measure is worse than the state benchmark value

# Median Household Income

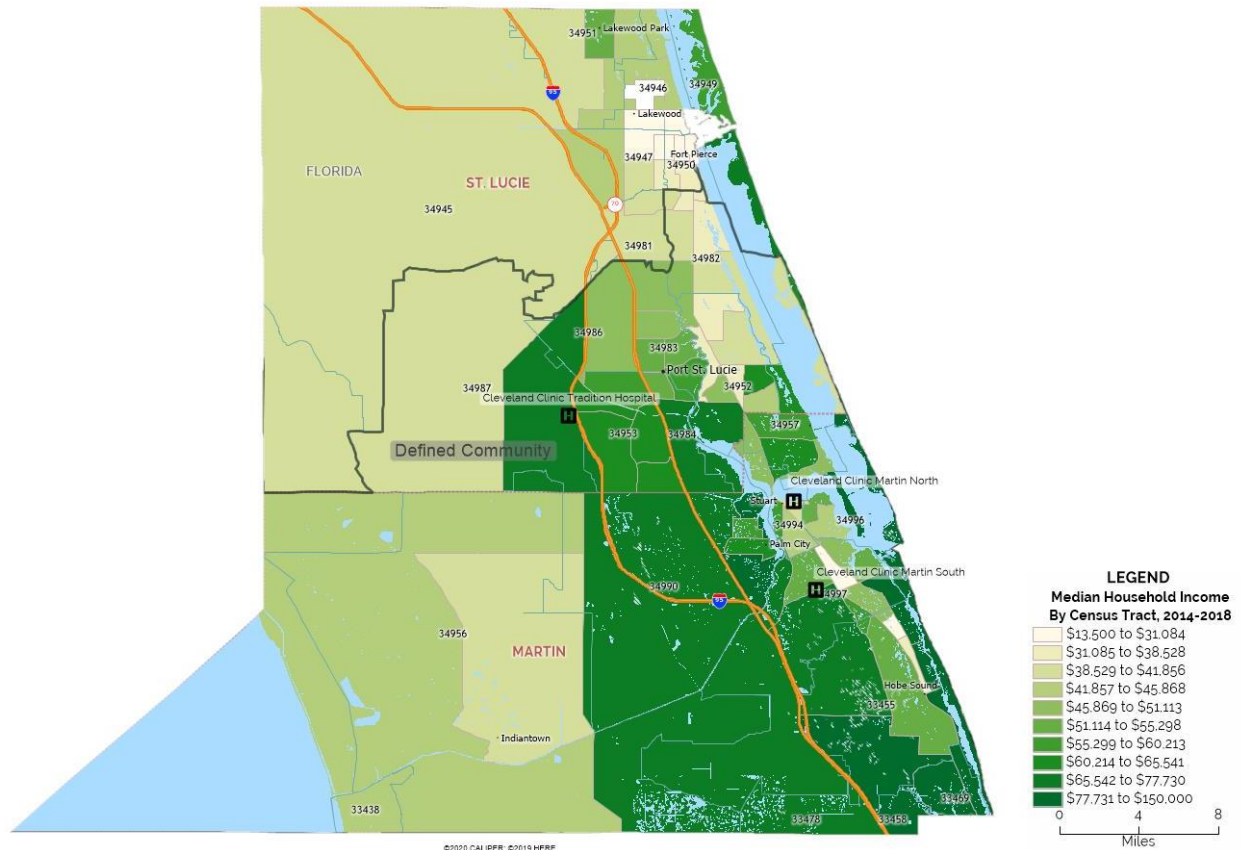


Figure 15 - Map of Median Household Income by Census Tract Source: U.S. Census Bureau ACS 2014-2018, Maptitude 2020

# Population Below Federal Poverty Level

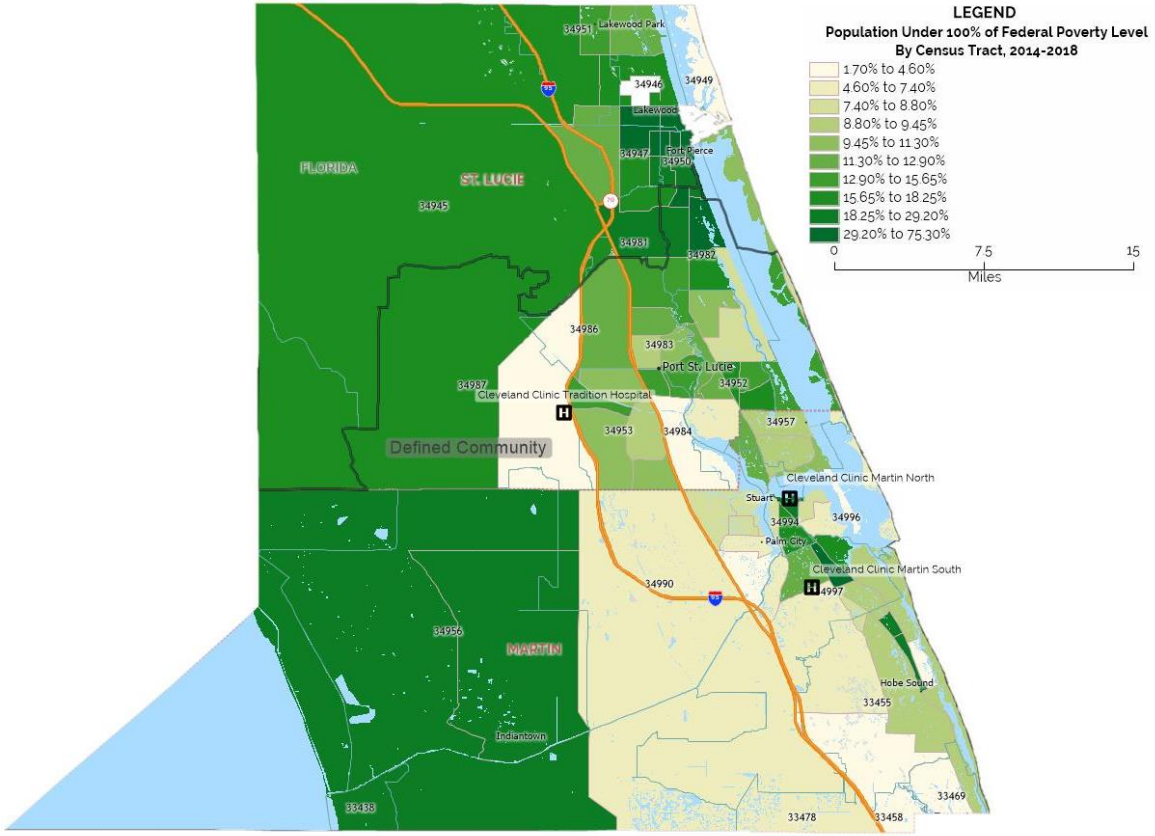


Figure 16 – Population Under Federal Poverty Level by Census Tract Source: U.S. Census Bureau ACS 2014-2018, Maptitude 2020

## E. Access to Care

### Health Insurance Coverage

According to the U.S. Census Bureau’s 2014-2018 American Community Survey estimates, Martin County residents are more likely to have health insurance coverage (11.5% uninsured) than all FL residents (13.5% uninsured), while St. Lucie County residents are less likely to have health insurance coverage (14.0% uninsured). Private insurance coverage is more common among Martin County residents (66.4%) compared to all FL residents (61.9%), while St. Lucie County residents are less likely to have private insurance coverage (58.0%). Public insurance coverage is more common among Martin County and St. Lucie County residents (42.1% and 42.7%, respectively) than among all FL residents (36.9%).

	Martin County	St. Lucie County	Florida	United States
Private insurance coverage	66.4%	58.0%	61.9%	67.7%
Public insurance coverage	42.1%	42.7%	36.9%	34.7%
No health insurance coverage	11.5%	14.0%	13.5%	9.4%
No health insurance coverage (children)	9.3%	9.1%	7.6%	5.2%

Figure 17 - Health Insurance Coverage Source: U.S. Census Bureau ACS 2014-2018, shading indicates the county measure is worse than the state benchmark value

## Uninsured Population

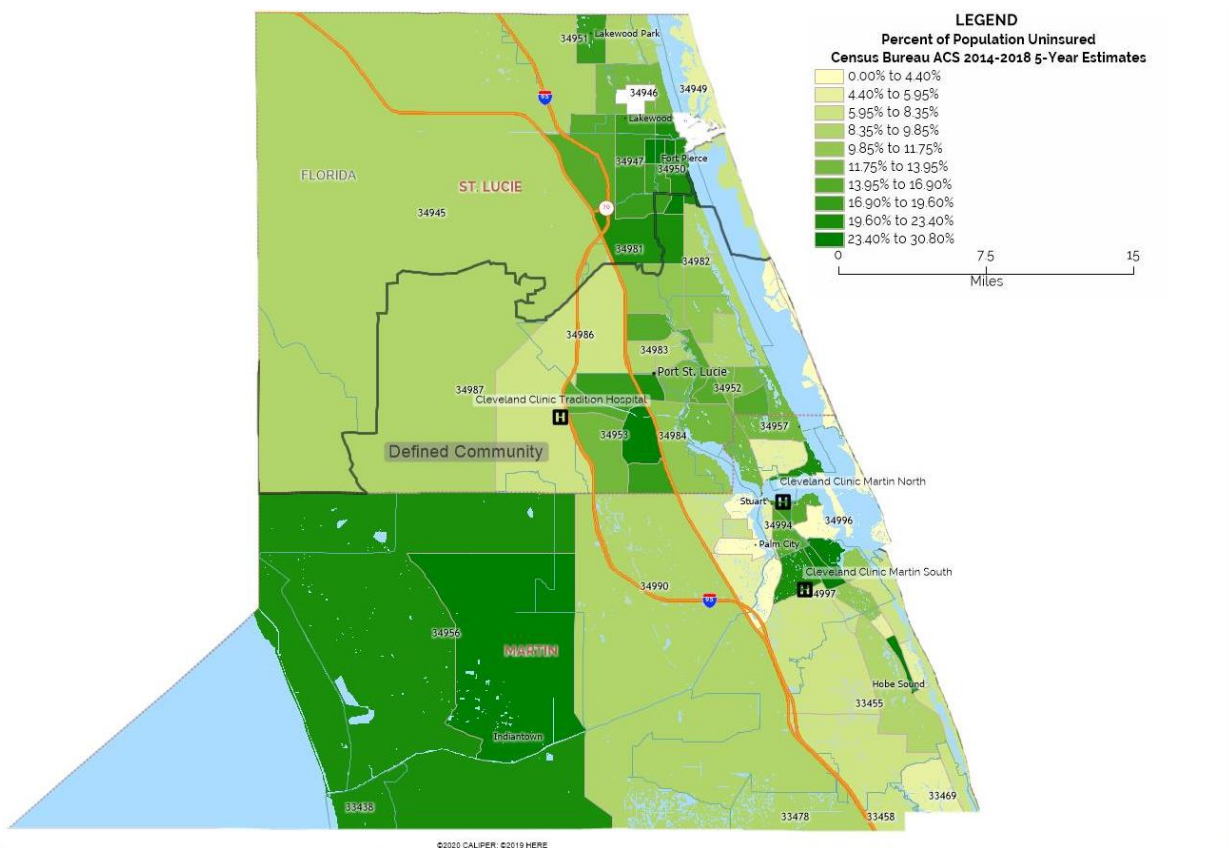


Figure 18 - Uninsured Population by Census Tract Source: U.S. Census Bureau ACS 2014-2018

# Medicaid Coverage

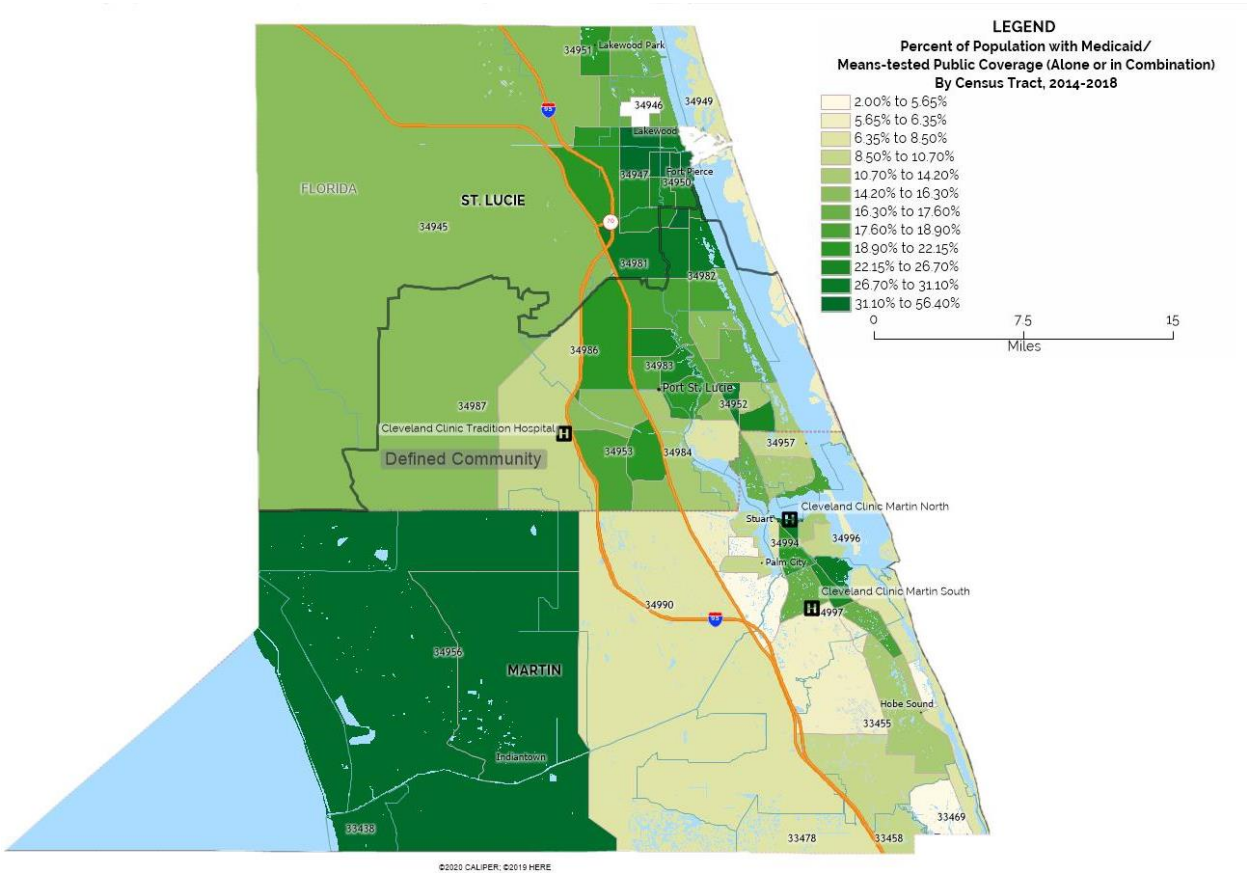


Figure 19 - Medicaid Population by Census Tract Source: U.S. Bureau ACS 2014-2018, Maptitude 2020

## Cultural and Linguistic Barriers

According to the U.S. Census Bureau’s 2014-2018 American Community Survey estimates, St. Lucie County had a greater proportion of residents born outside of the U.S. (16.6%) than Martin County (10.1%); although, both counties had smaller foreign-born populations than the state of Florida as a whole (20.5%). Within St. Lucie County, 23.3% of households spoke a language other than English at home, while 13.2% of Martin County households did. A slightly greater percentage of households in Martin County had access to a computer than households in St. Lucie County.

	Martin County	St. Lucie County	Florida	United States
Foreign born population	10.1%	16.6%	20.5%	13.5%
Households with a computer	90.9%	89.9%	89.8%	88.8%
Language other than English spoken at home	13.2%	23.3%	29.1%	21.5%

Figure 20 - Cultural and Linguistic Barriers, Source: U.S. Census Bureau ACS 2014-2018

## F. Housing

The U.S. Census Bureau's 2014-2018 American Community Survey (ACS) estimates indicated that Martin County and St. Lucie County have higher rates of homeownership than state and national benchmark rates. Of Martin County residents, 85.6% occupied the same residences as one year ago, while 86.3% of St. Lucie County residents inhabited the same residence in the same time frame. Martin County had a much greater number of adults over age 65 living alone (20.1%) than St. Lucie County (13.6%), Florida (12.8%), and the United States (10.7%).

County Health Rankings publishes estimates of severe housing cost burden and segregation utilizing ACS data. St. Lucie County had a similar proportion of individuals with a severe housing cost burden when compared to Florida (17.8%), while Martin County's estimate was lower than the state rate (15.6%). From 2014-2018, the racial segregation indices in Martin County were higher than the Florida benchmarks, while St. Lucie County had lower indices than the state and national benchmarks.

### Home Ownership and Housing Characteristics

	Martin County	St. Lucie County	Florida	United States
Homeownership	73.2%	78.1%	65.0%	63.8%
Same residence as 1 year ago	85.6%	86.3%	84.3%	85.5%
Age 65 and over living alone	20.1%	13.6%	12.8%	10.7%
Severe housing cost burden	15.6%	17.8%	17.8%	15.0%

Figure 21 - Home Ownership and Housing Characteristics Source: U.S. Census Bureau ACS 2014-2018, shading indicates the county measure is worse than the state benchmark value

### Residential Segregation

	Martin County	St. Lucie County	Florida	United States
Residential segregation - Black/White	60.1	33.2	54.4	62.0
Residential segregation - non-White/White	51.5	30.3	44.1	47.0

Figure 22 - Residential Segregation Shown as an Index Source: U.S. Census Bureau ACS 2014-2018, County Health Rankings, shading indicates the county measure is worse than the state benchmark value

### Homelessness

The Treasure Coast Homeless Services Council provides a Point-in-Time (PIT) count of sheltered and unsheltered homeless persons on a single night. The 2020 count was conducted on January 22, 2020. There was a total of 36 agencies that surveyed unsheltered homeless individuals during the PIT count and a total of 9 agencies that reported sheltered homeless individuals. Additional individuals temporarily staying with family or friends because of economic reasons ("couch surfers") are not considered homeless in this count.

	<b>Martin County</b>	<b>St. Lucie County</b>
Total homeless individuals January, 2019	305	708
Total homeless individuals January, 2020	381	534

Figure 23 - Point-In-Time Homelessness Count 2019-2020 Source: Treasure Coast Homeless Services Council

## G. Education

The U.S. Census Bureau's 2014-2018 American Community Survey estimates indicate that St. Lucie County had a lower percentage of high school graduates (86.1%) than the state and national averages, while Martin County had a higher percentage of high school graduates than the benchmarks. Similarly, fewer individuals in St. Lucie County had earned a bachelor's or advanced degree (20.3%) than the state and national benchmarks, while Martin County exceeded these rates (33.0%).

