

Mobilizing for Action through Planning and Partnerships (MAPP) Community Assessment Martin County, Florida 2015



**MARTIN COUNTY COMMUNITY HEALTH ASSESSMENT
2015**



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“For a community to improve its health, its members must often change aspects of the physical, social, organizational, and even political environments in order to eliminate or reduce factors that contribute to health problems or to introduce new elements that promote better health.”

- *Healthy People 2020*

EXECUTIVE SUMMARY

OVERVIEW

In 2014 the Florida Department of Health in Martin County engaged the Health Council of Southeast Florida (HCSEF) to facilitate a comprehensive, county-wide health assessment for Martin County. A community health assessment is a systematic method of identifying unmet health care and human service needs of a population and identifying possible interventions to meet those needs. Undertaken with the collaboration of a wide range of community partners, the overall aim of this community health assessment was to identify key areas where action can be taken to enhance health and reduce inequities in Martin County's communities. The assessment also satisfies the Public Health Accreditation Board (PHAB) health care regulatory requirements for the Local Health Department in Martin County.

This community health assessment provided the opportunity to:

- Assess the population's health status
- Highlight areas of unmet need
- Present the community's perspectives
- Provide suggestions for possible interventions
- Highlight recommendations that policymakers might consider when setting new policy goals and objectives for health improvement activities

The Florida Department of Health in Martin County selected a community-driven process with the overarching goal to mobilize and engage the community, conduct planning driven by the community, and develop partnerships to strengthen Martin County's infrastructure and public health system. The Mobilizing for Action through Planning and Partnerships (MAPP) model was chosen as the best process to create a healthy community and a better quality of life by: increasing the visibility of public health within the community, creating a stronger public health infrastructure and engaging the community and creating community ownership for public health issues. This process involved the use of four assessments, comprised of several components, to create a well-rounded base of information, including:

- Community Health System Assessment
- Community Themes and Strengths Assessment
- Local Public Health System Assessment
- Forces of Change Assessment

Data was collected, analyzed and compiled for this assessment to enable and guide health care providers, managers, local health department officials, health and program planners, and community leaders to identify health indicators within Martin County that present areas of concern, gaps in care or services and opportunities for improvement. The information provided in this assessment may be used to identify opportunities to change and improve future health planning initiatives.

METHODOLOGY

At the request of the Florida Department of Health in Martin County, the Health Council of Southeast Florida, (HCSEF) facilitated this community health assessment process. The assessment method selected by the local health department is based on the national Mobilizing for Action through Planning and Partnerships (MAPP) model. Developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC), this model was created to provide a strategic approach to community health improvement.

MAPP is an interactive process that can improve the efficiency, effectiveness and performance of local public health systems. MAPP was designed to help communities achieve optimal health and a high quality of life for all residents. The U.S. Department of Health and Human Services Healthy People 2010 report described a healthy community as one that continuously creates and improves both its physical and social environments, helping people to support one another in aspects of daily life and to develop to their full potential. By using the MAPP, process the Health Council of Southeast Florida and the Florida Department of Health in Martin County were able to thoroughly explore the inequities and disparities in the community, which allowed for adequate information to strategically facilitate the assessment of the strengths and challenges in the community. MAPP is a solution-oriented process, which incorporates community participation to promote a stronger public health system focused on improving the issues which require the most attention. The MAPP process includes six key elements.

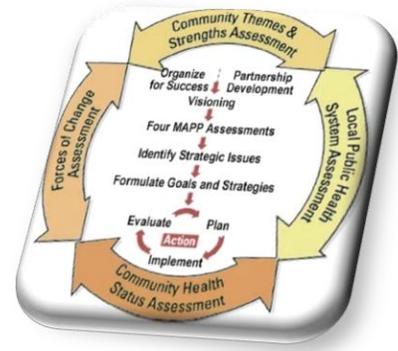


FIGURE 1: MAPP PROCESS

1. Built on previous experiences and lessons learned
2. Use traditional strategic planning concepts within its model
3. Focuses on the creation and strengthening of the local public health system
4. MAPP creates governmental public health leadership
5. MAPP uses the Essential Public Health Services to define public health activities: *MAPP uses the 10 essential public health services to assess public health activities in the community.*
6. Four MAPP assessments were created to provide an understanding of the challenges and opportunities in the community and promote the development of a strategic plan. These assessments are the key contents that drive the process:
 - Community Health Status Assessment
 - Community Themes and Strengths Assessment
 - Local Public Health System Assessment
 - Forces of Change Assessment

The report includes qualitative and quantitative secondary data from national, state and local database systems. Data presented in the Community Health Status Assessment are comprised

of secondary data, including: Demographic and Socioeconomic, Health Status, and Health Resource Availability and Access. Quantitative data was obtained from secondary sources, including but not limited to the: U.S. Census Bureau, Florida Agency for Health Care Administration (AHCA), Florida Department of Health (FDOH), Florida Department of Children and Families (DCF), Centers for Disease Control and Prevention (CDC), Florida's Bureau of Vital Statistics, Florida Department of Juvenile Justice and Florida Department of Education. Data tables and figures in this report are formatted to facilitate review, examination and utilization by the community. In many cases the data, as it was gathered from the source, contained confidence intervals or margins of error, which are statistical calculations that refer to potential variation in the numbers shown when the data is gathered from a subset of the population. These have been omitted from this assessment in an effort to make the data more approachable to the community.

The qualitative data are a result of primary data collection efforts through focus groups and key informant interviews. Data was collected, analyzed and compiled for this assessment to enable and guide Martin County service providers, educators, planners, funders and community leaders in identifying indicators within the community that are areas of concern, gaps in services and opportunities for improvement related to the well-being of community residents.

COMMUNITY HEALTH STATUS ASSESSMENT

INTRODUCTION

The Community Health Status Assessment identifies priority issues related to community health and quality of life. This section highlights the demographic and socioeconomic, health status, and health resources availability and access profile for Martin County.

The demographic and socioeconomic profile provides details on a number of key demographic, social and economic indicators, such as population, presented by various cohorts, e.g., age bands, gender and race, income, numbers of individuals in poverty, educational attainment, employment, housing and transportation.

The health status of the community includes data on various indicators of maternal and child health (such as prenatal care access, birth rates, infant mortality, child immunization rates); behavioral health (including domestic violence, alcohol consumption, and violence and injury); hospital utilization data; and morbidity and mortality trends as reflected by data on chronic diseases, infectious diseases and leading causes of death.

The health resources availability and access profile section studies the obtainability of health care resources in Martin County and includes information on health insurance coverage, Federally Qualified Health Centers (FQHCs), medically underserved populations and areas (MUPs/MUAs) and the health care safety net in the community. Below are highlights of each of the three profiles in the Community Health Status Assessment.

Demographic and Socioeconomic Profile

- In 2013, there were 151,263 individuals living in Martin County, representing 0.77% of Florida's population.
- In 2013, over a quarter (28.5%) of Martin County residents were 65 years or older.
- In 2013, 13.0% of the residents in Martin County identified as Hispanic/Latino.
- In 2013, 13.1% of the population lived below the poverty level.
- In 2013, Martin County's Gini Index was 0.51, slightly higher than the state of Florida (0.48).
- In the 2013-2014 academic school year, Martin County had an 88.8% High School graduation rate, 12.7% higher than Florida as a whole.
- In 2013, Martin County's unemployment was 8.9%, lower than the state's rate of 9.7%.
- In 2015, 18.8% of Martin County's homeless population was children under the age of 18 years.

Health Status Profile

- In 2013, the rate of live births in Martin County was 7.9%, lower than the state's rate of 11.1%.
- During 2009-2013, Martin County had a 23.6% rate of repeat births to mothers ages 18-19 years, 4.0% higher than in the state of Florida (19.6%) as a whole.
- In 2013, Martin County had an 85.0% rate of Women, Infant and Children (WIC) eligible served, higher than that the state (77.3%).

- In 2013, immunization levels in Kindergarten was 92.0%, just a bit lower than Florida's rate of 93.2%.
- In 2013, 37.9% of high school students reported having used alcohol within the past 30 days, as compared to Florida's rate of 33.9%.
- In 2013, Martin County's rate of new HIV cases was 12.8 per 100,000, lower than Florida's rate of 30.7 per 100,000.
- In 2013, Martin County's suicide rate was 21.5 per 100,000, higher than the state's rate of 15.0 per 100,000.
- In 2013, the rate of Martin County adults who were overweight or obese was 48.3%, lower than the state's rate as a whole (62.8%).
- Nearly 1 in 3 first graders and close to 2 in 5 sixth graders were reportedly overweight or obese during the 2014-2015 academic school year.
- In 2013, the rate of Births to Overweight Mothers at the Time Pregnancy Occurred was 24.4% in Martin County, higher than the state's rate of 24.1%.
- In 2013, the rate of Births to Obese Mothers at the Time Pregnancy Occurred was higher (21.5%) in Martin County, slightly higher than the state's rate of 21.0%.
- In 2013, there were 373 deaths due to heart disease in Martin County.

Health Resources Availability and Access

- In 2014, there were 418 licensed medical physicians in Martin County.
- In 2013, 24.8% of adults ages 19-25 years old were uninsured in Martin County.
- In 2013, 14.9% of adults in Martin County were reportedly uninsured.
- Martin County has one federally medically underserved area, located in Indiantown, Florida.
- Martin County has a reported number of two Federally Qualified Health Centers (FQHCs).

METHODOLOGY

The Community Health Status Assessment is a compilation of local, state and peer community data that is collected and analyzed to identify health disparities concerning age, gender, racial and population subgroups. It answers the questions:

- How healthy are Martin County residents?
- What does the health status of our community look like?

Analysis of five years worth of trend data and existing data sources contributed to the compilation of the Community Health Status Assessment. This provides data for more than 100 indicators over ten broad-based categories. Specifically, the Community Health Status Assessment includes information and statistics on the following areas:

- Demographic characteristics
- Socioeconomic characteristics
- Maternal and child health
- Behavioral risk factors
- Death, illness and injury
- Infectious diseases
- Health resource availability

HCSEF conducted a comprehensive review of secondary data sources to obtain the most current and reliable data for the Community Health Status Assessment. Secondary data sources include but are not limited to the US Census Bureau- American Community Survey 2012 and 2013, Florida Department of Health, Florida Department of Education (FDOE), Florida Department of Law Enforcement, Florida Youth Substance Abuse Survey (FYSAS), Behavior Risk Factor Survey and Surveillance (BRFSS), Florida Agency for Health Care Administration (AHCA), Healthy People 2020 (HP 2020) and the 2012 County Health Rankings. For community health/population surveys such as the FYSAS and BRFSS, many survey items are rotated and asked in alternate years; therefore, results from those sources may be presented in varying years or in multi-year estimates. Finally, geographic data are presented in the format in which they are available (i.e., census county division, zip code, and municipality) and where comparisons are presented, statistically significant differences are noted as such. The findings are used as part of the process to identify the community's priorities and specific health status issues.

DEMOGRAPHIC AND SOCIOECONOMIC PROFILE

Created in 1925, Martin County was named for John W. Martin, Governor of Florida from 1925 to 1929. Martin County has a total area of 753 square miles (1,950 km²), of which 543 square miles (1,410 km²) is land and 209 square miles (540 km²) (27.8%) is water. It is bordered by St. Lucie County to the north, Palm Beach County to the south, Hendry County to the west, Glades County to the southwest and Okeechobee County to the northwest.

Stuart is the county seat and the Board of County Commissioners is the legislative body of the county and has charge of all county executive and administrative functions, except those assigned by the Constitution to independent county officers or to the independent school district.¹

The demographic and socioeconomic characteristics of the residents of Martin County are highlighted in this section. These characteristics provide context for the health care needs of the community and are indicators and predictors for health care utilization patterns and health outcomes. Furthermore, the demographic and socioeconomic profile of a community provides information important in the identification of barriers to accessing health care services.

Data in this assessment is presented for Martin County and in many cases, for comparison purposes, data for the state of Florida is provided. Throughout the assessment, for certain health indicators there are references to the Healthy People 2020 target; these are provided to provide a benchmark for data and to aid in goal-setting and planning activities.

FIGURE 2: MAP OF MARTIN COUNTY, FLORIDA



¹ http://en.wikipedia.org/wiki/Martin_County,_Florida

DEMOGRAPHIC CHARACTERISTICS

POPULATION

Total Population

As reflected in the table below, the population in Martin County was 151,263 in 2013. The residents of Martin County accounted for 0.77% of the population in Florida.

TABLE 1: TOTAL POPULATION, MARTIN COUNTY AND FLORIDA, 2013

Martin County		Florida
Population	% of Florida's Population	Population
151,263	0.77%	19,552,860

Source: U.S Census Bureau, American Community Survey, 2013
Compiled by: Health Council of Southeast Florida, 2015

Population by Age

Health care needs vary greatly between age groups. Understanding the age composition of an area aids in identifying needs and planning for health services. The table below shows population by age bracket as well as median age in Martin County and in Florida in 2013. The median age in Martin County was 50.8 years, 9.3 years greater than in Florida.

TABLE 2: POPULATION BY AGE, MARTIN COUNTY AND FLORIDA, 2013

	Martin County		Florida
	Number	Percent	Percent
Total Population			
Under 5 years	6,248	4.1%	5.5%
5 to 9 years	7,047	4.7%	5.6%
10 to 14 years	7,349	4.9%	5.9%
15 to 19 years	8,621	5.7%	6.1%
20 to 24 years	6,319	4.2%	6.7%
25 to 34 years	14,927	9.9%	12.5%
35 to 44 years	14,525	9.6%	12.3%
45 to 54 years	20,304	13.4%	13.9%
55 to 59 years	12,309	8.1%	6.8%
60 to 64 years	10,539	7.0%	6.1%
65 to 74 years	21,288	14.1%	10.2%
75 to 84 years	16,553	10.9%	5.9%
85 years and over	5,234	3.5%	2.5%
Median age (years)		50.8	41.5
18 years and over	125,368	82.9%	79.4%
21 years and over	120,932	79.9%	75.4%
62 years and over	48,746	32.2%	22.2%
65 years and over	43,075	28.5%	18.6%

Source: U.S Census Bureau, American Community Survey, 2013
 Compiled by: Health Council of Southeast Florida, 2015

Population by Race and Ethnicity

The diversity within an area is another important consideration for health planning, as health behavior, health care utilization, and subsequently, health outcomes often differ between races and ethnicities. The table below and figures 3 and 4 show population by race and ethnicity in Martin County and in Florida in 2013. The percentage of individuals who identify as White in Martin County was 85.4%, higher compared to Florida (76.2%) as a whole. The percentage of individuals who identify as Black or African American was 5.7%, lower compared to the state (16.1%). Thirteen percent (13.0%) of individuals in Martin County identified as Hispanic or Latino, compared to 23.6% in Florida.

TABLE 3: POPULATION BY RACE AND ETHNICITY, MARTIN COUNTY AND FLORIDA, 2013

	Martin County		Florida
	Number	Percent	Percent
Total population	151,263	151,263	19,552,860
One race	147,935	97.8%	97.7%
Two or more races	3,328	2.2%	2.3%
One race	147,935	97.8%	97.7%
White	129,144	85.4%	76.2%
Black or African American	8,622	5.7%	16.1%
American Indian and Alaska Native	273	0.2%	0.3%
Asian	2,039	1.3%	2.6%
Native Hawaiian and Other Pacific Islander	0	0.0%	0.1%
Some other race	7,857	5.2%	2.5%
Ethnicity			
Hispanic or Latino (of any race)	19,647	13.0%	23.6%
Mexican	5,519	3.6%	3.3%
Puerto Rican	1,963	1.3%	5.1%
Cuban	739	0.5%	6.9%
Other Hispanic or Latino	11,426	7.6%	8.4%
Not Hispanic or Latino	131,616	87.0%	76.4%
White alone	119,255	78.8%	56.2%
Black or African American alone	8,428	5.6%	15.4%
American Indian and Alaska Native alone	220	0.1%	0.2%
Asian alone	1,956	1.3%	2.6%
Native Hawaiian and Other Pacific Islander alone	0	0.0%	0.0%
Some other race alone	311	0.2%	0.3%
Two or more races	1,446	1.0%	1.6%

Source: U.S Census Bureau, American Community Survey, 2013
Compiled by: Health Council of Southeast Florida, 2015

FIGURE 3: POPULATION BY RACE, MARTIN COUNTY, 2013

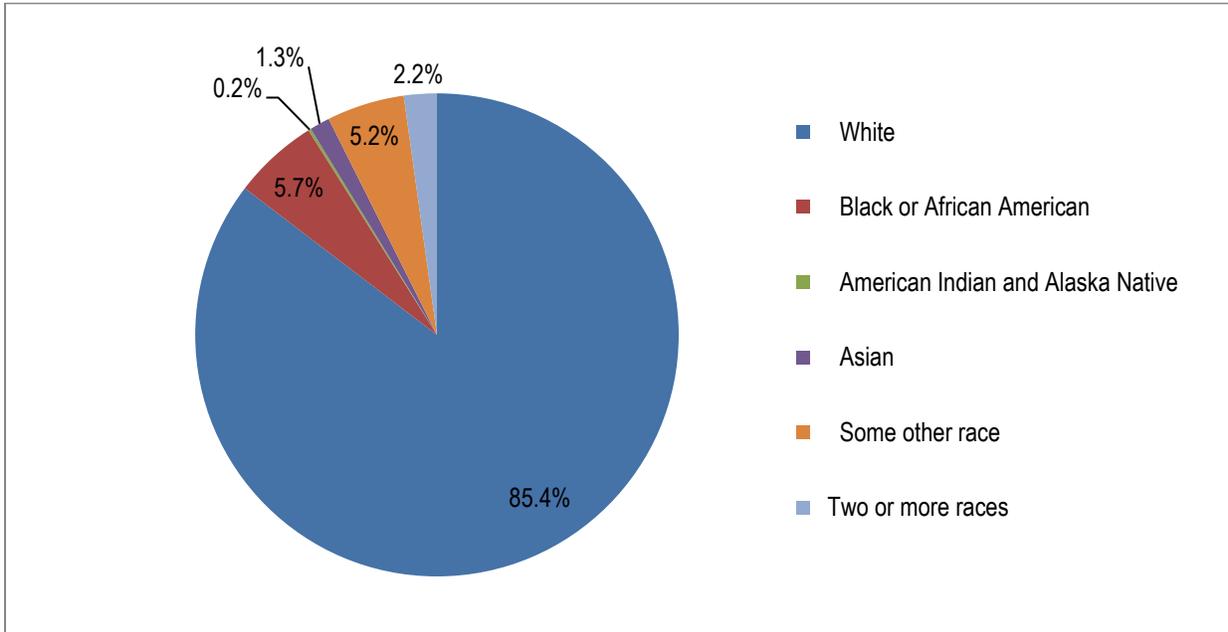
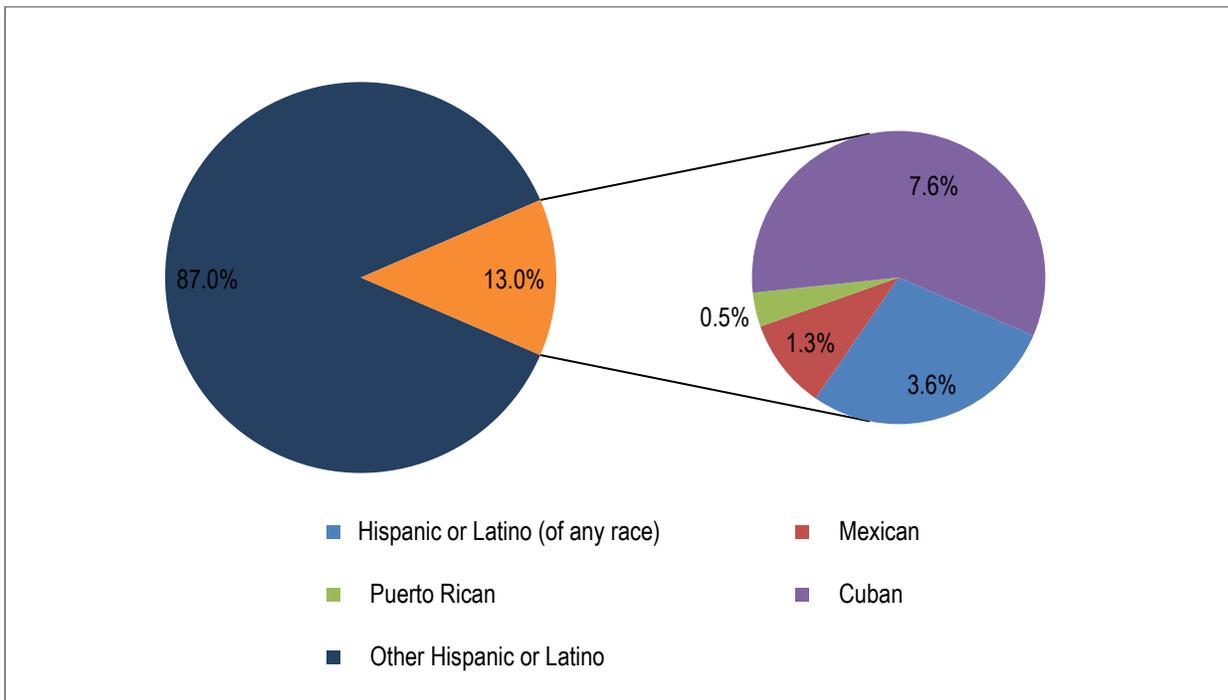


FIGURE 4: POPULATION BY ETHNICITY, MARTIN COUNTY, 2013



Population by Gender

The table below shows the percentages of males and females in Martin County and in Florida in 2013.

TABLE 4: POPULATION BY GENDER, MARTIN COUNTY AND FLORIDA, 2013

	Martin County		Florida	
	Number	Percent	Number	Percent
Male population	73,998	48.9%	9,565,609	48.9%
Female population	77,265	51.1%	9,987,251	51.1%
Total population	151,263	100.0%	19,552,860	100.0%

Source: U.S Census Bureau, American Community Survey, 2013
Compiled by: Health Council of Southeast Florida, 2015

Languages Spoken at Home

Language is often a barrier to health care access, particularly for individuals with limited English proficiency. The table below reflects the language spoken in the homes of Martin County residents in 2013. Of the population 5 years and older, 93.2% were reported to speak English 'very well' and 6.8% were reported to speak English 'less than very well.' The percentage of residents over 5 years that speak a language other than English at home was 14.0%; the majority of those individuals spoke Spanish or Spanish Creole at home.

TABLE 5: LANGUAGES SPOKEN AT HOME, MARTIN COUNTY, 2013

	Total	Percent of specified language speakers	
		Speak English "very well"	Speak English less than "very well"
Population 5 years and over	145,015	93.2%	6.8%
Speak only English	86.0%	(X)	(X)
Speak a language other than English	14.0%	51.5%	48.5%
Spanish or Spanish Creole	11.3%	45.4%	54.6%
Other Indo-European languages	1.7%	78.2%	21.8%
Asian and Pacific Island languages	0.9%	73.9%	26.1%
Other languages	0.1%	100.0%	0.0%

Source: US Census Bureau, American Community Survey, 2013
Compiled by: Health Council of Southeast Florida, 2015

Households

The table below shows the total number of households and households by type in Martin County and in Florida in 2012. A household includes all individuals who occupy a housing unit. A housing unit is a house, an apartment, a mobile home, a group of rooms or a single room that is occupied as living quarters. A family household consists of a householder and one or more individuals who are related to the householder by marriage, birth or adoption. In Martin County in 2012 there were 60,783 households, of which 38,815 were family households and 22.7% of the households in the county had individuals under 18 and 46.5% had individuals 65 years or older.

TABLE 6: HOUSEHOLDS, MARTIN COUNTY AND FLORIDA, 2012

	Martin County		Florida	
	Number	Percent	Number	Percent
Total households	60,783	60,783	7,197,943	7,197,943
Family households (families)	38,815	63.9%	4,598,222	63.9%
With own children under 18 years	12,404	20.4%	1,781,769	24.8%
Married-couple family	30,598	50.3%	3,319,620	46.1%
With own children under 18 years	8,456	13.9%	1,121,347	15.6%
Male householder, no wife present, family	2,318	3.8%	323,901	4.5%
With own children under 18 years	1,354	2.2%	149,747	2.1%
Female householder, no husband present, family	5,899	9.7%	954,701	13.3%
With own children under 18 years	2,594	4.3%	510,675	7.1%
Nonfamily households	21,968	36.1%	2,599,721	36.1%
Householder living alone	19,976	32.9%	2,129,403	29.6%
65 years and over	12,066	19.9%	876,057	12.2%
Households with one or more people under 18 years	13,789	22.7%	2,015,178	28.0%
Households with one or more people 65 years and over	28,290	46.5%	2,369,853	32.9%

Source: U.S Census Bureau, American Community Survey, 2012
 Compiled by: Health Council of Southeast Florida, 2015

Grandparents

The table below shows grandparents living with grandchildren under 18 as well as grandparents who are responsible for their own grandchildren. In 2012, there were 1,325 grandparents in Martin County who were responsible for their grandchildren.

TABLE 7: GRANDPARENTS, MARTIN COUNTY AND FLORIDA, 2012

	Martin County		Florida	
	Number	Percent	Number	Percent
Number of grandparents living with own grandchildren under 18 years	2,167	2,167	463,879	463,879
Responsible for grandchildren	1,325	61.1%	161,964	34.9%
Years responsible for grandchildren				
Less than 1 year	299	13.8%	36,449	7.9%
1 or 2 years	272	12.6%	33,799	7.3%
3 or 4 years	323	14.9%	27,874	6.0%
5 or more years	431	19.9%	63,842	13.8%

Source: U.S Census Bureau, American Community Survey, 2012

Compiled by: Health Council of Southeast Florida, 2015

Population by Census County Division

A Census County Division (CCD) is a subdivision of a county that is a relatively permanent statistical area established cooperatively by the Census Bureau and state and local government authorities. There are three CCD's in Martin County: Indiantown, Port Salerno-Hobe Sound, and Stuart. The table below shows population by sex, median age, race and ethnicity for each of these divisions. The data shown is a 5-year estimate (2009-2013) and due to the granularity of the data shown and the data collection methods, 1-year estimates are not available.

TABLE 8: POPULATION BY CENSUS COUNTY DIVISION, MARTIN COUNTY, 2009-2013 (5- YEAR ESTIMATES)

	Martin County, Florida		Indiantown CCD, Martin County, Florida		Port Salerno-Hobe Sound CCD, Martin County, Florida		Stuart CCD, Martin County, Florida	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total population	147,786	147,786	20,881	20,881	60,836	60,836	66,069	66,069
SEX								
Male	73,005	49.4%	11,186	53.6%	29,693	48.8%	32,126	48.6%
Female	74,781	50.6%	9,695	46.4%	31,143	51.2%	33,943	51.4%
AGE								
Median age (years)	50.1	(X)	40.2	(X)	52.3	(X)	51.0	(X)
RACE								
Total population	147,786	147,786	20,881	20,881	60,836	60,836	66,069	66,069
White	128,198	86.7%	14,557	69.7%	54,090	88.9%	59,551	90.1%
Black or African American	8,275	5.6%	2,410	11.5%	2,719	4.5%	3,146	4.8%
American Indian and Alaska Native	637	0.4%	200	1.0%	227	0.4%	210	0.3%
Asian	1,431	1.0%	253	1.2%	396	0.7%	782	1.2%
Native Hawaiian and Other Pacific Islander	25	0.0%	0	0.0%	25	0.0%	0	0.0%
Some other race	6,899	4.7%	2,985	14.3%	2,418	4.0%	1,496	2.3%
Two or more races	2,321	1.6%	476	2.3%	961	1.6%	884	1.3%
ETHNICITY								
Total population	147,786	147,786	20,881	20,881	60,836	60,836	66,069	66,069
Hispanic or Latino (of any race)	18,432	12.5%	6,936	33.2%	6,763	11.1%	4,733	7.2%
Not Hispanic or Latino	129,354	87.5%	13,945	66.8%	54,073	88.9%	61,336	92.8%

Source: US Census Bureau, American Community Survey, 5-year estimates 2009-2013
 Compiled by: Health Council of Southeast Florida, 2015

Population by Census Designated Place

A Census Designated Place (CDP) is encompassed in a census county division; however, the total area of a census county division is not included by census designated places. There are five CDP's in Martin County: Jensen Beach, Palm City, Hobe Sound, Port Salerno and Indiantown. The table below shows population, median age, race and ethnicity for each of these divisions. The data shown is a 2-year estimate (2012-2013).

TABLE 9: POPULATION BY CENSUS DESIGNATED PLACE, MARTIN COUNTY, 2012- 2013 (2- YEAR ESTIMATES)

	Jensen Beach CDP		Palm City CDP		Hobe Sound CDP		Indiantown CDP		Port Salerno CDP	
	Estimate	Percent Change	Estimate	Percent Change	Estimate	Percent Change	Estimate	Percent Change	Estimate	Percent Change
SEX										
Total population	11,819	-1.8%	23,466	0.5%	12,617	-2.3%	6,604	-1.9%	10,079	1.6%
Male	5,901	3.8%	11,043	3.0%	6,017	-3.2%	3,535	5.8%	5,098	-2.0%
Female	5,918	-6.9%	12,423	-1.5%	6,600	-1.4%	3,069	-10.8%	4,981	5.2%
AGE										
Median age (years)	53.6	1.7%	49.2	0.6%	53.7	0.6%	29.3	-0.3%	45.6	-0.7%
RACE										
Total population	11,819	-1.8%	23,466	0.5%	12,617	-2.3%	6,604	-1.9%	10,079	1.6%
White	11,531	0.2%	22,140	-0.8%	11,411	-0.5%	3,224	-25.3%	8,471	-0.9%
Black or African American	150	-46.0%	199	-3.9%	773	-27.4%	999	14.1%	844	16.7%
American Indian and Alaska Native	2		51	15.9%	30	-43.3%	176	1.1%	142	-31.7%
Asian	21	-36.4%	467	79.6%	1	-2000.0%	37	-27.0%	120	30.0%
Native Hawaiian and Other Pacific Islander	0	-100.0%	0		0		0		0	
Two or more races	71	-60.1%	497	21.8%	70	-27.1%	99	-7.1%	221	19.9%
Some other race	65	30.0%	374	31.2%	351	11.1%	2,069	27.2%	332	16.9%
HISPANIC OR LATINO AND RACE										
Total population	11,819	-1.8%	23,466	0.5%	12,617	-2.3%	6,604	-1.9%	10,079	1.6%
Hispanic or Latino (of any race)	330	-24.5%	1,517	-5.4%	1,217	9.9%	4,349	-7.2%	1,171	-1.5%
Not Hispanic or Latino	11,489	-1.0%	21,949	1.0%	11,400	-3.5%	2,255	8.3%	8,908	2.0%

Source: U.S Census Bureau, American Community Survey, 2012-2013
Compiled by: Health Council of Southeast Florida, 2015

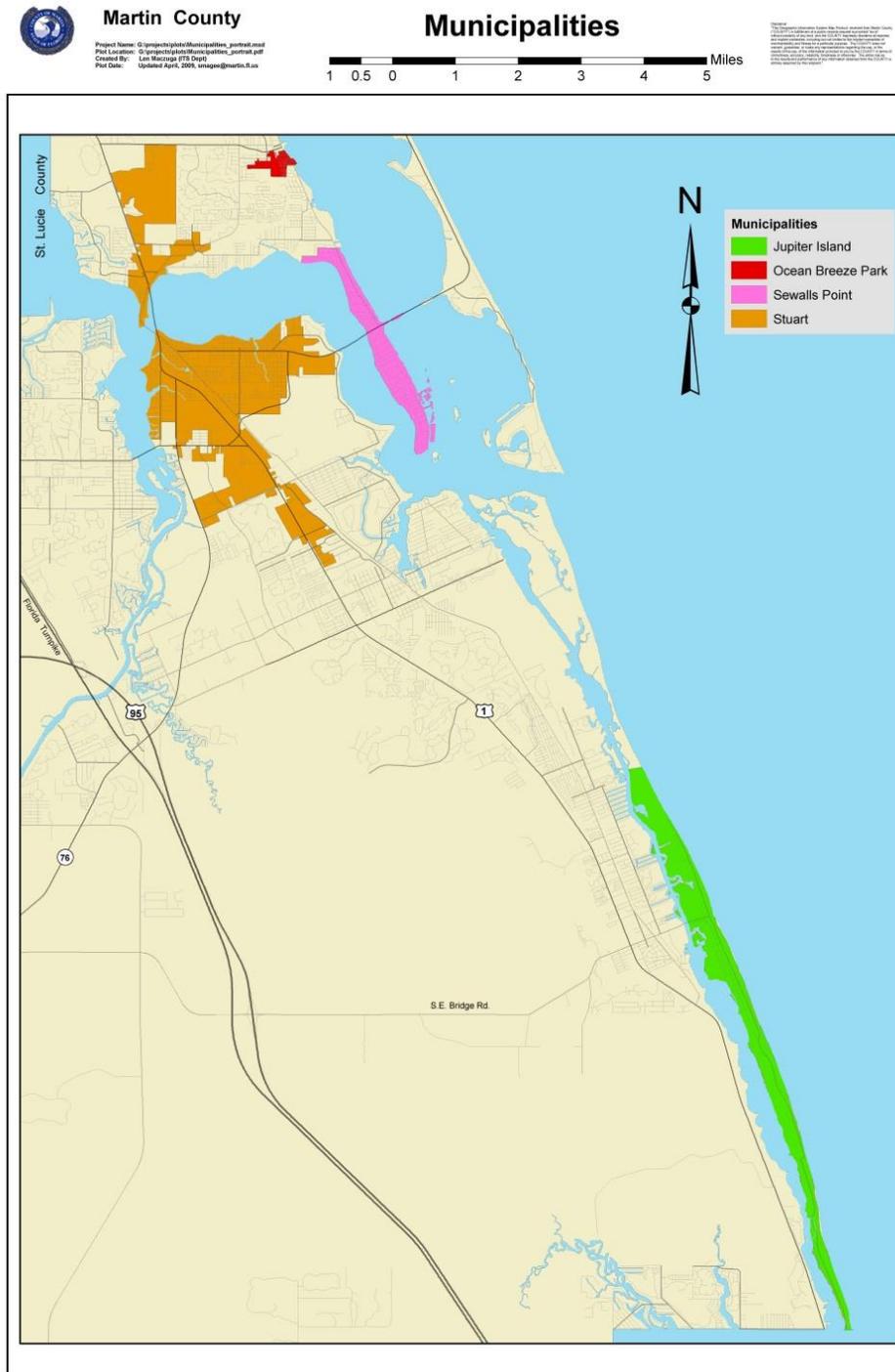
Municipality

The term "municipal governments" refers to political subdivisions within which a municipal corporation has been established to provide general local government for a specific population concentration in a defined area, and includes all active government units officially designated as cities, boroughs towns and villages.