	<b>Martin County</b>	<b>St. Lucie County</b>	<b>Florida</b>	<b>United States</b>
Less than 9th grade	4.1%	5.6%	4.9%	5.3%
9th to 12th grade, no diploma	5.3%	8.3%	7.1%	7.1%
High school degree or equivalent	25.2%	33.7%	28.8%	27.1%
Some college, no degree	22.3%	21.6%	20.2%	20.6%
Associate's degree	10.0%	10.5%	9.8%	8.4%
Bachelor's degree	20.7%	13.2%	18.5%	19.4%
Graduate or professional degree	12.3%	7.1%	10.6%	12.1%
High school graduate or higher	90.5%	86.1%	88.0%	87.7%
Bachelor's degree or higher	33.0%	20.3%	29.2%	31.5%

Figure 24 - Highest Level of Education Completed by Persons 25 Years and Older, Source: U.S. Census Bureau ACS 2014-2018, shading indicates the county measure is worse than the state benchmark value

# Population with a High School Degree or Higher

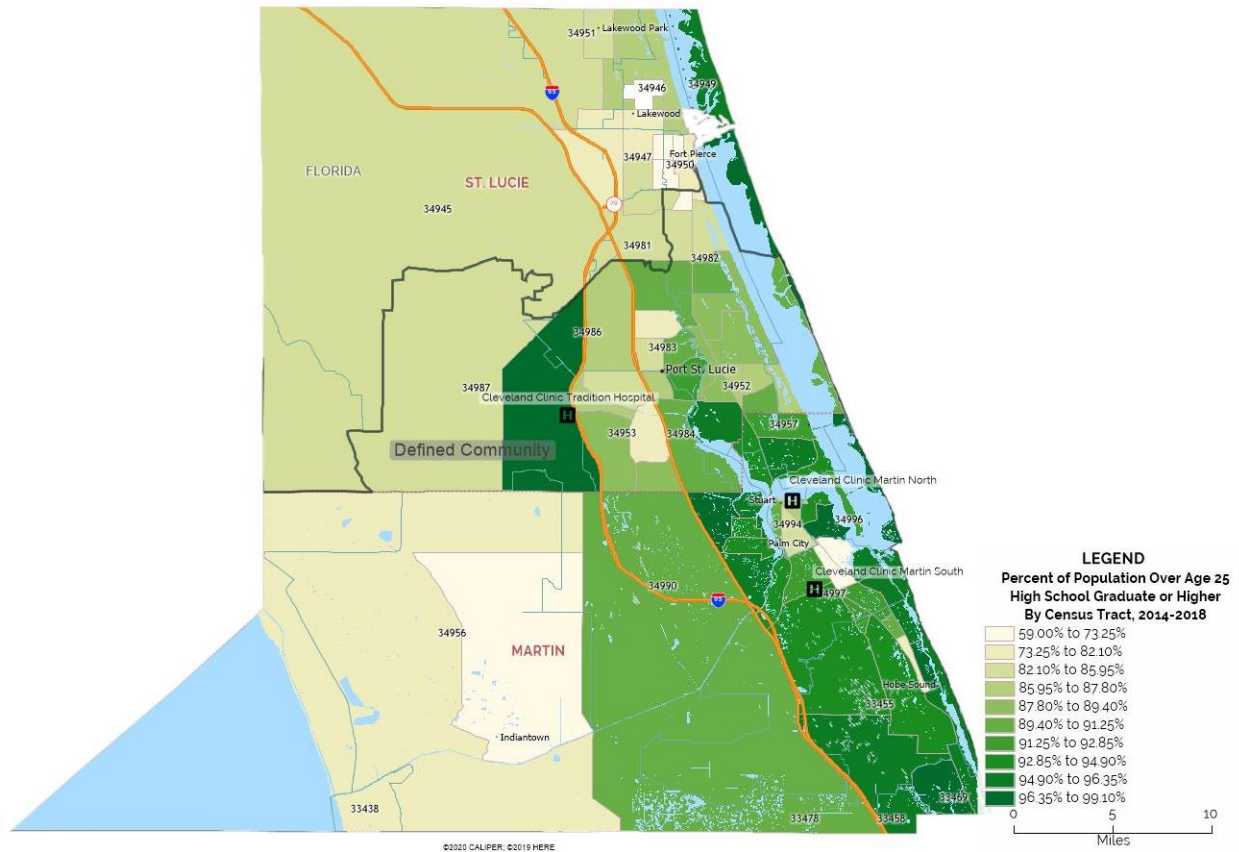


Figure 25 - Population with a High School Degree or Higher by Census Tract, Source: U.S. Census Bureau ACS 2014-2018, Maptitude 2020



# Population with a Bachelor's Degree or Higher

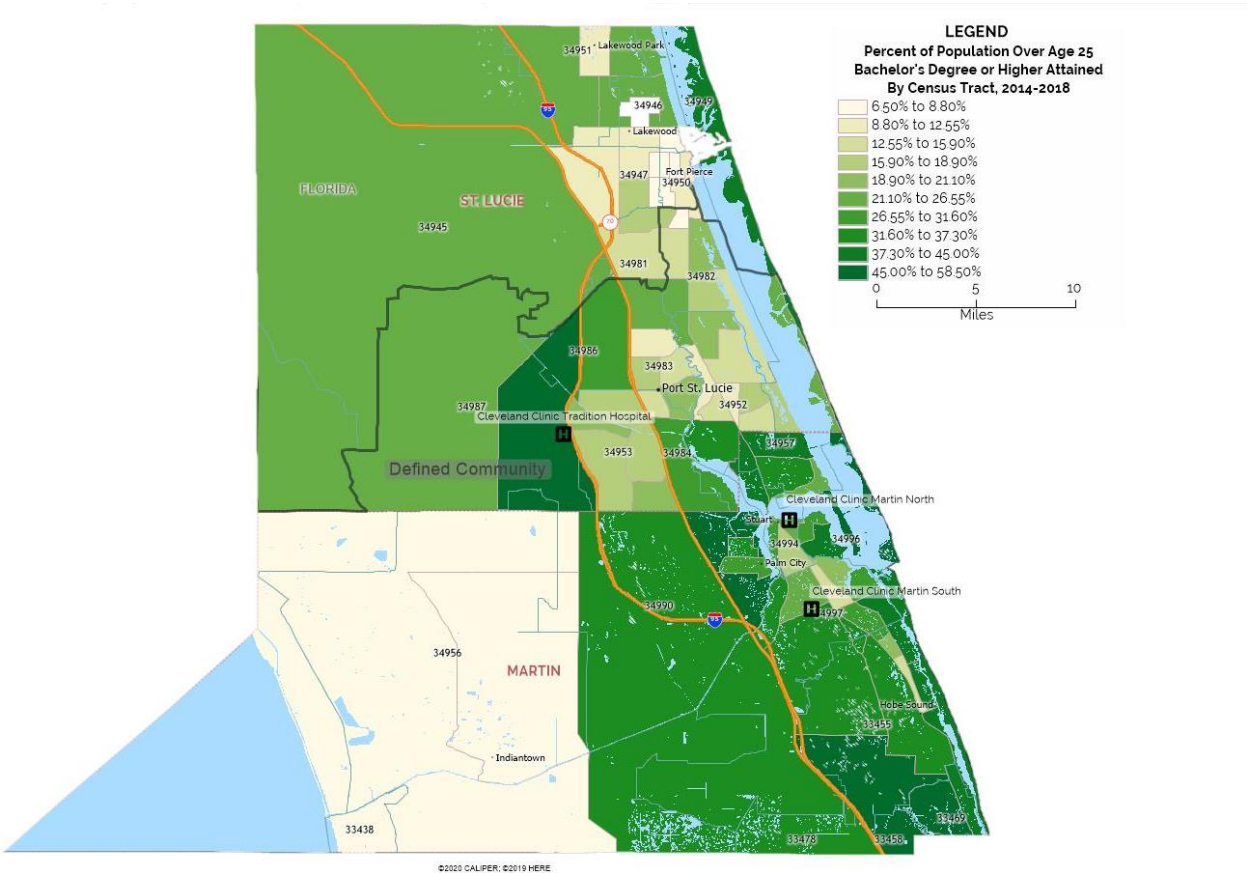


Figure 26 - Population with a Bachelor's Degree or Higher by Census Tract, Source: U.S. Census Bureau ACS 2014-2018, Maptitude 2020

## Florida Standard Assessment Math and English Language Proficiency

The Florida Department of Education publishes district results from the Florida Standard Assessment tests. During the 2018-2019 school year, fourth grade Martin County students were more proficient in math and English language arts compared to all FL students, while fourth grade St. Lucie County students were less proficient than the state benchmark. Eighth-grade students in Martin County were more proficient in math and English language arts compared to all Florida students, while eighth-grade students in St. Lucie County did not meet these benchmarks.

	Martin County	St. Lucie County	Florida
4th grade students proficient in math	66.8%	53.6%	59.1%
4th grade students proficient in English language arts	57.0%	51.3%	53.6%
8th grade students proficient in math	67.4%	33.6%	44.6%
8th grade students proficient in English language arts	61.7%	53.6%	55.2%

Figure 27 - Math and English Proficiency Shown as Percent of Students in Level 3 or Above, Source: Florida Dept. of Education, District FSA Results, 2018-2019, shading indicates the county measure is worse than the state benchmark value

## H. Transportation

According to the U.S. Census Bureau's 2014-2018 American Community Survey estimates, individuals in Martin and St. Lucie counties had more access to vehicles than the state of FL as a whole. Martin County residents had a lower mean commute time (25.5 minutes) than those in St. Lucie County (27.4 minutes) and Florida (27.4 minutes).

	Martin County	St. Lucie County	Florida	United States
Housing units with no vehicles available	5.1%	5.0%	6.5%	8.7%
Mean travel time to work (minutes)	25.5	27.4	27.4	26.6

Figure 28 - Transportation Indicators, Source: U.S. Census Bureau ACS 2014-2018

## Mean Travel Time to Work

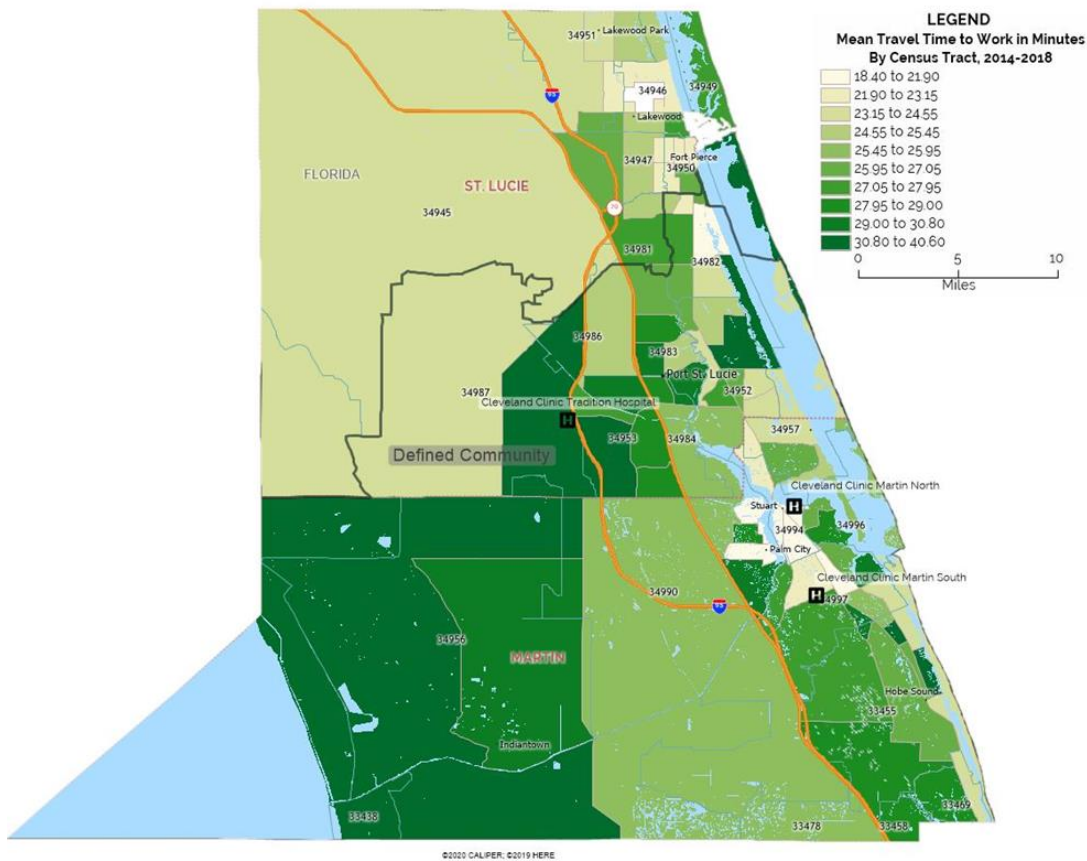


Figure 29 - Mean Travel Time to Work by Census Tract, Source: U.S. Census Bureau ACS 2014-2018

## I. Crime and Violence

According to the Florida Department of Law Enforcement, assault and robbery rates within the community were lower than the state and national benchmarks. Instances of rape occurred more frequently in Martin County than in the state and the nation. The homicide rate within St. Lucie County was higher than the Florida and U.S. averages. Domestic violence offenses were less frequent within Martin and St. Lucie counties than in Florida. However, reported rates of child abuse and sexual violence towards children ages 5-11 were more frequent in Martin and St. Lucie counties than in the state.

### Violent Crime Rates

	Martin County	St. Lucie County	Florida	United States*
Homicide	1.9	5.6	5.2	5.0
Rape	49.7	30.2	39.6	44.4
Robbery	47.2	41.1	79.2	89.9
Assault	147.9	173.1	260.5	250.0

Figure 30 - Violent Crime Rates per 100,000 Population, Source: Florida Dept. of Law Enforcement, Crime in Florida 2018 Annual Report and FBI Crime in the United States 2018, shading indicates the county measure is worse than the state benchmark value

### Rates of Child Abuse and Domestic Violence

	Martin County	St. Lucie County	Florida
Child abuse (age 5-11)*	872.4	841.8	779.3
Sexual violence (age 5-11)*	71.0	138.9	58.0
Domestic violence offenses**	340.4	487.3	500.6

Figure 31 - Child Abuse and Domestic Violence Rates \*per 100,000 children or \*\* per 100,000 population, Source: Florida Dept. of Law Enforcement, Crime in Florida 2018 Annual Report, shading indicates the county measure is worse than the state benchmark value

## J. Disability

According to the U.S. Census Bureau's 2014-2018 American Community Survey estimates, within Martin and St. Lucie counties a greater portion of the population had a disability than in Florida or the United States. In every sub-category, Martin and St. Lucie counties had a higher percentage of residents with a specific type of disability compared to the state and national benchmarks.

	Martin County	St. Lucie County	Florida	United States
Population with a disability	15.2%	15.7%	13.4%	12.6%
Population with a hearing difficulty	5.7%	4.8%	3.8%	3.6%
Population with a vision difficulty	2.8%	2.9%	2.5%	2.3%
Population with a cognitive difficulty	5.6%	5.9%	5.2%	5.1%
Population with an ambulatory difficulty	7.9%	9.8%	7.6%	7.0%
Population with a self-care difficulty	2.9%	3.7%	2.8%	2.7%
Population with an independent living difficulty	6.6%	7.3%	6.0%	5.8%

Figure 32- Disability Prevalence Rates, Source: U.S. Census Bureau ACS 2014-2018, shading indicates the county measure is worse than the state benchmark value

## K. Mortality

County Health Rankings analyzes data from the Centers for Disease Control and Prevention and National Center for Health Statistics related to premature death. The age-adjusted death rates per 100,000 population in Martin and St. Lucie counties were lower than the FL benchmark rate. The premature age-adjusted mortality rate for St. Lucie County (348.3 per 100,000) was higher than the state rate. St. Lucie County also had a higher premature death indicator, in years of potential life lost before age 75, than Florida.

FL Health CHARTS publishes life expectancy by race/ethnicity. From 2016-2018, Martin County residents had a higher average life expectancy than those in the state of Florida, while the life expectancy in St. Lucie County was slightly lower than in Florida. In Martin and St. Lucie counties, the life expectancy for Hispanic residents was higher than that of white residents. Black residents had lower life expectancies, 75.6 years in Martin County, and 78.6 years in St. Lucie County.

	Martin County	St. Lucie County	Florida
Age-adjusted death rate <sup>1</sup>	572.3	654.4	667.2
Premature age-adjusted mortality <sup>1</sup>	283.5	348.3	337.4
Premature death indicator (YPLL rate) <sup>2</sup>	6,513.0	7,553.9	7,214.4
Life expectancy <sup>3</sup>	81.1	79.5	79.7
White life expectancy <sup>3</sup>	81.2	79.7	79.9
Black life expectancy <sup>3</sup>	75.6	78.6	77.7
Hispanic life expectancy <sup>3</sup>	85.0	84.4	83.4

Figure 33 - Mortality Indicators, Source: 1) CDC Wonder 2015-17, CHR 2) National Center for Health Statistics 2015-17, 3) FL Health Charts and Florida Bureau of Vital Statistics 2016-18, shading indicates the county measure is worse than the state benchmark value

## Life Expectancy

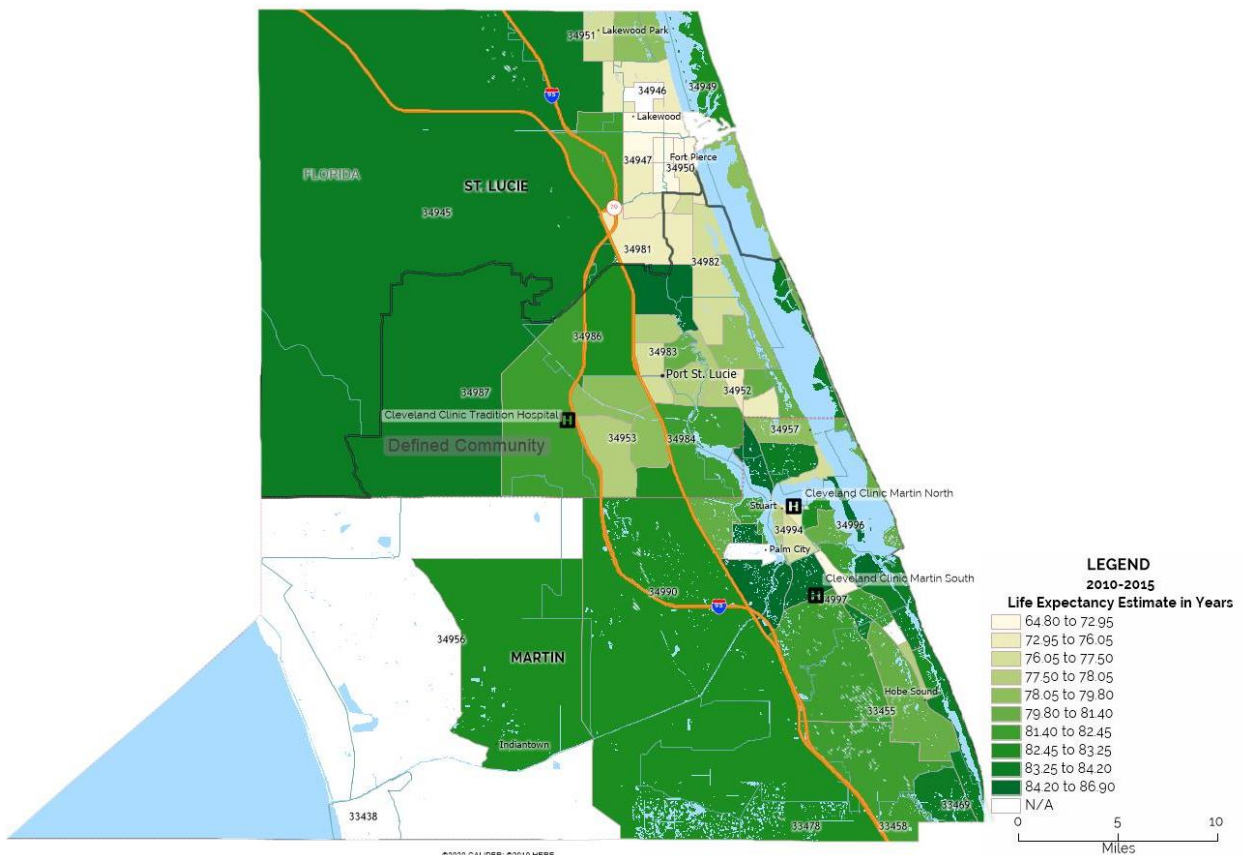


Figure 34 - Life Expectancy by Census Tract, Source: CDC, National Vital Statistics System 2018, Maptitude 2020

## Leading Causes of Death

According to the Centers for Disease Control and Prevention, cancer, heart disease, and unintentional injuries were the top three causes of death within the community. St. Lucie County had a higher cancer death rate than the Florida rate. Within both Martin and St. Lucie counties, the death rates for the following conditions exceeded the state benchmarks: unintentional injuries, chronic lower respiratory disease, Alzheimer's disease, suicide, chronic liver disease and cirrhosis, and other neoplasms.

	Martin County	St. Lucie County	Florida	United States
Cancer	138.2	155.9	150.3	158.1
Heart disease	119.5	142.9	148.5	167.1
(Unintentional injury) accident	49.6	50.8	47.7	44.0
Chronic lower respiratory disease	39.1	44	38.7	41.1
Stroke	31.9	33.9	35.5	37.1
Alzheimer's disease	22.4	23.5	20.0	28.0
Diabetes	9.7	18.2	19.4	21.2
Suicide	16.2	14.7	14.0	13.3
Chronic liver disease and cirrhosis	14	12.8	11.5	10.6
Kidney disease	6.3	10.4	10.5	13.2
Influenza and pneumonia	6.1	7.4	9.4	14.8
Septicemia	5.1	7.2	8.0	10.7
Hypertension <sup>1</sup>	4.8	6.7	7.7	8.6
Parkinson's disease	5.6	6.2	7.2	7.8
Other neoplasms (benign)	4.8	4.8	4.5	4.3

Figure 35 - Age-Adjusted Death Rates per 100,000 Population, Source: CDC Wonder, Multiple Cause of Death 2013-2017, shading indicates the county measure is worse than the state benchmark value

## L. Cancer

### Cancer Risk Factors and Screening Rates

FL Health CHARTS reports on various cancer screenings and tests. Within St. Lucie County, the mammogram screening rate for women over age 40 was lower than the state benchmark. For other screens including the Pap test, sigmoidoscopy or colonoscopy, stool blood test, and PSA test, Martin and St. Lucie County screening rates exceeded the state rate.

	Martin County	St. Lucie County	Florida
Mammogram (women over 40)	66.4%	58.7%	60.8%
Pap test (women over 18)	50.6%	49.9%	48.4%
Sigmoidoscopy or colonoscopy (over 50)	58.7%	54.1%	53.9%
Stool blood test (over 50)	17.0%	20.7%	16.0%
PSA test (men over 50)	57.2%	58.4%	54.9%

Figure 36 - Cancer Screening Rates in the Past Year for 2016, Source: FL Health Charts, shading indicates the county measure is worse than the state benchmark value

## Cancer Incidence Rates

The National Cancer Institute reports cancer incidence rates on a state and county level. Martin County had higher rates of cancer in all sites in addition to higher rates of breast, cervical, and brain cancer than the state benchmark rates. St. Lucie County had higher rates of lung and stomach cancer than Florida.

	Martin County	St. Lucie County	Florida	United States
All Cancer Sites <sup>1</sup>	454.8	440.3	451.9	448.0
Breast <sup>3</sup>	132.1	114.9	117.5	125.2
Prostate <sup>2</sup>	94.4	88.0	94.7	104.1
Lung and bronchus <sup>1</sup>	53.4	62.7	59.0	59.2
Colon and rectum <sup>1</sup>	33.8	35.4	36.6	38.7
Pancreas <sup>1</sup>	11.1	12.0	12.4	12.8
Ovarian <sup>3</sup>	10.7	10.8	11.1	11.1
Cervical <sup>3</sup>	9.9	8.2	8.8	7.6
Brain <sup>1</sup>	9.0	6.2	6.4	6.5
Stomach <sup>1</sup>	4.8	6.5	5.8	6.6

Figure 37 - Age-Adjusted Cancer Incidence Rates, Source: National Cancer Institute 2014-2016, Rates per 100,000 1) Population, 2) Males, 3) Females, shading indicates the county measure is worse than the state benchmark value

## Cancer Mortality Rates

The National Cancer Institute reports cancer mortality rates on a state and county level. St. Lucie County had higher mortality rates for all cancer sites, lung, breast, and colorectal cancers than the state benchmark rates. Within Martin County, the death rates for ovarian and brain cancer exceeded the Florida death rates.

	Martin County	St. Lucie County	Florida	United States
All Cancer Sites <sup>1</sup>	140.1	160.2	152.6	161.0
Lung and bronchus <sup>1</sup>	37.7	44.8	40.8	41.9
Breast <sup>3</sup>	16.1	22.8	19.5	20.6
Prostate <sup>2</sup>	15.1	16.2	16.8	19.2
Colon and rectum <sup>1</sup>	11.7	13.6	13.2	14.2
Pancreas <sup>1</sup>	9.6	9.9	10.4	11.0
Ovarian <sup>3</sup>	6.6	6.2	6.5	7.0
Brain <sup>1</sup>	4.5	4.2	4.2	4.4
Stomach <sup>1</sup>	2.4	2.8	2.8	3.1
Cervical <sup>3</sup>	*	2.5	2.7	2.3

Figure 38 - Age-Adjusted Cancer Incidence Rates, Source: National Cancer Institute 2014-2016, Rates per 100,000 1) Population, 2) Males, 3) Females \*Indicates rate is unstable, shading indicates the county measure is worse than the state benchmark value

## M. Heart Disease

### Heart Disease Mortality

According to the Centers for Disease Control and Prevention, age-adjusted mortality rates for all heart disease per 100,000 population were higher in St. Lucie County than in Martin County, although both counties had better mortality rates than the state and national benchmarks. In general, heart disease mortality rates were lower in Martin County than in St. Lucie County, although Hispanic and Asian & Pacific Islander populations in Martin County had higher mortality rates than those in St. Lucie County.

	Martin County	St. Lucie County	Florida	United States
All Heart Disease, All Races/Ethnicities	118.7	145.7	149.0	167.3
All Heart Disease, Black (Non-Hispanic)	145.7	170.8	172.8	212.3
All Heart Disease, White (Non-Hispanic)	118.9	151.2	153.5	171.1
All Heart Disease, Hispanic	92.8	78.2	124.9	117.0
All Heart Disease, American Indian & Alaska Native	*	*	82.9	153.8
All Heart Disease, Asian & Pacific Islander	72.3	35.6	72.2	87.5
All Heart Disease, Male	157.2	185.3	189.6	211.1
All Heart Disease, Female	86.5	110.1	115.1	132.1

Figure 39 - Age-Adjusted All Heart Disease Death Rate per 100,000 Population, Source: CDC, 2014-2016 \* indicates insufficient data, shading indicates the county measure is worse than the state benchmark value

### Heart Attack Mortality

According to the Centers for Disease Control and Prevention, age-adjusted mortality rates for heart attack per 100,000 population were lower within Martin and St. Lucie counties than in Florida and the United States. In general, rates of heart attack were lower in Martin County



than in St. Lucie County, although Hispanic and Asian & Pacific Islander populations in Martin County had higher mortality rates than those in St. Lucie County.

	Martin County	St. Lucie County	Florida	United States
Heart Attack, All Races/Ethnicities	17.2	20.5	24.3	30.1
Heart Attack, Black (Non-Hispanic)	15.3	23.7	28.1	34.6
Heart Attack, White (Non-Hispanic)	17.8	21.2	24.4	31.3
Heart Attack, Hispanic	15.8	14.0	24.7	23.2
Heart Attack, American Indian & Alaska Native	*	*	17.6	28.0
Heart Attack, Asian & Pacific Islander	13.5	8.2	14.5	16.7
Heart Attack, Male	23.7	26.9	31.5	40.0
Heart Attack, Female	12.6	15.0	18.2	22.0

Figure 40 - Age-Adjusted Heart Attack Mortality per 100,000 Adults, Source: CDC, 2014-2016 \*indicates insufficient data, shading indicates the county measure is worse than the state benchmark value

## Hypertension Mortality

According to the Centers for Disease Control and Prevention, age-adjusted mortality rates for hypertension per 100,000 population were generally lower within Martin and St. Lucie counties than in Florida and the United States. The hypertension mortality rate for females in St. Lucie County (79.7 per 100,000) exceeded the state benchmark. In general, hypertension death rates were lower in Martin County than in St. Lucie County.

	Martin County	St. Lucie County	Florida	United States
Hypertension, All Races/Ethnicities	44.1	91.2	91.8	114.0
Hypertension, Black (Non-Hispanic)	125.0	125.5	148.7	182.2
Hypertension, White (Non-Hispanic)	41.8	87.3	90.1	108.7
Hypertension, Hispanic	29.1	70.2	72.9	99.7
Hypertension, American Indian & Alaska Native	*	*	59.1	130.5
Hypertension, Asian & Pacific Islander	40.3	48.5	52.7	76.7
Hypertension, Male	57.2	102.3	108.9	130.6
Hypertension, Female	33.3	79.7	76.5	98.8

Figure 41 - Age-Adjusted Hypertension Mortality per 100,000 Adults, Source: CDC, 2014-2016 \* indicates insufficient data, shading indicates the county measure is worse than the state benchmark value

## Stroke Mortality

According to the Centers for Disease Control and Prevention, age-adjusted mortality rates for stroke per 100,000 population often lower than the state and national benchmarks. The Black (Non-Hispanic) population in Martin County had a higher stroke mortality rate than the Florida and United States rates. Within St. Lucie County, the Hispanic population's stroke death rate exceeded the state and national benchmarks.

	Martin County	St. Lucie County	Florida	United States
All Stroke, All Races/Ethnicities	32.5	33.5	35.8	37.2
All Stroke, Black (Non-Hispanic)	57.2	53.5	54.7	51.9
All Stroke, White (Non-Hispanic)	29.9	31.0	34.1	36.0
All Stroke, Hispanic	31.8	34.5	33.9	31.7
All Stroke, American Indian & Alaska Native	*	*	16.1	31.6
All Stroke, Asian & Pacific Islander	18.2	16.4	26.0	30.2
All Stroke, Male	33.4	33.7	35.6	37.4
All Stroke, Female	31.5	32.0	35.3	36.3

Figure 42 - Age-Adjusted Stroke Mortality per 100,000 adults, Source: CDC, 2014-2016, \* indicates insufficient data, shading indicates the county measure is worse than the state benchmark value

## N. Diabetes

According to the Centers for Disease Control and Prevention, Martin County has fewer adults who have been diagnosed with diabetes than the state and national benchmarks, while St. Lucie County exceeded the benchmarks. FL Health CHARTS also publishes data related to diabetes. Both Martin and St. Lucie counties had lower adult populations who had ever been told they had diabetes than Florida as a whole in 2016. The hospitalization rate from or with diabetes within St. Lucie County exceeded the state benchmark for the period from 2016 through 2018.

	Martin County	St. Lucie County	Florida	United States
Adults diagnosed with diabetes, 2016	6.4%	8.9%	9.8%	8.5%
Adults who have been told they had diabetes, 2016 <sup>2</sup>	10.5%	11.6%	11.8%	*
Hospitalization rate from or with diabetes, 2016-2018 <sup>2</sup>	1,504.2	2,642.9	2,331.0	*

Figure 43 - Diabetes Indicators, Source: 1) CDC Division of Diabetes Translation 2) FL Health Charts per 100,000 population \*comparable data set unavailable, shading indicates the county measure is worse than the state benchmark value

## O. Weight Status, Nutrition, and Physical Activity

### Weight Status and Physical Activity

FL Health CHARTS reports on weight status and physical activity indicators for adults. St. Lucie County had higher overweight and obese populations than the state benchmark. Martin County had fewer residents with obesity than the Florida average but a greater number of overweight residents than the state benchmark. Of Martin County residents, 43.5% were at a healthy weight, while 34.5% of Florida residents and 31.2% of St. Lucie County residents were at a healthy weight in 2016.

The percentage of sedentary adults was higher in St. Lucie county than in Florida and Martin County. The percentage of adults who were inactive or insufficiently active was lower in Martin and St. Lucie counties than in the state of Florida. According to County Health Rankings, Martin County residents had higher access to exercise opportunities than those in the state of Florida and St. Lucie County.

	Martin County	St. Lucie County	Florida
Adults who are obese	15.3%	30.3%	27.4%
Adults who are overweight	40.8%	37.5%	35.8%
Adults who are at a healthy weight	43.5%	31.2%	34.5%
Adults who are sedentary	22.7%	30.5%	29.8%
Adults who are inactive/ insufficiently active	49.7%	53.0%	56.7%
Access to exercise opportunities <sup>1</sup>	96.1%	75.5%	87.9%

Figure 44 - Adult Weight Status and Activity Source: FL Health Charts 2016, 1) County Health Rankings 2019, shading indicates the county measure is worse than the state benchmark value

## Nutrition and Food Insecurity

The U.S. Department of Agriculture publishes the Food Environment Atlas which includes information on food insecurity, food deserts, and access to healthy foods, and County Health Rankings utilizes the data points within measures. The food environment index is scored from 1 (worst) to 10 (best) and Martin County's index exceeded the state and national values while St. Lucie county's index was lower than the benchmark values. A greater percentage of St. Lucie County residents experienced limited access to healthy foods (13.0%) than those in Martin County (8.3%), Florida (7.2%), and the United States (6.0%). In 2014 there were a greater number of fast-food restaurants per population in Martin County than in St. Lucie County and the state of Florida.

According to Feeding America's Map the Meal Gap study, the food insecurity rate within St. Lucie County exceeded Martin County's rate as well as the state and national benchmarks. Approximately three-quarters of the St. Lucie County population was below the SNAP poverty threshold, compared to 72% of Florida's and 61% of Martin County's populations. The average meal cost was \$3.53 in Martin County, exceeding both the state and national averages.

	Martin County	St. Lucie County	Florida	United States
Food environment index, 2015-2016 <sup>1</sup>	7.8	6.7	6.9	7.7
Limited access to healthy foods, 2015 <sup>1</sup>	8.3%	13.0%	7.2%	6.0%
Fast food restaurants per 100,000 population, 2014 <sup>2</sup>	73.13	49.68	68.04	77.06
Food insecurity, 2017 <sup>3</sup>	11.3%	14.8%	13.4%	12.5%
Population below SNAP poverty threshold <sup>3</sup>	61.0%	75.0%	72.0%	51.0%
Average meal cost <sup>3</sup>	\$ 3.53	\$ 3.18	\$ 3.22	\$ 3.02

Figure 45 - Food Environment and Food Insecurity, Source: 1) County Health Rankings 2019, 2) USDA Food Environment Atlas, 3) Map the Meal Gap 2017, Note: the U.S. and FL SNAP Poverty Thresholds Differ, shading indicates the county measure is worse than the state benchmark value

## P. Communicable Diseases and Sexually Transmitted Infections

### Tuberculosis and Hepatitis A

According to FL Health CHARTS and the Centers for Disease Control and Prevention, the 2017-2018 case rates for tuberculosis and the 2017 case rates for Hepatitis A within Martin and St. Lucie counties were lower than the comparable state and national case rates.

	Martin County	St. Lucie County	Florida	United States
Tuberculosis case rate, 2017-2018	2.2	2.4	2.9	*2.8
Hepatitis A case rate, 2017	0.7	0.3	**1.2	**1.0

Figure 46 - Tuberculosis and Hepatitis A Rates per 100,000 Population, Source: FL Health Charts, CDC

### Sexually Transmitted Infections

According to the Centers for Disease Control and Prevention, Martin and St. Lucie Counties had significantly lower chlamydia rates than Florida and the United States in 2017. The gonorrhea rate in Martin County was lower than the rate within St. Lucie County, although both counties had fewer cases than the state and the nation. The rate of primary and secondary syphilis cases within St. Lucie County exceeded the national benchmark, while the rate for Martin County was far lower than both benchmarks.

	Martin County	St. Lucie County	Florida	United States
Chlamydia	214.5	375.8	476.6	524.6
Gonorrhea	31.3	81.3	151.0	170.6
Primary and Secondary Syphilis	3.8	9.6	11.4	9.4

Figure 47 - Reported Case Rate for Sexually Transmitted Infections per 100,000 population, Source: CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2017

### HIV Prevalence and Diagnosis Rates

The prevalence of HIV within St. Lucie County was more than double the prevalence rate for Martin County, although it was similar to the state benchmark rate (612.3 per 100,000 population). Similarly, the rate of new HIV cases within St. Lucie County was 24.1 per 100,000 population while Martin County's rate was 7.1 per 100,000 population.