This concept corresponds generally to the "incorporated places" that are recognized in Census Bureau reporting of population and housing statistics, subject to an important qualification – the count of municipal governments in this report excludes places that are currently governmentally inactive.

The incorporated areas in Martin County consist of: Jupiter Island, Ocean Breeze Park, Sewalls Point and Stuart. Figure 5 shows a map of the municipalities in Martin County.

FIGURE 5: MAP OF MUNICIPALITIES IN MARTIN COUNTY



Source: http://geoweb.martin.fl.us/downloads/Districts_Boundaries/Municipalities_portrait.pdf

POPULATION GROWTH/CHANGE

The table below reflects the population change, by age bracket, in Martin County between 2012 and 2013. Overall, there was a 1.8% increase in total population. Though the total population increased 1.8% from 2012 to 2013, there are subgroups of the population which increased and decreased at disproportionate rates and this can have implications for health care planning. The 75 - 79 year old age group represented the largest percent change with a 17.6% increase in the time period shown. The 85 and over age group experienced population decreases of just under 23.0%.

TABLE 10: POPULATION CHANGE BY AGE GROUP, MARTIN COUNTY, 2012-2013

	2012	2013	% Change 2012-2013
Total	148,552	151,263	1.8%
Under 5 years	6,176	6,248	1.2%
5 to 9 years	6,877	7,047	2.5%
10 to 14 years	7,683	7,349	-4.3%
15 to 19 years	7,610	8,621	13.3%
20 to 24 years	6,974	6,319	-9.4%
25 to 29 years	6,602	7,411	12.3%
30 to 34 years	6,438	7,516	16.7%
35 to 39 years	6,425	6,033	-6.1%
40 to 44 years	8,244	8,492	3.0%
45 to 49 years	10,078	9,445	-6.3%
50 to 54 years	11,361	10,859	-4.4%
55 to 59 years	11,038	12,309	11.5%
60 to 64 years	10,873	10,539	-3.1%
65 to 69 years	11,164	12,584	12.7%
70 to 74 years	9,557	8,704	-8.9%
75 to 79 years	7,967	9,370	17.6%
80 to 84 years	6,694	7,183	7.3%
85 years and over	6,791	5,234	-22.9%
Median age (years)	50.5	50.8	0.6%

Source: US Census Bureau, Population Division, 2013

Note: The estimates are based on the 2010 Census and reflect changes to the April 1, 2010 population due to the Count Question Resolution program and geographic program revisions.

Median age is calculated based on single year of age. For population estimates methodology statements, see <http://www.census.gov/popest/methodology/index.html>.

Compiled by: Health Council of Southeast Florida, 2015

SOCIOECONOMIC CHARACTERISTICS

Socioeconomic status can influence access to care and health outcomes. The socioeconomic variables and indicators reported in this community health assessment include measures on: poverty, income levels, education, employment/unemployment status, public assistance benefits housing, transportation and crime.

POVERTY

Poverty can create many difficulties for individuals, families and the communities in which they live. Poverty often hinders access to a variety of services including proper medical care and nutrition. There are different terms commonly used to reflect certain levels of poverty. The U.S. Census Bureau employs ‘poverty thresholds’ which are statistical calculations used to ascertain the number of poor persons. The Department of Health and Human Services uses ‘poverty guidelines’ to determine eligibility for certain programs.²

The table below shows the 2015 Federal Poverty level (FPL) guidelines by family size

TABLE 11: POVERTY GUIDELINES, 2015

Family Size	Percent of Poverty Guideline								
	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	11,770.00	14,124.00	15,654.10	15,889.50	17,655.00	20,597.50	21,774.50	23,540.00	29,425.00
2	15,930.00	19,116.00	21,186.90	21,505.50	23,895.00	27,877.50	29,470.50	31,860.00	39,825.00
3	20,090.00	24,108.00	26,719.70	27,121.50	30,135.00	35,157.50	37,166.50	40,180.00	50,225.00
4	24,250.00	29,100.00	32,252.50	32,737.50	36,375.00	42,437.50	44,862.50	48,500.00	60,625.00
5	28,410.00	34,092.00	37,785.30	38,353.50	42,615.00	49,717.50	52,558.50	56,820.00	71,025.00
6	32,570.00	39,084.00	43,318.10	43,969.50	48,855.00	56,997.50	60,254.50	65,140.00	81,425.00
7	36,730.00	44,076.00	48,850.90	49,585.50	55,095.00	64,277.50	67,950.50	73,460.00	91,825.00
8	40,890.00	49,068.00	54,383.70	55,201.50	61,335.00	71,557.50	75,646.50	81,780.00	102,225.00

Source: Medicaid.gov, 2015

Notes: For family units of more than 8 members, add \$4,060 for each additional member.

Compiled by: Health Council of Southeast Florida, 2015

² <http://aspe.hhs.gov/poverty/faq.shtml#programs>

Individuals in Poverty/ Children in Poverty

This area measures the percent of children in poverty, as defined by the federal poverty threshold. The table below shows individuals by age and gender in 2013 who have been below the poverty level in the past 12 months. Just under one fifth (17.6%) of Martin County's population under age 18 were below the poverty level.

TABLE 12: POVERTY STATUS IN THE PAST 12 MONTHS BY AGE AND GENDER, MARTIN COUNTY AND FLORIDA, 2013

	Martin County			Florida		
	Total	Below poverty level	% below poverty level	Total	Below poverty level	% below poverty level
Population for whom poverty status is determined	148,305	19,444	13.1%	19,129,950	3,253,333	17.0%
AGE						
Under 18 years	25,705	4,532	17.6%	3,954,275	968,765	24.5%
Related children under 18 years	25,564	4,391	17.2%	3,935,989	951,379	24.2%
18 to 64 years	80,568	11,703	14.5%	11,597,278	1,902,676	16.4%
65 years and over	42,032	3,209	7.6%	3,578,397	381,892	10.7%
SEX						
Male	71,710	9,302	13.0%	9,292,498	1,484,913	16.0%
Female	76,595	10,142	13.2%	9,837,452	1,768,420	18.0%

Source: US Census, Bureau, American Community Survey, 2013
 Compiled by: Health Council of Southeast Florida, 2015

Families in Poverty

Table 13 shows families with related children less than 18 years of age living in poverty in 2013. In Martin County, 17.0% of families with related children had income below the poverty level in the past 12 months.

TABLE 13: POVERTY STATUS IN THE LAST 12 MONTHS, FAMILIES, MARTIN COUNTY AND FLORIDA, 2013

	Martin County, Florida		Florida	
	Total	Percent below poverty level	Total	Percent below poverty level
Families	38,821	7.5%	4,626,388	12.4%
With related children under 18 years	13,184	17.0%	1,963,437	20.3%

Source: US Census, Bureau, American Community Survey, 2013
 Compiled by: Health Council of Southeast Florida, 2015

The table below shows grandparents living with grandchildren under 18 as well as grandparents who are responsible for their own grandchildren in Martin County by Census County Divisions (CCD), race, ethnicity, gender and poverty status. In 2013, there was a reported total number of 1,128 grandparents in Martin County who were responsible for their grandchildren. In 2013, 50.0% of Stuart CCD grandparents were responsible for grandchildren, almost thirty percent (29.2%) of these grandparents lived below the poverty level during this period.

TABLE 14: GRANDPARENTS, MARTIN COUNTY, 2013

	Martin County		Indiantown CCD		Port Salerno-Hobe Sound CCD		Stuart CCD	
	Total	% Grandparents responsible for grandchildren	Total	% Grandparents responsible for grandchildren	Total	% Grandparents responsible for grandchildren	Total	% Grandparents responsible for grandchildren
Living with own grandchildren under 18 years	2,453	1,128	610	238	892	414	951	476
RACE								
White	70.6%	72.4%	37.7%	25.6%	88.7%	94.7%	74.8%	76.5%
Black or African American	15.8%	17.1%	27.0%	24.8%	6.6%	5.3%	17.1%	23.5%
American Indian and Alaska Native	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Asian	4.4%	0.0%	4.9%	0.0%	0.0%	0.0%	8.1%	0.0%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Some other race	8.4%	9.4%	28.4%	44.5%	3.7%	0.0%	0.0%	0.0%
Two or more races	0.9%	1.1%	2.0%	5.0%	1.0%	0.0%	0.0%	0.0%
ETHNICITY								
Hispanic or Latino origin (of any race)	16.9%	12.8%	48.0%	54.2%	13.0%	2.4%	0.5%	1.1%
White alone, not Hispanic or Latino	62.1%	69.1%	18.0%	16.0%	79.4%	92.3%	74.2%	75.4%
SEX								
Male	40.8%	37.1%	41.6%	42.9%	44.5%	38.6%	36.7%	32.8%
Female	59.2%	62.9%	58.4%	57.1%	55.5%	61.4%	63.3%	67.2%
LABOR FORCE STATUS								
In labor force	52.3%	57.5%	68.2%	75.6%	46.2%	54.8%	47.9%	50.8%
DISABILITY STATUS								
With any disability	20.1%	13.5%	12.6%	17.2%	26.2%	15.5%	19.2%	9.9%
POVERTY STATUS IN THE PAST 12 MONTHS								
Income in the past 12 months below poverty level	18.3%	22.0%	19.3%	25.2%	10.5%	11.8%	24.9%	29.2%
Income in the past 12 months at or above poverty level	81.7%	78.0%	80.7%	74.8%	89.5%	88.2%	75.1%	70.8%
PRESENCE OF PARENT(S) OF GRANDCHILDREN								
No parent of grandchildren present	10.2%	22.3%	6.9%	17.6%	11.0%	23.7%	11.7%	23.3%

Source: U.S Census Bureau, American Community Survey, 2013
 Compiled by: Health Council of Southeast Florida, 2015

ALICE & Poverty

ALICE, an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mloyed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs. ³ The table below shows the total households, the percentage of ALICE population and poverty in towns in Martin County in 2013.

TABLE 15: POVERTY STATUS IN THE LAST 12 MONTHS, FAMILIES, MARTIN COUNTY AND FLORIDA, 2013

Town	Total Households	% ALICE & Poverty
Hobe Sound CDP	5,639	48.0%
Indiantown CDP	1,459	55.0%
North River Shores CDP	1,536	43.0%
Palm CDP	9,252	27.0%
Port Salerno-Hobe Sound CCD	25,241	38.0%
Rio CDP	419	50.0%
Stuart CCD	28,652	41.0%

Adapted from: United Way ALICE Report, 2013

Notes: Municipal-level data; municipal often relies on 3-and 5- year average, is not available for the smallest towns that don't report income and may overlap with Census Designated Places (CDP)

Compiled by: Health Council of Southeast Florida, 2015

³ United Way: ALICE Report: Florida. <http://www.uwof.org/alice>

Poverty Status by CCD

This area measures the percent of Martin County residents living in poverty, as defined by the federal poverty threshold. The table below shows individuals by Census County Division in 2013 who have been living below the poverty level in the past 12 months. Just over one fifth (20.9%) of Indiantown residents were below the poverty level. Nearly 45.0% of unemployed residents of the Indiantown CCD have been living below the poverty level.

TABLE 16: POVERTY STATUS BY CCD, MARTIN COUNTY, 2013

	Martin County		Indiantown CCD		Port Salerno-Hobe Sound CCD		Stuart CCD	
	Below poverty level	Percent below poverty level	Below poverty level	Percent below poverty level	Below poverty level	Percent below poverty level	Below poverty level	Percent below poverty level
Population for whom poverty status is determined	18,766	13.0%	4,054	20.9%	6,685	11.1%	8,027	12.3%
AGE								
Under 18 years	5,450	21.5%	1,532	31.5%	1,899	19.0%	2,019	19.2%
Related children under 18 years	5,373	21.2%	1,532	31.5%	1,854	18.6%	1,987	18.9%
18 to 64 years	10,811	13.7%	2,340	20.8%	3,667	11.5%	4,804	13.5%
65 years and over	2,505	6.2%	182	5.4%	1,119	6.1%	1,204	6.4%
SEX								
Male	9,481	13.4%	2,196	22.5%	3,245	11.0%	4,040	12.8%
Female	9,285	12.5%	1,858	19.2%	3,440	11.1%	3,987	11.9%
RACE								
White	12,917	10.2%	2,500	17.9%	4,841	9.0%	5,576	9.5%
Black or African American	2,743	37.6%	706	44.5%	780	29.1%	1,257	41.6%
American Indian and Alaska Native	8	1.3%	0	0.0%	8	3.5%	0	0.0%
Asian	220	15.4%	55	21.7%	30	7.6%	135	17.3%
Native Hawaiian and Other Pacific Islander	0	0.0%	0	-	0	0.0%	0	-
Some other race	2,643	38.7%	740	25.1%	967	40.1%	936	63.8%
Two or more races	235	10.2%	53	11.1%	59	6.3%	123	13.9%
ETHNICITY								
Hispanic or Latino origin (of any race)	6,252	34.6%	2,339	35.0%	2,319	34.4%	1,594	34.4%
White alone, not Hispanic or Latino	9,561	8.2%	1,113	10.4%	3,515	7.1%	4,933	8.8%
EMPLOYMENT STATUS								
Civilian labor force 16 years and over	6,616	9.9%	1,149	13.2%	2,517	9.1%	2,950	9.7%
Employed	4,261	7.3%	543	7.4%	1,579	6.5%	2,139	8.1%
Unemployed	2,355	27.6%	606	44.9%	938	29.10%	811	20.5%

Source: U.S. Census Bureau, American Community Survey, 2013
Compiled by: Health Council of Southeast Florida, 2015

Poverty Status by CDP

This area measures the percent of Martin County residents living in poverty, as defined by the federal poverty threshold. The table below shows individuals by Census Designated Place in 2013 who have been living below the poverty level in the past 12 months. Just over three fifths (62.4%) of Indiantown's Black or African American residents were below the poverty level. Nearly 44.0% of Hispanic or Latino residents of the Port Salerno CDP have been living below the poverty level.

TABLE 17: POVERTY STATUS BY CDP, MARTIN COUNTY, 2013

	Jensen Beach CDP		Palm City CDP		Hobe Sound CDP		Indiantown CDP		Port Salerno CDP	
	Below poverty level	Percent below poverty level	Below poverty level	Percent below poverty level	Below poverty level	Percent below poverty level	Below poverty level	Percent below poverty level	Below poverty level	Percent below poverty level
Population for whom poverty status is determined	1,415	12.0%	1,191	5.1%	1,572	12.7%	1,767	26.8%	1,535	15.5%
AGE										
Under 18 years	224	14.4%	331	7.2%	485	24.2%	735	35.5%	487	23.7%
Related children under 18 years	212	13.7%	331	7.2%	476	23.9%	735	35.5%	465	22.9%
18 to 64 years	1,005	14.6%	492	3.9%	843	13.1%	989	26.5%	778	14.0%
65 years and over	186	5.6%	368	6.0%	244	6.1%	43	5.4%	270	11.6%
SEX										
Male	799	13.5%	413	3.7%	878	14.8%	1,013	28.70%	832	16.60%
Female	616	10.5%	778	6.3%	694	10.7%	754	24.60%	703	14.30%
RACE										
White	1,388	12.1%	1,126	5.1%	1,034	9.2%	847	26.3%	1,154	13.8%
Black or African American	9	6.2%	25	12.6%	261	34.0%	623	62.4%	289	34.7%
American Indian and Alaska Native	0	-	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asian	0	0.0%	40	8.6%	0	-	0	0.0%	30	25.2%
Native Hawaiian and Other Pacific Islander	0	-	0	-	0	-	0	-	0	-
Some other race	0	0.0%	0	0.0%	277	84.5%	292	14.1%	36	12.8%
Two or more races	18	25.4%	0	0.0%	0	0.0%	5	5.1%	26	11.8%
ETHNICITY										
Hispanic or Latino origin (of any race)	32	9.8%	54	3.6%	320	26.6%	1,240	28.5%	512	43.7%
White alone, not Hispanic or Latino	1,356	12.1%	1,072	5.1%	991	9.5%	99	8.1%	704	9.3%
EMPLOYMENT STATUS										
Civilian labor force 16 years and over	419	7.2%	406	3.8%	631	11.1%	375	13.8%	470	9.8%
Employed	301	5.9%	249	2.6%	479	9.4%	209	9.0%	309	7.2%
Unemployed	118	16.2%	157	13.3%	152	26.8%	166	42.1%	161	32.40%

Source: U.S. Census Bureau, American Community Survey, 2013
 Compiled by: Health Council of Southeast Florida, 2015

INCOME

Per Capita Income

Income and financial resources often influence health as they facilitate access to resources and services including: health insurance, medical care, healthy food, safe housing and other basic goods.

Per capita income is calculated by adding all income in an area and dividing by the total population. While per capita income provides some indication of the financial situation in an area, it does not provide insight into the distribution of that wealth or the disparities within an area.

The table below shows per capita income and median earnings for Martin County and Florida in 2013. Earnings are defined as the sum of income from wages, salary and self-employment. Income includes monies from wages, salary, self-employment, interest, dividends, real estate, estates, trust, social security, SSI, public assistance, retirement, survivor and disability income. In 2013, the per capita income in Martin County was \$25,834, which was \$7,451 less than the state mean of \$33,285.

Median earning is used to depict the middle point of earnings distribution within a given area. In other words, it is the amount that would divide the income distribution within an area into two groups. This measure is not as affected by a few extreme values as an average, such as per capita income. The median earnings for workers were \$26,873, lower than the state median of \$28,617.

TABLE 18: PER CAPITA INCOME AND EARNINGS, MARTIN COUNTY AND FLORIDA, 2013

	Martin County	Florida
Per capita income (dollars)	\$25,834	\$33,285
Median earnings for workers (dollars)	\$26,873	\$28,617
Median earnings for male full-time, year-round workers (dollars)	\$40,809	\$45,866
Median earnings for female full-time, year-round workers (dollars)	\$34,419	\$40,012

Source: US Census, Bureau, American Community Survey, 2013
Compiled by: Health Council of Southeast Florida, 2015

Household Income

Household income reflects the total amount of income of all workers within a household. A household is all people who occupy a housing unit; the occupants may or may not be related.

The table below shows households by income bracket in Martin County and Florida in 2013. Just under a quarter of households (24.0%) in Martin County had income less than \$25,000. Over a fifth of all households (24.0%) had income of \$100,000 or greater for the year.

Over forty-seven percent of households had incomes that included Social Security, as compared to 36.3% in Florida. And, 24.6% of households had incomes that included retirement, as compared to 19.3% in the state.

TABLE 19: HOUSEHOLD INCOME, MARTIN COUNTY AND FLORIDA, 2013

	Martin County		Florida	
	Number	Percent	Number	Percent
Total households	61,546	61,546	7,211,584	7,211,584
Less than \$10,000	3,912	6.4%	593,608	8.2%
\$10,000 to \$14,999	3,075	5.0%	423,408	5.9%
\$15,000 to \$24,999	7,771	12.6%	885,779	12.3%
\$25,000 to \$34,999	8,335	13.5%	847,478	11.8%
\$35,000 to \$49,999	7,892	12.8%	1,100,262	15.3%
\$50,000 to \$74,999	8,951	14.5%	1,309,633	18.2%
\$75,000 to \$99,999	6,824	11.1%	774,887	10.7%
\$100,000 to \$149,999	7,474	12.1%	740,655	10.3%
\$150,000 to \$199,999	3,315	5.4%	253,241	3.5%
\$200,000 or more	3,997	6.5%	282,633	3.9%
Median household income (dollars)	49,444	(X)	46,036	(X)
Mean household income (dollars)	79,621	(X)	65,728	(X)
With earnings	39,140	63.6%	5,185,976	71.9%
Mean earnings (dollars)	77,535	(X)	66,331	(X)
With Social Security	29,413	47.8%	2,615,333	36.3%
Mean Social Security income (dollars)	19,427	(X)	17,861	(X)
With retirement income	15,150	24.6%	1,389,254	19.3%
Mean retirement income (dollars)	32,077	(X)	24,748	(X)
With Supplemental Security Income	1,601	2.6%	357,787	5.0%
Mean Supplemental Security Income (dollars)	11,784	(X)	9,195	(X)
With cash public assistance income	608	1.0%	162,371	2.3%
Mean cash public assistance income (dollars)	N	N	2,749	(X)
With Food Stamp/SNAP benefits in the past 12 months	4,958	8.1%	1,089,738	15.1%

Source: US Census, Bureau, American Community Survey, 2013
Compiled by: Health Council of Southeast Florida, 2015

Family Income

The table below reflects the income and benefits of families in Martin County and in Florida in 2013 by income bracket. A family, as defined by the US Census Bureau is a household in which the householder and all (one or more) other people living in the same household are related to the householder by blood, marriage or adoption. In Martin County in 2013, 14.4% of families had annual income of less than \$25,000. Over 9.0% had income \$200,000 or more, which was higher than the state rate of 5.1%.

TABLE 20: FAMILY INCOME AND BENEFITS, MARTIN COUNTY AND FLORIDA, 2013

	Martin County		Florida	
	Number	Percent	Number	Percent
Families	38,821	38,821	4,626,388	4,626,388
Less than \$10,000	1,069	2.8%	246,127	5.3%
\$10,000 to \$14,999	1,271	3.3%	167,967	3.6%
\$15,000 to \$24,999	3,218	8.3%	435,804	9.4%
\$25,000 to \$34,999	4,299	11.1%	502,220	10.9%
\$35,000 to \$49,999	5,372	13.8%	703,490	15.2%
\$50,000 to \$74,999	5,820	15.0%	924,118	20.0%
\$75,000 to \$99,999	5,753	14.8%	596,477	12.9%
\$100,000 to \$149,999	5,764	14.8%	601,788	13.0%
\$150,000 to \$199,999	2,590	6.7%	211,421	4.6%
\$200,000 or more	3,665	9.4%	236,976	5.1%
Median family income (dollars)	66,714	(X)	55,774	(X)
Mean family income (dollars)	97,057	(X)	76,713	(X)

Source: US Census, Bureau, American Community Survey, 2013
 Compiled by: Health Council of Southeast Florida, 2015

GINI Index

The Gini index is a measurement of the income distribution of a county's residents. This number varies between 0 and 1 and is based on residents' net income. A value of 0 indicates a perfect equality, where there is a proportional distribution of income. A value of 1 indicates perfect inequality, where one household has all the income and others have no income.

The table below shows the Gini index for Florida, Martin County and the surrounding counties. In 2013, the Gini index was 0.51 in Martin County, slightly higher than the state (0.48).

TABLE 21: GINI INDEX, MARTIN COUNTY AND FLORIDA, 2013

	Gini Index
Florida	0.484
Martin County	0.518
Surrounding Counties:	
St. Lucie County	0.490
Okeechobee County	0.486
Palm Beach County	0.519
Glades County	0.415
Hendry County	0.479

Source: US Census Bureau, American Community Survey, 2013
 Compiled by: Health Council of Southeast Florida, 2015

HOMELESS

The table below show the number of homeless adults and children who reside in Martin County, as of January 2015. This count is not estimated in the census residential population estimates. There was an estimated 504 homeless residents living in Martin County, with 18.8% being children and 81.2% were adults.

TABLE 22: HOMELESSNESS IN MARTIN COUNTY, AS OF JANUARY, 2015

	Martin County	
	Number	Percent
Adults	409	81.2%
Children	95	18.8%
Total	504	100.0%

Source: Treasure Coast Homeless Services Council, Inc., 2015
Compiled by: Health Council of Southeast Florida, 2015

The table below shows the number of homeless disabled and unemployed adults in Martin County, as of January 2015. Ninety-nine homeless individuals self-reported as adults with disabilities and 96 self-reported as unemployed.

TABLE 23: DISABLED AND UNEMPLOYMENT HOMELESSNESS IN MARTIN COUNTY, AS OF JANUARY, 2015

	Martin County
	Number
Disabled Adults	99
Unemployed Adults	96

Source: Treasure Coast Homeless Services Council, Inc., 2015
Compiled by: Health Council of Southeast Florida, 2015

The table below shows the reasons for homelessness in Martin County in 2015. Ninety-six individuals reported employment as the primary reason for homelessness; therefore, suggesting that the primary reason for homelessness in Martin County was "Employment".

TABLE 24: REASON FOR HOMELESSNESS IN MARTIN COUNTY, AS OF JANUARY, 2015

	Martin County
	Number
Employment	96
Housing	35
Disability	59
Family Problems	31
Substance Abuse	28

Source: Treasure Coast Homeless Services Council, Inc., 2015
Compiled by: Health Council of Southeast Florida, 2015

EDUCATION

School Enrollment

The table below shows school enrollment by school type in Martin County and in Florida. In 2013, over 31,000 individuals ages 3 and over in Martin County were enrolled in school. Of those enrolled, 6.7% were in preschool, 4.4% were in kindergarten, 38.3% were in elementary school, 21.1% were in high school and over a quarter were in college or graduate school.

TABLE 25: SCHOOL ENROLLMENT, MARTIN COUNTY AND FLORIDA, 2013

	Martin County		Florida	
	Number	Percent	Number	Percent
Population 3 years and over enrolled in school	31,373	31,373	4,643,948	4,643,948
Nursery school, preschool	2,095	6.7%	287,571	6.2%
Kindergarten	1,389	4.4%	229,382	4.9%
Elementary school (grades 1-8)	12,023	38.3%	1,361,504	29.3%
High school (grades 9-12)	6,619	21.1%	955,176	20.6%
College or graduate school	9,247	29.5%	1,361,504	29.3%

Source: U.S Census Bureau, American Community Survey, 2013
Compiled by: Health Council of Southeast Florida, 2015

Early Education School Enrollment

The table below shows Martin County's early education school enrollment. In 2013, nearly 600 individuals in Martin County were reportedly enrolled in Prekindergarten (Pre-K). Of those, 54.4% were in Voluntary Prekindergarten (VPK) and 45.6% were in Head Start.

TABLE 26: EARLY EDUCATION SCHOOL ENROLLMENT, MARTIN COUNTY AND FLORIDA, 2013-2014

	Martin County	
	Total	Percent
Pre-K	592	100.0%
Head Start	270	45.6%
VPK	322	54.4%

Source: Martin County School Board, Annual Report, 2013-2014
Compiled by: Health Council of Southeast Florida, 2015

Public and Private School Enrollment

The table below shows private and public school enrollment by school type in Martin County and in Florida. In 2013, Over 31,000 individuals ages 3 and over in Martin County were enrolled in school. Of those, 87.5% were in a public school, as compared to 12.5% enrolled in a private school. In 2013, 91.3% of Martin County students were enrolled in a public high school and 8.7% were enrolled in a private school.

TABLE 27: PUBLIC AND PRIVATE SCHOOL ENROLLMENT BY SCHOOL TYPE, MARTIN COUNTY AND FLORIDA, 2013

	Martin County			Florida		
	Total	In public school	In private school	Total	In public school	In private school
Population 3 years and over enrolled in school	31,373	87.5%	12.5%	4,643,948	82.7%	17.3%
Nursery school, preschool	2,095	62.0%	38.0%	287,571	56.0%	44.0%
Kindergarten	1,389	86.5%	13.5%	229,382	86.3%	13.7%
Elementary: grade 1 to grade 4	6,283	88.8%	11.2%	888,197	88.3%	11.7%
Elementary: grade 5 to grade 8	5,740	96.0%	4.0%	922,118	88.9%	11.1%
High school: grade 9 to grade 12	6,619	91.3%	8.7%	955,176	89.4%	10.6%
College, undergraduate	7,861	85.0%	15.0%	1,135,010	79.1%	20.9%
Graduate, professional school	1,386	81.5%	18.5%	226,494	56.3%	43.7%
Percent of age group enrolled in school						
3 and 4 years	64.7%	59.1%	40.9%	49.6%	53.9%	46.1%
5 to 9 years	97.6%	89.6%	10.4%	95.8%	86.2%	13.8%
10 to 14 years	98.8%	94.4%	5.6%	98.3%	88.9%	11.1%
15 to 17 years	99.3%	89.6%	10.4%	96.5%	89.6%	10.4%
18 and 19 years	58.7%	90.6%	9.4%	73.1%	86.6%	13.4%
20 to 24 years	58.9%	87.7%	12.3%	42.1%	80.6%	19.4%
25 to 34 years	10.5%	89.7%	10.3%	14.4%	72.3%	27.7%
35 years and over	2.8%	76.1%	23.9%	2.6%	64.4%	35.6%

Source: U.S Census Bureau, American Community Survey, 2013
 Compiled by: Health Council of Southeast Florida, 2015

Educational Attainment

Educational attainment often influences socioeconomic status. As previously noted, low socioeconomic status can hinder access to health care services and can result in less desirable health outcomes.

The table below shows the highest degree or level of education attained by the population 25 years and older in Martin County and in Florida in 2012. In the county, 87.9% of the population had obtained a high school diploma or higher and 30.2% held a bachelor's degree or higher; both rates were a bit higher than the state.

TABLE 28: EDUCATIONAL ATTAINMENT, MARTIN COUNTY AND FLORIDA, 2012

	Martin County		Florida	
	Number	Percent	Number	Percent
Population 25 years and over	112,465	112,465	13,503,747	13,503,747
Less than 9th grade	6,354	5.6%	719,287	5.3%
9th to 12th grade, no diploma	7,256	6.5%	1,102,171	8.2%
High school graduate (includes equivalency)	29,377	26.1%	4,020,195	29.8%
Some college, no degree	25,575	22.7%	2,802,225	20.8%
Associate's degree	9,922	8.8%	1,236,800	9.2%
Bachelor's degree	22,557	20.1%	2,329,936	17.3%
Graduate or professional degree	11,424	10.2%	1,293,133	9.6%
Percent high school graduate or higher	(X)	87.9%	(X)	86.5%
Percent bachelor's degree or higher	(X)	30.2%	(X)	26.8%

Source: U.S Census Bureau, American Community Survey, 2012
Compiled by: Health Council of Southeast Florida, 2015

High School Graduation Rates

The table below shows graduation rates in Martin County and Florida from the 2009-10 through 2013-14 academic school year. During the time period shown, the rate in Martin County increased from 75.5% to 88.8% and was consistently higher than the rate in Florida.

TABLE 29: GRADUATION RATES, MARTIN COUNTY AND FLORIDA, 2009- 2010 THROUGH 2013-2014

	2009-10	2010-11	2011-12	2012-13	2013-14
Martin	75.5%	82.4%	84.9%	87.7%	88.8%
Florida	69.0%	70.6%	74.5%	75.6%	76.1%

Source: 2013-14 Florida Department of Education (FDOE) cohort graduation data as of 2/25/2015
Compiled by: Health Council of Southeast Florida, 2015

School Performance

The table below shows school grades from schools in Martin County from 2010 to 2014. Schools indicated as type 01 are elementary schools, 02 are middle schools, 03 are high schools and 04 are combination. School grades for elementary and middle schools are determined by a combination of factors including learning gains and performance measures. Grades from high school include consideration of other measures. The table below shows the school grades and figure 6 shows a map of school locations in Martin County.

TABLE 30: MARTIN COUNTY SCHOOL GRADES, 2010- 2014 (PRELIMINARY)

School Name	School Type	2010	2011	2012	2013	2014 Preliminary
Bessey Creek Elementary School	01	A	A	A	A	A
Citrus Grove Elementary	01	A	A	A	A	A
Clark Advanced Learning Center	03	A	A	A	A	A
Crystal Lake Elementary School	01	B	A	A	B	A
Dr. David L. Anderson Middle School	02	A	A	A	B	C
Felix A Williams Elementary School	01	A	A	B	B	C
Hidden Oaks Middle School	02	A	A	A	A	A
Hobe Sound Elementary School	01	A	A	A	B	C
Indiantown Middle School	04	A	A	A	B	C
J. D. Parker School Of Technology	01	C	A	B	C	D
Jensen Beach Elementary School	01	A	A	A	B	B
Jensen Beach High School	03	A	B	A	A	A
Martin County High School	03	B	B	A	A	A
Martin County Jail	03	NR	NR	NR	NR	I
Murray Middle School	02	A	A	A	B	B
Palm City Elementary School	01	A	A	A	A	A
Pinewood Elementary School	01	C	B	B	C	C
Port Salerno Elementary School	01	B	A	B	C	C
Sandy Pines	04	NR	NR	NR	NR	I
Sea Wind Elementary School	01	B	A	A	B	C
South Fork High School	03	A	B	A	A	A
Stuart Middle School	02	A	A	A	A	A
Warfield Elementary School	01	A	A	A	A	A

Source: Florida Department of Education, 2014

Notes: Legend for School Types: 01=Elementary; 02=Middle; 03=High; 04=Combination, NR indicates none reported

Notes: Schools that serve high school grade levels will receive a grade based on a weighting of state-assessment-based components and other components for which data are not currently available. The word "Pending" will appear as their school grade until the other components are available near the end of 2014

Compiled by: Health Council of Southeast Florida, 2015

Standardized Test Scores

The table below shows the percentage of students in Martin County, by grade level, who scored 3 or above on the reading and mathematics section of the Florida Comprehensive Test 2.0 (FCAT) in the years 2012 – 2014. Scoring ranges from one (lowest) to five (highest), with three representing a satisfactory performance in the assessed grade and subject.

TABLE 31: PERCENTAGE OF STUDENTS PASSING (SCORE OF 3 AND ABOVE), MARTIN COUNTY, 2012- 2014

Grade	Reading			Mathematics		
	2012	2013	2014	2012	2013	2014
3	66%	59%	58%	65%	59%	63%
4	66%	62%	62%	65%	68%	67%
5	63%	64%	63%	61%	59%	62%
6	68%	65%	63%	63%	55%	58%
7	63%	68%	60%	64%	58%	56%
8	67%	65%	69%	66%	53%	37%
9	70%	69%	63%	NA	NA	NA
10	65%	71%	67%	NA	NA	NA

Source: Florida Department of Education, 2014
 Note: NA indicates the FCAT 2.0 was not given that year or is not administered for the selected grade level.
 Note: The Spring 2011 FCAT 2.0 Reading and Mathematics and Spring 2012 FCAT 2.0 Science scores were reported as FCAT Equivalent Scores in order to maintain consistent expectations for student performance during the transition year. FCAT Equivalent Scores for these years have been converted to the established FCAT 2.0 scales and are provided in this database so that stakeholders and the general public are able to see what the scores would have been if the established score scales and Achievement Levels had been approved and implemented at that time.
 Compiled by: Health Council of Southeast Florida, 2015

BUSINESS AND EMPLOYMENT

Unemployment

High rates of unemployment can affect the financial stability of individuals within a community, this can lead to decreased expenditures for health care and can result in higher rates of uninsured.

The table below shows employment status of the population 16 years and older in Martin County and in Florida in 2013. In Martin County there were 66,532 individuals in the labor force, constituting 51.7% of the county's population. Individuals in the labor force include those who are currently working, as well as those who are not working but are actively looking for a job and available to start work. In Martin County, 8.9% of the labor force was unemployed, just under 1 percentage point less than in Florida as a whole.

TABLE 32: EMPLOYMENT STATUS, MARTIN COUNTY AND FLORIDA, 2013

	Martin County		Florida	
	Number	Percent	Number	Percent
Population 16 years and over	128,749	128,749	15,996,701	15,996,701
In labor force	66,532	51.7%	9,422,271	58.9%
Civilian labor force	66,402	51.6%	9,369,264	58.6%
Employed	60,518	47.0%	8,459,990	52.9%
Unemployed	5,884	4.6%	909,274	5.7%
Armed Forces	130	0.1%	53,007	0.3%
Not in labor force	62,217	48.3%	6,574,430	41.1%
Civilian labor force	66,402	66,402	9,369,264	9,369,264
Percent Unemployed	(X)	8.9%	(X)	9.7%

Source: US Census, Bureau, American Community Survey, 2013
 Compiled by: Health Council of Southeast Florida, 2015

Work Status

The table below shows the work status of the population 16 years and older in Martin County by Census County Division (CCD) in 2013. In Martin County, 28.1% of the population ages 16-64 did not work in the past 12 months in 2013. In the Indiantown CCD almost 40% of the population ages 16-64 did not work in the past 12 months in 2013.

TABLE 33: WORK STATUS IN THE LAST 12 MONTHS IN MARTIN COUNTY BY CCD, 2013

	Martin County	Indiantown CCD	Port Salerno-Hobe Sound CCD	Stuart CCD
Population 16 to 64 years	84,137	13,243	33,326	37,568
WEEKS WORKED				
Worked 50 to 52 weeks	50.1%	41.5%	53.6%	50.1%
Worked 40 to 49 weeks	6.9%	6.9%	7.2%	6.6%
Worked 27 to 39 weeks	5.5%	5.0%	5.1%	6.0%
Worked 14 to 26 weeks	3.9%	2.4%	4.0%	4.4%
Worked 1 to 13 weeks	5.5%	4.4%	5.4%	6.0%
Did not work	28.1%	39.8%	24.7%	26.9%
USUAL HOURS WORKED				
Usually worked 35 or more hours per week	52.9%	49.0%	54.2%	53.1%
Usually worked 15 to 34 hours per week	15.7%	9.2%	17.6%	16.3%
Usually worked 1 to 14 hours per week	3.3%	2.1%	3.5%	3.7%
Did not work	28.1%	39.8%	24.7%	26.9%
Mean usual hours worked for workers	38.1	39.3	37.7	38.1

Source: U.S Census Bureau, American Community Survey, 2013
 Compiled by: Health Council of Southeast Florida, 2015

Employer Size & Industry

The table below shows the number and percentage of workers by industry in Martin County and in Florida in 2013. The greatest percentage of workers in the county, 22.1%, were in the educational services, and health care and social assistance industry.

TABLE 34: INDUSTRY, MARTIN COUNTY AND FLORIDA, 2013

	Martin County		Florida	
	Number	%	Number	%
Civilian employed population 16 years and over	60,518		8,459,990	
Agriculture, forestry, fishing and hunting, and mining	353	0.6%	87,734	1.0%
Construction	5,905	9.8%	575,346	6.8%
Manufacturing	3,368	5.6%	436,499	5.2%
Wholesale trade	1,506	2.5%	246,113	2.9%
Retail trade	7,458	12.3%	1,143,428	13.5%
Transportation and warehousing, and utilities	2,245	3.7%	425,324	5.0%
Information	949	1.6%	175,355	2.1%
Finance and insurance, and real estate and rental and leasing	3,432	5.7%	655,929	7.8%
Professional, scientific, and management, and administrative and waste management services	7,952	13.1%	1,056,064	12.5%
Educational services, and health care and social assistance	13,374	22.1%	1,770,023	20.9%
Arts, entertainment, and recreation, and accommodation and food services	7,706	12.7%	1,042,305	12.3%
Other services, except public administration	3,802	6.3%	466,198	5.5%
Public administration	2,468	4.1%	379,672	4.5%

Source: US Census, Bureau, American Community Survey, 2013
Compiled by: Health Council of Southeast Florida, 2015

The table below shows the number and percentage of workers in Martin County and in Florida by occupation. Over a third of individuals in the county were in management, business, science, and arts occupations and over a quarter were in sales and office occupations.

TABLE 35: OCCUPATION, MARTIN COUNTY AND FLORIDA, 2013

	Martin County		Florida	
	Number	Percent	Number	Percent
Civilian employed population 16 years and over	60,518	60,518	8,459,990	8,459,990
Management, business, science, and arts occupations	22,011	36.4%	2,840,400	33.6%
Service occupations	12,083	20.0%	1,755,834	20.8%
Sales and office occupations	15,467	25.6%	2,332,493	27.6%
Natural resources, construction, and maintenance occupations	6,053	10.0%	768,599	9.1%
Production, transportation, and material moving occupations	4,904	8.1%	762,664	9.0%

Source: US Census, Bureau, American Community Survey, 2013
Compiled by: Health Council of Southeast Florida, 2015

The table below shows the employed population 16 years and older in Martin County and in Florida by the class of worker. The majority, 80.3%, of workers in Martin County were private

wage or salary workers. There was a higher percentage of self-employed business workers, 7.6% in the county, than in the state (5.6%).

TABLE 36: CLASS OF WORKER, MARTIN COUNTY AND FLORIDA, 2013

	Martin County		Florida	
	Number	Percent	Number	Percent
Civilian employed population 16 years and over	60,518	60,518	8,459,990	8,459,990
Private wage and salary workers	48,610	80.3%	6,929,128	81.9%
Government workers	7,127	11.8%	1,042,700	12.3%
Self-employed in own not incorporated business workers	4,576	7.6%	476,451	5.6%
Unpaid family workers	205	0.3%	11,711	0.1%

Source: US Census, Bureau, American Community Survey, 2013
Compiled by: Health Council of Southeast Florida, 2015

PUBLIC ASSISTANCE BENEFITS

School Lunch Program

Specific schools are identified as Provision 2 schools, where meals are served to all students at no charge, while other students are given eligibility for free and reduced lunch based on the community eligibility provision, which uses information from other programs, such as Supplemental Nutrition Assistance Program (SNAP), to qualify a student for free or reduced price lunch.

The table below shows students in Martin County and in Florida eligible for free or reduced priced lunch during the 2013-14 school year. During this time period, 29.6% of the total members were eligible for free lunch and an additional 3.9% were eligible for reduced lunch.

TABLE 37: FREE AND REDUCED LUNCH STATUS, MARTIN COUNTY AND FLORIDA, SY 2013-2014

	Total Members	#Free	#Reduced Priced	#Provision 2	#Direct Cert
Martin	18,792	5,555	736	1,180	712
Florida	2,720,797	1,305,139	170,822	40,217	74,451

Source: Florida Department of Education, 2014

Notes: Free = The student is eligible for free lunch; Reduced Priced = The student is eligible for reduced-price lunch; Provision 2 = The student is enrolled in a USDA-approved Provision 2 school; Direct Cert = The student is enrolled in a USDA – approved Community Eligibility Provision (CEP) school and is identified as eligible for free meals based upon the Direct Certification determination or the extension of eligibility to the household due to eligibility of an identified direct certified student.

Compiled by: Health Council of Southeast Florida, 2015

Table 38 shows the number and percentages of students eligible for free/reduced price lunch for 2014 to 2015. Of the total 19,101 students, 43.0% were found to be eligible for free/reduced price lunch for this school year.

TABLE 38: STUDENTS QUALIFYING FOR FREE/REDUCED LUNCH, 2014-2015

School Name	Total Members	% Eligible	Eligible for Free or Reduced Price Lunch			
			# Free	# Reduced Price	# Provision 2	CEP # Direct Cert
All Martin County Schools	19,101	43.0%	5,914	519	1,250	530
Elementary Schools						
BESSEY CREEK ELEMENTARY SCHOOL	552	19.7%	93	16	0	0
CITRUS GROVE ELEMENTARY	611	21.3%	114	16	0	0
CRYSTAL LAKE ELEMENTARY SCHOOL	598	36.0%	198	17	0	0
FELIX A WILLIAMS ELEM SCHOOL	676	37.7%	233	22	0	0
HOBE SOUND ELEMENTARY SCHOOL	638	53.0%	311	27	0	0
J. D. PARKER SCHOOL OF TECHNOL	657	54.0%	347	8	0	0
JENSEN BEACH ELEMENTARY SCHOOL	615	46.7%	261	26	0	0
PALM CITY ELEMENTARY SCHOOL	668	19.2%	113	15	0	0
PINEWOOD ELEMENTARY SCHOOL	779	48.4%	370	7	0	0
PORT SALERNO ELEMENTARY SCHOOL	802	66.1%	0	0	0	530
SEA WIND ELEMENTARY SCHOOL	704	52.1%	340	27	0	0
WARFIELD ELEMENTARY SCHOOL	735	100.0%	0	0	735	0
Middle Schools						
DR. DAVID L. ANDERSON MIDDLE S	949	55.8%	481	49	0	0
HIDDEN OAKS MIDDLE SCHOOL	1,032	16.4%	150	19	0	0
INDIANTOWN MIDDLE SCHOOL	514	100.0%	0	0	514	0
MURRAY MIDDLE SCHOOL	771	47.7%	335	33	0	0
STUART MIDDLE SCHOOL	940	39.0%	330	37	0	0
High Schools						
JENSEN BEACH HIGH SCHOOL	1,794	27.7%	456	41	0	0
MARTIN COUNTY HIGH SCHOOL	2,129	36.2%	699	72	0	0
SOUTH FORK HIGH SCHOOL	1,938	38.5%	675	72	0	0
SPECTRUM JUNIOR/SENIOR HIGH SC	59	69.5%	41	0	0	0
Alternative/Charter Schools and Academies						
CHALLENGER SCHOOL	35	62.9%	21	1	0	0
CLARK ADVANCED LEARNING CENTER	248	22.2%	43	12	0	0
ESE HOMEBOUND	15	33.3%	4	0	1	0
INFANT-TODDLERS EXCEPTIONAL ED	10	20.0%	2	0	0	0
MARTIN COUNTY GIRLS ACADEMY	20	100.0%	20	0	0	0
PK EARLY INTERVENTION	176	27.8%	47	2	0	0
PREKINDERGARTEN PROGRAMS	263	85.6%	225	0	0	0
RIVERBEND ACADEMY	120	1.7%	2	0	0	0
PROJECT SEARCH	10	30.0%	3	0	0	0
TEEN PARENT INDIANTOWN	11	0.0%	0	0	0	0
THE HOPE CHARTER CENTER FOR AU	32	0.0%	0	0	0	0

Source: Florida Department of Education, Automated Student Information Database, 2014-2015

*Free= The student is eligible for free lunch.

*Reduce Price= The student is eligible for reduced-price lunch.

*Provision 2= The student is enrolled in a USDA-approved Provision 2 school.

*Direct Cert= The student is enrolled in a USDA – approved Community Eligibility Provision (CEP) school and is identified as eligible for free meals based upon the Direct Certification determination or the extension of eligibility to the household due to eligibility of an identified direct certified student.

Compiled By: Health Council of Southeast Florida, 2015

HOUSING

Housing Units

The table below shows the total number of housing units in Martin County and in Florida in 2013, as well as the proportion of those units that are occupied and vacant. A housing unit is considered to be occupied if it is the current place of residence of the person or group of people who are living there when data was gathered or if those individuals are absent from the residence only temporarily (two months or less). In 2013, 78.7% of the housing units in Martin County were occupied.

TABLE 39: HOUSING OCCUPANCY, MARTIN COUNTY AND FLORIDA, 2013

	Martin County		Florida	
	Number	Percent	Number	Percent
Total housing units	78,158		9,047,973	
Occupied housing units	61,546	78.7%	7,211,584	79.7%
Vacant housing units	16,612	21.3%	1,836,389	20.3%

Source: US Census, Bureau, American Community Survey, 2013
Compiled by: Health Council of Southeast Florida, 2015

Median Housing Price

The table below shows occupied housing units, by value bracket, as well as the median housing unit value in Martin County and in Florida in 2013. The median value in the county was \$191,100, which was nearly \$38,000 more than the median value in the state.

TABLE 40: HOUSING VALUE, OWNER-OCCUPIED UNITS, MARTIN COUNTY AND FLORIDA, 2013

	Martin County		Florida	
	Number	Percent	Number	Percent
Owner-occupied units	45,138	45,138	4,672,482	4,672,482
Less than \$50,000	5,126	11.4%	541,100	11.6%
\$50,000 to \$99,999	5,537	12.3%	930,170	19.9%
\$100,000 to \$149,999	6,386	14.1%	805,674	17.2%
\$150,000 to \$199,999	6,510	14.4%	723,090	15.5%
\$200,000 to \$299,999	8,568	19.0%	801,517	17.2%
\$300,000 to \$499,999	7,988	17.7%	548,109	11.7%
\$500,000 to \$999,999	3,576	7.9%	238,223	5.1%
\$1,000,000 or more	1,447	3.2%	84,599	1.8%
Median (dollars)	191,100	(X)	153,300	(X)

Source: US Census, Bureau, American Community Survey, 2013
Compiled by: Health Council of Southeast Florida, 2015

Average Rent

The table below shows rental units, by rent bracket in Martin County and in Florida in 2013 as well as the median rent. The median rent in Martin County was \$912, just lower than the state median rent of \$972.

TABLE 41: GROSS RENT, MARTIN COUNTY AND FLORIDA, 2013

	Martin County		Florida	
	Number	Percent	Number	Percent
Occupied units paying rent	15,081	15,081	2,419,717	2,419,717
Less than \$200	115	0.8%	27,054	1.1%
\$200 to \$299	101	0.7%	45,795	1.9%
\$300 to \$499	736	4.9%	106,100	4.4%
\$500 to \$749	3,243	21.5%	413,375	17.1%
\$750 to \$999	5,549	36.8%	697,658	28.8%
\$1,000 to \$1,499	3,752	24.9%	791,497	32.7%
\$1,500 or more	1,585	10.5%	338,238	14.0%
Median (dollars)	\$912	(X)	\$972	(X)
No rent paid	1,327	(X)	119,385	(X)

Source: US Census, Bureau, American Community Survey, 2013

Compiled by: Health Council of Southeast Florida, 2015

TRANSPORTATION

Number of Vehicles Available

The table below shows the number and percent of households in Martin County and in Florida by the total number of vehicles. In 2013, 3.5% or just over 2,100 households in Martin County had no vehicle available.

TABLE 42: VEHICLES AVAILABLE BY HOUSEHOLD, MARTIN COUNTY AND FLORIDA, 2013

	Martin County		Florida	
	Estimate	Percent	Estimate	Percent
Total Households	61,546		7,211,584	
No vehicle available	2,158	3.5%	520,686	7.2%
1 vehicle available	26,448	43.0%	3,001,852	41.6%
2 vehicles available	25,593	41.6%	2,717,772	37.7%
3 or more vehicles available	7,347	11.9%	971,274	13.5%

Source: US Census Bureau, American Community Survey, 2013

Compiled by: Health Council of Southeast Florida, 2015

CRIME

Crime in a community can influence health status both as a result of direct injury from the crimes themselves and as a result of the emotional stress present in areas of high crime.

The table below shows arrests in Martin County in 2012 and 2013 by type of arrest and the breakdown by arresting agency for 2013. The total number of arrests decreased over 20% from 9,525 in 2012 to 7,560 in 2013. The arrest rate per 100,000 was highest at the Stuart Police Department, though the greatest number of arrests was by the Martin County Sheriff's Office.

TABLE 43: ARRESTS BY AGENCY, MARTIN COUNTY, 2013

Agency/County	Year	Total Arrests	Arrest Rate per 100,000	Total Adult Arrests	Total Juvenile Arrests	Murder	Forcible Sex Offenses	Robbery	Aggravated Assault	Burglary	Larceny	Motor Vehicle Theft
Martin County	2012	9,525	6,470.7	8,831	694	3	17	29	155	177	635	26
Martin County	2013	7,560	5,105.5	7,102	458	3	19	27	104	107	659	2
Martin County Sheriff's Office	2013	5,691	4,396.8	5,362	329	2	19	25	76	100	408	0
Stuart Police Department	2013	1,132	7,158.2	1,061	71	1	0	2	26	5	251	2
Jupiter Island Police Department	2013	6	735.3	6	0	0	0	0	0	1	0	0
Sewalls Point Police Department	2013	24	1,192.3	24	0	0	0	0	0	1	0	0
Martin DOC Inspector General	2013	2		1	1	0	0	0	0	0	0	0
Martin - DEP Div of Law Enforce	2013	0		0	0	0	0	0	0	0	0	0
DABT Martin	2013	11		11	0	0	0	0	0	0	0	0
Martin - Florida Game Comm	2013	350		314	36	0	0	0	0	0	0	0
FHP - Martin Co	2013	344		323	21	0	0	0	2	0	0	0

Source: Florida Department of Law Enforcement, Uniform Crime Report, 2013
Compiled by: Health Council of Southeast Florida, 2015

HEALTH STATUS PROFILE

This section provides data on Martin County’s health status for the following health indicator categories: Maternal and Child Health, Behavioral Health, Morbidity and Mortality. The data presented herein can be used to identify health care priorities and to inform policy and program development.

Data in this section may be presented as age-adjusted rates or as crude rates. Age-adjustment, also called age standardization, is a statistical technique utilized to better allow populations to be compared when the age profiles and distributions within the populations are different.⁴ Age-adjusted rates are often used to answer the question, “How does the rate in my county compare to the rate in another even though the distribution of persons by age may vary?”⁵ The frequency with which health events occur is almost always related to age. Therefore, in order to examine other risk factors independent of age, age adjustments are often used in public health analyses. The 2000 US Standard population is often used as a guideline to calculate age-adjusted rates.⁶ Crude rates, conversely, are the total number of events in a given population over a period of time.⁷ Crude rates are useful in examining the burden of disease or death on a community.

⁴ <http://seer.cancer.gov/seerstat/tutorials/aarates/definition.html>

⁵ <http://www.floridacharts.com/charts/calculate.aspx?RepID=6>

⁶ <http://www.floridacharts.com/charts/calculate.aspx?RepID=6>

⁷ <http://medical-dictionary.thefreedictionary.com/crude+rate>

MATERNAL & CHILD HEALTH

PRENATAL CARE

The table below shows births to mothers with first trimester prenatal care in Martin County and in Florida for the years 2009-2013. Trimester prenatal care is calculated as the time elapsed from the date of the last menstrual period to the date of the first prenatal care visit. In 2013, 68.3% of births to mothers residing in Martin County had first trimester prenatal care. This was 11.6 percentage points lower than the state (79.9%), as well as 9.6 percentage points lower the Healthy People 2020 benchmark (77.9%).

TABLE 44: BIRTHS TO MOTHERS WITH 1ST TRIMESTER PRENATAL CARE, MARTIN COUNTY AND FLORIDA, 2009-2013

Year	Martin		Florida	
	Count	Rate (%)	Count	Rate (%)
2009	812	72.9%	154,752	78.3%
2010	885	74.4%	147,843	79.3%
2011	818	71.9%	154,294	80.3%
2012	755	69.8%	159,307	80.0%
2013	774	68.3%	159,880	79.9%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2013

Notes: Trimester prenatal care began is calculated as the time elapsed from the date of the last menstrual period to the date of the first prenatal care visit.

Compiled by: Health Council of Southeast Florida, 2015

*Healthy People 2020 Target
Prenatal care beginning in 1st trimester = 77.9%*

The table below shows births to mothers with third trimester prenatal care in Martin County and in Florida for the years 2009-2013. In 2013, 7.5% of births to mother's residing in Martin County had third trimester prenatal care, which was 2.6 percentage points higher than the state (4.9%).

TABLE 45: BIRTHS TO MOTHERS WITH 3RD TRIMESTER OR NO PRENATAL CARE, MARTIN COUNTY AND FLORIDA, 2009-2013

Year	Martin		Florida	
	Count	Rate (%)	Count	Rate (%)
2009	61	5.5%	9,890	5.0%
2010	53	4.5%	8,496	4.6%
2011	65	5.7%	8,543	4.4%
2012	68	6.3%	9,543	4.8%
2013	85	7.5%	9,717	4.9%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2013

Notes: Trimester prenatal care began is calculated as the time elapsed from the date of the last menstrual period to the date of the first prenatal care visit.

Compiled by: Health Council of Southeast Florida, 2015

Kotelchuck Index

The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) uses two elements: when prenatal care began (initiation) and the number of prenatal visits until delivery (received services). Adequate prenatal care has a score of 80% or greater on the Kotelchuck Index.⁸ The table below shows the level of adequate prenatal care by age group in Martin County in 2013 using the Kotelchuck Index. During the time period shown, 50.0% of mothers in the 15 to 19 age group received inadequate and intermediate prenatal care. In 2013, nearly 30.0% of mothers in the 20-24 age group received inadequate prenatal care.

TABLE 46: BIRTHS BY MOTHER'S AGE BY KOTELCHUCK PRENATAL CARE INDEX, MARTIN COUNTY, 2013

	Age							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45 +	
Inadequate Prenatal Care	31	73	62	49	18	6	0	239
Intermediate Prenatal Care	8	37	44	23	13	3	1	129
Adequate Prenatal Care	25	72	106	117	47	9	4	380
Adequate Plus Prenatal care	12	63	112	117	66	12	0	382
Unknown	1	9	7	14	7	1	0	39
Total	77	254	331	320	151	31	5	1,169

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2013
Compiled by: Health Council of Southeast Florida, 2015

⁸ Utah University. Kotelchuck Index <http://health.utah.gov/opa/IBIShelp/kotelchuck.html>

The table below shows the number of mothers who had less than adequate prenatal care using the Kotelchuck Index by ethnicity and zip code in Martin County. Using the Kotelchuck Index to determine adequate care, the number of births in Martin County when the mother had less than adequate prenatal care (calculated using only births with known prenatal care status) was highest among mothers residing in zip code 34997 (Stuart).

TABLE 47: LESS THAN ADEQUATE PRENATAL CARE (KOTELCHUCK INDEX) BY ETHNICITY AND RESIDENT ZIP CODE, MARTIN COUNTY, 2013

	Hispanic					Non-Hispanic or Haitian			Total
	Cuban	Mexican	Other/ Unknown	Puerto Rican	Total	Haitian	Non- Hispanic	Total	
33455	0	7	2	0	9	0	31	31	40
33469	0	0	0	0	0	0	1	1	1
33475	0	0	0	0	0	0	0	0	0
33478	0	0	0	0	0	0	0	0	0
34956	0	20	43	1	64	0	11	11	75
34957	1	2	5	0	8	1	24	25	33
34990	0	0	2	1	3	0	24	24	27
34994	0	11	6	2	19	3	32	35	54
34996	0	0	1	0	1	0	13	13	14
34997	2	16	39	6	63	0	59	59	122
99999	0	0	0	0	0	0	2	2	2
Total	3	56	98	10	167	4	197	201	368

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2013

Note: Zip code 99999 represents unknown zip codes of mothers with less than adequate prenatal care.

Compiled by: Health Council of Southeast Florida, 2015

OVERWEIGHT AND OBESITY

Clear evidence indicates that a woman's pre-pregnancy weight is an independent predictor of many adverse outcomes of pregnancy for the woman and her baby.⁹ Women who have a BMI greater than 25 when they become pregnant have an increased risk of having a C-section, developing gestational diabetes, hypertension, preeclampsia and postpartum weight retention. Women who are underweight when they become pregnant have a higher risk of having a preterm or low-birth weight baby.¹⁰ The table below shows the number of births by mother's pre-pregnancy weight in Martin County in 2013. During the time period shown, 24.4% of mothers were considered overweight pre-pregnancy and 21.5% of mothers were considered to be obese pre-pregnancy in the county.

TABLE 48: BIRTHS BY MOTHER'S PRE-PREGNANCY BMI, MARTIN COUNTY, 2013

BMI	Number	Percent
Total	1,169	1,169
Underweight (< 18.5)	48	4.1%
Normal Weight (18.5-24.9)	555	47.5%
Overweight (25.0-29.9)	285	24.4%
Obese I (30.0-34.9)	155	13.3%
Obese II (BMI 35.0-39.9)	61	5.2%
Obese III (BMI >=40.0)	35	3.0%
Unknown BMI	30	2.6%

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2014
Compiled by: Health Council of Southeast Florida, 2015

The table below shows the rate of births to overweight mothers at the time the pregnancy occurred in Martin County and in Florida for the years 2009–2013. During the time period shown, the count and percentage of overweight mothers gradually increased both in Martin County and the state of Florida. In 2013, the percent of Births to Overweight Mothers at the Time of Pregnancy Occurred was 24.4% in Martin County, a 1.7% decrease from the previous year's percent of 26.1%.

TABLE 49: BIRTHS TO OVERWEIGHT MOTHERS AT THE TIME PREGNANCY OCCURED, MARTIN COUNTY AND FLORIDA, 2009-2013

Year	Martin		Florida	
	Count	Rate (%)	Count	Rate (%)
2009	260	22.4%	51,454	23.2%
2010	318	25.9%	50,480	23.5%
2011	307	25.9%	50,524	23.7%
2012	294	26.1%	50,636	23.8%
2013	285	24.4%	51,950	24.1%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2004-2013
Compiled by: Health Council of Southeast Florida, 2015

⁹Institute of Medicine (IOM) and National Research Council: Implementing Guidelines on Weight Gain & Pregnancy. Retrieved on March 16, 2015, from: <http://www.iom.edu/~media/Files/About%20the%20IOM/Pregnancy-Weight/ProvidersBro-Final.pdf>

¹⁰Institute of Medicine (IOM) and National Research Council: Implementing Guidelines on Weight Gain & Pregnancy. Retrieved on March 16, 2015, from: <http://www.iom.edu/~media/Files/About%20the%20IOM/Pregnancy-Weight/ProvidersBro-Final.pdf>

The table below shows the rate of births to obese mothers at the time the pregnancy occurred in Martin County and in Florida for the years 2009–2013. In 2013, the percent of births to obese mothers was 21.5%, slightly higher than in Florida.