	Martin County	St. Lucie County	Florida	United States
HIV prevalence	248.7	611.9	612.3	367.7
Newly diagnosed HIV case rate	7.1	24.1	25.4	14.0

Figure 48 - Reported Prevalence and Infection Rates for HIV per 100,000 population, Source: CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2017

## Q. Respiratory Disease

According to FL Health CHARTS, the hospitalization rates for chronic lower respiratory disease (CLRD) were significantly higher in St. Lucie County than in Martin County or Florida from 2016 to 2018. Martin County residents were also less likely to have been hospitalized from or with asthma than those in St. Lucie County or the entire state. The percentage of the adult population with current asthma was higher in St. Lucie County (6.8%) than in Florida (6.7%) and Martin County (4.0%) in 2016.

	Martin County	St. Lucie County	Florida
Age-adjusted hospitalization rate from CLRD, 2016-2018	345.1	456.7	334.6
Age-adjusted hospitalization rate from or with asthma, 2016-2018	685.8	849.4	745.0
Adults who currently have asthma, 2016	4.0%	6.8%	6.7%

Figure 49 - Select Chronic Lower Respiratory Disease Indicators, Source: FL Health Charts, rates are per 100,000 population, shading indicates the county measure is worse than the state benchmark value

## R. Maternal and Child Health

### Births

FL Health CHARTS publishes birth data and several maternal and child health indicators. From 2016 through 2018 the birth rate and teen birth rate in Martin County were lower than the state birth rates and the birth rates in St. Lucie County. Martin County had a higher rate of repeat births to mothers aged 15-19, although the rate did not exceed the state benchmark. St. Lucie County's rate of births with a less than 18-month interpregnancy interval was identical to the state average and slightly lower than Martin County's rate.

	Martin County	St. Lucie County	Florida
Birth rate (per 1,000 population)	8.3	10.2	10.9
Teen birth rate (per 1,000 women aged 15-19 years)	16.5	17.1	18.2
Repeat births to mothers aged 15-19	15.4%	11.5%	15.4%
Births with interpregnancy interval < 18 months	35.3%	34.7%	34.7%

Figure 50 - Birth Data, Source: FL Health Charts, 2016-2018, shading indicates the county measure is worse than the state benchmark value

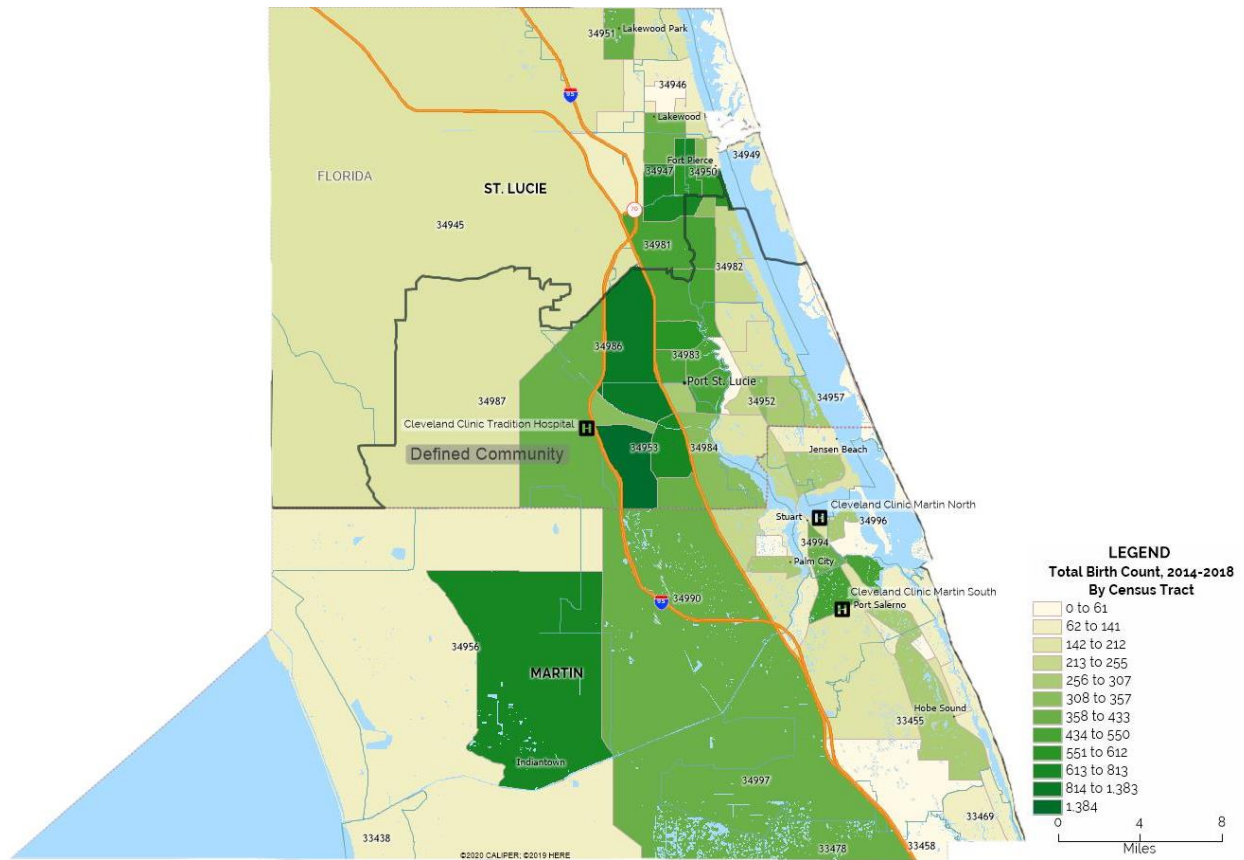


Figure 51 - Map of Births by Census Tract, Source: U.S. Census Bureau ACS 2014-2018, Maptitude 2020

## Birth Outcomes and Risk Factors

According to FL Health CHARTS, fewer mothers in St. Lucie County received adequate prenatal care (61.7%) than in Martin County (69.9%) and the state of Florida (70.5%). Smoking during pregnancy and births to mothers with an unhealthy weight was more prevalent in St. Lucie County than in Martin County and Florida. Breastfeeding initiation in Martin and St. Lucie counties was slightly lower than the state benchmark (86.1%). Although St. Lucie County experienced a greater number of low birth weight and very low birth weight births than Martin County, both counties had better rates than the state benchmark. Preterm births were more likely to occur in St. Lucie County (10.2%) than in Martin County (8.6%). Martin County had a greater rate of birth defects per 10,000 live births (269.2) compared to the state benchmark (250.0), while St. Lucie County's rate was lower (236.7).

	Martin County	St. Lucie County	Florida
Adequate prenatal care	69.9%	61.7%	70.5%
Live births to mothers who smoked during pregnancy	5.0%	5.5%	4.8%
Births to mothers with healthy weight	49.2%	38.7%	44.4%
Mothers who initiate breastfeeding	85.5%	84.9%	86.1%
Live births under 2,500 grams (per 1,000 live births)	8.3	10.2	10.9
Live births under 1,500 grams (per 1,000 live births)	1.3	1.5	1.6
Preterm births < 37 weeks	8.6%	10.2%	10.2%
Birth defects per 10,000 live births (2012-2016)	269.2	236.7	250.0

Figure 52 - Birth Outcomes and Related Risk Factors, Source: FL Health Charts 2016-2018, shading indicates the county measure is worse than the state benchmark value

## Maternal Mortality and Infant Mortality

According to FL Health CHARTS, the maternal death rate in St. Lucie County (21.9 per 100,000 live births) exceeded the state benchmark from 2016 through 2018. Martin County has not reported a maternal death since 2009. However, the infant mortality rate (4.6 per 1,000 live births) was lower than the rate in Martin County (5.5 per 1,000 live births) and the state benchmark (6.1 per 1,000 live births). Infant mortality rates varied greatly by race/ethnicity. Within both Martin and St. Lucie counties the black infant mortality rates exceeded the white infant mortality rates. The Hispanic infant mortality rate in Martin County exceeded the state benchmark, while the Hispanic infant mortality rate in St. Lucie County was significantly lower than the state rate.

	Martin County	St. Lucie County	Florida
Maternal deaths (per 100,000 live births)	*	21.9	17.2
Infant deaths (per 1,000 live births)	5.5	4.6	6.1
Infant deaths - White (per 1,000 live births)	5.5	3.0	4.3
Infant deaths - Black (per 1,000 live births)	7.1	7.5	11.2
Infant deaths - Hispanic (per 1,000 live births)	7.4	2.3	5.3

Figure 53 - Maternal and Infant Mortality Rates, Source: FL Health Charts 2016-2018 \* indicates insufficient data, shading indicates the county measure is worse than the state benchmark value

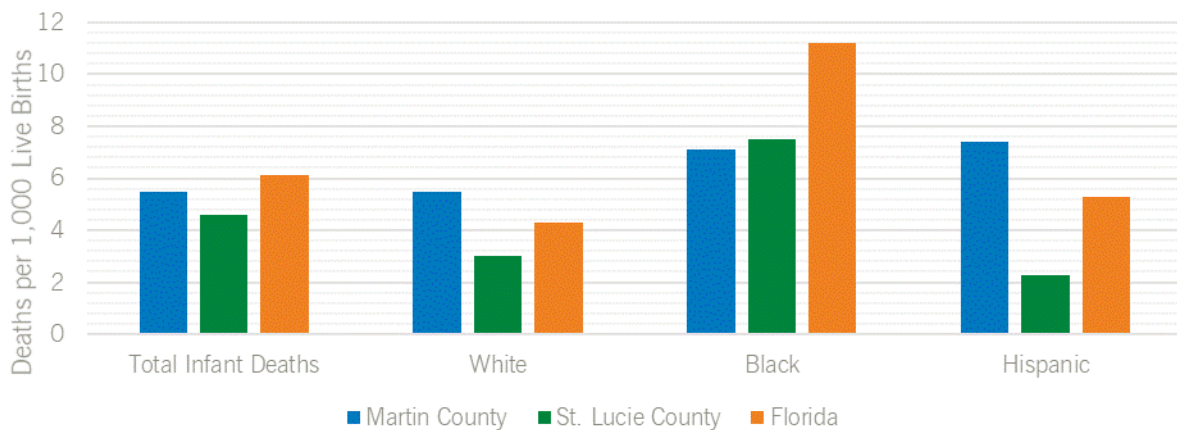


Figure 54 - Table Displaying Infant Mortality by Race/Ethnicity, Source: FL Health Charts 2016-2018

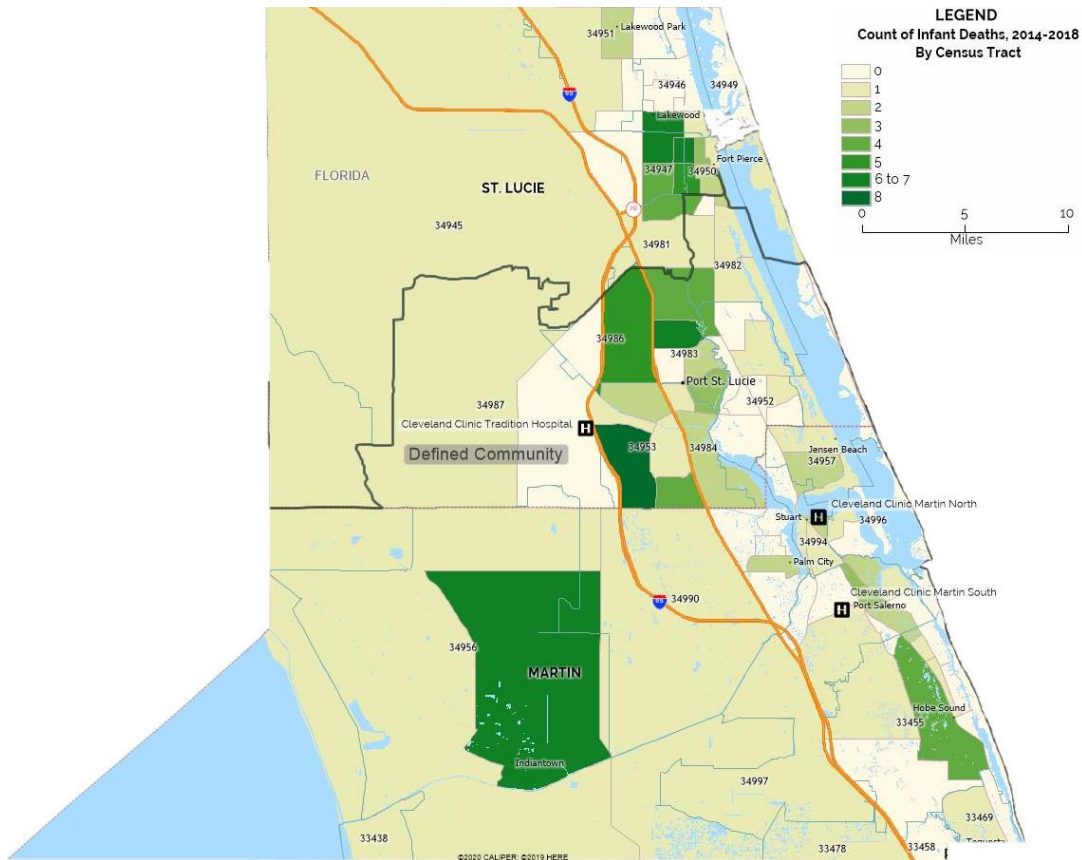


Figure 55 - Map of Infant Deaths by Census Tract, Source: U.S. Census Bureau ACS 2014-2018, Maptitude 2020

## Child Health Outcomes and Risk Factors

FL Health CHARTS reports on a variety of risk factors and health outcomes for children under the age of five. From 2016 through 2017, St. Lucie County had a greater number of Pre-K and Kindergarten students eligible for free or reduced lunch than Martin County. The percentage of Kindergarten students who were fully immunized within St. Lucie County (94.4%) was greater than the Florida immunization rate (93.7%) and the rate within Martin County (91.3%).

Infants and young children under five within St. Lucie County had a higher emergency room visit rate (per 100,000 population under age five) than the state rate and the rate within Martin County. Similarly, a greater proportion of children aged 1-5 within St. Lucie County were hospitalized for asthma than those in Martin County and the state of FL. The child mortality rates within Martin and St. Lucie counties (41.3 and 41.6 deaths per 100,000 population, respectively) exceeded the state benchmark rate of 25.3 deaths per 100,000 population.



	Martin County	St. Lucie County	Florida
Children in Pre-K eligible for free or reduced lunch	31.5%	65.6%	67.1%
Children in Kindergarten eligible for free or reduced lunch	54.6%	71.7%	59.7%
Kindergarten children fully immunized	91.3%	94.4%	93.7%
Emergency room visits age 0-5*	51,780.9	81,924.1	70,192.2
Asthma hospitalizations ages 1-5**	665.7	985.0	594.3
Deaths ages 1-5***	41.3	41.6	25.3

Figure 56 - Health Outcomes and Risk Factors for Young Children, Source: FL Health Charts, 2016-2018, \* per 100,000 population under 5, \*\* per 100,000 population aged 1-5, \*\*\* per 100,000 population, shading indicates the county measure is worse than the state benchmark value

## S. Behavioral Health

County Health Rankings provides an estimate of access to mental health providers in the form of a ratio of the county population to mental health providers. The ratio for St. Lucie County was slightly worse than the Florida ratio, while the ratio for Martin County was slightly better than the state's but worse than the national ratio. Martin and St. Lucie counties had similar ratings of poor mental health days in the previous month when compared to the state and national benchmarks.

	Martin County	St. Lucie County	Florida	United States
Mental health provider ratio	632 : 1	674 : 1	667 : 1	440 : 1
Poor mental health days previous month	3.8	3.8	3.8	3.8

Figure 57 - County Health Rankings Related to Mental Health, Source: CHR, National Provider Identification 2018, shading indicates the county measure is worse than the state benchmark value

According to FL Health CHARTS, there was a greater rate of hospitalizations for mental disorders in St. Lucie County than in Martin County and the state of Florida in 2018. Both Martin and St. Lucie counties had lower rates of hospitalizations for mood or depressive disorders than the state benchmark rate in 2018, and the percentage of adults who had been told they have a depressive disorder was lower in both counties than in Florida in 2016.

Within Fiscal Years 2018-2019, there were a greater number of licensed psychologists per population in St. Lucie County than in Martin County and the state of Florida.

	Martin County	St. Lucie County	Florida
Hospitalization for mental disorders, 2018	948.8	1,027.1	978.2
Hospitalizations for mood or depressive disorders, 2018	467.9	456.4	503.1
Adults told they had a depressive disorder, 2016	13.1%	7.6%	14.2%
Licensed Psychologists, FY18-19	25.0	34.1	23.3

Figure 58 - Statewide Mental Health Indicators, Source: FL Health Charts, 2016-2018, shading indicates the county measure is worse than the state benchmark value

## Opioid Prescribing

The Centers for Disease Control and Prevention, National Center for Injury Prevention and Control provides estimates of the number of opioid prescriptions dispensed per person, per year. Within Martin County, the 2017 prescribing rate exceeded both the state and national benchmarks. St. Lucie County's opioid prescribing rate was slightly higher than the benchmark rates.

	Martin County	St. Lucie County	Florida	United States
Opioid prescribing rate 2017	70.3	61.1	60.9	58.7

Figure 59 - Opioid Prescribing Rate per 100 Population, Source: CDC 2017, shading indicates the county measure is worse than the state benchmark value

## Drug Poisoning

According to FL Health CHARTS, the drug poisoning mortality rate within Martin County (42.4 deaths per 100,000 population) was far greater than the rates in St. Lucie County and the state of Florida in 2018.

	Martin County	St. Lucie County	Florida	United States
Drug poisoning deaths, 2018	42.4	24.9	22.9	20.7

Figure 60 - Drug Poisoning Deaths per 100,000 Population, Source: FL Health Charts 2018, shading indicates the county measure is worse than the state benchmark value

## T. Behavioral Risk Factors and Health Outcomes

County Health Rankings and FL Health CHARTS report on data points from the Behavioral Risk Factor Surveillance System. In 2016 a greater percentage of adults in St. Lucie County smoked than in Martin County and Florida; although, these rates were better than the national benchmark. Rates of excessive drinking within Martin and St. Lucie counties were higher than the state and national rates.

Martin County adults were more likely to have had a dental visit in the past year than adults in St. Lucie County and Florida. Fewer adults within Martin County had received an HIV test than those in St. Lucie County and Florida. Seatbelt use in both counties was similar to the state and national rates. For adults over the age of 45, a greater percentage of those in St. Lucie County experienced a fall-related injury in the previous 12 months compared to the Martin County and Florida averages.