TABLE 50: BIRTHS TO OBESE MOTHERS AT THE TIME PREGNANCY OCCURRED, MARTIN COUNTY AND FLORIDA, 2009-2013

Year	Martin		Florida	
	Count	Rate (%)	Count	Rate (%)
2009	229	19.7%	43,095	19.5%
2010	252	20.6%	42,331	19.7%
2011	256	21.6%	43,913	20.6%
2012	237	21.0%	43,940	20.6%
2013	251	21.5%	45,252	21.0%

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2013
 Compiled by: Health Council of Southeast Florida, 2015

WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.¹¹

Table 51 shows the number of individuals eligible for WIC benefits who were served in 2009 through 2013. During the time period shown, the percentage of WIC eligible individuals served fluctuated in both Martin County and Florida, however, Martin County consistently had higher percentages than the state as a whole.

TABLE 51: WIC ELIGIBLES SERVED, MARTIN COUNTY, 2010-2013

Year	Martin		Florida	
	Count	Rate (%)	Count	Rate (%)
2009	3,466	110.0%	496,969	83.9%
2010	3,222	103.5%	486,911	83.8%
2011	2,988	94.6%	491,267	84.6%
2012	2,940	93.0%	477,368	80.4%
2013	2,717	85.0%	454,651	77.3%

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2013
 Compiled by: Health Council of Southeast Florida, 2015

Women, Infants, and Children (WIC). <http://www.fns.usda.gov/wic/women-infants-and-children-wic>

Overweight and Obese

The table below shows the number of WIC children greater than or equal to 2 years old who are overweight or obese in Martin County and Florida, 2009-2013. There was a declining trend in the percentage of WIC children greater than or equal to 2 years old who were overweight or obese in Martin County during this time period. However, Martin County consistently had a higher percentage than Florida as a whole in the category.

TABLE 52: WIC CHILDREN >= 2 WHO ARE OVERWEIGHT OR OBESE, MARTIN COUNTY AND FLORIDA, 2010-2013

Year	Martin	Florida
	Rate (%)	Rate (%)
2009	38.1%	29.7%
2010	37.3%	29.5%
2011	34.9%	28.8%
2012	34.0%	28.3%
2013	29.3%	27.6%

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2013
 Compiled by: Health Council of Southeast Florida, 2015

Table 53 shows the number of WIC children greater than or equal to 2 years old who are overweight or obese in Martin County and its surrounding counties in 2013. All five counties had a higher percentage of overweight and obese children greater than or equal to 2 years old than the state. In 2013, Martin County ranked lowest among the surrounding counties with 29.3% and Palm Beach County had the highest with 35.0%.

TABLE 53: WIC CHILDREN >=2 WHO ARE OVERWEIGHT OR OBESE, MARTIN COUNTY AND SELECT FLORIDA COUNTIES, 2013

	Rate (%)
Florida	27.6%
County	
Indian River	30.4%
Martin	29.3%
Okeechobee	31.5%
Palm Beach	35.0%
St. Lucie	31.3%

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2013
 Compiled by: Health Council of Southeast Florida, 2015

BIRTH RATES

Total Births

The table below shows the birth count and rate in Martin County and in Florida for the years 2009–2013. In 2013, there were 1,169 live births in Martin County, a rate of 7.9 per 1,000, lower than the state’s rate as a whole.

TABLE 54: TOTAL RESIDENT LIVE BIRTHS, MARTIN COUNTY AND FLORIDA, 2009-2013

Year	Martin County		Florida	
	Count	Rate per 1,000	Count	Rate per 1,000
2009	1,163	8.0	221,391	11.8
2010	1,226	8.4	214,519	11.4
2011	1,185	8.1	213,237	11.3
2012	1,126	7.6	212,954	11.2
2013	1,169	7.9	215,194	11.1

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2013
Compiled by: Health Council of Southeast Florida, 2015

Birth Rates by Age of Mother

The table below reflects the number and percentage of births by mother’s age bracket for in Martin County for the years 2009-2013. The number of teen pregnancies decreased from 122 in 2009 to 77 in 2013.

TABLE 55: BIRTHS BY MOTHER'S AGE, MARTIN COUNTY, 2009-2013

Mother's Age	2009		2010		2011		2012		2013	
	Number	% of Total								
0-14	2	0.2%	2	0.2%	1	0.1%	0	0.0%	0	0.0%
15-17	40	3.4%	22	1.8%	31	2.6%	13	1.2%	22	1.9%
18-19	80	6.9%	79	6.4%	65	5.5%	57	5.1%	55	4.7%
20-24	255	21.9%	294	24.0%	278	23.5%	257	22.8%	254	21.7%
25-29	324	27.9%	327	26.7%	344	29.0%	350	31.1%	331	28.3%
30-34	261	22.4%	290	23.7%	280	23.6%	278	24.7%	320	27.4%
35-39	160	13.8%	152	12.4%	134	11.3%	140	12.4%	151	12.9%
40-44	38	3.3%	57	4.6%	47	4.0%	28	2.5%	31	2.7%
45 +	3	0.3%	3	0.2%	5	0.4%	3	0.3%	5	0.4%
Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	1,163		1,226		1,185		1,126		1,169	

Source: Florida Department of Health, Bureau of Vital Statistics, 2013
Data Note: Mother's county of residence
Compiled by: Health Council of Southeast Florida, 2015

Teenage Birth Rates and Repeat Teenage Birth Rates

The tables below show the number and percent of repeat births by mother’s age in Martin County and in Florida for the years 2009-2013. Rate of repeat births is calculated by dividing the number of repeat births to mothers in an age group by the number of births to mothers in that age group. In 2013, the rate of repeat births to mothers in the 18-19 age group was slightly higher in Martin County (23.6%) than in Florida (19.6%), however it is important to note that rates calculated on a small number of occurrences are affected considerably by even a small change in the number of occurrences.

TABLE 56: REPEAT BIRTHS TO MOTHERS AGES 15-17, MARTIN COUNTY AND FLORIDA, 2009-2013

Year	Martin		Florida	
	Count	Rate (%)	Count	Rate (%)
2009	4	10.0%	602	9.5%
2010	1	4.5%	486	9.0%
2011	3	9.7%	391	8.3%
2012	2	15.4%	314	7.4%
2013	0	0.0%	274	7.4%

Source: FloridaCHARTS, Bureau of Vital Statistics, 2013
 Notes: This measure is calculated by dividing the number of repeat births in the specified age group by the total number of births in that same age group.
 Compiled by: Health Council of Southeast Florida, 2015

TABLE 57: REPEAT BIRTHS TO MOTHERS AGES 18-19, MARTIN COUNTY AND FLORIDA, 2009-2013

Year	Martin		Florida	
	Count	Rate (%)	Count	Rate (%)
2009	21	26.3%	3,561	22.7%
2010	20	25.3%	2,926	21.3%
2011	16	24.6%	2,597	20.9%
2012	10	17.5%	2,379	20.3%
2013	13	23.6%	2,009	19.6%

Source: FloridaCHARTS, Bureau of Vital Statistics, 2013
 Notes: This measure is calculated by dividing the number of repeat births in the specified age group by the total number of births in that same age group.
 Compiled by: Health Council of Southeast Florida, 2015

BIRTH WEIGHT

Proper prenatal care and healthy behaviors during pregnancy can reduce the likelihood of low birth weight babies.

Very Low Birth Weight

The table below shows the number and percent of babies born at very low birth weight, under 1,500 grams (~3.3 pounds) in Martin County and in Florida in 2013. Just over 2% of live births in the county were very low birth weight babies, a percent slightly higher than the state's at 1.5% and higher than the Healthy People 2020 target of 1.4%.

TABLE 58: LIVE BIRTHS UNDER 1500 GRAMS (VERY LOW BIRTH WEIGHT), MARTIN COUNTY AND FLORIDA, 2013

	Count	Rate (%)
Martin	24	2.1%
Florida	3,311	1.5%

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2013
Compiled by: Health Council of Southeast Florida 2015

*Healthy People 2020 Target
Very low birth weight = 1.4% of births*

Low Birth Weight

The table below shows the number and percent of babies born at low birth weight, under 2,500 grams (~5.5 pounds) in Martin County and in Florida in 2013. The percent of low birth weight babies was slightly lower in the county (8.0%) than in the state (8.5%). The percentages in both areas were higher than the Healthy People 2020 target of 7.8%.

TABLE 59: LIVE BIRTHS UNDER 2500 GRAMS (LOW BIRTH WEIGHT), MARTIN COUNTY AND FLORIDA, 2013

	Count	Rate (%)
Martin	93	8.0%
Florida	18,371	8.5%

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2013
Compiled by: Health Council of Southeast Florida, 2015

*Healthy People 2020 Target
Low birth weight = 7.8%*

The table below shows the counts of live births classified as being “low birth weight,” or weighing less than 2,500 grams by city and Zip Code in Martin County, 2013.

TABLE 60: LOW BIRTH WEIGHT (<2500 GRAMS) BY RESIDENT ZIP CODE, MARTIN COUNTY, 2013

City	Zip Code	Low Birth Weight
Hobe Sound	33455	4
	33475	0
Jupiter	33469	0
	33478	0
Indiantown	34956	9
Jensen Beach/ Ocean Breeze Park	34957	16
Palm City	34990	12
Stuart	34994	17
	34997	29
Sewalls Point/Stuart	34996	4

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2013
 Compiled by: Health Council of Southeast Florida, 2015

INFANT MORTALITY

Infant Deaths

The table below shows infant mortality, the number of infant deaths per 1,000 live births, in Martin County and in Florida for the years 2009 – 2013. Infant death is defined as the death of a baby between 0 – 364 days of life. The rate in the county fluctuated between 1.6 and 7.1 per 1,000 live births during the time period shown. It is important to consider that with indicators with a small numbers of occurrences, the rate is considerably affected by even a small change in the number of occurrences.

TABLE 61: INFANT DEATH PER 1,000 LIVE BIRTHS, MARTIN COUNTY AND FLORIDA, 2009-2013

Year	Martin		Florida	
	Count	Rate per 1,000 live births	Count	Rate per 1,000 live births
2009	4	3.4	1,525	6.9
2010	2	1.6	1,400	6.5
2011	5	4.2	1,372	6.4
2012	8	7.1	1,285	6.0
2013	8	6.8	1,318	6.1

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2013
Compiled by: Health Council of Southeast Florida, 2015

Healthy People 2020 Target
Infant deaths within 1 year = 6.0 per 1,000 live births

Fetal Deaths

The table below shows the number and rate of fetal deaths in Martin County and in Florida for the years 2009 – 2013. A fetal death is a stillborn fetus or baby delivered after 20 weeks gestation. During the time period shown, the rate in the county ranged from 2.7 to 6.0 per 1,000 deliveries. The rate in the county was consistently lower than the rate in Florida as a whole.

TABLE 62: FETAL DEATHS PER 1,000 DELIVERIES, MARTIN COUNTY AND FLORIDA, 2009-2013

Year	Martin		Florida	
	Count	Rate per 1,000	Count	Rate per 1,000
2009	7	6.0	1,569	7.0
2010	7	5.7	1,551	7.2
2011	6	5.0	1,558	7.3
2012	3	2.7	1,530	7.1
2013	7	6.0	1,533	7.1

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2013
Compiled by: Health Council of Southeast Florida, 2015

BREASTFEEDING

The table below reflects the count and percentage of mothers who initiated breastfeeding in Martin County and Florida for the years 2010-2013. During this time period nearly 80% of mothers both Martin County and Florida consistently initiated breastfeeding. In 2013, 82.5% of mothers initiated breastfeeding in Florida, exceeding 80.3% in Martin County that year.

TABLE 63: MOTHERS WHO INITIATE BREASTFEEDING, MARTIN COUNTY AND FLORIDA, 2010-2013

Year	Martin		Florida	
	Count	Rate (%)	Count	Rate (%)
2010	982	80.1	171,905	80.1
2011	960	81.0	169,717	79.6
2012	900	79.9	172,427	81.0
2013	939	80.3	177,535	82.5

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2014
 Compiled by: Health Council of Southeast Florida, 2015

IMMUNIZATION

Kindergarten Immunization

Immunization is one of public health’s leading health indicators and a primary defense against some of the most deadly and debilitating diseases known. If a community or population has ‘herd immunity’, the large number of individuals who are immune to a disease, such as those vaccinated, can reduce the probability of an infection spreading to those who are not immune.

The table below shows the number and percent of kindergarteners who were immunized in Martin County and Florida in the years 2009–2013. The immunizations include: diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Haemophilus influenza type b, hepatitis B, and varicella (chickenpox). The percentage of kindergarten students in Martin County who had received all of their immunizations in 2013 was 92.0%. This percent was slightly lower than the state (93.2%).

TABLE 64: IMMUNIZATION LEVELS IN KINDERGARTEN, MARTIN COUNTY AND FLORIDA, 2009-2013

Year	Martin		Florida	
	Count	Rate (%)	Count	Rate (%)
2009	1,336	90.2%	199,638	91.3%
2010	1,399	93.6%	200,264	91.3%
2011	1,427	93.2%	208,766	92.6%
2012	1,403	92.5%	216,027	92.1%
2013	1,408	92.0%	217,945	93.2%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Immunization, 2013
 Compiled by: Health Council of Southeast Florida, 2015

Vaccine Preventable Diseases

The table below shows the number and rate of vaccine preventable diseases in Martin County and Florida for the years 2008 – 2012. Vaccine preventable diseases include diphtheria, acute hepatitis B, measles, mumps, pertussis, rubella, tetanus and polio. During the time period shown, there was a range of 2-9 vaccine preventable diseases per year in the county.

TABLE 65: SELECTED VACCINE PREVENTABLE DISEASE RATE, MARTIN COUNTY AND FLORIDA, 2008-2012

Year	Martin County		Florida	
	Count	Rate per 100,000	Count	Rate per 100,000
2008	3	2.1	694	3.7
2009	5	3.4	838	4.5
2010	2	1.4	659	3.5
2011	5	3.4	571	3.0
2012	9	6.1	882	4.6

Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology, 2012
 Notes: Includes: Diphtheria, Acute Hepatitis B, Measles, Mumps, Pertussis, Rubella, Tetanus and Polio
 Compiled by: Health Council of Southeast Florida, 2015

Asthma

The table below shows the percent of adults who currently have asthma in Martin County and in Florida in 2013. There were 7.4% of adults had current asthma in the county, 0.9% lower than in the state.

TABLE 66: ADULTS WHO CURRENTLY HAVE ASTHMA, MARTIN COUNTY AND FLORIDA, 2002, 2007, 2010, 2013

Year	Martin County	Florida
2002	5.3%	6.3%
2007	5.4%	6.2%
2010	6.7%	8.3%
2013	7.4%	8.3%

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2013
Compiled by: Health Council of Southeast Florida, 2015

The table below shows the percentage of adults in Martin County who have been told they had asthma in 2013. There were 13.3% of adults in Martin County who have been told they had asthma during this time period, slightly lower than the state's rate of 13.5%.

TABLE 67: ADULTS WHO HAVE BEEN TOLD THEY HAVE ASTHMA, MARTIN COUNTY AND FLORIDA, 2013

Year	Martin County	Florida
2013	13.3%	13.5%

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2013
Compiled by: Health Council of Southeast Florida, 2015

Healthy Food Source

The table below shows the percent of residents living within a half mile of a healthy food source and a fast food restaurant in Martin County and in Florida in 2013. In 2013, 9.3% percent of Hobe Sound residents lived with a half mile of a healthy food source and 26.2% of Hobe Sound residents lived within a half mile of a fast food restaurant.

TABLE 68: LIVING WITHIN A 1/2 MILE OF A HEALTHY FOOD SOURCE, MARTIN COUNTY, 2013

City Name	ZIP Code	Percent Living within a 1/2 mile of a healthy food source	Percent Living within a 1/2 mile of a fast food restaurant
Hobe Sound	33455	9.3%	26.2%
Indiantown	34956	24.5%	22.3%
Jensen Beach	34957	16.0%	18.7%
Palm City	34990	14.5%	13.6%
Stuart	34994	43.3%	33.6%
Sewalls Point	34996	39.0%	35.3%
Stuart	34997	21.7%	15.2%

Source: Florida Environmental Public Health Tracking, 2013
Compiled by: Health Council of Southeast Florida, 2015

BEHAVIORAL HEALTH

This section provides indicators on: domestic violence, sexual behaviors, inpatient utilization of mental health services, alcohol consumption/substance abuse and violence and injury measures.

DOMESTIC VIOLENCE

The table below shows domestic violence in Martin County in 2013 by type of offense and relationship of the victim to the offender. In 2013, there were 555 domestic violence offenses in the county; the majority of these offenses, 468, were simple assaults. The National Institute of Justice (2013) defined simple assaults as those that do not involve a weapon or aggravated injury but often include domestic violence and intimate partner violence.

TABLE 69: DOMESTIC VIOLENCE BY OFFENSE TYPE TO VICTIM'S RELATIONSHIP TO THE OFFENDER, MARTIN COUNTY, 2013

	Total	Relationship Victim to Offender							Arrests
		Spouse	Parent	Child	Sibling	Other Family	Cohabitant	Other	
Murder	0	0	0	0	0	0	0	0	3
Manslaughter	0	0	0	0	0	0	0	0	0
Forcible Sex Offenses	23	0	8	4	3	6	2	0	3
Forcible Rape	13	0	3	2	1	5	2	0	0
Forcible Sodomy	0	0	0	0	0	0	0	0	0
Forcible Fondling	10	0	5	2	2	1	0	0	3
Aggravated Assault	63	16	7	5	4	12	16	3	41
Aggravated Stalking	0	0	0	0	0	0	0	0	1
Simple Assault	468	101	55	27	49	21	210	5	204
Threat/Intimidation	1	0	0	0	0	0	1	0	1
Simple Stalking	0	0	0	0	0	0	0	0	0
Total Offenses	555	117	70	36	56	42	229	5	253

Source: Florida Department of Law Enforcement, 2013
Compiled by: Health Council of Southeast Florida, 2015

SEXUAL BEHAVIORS

Sexually Transmitted Infections/Diseases

Please refer to the section on Morbidity and Mortality section for data sexually transmitted infections and diseases (STIs and STDs).

Adults Tested for HIV

The table below shows adults, less than 65 years old, in Martin County and in Florida who reported ever having an HIV test from 2007 to 2013. In 2013, over one third of adults, 37.7% reported having had an HIV test in their lifetime, a percent lower than that of the state as a whole.

TABLE 70: ADULTS LESS THAN 65 YEARS OF AGE WHO REPORTED HAVING EVER BEEN TESTED FOR HIV, MARTIN COUNTY AND FLORIDA, 2007, 2010, 2013

Year	Martin	Florida
2007	44.2%	49.1%
2010	49.2%	48.4%
2013	37.7%	50.6%

Source: FloridaCHARTS, Florida County-level Behavioral Risk Factors Surveillance Telephone Survey, Florida Department of Health, Bureau of Epidemiology, 2013

Compiled by: Health Council of Southeast Florida, 2015

MENTAL HEALTH

The tables below show data from the Florida Behavioral Risk Factor Surveillance Survey for 2010 and 2013. In 2013, the percent of adults with good mental health was slightly higher than the state's percent. Additionally, the percentage of adults reporting poor mental health on 14 or more of the past 30 days was 6.7%, six percentage points lower than the state.

TABLE 71: ADULTS WITH GOOD MENTAL HEALTH, MARTIN COUNTY AND FLORIDA, 2010, 2013

Year	Martin	Florida
2010	90.7%	88.2%
2013	93.3%	87.3%

Source: FloridaCHARTS, Florida County-level Behavioral Risk Factors Surveillance Telephone Survey, Florida Department of Health, Bureau of Epidemiology, 2013

Compiled by: Health Council of Southeast Florida, 2015

TABLE 72: ADULTS WHO HAD POOR MENTAL HEALTH ON >= OF THE PAST 30 DAYS, MARTIN COUNTY AND FLORIDA, 2010, 2013

Year	Martin	Florida
2010	9.3%	11.8%
2013	6.7%	12.7%

Source: FloridaCHARTS, Florida County-level Behavioral Risk Factors Surveillance Telephone Survey, Florida Department of Health, Bureau of Epidemiology, 2013

Compiled by: Health Council of Southeast Florida, 2015

Number of Psychiatric Hospital Beds

In 2013, according to the Agency for Health Care Administration (AHCA) there were no designated psychiatric hospital beds for youth, adolescents or adults.

ALCOHOL CONSUMPTION AND SUBSTANCE ABUSE

Excessive alcohol consumption is the third leading lifestyle-related cause of death for people in the United States each year.¹² Excessive drinking is a risk factor associated with number of adverse health outcomes including: alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence and motor vehicle crashes.¹³

The table below shows adults in Martin County and in Florida who reported engaging in heavy or binge drinking in 2007, 2010 and 2013. Heavy or binge drinking is defined as drinking 15 or more drinks per week for men or 8 or more drinks per week for women, or drinking 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women. The rate in Martin County was 14.7% in 2013, which was 2.9 percentage points lower than in the state as a whole.

TABLE 73: ADULTS WHO ENGAGE IN HEAVY OR BINGE DRINKING, MARTIN COUNTY AND FLORIDA, 2007, 2010, 2013

Year	Martin	Florida
2007	16.8%	16.2%
2010	17.7%	15.0%
2013	14.7%	17.6%

Source: FloridaCHARTS, Florida County-level Behavioral Risk Factors Surveillance Telephone Survey, Florida Department of Health, Bureau of Epidemiology, 2013
Compiled by: Health Council of Southeast Florida, 2015

¹² Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. *JAMA* 2004;291(10):1238–1245.

¹³ The University of Wisconsin, population Health Institute, County Health Rankings, [http:// www.countryhealthrankings.org/health-factors/alcohol-use](http://www.countryhealthrankings.org/health-factors/alcohol-use)

The table below shows the percentage of middle school students in Martin County and in Florida who reported having used alcohol in the previous 30 days from 2004 to 2012. The percentages in both the county and the state decreased during the time period shown, and was 12.9% in the county in 2012.

TABLE 74: PERCENT OF MIDDLE SCHOOL STUDENTS WHO HAVE USED ALCOHOL IN THE PAST 30 DAYS, MARTIN COUNTY AND FLORIDA, 2004-2012

Year	Martin	Florida
	Rate (%)	Rate (%)
2004	21.4%	20.3%
2006	18.3%	19.0%
2008	21.7%	17.4%
2010	19.0%	16.8%
2012	12.9%	12.3%

Source: FloridaCHARTS, Florida Youth Substance Abuse Survey (FYSAS), 2012
 Compiled by: Health Council of Southeast Florida, 2015

The table below shows the percentage of middle school students in Martin County and in Florida who reported binge drinking. Binge drinking is defined in the Florida Youth Substance Abuse Survey as drinking five or more drinks in a row. In 2012, the percent in the county was 6.7%, two percentage points higher than the state's percent.

TABLE 75: PERCENT OF MIDDLE SCHOOL STUDENTS REPORTING BINGE DRINKING, MARTIN COUNTY AND FLORIDA, 2004-2012

Year	Martin County	Florida
	Rate (%)	Rate (%)
2004	9.1%	8.5%
2006	10.1%	8.4%
2008	7.9%	6.2%
2010	9.3%	6.9%
2012	6.7%	4.7%

Source: FloridaCHARTS, Florida Youth Substance Abuse Survey (FYSAS), 2012
 Compiled by: Health Council of Southeast Florida, 2015

The table below shows the percentage of high school students in Martin County and in Florida who reported having used alcohol in the previous 30 days. The percent in both the county and the state decreased during the time period shown, with a greater decrease in Martin County from nearly 50% in 2004 to 37.9% in 2012.

TABLE 76: PERCENT OF HIGH SCHOOL STUDENTS WHO HAVE USED ALCOHOL IN THE PAST 30 DAYS, MARTIN COUNTY AND FLORIDA, 2004-2012

Year	Martin	Florida
	Rate (%)	Rate (%)
2004	49.7%	42.0%
2006	45.2%	41.8%
2008	49.3%	39.5%
2010	39.7%	38.0%
2012	37.9%	33.9%

Source: FloridaCHARTS, Florida Youth Substance Abuse Survey (FYSAS), 2012
 Compiled by: Health Council of Southeast Florida 2015

The table below shows the percentage of high school students in Martin County and in Florida who reported binge drinking from 2004-2012. Binge drinking is defined in the Florida Youth Substance Abuse Survey as drinking five or more drinks in a row. During the time period shown the percent in the county decreased over half from 35.5% in 2004 to 16.9% in 2012.

TABLE 77: PERCENT OF HIGH SCHOOL STUDENTS REPORTING BINGE DRINKING, MARTIN COUNTY AND FLORIDA, 2004-2012

Year	Martin	Florida
	Rate (%)	Rate (%)
2004	35.5%	22.0%
2006	25.5%	23.0%
2008	26.8%	21.5%
2010	23.3%	19.6%
2012	16.9%	16.4%

Source: FloridaCHARTS, Florida Youth Substance Abuse Survey (FYSAS), 2012
 Compiled by: Health Council of Southeast Florida, 2015

Healthy People 2020 Target
Proportion of adolescents (12-17) reporting engaging in binge drinking in past month = 8.5%

VIOLENCE AND INJURY

Suicides and Self-Inflicted Injuries

The table below shows deaths by suicide in Martin County and in Florida for the years 1999 – 2013. The number of deaths by suicide by Martin County residents ranged from 17-39 during the time period shown. In 2013 there were 32 deaths by suicide by county residents, a rate of 21.5 per 100,000 residents. The rate in the county doubled the Healthy People 2020 target of 10.2 per 100,000.

TABLE 78: SUICIDE DEATH RATE, MARTIN COUNTY AND FLORIDA, 1999-2013

Years	Martin		Florida	
	Count	Rate per 100,000	Count	Rate per 100,000
1999	22	17.6	2,068	13.2
2000	18	14.1	2,136	13.3
2001	17	13.1	2,290	14.0
2002	25	18.9	2,332	13.9
2003	24	17.7	2,294	13.4
2004	29	20.9	2,382	13.6
2005	22	15.6	2,308	12.9
2006	20	14.0	2,410	13.2
2007	24	16.6	2,570	13.9
2008	27	18.6	2,723	14.6
2009	35	24.0	2,854	15.3
2010	21	14.3	2,753	14.6
2011	39	26.6	2,765	14.6
2012	30	20.4	2,922	15.3
2013	32	21.5	2,892	15.0

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2013

Data Note(s): ICD-10 Code(s): X60-X84, Y87.0

Compiled by: Health Council of Southeast Florida, 2015

Suicides Death Rate

The table below shows suicide deaths by age in Martin County and in Florida for the years 1992–2013, by rolling 3-year averages. From 2011 to 2013, the rate of crude deaths by suicide by county residents was higher on average in the 40-65 years old age group (average of 22.2) and in the 65 and older age group (average of 19.3) than other age groups during the time period shown.

TABLE 79: SUICIDE DEATH RATE, MARTIN COUNTY AND FLORIDA, 1999-2013

Years	Ages 0-18		Ages 19- 39		Ages 40-65		Ages 65 and older	
	Martin County	Florida	Martin County	Florida	Martin County	Florida	Martin County	Florida
1992-94	0.0	2.2	25.3	16.2	13.4	19.1	35.4	23.1
1993-95	0.0	2.2	26.6	16.6	15.9	18.8	27.0	22.9
1994-96	0.0	2.0	27.9	16.6	19.2	18.7	20.1	21.9
1995-97	0.0	1.8	17.9	16.2	23.1	18.6	16.7	21.6
1996-98	1.5	1.9	17.9	15.5	19.4	18.8	17.3	20.9
1997-99	1.4	1.7	18.0	14.8	18.6	18.2	18.1	20.6
1998-00	1.4	1.6	22.2	14.3	14.6	18.3	21.6	20.1
1999-01	0.0	1.5	22.2	14.4	15.6	18.3	18.6	19.8
2000-02	0.0	1.5	15.4	14.3	24.8	19.3	13.8	19.3
2001-03	0.0	1.4	15.1	14.5	27.7	19.6	14.5	18.7
2002-04	1.3	1.3	13.9	14.2	31.2	19.9	18.9	18.0
2003-05	3.7	1.4	19.0	13.9	22.7	19.5	21.3	17.3
2004-06	4.9	1.4	19.2	13.4	22.0	19.5	16.6	17.4
2005-07	4.9	1.4	21.6	13.4	17.9	19.8	15.4	17.4
2006-08	2.4	1.2	18.9	13.8	19.0	21.0	20.3	17.9
2007-09	2.4	1.3	21.4	14.5	21.3	22.3	27.5	18.2
2008-10	2.5	1.3	17.6	14.2	22.3	22.9	25.7	18.1
2009-11	2.5	1.4	22.4	14.0	26.4	22.8	26.4	18.0
2010-12	1.2	1.6	15.8	13.8	28.2	22.6	24.6	18.3
2011-13	2.5	1.8	16.7	14.0	33.2	22.2	25.2	19.3

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2013

Data Note(s): ICD-10 Code(s): X60-X84, Y87.0.

Compiled by: Health Council of Southeast Florida, 2015

Healthy People 2020 Target
Suicide rate = 10.2 suicides per 100,000

Suicides Related Helpline Calls

The table below shows calls made to 211 Palm Beach/ Treasure Coast helpline related to suicide by year in Martin County for the years 2011 – 2013.

TABLE 80: CALLS TO 211 RELATED SUICIDE, MARTIN COUNTY, 2011-2013

Year	Safety Follow-up	Information About Suicide	Suicide Level 1	Suicide Level 2	Suicide Level 3
2011	17.0	18.0	45.0	18.0	17.0
2012	32.0	25.0	39.0	25.0	14.0
2013	22.0	24.0	19.0	25.0	13.0
2014	22.0	24.0	21.0	18.0	16.0

Source: Palm Beach-Treasure Coast 211, Martin County Suicide Needs Report, 2011-2014

Compiled By: Health Council of Southeast Florida, 2015

Unintentional Injuries

For information and data on unintentional injuries, please refer to the morbidity and mortality section of this assessment.

MORBIDITY

Morbidity is another term for illness. The tables and figures in the next section below illustrate the number and the rates of hospitalizations for the following diseases: coronary heart disease, cardiovascular disease, stroke, chronic lower respiratory disease (CLRD), diabetes, cancer, obesity, and communicable diseases including enteric disease, tuberculosis, HIV/AIDS and other sexually transmitted diseases.

CORONARY HEART DISEASE

Heart disease is the leading cause of death for people of most races and ethnicities in the United States. According to the Centers for Disease Control and Prevention (CDC), in 2010, the total costs of cardiovascular diseases in the United States were estimated to be \$444 billion. Coronary heart disease (CHD) is the most common type of cardiovascular diseases, killing over 370,000 people annually.¹⁴

The table below shows the hospitalizations from or with coronary heart disease and the age-adjusted hospitalization rate in Martin County and in Florida for the years 2008 -2012. Age-adjustment is a technique used to allow populations to be compared when the age profiles of the populations may be different. This technique is often used when comparing rates for indicators which may be influenced by age, such as heart disease which typically affects and older population. The rate in the county decreased considerably during the time period shown from 376.4 per 100,000 in 2008 to 195.0 per 100,000 in 2012.

TABLE 81: AGE- ADJUSTED HOSPITALIZATIONS FROM OR WITH CORONARY HEART DISEASE, MARTIN COUNTY AND FLORIDA, 2008-2012

Year	Martin		Florida	
	Count	Rate per 100,00	Count	Rate per 100,00
2008	1,018	376.4	112,918	449.3
2009	717	264.7	103,981	407.9
2010	657	239.7	98,075	375.6
2011	684	242.5	91,344	345.0
2012	556	195.0	85,179	338.0

Source: FloridaCHARTS, Florida Agency for Health Care Administration (AHCA), 2012

Notes: ICD-9-CM Code(s): 49-CM-414, 429.2. Includes primary diagnosis only

Compiled by: Health Council of Southeast Florida, 2015

¹⁴ Lloyd-Jones D, Adams RJ, Brown TM, et al. Heart Disease and Stroke Statistics-2010. Update. A report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. <http://circ.ahajournals.org/legi/reprint/circulationaha.108.191261v1>. Circulation, 2010;121:e1-e170.

The percentage of adults in Martin County who have been told they had hypertension in 2013 was 36.2%. This percent was higher than the state, 34.6%.

TABLE 82: ADULTS WHO HAVE EVER BEEN TOLD THEY HAD HYPERTENSION, MARTIN COUNTY AND FLORIDA, 2002, 2007, 2010, 2013

Year	Martin County	Florida
2002	30.1%	27.7%
2007	24.9%	28.2%
2010	35.7%	34.3%
2013	36.2%	34.6%

Source: FloridaCHARTS, The Behavioral Risk Factor Surveillance System, 2013
 Compiled by: Health Council of Southeast Florida, 2015

In 2013, there was a higher percent of adults who have been told they had angina or coronary heart disease in Martin County, 6.2%, higher than that of the state.

TABLE 83: ADULTS WHO HAVE EVER BEEN TOLD THEY HAD ANGINA OR CORONARY HEART DISEASE, MARTIN COUNTY AND FLORIDA, 2013

Year	Martin County	Florida
2013	6.2%	5.0%

Source: FloridaCHARTS, The Behavioral Risk Factor Surveillance System, 2013
 Compiled by: Health Council of Southeast Florida, 2015

In 2013, 6.4% of adults had been told they had a heart attack in Martin County. The percent in the county was higher than the rate in Florida as a whole.

TABLE 84: ADULTS WHO HAVE EVER BEEN TOLD THEY HAD A HEART ATTACK, MARTIN COUNTY AND FLORIDA, 2013

Year	Martin County	Florida
2013	6.4%	5.6%

Source: FloridaCHARTS, The Behavioral Risk Factor Surveillance System, 2013
 Compiled by: Health Council of Southeast Florida, 2015

DIABETES

The American Diabetes Association (Association) released new research on March 6, 2013 estimating the total costs of diagnosed diabetes have risen to \$245 billion in 2012 from \$174 billion in 2007, when the cost was last examined.¹⁵ Diabetes is a disease that affects how the body uses blood sugar (glucose). Glucose is vital to health because it's an important source of energy for the cells that make up muscles and tissues. It's also the brain main source of fuel. Too much glucose can lead to serious health problems. Complications of diabetes include cardiovascular disease; nerve, kidney, foot and eye damage; skin conditions and hearing impairment. Chronic diabetes conditions include type 1 diabetes and type 2 diabetes.¹⁶

The table below shows the number and rate of hospitalizations from or with diabetes in Martin County and in Florida in the years 2008-2012. In 2012, there were nearly 3,000 hospitalizations of county residents, a rate of 2030.1 per 100,000, lower than the state's rate.

TABLE 85: HOSPITALIZATIONS FROM OR WITH DIABETES, MARTIN COUNTY AND FLORIDA, 2008-2012

Year	Martin		Florida	
	Count	Rate per 100,000	Count	Rate per 100,000
2008	3,008	2073.0	519,227	2786.0
2009	2,795	1916.4	538,941	2880.2
2010	2,889	1972.9	566,381	3009.4
2011	3,134	2134.3	577,529	3050.2
2012	2,991	2030.1	565,117	2967.7

Source: FloridaCHARTS, Florida Agency for Health Care Administration (AHCA), 2012
 Notes: ICD-9-CM Code(s): 250.00-250.93. Includes both primary and contributing diagnoses
 Compiled by: Health Council of Southeast Florida, 2015

The table below shows the percent of adults who have ever been told they had diabetes in Martin County and Florida for the years 2002, 2007, 2010 and 2013. The percentage of adults in Martin County who have been told they had diabetes in 2013 was 12.2%. This percent was higher than the state, 11.2%.

TABLE 86: ADULTS WHO HAVE EVER BEEN TOLD THEY HAD DIABETES, MARTIN COUNTY AND FLORIDA, 2002, 2007, 2010, 2013

Year	Martin County	Florida
2002	7.8%	8.2%
2007	8.2%	8.7%
2010	8.0%	10.4%
2013	12.2%	11.2%

Source: FloridaCHARTS, The Behavioral Risk Factor Surveillance System, 2013
 Compiled by: Health Council of Southeast Florida, 2015

¹⁵ American Diabetes Association (2013). The Cost of Diabetes. Retrieved from: <http://www.diabetes.org/advocacy/news-events/cost-of-diabetes.html#sthash.rD7jxOY9.dpuf>

¹⁶ <http://www.mayoclinic.org/diseases-conditions/diabetes/basics/definition/con-20033091>

STROKE

Stroke costs the United States an estimated \$34 billion each year. It is the fifth leading cause of death in the United States and is a major cause of adult disability. Every year, more than 795,000 people in the United States have a stroke.¹⁷ The table below shows the number of hospitalizations and the age-adjusted hospitalization rate from stroke Martin County and Florida from 2008-2012. Age-adjustment is a technique used to allow populations to be compared when the age profiles of the populations may be different. This technique is often used when comparing rates for indicators which may be influenced by age, such as stroke which typically affects and older population. In 2012, there were 570 hospitalizations from or with stroke of Martin County residents, an age-adjusted rate of 189.8 per 100,000. The rate for the county was lower for all the years shown than the state's rate.

TABLE 87: AGE-ADJUSTED HOSPITALIZATIONS FROM STROKE, MARTIN COUNTY AND FLORIDA, 2008-2012

Year	Martin		Florida	
	Count	Rate per 100,000	Count	Rate per 100,000
2008	597	204.3	69,482	272.1
2009	539	183.1	69,432	268.8
2010	559	191.1	70,162	267.7
2011	587	200.5	70,232	264.6
2012	570	189.8	67,748	266.2

Source: FloridaCHARTS, Florida Agency for Health Care Administration (AHCA), 2012

Notes: ICD-9-CM Code(s): 430-438. Includes primary diagnosis only

Compiled by: Health Council of Southeast Florida, 2015

The table below shows adults who have ever been told they had a stroke in 2007, 2010 and 2013. In 2013, there was a higher percent of adults who have been told they had a stroke, 4.5%, in the county, than in the state, 3.7%.

TABLE 88: ADULTS WHO EVER BEEN TOLD THEY HAD A STROKE, MARTIN COUNTY AND FLORIDA, 2007, 2010, 2013

Year	Martin County	Florida
2007	2.8%	3.1%
2010	3.6%	3.5%
2013	4.5%	3.7%

Source: FloridaCHARTS, The Behavioral Risk Factor Surveillance System, 2013

Compiled by: Health Council of Southeast Florida, 2015

¹⁷ Center of Disease Control (CDC). (2015) Stroke Facts. Retrieved from <http://www.cdc.gov/stroke/facts.htm>

CHRONIC LOWER RESPIRATORY DISEASE (CLRD)

Chronic lower respiratory diseases are diseases that affect the lungs. The most serious of these diseases is chronic obstructive pulmonary disease (COPD) which includes Emphysema and chronic bronchitis. Cigarette smoking is the main cause of COPD.¹⁸

The table below shows the number and rate of hospitalizations from chronic lower respiratory disease, including asthma, in Martin County and Florida from 2008-2012. The rate for the county was 325.1 per 100,000 in 2012, which was lower than the state's rate of 444.5 during that time period.

TABLE 89: HOSPITALIZATIONS FROM C.L.R.D., MARTIN COUNTY AND FLORIDA, 2008-2012

Year	Martin		Florida	
	Count	Rate per 100,000	Count	Rate per 100,000
2008	535	368.7	80,412	431.5
2009	485	332.5	86,170	460.5
2010	491	335.3	87,823	466.6
2011	473	322.1	87,493	462.1
2012	479	325.1	84,638	444.5

Source: FloridaCHARTS, Florida Agency for Health Care Administration (AHCA), 2012

Notes: ICD-9-CM Code(s): 490-496. Includes primary diagnosis only

Compiled by: Health Council of Southeast Florida, 2015

The table below shows the percentage of adults who have ever been told they had chronic obstructive pulmonary disease, emphysema, or chronic bronchitis in 2013. There was a higher percentage of adults who had ever been told they had chronic obstructive pulmonary disease, emphysema, or chronic bronchitis, 9.6%, in the county, than in the state, 7.4%.

TABLE 90: ADULTS WHO EVER BEEN TOLD THEY HAD CHRONIC OBSTRUCTIVE PULMONARY DISEASE, EMPHYSEMA OR CHRONIC BRONCHITIS, MARTIN COUNTY AND FLORIDA, 2013

Year	Martin County	Florida
2013	9.6%	7.4%

Source: FloridaCHARTS, The Behavioral Risk Factor Surveillance System, 2013

Compiled by: Health Council of Southeast Florida, 2015

¹⁸ U.S. Department of Health and Human Services, womenshealth.gov

Table 91 shows the percent of adults by age groups who are current smokers in Martin County and Florida for the years 2002, 2007, 2010 and 2013. Current cigarette use is defined as having smoked one or more cigarettes during the past 30 days. In 2013, the percentage of adult smokers 45-64 years old in Martin County was 24.0%. This percent was higher than the state, 19.8%. There was a significant decline in smoking from 2002 to 2013 among adults 18 to 44 years old.

TABLE 91: ADULTS BY AGE WHO ARE CURRENT SMOKERS, MARTIN COUNTY AND FLORIDA, 2002, 2007, 2010, 2013

Year	Martin			Florida		
	18-44	45-64	65 & Older	18-44	45-64	65 & Older
2002	40.4%	24.1%	11.3%	26.9%	24.1%	10.3%
2007	23.3%	19.5%	7.9%	22.1%	22.0%	9.7%
2010	16.7%	18.1%	5.6%	20.5%	19.2%	8.4%
2013	15.2%	24.0%	7.1%	19.2%	19.8%	8.7%

Source: FloridaCHARTS, The Behavioral Risk Factor Surveillance System, 2013
 Compiled by: Health Council of Southeast Florida, 2015

The table below shows the percent of middle school and high school students who reported smoking cigarettes in the past 30 days in Martin County and Florida in 2013. The percentages of middle school and high school students who reported smoking cigarettes in the past 30 days was lower in Martin County than in the state of Florida.

TABLE 92: STUDENTS SMOKING CIGARETTES IN THE PAST 30 DAYS, MARTIN COUNTY AND FLORIDA, 2013

	Martin County	Florida
Middle school	1.70%	3.30%
High school	9.20%	10.10%

Source: FloridaCHARTS, The Behavioral Risk Factor Surveillance System, 2013
 Compiled by: Health Council of Southeast Florida, 2015

CANCER INCIDENCE

The table below shows the number of cancer cases and the age-adjusted rate of new cancer cases in Martin County and in Florida from 2007-2011. In 2011, there were 1,104 new cases of cancer in the county.

TABLE 93: AGE-ADJUSTED CANCER INCIDENCE, MARTIN COUNTY AND FLORIDA, 2007-2011

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2007	1,129	445.5	106,022	459.4
2008	1,121	431.9	108,373	463.1
2009	1,126	436.2	107,161	453.4
2010	1,109	427.2	107,258	441.1
2011	1,104	428.9	110,428	447.8

Source: FloridaCHARTS, University of Miami (FL) Medical School, Florida Cancer Data System, 2011

Notes: ICD-10 Code(s): C00-C97

Compiled by: Health Council of Southeast Florida, 2015

The table below shows the percent of adults who have ever been told they had any other type of cancer except skin cancer in Martin County and in Florida. In 2013, 9.8% of adults had been told they had another type of cancer besides skin cancer. The percent in the county was higher than the percent in Florida as a whole.

TABLE 94: ADULTS WHO HAVE EVER BEEN TOLD THEY HAD ANY OTHER TYPE OF CANCER EXCEPT SKIN CANCER, MARTIN COUNTY AND FLORIDA, 2013

Year	Martin County	Florida
2013	9.8%	7.6%

Source: FloridaCHARTS, The Behavioral Risk Factor Surveillance System, 2013

Compiled by: Health Council of Southeast Florida, 2015

ENTERIC DISEASE

The table below shows the number and rate of enteric diseases in Martin County and in Florida for the years 2009-2012. Enteric diseases are infections that cause gastrointestinal symptoms and may be caused by food or water that is contaminated with a bacteria, virus, or protozoa, including: Campylobacteriosis, Cryptosporidiosis, Cyclosporiasis, Escherichia Coli, Shiga Toxin Producing, Giardiasis, Hepatitis A, Salmonellosis, Shigellosis and Typhoid Fever. The number of cases ranged from 70-116 in the county during the time period shown and in 2012 the rate was 50.2 per 100,000.

TABLE 95: ENTERIC DISEASE, MARTIN COUNTY AND FLORIDA, 2009-2012

Year	Martin County		Florida	
	Count	Rate per 100,000	Count	Rate per 100,000
2009	70	48.0	11,144	59.6
2010	102	69.7	11,610	61.7
2011	116	79.0	12,594	66.5
2012	74	50.2	12,100	63.5

Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology, 2012

Notes: Data for years 2009-2012 includes: Campylobacteriosis, Cryptosporidiosis, Cyclosporiasis, Escherichia Coli, Shiga Toxin Producing, Giardiasis, Hepatitis A, Salmonellosis, Shigellosis and Typhoid Fever

Compiled by: Health Council of Southeast Florida, 2015

OVERWEIGHT AND OBESITY

According to World Health Organization (WHO) overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. A person with a BMI equal to or more than 25 is considered overweight¹⁹. Overweight and obesity are often associated with poor health outcomes and rapidly increases the risk of mortality. Overweight and obese individuals can develop other diseases such as hypertension, high cholesterol, heart disease, stroke, some types of cancer and orthopedic issues.

For youth, overweight and obese is determined by body mass index (BMI) percentile using sex- and age-specific reference data from the 2000 CDC growth charts. BMI is calculated by dividing weight in pounds by height in inches, squared and multiplying by 703. A BMI of 30 or more is considered obese and 25 or more is considered to be overweight.

The table below shows the percentage of middle school students with a BMI at or above the 95th percentile for their weight and gender in Martin County and in Florida for the years 2008, 2010 and 2012. During the time period shown, the percent in the county increased from 8.3% to 11.5% and in 2012 was slightly higher than the state's percent of 11.1%.

TABLE 96: PERCENT OF MIDDLE SCHOOL STUDENTS WITH BMI AT OR ABOVE 95TH PERCENTILE, MARTIN COUNTY AND FLORIDA, 2008, 2010, 2012

Year	Martin County	Florida
	Rate (%)	Rate (%)
2008	8.3%	11.3%
2010	7.8%	11.7%
2012	11.5%	11.1%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology, Youth Risk Behavior Survey (YRBS), 2012

Notes: Overweight is defined as "body mass index (BMI) greater than or equal to the 95th percentile in weight distribution among students having the same age and gender

Compiled by: Health Council of Southeast Florida, 2015

¹⁹ World Health Organization (WHO) (2015). Media Centre: Obesity and Overweight. Retrieved from <http://www.who.int/mediacentre/factsheets/fs311/en/>

The table below shows the percentage of high school students with a BMI at or above the 95th percentile for their weight and gender in Martin County and in Florida for the years 2008, 2010 and 2012. During the time period shown, the percent in the county increased from 7.9% to 12.9%. The percent in the county in 2012 was lower than the state's percent of 14.3%. However, there is an upward trend in the county and the state.

TABLE 97: PERCENT OF HIGH SCHOOL STUDENTS WITH BMI AT OR ABOVE 95TH PERCENTILE, MARTIN COUNTY AND FLORIDA, 2008, 2010, 2013

Year	Martin County	Florida
	Rate (%)	Rate (%)
2008	7.9%	11.0%
2010	11.1%	11.5%
2012	12.9%	14.3%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology, Youth Risk Behavior Survey (YRBS), 2012

Notes: Overweight is defined as "body mass index (BMI) greater than or equal to the 95th percentile in weight distribution among students having the same age and gender

Compiled by: Health Council of Southeast Florida, 2015

Table 98 and figure 7 shows the percentage of students by grade level who are either overweight or obese in Martin County and in Florida for the years 2006-2015.

TABLE 98: PERCENT MARTIN COUNTY STUDENTS OVERWEIGHT OR OBESE BY GRADE LEVEL FROM 2006-2015

Grade	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2014-15
First Grade	31.8%	32.9%	28.8%	28.9%	28.7%	28.2%	29.2%
Third Grade	34.5%	37.9%	32.4%	33.6%	35.5%	33.9%	33.4%
Sixth Grade	38.4%	42.6%	35.1%	39.4%	37.4%	36.7%	37.3%

Source: Martin County Health Department, School Health Report, 2015

Compiled by: Health Council of Southeast Florida, 2015

FIGURE 7: STUDENTS WHO ARE OVERWEIGHT OR OBESE BY GRADE LEVEL, MARTIN COUNTY, 2006-2015

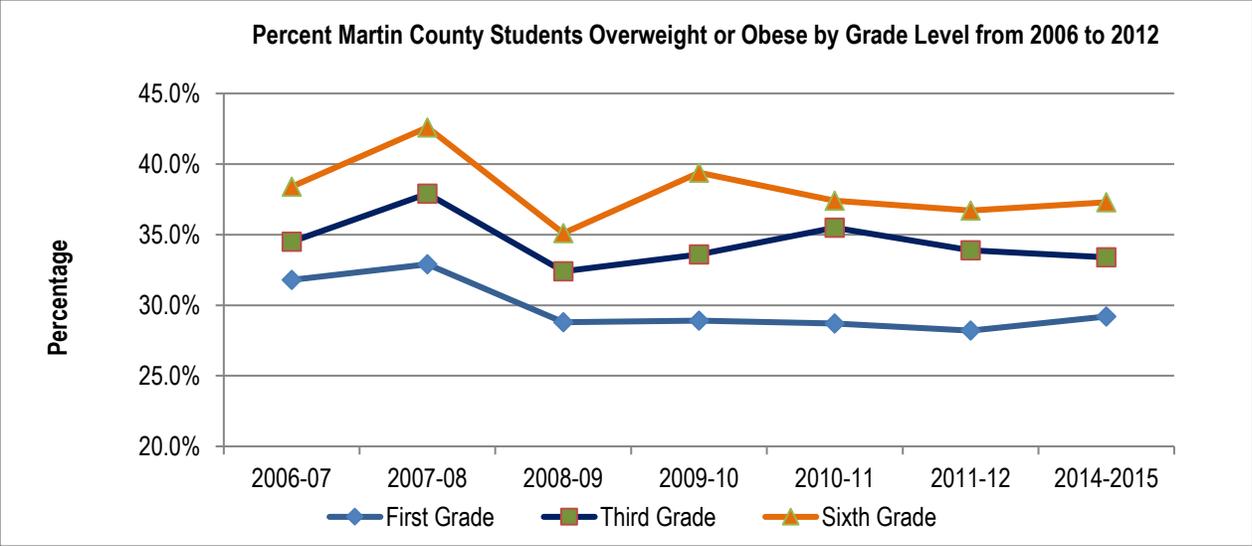
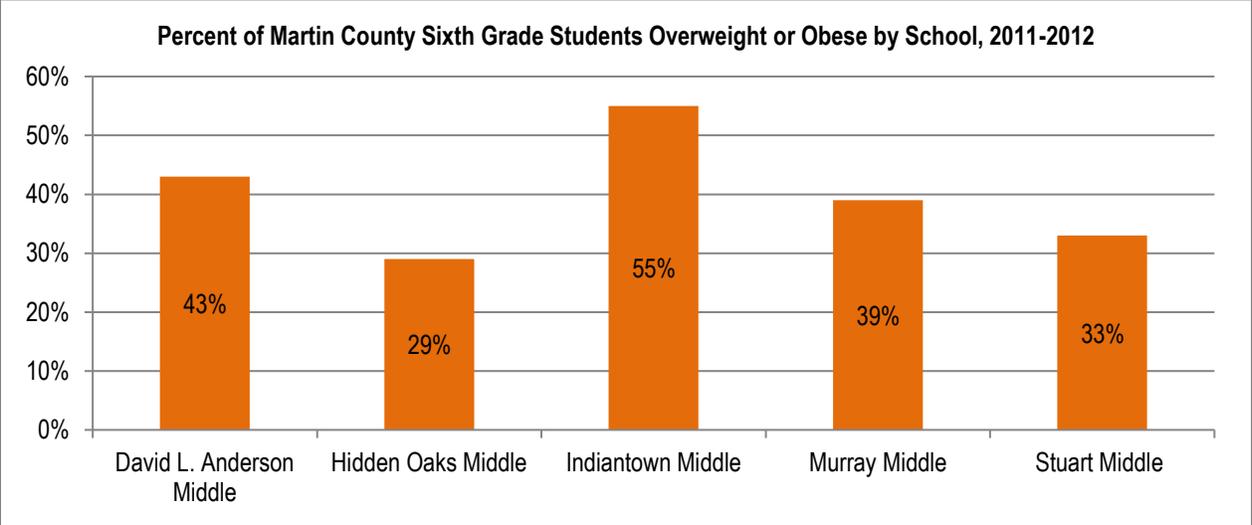


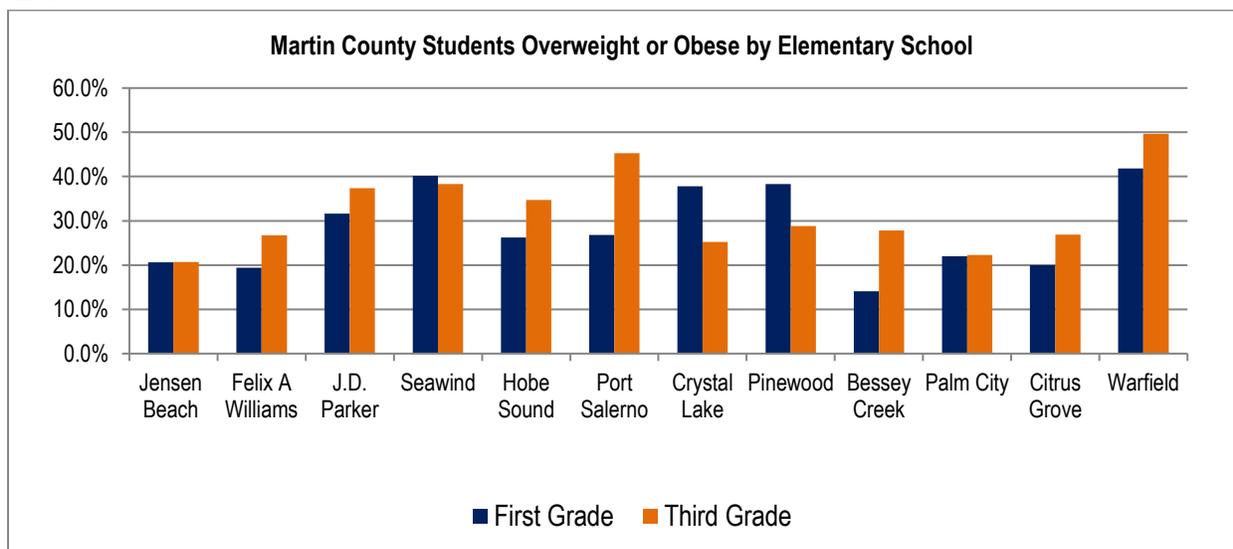
Figure 8 shows the percent of sixth graders in Martin County who are overweight or obese by school from 2011-2012. More than 25% of all middle school students were overweight or obese during this time period. In Indiantown middle school more than 1 of every 2 students were overweight or obese.

FIGURE 8: SIXTH GRADERS WHO ARE OVERWEIGHT OR OBESE BY SCHOOL, MARTIN COUNTY, 2011-2012



The figure below shows the percent of elementary students in Martin County who are overweight or obese by school from 2014-2015. More than 20% of all third grade students were overweight or obese during this time period.

FIGURE 9: FIRST AND THIRD GRADERS WHO ARE OVERWEIGHT OR OBESE BY SCHOOL, MARTIN COUNTY, 2014-2015



The table below shows the percentage of adults who reported being overweight or obese in Martin County and in Florida, in the years 2007, 2010 and 2013. The rate decreased in the county during the time period shown, however in 2013, there was still a significant number of adults (48%) who reported being either overweight or obese.

TABLE 99: ADULTS WHO ARE OVERWEIGHT OR OBESE, MARTIN COUNTY AND FLORIDA, 2007, 2010, 2013

Year	Martin	Florida
	Rate (%)	Rate (%)
2007	54.9%	62.1%
2010	61.0%	65.0%
2013	48.3%	62.8%

Source: FloridaCHARTS, Florida County-level Behavioral Risk Factors Surveillance Telephone Survey, Florida Department of Health, Bureau of Epidemiology, 2013

Compiled by: Health Council of Southeast Florida, 2015

*Healthy People 2020 Target
Proportion of adults who are obese = 30.6%*

INFECTIOUS DISEASE

Tuberculosis

The table below shows the number and rate per 100,000 population of tuberculosis (TB) cases in Martin County and in Florida for the 2009-2013 time period. During the time period shown, there ranged 3-7 cases in the county.

TABLE 100: TUBERCULOSIS CASES, MARTIN COUNTY AND FLORIDA, 2009-2013

Year	Martin		Florida	
	Count	Rate per 100,000	Count	Rate per 100,000
2009	5	3.4	821	4.4
2010	7	4.8	834	4.4
2011	3	2.0	754	4.0
2012	4	2.7	678	3.6
2013	5	3.4	652	3.4

Source: FloridaCHARTS, Florida Department of Health, Bureau of TB & Refugee Health, 2013
 Compiled by: Health Council of Southeast Florida, 2015

*Healthy People 2020 Target
 Tuberculosis = 1 new case per 100,000 population*

Reportable Diseases

The Florida Health Department requires that practitioners report certain disease and medical conditions. These include outbreaks, vector borne diseases, some sexually transmitted diseases, food-borne diseases, pertussis, Q fever, TB, lead poisoning, carbon monoxide poisoning and some cancers. The table below shows the number and rate of reportable disease cases in Martin County and in Florida for the years 2008-2012. During the time period shown, the number of cases ranged from 113-205, the rate in 2012 was 101.1 per 100,000 which was slightly lower than the state's rate.

TABLE 101: TOTAL REPORTABLE DISEASE CASES, MARTIN COUNTY AND FLORIDA, 2008-2012

Year	Martin County		Florida	
	Count	Rate per 100,000	Count	Rate per 100,000
2008	113	77.9	17,907	96.1
2009	205	140.6	24,727	132.1
2010	192	131.1	20,455	108.7
2011	202	137.6	21,088	111.4
2012	149	101.1	20,644	108.4

Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology, 2012

Notes: Includes both probable and confirmed cases 2012

Compiled by: Health Council of Southeast Florida, 2015

HIV Incidence Rate

The table below shows the number and rate of new HIV cases in Martin County and in Florida during the years 2009-2013. The number of new cases ranged from 10-19 in the county during the time period shown with a high of 19 cases in 2013. The rate in the county was still less than half the state's rate.

TABLE 102: HIV CASES, MARTIN COUNTY AND FLORIDA, 2009-2013

Year	Martin County		Florida	
	Count	Rate per 100,000	Count	Rate per 100,000
2009	14	9.6	5,557	29.7
2010	10	6.8	4,913	26.1
2011	16	10.9	5,044	26.6
2012	10	6.8	4,531	23.8
2013	19	12.8	5,938	30.7

Source: FloridaCHARTS, Florida Department of Health, Bureau of HIV/AIDS, 2013

Notes: These data represent reported new cases of HIV

Compiled by: Health Council of Southeast Florida, 2015

AIDS Incidence

The table below shows the number and rate of new AIDS cases in Martin County and in Florida during the years 2009 -2013. The number of cases in the county ranged from 5 to 20 during the time period shown. The rate was 7.4 per 100,000 in 2013 which was less than half of the state's rate. The county's rate was below the Healthy People 2020 target of 13.0 per 100,000.

TABLE 103: AIDS CASES, MARTIN COUNTY AND FLORIDA, 2009-2013

Year	Martin		Florida	
	Count	Rate per 100,000	Count	Rate per 100,000
2009	5	3.4	4,038	21.6
2010	8	5.5	3,173	16.9
2011	20	13.6	3,295	17.4
2012	9	6.1	2,652	13.9
2013	11	7.4	3,282	17.0

Source: FloridaCHARTS, Florida Department of Health, Bureau of HIV/AIDS, 2013

Notes: Generally, AIDS cases remained fairly stable in the early 2000s, with an increase in 2004 due to increased CD4 testing statewide. Electronic laboratory reporting delays in late 2007 decreased cases in that year, while contributing to a spike in 2008. The expansion of electronic lab reporting increased the timeliness of reporting, which further contributed to the artificial spike in 2008 followed by the artificial dip in 2009 & 2010. Cases reported in correctional facilities are excluded from the county totals, but are included in the state total. Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2015

*Healthy People 2020 Target
Number of new AIDS cases among adolescents and adults = 13.0 new cases per 100,000*

Sexually Transmitted Infections/ Diseases

If left undetected and untreated sexually transmitted infections/disease can lead to tubal infertility, ectopic pregnancy, pelvic inflammatory disease, chronic pelvic pain and cervical cancer.²⁰

The table below shows the number and rate of three sexually transmitted infections, gonorrhea, chlamydia and infectious syphilis in Martin County and in Florida in the years 2009 -2013. In 2013 there were 325 infections in the county, with a rate of 218.7 per 100,000. The rate in the county is nearly 60% less than the state’s rate.

TABLE 104: TOTAL GONORRHEA, CHLAMYDIA AND INFECTIOUS SYPHILIS, MARTIN COUNTY AND FLORIDA, 2009-2013

Year	Martin County		Florida	
	Count	Rate per 100,000	Count	Rate per 100,000
2009	283	194.0	94,837	506.8
2010	376	256.8	96,061	510.4
2011	410	279.2	96,923	511.9
2012	310	210.4	98,777	518.7
2013	325	218.7	103,566	536.1

Source: FloridaCHARTS, Department of Health, Bureau of STD Prevention & Control , 2013
 Compiled by: Health Council of Southeast Florida 2015

²⁰ University of Wisconsin Population Health Institute. (2010). County Health Rankings 2010; retrieved from www.countyhealthrankings.org/health-factors/unsafe-sex

EMERGENCY DEPARTMENT PRIMARY DIAGNOSES

The table below shows the top 20 most frequent primary diagnoses of Martin County residents visiting emergency rooms in Florida in 2012. The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) was the official system of assigning codes to diagnoses and procedures associated with hospital utilization in the United States.²¹ The ICD-9 diagnosis code, along with the number of discharges and percent Martin County resident discharges are shown. The most frequent primary diagnosis was urinary tract infection (923), upper respiratory infection (920) and abdominal pain (786).