	Martin County	St. Lucie County	Florida	*United States
Adult smokers	10.0%	16.1%	15.5%	17.0%
Excessive drinking	20.1%	18.2%	17.5%	18.0%
Adult dental visit in past year	68.9%	63.7%	63.0%	66.4%
Adults who have had an HIV test	39.4%	47.9%	46.9%	35.6%
Adult seatbelt use	95.0%	94.9%	95.0%	94.3%
Fall-related injury past 12 months (over age 45)	9.9%	10.3%	9.9%	**

Figure 61 - Behavioral Risk Factors, Source: BRFSS 2016, County Health Rankings 2019, FL Health Charts, \*\* Comparable national data unavailable, shading indicates the county measure is worse than the state benchmark value

## General Morbidity

County Health Rankings reports on data points from the Behavioral Risk Factor Surveillance System. In 2016, the percentage of individuals who reported poor or fair health was greater than the national benchmark within St. Lucie County, while Martin County's rate was lower than both the state and national benchmarks. The average number of poor physical health days reported in the prior 30 months was higher within St. Lucie County (4.1 days) than in Martin County (3.4 days), Florida (3.8 days), and the United States (3.7 days).

According to FL Health CHARTS, St. Lucie County had a greater age-adjusted rate of preventable hospitalizations for those under age 65 (1,241.0 per 100,000 population) than the state average in 2018, while Martin County's rate (891.9 per 100,000 population) was lower than the state average.

	Martin County	St. Lucie County	Florida	United States
Poor or fair health <sup>1</sup>	14.0%	17.1%	18.5%	16.0%
Poor physical health days <sup>1</sup>	3.4	4.1	3.8	3.7
Preventable hospitalizations <sup>2</sup>	891.9	1,241.0	961.2	*

Figure 62 - Morbidity Indicators, Source: 1) BRFSS 2016, County Health Rankings 2) FL Health Charts 2018, per 100,000 population under age 65 \*comparable data unavailable, shading indicates the county measure is worse than the state benchmark value

## U. Preventable Hospitalizations

FL Health CHARTS reports on hospitalizations associated with ambulatory care sensitive conditions. Compared to the state benchmarks, St. Lucie County had higher hospitalization rates for adults under age 65 for the following conditions: asthma, chronic obstructive pulmonary disease, congestive heart failure, dental conditions, hypertension, and bacterial pneumonia. Martin County's hospitalization rates exceeded the Florida benchmarks for the following conditions: chronic obstructive pulmonary disease, dental conditions, hypertension, and bacterial pneumonia.

	Martin County	St. Lucie County	Florida
Asthma	56.3	76.5	68.1
Chronic Obstructive Pulmonary Disease	148.7	170.5	128.9
Congestive Heart Failure	54.5	110.0	73.0
Dental Conditions	15.7	21.0	12.5
Hypertension	5.5	8.6	4.7
Nutritional Deficiencies	33.2	55.0	63.9
Bacterial Pneumonia	142.2	187.7	112.5

Figure 63 - Preventable Hospitalizations Under Age 65 for Ambulatory Care Sensitive Conditions, Source: FL Health Charts 2018, rates are shown per 100,000 population under age 65, shading indicates the county measure is worse than the state benchmark value

## V. Dignity Community Need Index

Dignity Health and Truven Health jointly developed a Community Need Index (“CNI”) in 2004 to assist in the process of gathering vital socio-economic factors in the community. The CNI is strongly linked to variations in community healthcare needs and is a strong indicator of a community’s demand for various healthcare services.

Based on a wide array of demographic and economic statistics, the CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need. The median CNI score for CCMH’s community was 3.4.

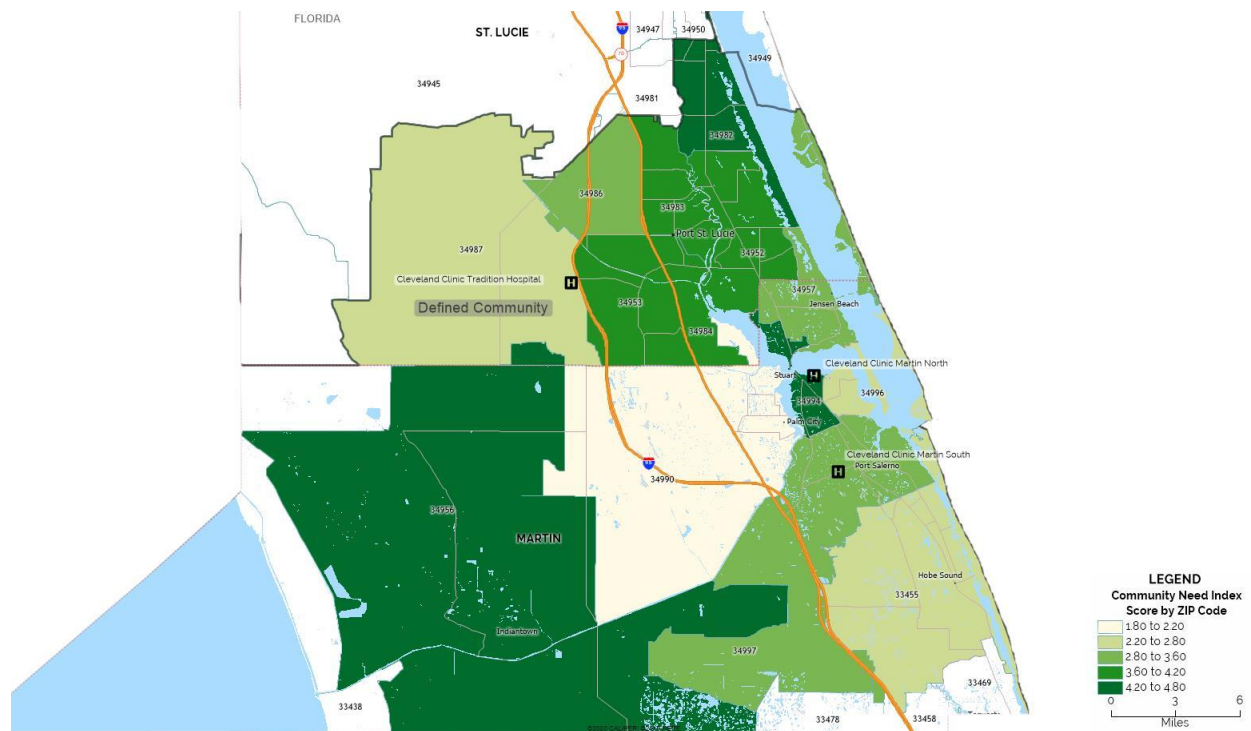


Figure 64 - Map of Dignity Community Need Index Score by ZIP Code, Source: Dignity Health 2020

## W. County and State Health Improvement Plans

### Martin County CHIP 2016-2020

The top health priorities within the most recent Community Health Improvement Plan (CHIP) for Martin County, Florida include:

- Education & awareness of existing health and human services
- School health
- Obesity

### St. Lucie County CHIP 2016-2019

The top health priorities within St. Lucie County's latest CHIP include:

- Adults and youth have a healthy diet
- Residents are physically active
- The negative impact of chronic disease is reduced

### Florida SHIP 2017-2021

Florida's most recent State Health Improvement Plan (SHIP) includes the nine priority areas below:

- Health equity
- Maternal & child health
- Immunizations & influenza
- Injury, safety, & violence
- Healthy weight, nutrition, and physical activity
- Behavioral health (includes mental illness and substance abuse)
- Sexually transmitted disease (includes other infectious diseases)
- Chronic diseases & conditions (includes tobacco-related illnesses and cancer)
- Alzheimer's disease and related dementias

## IV. PRIMARY DATA

### A. Community Leader Interviews

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

#### Interview Methodology

Twenty-five interviews were conducted from January 6 through January 29, 2020. Interviews required approximately 30 minutes to complete. Interviewers followed the same process for each interview. The complete list of interview questions and responses can be found in Appendix D.

#### Community Leader Interview Summary

When asked to discuss significant, overarching health concerns within the community, interviewees most frequently mentioned access to care. Some community leaders described gaps in health insurance coverage or specific sub-populations with limited access to healthcare services. Specific reasons for this concern were the lack of health education or awareness of resources, fear associated with immigration status, and the lack of employer-sponsored insurance options. When leaders were asked about problems that impact patients' ability to remain healthy, financial barriers, cost, access to care, and transportation were most frequently discussed.

Multiple interviewees discussed recent changes to the local supply of obstetrics providers and expressed concern over access to prenatal care. Discussions on the area's aging population occurred frequently. Some community leaders mentioned the need for specialized geriatric care and additional facilities for long term care. Diabetes, heart disease, oral health, obesity, and nutrition were also mentioned as concerns by multiple community leaders. Perceived underlying factors related to chronic disease included the high cost of healthy foods, a lack of health education, sedentary lifestyles, and toxic stress. Several interviewees also cited improper emergency department use as impactful.

Substance abuse and mental health were frequently cited by community leaders as top concerns and as factors significantly impacting the need for hospital healthcare services. When asked to discuss the reasons why mental health was a primary concern, community leaders identified provider shortages, social isolation, a lack of coping skills, access issues, cost, stigma, and stress. During interviews, anxiety, depression, and co-morbid substance abuse were frequently acknowledged as specific mental health issues. Opioid use and the opioid epidemic were stated as concerns by many participants.

Community leaders were asked to share barriers that they felt inhibited optimal health. The barriers more frequently mentioned were transportation, cost/affordability, health literacy, cultural barriers, nutrition, health insurance, employment, and language barriers. During interviews, participants were also prompted to describe physical or environmental barriers. Top responses included water quality and algal blooms, walkability and bike-ability, housing, and food deserts.

Community leaders expressed their desire for system-wide collaborations in patient care, and for the hospital facilities to focus on providing patient-centered care. Some interviewees described the importance of acknowledging partner organizations and non-profits as experts in community health.

Many community leaders were appreciative of CCMH's local health fairs, town hall meetings, and commitment to connecting with low-income populations. Some considered the expansion of CCMH's hospital facilities as well as urgent care and freestanding emergency departments as beneficial. During interviews, discussion of partnerships with community-based organizations and acknowledgment of the social determinants of health was important to community leaders.

During interviews, leaders shared a variety of ideas for programs that would improve community health. The most frequently mentioned programs involved health education, including a wide range of topics such as chronic disease, healthy behaviors, mental health, and vaccinations. Some interviewees described the creation or expansion of free and reduced-cost clinics or mobile care initiatives, while others pitched ideas for specific community engagement, case management, and patient navigation programs. Awareness or marketing campaigns, as well as programs that promote a continuum of mental health services, were also frequently mentioned.

Interviewees were asked to share their views on how the health of their community has evolved over the past three years. Of community leaders, 45.8% noted an improvement in community health, while 41.6% felt that there had been neither an improvement nor a decline. Only 12.5% of community leaders felt that there was a decline in the health of community members compared to three years ago. For detailed information on emerging health needs, please see Appendix D.

## B. Supplemental Interviews

### Interview Methodology

Following the completion of Community Leader Interviews in January 2020, CCMH sought additional input from public health experts regarding COVID 19 and systemic racism issues in response to the emergence of the global pandemic and the discussion of systemic racism as a public health crisis at the national, state, and local levels. Three additional phone interviews were conducted with previously interviewed public health experts from July 20 through July 28, 2020. Interviews required approximately 30 minutes to complete. Interviewers followed



the same process for each interview. The complete list of interview questions and responses can be found within Appendix E.

## Supplemental Interview Summary

Public health experts noted that many of the community health concerns present before the pandemic were present and, in many cases, exacerbated by COVID-19. Health insurance coverage, health literacy, and access to timely and accurate information were cited as concerns during the pandemic. The interviewees were also concerned by the disproportionate impact of COVID-19 on communities of color and marginalized individuals. Community leaders indicated that they felt COVID-19 was also having a significant impact on older adults, individuals with chronic health conditions, undocumented immigrants, and those who are unable to practice social distancing or quarantining.

Interviewees discussed initiatives, programs, and investments that they would like to see implemented to address COVID-19 and its secondary impacts on community health. Equitable access to COVID-19 prevention and treatment should be a priority and data related to the impacts of COVID-19 should be collected and analyzed according to sub-populations to inform policy change. Leaders would like to see organizations provide health education and outreach to encourage behavior change and to de-stigmatize COVID-19. Partnerships with community-based organizations were encouraged to ensure wraparound services and supports. Lastly, the interviewees would like to see caregiver and healthcare provider supports that address overall wellbeing.

During interviews, the experts expressed that COVID-19 has illuminated the importance of the local health department and other public health entities to both individual and community health. One leader shared how the pandemic has demonstrated how the Black community listens to Black community leaders, like the local NAACP president.

The experts interviewed discussed how systemic racism impacts community health. The key themes mentioned included violence, substance use, education, generational poverty, health outcomes, mistrust of providers and institutions, and access to care. One leader emphasized the importance of understanding how toxic stress associated with systemic racism manifests as negative impacts on mental and physical wellbeing. Interviewees also discussed initiatives, programs, and investments that they would like to see implemented to address systemic racism. First and foremost, racism should be treated as a public health crisis. With this lens, data related to the impacts of systemic racism should be collected and shared and healthcare institutions should seek to understand the underlying root causes for health disparities. The experts would like to see more listening to minority community leaders, potentially through round table discussions. They also suggested that organizational leadership should mirror the population served by the organization and that marketing and outreach materials should also feature diversity. In addition to engaging in Community-Based Participatory Research (CBPR), the community leaders described how outreach initiatives should seek to travel directly to the populations they would like to serve, potentially leveraging the Community Health Worker model. Lastly, organizations should provide training for healthcare providers and employees.

## V. Community Resources

### A. Community Resources Related to CHNA Priorities

#### Access to Care Resources

- [HANDS Clinic of St. Lucie County](#) provides primary healthcare services and access to a continuum of healthcare to qualified, low-income, uninsured, adult residents of St. Lucie County. Services include primary care, adult and pediatric dental care, and health education classes.
- [Visiting Nurse Association](#) provides home health and senior care and is headquartered in Stuart. VNA provides mobile care including sports physicals for school-aged children, medical assistance for the uninsured or homeless, memory screenings for those experiencing early signs of Alzheimer's or dementia, and more.
- [Volunteers in Medicine Clinic](#) offers free primary and specialty healthcare services and assistance to adults in Martin County with household incomes below 200 percent of the federal poverty level. The clinic also provides preventative and health education services.
- [Florida Department of Health – Martin County](#) provides cancer screening, community wellness programs like “5-2-1-0 Let's Go”, dental care, emergency preparedness, environmental health, healthy start, immunizations, insulin distribution program, school health, a teen clinic, Women Infants and Children (WIC) Program, and women's health services.
- [Florida Department of Health – St. Lucie County](#) provides adult health care, dental care, eligibility for pregnant women (PEPW), emergency preparedness, environmental health, family planning, immunizations, maternal and child health programming, school health, the Safe Kids St. Lucie program, STD and HIV/AIDS programs, a Tuberculosis program, the Tobacco Prevention Program, teen zone, and Women, Infants and Children (WIC) Program.
- [Florida Community Health Centers](#) Stuart, Indiantown, and Port St. Lucie locations offer pediatrics, adult primary care, dental, behavioral health, laboratory, benefits assistance, women's health, and care management services with a sliding fee scale available.
- [2-1-1 Palm Beach/Treasure Coast](#) is a community helpline and crisis hotline that provides suicide prevention, crisis intervention, information, assessment, and referral to community services for people of all ages.

#### Health Equity & Social Determinants of Health Resources

- [United Way of St. Lucie County](#) is committed to serving the community in the areas of education, financial stability, and health. To better serve the local community and invest in long-term, measurable change, the United Way is transitioning to the Collaborative Impact Model.
- [United Way of Martin County](#) funds programs related to education, financial stability, and health. The United Way of Martin County Foundation is an independent public charity uniquely positioned to accept legacy gifts and build an endowment fund to meet the current and future unmet needs of Martin County.
- [Treasure Coast Food Bank](#) serves Indian River, Martin, St. Lucie and Okeechobee counties and has a network of over 300 partner agencies. The food bank assists nearly 100,000 individuals weekly and distributes 41,000,000 meals annually.
- [Treasure Coast Homeless Services Council, Inc.](#) is the Continuum of Care (CoC), a regional planning body that coordinates housing and services funding for homeless families and individuals, for Indian River, St. Lucie and Martin counties. The CoC meets bi-monthly to discuss issues related to homelessness, homeless services in the area, gaps, funding and it is a great networking opportunity for individuals and Agencies helping the homeless on the Treasure Coast.
- [Treasure Coast Community Action Agency \(TCCAA\)](#) offers unique, targeted services to help St. Lucie, Martin, and Okeechobee County residents achieve self-sufficiency. Utilizing Community Service Block Grant (CSBG) funding, TCCAA offers various services to residents. The services provided by each county are based on a Community Needs Assessment.

- [Martin County Housing Program](#) serves to meet the housing needs of the very low, low-, and moderate-income households of Martin County, to expand production of and preserve affordable housing, and further the housing element of Martin County's comprehensive plan specific to affordable housing. The program facilitated the State Housing Initiative Partnership (SHIP) Program, HOME Investment Partnerships Program, and Community Development Block Grant (CDBG) Program.
- [St. Lucie County Housing Division](#) administers state and federal housing programs to preserve and create affordable housing by providing opportunities to low- and moderate-income households to purchase a home and to rehabilitate owner-occupied homes.
- [St. Lucie Transportation Planning Organization](#) is a county-wide agency responsible for transportation planning, programming, and financing of State and Federal Transportation Funds for the City of Fort Pierce, City of Port St. Lucie, St. Lucie Village and unincorporated areas of St. Lucie County.

## Chronic Disease Prevention & Management Resources

- [Cleveland Clinic Martin Health Center for Diabetes and Nutrition](#) provides diabetes education, diabetes support groups, Medicare Weight Management Program, nutritional counseling, and "Quit Smoking Now" tobacco cessation.
- [Area Agency on Aging of Palm Beach/Treasure Coast](#) provides information on aging issues, advocacy, one-on-one assistance, and a host of services that help seniors maintain their independence and dignity.
- [Council on Aging of Martin County](#) provides services tailored to the specific needs of seniors including Meals on Wheels, an adult day program, senior-focused primary medical care, care management, caregiver support, and a robust offering of educational, cultural, and wellness programs.
- [Council on Aging of St. Lucie](#) provides a variety of programs and activities that promote independent living for seniors. Services include homemaking, nutrition including Meals on Wheels, adult daycare, personal care, respite care management, recreation, social activities, and transportation.
- [Healthy St. Lucie](#) brings together diverse organizations and individuals to identify solutions for barriers to being healthy. Today, more than 44 organizations and community representatives actively participate in the Coalition. In partnership with the Florida Department of Health in St. Lucie County, the Coalition guides a community health assessment every 3-5 years.
- [Tobacco-Free Partnership of St. Lucie County](#) is a community coalition of individuals who are committed to making St. Lucie County a safer, healthier place to live, work, and play.
- [Roundtable of St. Lucie County, Child and Adolescent Health Network](#) focuses on injury prevention and promoting healthy eating habits for pre-school and school-aged children.

## Behavioral Health Resources

- [Cleveland Clinic Indian River Hospital \(CCIRH\)](#) provides inpatient services for children, adolescents, adults, and seniors at the 46-bed standalone Behavioral Health Center. The hospital is a designated Baker Act receiving facility and offers 24-hour screening and assessment services. As part of the Cleveland Clinic system, CCMH works closely with CCIRH to facilitate patient transfers and service delivery.
- [New Horizons](#) is the most comprehensive mental health and substance use recovery agency in the region, with nine facilities across four counties serving 14,000 children and adults annually, regardless of their ability to pay. Services include crisis services for adults and children, adult mental health and substance abuse services, pediatric services, and a variety of special programs including a Transitional Group Home, injection clinic, primary care clinic, in-jail services, and mental health court.
- [Suncoast Mental Health Center](#) provides therapeutic and case management treatment services. The organization is dedicated to community-based and family-centered care to help ensure positive mental health for every child, adult, and family. Services are offered in a variety of settings including but not limited to community, home-based, activity centers, and school. The agency also offers family benefits services to eligible clients in need.
- [Florida Community Health Centers](#) offer behavioral health assessment, diagnosis, and outpatient treatment.
- [Henderson Behavioral Health](#) provides healthcare, supported employment, advocacy and housing services to over 30,000 individuals with behavioral health conditions per year.

- Coral Shores Behavioral Health is an inpatient mental health facility located in Stuart that treats adults, seniors, children, and adolescents with mental health and addiction disorders.
- Port St. Lucie Hospital is a 75-bed inpatient mental health facility that offers 24-hour services and a broad range of programs including crisis care, emergency care, a dual diagnosis program, family behavioral health services, a partial hospitalization program, and a senior adult program.
- St. Lucie Medical Center offers an inpatient behavioral health unit, substance abuse treatment, an intensive outpatient program, and support groups related to behavioral health.

## Maternal and Child Health Resources

- Kids Connected By Design, Healthy Start Program allocates funding to local agencies to provide Healthy Start services including care coordination, breastfeeding, and childbirth education, parenting education and support, smoking cessation assistance, nutritional services, psychosocial counseling, and home visits.
- Martin County Healthy Start Coalition is a collaboration of community partners and agencies who strive to establish a system of care in Martin County that ensures that all women have access to prenatal care and that all infants and children, up to the age of three, have access to services that promote healthy growth and development. The coalition offers support and education to pregnant women, infants, and their families. All services are provided free of charge.
- Early Learning Coalition of Indian River, Martin, and Okeechobee Counties provides financial assistance for families and offers support, training, and resources to community providers who serve approximately 7,800 children daily through the School Readiness, VPK, and free Resource & Referral programs. The coalition serves children and families from all socio-economic backgrounds through a network of childcare and resource and referral programs. Along with free Resource and Referral services, the coalition also works to enhance both the quality and supply of care through recruitment and training programs.
- Early Learning Coalition of St. Lucie County oversees and funds early learning programs for all children, including at-risk and income-eligible children.
- St. Lucie Children's Services Council provides programs and resources for local families that focus on ensuring every baby is a healthy baby, stopping child abuse before it happens, keeping kids off the stress, keeping kids in school, and keeping kids away from drugs, alcohol, and other risky behaviors.
- Children's Services Council of Martin County funds programs that provide a healthy foundation for children, create strong, supportive families, foster a safe community, and offer children opportunities for success in school and life.
- Infant Mortality Workgroup of St. Lucie County is hosted by the Florida Department of Health in St. Lucie County and focuses on the goal of improving birth outcomes and decreasing the number of babies who die before their first birthday.

## VI. Impact Evaluation

### A. Actions Taken Since Previous CHNA

CCMH's previous Implementation Strategy outlined a plan for addressing the following priorities identified in the 2016 CHNA: diabetes, cancer, obesity, access to care, mental health, and substance abuse. The table below describes the strategies completed by CCMH and modifications made to the action plans for each health priority area.

#### Diabetes

##### Actions:

- a. Expansion of Community Health Fair
- b. Promotion of Diabetes Prevention Program
- c. Promotion of the Inpatient Diabetes Support Services Program
- d. Development of a support group for parents of children with type one diabetes
- e. Offering diabetes support groups in St. Lucie County

##### Highlighted Impact:

- A year-long Diabetes Prevention Program was hosted through 2018, and one-on-one diabetes education sessions continue for patients with pre-diabetes
- Referrals were increased for the Inpatient Diabetes Support Services Program
- Diabetes support groups were conducted and the establishment of a support group for parents of children with type one diabetes was explored

#### Cancer

##### Actions:

- a. Partnership with Tobacco Free Florida to provide smoking cessation courses
- b. Cancer Navigation program
- c. Community events with physicians, navigators, and the support service team
- d. Lung cancer screening events

##### Highlighted Impact:

- Maintained referral levels for smoking cessation courses and streamlined the referral process
- Increased the number of cancer navigation consults to over 230 per month
- Conducted three community-based events focused on cancer education

## Obesity

### Actions:

- a. Cooking classes for children in partnership with Ground Floor Farm
- b. Promotion of the “Let’s Go 5-2-1-0” program
- c. Enhancements to the Corporate Wellness Program

### Highlighted Impacts:

- Partnered to offer the Sprouting Chefs program
- Providers discussed the “Let’s Go 5-2-1-0” resource with patients during wellness visits, and community outreach was also completed to promote this resource

## Access

### Actions:

- a. Disseminate 211 information
- b. Medicare insurance education
- c. Expansion of the Community Health Fair
- d. Partnership with the American Heart Association to train school-aged children on CPR

### Highlighted Impacts:

- Explored partnerships with community-based organizations and assessed demand for translated outreach materials
- Continued to disseminate 211 information via social media and print, and encouraged providers to promote the resource
- Partnered with House of Hope, the Department of Health, and Florida Community Health Centers to plan a produce prescription program
- Collaborated with Florida SHINE to advertise Medicare insurance education programming within the community
- Hosted an additional health fair within Martin County and participated in a cardiovascular health fair within St. Lucie County
- Explored opportunities to establish additional health fairs within St. Lucie County through partnerships
- Continued to offer CPR training within elementary, middle, and high schools reaching approximately 300 students annually

## Mental Health

### Action:

- a. Partner with community organizations to conduct mental health symposiums

### Highlighted Impact:

- Continued to partner with community-based organizations like Suncoast Mental Health
- Promoted the local annual Suicide Prevention Symposium

## Substance Abuse

### Actions:

- a. Establish a partnership to improve substance abuse education
- b. Create a referral system for substance abuse treatment

### Highlighted Impact:

- Continued to participate in the Treasure Coast Opioid Task Force
- Implemented the Peer Program within emergency departments
- Partnered with Martin County Fire & Rescue and the Martin County Board of County Commissioners to create a continuum of care leveraging a dedicated peer specialist

## B. Comments Received on Previous CHNA

CCMH solicited comments within the 2016 CHNA Report. No written comments were received regarding CCMH's 2016 CHNA or Implementation Strategy.

## VII. Appendices

### A. APPENDIX - References

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## B. APPENDIX - Carnahan Group Qualifications

Carnahan Group, Inc. is an ingenious healthcare services firm that employs revolutionary innovation and impeccable advisory services to tackle strategic, valuation, and compliance challenges. With nearly two decades of experience, Carnahan Group has partnered with large healthcare systems, academic medical centers, and community hospitals to successfully navigate through an array of complex issues.

The Strategic Services Department at Carnahan Group possesses extensive public health, geographic information system (GIS), and data visualization expertise and utilizes the latest technologies to deliver a range of exceptional services including community health needs assessments (CHNA), implementation strategies, and community benefit consulting. Strategic analysts at Carnahan Group also conduct combined CHNA and physician workforce assessments, and develop analyses to inform primary care plans, Certificate of Need applications, internal business plans, and fairness opinions.

As experts in community benefit reporting, Carnahan Group's consultants take great care in documenting the adherence to the Treasury and IRS requirements in addition to state-specific requirements for the CHNA and Implementation Strategy. Moreover, the community benefit team continuously refines their methodology to stay ahead of the curve and adapt to emerging community health needs like COVID-19.

For more information about Carnahan Group and to schedule a discovery call, please visit <http://carnahangroup.com>.

## C. APPENDIX - Organizations Providing Input

The following individuals and organizations provided feedback during community leader interviews:

Organization	Title	Population(s) Represented
Florida Department of Health, St. Lucie County	Health Officer and Administrator	Public health expert
Florida Department of Health, Martin County	Health Officer and Administrator	Public health expert
Healthy St. Lucie	Community Health Promotion Director	Public health expert
Volunteers In Medicine	Executive Director	Clinical provider, underserved, low-income, minority, or chronic disease population
Volunteers In Medicine	MSW	Clinical provider, underserved, low-income, minority, or chronic disease population
HANDS Clinic	CEO	Clinical provider, underserved, low-income, minority, or chronic disease population
New Horizons	Chief Clinical Officer	Clinical provider
Treasure Coast Hospice	LCSW Grief Counselor	Clinical provider
Martin County Board of County Commissioners	District 1 Commissioner	Local government
Council of Social Agencies of St. Lucie County	Board Member	Community-based organization
Healthy Start Coalition Martin County	CEO	Community-based organization
Children's Services Council St. Lucie County	Executive Director	Community-based organization
Pre-Kindergarten Programs Martin County Schools	Director	Education
House of Hope	CEO	Community-based organization, underserved, low-income, minority, or chronic disease population
Economic Council of Martin County	CEO	Community-based organization
Elder Home Care Services	Administrator	Community-based organization
St. Mary's Episcopal Church	Associate Rector	Community member
Gertrude Walden Childcare Center	Executive Director	Education
United Way of Martin County	Director of Community Impact	Community-based organization, underserved, low-income, minority, or chronic disease population
United Way of St. Lucie County	Director of Campaign	Community-based organization, underserved, low-income, minority, or chronic disease population
Little Lights Dentistry	CEO	Clinical provider, underserved, low-income, minority, or chronic disease population
Martin County Department of Health	Nurse Program Specialist	Public health expert
Martin County Department of Health	Health Equity Specialist	Public health expert
Health Council of Southeast Florida	Executive Director	Community-based organization
City of Stuart	Commissioner	Local government
City of Stuart	Mayor	Local government

Figure 65 - Organizations Providing Input via Community Leader Interviews and Supplemental Interviews

## D. APPENDIX - Community Leader Interview Question Guide and Data

### Community Leader Interview Question Guide

The following community-focused questions were used as the basis for discussion:

1. What are the most significant overarching health concerns in your community?
2. What do you think are the main reasons why these concerns or behaviors are present?
3. What community health problems are having the most significant impacts on the need for hospital healthcare services?
4. What community health problems are affecting the ability of patients who rely on these services to remain healthy?
5. What could be done to improve the health of your community?  
What barriers inhibit optimal health?  
What mental health issues are concerns?  
What physical/environmental factors exist in the community that prevent optimal health?
6. We would like your thoughts and impressions on current hospital healthcare services.  
Which are the most successful and why?  
Are any in short supply? Which ones?  
Are any difficult to access? If so, why?
7. If you could create any type(s) of programs to improve the health of those relying on these services, what would it/they be?
8. Do you see any emerging health needs in the future or additional health concerns not covered in previous questions?
9. Compared to three years ago, do you see an improvement, decline or status quo of health in your community?

## Overarching Health Concerns

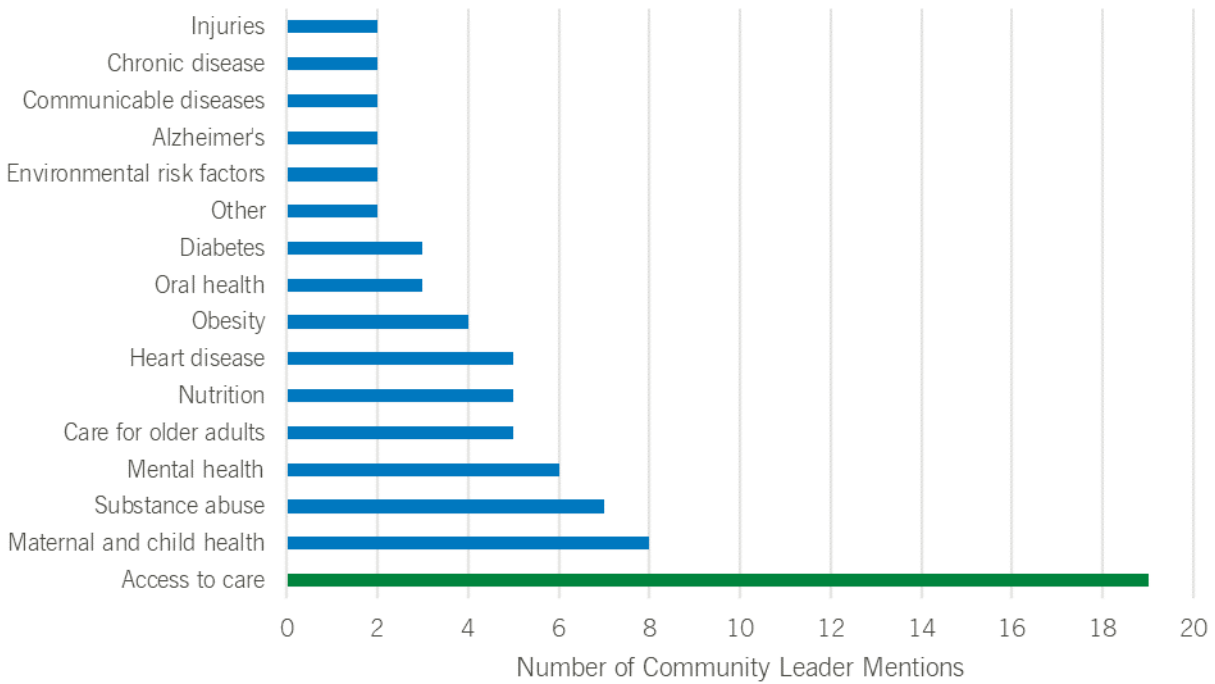


Figure 66 - Overarching Health Concerns Mentioned by Community Leaders

## Community Health Problems Impacting the Need for Hospital Services

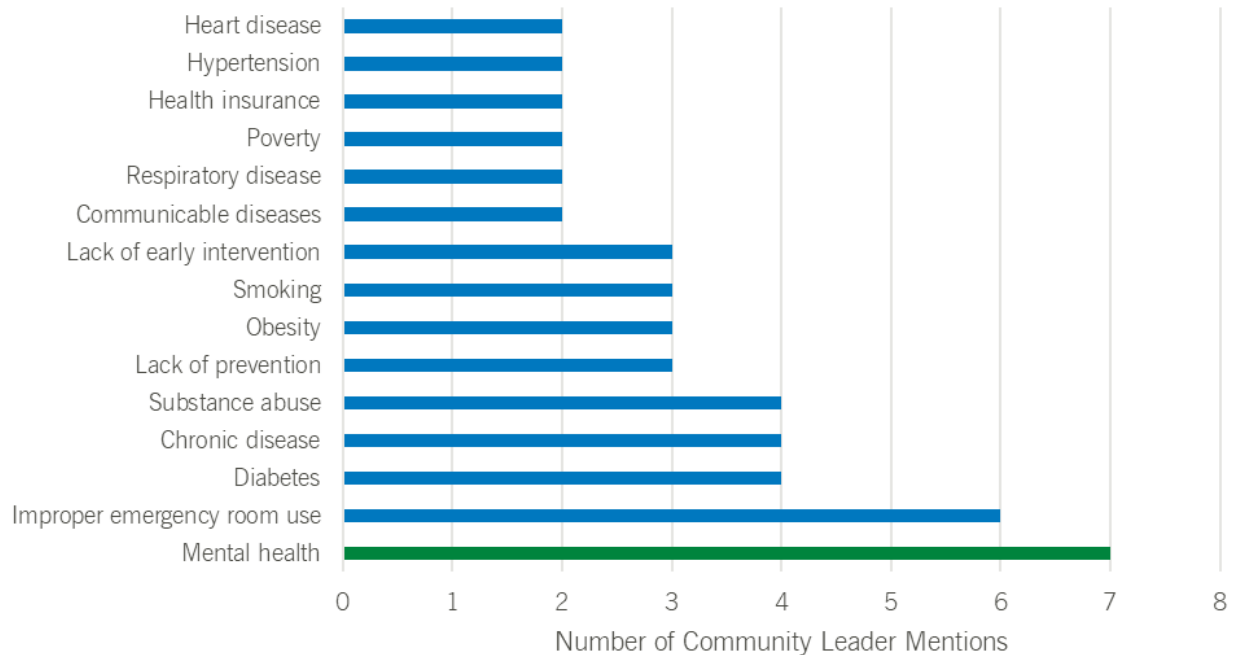


Figure 67 - Community Health Problems Impacting the Need for Hospital Services Mentioned by Community Leaders