TABLE 105: TOP 20 PRIMARY DIAGNOSES, EMERGENCY ROOM VISITS, MARTIN COUNTY RESIDENTS, 2012

ICD9	Primary Diagnosis	Discharges	
599.0	Urinary Tract Infection Non-specific	923	2.30%
465.9	Acute Upper Respiratory Infection Non-specific	920	2.30%
789.00	Abdominal Pain Unspecified Site	786	2.00%
786.59	Chest Pain Not elsewhere classified	722	1.80%
490	Bronchitis Non-specific	673	1.70%
462	Acute Pharyngitis	584	1.50%
780.60	Fever Non-specific	552	1.40%
784.0	Headache	551	1.40%
959.01	Head Injury Non-specific	520	1.30%
780.4	Dizziness And Giddiness	484	1.20%
382.9	Otitis Media Non-specific	482	1.20%
780.2	Syncope And Collapse	441	1.10%
920	Contusion Face/scalp/neck	414	1.00%
883.0	Open Wound Of Finger	395	1.00%
847.0	Sprain Of Neck	382	1.00%
558.9	Noninfectious Gastroenteritis Non-specific	374	0.90%
401.9	Hypertension Non-specific	368	0.90%
724.2	Lumbago	365	0.90%
787.03	Vomiting Alone	343	0.90%
789.09	Abdominal Pain Other Specified Site	332	0.80%
All other		29,379	73.5%
Total Visits		39990	100.0%

Source: Florida Emergency Room Data System; Agency for Health Care Administration, 2012
Compiled by: Health Council of Southeast Florida, 2015

²¹ Centers for Disease Control and Prevention (CDC). (2015). International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). Retrieved from: <http://www.cdc.gov/nchs/icd/icd9cm.htm>

MORTALITY

Mortality is a term used when referring to the public's health to refer to death.

LEADING CAUSES OF DEATH

The table below shows the leading causes of deaths in Martin County in 2012. For each of the top causes, the number of deaths, percent of total deaths, crude and age-adjusted death rates and years of potential life lost are shown. The greatest number of deaths in the county were from cancer (441 or 23.5%) followed by heart disease (373 or 19.9%). Unintentional injuries were the fifth leading cause of death, accounting for 4.0% of total deaths, and the second greatest risk factor for years of potential life lost at a rate of 1,002.4 per 100,000 residents under the age of 75.

TABLE 106: LEADING CAUSES OF DEATH, MARTIN COUNTY, 2013

Cause of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	3-Year Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
ALL CAUSES	1,877	100.0%	1,262.80	620.5	582.4	7,253.7
CANCER	441	23.5%	296.7	144.8	144.3	1,655.0
HEART DISEASE	373	19.9%	250.9	113.4	108.6	900.9
CHRONIC LOWER RESPIRATORY DISEASE	155	8.3%	104.3	44.5	40.0	217.8
STROKE	111	5.9%	74.7	32.1	26.0	207.6
UNINTENTIONAL INJURIES	76	4.0%	51.1	40.6	41.1	1,002.4
ALZHEIMER'S DISEASE	54	2.9%	36.3	14.4	14.2	19.6
KIDNEY DISEASE	43	2.3%	28.9	13.4	8.6	114.4
CHRONIC LIVER DISEASE AND CIRRHOSIS	36	1.9%	24.2	15.4	12.9	378.4
SUICIDE	32	1.7%	21.5	21.9	20.0	651.8
DIABETES MELLITUS	24	1.3%	16.1	9.0	9.6	136.3
SEPTICEMIA	21	1.1%	14.1	6.2	3.3	64.2
PARKINSON'S DISEASE	18	1.0%	12.1	4.8	6.0	10.2
PNEUMONIA/INFLUENZA	18	1.0%	12.1	5.4	4.6	47.0
HOMICIDE	4	0.2%	2.7	3.6	3.3	89.3
AIDS/HIV	1	0.1%	0.7	0.6	1.9	21.9

Source: FloridaCHARTS, Florida Department of Health, Office of Health Statistics and Assessment, 2013

Notes: Age-adjusted death rates are computed using the year 2000 standard population; YPLL = years of potential life lost

Compiled by: Health Council of Southeast Florida, 2015

Deaths by Age

The table below shows the number of deaths by age bracket in Martin County in 2013. The numbers of deaths are generally consistent with advanced age.

TABLE 107: DEATHS BY AGE, MARTIN COUNTY, 2013

	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Unknown	Total
Martin	8	2	2	2	6	7	12	38	76	152	281	522	768	1	1,877

Source: FloridaCHARTS, Bureau of Vital Statistics, 2013
Compiled by: Health Council of Southeast Florida, 2015

HEART DISEASE DEATHS

The table below shows the number of deaths and the age-adjusted death rate for deaths due to major cardiovascular disease in Martin County and in Florida in 2009-2013. In 2013, the age-adjusted rate in the county was 158.8 per 100,000, the highest rate in the five year period shown. However, the county's rate was still lower than the state's rate of 199.5 per 100,000.

TABLE 108: DEATHS FROM MAJOR CARDIOVASCULAR DISEASES, MARTIN COUNTY AND FLORIDA, 2009-2013

Years	Martin County		Florida	
	Count	Rate per 100,000	Count	Rate per 100,000
2009	496	146.4	53,351	197.7
2010	448	139.6	53,330	204.7
2011	457	137.7	52,527	198.4
2012	472	141.3	53,802	200.6
2013	528	158.8	54,958	199.5

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2013
Notes: ICD-10 Code(s): I00-I78
Compiled by: Health Council of Southeast Florida, 2015

CANCER DEATHS

In the United States, cancer is the second leading cause of death, responsible for 1 in 4 deaths. Nearly 14.5 million Americans with a history of cancer were alive on January 1, 2014. About 1,658,370 new cancer cases are expected to be diagnosed in 2015. ²²

The table below shows the number and age-adjusted death rate for deaths due to cancer in Martin County and in Florida for the years 2009-2013. During the time period shown, the rate was consistently lower than the state's rate.

TABLE 109: DEATHS FROM CANCER, MARTIN COUNTY AND FLORIDA, 2009-2013

Years	Martin County		Florida	
	Count	Rate per 100,000	Count	Rate per 100,000
2009	422	141.5	40,817	162.9
2010	446	151.9	40,883	161.2
2011	418	141.5	41,221	159.9
2012	445	146.8	41,696	160.3
2013	441	144.8	42,350	158.7

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2013

Notes: ICD-10 Code(s): C00-C97

Compiled by: Health Council of Southeast Florida, 2015

²² American Cancer Society. (2015). Cancer Facts & Figures 2015. Retrieved from: <http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>

UNINTENTIONAL INJURY DEATHS

According to the National Center for Health Statistics, unintentional injuries are the fourth leading cause of death overall, and the leading cause of death for individuals in the 1-4, 5-14, 15-24 and 25-44 age groups.²³

The table below shows the number and age-adjusted death rate of deaths due to unintentional injuries. In 2013, there were 76 deaths in the county due to unintentional injuries, an age-adjusted rate of 40.6 per 100,000, which was slightly higher than the rate in the state.

TABLE 110: DEATHS FROM UNINTENTIONAL INJURIES, MARTIN COUNTY AND FLORIDA, 2009-2013

Years	Martin County		Florida	
	Count	Rate	Count	Rate
2009	79	46.9	8,779	43.0
2010	83	50.4	8,644	41.8
2011	80	45.1	8,475	40.2
2012	70	37.6	8,561	39.7
2013	76	40.6	8,534	38.8

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2013

Notes: ICD-10 Code(s): V01-X59, Y85-Y86

Compiled by: Health Council of Southeast Florida, 2015

²³ FastStats: Accidents or Unintentional Injuries (Last updated February 6, 2015). Retrieved from <http://www.cdc.gov/nchs/fastats/accidental-injury.htm>: National Center for Health Statistics.

UNINTENTIONAL FALLS

The table below shows the crude death rate of deaths due to unintentional falls by age, and by 3-year rolling averages. From 2011 to 2013, the crude death rate of Martin County residents ages 65 and older was 58.5 per 100,000.

TABLE 111: CRUDE DEATH RATES FROM UNINTENTIONAL FALLS BY AGE GROUP, MARTIN COUNTY AND FLORIDA, 1992-2013

Years	Ages 0-18		Ages 19- 65		Ages 65 and older	
	Martin County	Florida	Martin County	Florida	Martin County	Florida
1992-94	0.0	0.1	0.6	1.7	14.0	21.8
1993-95	0.0	0.1	1.7	1.7	11.4	21.8
1994-96	0.0	0.1	1.7	1.7	15.1	22.0
1995-97	0.0	0.2	1.7	1.9	11.8	23.0
1996-98	0.0	0.2	0.5	1.8	16.4	23.5
1997-99	0.0	0.2	1.0	1.8	14.3	24.3
1998-00	0.0	0.2	2.0	1.8	17.8	25.0
1999-01	0.0	0.1	2.5	2.0	20.5	26.7
2000-02	0.0	0.1	2.4	2.0	24.8	29.7
2001-03	0.0	0.2	1.9	2.2	26.2	34.0
2002-04	0.0	0.2	1.4	2.2	29.6	38.2
2003-05	0.0	0.2	5.4	2.4	26.6	42.4
2004-06	1.2	0.3	6.2	2.5	28.0	44.5
2005-07	1.2	0.3	7.4	2.5	28.2	45.6
2006-08	2.4	0.2	4.7	2.4	34.6	45.7
2007-09	1.2	0.2	3.9	2.4	44.2	48.4
2008-10	1.2	0.2	2.6	2.3	44.7	52.3
2009-11	0.0	0.1	3.8	2.4	55.2	56.6
2010-12	0.0	0.1	5.0	2.4	50.9	59.8
2011-13	0.0	0.1	5.8	2.5	58.5	62.8

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 1992- 2013

Data Note(s): ICD-10 Code(s): W00-0W1.

Compiled by: Health Council of Southeast Florida, 2015

HEALTH RESOURCE AVAILABILITY AND ACCESS

LICENSED FACILITY OVERVIEW

This section provides indicators on: licensed facility, hospital and nursing home utilization hospitalization data, health provider data, health insurance, safety net facility and county health rankings.

HOSPITALS

The table below shows the licensed hospitals in Martin County in 2014. There are three hospitals in Martin County and a total of 378 licensed hospital beds.

TABLE 112: LICENSED HOSPITALS, MARTIN COUNTY, AS OF JANUARY, 2015

Name	Street Address	City	Licensed Beds	Profit Status	Web Address
Healthsouth Rehabilitation Hospital at Martin Health	5850 SE Community Dr.	Stuart	34	For-Profit	http://www.healthsouthmartin.com/
Martin Hospital South	2100 SE Salerno Rd.	Stuart	100	Not-For-Profit	http://www.mmhs.com/
Martin Medical Center	200 SE Hospital Ave.	Stuart	244	Not-For-Profit	http://www.mmhs.com/

Source: FloridaHealthFinder, Florida Agency for Healthcare Administration, 2014
 Compiled by: Health Council of Southeast Florida, 2015

NURSING HOMES

The table below shows the nursing homes in Martin County as of September 2014. According to the Agency for Health Care Administration (AHCA), there are seven nursing homes in Martin County with a total of 833 licensed nursing home beds.

TABLE 113: NURSING HOMES, MARTIN COUNTY, AS OF JANUARY, 2015

Name	Street Address	Street City	Licensed Beds	Profit Status	Web Address
Edgewater Manor	9555 SE Federal HWY	HOBE SOUND	120	For-Profit	N/A
Martin Nursing And Restorative Care Center	6011 SE Tower DR	STUART	120	For-Profit	www.martinnrcc.com
Palm City Nursing & Rehab Center	2505 SW Martin HWY	PALM CITY	120	For-Profit	www.palmcityrehab.com
Parkway Health And Rehabilitation Center	800 SE Central Pkwy	STUART	177	For-Profit	www.parkwayhealthrehab.com/
Salerno Bay Health And Rehabilitation Center	4801 SE Cove RD	STUART	120	For-Profit	N/A
Stuart Nursing & Restorative Care Center	1500 SE PALM BEACH RD	STUART	120	For-Profit	www.stuartnursingandrestorative.com
Waters Edge Extended Care	1500 SW CAPRI ST	PALM CITY	56	For-Profit	www.watersedgeextendedcare.com

Source: FloridaHealthFinder, Florida Agency for Healthcare Administration, 2014
Compiled by: Health Council of Southeast Florida, 2015

HEALTH CARE UTILIZATION

HOSPITAL UTILIZATION

The tables below shows detail utilization for Martin County hospital's including: number of licensed beds, occupancy rate, average length of stay, number of admissions and total patient days, Medicare eligible admissions, obstetrical and newborn services, acute care, critical care utilization, emergency department utilization, observations cases, rehabilitation utilization for January – December 2014.

Percent occupancy is the percentage of hospital beds occupied in a year. The average occupancy rate is calculated by multiplying the number of beds by 365 and then dividing the total number of inpatient days. The average daily census (ADC) is the average number of staffed beds that are occupied each day. ADC is calculated by dividing the number of inpatient days by 365.

Table 114 shows hospital utilization in Martin County for January – December 2014. HealthSouth Rehabilitation Hospital at Martin Health, who had the lowest number of beds, also had the highest occupancy rate (96.0%). The occupancy rate for Martin Memorial Hospital South was a little over 50.0%.

TABLE 114: HOSPITAL UTILIZATION, MARTIN COUNTY, JANUARY- DECEMBER, 2014

Agency Name	Beds Licensed	Avg Daily Census	Occupancy Rate	Number of Admissions	Patient Days	Avg Length of Stay
HealthSouth Rehabilitation Hospital At Martin Health	34	32.6	96.0%	918	11,916	13.0
HealthSouth Treasure Coast Rehabilitation	80	56.2	70.2%	1,525	20,510	13.4
Martin Memorial Hospital South	100	53.7	53.7%	4,314	19,614	4.5
Martin Memorial Medical Center	244	173.3	71.0%	12,408	63,262	5.1
TOTAL	458	315.9	69.0%	19,165	115,302	6.0

Source: Health Council of Southeast Florida Hospital Utilization Reports, 2015
Compiled by: Health Council of Southeast Florida, 2015

Table 115 shows hospitalizations of Medicare eligible (65+) individuals in Martin County for January – December 2014. Consistent with its services, HealthSouth Rehabilitation Hospital at Martin Health served the highest percent of Admissions for Medicare eligible (65+) individuals in Martin County during this time period.

TABLE 115: HOSPITALIZATIONS OF MEDICARE ELIGIBLE (65+) INDIVIDUALS, MARTIN COUNTY, JANUARY-DECEMBER, 2014

Agency Name	Admissions 65+	Admissions % Total	Patient Days 65+	Days % Total	65+ Average length of stay
HealthSouth Rehabilitation Hospital At Martin Health	741	80.7%	9,546	80.1%	12.9
Martin Memorial Hospital South	3,107	72.0%	14,500	73.9%	4.7
Martin Memorial Medical Center	7,557	60.9%	41,875	66.2%	5.5
TOTAL	11,405	59.5%	65,921	57.2%	5.8

Source: Health Council of Southeast Florida Hospital Utilization Reports, 2015
 Compiled by: Health Council of Southeast Florida, 2015

Table 116 shows acute care utilization in Martin County for January – December 2014. Martin Memorial Medical Center, the larger of the two acute facilities in the county, had the higher occupancy rate (71.3%) during this time period.

TABLE 116: ACUTE CARE UTILIZATION, MARTIN COUNTY, JANUARY- DECEMBER, 2014

Agency Name	Beds Allocated	Avg Daily Census	Occupancy Rate	Number of Admissions	Admissions + Transfers	Patient Days	Avg Length of Stay
Martin Memorial Hospital South	100	53.7	53.7%	4,314	4,314	19,614	4.5
Martin Memorial Medical Center	239	170.5	71.3%	12,287	12,287	62,235	5.1
TOTAL	339	224.2	66.1%	16,601	16,601	81,849	4.9

Source: Health Council of Southeast Florida Hospital Utilization Reports, 2015
 Compiled by: Health Council of Southeast Florida, 2015

The table below shows rehabilitative services utilization in Martin County for January – December 2014. HealthSouth Treasure Coast Rehabilitation, with an occupancy rate of 70.2%, is the larger of the two rehabilitative facilities; however, HealthSouth Rehabilitation Hospital at Martin Health operated at nearly full capacity with an occupancy rate of 96.0% during this time period.

TABLE 117: REHABILITATIVE SERVICES UTILIZATIONS, MARTIN COUNTY, JANUARY- DECEMBER, 2014

Agency Name	Beds Licensed	Avg Daily Census	Occupancy Rate	Number of Admissions	Admissions + Transfers	Patient Days	Avg Length of Stay
Healthsouth Rehabilitation Hospital At Martin Health	34	32.6	96.0%	918	918	11,916	13.0
Healthsouth Treasure Coast Rehabilitation	80	56.2	70.2%	1,525	1,525	20,510	13.4
TOTAL	114	88.8	77.9%	2,443	2,443	32,426	13.3

Source: Health Council of Southeast Florida Hospital Utilization Reports, 2015
 Compiled by: Health Council of Southeast Florida, 2015

The tables below (Table 118, Table 119, Table 120, Table 121 and Table 122) shows utilization for the following specific services in Martin County for January – December 2014: medical and surgical services, critical care, obstetrical services, newborn services and level II neonatal services.

TABLE 118: MEDICAL SURGICAL SERVICES UTILIZATION, MARTIN COUNTY, JANUARY- DECEMBER, 2014

Agency Name	Beds Allocated	Avg Daily Census	Occupancy Rate	Number of Admissions	Admissions + Transfers	Patient Days	Avg Length of Stay
Martin Memorial Hospital South	46	9.5	20.6%	873	873	3,460	4.0
Martin Memorial Medical Center	114	95.0	83.3%	6,640	6,640	34,661	5.2
TOTAL	160	104.4	65.3%	7,513	7,513	38,121	5.1

Source: Health Council of Southeast Florida Hospital Utilization Reports, 2015
 Compiled by: Health Council of Southeast Florida, 2015

TABLE 119: CRITICAL CARE UTILIZATION, MARTIN COUNTY, JANUARY- DECEMBER, 2014

Agency Name	Beds Allocated	Avg Daily Census	Occupancy Rate	Number of Admissions	Admissions + Transfers	Patient Days	Avg Length of Stay
Martin Memorial Hospital South	8	6.2	78.0%	371	371	2,279	6.1
Martin Memorial Medical Center	31	16.6	53.5%	946	946	6,054	6.4
TOTAL	39	22.8	58.5%	1,317	1,317	8,333	6.3

Source: Health Council of Southeast Florida Hospital Utilization Reports, 2015
 Compiled by: Health Council of Southeast Florida, 2015

TABLE 120: OBSTETRICAL SERVICES UTILIZATION, MARTIN COUNTY, JANUARY- DECEMBER, 2014

Agency Name	Beds Allocated	Avg Daily Census	Occupancy Rate	Number of Admissions	Admissions + Transfers	Patient Days	Avg Length of Stay
Martin Memorial Medical Center	24	7.6	31.5%	970	970	2,756	2.8
TOTAL	24	7.6	31.5%	970	970	2,756	2.8

Source: Health Council of Southeast Florida Hospital Utilization Reports, 2015
 Compiled by: Health Council of Southeast Florida, 2015

TABLE 121: NEWBORN SERVICES UTILIZATION, MARTIN COUNTY, JANUARY- DECEMBER, 2014

Agency Name	Bassinets Allocated	Avg Daily Census	Occupancy Rate	Live Births	Newborn Days	Avg Length of Stay	Stillbirths
Martin Memorial Medical Center	20	7.7	38.4%	950	2,805	3.0	5
TOTAL	20	7.7	38.4%	950	2,805	3.0	5

Source: Health Council of Southeast Florida Hospital Utilization Reports, 2015
 Compiled by: Health Council of Southeast Florida, 2015

TABLE 122: LEVEL II NEONATAL SERVICES UTILIZATION, MARTIN COUNTY, JANUARY- DECEMBER, 2014

Agency Name	Beds Licensed	Avg Daily Census	Occupancy Rate	Number of Admissions	Admissions + Transfers	Patient Days	Avg Length of Stay
Martin Memorial Medical Center	5	2.8	56.3%	121	121	1,027	8.5
TOTAL	5	2.8	56.3%	121	121	1,027	8.5

Source: Health Council of Southeast Florida Hospital Utilization Reports, 2015
 Compiled by: Health Council of Southeast Florida, 2015

EMERGENCY DEPARTMENT UTILIZATION

Table 123 shows hospital emergency department (ED) utilization in Martin County for January to December 2014. At Martin Memorial Hospital South 15.2% of ED visitors were admitted to the hospital, which was less than the 22.8% of ED visitors admitted to the hospital at Martin Memorial Medical Center.

TABLE 123: HOSPITAL EMERGENCY DEPARTMENT UTILIZATION, MARTIN COUNTY, JANUARY- DECEMBER, 2014

Agency Name	Total Visits	Total Admit
Martin Memorial Hospital South	27,622	4,188
Martin Memorial Medical Center	31,153	7,107
TOTAL	58,775	11,295

Source: Health Council of Southeast Florida Hospital Utilization Reports, 2015
Compiled by: Health Council of Southeast Florida, 2015

OTHER HOSPITALIZATION DATA

The table below shows the number and rate of preventable hospitalization for individuals in Martin County and in Florida for the years 1999-2013.

Preventable hospitalizations are determined using the Agency for Health Research and Quality (AHRQ) Ambulatory Sensitive Conditions ICD-9 Codes.

These conditions include asthma, diabetes or dehydration and are conditions which timely and effective ambulatory care may decrease hospitalizations. Early and preventative care may prevent the onset of the illness or condition or it may help control an acute episode of an illness or managing a chronic disease or condition.

High rates of hospitalizations for ambulatory sensitive conditions may be an indicator of insufficient prevention efforts, a shortage in primary care resources or other issues within the health care system that may be barriers to obtaining timely and effective care.²⁴ The table below shows the preventable hospitalizations under 65 from all conditions.

TABLE 124: PREVENTABLE HOSPITALIZATIONS UNDER 65 FROM ALL CONDITIONS, MARTIN COUNTY AND FLORIDA, 1993-2013

Year	Martin		Florida	
	Count	Rate per 100,000	Count	Rate per 100,000
1999	1,092	1,219.3	152,313	1,180.3
2000	1,016	1,109.6	154,966	1,169.0
2001	956	1,019.3	163,075	1,205.0
2002	892	932.2	171,326	1,243.3
2003	933	949.8	179,167	1,271.7
2004	913	894.1	181,455	1,247.1
2005	948	923.1	189,738	1,276.5
2006	877	845.0	188,352	1,243.9
2007	837	798.2	184,924	1,204.5
2008	785	747.0	177,081	1,147.4
2009	727	689.7	188,891	1,220.6
2010	728	686.1	189,282	1,220.7
2011	810	762.9	189,967	1,221.0
2012	735	690.4	189,237	1,211.2
2013	792	739.4	190,690	1,206.4

Source: FloridaCHARTS, Florida Agency for Health Care Administration (AHCA), 2013

Notes: Ambulatory Care Sensitive Conditions ICD-9-CM Codes

Compiled by Health Council of Southeast Florida, 2015

²⁴ http://www.floridacharts.com/charts/documents/ACS_Conditions_Definition_UPDATE.pdf

NURSING HOME UTILIZATION

Nursing home utilization data for Martin County including number of beds, percent occupancy, average daily census (ADC), admissions by payer source and patient days by payer source. Percent occupancy is the percentage of hospital beds occupied in a year. The average occupancy rate is calculated by multiplying the number of beds by 365 and then dividing the total number of inpatient days. The ADC is the average number of staffed beds that are occupied each day. ADC is calculated by dividing the number of inpatient days by 365.

Table 125 shows nursing home utilization in Martin County for 2013. There was a total of 813 licensed beds with an occupancy of 88.1%.

TABLE 125: NURSING HOME UTILIZATION, MARTIN COUNTY, JANUARY- DECEMBER, 2014

	Licensed Beds			Admissions	Patient Days
	# of Beds	% Occupancy	ADC		
Martin County	813	88.1%	716	1,785	173,979

Source: Health Council of Southeast Florida, Nursing Home Utilization Data, 2014
 Compiled by: Health Council of Southeast Florida, 2015

HEALTH CARE PROVIDER SUPPLY

PHYSICIANS

The table below shows the total licensed Florida Physicians in Martin County. In the fiscal year 2013-2014, there were 418 licensed physicians in Martin County, a rate of 281.2 per 100,000, which was slightly higher than the state's rate of 275.7 per 100,000. It is important to note that this data does not detail whether the physician is actively practicing medicine in the county, thus should not be interpreted as an accurate representation of access.

TABLE 126: TOTAL LICENSED FLORIDA PHYSICIANS, MARTIN COUNTY AND FLORIDA, 2009-2010 THROUGH 2013-2014

Year	Martin County		Florida	
	Count	Rate per 100,000	Count	Rate per 100,000
FY 09-10	349	239.3	42,572	227.5
FY 10-11	407	277.9	48,098	255.6
FY 11-12	408	277.9	49,270	260.2
FY 12-13	419	284.4	50,586	265.6
FY 13-14	418	281.2	53,259	275.7

Source: FloridaCHARTS, Florida Department of Health, 2014

Notes: Licensure data is for a fiscal year (July 1-June 30). Data includes actively licensed providers only.

Compiled by: Health Council of Southeast Florida, 2015

NURSES

As of September 2014, there were 2,439 licensed Registered Nurses with an 'address of record' in Martin County according to the Florida Department of Health license verification database. As with physicians, this number is not necessarily indicative of the number of nurses who are actively practicing in the county and may not be an accurate representation of access to providers.

The table below shows the nurse to student ratio in Martin County and Florida schools for grades K-12. In the fiscal year 2013-2014, the nurse to student ratio was 1:2441, which was higher than the state's ratio of 1:2237.

TABLE 127: NURSE-STUDENT RATIO IN SCHOOLS GRADES K-12, MARTIN COUNTY AND FLORIDA, 2005-2013

Year	Martin	Florida
	Rate	Rate
2005	1,658.1	2,660.3
2006	2,026.6	2,471.2
2007	1,393.0	2,569.2
2008	1,505.6	2,518.0
2009	1,801.5	2,536.4
2010	1,797.6	2,260.8
2011	2,021.7	2,452.8
2012	1,868.0	2,257.0
2013	2,441.0	2,237.0

DENTISTS

The table below shows the licensed dentists in Martin County and Florida from the 2009-2010 fiscal year to the 2013-2014 fiscal year. In the fiscal year 2013-14, there were 111 licensed dentists in Martin County, a rate of 74.7 per 100,000. This rate was higher than the state's rate of 53.8 per 100,000. As with physicians and nurses this number is not necessarily indicative of the number of dentists who are actively practicing in the county and may not be an accurate representation of access to providers.

TABLE 128: TOTAL LICENSED DENTISTS, MARTIN COUNTY AND FLORIDA, 2009-2010 THROUGH 2013-2014

Year	Martin County		Florida	
	Count	Rate	Count	Rate
FY 09-10	109	74.7	9,860	52.7
FY 10-11	109	74.4	10,048	53.4
FY 11-12	115	78.3	10,118	53.4
FY 12-13	122	82.8	10,443	54.8
FY 13-14	111	74.7	10,396	53.8

Source: FloridaCHARTS, Florida Department of Health, Division of Medical Quality Assurance, 2014

Notes: Licensure data is for a fiscal year (July 1-June 30). Data includes actively licensed providers only.

Compiled by: Health Council of Southeast Florida, 2015

FEDERAL HEALTH PROFESSIONAL SHORTAGE AREA (HPSA)

Health Professional Shortage Areas (HPSAs) are areas, populations or institutions designated by the Health Resources and Services Administration (HRSA) to have shortages of primary medical care, dental or mental health providers. HPSA designations are based on several criteria including: a rational need for services, a provider to population ratio that falls below a set criteria, and an occurrence of current health providers being over-utilized, inaccessible or excessively distant.

“HPSA scores range from 1 to 25 for primary care and mental health, 1 to 26 for dental. The higher scores translate into greater priority. All Federally Qualified Health Centers and those Rural Health Clinics that provide access to care regardless of ability to pay receive automatic facility HPSA designation. These facilities may have a HPSA score of “0.” The “# Short” indicates the number of full-time equivalent providers needed to remove the designation.²⁵

²⁵ Health Resources and Service Administration

PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREA

The table below shows primary care health professional shortage areas in Martin County as of September 2014. There were three primary health professional shortage areas designated in Martin County at the time stated, the geographical area of Indiantown, the minor civil division of Indiantown and the Martin Correctional Institution.

TABLE 129: PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS, MARTIN COUNTY, AS OF APRIL, 2015

HPSA Name	Type	FTE	# Short	
Indiantown Service Area	Geographical Area	4	1	14
Indiantown CCD	Minor Civil Division	-	-	-
Martin Correctional Institution	Correctional Facility	1	1	12

Source: US Department of Health and Human Services, Health Resources and Service Administration, 2015
 Compiled by: Health Council of Southeast Florida, 2015

DENTAL CARE HEALTH PROFESSIONAL SHORTAGE AREA

The table below displays dental health professional shortages area in Martin County as of September 2014. There was one dental health professional shortage area designated in Martin County, the Martin Correctional Institute. The facility was identified as one full time equivalent (FTE) short.

TABLE 130: DENTAL HEALTH PROFESSIONAL SHORTAGE AREA, MARTIN COUNTY, AS OF SEPTEMBER, 2014

HPSA Name	Type	FTE	# Short	Score
Martin Correctional Institution	Correctional Facility	2	1	3

Source: US Department of Health and Human Services, Health Resources and Service Administration, 2014
 Compiled by: Health Council of Southeast Florida, 2015

MENTAL HEALTH CARE HEALTH PROFESSIONAL SHORTAGE AREA

The table below shows mental health professional shortage areas in Martin County as of September 2014. There were three mental health professional shortage areas designated in Martin County; the Martin Correctional Institution, the geographical area of Indiantown and the minor civil division of Indiantown. The Martin Correctional Institute was identified as two full time equivalents (FTEs) short and the geographical area of Indiantown, one short.

TABLE 131: MENTAL HEALTH PROFESSIONAL SHORTAGE AREAS, MARTIN COUNTY, AS OF SEPTEMBER, 2014

HPSA Name	Type	FTE	# Short	Score
Martin Correctional Institution	Correctional Facility	0	2	18
Indiantown Service Area	Geographical Area	0	1	10
Indiantown CCD	Minor Civil Division	-	-	-

Source: US Department of Health and Human Services, Health Resources and Service Administration, 2014
 Compiled by: Health Council of Southeast Florida, 2015

FEDERAL MEDICALLY UNDERSERVED AREAS/POPULATIONS

Medically Underserved Areas (MUAs)/Populations (MUPs) are designated by Health Resources Service Administration (HRSA) as areas or populations having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. An Index of Medical Underservice (IMU) uses weighted values for different factors to determine the score.

Medically Underserved Populations (MUPs) are comprised of groups of individuals who face economic, cultural or linguistic barriers to health care. Medically Underserved Areas (MUAs) are a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.²⁶

The table below displays the medically underserved populations and areas in Martin County, as of September 2014. Indiantown service area was identified as a medically underserved population with a MUA of 60.8 (a source of 62.0 or less qualifies for designation as a MUA) since 2000.

TABLE 132: MEDICALLY UNDERSERVED POPULATIONS AND AREAS, MARTIN COUNTY, AS OF SEPTEMBER, 2014

Name	ID#	Type	IMU Score	Designation Date
Indiantown Service Area	6144	MUA	60.8	8/15/2000
MCD (91586) Indiantown CCD	-	-	-	-

Source: Source: US Department of Health and Human Services, Health Resources and Service Administration, 2014
Compiled by: Health Council of Southeast Florida, 2015

²⁶ Health Resources and Services Administration

HEALTH INSURANCE

Uninsured

The table below shows the number and percent of uninsured individuals in Martin County and in Florida in 2013 by age bracket and gender. In 2013 there were over 22,000 uninsured individuals in the county, representing 14.9% of the total population; this rate was lower than the percent uninsured in the state as a whole, 20.0%. Over 23.0% of individuals aged 18-64 were uninsured and in the 19-25 year age group, 24.8% were without health insurance coverage.