# Barriers Inhibiting Optimal Health

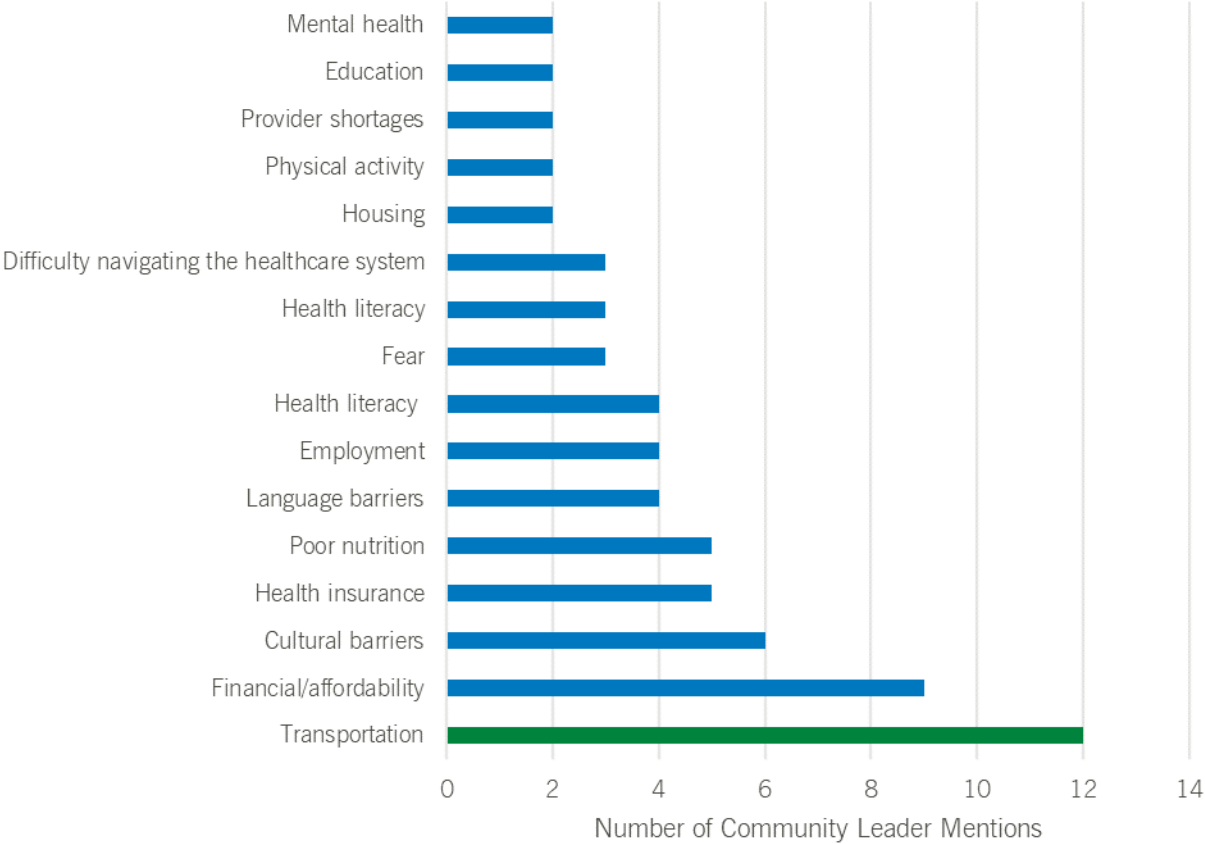


Figure 68 - Barriers Inhibiting Optimal Health Mentioned by Community Leaders

# Physical/Environmental Factors that Prevent Optimal Health

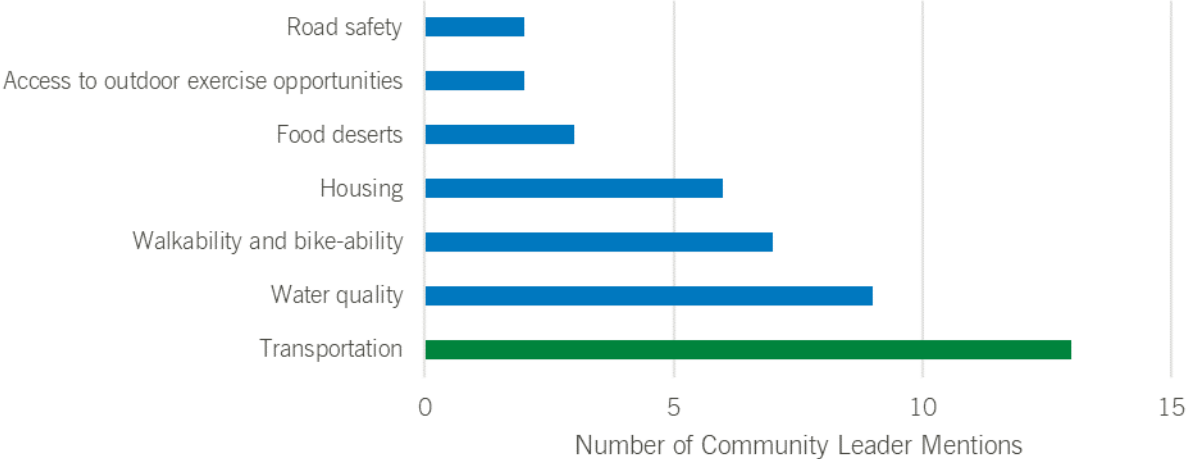


Figure 69 - Physical/Environmental Factors that Prevent Optimal Health Mentioned by Community Leaders

## Mental Health Concerns

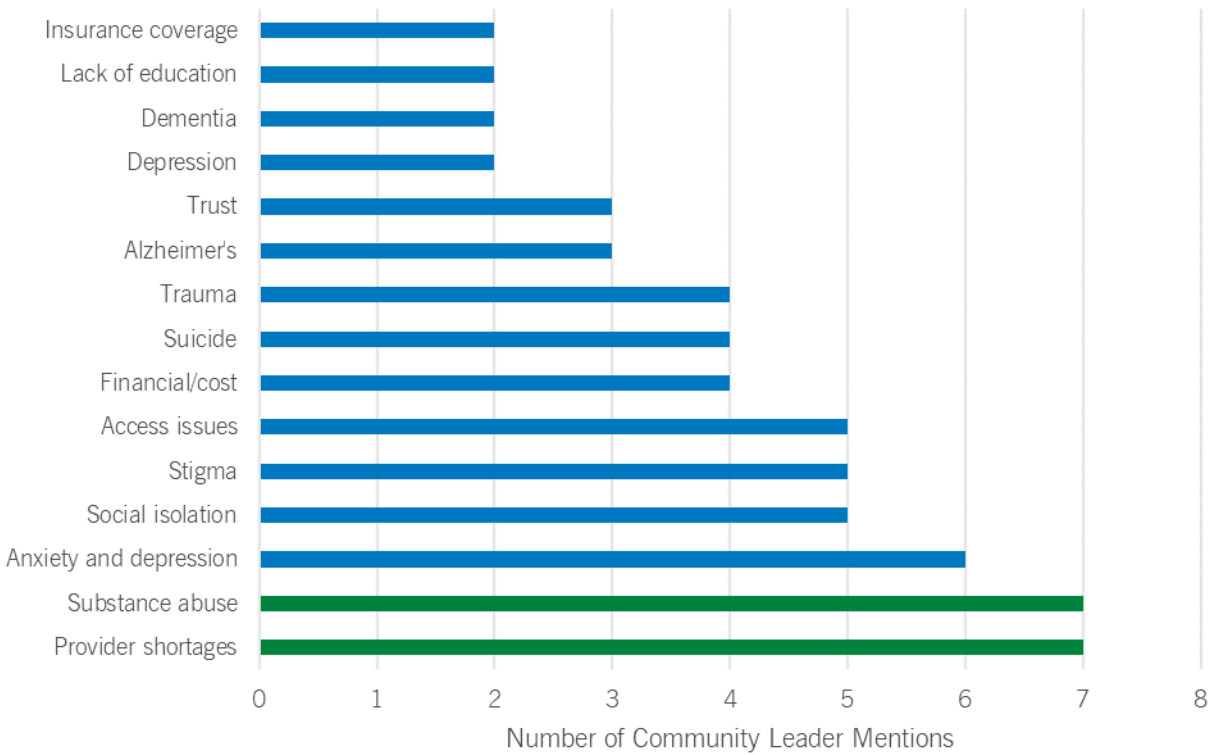


Figure 70 - Mental Health Concerns Mentioned by Community Leaders

## Local Hospital Healthcare Services in Short Supply

Specialty Area	Number of Mentions
Obstetrics	7
Pediatric specialists	5
Mental health	5
Care for older adults	2
Pediatrics	2
Chronic disease management	2
Specialists	1
Primary care	1
Hospitalists	1
Geographical - Indiantown	1
Sliding fee scale	1
Trauma care	1
Medicaid transportation	1
Emergency medicine	1
Dental	1

Figure 71 - Local Hospital Healthcare Services in Short Supply Mentioned by Community Leaders

# Local Hospital Healthcare Services that are Difficult to Access

Specialty Area	Number of Mentions
Obstetrics	3
Pediatric dentistry	3
Mental health	2
Cancer	2
Medicaid providers	2
Emergency medicine	1
Orthopedic surgery	1
Gynecological surgery	1
Homeless shelter	1
Outpatient rehab	1
Access to care general issues	1
Provider shortages	1
Care for older adults	1
Dental	1

Figure 72 - Local Hospital Healthcare Services that are Difficult to Access Mentioned by Community Leaders

# Emerging Needs Identified by Community Leaders in January 2020

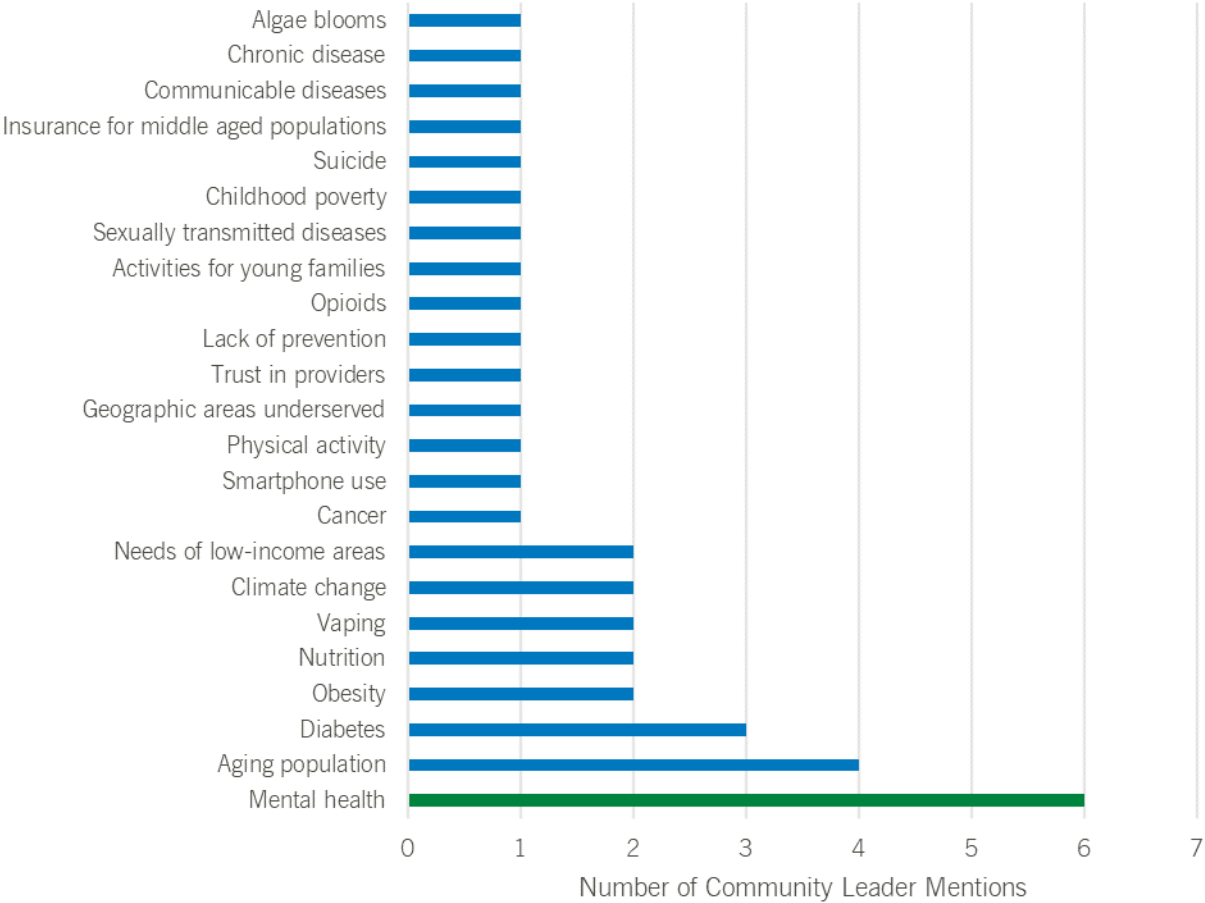


Figure 73 - Emerging Needs Identified by Community Leaders in January 2020



## E. APPENDIX - Supplemental Interview Question Guide and Data

### Supplemental Interview Question Guide

The following questions were used as the basis for discussion:

1. Prior to COVID 19, what were the most significant overarching health concerns in your community?
2. Upon the onset of COVID 19, what were the most significant overarching health concerns in your community?
3. What impacts have occurred because of the pandemic?
4. What populations have been most affected by COVID 19?
5. What impacts of systemic racism appear most prevalent in your community?
6. What have we learned from the pandemic?
7. What types of initiatives, programs, and investments should be made by hospitals, public health departments, and other organizations to help the community recover and to address the community's health issues? (gathered responses related to COVID-19 and related to systemic racism)

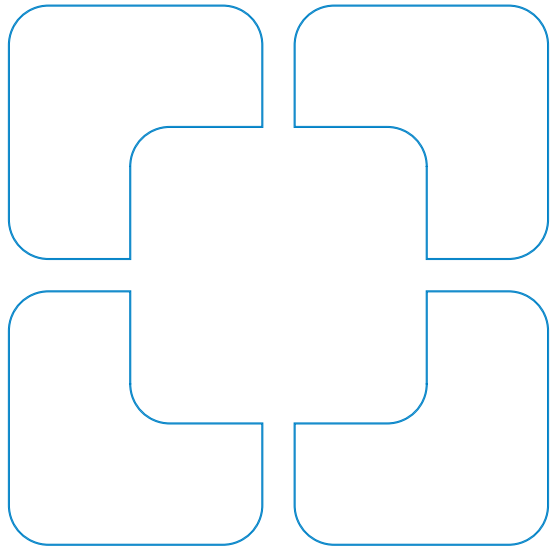
### Supplemental Interview Key Themes

Interview Question	Key Themes
<b>Concerns prior to COVID-19</b>	<ul style="list-style-type: none"> <li>• Chronic diseases</li> <li>• Unintentional injury</li> <li>• Infectious diseases</li> <li>• Disaster response and emergency preparedness</li> <li>• Access to care (pediatric dental care mentioned)</li> <li>• Health disparities</li> <li>• Behavioral health</li> <li>• Health literacy</li> </ul>
<b>Concerns following COVID-19 onset</b>	<ul style="list-style-type: none"> <li>• Health insurance</li> <li>• Health literacy and access to timely, accurate health information</li> <li>• Many of the same community issues are still present or amplified during the pandemic</li> <li>• Disproportionate impact of COVID-19 on communities of color and marginalized individuals</li> </ul>
<b>Impacts of the pandemic</b>	<ul style="list-style-type: none"> <li>• A spotlight has been placed on issues that already existed</li> <li>• The pandemic has illuminated a lack of health education</li> </ul>
<b>Populations most affected by COVID-19</b>	<ul style="list-style-type: none"> <li>• Older adults</li> <li>• Individuals with chronic health conditions</li> <li>• Communities of color including the Black and Hispanic communities</li> <li>• Undocumented individuals</li> <li>• Those who are unable to take time off of work or practice social isolation/distancing</li> </ul>
<b>What has been learned from the pandemic</b>	<ul style="list-style-type: none"> <li>• Public health is important to community health and individual health</li> <li>• The role of the local health department has been made clear</li> <li>• The Black community listens to Black leaders (for example - the local NAACP chapter president)</li> </ul>
<b>Initiatives, programs, and investments that should be implemented</b>	<ul style="list-style-type: none"> <li>• Ensure equal access to prevention and treatment</li> <li>• Educate the community with outreach related to healthy behaviors</li> <li>• Collect and dissect COVID-19 data by sub-populations</li> <li>• Partner with community-based organizations to provide wraparound care and support</li> <li>• De-stigmatize COVID-19 through messaging and outreach</li> <li>• Address caregiver and healthcare worker wellbeing</li> </ul>

Figure 74 - Key Themes Related to COVID-19 Discussed During Supplemental Interviews

Interview Question	Key Themes
<b>Impacts of systemic racism</b>	<ul style="list-style-type: none"> <li>• Violence and involvement in the juvenile justice system</li> <li>• Substance use</li> <li>• Education</li> <li>• Generational poverty</li> <li>• Mistrust of healthcare providers and the healthcare system</li> <li>• Toxic stress and associated negative impacts on physical and mental wellbeing</li> <li>• Access to care</li> <li>• People of color are not always invited to the table and their perspectives are not always welcome if they do have a seat at the table</li> </ul>
<b>Initiatives, programs, and investments that should be implemented</b>	<ul style="list-style-type: none"> <li>• Collect and share data related to the impacts of systemic racism</li> <li>• Create diverse marketing and outreach materials</li> <li>• Host round table discussions to bring community leaders to the table</li> <li>• Listen to minorities</li> <li>• Conduct outreach in communities where people live, work, and play</li> <li>• Treat racism as a public health crisis and a social determinant of health</li> <li>• Commit to having leadership mirror the population served</li> <li>• Engage in Community-Based Participatory Research (CBPR)</li> <li>• Provide training for healthcare providers and other employees</li> <li>• Seek to understand underlying root causes for health disparities</li> <li>• Utilize the community health worker model whenever possible to gain entry into communities</li> </ul>