TABLE 133: UNINSURED BY AGE AND GENDER, MARTIN COUNTY AND FLORIDA, 2013

	Martin County			Florida		
	Total	Number Uninsured	Percent Uninsured	Total	Number Uninsured	Percent Uninsured
Total civilian noninstitutionalized population	148,422	22,106	14.9%	19,245,127	3,852,963	20.0%
AGE						
Under 18 years	25,874	3,150	12.2%	4,019,835	445,035	11.1%
18 to 64 years	80,516	18,858	23.4%	11,646,895	3,348,787	28.8%
65 years and older	42,032	98	0.2%	3,578,397	59,141	1.7%
19 to 25 years	7,936	1,970	24.8%	1,767,603	624,952	35.4%
SEX						
Male	71,728	12,283	17.1%	9,333,945	2,035,081	21.8%
Female	76,694	9,823	12.8%	9,911,182	1,817,882	18.3%

Source: U.S Census Bureau, American Community Survey, 2013
 Compiled by: Health Council of Southeast Florida, 2015

Insurance Enrollments/Re-enrollments

The table below shows the number of Affordable Care Act enrollment/re-enrollments in Martin County as of January 2015, by plan selections and zip code. In January 2015 there were over 7,000 health insurance enrollments in the county.

TABLE 134: CONSUMERS WHO SELECTED A PLAN OR AUTOMATICALLY RE-ENROLLED IN 2015, MARTIN COUNTY, AS OF JANUARY, 2015

Area	Zip Code	Plan Selections
Palm City	34990	1,714
Indiantown	34956	309
Hobe Sound	33455	1,035
Stuart	34997	2,418
Sewall's Point	34996	496
Stuart	34994	973
ZIP Codes shared with neighboring counties*		
Jensen Beach	34957	1,352
Jupiter Inlet	33469	770
Jupiter	33478	729
Okeechobee	34974	787
Jupiter	33458	2,816

*Plan Selection Counts for Martin County are only partial of the total counts in the ZIP Codes shared with neighboring counties, 2015

Note: There was no plan selection information reported for ZIP Codes: 33438, 33475, 34958, 34991, 34992, and 34995

Source: ASPE, Department of Health and Human Services, Released January 2015

Compiled by: Health Council of Southeast Florida, 2015

The table below shows the number and difference of Affordable Care Act enrollment/re-enrollments in Martin County as of January and February 2015, by plan selections and zip code. In February 2015 there was a 35.9% difference in the enrollment for health insurance enrollments in Indiantown-34956.

TABLE 135: CONSUMERS WHO SELECTED A PLAN OR AUTOMATICALLY RE-ENROLLED IN A PLAN IN 2015, MARTIN COUNTY, AS OF FEBRUARY, 2015

ZIP Code	Plan Selections as of 01/16/2015	Plan Selections as of 02/22/2015	Difference	% Difference
33478	729	870	141	19.3%
33469	770	929	159	20.6%
33455	1,035	1,244	209	20.2%
34997	2,418	2,964	546	22.6%
34996	496	597	101	20.4%
34994	973	1,188	215	22.1%
34990	1,714	1,927	213	12.4%
34956	309	420	111	35.9%
33458	2,816	3,496	680	24.1%
34957	1,352	1,661	309	22.9%
34974	787	971	184	23.4%

Source: ASPE, Department of Health and Human Services, Released January 16, 2015 and February 22, 2015
 Compiled by: Health Council of Southeast Florida, 2015

Florida KidCare

Florida Kidcare is health insurance offered by the state of Florida for individuals up to 18 years, even if one or both parents are employed. The four parts of Florida KidCare for which one may be eligible are: MediKids, Healthy Kids, Children's Medical Services Network and Medicaid. Title XXI, also known as Children's Health Insurance Program (CHIP), is a state- and federally-funded program (currently, a 31 – 69 match) that provides insurance for children who do not qualify for Medicaid but whose families cannot afford private insurance.²⁷

The table below displays CHIP Title XXI enrollment in Martin County from 2010 to 2014. Overall, the number of enrollments gradually increased during this time period. In 2014, the average monthly enrollment was 2,066. It is interesting to note that the enrollment began a downward trend toward the last quarter of the year.

TABLE 136: CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP), TITLE XXI, ENROLLMENT, MARTIN COUNTY, 2010-2014

Month	2010	2011	2012	2013	2014
January	1,688	1,804	1,957	2,072	2,092
February	1,695	1,834	1,916	2,102	2,152
March	1,727	1,855	2,010	2,096	2,179
April	1,809	1,857	2,035	2,076	2,184
May	1,807	1,900	2,067	2,124	2,144
June	1,835	1,892	2,082	2,135	2,112
July	1,860	1,892	2,075	2,123	2,114
August	1,837	1,896	2,088	2,109	2,084
September	1,839	1,885	2,064	2,167	2,023
October	1,822	1,960	2,054	2,004	1,950
November	1,773	1,925	2,079	2,148	1,916
December	1,776	1,937	2,068	2,004	1,844

Source: Florida Department of Health from the Agency of Health Care Administration's Florida CHIP Monthly Enrollment Reports, 2015
Compiled by: Health Council of Southeast Florida, 2015

²⁷ www.floridakidcare.org

Title XIX, also known as Medicaid, is a state and federally funded entitlement program (50/50). The table below shows Kidcare Medicaid monthly enrollment in the years 2010-2014. In 2014, the average monthly enrollment was 9,887.

TABLE 137: KIDCARE MEDICAID ENROLLMENT, TITLE XIX, MARTIN COUNTY, 2010-2014

Month	2010	2011	2012	2013	2014
January	7,741	8,420	8,985	9,164	9,133
February	7,660	8,437	9,015	9,189	9,309
March	7,770	8,509	8,955	9,137	9,677
April	7,816	8,562	9,019	9,111	9,848
May	7,866	8,535	9,037	9,088	9,947
June	7,883	8,547	9,007	9,128	9,900
July	7,978	8,735	9,099	9,113	9,877
August	8,099	8,869	9,124	9,109	10,112
September	8,110	8,861	9,080	9,097	10,041
October	8,160	8,943	9,136	9,059	10,116
November	8,246	9,007	9,105	9,092	10,320
December	8,283	9,005	9,114	9,106	10,362

Source: Florida Department of Health from the Agency of Health Care Administration's Florida CHIP Monthly Enrollment Reports, 2015
 Compiled by: Health Council of Southeast Florida, 2015

Medicaid

Medicaid is a federally and state funded health program in the United States that provides health services to low income individuals and families.

The table below shows the median monthly Medicaid enrollment in Martin County and in Florida for the years 2008-2013. In 2013, the median monthly enrollment in the county was 15,855, a rate of 10,666.8 per 100,000.

TABLE 138: MEDIAN MONTHLY MEDICAID ENROLLMENT, MARTIN COUNTY AND FLORIDA, 2008-2013

Year	Martin County		Florida	
	Count	Rate per 100,000	Count	Rate per 100,000
2008	11,835	8,156.4	2,637,603	14,152.6
2009	12,020	8,241.7	2,678,520	14,314.6
2010	13,880	9,478.7	2,995,439	15,916.0
2011	14,470	9,854.3	3,128,693	16,524.1
2012	Data not available	Data not available	Data not available	Data not available
2013	15,855	10,666.8	3,611,417	18,693.7

Source: FloridaCHARTS, Agency for Health Care Administration, 2013

Notes: The median enrollment in Medicaid is the number where, over 12 months of enrollment, half are more than this number median and half are below this number.

Compiled by: Health Council of Southeast Florida, 2015

SAFETY NET

Safety net providers are generally non-profit, consumer directed health care centers whose mission is to provide high quality, cost-effective and comprehensive primary and preventive care to medically underserved and uninsured people.²⁸ These organizations serve low income, working families, the uninsured and other high risk populations, such as homeless, migrant farm workers, isolated rural families, poor women, children and the elderly.

These centers have chosen to focus on wellness and prevention, which are key to cost savings in health care system. Through innovative approaches and interventions in community outreach, patient education and prevention, these health centers also strive to teach their patients to take responsibility for their own health.

Federally Qualified Health Centers (FQHC) and Federally Qualified Health Center Look-Alikes (FQHC Look-Alikes) are supported by Health Resources and Service Administration (HRSA) and aim to provide primary health care services to underserved and vulnerable populations. The health centers serve populations with limited access to health care including: low income populations, the uninsured, individuals with language barriers, migrant and seasonal farmworkers, the homeless, and individuals living in public housing²⁹. FQHCs and FQHC Look-alikes may include community health centers, migrant health centers, Health care for the Homeless programs, and public housing primary care programs. These organizations play an instrumental role in filling critical gaps in health care.

²⁸ National Association of Community Health Centers (NACHC), October 2010. Partnerships between Federally Qualified Health Centers and Local Health Departments for Engaging in the Development of a Community-Based System of Care. http://www.naccho.org/topics/hpdp/upload/partnerships-between-fqhcs-and-lhds_final_11_03_10.pdf

²⁹ www.bphc.hrsa.gov

Florida Department of Health in Martin County

The mission of Florida Department of Health in Martin County is to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

The vision is to be the Healthiest State in the Nation

The values of Florida Department of Health in Martin County include:

- Innovation: We search for creative solutions and manage resources wisely.
- Collaboration: We use teamwork to achieve common goals & solve problems.
- Accountability: We perform with integrity & respect.
- Responsiveness: We achieve our mission by serving our customers & engaging our partners.
- Excellence: We promote quality outcomes through learning & continuous performance improvement.

The Florida Department of Health in Martin County has two locations, 3441 SE Willoughby in Stuart and 16401 SW Farm Road in Indiantown. Florida Department of Health in Martin County provides clinical services including family planning, HIV/STD and tuberculosis. Additionally, the Florida Department of Health in Martin County provides the following services and programs: birth and death certificates, epidemiology and disease surveillance, emergency preparedness, environmental health, Healthy Start, school health and WIC and nutrition services.

COUNTY HEALTH RANKINGS

“The *County Health Rankings & Roadmaps* program helps communities identify and implement solutions that make it easier for people to be healthy in their schools, workplaces, and neighborhoods. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate what we know when it comes to what is making people sick or healthy. The *Roadmaps* show what we can do to create healthier places to live, learn, work, and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation.”³⁰

WHAT ARE THE COUNTY HEALTH RANKINGS?

“The *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* look at a variety of measures that affect health, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Based on data available for each county, the *Rankings* are unique in their ability to measure the overall health of each county in all 50 states. They have been used to garner support for local health improvement initiatives among government agencies, health care providers, community organizations, business leaders, policy makers, and the public.”³¹

³⁰ <http://www.countyhealthrankings.org/sites/default/files/resources/CHR%26R%202015%20Key%20Findings.pdf>

³¹ www.countyhealthrankings.org/florida; http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2014_FL_v2.pdf

The table below reflects the 2014 County Health Rankings for Martin County. The county ranked fourth among the 67 Florida counties in ‘Health Outcomes’ and fifth in ‘Health Factors.’

TABLE 139: COUNTY HEALTH RANKINGS, MARTIN COUNTY, 2014

	Martin	Top U.S. Performers	Florida	Rank (of 67)
Health Outcomes				4
Length of Life				5
Premature death	6,380	5,317	7,310	
Quality of Life				3
Poor or fair health	15%	10%	16%	
Poor physical health days	2.5	2.5	3.7	
Poor mental health days	3.3	2.4	3.8	
Low birthweight	7.70%	6.00%	8.70%	
Health Factors				5
Health Behaviors				7
Adult smoking	17%	14%	18%	
Adult obesity	20%	25%	26%	
Food environment index	7.6	8.7	7.2	
Physical inactivity	20%	21%	24%	
Access to exercise opportunities	78%	85%	78%	
Excessive drinking	17%	10%	16%	
Alcohol-impaired driving deaths	37%	14%	29%	
Sexually transmitted infections	252	123	399	
Teen births	34	20	38	
Clinical Care				4
Uninsured	22%	11%	25%	
Primary care physicians	1,341:1	1,051:1	1,426:1	
Dentists	1,519:1	1,392:1	1,939:1	
Mental health providers	792:01:00	521:01:00	890:01:00	
Preventable hospital stays	42	46	64	
Diabetic screening	86%	90%	84%	
Mammography screening	75%	71%	68%	
Social & Economic Factors				12
High school graduation	82%		70%	
Some college	58%	70%	60%	
Unemployment	8.80%	4.40%	8.60%	
Children in poverty	24%	13%	26%	
Inadequate social support	18%	14%	22%	
Children in single-parent households	28%	20%	37%	
Violent crime	287	64	556	
Injury deaths	76	49	70	
Physical Environment				60
Air pollution - particulate matter	10.6	9.5	11.4	
Drinking water violations	61%	0%	4%	
Severe housing problems	18%	9%	22%	
Driving alone to work	79%	71%	79%	
Long commute - driving alone	30%	15%	37%	

Source: County Health Rankings, www.countyhealthrankings.org, 2014

Notes: * 90th percentile, i.e., only 10% are better; Blank values reflect unreliable or missing data

Compiled by: Health Council of Southeast Florida, 2015

CONCLUSION

The quantitative data compiled, analyzed and reviewed by the Advisory Committee during the Community Health Status Assessment describes the population health status of Martin County and not only compliments, but in some cases, provides insight on health issues that arise from the qualitative, or primary data, collected, analyzed and reviewed by the Advisory Council, which will be discussed in the subsequent section: Community Themes and Strengths. Moreover, the quantitative data presented in the three health profiles in this section lays the foundation for identifying strategic issues and health priorities, which are critical components of the MAPP process.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

INTRODUCTION

The Community Themes and Strengths Assessment provides a deep understanding of the issues residents feel are important, including how quality of life is perceived in the community. Based on perceptions shared during Community Themes and Strengths Assessment (CTSA) focus group participants and key informants several themes emerged, below are key observations that surfaced during the assessment:

Positive Attributes:

- Safe area to live
- Community is family-oriented
- Friendly community members
- Quality services provided at local organizations and agencies

Challenges/ Areas of Need:

- Limited employment opportunities
- Lack of public transportation
- Lack of awareness (available services/programs)
- Shortage of medical providers in West Martin County
- Shortage of specialty providers
 - Lack of providers accepting certain insurance carriers, such as Medicaid
- Shortage of dental specialists (orthodontists)
- Lack of mental health services
- Quality of care in emergency services
- More focus on environmental health issues

Opportunities for Improvement:

- Fall prevention programs
- Addressing the needs of specific sub-populations, including:
 - Hispanics
 - Undocumented residents
 - Indiantown residents
- Increase awareness of services/programs/resources
- Increase the number of collaborations/partnerships

METHODOLOGY

The purpose of the Community Strengths and Themes Assessment is to glean perspective on the thoughts, opinions and concerns of residents, regarding the issues of greatest importance to the community and how the community perceives the quality of life in Martin County. This assessment answers the questions:

- What is important to our community?
- How is quality of life perceived in our community?
- What assets do we have that can be used to improve community health?

The Health Council of Southeast Florida (HCSEF) conducted seven community health focus groups, eleven in-depth key informant interviews, seven community meetings, including two Local Public Health System Assessment meetings and five Martin County Advisory Committee Meetings with community stakeholders, and one windshield tour. The purpose was to collect information from a cross-section of the community, including community stakeholders and members. The approaches were selected in order to obtain the thoughts and opinions of the issues, perceived issues, and an identification of key assets in Martin County.

RESULTS

Community themes and strengths gleaned from the focus groups, key informant interviews, community meetings and windshield tour were compiled into a table of issues, perceptions and assets. Issues were identified as problems within the community, while opinions and details of these issues were recognized as perceptions of community members, stakeholders and providers in the community. Assets in the community include the infrastructure of the public health system, as well as specific agencies and programs/services in Martin County. The sections that following details the key issues, perceptions, assets and the source of information from the Community Themes and Strengths Assessment.

COMMUNITY FOCUS GROUPS

HCSEF conducted focus groups during March, April, June and July of 2015 in order to gain knowledge and insight from the residents of Martin County. The discussions aimed to understand the experiences and the needs of the community and its residents regarding health services and the health care system. This report outlines the focus group methodology and provides a summary of the common themes, key issues and primary areas of interest identified during the focus group discussions.

METHODOLOGY AND DEMOGRAPHIC DATA

The Health Council of Southeast Florida developed the focus group protocols and questions from a framework utilized by other community needs assessments. A total of eighty-six of individuals participated in the eight conducted focus groups. Community-based organizations serving specific target populations assisted in the recruitment of participants. Focus group studies were led by a trained facilitator, accompanied by a note-taker and each lasted approximately one and a half to two hours. Focus group participants were also informed of their rights as participants. The facilitator assured participants that statements made would only be used for reporting purposes and would remain anonymous.

Participants were asked a series of 15 pre-determined, open-ended questions. These questions can be referenced in Appendix C. Focus group recruitment targeted specific subpopulations, including: individuals aged 65 years and older, working parents, undocumented residents, Hispanics/Latinos and African-Americans. In addition, special interest was given to certain geographical areas, including: Indiantown, Port Salerno, Hobe Sound, Stuart and the Banner Lakes community. Participants completed a demographic questionnaire [Appendix B] at the start of the focus group; a compilation of this information is in Tables 140– 150 below. Refreshments were provided at each session and participants were incentivized to participate with \$25 Walmart gift cards, which were distributed at the conclusion of the session. The dates, locations, times are listed in Table 146 and a matrix of the target populations can be seen in Table 141. Only comments made by participants across different focus groups were included below. Thus, not everything said in the interviews were included in the results. The analysis produced a number of emergent themes described in detail in sections below.

TABLE 140: LOCATION, DATE, TIME AND NUMBER OF PARTICIPANTS IN FOCUS GROUPS

Site	Date	Time	# of Participants
Council on Aging at the Kane Center	4/9/2015	10:00am	11
Early Learning Coalition at Hobe Sound	4/14/2015	6:00pm	8
House of Hope at Stuart	4/21/2015	5:30pm	8
Florida Community Health Centers	4/20/2015	5:30pm	4
Indiantown – Bible Teachers International	6/10/2015	7:30pm	16
Port Salerno- Lake Monrovia Park– Williams Costella Learning Center	6/18/2015	7:00pm	11
Banner Lakes	6/23/2015	6:30pm	13
Sierra Apartments- Stuart	7/13/2015	6:00pm	15

Table 141: Focus Group Target Population Matrix

	Elderly	Hispanic	Undocumented	Working Parents	Black/ African-American	White/ Caucasian
Council on Aging at the Kane Center –Stuart	x	x				x
Early Learning Coalition at Hobe Sound		x		x		x
House of Hope at Stuart	x	x		x	x	x
Florida Community Health Centers at Indiantown		x	x	x		
Indiantown – Bible Teachers International	x	x		x	x	
Port Salerno- Lake Monrovia Park– Williams Costella Learning Center	x			x	x	
Banner Lakes	x			x	x	x
Sierra Apartments- Stuart	x			x	x	x

TABLE 142: FOCUS GROUP PARTICIPANTS BY ZIP CODE

Zip Code	# of Participants	% of Participants
33455	13	18.3%
34953	1	1.4%
34956	20	28.2%
34994	20	28.2%
34997	26	36.6%
33475	1	1.4%
34952	1	1.4%
32608	1	1.4%
No Answer	3	4.2%

TABLE 143: FOCUS GROUP PARTICIPANTS BY GENDER

Gender	# of Participants	% of Participants
Female	61	85.9%
Male	25	35.2%
No Answer	0	0.0%

TABLE 144: FOCUS GROUP PARTICIPANTS BY AGE

Age Group	# of Participants	% of Participants
Under 18 years	1	1.4%
18-25	5	7.0%
26-39	23	32.4%
40-54	21	29.6%
55-64	15	21.1%
65-74	10	14.1%
75 +	10	14.1%
Unknown	1	1.4%

TABLE 147: FOCUS GROUP PARTICIPANTS BY RACE

Race	# of Participants	% of Participants
Asian	1	1.2%
Black or African American	45	52.3%
Native Hawaiian or Other Pacific Islander	0	0.0%
American Indian, Alaskan Native or Indigenous	1	1.2%
White/Caucasian	31	36.0%
Some other Race	0	0.0%
Two or more races	0	0.0%
Hispanic or Latino	8	9.3%
No Answer	0	0.0%

TABLE 148: FOCUS GROUP PARTICIPANTS BY ETHNICITY

Ethnicity	# of Participants	% of Participants
Hispanic or Latino	8	9.3%
Not Hispanic or Latino	78	90.7%
No Answer	0	0.0%

TABLE 145: FOCUS GROUP PARTICIPANTS BY EMPLOYMENT STATUS

Employment	# of Participants	% of Participants
35 or more hrs per week	27	38.0%
< 35hours per week	10	14.1%
unemployed	19	26.8%
other:	21	29.6%
No Answer	9	12.7%

TABLE 146: FOCUS GROUP PARTICIPANTS BY INSURANCE COVERAGE

Insurance Coverage	# of Participants	% of Participants
Yes, List:	66	93.0%
No	14	19.7%
Don't Know/Not Sure	4	5.6%
No Answer	2	2.8%

TABLE 149: FOCUS GROUP PARTICIPANTS BY EDUCATIONAL ATTAINMENT

Educational Attainment	# of Participants	% of Participants
6th Grade or <	2	2.8%
Some Middle School or Some High School, no Diploma (Grades 7-11)	10	14.1%
High School graduate or GED (grade 12)	23	32.4%
Some College, No Degree	21	29.6%
Associate's Degree	7	9.9%
Certificate from Vocational, Business or Trade School	11	15.5%
4 yrs of college or higher, with Bachelor's degree or higher	10	14.1%
Other:	0	0.0%
No Answer	2	2.8%

TABLE 150: FOCUS GROUP PARTICIPANTS BY INCOME

Annual Income	# of Participants	% of Participants
\$0 - \$10,000	23	32.4%
\$10,001 - \$20,000	25	35.2%
\$20,001 - \$40,000	10	14.1%
\$40,001 - or more	9	12.7%
Prefer not to answer	19	26.8%

KEY THEMES AMONG COMMUNITY FOCUS GROUPS

To facilitate the discussion within of the focus groups, participants were asked a series of fifteen primary questions about their perception, experiences and degree of satisfaction with Martin County's local public health system and access to health care services. In addition, some of the primary questions included sub-questions (See tool in Appendix C). Listed below are the primary themes, categorized, that emerged during of the eight focus groups.

How do you feel about living in your community? Is it a safe place to live?

- Safe place to live
- Caring community members
- Friendly neighbors/strong sense of community
- Friendly community members
- Strong presence of law enforcement
- *"In Martin County community members care for each other"*

Is it a good place to raise children? If so why? If not, why not?

Positive(s):

- Great place to raise a family
- Safe place to raise children
- Plenty of services and activities for children
 - *"You can get up and find something to do with the kids"*
- Large number of local parks
- Safe playgrounds and parks
- Excellent education system
 - Martin County also has caring teachers
- Active and friendly community residents
 - *"Hobe Sound has a small time feel, it's close knit community– you know your neighborhoods, as compared to Palm Beach County"*

Opportunities/ Areas of Need:

- There are aftercare and out-of-school programming, but it is not accessible due to cost, space availability, and transportation
 - There are quality of care issues with some of the programs
- There is a need for more attention on the 'older' youth, e.g. teens

Do you think Martin County is a good place to grow old?

- *"Yes, it is"*
- Good place to grow old
- Plenty of activities and places for seniors
- Solid programming in the community for seniors
- *"Martin County is friendly towards seniors"*

What do you think about economic opportunities in the community?

- It is financially challenging for younger working families
- There is a need for more vocational and skills training for the younger population

Limited employment opportunities:

- Employed outside of Martin County
 - *"I have to travel to Jupiter for work"*
- *"I do not have many good job opportunities"*
- *"Jobs are slow, the pay is low and you need 2 jobs to be able to make it"*

Cost of Living:

- Lack of affordable housing
- *"Homes are very expensive, even if you could purchase it, you wouldn't be able to maintain it"*
- *"I don't make enough for regular housing, but I make too much for low-income"*
- *"There's a waiting list for housing and just about everything else around here"*
- *"I don't make enough for regular housing, but I make too much for low-income"*

Where do you get most of your health care now, in your neighborhood or outside of your neighborhood?

Outside of Martin County:

- Palm Beach County
- St. Lucie
- Outside of the country
 - *"I have to travel outside of the county to receive medical care"*
 - *"I have to go to Vero Beach and Palm Beach for health care services"*
 - *"I have to travel to Palm Beach for my high-risk pregnancy"*

Have any of you had problems getting the health care that you need?

Positive(s):

- Frequent child screening tests at daycare centers
- Primary care services

Challenge(s):

- Quality of services in emergency services
- Limited number of specialists
 - Dental (orthodontists)
 - Pediatricians
- Limited number of pharmacies in western Martin County
- Limited access to see primary care providers
 - Challenges in scheduling visits to primary care providers
 - Lack of providers accepting Medicaid
- High cost for health care
- Lack of available daycare for babies less than 1 year old

We often hear transportation is an issue when trying to access health care. Is transportation an issue that affects or has affected you?

Lack of public transportation

- Results in underutilization of services
 - Missed/cancelled medical appointment
 - Difficultly accessing services
 - *“Many individuals do not have a car and when they have to see specialists and they have to travel to West Palm Beach or Port St. Lucie”*
- Participants reported having to travel significant distances to get to the nearest hospital

What are the problems or barriers you see in maintaining or improving your or your family’s health?

Lack of specialists:

- Lack of physician specialists
- Lack of dentists
- Lack of ophthalmologist and optometrist
 - *“Traveling is the main issue, because there aren’t many specialist locally”*
 - *“There is a need for more eye doctors and dentists to get faster appointments”*
- Limited access to care for undocumented immigrants

Transportation:

- Cost of transportation

Economic Barriers:

- High copay for medications and doctor visits

What health services do you need that are not currently available to you and your family?

- Lack of providers
 - Lack of providers accepting Medicaid and Molina
- Lack of specialists
 - Dentists (orthodontists)
 - Mental Health services
 - OB/GYN (accepts Medicaid)

Are you aware of the different public health services that are available in Martin County?

- Lack of awareness of services/programs and resources
- Lack of awareness (available services/programs)
 - There is a need for more ‘health fairs’ to promote awareness
- Sense of unfairness along racial/ethnic lines among some sub-populations
 - Programs are tailored/specific to certain subpopulations, while other community members expressed the feeling of being *‘left out’*

What kinds of health programs would you like to see established in Martin County?

- More specialists
 - Dentists (orthodontists)
 - OB/GYN
 - Children’s pediatricians

- Hospital/urgent care center in Indiantown
- Free testing
 - Pregnancy
 - More health buses seeing patients
- More health fairs, and more advertisement of health fairs

What is your level of satisfaction with the health care system in Martin County?

Satisfied:

- Florida Community Health Center
- The Kane Center
- Visiting nurses
- House of Hope
 - *“If I was homeless, I would want to live here; there are so many different ministries here that cater to their needs”*
- Urgent Care Centers
- Quality of care by pediatricians

Challenges/Opportunities for Improvement:

- Hospital Emergency Room (ER)
 - Limited access to care
 - Long patient wait-times
 - Lack of compassion by hospital staff
- Limited access to available services
 - Primary providers
 - Prenatal care services
- Limited Urgent Care Centers in certain geographic areas of the County

What is your perspective on the role of community members, like yourselves play in improving the overall health in Martin County?

- Staying healthy
- Being healthy
- Physical activity/exercising regularly
- Be an active resident
- Passing along information about available resources

If an elected official were to ask your advice about how to spend money making health care better in your neighborhood, what would you tell him?

- Increase the number of food banks/pantries
- Increase healthy food options and affordability of healthy foods in Indiantown
- Lower the cost of health care
- Better health care coverage options
 - Lower copays
- Transportation services, specifically:
 - Elderly/seniors
 - Wounded veterans
 - Disabled individuals
- Increase funding for Planned Parenthood

Do you have any additional comments you would like to add regarding the quality of life or the quality of health care services available in your community?

- High cost of health care services, specifically:
 - Specialists
- Improve local transient system.
- Long wait times for dental appointments
- Quality of Life is so much better here in Martin County
 - *“Don’t tell anybody else how great it is here, otherwise they’ll keep coming”*

Participants also provided additional feedback and suggestions on how to improve and enhance the current system of care for residents in Martin County.

Suggestions:

- Offer more outreach and services on counseling for families (divorce counseling), not faith-based – participant was referred to a church
- More activities for single working moms
- Free screens/testing
 - Pregnancy
 - More health buses seeing patients
- *“CareNet on US1 and is a great resource, diapers other resources”*
 - *“Earn while you Learn’ Parental enrichment classes you get points and can spend at their boutique”*

KEY INFORMANT INTERVIEWS

METHODOLOGY

The Health Council of Southeast Florida conducted eleven in-depth key informant interviews with community stakeholders, representative from a broad range of sectors, including: department of health, social services providers, faith-based institutions, community funders, community members/parents, real-estate, public safety and county government.

The purpose was to collect information from a wide range of individuals who have first-hand knowledge about the community, available services and resources. These individuals are instrumental in the delivery of services to Martin County residents. Their particular knowledge and understanding provided insight on the existing health issues in the community and the perceived systemic health care problems.

Each key informant interview was led by a skilled facilitator and lasted approximately 30-45 minutes and were conducted during April of 2015. All interviews were completed via phone. The facilitator provided an overview of the process at the beginning of the interview and informants were assured that responses would only be presented in the aggregate. To ensure the confidentiality of their comments, the names or any other identifying information of informants have not been included in this report. Key informant interview questions used to guide interview is included in Appendix D. Below are the questions asked during the interview:

- What do you perceive are the key issues in Martin County as related to health?
- What services/programs/resources in the community are strong/beneficial (what's going well)?
- What specific health and human services do you think should receive more emphasis in the community than they do now?
- What specific health and human services do you think should receive less emphasis in the community than they do now?
- Are there any populations that you believe have significant unmet needs?
- What do you see as the key barriers for individuals/families in accessing health care and other services in Martin County?
- What strategies can you suggest for overcoming these barriers?
- How can existing health and human services be improved?
- Is there anything else you would like to add about health and human services in Martin County?

KEY THEMES AMONG KEY INFORMANT INTERVIEWS

The following information was generated from the responses of the community stakeholders in Martin County. We have identified the primary opinions and thoughts of the group, their input and specific points. The unordered list of responses to each open-ended question is listed to address each query.

What do you perceive are the key issues in Martin County as related to health?

Lack of public transportation:

- *“Transportation is a huge issue in Martin County”*
- Transportation also affects the ability to access health care (Indiantown residents ER services, location of hospital)
- Lack of awareness concerning the programs/services and available resources

Shortage of providers and services:

- Shortage of specialty providers
 - Lack of providers accepting certain insurance carriers, such as Medicaid
- Shortage of dental specialists (orthodontists)
- Lack of medical providers
 - Lack of providers in West Martin County
- Lack of mental health services

Environmental issues:

- Lake Okeechobee’s water releases into the Indian River Lagoon
- Fluoride in local water system

Services and Programs:

- Lack of awareness of services/programs
- Lack of prevention for dental health issues
 - Targeting children
- Fall prevention programs
- Lack of affordable health care
- Lack of awareness and education
 - Chronic Diseases and HIV/AIDS

What services/programs/resources in the community are strong/beneficial (what’s going well)?

Things that are going well – Positive(s):

- Quality services provided by Local Federally Qualified Health Centers (FQHCs)
 - Specifically in Indiantown
- Helping People Succeed
- 2-1-1 Palm Beach and Treasure Coast
- Children’s Services Council (CSC) of Martin County
- Various children’s service agencies
- Strong collaborative partnerships among local for-profit and non-profit agencies
- High level of satisfaction with the Emergency Medical Technician (EMT) response-time
- Prenatal services/programs and resources

What specific health and human services do you think should receive more emphasis in the community than they do now?

Emphasis on programs/services:

- Primary care and dental services
- Fall Prevention programs
- Environmental health issues
- Lack of providers willing to accept Medicaid
- Transportation as a barrier to accessing services
- Lack of mental health services & providers
 - Services/programs for patients that are 'Baker Acted'
 - *"Baker Acted patients are typically medically cleared then transferred to St. Lucie"*

What specific health and human services do you think should receive less emphasis in the community than they do now?