Figure 75 - Key Themes Related to Systemic Racism During Supplemental Interviews



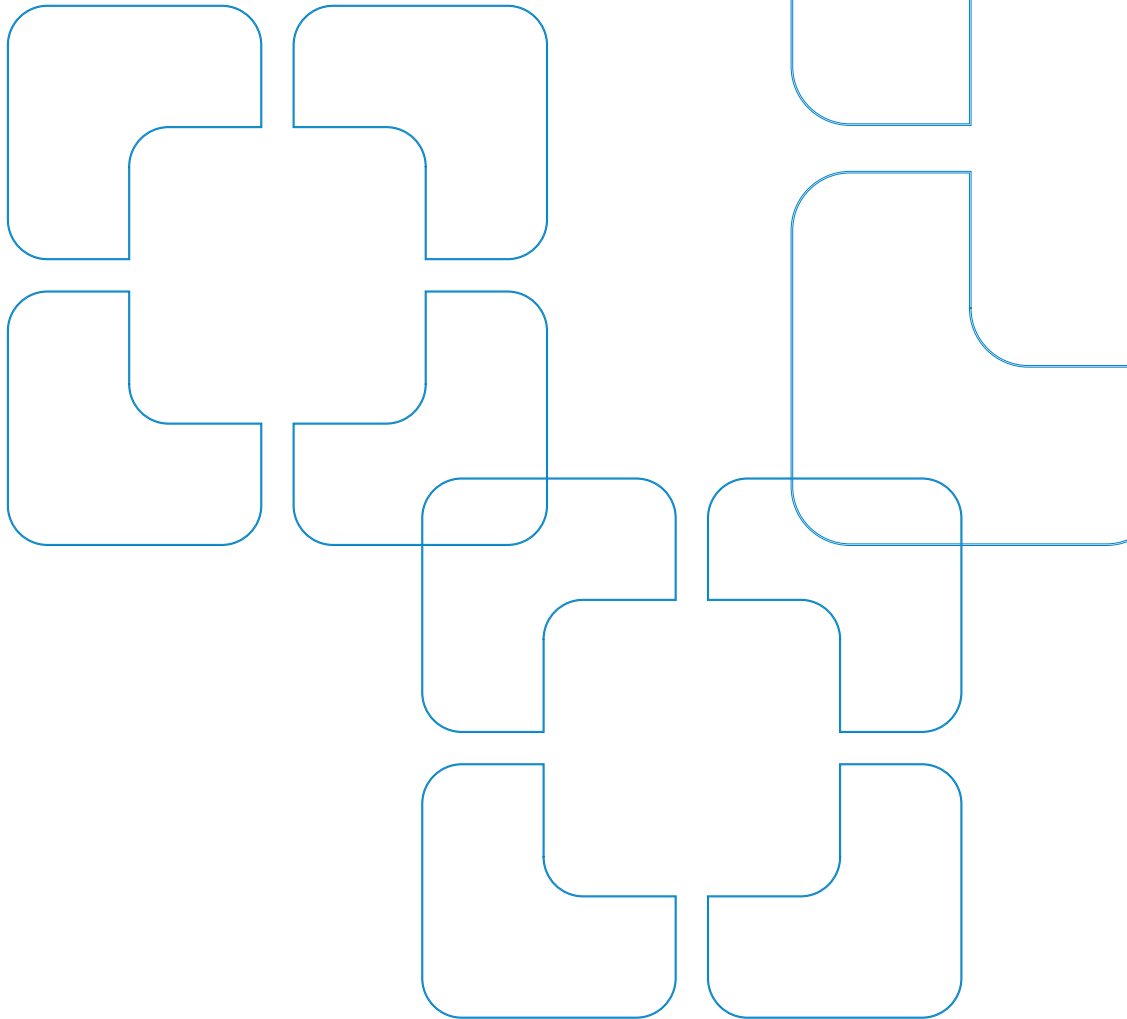
[clevelandclinic.org/CHNAreports](https://clevelandclinic.org/CHNAreports)



**Cleveland Clinic**  
Martin Health

# Implementation Strategy Report

2020



**Cleveland Clinic Martin Health**  
**200 SE Hospital Ave**  
**Stuart, FL 34994**

2020 Community Health Needs Assessment  
Implementation Strategy for Years 2021 – 2023  
As required by Internal Revenue Code § 501(r)(3)

Name and EIN of  
Hospital Organizations  
Operating Hospital Facilities:

Martin Memorial Medical Center, Inc.  
59-2307522  
DBA: Martin Medical Center, Cleveland Clinic  
Martin North Hospital, Cleveland Clinic Martin  
South Hospital, Cleveland Clinic Tradition Hospital

Date Approved by  
Authorized Governing Body:

April 27, 2021

Contact:

Cleveland Clinic  
chna@ccf.org

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# Cleveland Clinic Martin Health

## 2021 IMPLEMENTATION STRATEGY

### I. INTRODUCTION AND PURPOSE

This written plan is intended to satisfy the requirements set forth in Internal Revenue Code Section 501(r)(3) regarding community health needs assessments and implementation strategies. The overall purpose of the Implementation Strategy is to align the hospital's limited resources, program services, and activities with the findings of the community health needs assessment ("CHNA").

#### A. Description of Hospital

Cleveland Clinic Martin Health (CCMH) is part of the Cleveland Clinic Florida region. It features three hospitals with 521 total beds, a free-standing emergency center, and numerous outpatient centers and clinics across Martin and St. Lucie counties on Florida's east coast. Cleveland Clinic Martin Health offers preventive, primary, and acute hospital care, as well as cancer care, a heart center, wellness and rehabilitation services, and much more. Learn more at [clevelandclinic.org/martinhealth](https://clevelandclinic.org/martinhealth).

The hospital is part of the Cleveland Clinic health system, which includes an academic medical center near downtown Cleveland, eleven regional hospitals in northeast Ohio, a children's hospital, a children's rehabilitation hospital, five southeast Florida hospitals, and several other facilities and services across Ohio, Florida, and Nevada. Additional information about Cleveland Clinic is available at <https://my.clevelandclinic.org/>.

#### B. Hospital Mission

Cleveland Clinic Martin Health's mission is:

*Caring for life, researching for health, and educating those who serve.*

## II. COMMUNITY DEFINITION

For purposes of this report, Cleveland Clinic Martin Health’s community is defined as Martin County ZIP Codes and South St. Lucie County ZIP Codes, listed in the table below. The defined community accounted for over 89 percent of the hospital’s recent inpatient volumes. The community was defined by considering aggregated inpatient discharge data for Fiscal Year 2019 for Cleveland Clinic Martin North Hospital, Cleveland Clinic Martin South Hospital, and Cleveland Clinic Tradition Hospital. The community’s total population was 395,160 in 2019.

ZIP Code	SA Community	Total Inpatient Discharges	Percent Discharges	Running Total
34953	Port Saint Lucie	4,298	14.74%	14.74%
34997	Stuart	4,083	14.00%	28.74%
34990	Palm City	2,309	7.92%	36.66%
34986	Port Saint Lucie	2,294	7.87%	44.53%
34957	Jensen Beach	2,205	7.56%	52.09%
34983	Port Saint Lucie	2,057	7.05%	59.15%
34994	Stuart	1,989	6.82%	65.97%
33455	Hobe Sound	1,516	5.20%	71.17%
34952	Port Saint Lucie	1,474	5.06%	76.23%
34996	Stuart	1,098	3.77%	79.99%
34987	Port Saint Lucie	919	3.15%	83.14%
34956	Indiantown	749	2.57%	85.71%
34984	Port Saint Lucie	698	2.39%	88.11%
34982	Fort Pierce	496	1.70%	89.81%

Figure 1 - Defined Community by ZIP Code

## III. HOW IMPLEMENTATION STRATEGY WAS DEVELOPED

This Implementation Strategy was developed by a team of members of senior leadership at Cleveland Clinic Martin Health and Cleveland Clinic representing several departments of the organizations, including clinical administration, medical operations, nursing, finance, population health, and community relations. This team incorporated input from the hospital’s community and local non-profit organizations to prioritize selected strategies and determine possible collaborations. Alignment with county Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP) was also considered. Each year, senior leadership at Cleveland Clinic Martin Health and Cleveland Clinic will review this Implementation Strategy to determine whether changes should be made to better address the health needs of its communities.



## IV. SUMMARY OF THE COMMUNITY HEALTH NEEDS IDENTIFIED

CCMH's significant community health needs as determined by analyses of quantitative and qualitative data include:

### Community Health Initiatives

- COVID-19
- Health Equity & Social Determinants of Health
- Chronic Disease Prevention & Management
- Behavioral Health
- Maternal & Child Health

### Other Identified Needs

- Access to Care
- Medical Research and Health Professions Education

See the 2020 Cleveland Clinic Martin Health CHNA for more information:

<https://my.clevelandclinic.org/florida/about/community>

## V. NEEDS HOSPITAL WILL ADDRESS

### A. Cleveland Clinic Community Health Initiatives

Each Cleveland Clinic hospital provides numerous services and programs in efforts to address the health needs of the community. Implementation of our services focuses on addressing structural factors important for community health, strengthening trust with residents and stakeholders, ensuring community voice in developing strategies, and evaluating our strategies and programs.

Strategies within the ISRs are included according to the prioritized list of needs developed during the 2020 CHNA. These hospital's community health initiatives combine Cleveland Clinic and local non-profit organizations' resources in unified efforts to improve health and health equity for our community members, especially low-income, underserved, and vulnerable populations. Cleveland Clinic is currently undertaking a five-year community health strategy plan which may modify the initiatives in this report.

### B. Cleveland Clinic Martin Health Implementation Strategy 2021-2023

The Implementation Strategy Report includes the priority community health needs identified during the 2020 Cleveland Clinic Martin Health CHNA and hospital-specific strategies to address those needs from 2021 through 2023.

## COVID-19

Cleveland Clinic Martin Health's 2020 CHNA identified COVID-19, an infectious disease caused by the newly discovered SARS-CoV-2 virus, as a significant community health need. During the development of the CHNA, COVID-19 emerged as a leading cause of hospitalizations, death, and economic instability. Populations especially vulnerable to COVID-19 include older adults and those with underlying chronic conditions. In addition, minorities and individuals with lower socioeconomic status are also at increased risk of COVID-19 infection and death.

Cleveland Clinic Martin Health is committed to improving the prevention, testing, and treatment of COVID-19 through collaborative community partnerships and innovative medical and population health research. Current community-health initiatives related to COVID-19 include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A Collaborate with local public health entities, the Martin County School District, long term care facilities, and local community-based organizations to establish drive through COVID-19 testing stations at CCMH facilities, distribute testing kits, and process COVID-19 tests	Improve access to testing and early identification
B Provide clinical expertise and community health education related to COVID-19 prevention, testing, infection control, vaccination, and treatment through collaboration with local media outlets, long term care facilities, and community-based organizations	Improve knowledge and understanding, prevent outbreaks

# Health Equity & Social Determinants of Health

Cleveland Clinic Martin Health’s 2020 CHNA demonstrated that health needs are multifaceted, involving medical as well as socioeconomic concerns. The assessment identified structural racism, poverty, housing, employment, transportation, health literacy, access to healthy foods, and environmental risk factors as significant concerns. Further, the primary and secondary impacts of COVID-19 have exacerbated many health disparities and barriers that were present before the pandemic. Poverty has substantial implications for health, including the ability for households to access health services, afford basic needs, and benefit from prevention initiatives. Problems with housing, educational achievement, and access to workforce training opportunities also contribute to poor health. The Centers for Disease Control and Prevention define social determinants of health as the “circumstances in which people are born, grow up, live, work and age that affect their health outcome.”

Cleveland Clinic Martin Health is committed to promoting health equity and healthy behaviors in our communities. The hospital addresses socioeconomic concerns through a variety of services and initiatives including cross-sector health and economic improvement collaborations, local hiring for hospital workforce, mentoring of community residents, in-kind donation of time and sponsorships, anchor institution commitment, and caregiver training for inclusion and diversity. The socioeconomic initiatives highlighted for 2021 – 2023 include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p><b>A</b> Provide diversity, equity, and inclusion training for Cleveland Clinic caregivers including training related to allyship, unconscious bias, and structural racism</p>	<p>Improve provider biases, improve the provision of culturally and linguistically appropriate care, improve trust in providers</p>
<p><b>B</b> Explore opportunities to support Community Health Worker programs to facilitate linkages to underserved communities and improve access to culturally and linguistically appropriate preventative services</p>	<p>Improve access to care, improve the provision of culturally and linguistically appropriate care</p>
<p><b>C</b> Partner with community-based organizations to improve equitable access to healthy foods</p>	<p>Improve self-efficacy associated with healthy eating, improve nutrition</p>

# Chronic Disease Prevention & Management

Cleveland Clinic Martin Health’s CHNA identified chronic disease and other health conditions as prevalent in the community (ex. heart disease, stroke, diabetes, respiratory diseases, hypertension, obesity, cancer). Prevention and management of chronic disease initiatives seek to increase healthy behaviors in nutrition, physical activity, and tobacco cessation. Initiatives for 2021-2023 include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p>A Implement health promotion, health education, support groups, and outreach events related to heart disease and stroke, cancer, respiratory disease, women’s health, obesity, therefore reducing behavioral risk factors</p> <p>Continue to partner with the American Cancer Society, American Heart Association, and local fire &amp; rescue</p>	<p>Decrease smoking, improve physical activity, improve nutrition, decrease stress levels, increase the number of individuals with a regular source of care, increase the number of individuals who receive a regular well-check, increase cancer screening rates, improve screening follow-up rates, and reduce the number of patients who present with late-stage cancers</p>
<p>B Promote the use of local walking trails and the establishment of additional safe spaces to exercise</p>	<p>Improve physical activity</p>

# Behavioral Health

Cleveland Clinic Martin Health’s 2020 CHNA identified substance use disorders, anxiety, depression, stigma surrounding behavioral health, trauma, social isolation, and access to behavioral health providers as community health concerns.

CCMH does not offer behavioral health or chemical dependency services. The 2021 - 2023 priority strategy will focus on the hospital’s efforts to build lasting partnerships with community-based organizations and providers of behavioral health services. Initiatives include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p>A Continue to provide peer support to individuals who have experienced an opioid-related overdose</p>	<p>Reduced rate of relapse, decreased overdose death rates</p>
<p>B Through provider partnerships and participation in the Treasure Coast Opioid Task Force and the Behavioral Health Task Force, continue to build a continuum of care and implement health promotion, health education, and outreach events</p>	<p>Increase the number of individuals with behavioral health conditions who participate in treatment, reduce wait times for inpatient and outpatient treatment, reduce stigma, improve early identification of behavioral health conditions</p>
<p>C Cleveland Clinic will develop suicide and self-harm policies procedures and screening tools for patients in a variety of care settings</p>	<p>Reduce suicide rates</p>

# Maternal & Child Health

Cleveland Clinic Martin Health’s 2020 CHNA identified infant mortality, prenatal care, cesarean section rates, injury prevention, oral health, and access to specialty providers as maternal and child health concerns. The infant mortality rate in St. Lucie County exceeded the Florida benchmark from 2016-2018. Infant mortality rates at the local, state, and national levels have been particularly high for Black infants. Maternal and child health initiatives for 2021-2023 include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p><b>A</b> Participate in coalitions and task forces to align programs, share best practices, and coordinate a systemic approach to improving quality of care and birth outcomes</p> <p>Partner with the Florida Perinatal Quality Collaborative</p>	<p>Reduce infant mortality inequity, improve the preterm birth rate, increase pregnancy spacing, decrease rates of low birth weight pregnancies, reduce c-section rates among low-risk first-birth deliveries</p>
<p><b>B</b> Support local evidence-based home visiting programs like Nurse-Family Partnership</p>	<p>Reduce maternal and infant mortality, prevent child abuse and neglect, improve school readiness</p>
<p><b>C</b> Promote infant and child safety through evidence-based programs, virtual education, community events, and health promotion</p> <p>Continue to partner with local fire rescue services and Safe Kids</p>	<p>Improve rates of road traffic, bicycle, child passenger, pedestrian, and drowning injuries; prevent sudden infant death syndrome, prevent wandering-related injuries for those with Autism Spectrum Disorder</p>

## V. OTHER IDENTIFIED NEEDS

In addition to the community health needs identified in the CHNA, the hospital's 2020 CHNA also identified the needs of Access to Care and Medical Research and Health Professions Education.

### Access to Care

Access to affordable health care is challenging for some residents, particularly access to primary care, mental health, dental care, and addiction treatment services. Access barriers are many and include cost, health insurance, geographical barriers, scheduling difficulties, a lack of awareness regarding available services, cultural and linguistic barriers, and an undersupply of providers. Cleveland Clinic continues to evaluate methods to improve patient access to care.

All Cleveland Clinic hospitals will continue to provide medically necessary services to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. [Cleveland Clinic Financial Assistance](#). Initiatives include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p><b>A</b> Patient Financial Advocates assist patients in evaluating eligibility for financial assistance or public health insurance programs</p> <p>Continue to partner with the Volunteers in Medicine Clinic and HANDS of St. Lucie County</p>	Increase the proportion of eligible individuals who are enrolled in various assistance programs, improve access to primary care, reduce patient costs
<p><b>B</b> Utilizing medically secure online and mobile platforms, connect patients with Cleveland Clinic providers for telehealth and virtual visits</p>	Overcome geographical and transportation barriers, improve access to specialized care
<p><b>C</b> Promote 211 Palm Beach/Treasure Coast as a local resource directory</p>	Improve awareness of existing resources, improve access to social services and community supports

## Medical Research and Health Professions Education

Cleveland Clinic cares for our communities by discovering tomorrow’s treatments and educating future caregivers. Cures for disease and the provision of quality health care are part of Cleveland Clinic’s mission.

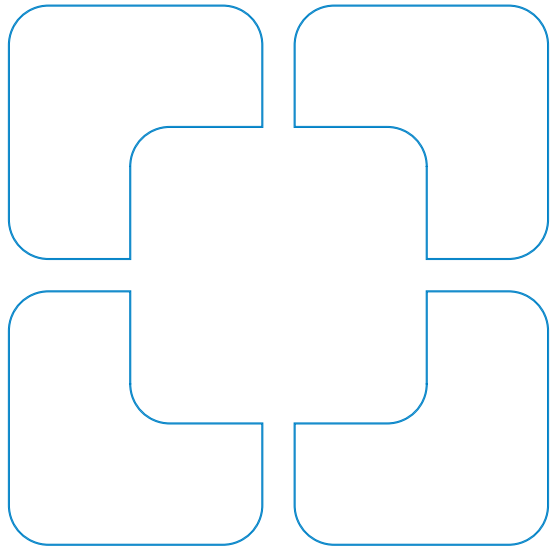
Cleveland Clinic’s Lerner Research Institute (LRI) is home to a complete spectrum of laboratory, translational, and clinical-based research. In collaboration with the LRI, the Cleveland Clinic Florida Research and Innovation Center (FRIC) conducts innovative translational research focused on immuno-oncology and infectious diseases, including COVID-19. The FRIC is located in Port St. Lucie, Florida, and features a biosafety level 3 laboratory. Scientific programs at the FRIC address local and international health challenges and the state-of-the-art facility provides an exceptional training environment for researchers.

Cleveland Clinic is committed to education, taking pride in a wide range of high-quality medical education that includes accredited training programs for residents, physicians, nurses, and allied health professionals. By educating medical professionals, we ensure that the public is receiving the highest standard of medical care and will have highly trained health professionals to care for them in the future. Initiatives include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A Through the Florida Research and Innovation Center, advance innovative translational research focused on the areas of cancer and infectious diseases, including COVID-19	Improve understanding of emerging pathogens, treatment efficacy, and reduce morbidity and mortality
B Sponsor high-quality medical education training programs for physicians, nurses, and allied health professionals	Reduce provider shortages

For more information regarding Cleveland Clinic Community Health Needs Assessments and Implementations Strategy Reports, please visit [www.clevelandclinic.org/CHNAReports](http://www.clevelandclinic.org/CHNAReports) or contact [CHNA@ccf.org](mailto:CHNA@ccf.org).





[clevelandclinic.org/CHNAreports](https://clevelandclinic.org/CHNAreports)