Less emphasis on programs/services:

- Hospitals
- Less newspaper ads

Are there any populations that you believe have significant unmet needs?

Specific sub-populations:

- Lower-income families/ 'ALICE' population
- Hispanics
- Undocumented
- Indiantown residents *"Our needs are very different than Indiantown"*
- Uninsured residents
- Certain isolated communities, such as
 - Booker Park
 - Food insecurity for Booker Park seniors

What do you see as the key barriers for individuals/families in accessing health care and other services in Martin County?

- Transportation
- Shortage of providers
 - Health care providers
 - Dentists
 - Lack of providers willing to accept Medicaid
- Lack of mental health services
- Lack of awareness of programs and services

What strategies can you suggest for overcoming these barriers?

- Increase awareness of services/programs/resources
 - Increase visibility of programs/services
 - Increase the number of outreach
- Develop a Health and Human Service directory
 - Emphasis should be placed on effective messaging, education and outreach
 - Creating a directory guide for consumers titled “Tools for Tough Times”
 - Utilize the local schools in communicating and distributing information to parents and families
- Messaging should be targeted to specific sub-populations
 - Spanish-speaking residents
- Create stand-alone ER Centers or Urgent Care Centers
 - Indiantown

How can existing health and human services be improved?

- Increase awareness of services/programs/resources
- Increase the number of collaborations/partnerships
- Addressing the needs of specific sub-populations:
 - Low-income/ ‘ALICE’ population
 - Hispanics
 - Undocumented
 - Indiantown residents
 - Booker Park seniors
 - Uninsured residents

Is there anything else you would like to add about health and human services in Martin County?

- Increase the number of collaborations among local agencies and collaborations with agencies in other sectors, this can be done by:
 - *“Rather than creating new groups, instead utilize/strengthening existing coalitions/interagency groups”*
- Collaborating with the local transient system
- *“2-1-1 is wonderful, but we need more”*

CONCLUSION

The Community Themes and Strengths Assessment is an opportunity to collect information from a cross-section of the community, including community stakeholders and members. Integrating the concerns, thoughts and ideas of community residents is a vital step in validating health issues that have arisen during the review of the quantitative data. Additionally, the qualitative data, with the quantitative, provides insight of the health of residents in Martin County. The next section, the Local Public Health System Assessment, will identify the agencies, entities and organizations that make up the local health system in Martin County and discusses how the local public health system, as a whole, meets the health issues and needs identified in the Community Health Status and Community Themes and Strengths Assessments.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

INTRODUCTION

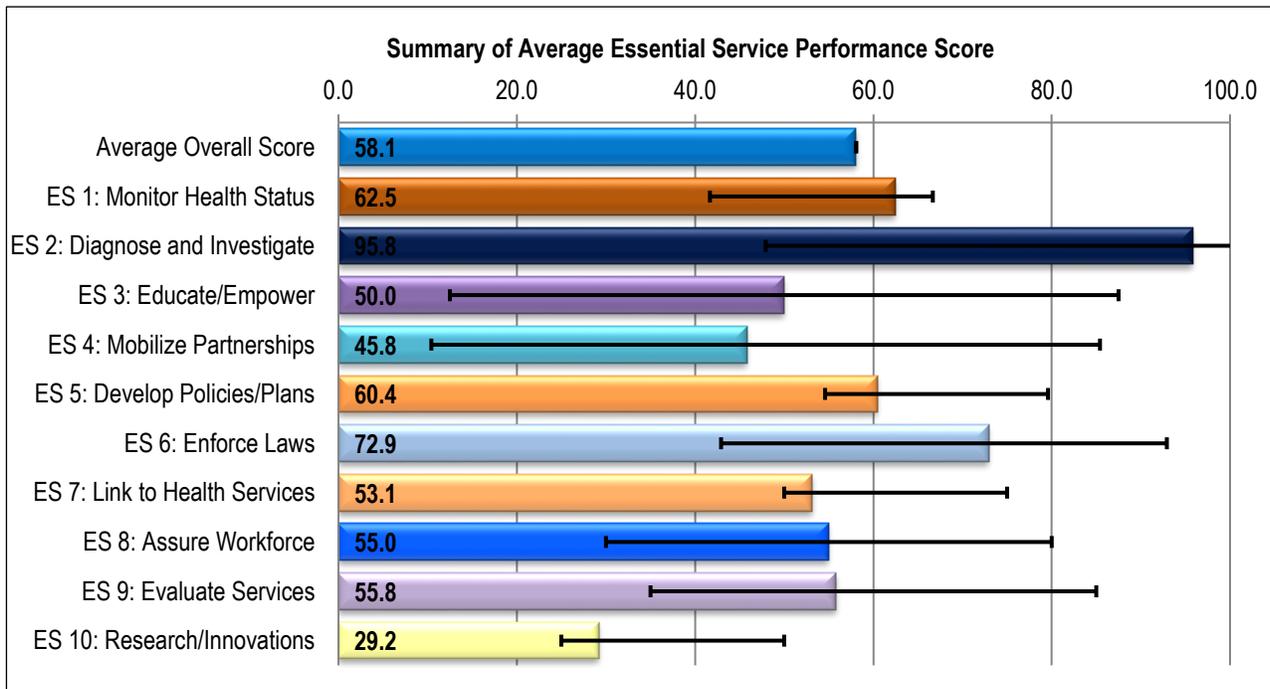
The second phase of Martin County’s Community Health Assessment consisted of the Local Public Health System Assessment (LPHSA), the collection and synthesis of information about the performance of the local public health system. The data contained herein is qualitative, primary data – it was obtained directly from the source. This information was collected through meetings with internal and external community stakeholders. The agencies, providers, and stakeholders were identified and engaged by the Florida Department of Health in Martin County and the Health Council of Southeast Florida (HCSEF).

10 Essential Public Health Services (EPHS):

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards
3. Inform, educate, and empower people about health Issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

HCSEF facilitated the LPHSA, engaging both internal and external community stakeholders. During this process, a cross-sectional group of community stakeholders representing the local public health system convened and stakeholders were asked to score the system in each of the EPHS areas. Each EPHS was given a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels). Figure 11 displays the summary of the average essential services performance scores.

FIGURE 11: OVERALL SCORES FOR EACH ESSENTIAL PUBLIC HEALTH SERVICE



BACKGROUND, PURPOSE AND METHODOLOGY

BACKGROUND

The National Public Health Performance Standards (NPHPS) was developed collaboratively by the program's national partner organizations. The NPHPS partner organizations include: Centers for Disease Control and Prevention (CDC); American Public Health Association (APHA); Association of State and Territorial Health Officials (ASTHO); National Association of County and City Health Officials (NACCHO); National Association of Local Boards of Health (NALBOH); National Network of Public Health Institutes (NNPHI); and then Public Health Foundation (PHF).

The NPHPS is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPS assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. The NPHPS assessments are intended to help answer questions such as "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the ten Essential Public Health Services being provided in our system?" In addition, the results gathered provide an understanding of how the local public health system and governing entities are performing.

PURPOSE

The primary purpose of the NPHPS Local Public Health System Assessment Report is to promote continuous improvement that will result in positive outcomes for system performance. This assessment was used by HCSEF as a working tool to:

- Better understand current system functioning and performance;
- Identify and prioritize areas of strengths, weaknesses, and opportunities for improvement;
- Articulate the value that quality improvement initiatives will bring to the public health system;
- Develop an initial work plan with specific quality improvement strategies to achieve goals;
- Begin taking action for achieving performance and quality improvement in one or more targeted areas; and
- Re-assess the progress of improvement efforts at regular intervals.

METHODOLOGY

The LPHSA was used as a component of the community health planning process, Mobilizing for Action through Planning and Partnerships (MAPP). HCSEF convened a community meeting comprised of key stakeholders who represented a cross-section of the local public health care system and included public, private and voluntary entities. Participants included representatives from various types of organizations that contribute to the delivery of health services in Martin County, including the local public health agency, community health centers, social service

providers, the County School District, faith-based organizations, philanthropic, local governmental agencies, and many others.

Local public health system partners gathered to assess the performance of the Martin County public health system in comparison to the national standard set by the NPHPS. Stakeholders were asked to consider the activities of all public health system partners, including public and private entities that contribute to the local public health system.

The assessment tools are based on the framework of the Ten Essential Public Health Services, which each essential service provides two to four model standards for the quality and performance in local public health system. The Ten Essential Public Health Services are identified by the CDC and other national public health entities, as being a necessary foundation for public health activity. The standards provide an optimal level of performance. Each performance standard represents the “gold standard” or “best-practice” in that area. The standards are intended to support a continual process of quality improvement for local health system partners.

The Ten Essential Public Health Services

1. Monitor Health Status to Identify Community Health Problems
2. Diagnose and Investigate Health Problems and Health Hazards in the Community
3. Inform, Educate, and Empower People about Health Issues
4. Mobilize Community Partnerships to Identify and Solve Health Problems
5. Develop Policies and Plans that Support Individual and Community Health Efforts
6. Enforce Laws and Regulations that Protect Health and Ensure Safety
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable
8. Assure a Competent Public and Personal Health Care Workforce
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
10. Research for New Insights and Innovative Solutions to Health Problems

FIGURE 12: INTERNAL STAKEHOLDER MEETING, LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT, JANUARY 2015



CALCULATING THE SCORE

The Local Public Health System Assessment uses the National Public Health Performance's instruments as a framework to complete the assessment. The Essential Public Health Services are comprised of two to four model standards as outlined in NPHS's instrument guide (see Appendix E). Each model standard within the EPHS describes the key elements needed for an optimally performing public health system. Participants were provided with an overview of the Essential Public Health Services, the goals and the purpose for completing the assessment. The group discussed the assessment and answered questions in reference to each of the essential public health services and its respective model standards. Each participant's responses indicated their opinion of how well the model standard was being met. Participants assessed the local public health system using the following response options below in table 151. The discussion was facilitated by staff of the HCSEF. Participants were asked to rate the LPHS's performance of each model standard using a nominal scale, where 0% is no activity and 100% is maximum activity as shown in Table 151 below. Participants were asked to vote for the level of activity what they felt was appropriate for that model standard.

TABLE 151: SUMMARY OF PERFORMANCE MEASURES RESPONSE OPTIONS

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Source: Martin County Local Public Health System Assessment Report, 2015
Compiled by: Health Council of Southeast Florida, 2015

On January 12, 2015, twenty-four local internal stakeholders gathered together to assess the following five essential services: 1, 2, 5, 6 and 10. Participants voted using color coded cards; votes were counted and tallied by HCSEF staff members. On January 29, 2015, thirty-nine external stakeholder and eleven members of the local health department assessed essential services 3, 4, 7, 8 and 9. Stakeholders used portable electronic key pads to capture votes and results were displayed instantly after each vote.

The Florida Department of Health in Martin County also chose to complete the Agency Contribution assessment, one of the two optional questionnaires which can be used to enhance the accuracy of this assessment process. This optional and supplemental questionnaire is made available so that sites may consider the contribution that the local health department has to each Model Standard. This information serves to catalyze or strengthen the performance improvement activities resulting from the assessment process.³² On April 8, 2015, hardcopy

³² National Association of County & City Health Officials (NACCHO). Local Assessment Instrument Version 3.0

questionnaires were administered to twenty-two members of the advisory committee and 15 minutes and was allotted to complete questionnaires.

All questionnaire results were recorded manually into the NPHPS assessment score sheets and report tool from NACCHO/CDC. The results herein are presented in the aggregate.

DATA LIMITATIONS

Community health partners understand the potential data limitations and how to appropriately interpret the assessment results to improve the public health system.

The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of information incorporates an element of subjectivity, which can be minimized through the use of particular assessment methods. Bear in mind that the assessment methods are not fully standardized and these differences may introduce an element of measurement error. Because of the inherent limitations noted, the results below and associated recommendations should be used only for quality and performance improvement purposes and should not be interpreted to reflect the capacity or performance of any single agency or organization.

RESULTS

The Local Public Health System Assessment simply asks the question: “How well did the local public health system perform the ten Essential Public Health Services?” Table 152 and figure 13 provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

The following table highlights the summary scores for each of the ten essential services. This table provides a snapshot of the overall results from the assessment. As shown below in table 152, three of the ten Essential Services scored 50 or below, which indicates a self-assessment of moderate or less performance against the standards. These low scores for EPHS 3, EPHS 4 and EPHS 10 may indicate that there are opportunities in Martin County to inform, educate, and empower individuals about health issues; mobilize community partnerships to identify and solve health problems; and research new insights and innovative solutions to health problems. The assessment findings provided below presents recommendations and opportunities provided by the CDC for the community’s consideration as they move forward with health planning from a systems perspective.

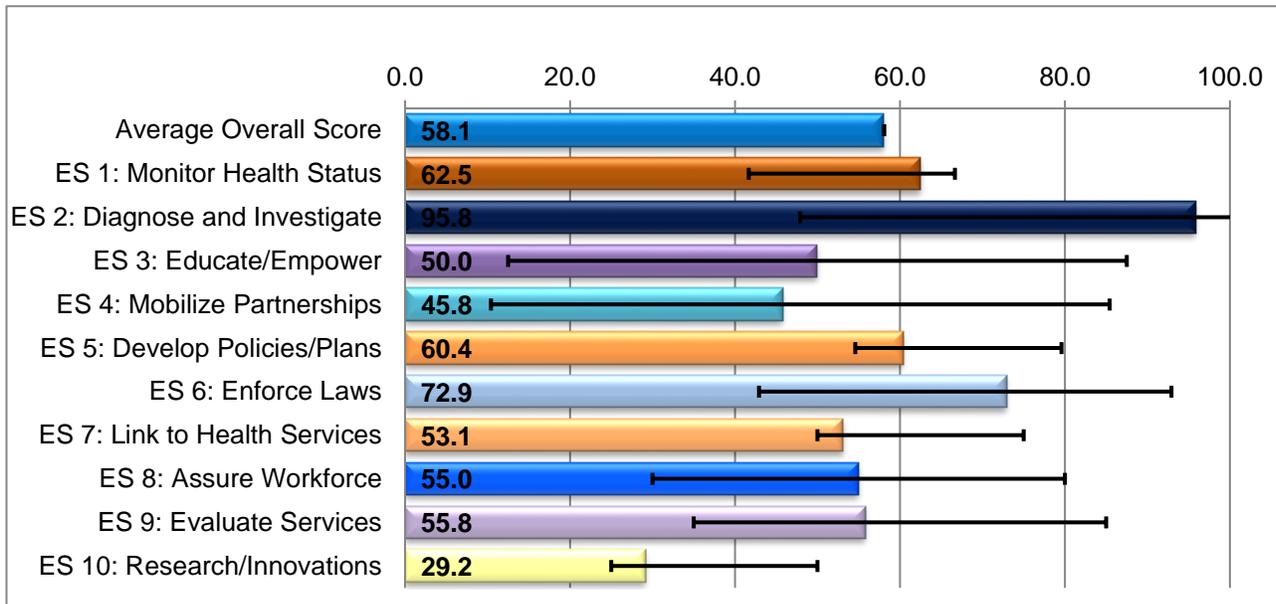
The table and figure below shows the average performance score for each of the model standards within each essential service. This level of analysis enables the identification of specific activities that contributed to high or low performance within each essential service.

TABLE 152: PERFORMANCE MEASURES RESPONSE OPTIONS

Essential Services	Performance Scores	Agency Contribution Scores
ES 1: Monitor Health Status	62.5	83.3
ES 2: Diagnose and Investigate	95.8	91.7
ES 3: Educate/Empower	50.0	75.0
ES 4: Mobilize Partnerships	45.8	75.0
ES 5: Develop Policies/Plans	60.4	75.0
ES 6: Enforce Laws	72.9	75.0
ES 7: Link to Health Services	53.1	62.5
ES 8: Assure Workforce	55.0	62.5
ES 9: Evaluate Services	55.8	66.7
ES 10: Research/Innovations	29.2	66.7
Average Overall Score	58.1	73.3
Median Score	55.4	75.0

Source: Martin County Local Public Health System Assessment Report, 2015
 Compiled by: Health Council of Southeast Florida, 2015

FIGURE 13: SUMMARY OF AVERAGE ESSENTIAL SERVICE PERFORMANCE SCORE



Source: Martin County Local Public Health System Assessment Report, 2015
 Compiled by: Health Council of Southeast Florida, 2015

PERFORMANCE ASSESSMENT INSTRUMENT RESULTS

ESSENTIAL SERVICE 1

The *Local Public Health System Strengths* in this area were:

- Reliable and valid data sources are used to obtain information about their service population include:
 - Florida CHARTS
 - US Census Bureau
- Vast data collection within the local health department
- Data generated through studies, include:
 - Analyzing local geographic data and their access to emergency room (ER) data
- Pertinent data and public health concerns are communicated to local agencies on a need to know basis, such as infectious outbreaks
- Established registries and reporting systems, examples include:
 - Cancer registry
 - Communicable diseases
 - Enteric diseases

Overall, according to the LPHSA, the community does significant work and meets this standard, but indicated the following areas as opportunities to improve.

- Anticipated collaborations for future assessments, including partnering with the local hospital system (Martin Health System) to conduct the next health assessment
- Increase communication between internal and external stakeholders
- Improve efficient communication and dissemination of data findings to local agencies and service providers
- Inadequate knowledge of the various registry, reporting communicable diseases and enteric diseases

Table 153 below displays each model standard score for Public Health Essential Service 1, allowing for easy identification of model standards where performance is relatively strong or weak.

TABLE 153: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 1

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	Model Standard: Population-Based Community Health Assessment (CHA) <i>At what level does the local public health system:</i>	
1.1.1	Conduct regular community health assessments?	75
1.1.2	Continuously update the community health assessment with current information?	25
1.1.3	Promote the use of the community health assessment among community members and partners?	25
1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data <i>At what level does the local public health system:</i>	
1.2.1	Use the best available technology and methods to display data on the public's health?	50
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	50
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	75
1.3	Model Standard: Maintenance of Population Health Registries <i>At what level does the local public health system:</i>	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	100
1.3.2	Use information from population health registries in community health assessments or other analyses?	75

Source: Martin County Local Public Health System Assessment Report, 2015
Compiled by: Health Council of Southeast Florida, 2015

ESSENTIAL SERVICE 2

The *Local Public Health System Strengths* in this area were:

- Available data serves as a guide in daily operations
- Stakeholders use and have access to data sources, including:
 - Epi-X
 - Epicom
- Epicom is used to access specific target population data, especially prison sub-population data
- Pertinent health related updates are distributed and obtained via email
- Local health professionals receive desirable support from the CDC, regarding professional expertise and information on emerging threats
- Established emergency plan protocols, policies, and procedures
- Ready access to appropriate and adequate laboratory testing
- Efficient communication with the Centers for Disease Control and Prevention (CDC), concerning emergency inquiries
- Local health department staff members are authorized to use non-government laboratory, such as Quest Diagnostics to meet service needs
- Results from state labs are received 2-5 days, depending on location and delivery methods
- Ready access to time sensitive emergency laboratory testing

Overall, according to the LPHSA, the community does an excellent job meeting this standard, but indicated the following areas as opportunities to improve.

- Create one centralized database warehouse with local and state data inclusive of all populations
- Combine or align the various emergency plans among departments within the local health department
- Offer additional training to staff members on nuclear emergencies

Table 154 displays each model standard score for Public Health Essential Service 2, allowing for easy identification of model standards where performance is relatively strong or weak.

TABLE 154: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 2

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	Model Standard: Identification and Surveillance of Health Threats <i>At what level does the local public health system:</i>	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	100
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	100
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	75
2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies <i>At what level does the local public health system:</i>	
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	100
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	100
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	100
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	100
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	75
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	100
2.3	Model Standard: Laboratory Support for Investigation of Health Threats <i>At what level does the local public health system:</i>	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	100
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	100
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	100

Source: Martin County Local Public Health System Assessment Report, 2015
Compiled by: Health Council of Southeast Florida, 2015

ESSENTIAL SERVICE 3

The *Local Public Health System Strengths* in this area were:

- Ongoing activities and various initiatives are in place to educate the community on health problems in Martin County, examples include:
 - Health fairs
 - Prevention programs
- Various fundraising events occur throughout the county, the events are informative and educational
- Evaluation of health education programs and health campaigns varies specific to the program's function and goals
- The Public Information Officer (PIO) for the local health department provides health information and answers to public and media inquiries
- Multiple marketing efforts are conducted through local radio stations
- The local health department ensures that local agencies were informed on emergency crises and public health concerns
- The health department and the local hospital system (Martin Health System) work collaboratively to ensure disaster readiness, including:
 - Use of proper equipment
 - Emergency safety protocols
- The local media relies on the local public health department for information and expertise on current outbreaks and health concerns

Overall, according to the LPHSA, the community moderately meets this standard, but indicated the following areas as opportunities to improve.

- Establish a multi-disciplinary task force to plan, conduct, and implement health education and promotion
- Use "word of mouth" to communicate health information to hard-to-reach sub-populations or target groups
- Organizations should appoint one staff member as a communications or public relations representative. The appointed staff member's primary role would include performing the following duty:
 - Build relationships with the local media groups to share information regarding their organization's programs and services
- Upon further discussion, members mentioned the lack of funding for these specific positions
- Collaborate with PIO at the local health department
- Partner with local colleges and universities to hire students to promote and market upcoming events and program initiatives
- The local health department will disseminate 5-2-1-0 messages using local media, including radio stations and local television channels

Table 155 below displays each model standard score for Public Health Essential Service 3, allowing for easy identification of model standards where performance is relatively strong or weak.

TABLE 155: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 3

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	Model Standard: Health Education and Promotion <i>At what level does the local public health system:</i>	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	50
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	50
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	25
3.2	Model Standard: Health Communication <i>At what level does the local public health system:</i>	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	50
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	25
3.2.3	Identify and train spokespersons on public health issues?	25
3.3	Model Standard: Risk Communication <i>At what level does the local public health system:</i>	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	75
3.3.2	Make sure resources are available for a rapid emergency communication response?	75
3.3.3	Provide risk communication training for employees and volunteers?	75

Source: Martin County Local Public Health System Assessment Report, 2015
Compiled by: Health Council of Southeast Florida, 2015

ESSENTIAL SERVICE 4

The *Local Public Health System Strengths* in this area were:

- United Way of Martin County and Whole Child Connection are among the organizations outside of the local health department in Martin County who provide information on public health issues and resources
- Martin County Health Collaborative partnered with local organizations to conduct community health assessments

Overall, according to the LPHSA, the community has moderately met this standard, but indicated the following areas as opportunities to improve:

- Encourage human interaction (sometimes one on one) and building relationships through committed staff members using creative approaches
- Collaborate with local non-profit agencies to leverage resources, noting that organizational policies and systems posed as a barrier for certain collaborations
- Develop an official health directory, which may be dependent upon funding

Table 156 displays each model standard score for Public Health Essential Service 4, allowing for easy identification of model standards where performance is relatively strong or weak.

TABLE 156: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 4

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	Model Standard: Constituency Development <i>At what level does the local public health system:</i>	
4.1.1	Maintain a complete and current directory of community organizations?	75
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	50
4.1.3	Encourage constituents to participate in activities to improve community health?	50
4.1.4	Create forums for communication of public health issues?	25
4.2	Model Standard: Community Partnerships <i>At what level does the local public health system:</i>	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	50
4.2.2	Establish a broad-based community health improvement committee?	25
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	50

Source: Martin County Local Public Health System Assessment Report, 2015
Compiled by: Health Council of Southeast Florida, 2015

ESSENTIAL SERVICE 5

The *Local Public Health System Strengths* in this area were:

- The local health department is a health information resource for other health organizations in Martin County
- Despite cutbacks in funding, there is still support from local and state health departments, e.g. dental hygiene programs are now being funded in public schools
- Established public health policy that promote and meet desired health goals of the community, such as:
 - Tobacco free parks policies
- The most recent assessment conducted by the local health department was completed in 2010
- The local health department ensures that local agencies are informed on emergency crises and public health concerns
- The health department and the local hospital system (Martin Health System) work collaboratively to ensure disaster readiness, e.g. including the use of proper equipment

Overall, according to the LPHSA, the community met this standard substantially, but indicated the following areas as opportunities to improve:

- Local health department will revisit CHA to improve the planning process and develop strategies to achieve community health goals and objectives
- Local health department will strategize to create programs and actives to become more visible to effect change in Martin County

Table 157 below displays each model standard score for Public Health Essential Service 5, allowing for easy identification of model standards where performance is relatively strong or weak.

TABLE 157: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 5

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	Model Standard: Governmental Presence at the Local Level	
	<i>At what level does the local public health system:</i>	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	75
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	50
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	25
5.2	Model Standard: Public Health Policy Development	
	<i>At what level does the local public health system:</i>	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	75
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	25
5.2.3	Review existing policies at least every three to five years?	25
5.3	Model Standard: Community Health Improvement Process and Strategic Planning	
	<i>At what level does the local public health system:</i>	
5.3.1	Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	75
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	25
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	25
5.4	Model Standard: Plan for Public Health Emergencies	
	<i>At what level does the local public health system:</i>	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	100
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	100
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	100

Source: Martin County Local Public Health System Assessment Report, 2015
 Compiled by: Health Council of Southeast Florida, 2015

ESSENTIAL SERVICE 6

The *Local Public Health System Strengths* in this area were:

- Existing laws, regulations and ordinances are created at the state level, and then disseminated to the local health department

Overall, according to the LPHSA, the community met this standard substantially.

Table 158 displays each model standard score for Public Health Essential Service 6, allowing for easy identification of model standards where performance is relatively strong or weak.

TABLE 158: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 6

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	100
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	100
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	75
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	100
6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	25
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	25
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	25
6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	100
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	100
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	100
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	100
6.3.5	Evaluate how well local organizations comply with public health laws?	100

Source: Martin County Local Public Health System Assessment Report, 2015
Compiled by: Health Council of Southeast Florida, 2015

ESSENTIAL SERVICE 7

The *Local Public Health System Strengths* in this area were:

- Local health department releases a monthly Snapchat Newsletter highlighting current initiatives and upcoming events
- Social media and the monthly Snapchat are useful methods of increasing awareness of programs and services
- The Shared Services Network meetings and United Way's Alice Report provide information on resources for sub-populations
- 211 Palm Beach and Treasure Coast has various methods of distributing information, including:
 - Quick guides
 - Instant messages
 - Chats and phone calls
 - Text
 - Social media websites

Overall, according to the LPHSA, the community significantly met this standard and indicated the following areas as opportunities to improve:

- Decrease gaps between individuals in the community and the health care provider by providing health providers with periodic cultural competency training to address
- Increase awareness of cultural competencies and cultural barriers in accessing care, such as stigmas, religious views and cultural beliefs
- Increase cultural awareness of new sub-populations, such as:
 - Transgender communities
 - Non-English speaking community residents
- Provide application assistance for public benefits and emphasize the importance of community trust by residents
- Emphasize the importance of dedicated local case managers and counselors
- Decrease gaps between individuals in the community and the health care provider, by providing health providers with periodic cultural competency training to address the needs of the community

Table 159 below displays each model standard score for Public Health Essential Service 7, allowing for easy identification of model standards where performance is relatively strong or weak.

TABLE 159: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 7

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	Model Standard: Identification of Personal Health Service Needs of Populations	
	<i>At what level does the local public health system:</i>	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	50
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	50
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	50
7.1.4	Understand the reasons that people do not get the care they need?	50
7.2	Model Standard: Assuring the Linkage of People to Personal Health Services	
	<i>At what level does the local public health system:</i>	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	50
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	50
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	75
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	50

Source: Martin County Local Public Health System Assessment Report, 2015
 Compiled by: Health Council of Southeast Florida, 2015

ESSENTIAL SERVICE 8

The *Local Public Health System Strengths* in this area were:

- CareerSource funds training programs for in-demand specialties, offered programs are heavily dependent on the work force
- The local health department requires vigorous hiring processes for specific job types, e.g. health educators
- Training and continuing education courses are requirements issued by state government; and are requirements and deliverables of grant funded programs
- Various local agencies require continuing education for staff members
- Training opportunities are available in certain organizations, such as:
 - Martin Health System
 - Martin County Health Department
 - Florida Community Health Centers
- Florida Community Health Centers offer free continuing educational opportunities to their staff physicians
- Local non-profit organizations communicate and share information regarding training and professional development opportunities

Overall, according to the LPHSA, the community significantly met this standard and indicated the following areas as opportunities to improve:

- Use local colleges and universities to assess the local public health job market, including Indian River State College (IRSC) and Keiser University
- Establish partnerships among multiple local agencies to offer professional training opportunities and continuing educational courses for health providers
- IRSC offered to assist local agencies in facilitating professional training opportunities and educational seminars

Table 160 displays each model standard score for Public Health Essential Service 8, allowing for easy identification of model standards where performance is relatively strong or weak.

TABLE 160: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 8

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce		
8.1	Model Standard: Workforce Assessment, Planning, and Development <i>At what level does the local public health system:</i>	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	25
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	25
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	25
8.2	Model Standard: Public Health Workforce Standards <i>At what level does the local public health system:</i>	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	75
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	75
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	75
8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring <i>At what level does the local public health system:</i>	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	75
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	75
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	75
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	75
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	50
8.4	Model Standard: Public Health Leadership Development <i>At what level does the local public health system:</i>	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	50
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	75
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	50
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	25

Source: Martin County Local Public Health System Assessment Report, 2015
Compiled by: Health Council of Southeast Florida, 2015

ESSENTIAL SERVICE 9

The *Local Public Health System Strengths* in this area were:

- Evaluations are tailored to assess the specific services provided by health programs
- Health assessments have been conducted by individual agencies

Overall, according to the LPHSA, the community met this standard substantially.

Table 161 below displays each model standard score for Public Health Essential Service 9, allowing for easy identification of model standards where performance is relatively strong or weak.

TABLE 161: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 9

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
9.1	Model Standard: Evaluation of Population-Based Health Services <i>At what level does the local public health system:</i>	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	75
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	50
9.1.3	Identify gaps in the provision of population-based health services?	50
9.1.4	Use evaluation findings to improve plans and services?	50
9.2	Model Standard: Evaluation of Personal Health Services <i>At what level does the local public health system:</i>	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	50
9.2.2	Compare the quality of personal health services to established guidelines?	50
9.2.3	Measure satisfaction with personal health services?	50
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	75
9.2.5	Use evaluation findings to improve services and program delivery?	50
9.3	Model Standard: Evaluation of the Local Public Health System <i>At what level does the local public health system:</i>	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	50
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	75
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	50
9.3.4	Use results from the evaluation process to improve the LPHS?	50

Source: Martin County Local Public Health System Assessment Report, 2015
Compiled by: Health Council of Southeast Florida, 2015

ESSENTIAL SERVICE 10

The *Local Public Health System Strengths* in this area were:

- College level students granted internship opportunities with the local health department
- Internship opportunities often lead to employment opportunities with the local health department
- Existing partnerships between the local health department and the local state college (Indian River State College) to promote research

Overall, according to the LPHSA, the community conducts minimal activity in this area, and indicated the following areas as opportunities to improve:

- Utilize interns on specific projects

Table 162 displays each model standard score for Public Health Essential Service 10, allowing for easy identification of model standards where performance is relatively strong or weak.

TABLE 162: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 10

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems		
10.1	Model Standard: Fostering Innovation <i>At what level does the local public health system:</i>	
10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	25
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	25
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	50
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	25
10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research <i>At what level does the local public health system:</i>	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	25
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	25
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	25
10.3	Model Standard: Capacity to Initiate or Participate in Research <i>At what level does the local public health system:</i>	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	25
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	25
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	50
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	25

Source: Martin County Local Public Health System Assessment Report, 2015
 Compiled by: Health Council of Southeast Florida, 2015

The local public health department chose to complete the Agency Contribution assessment, one of the two optional questionnaires of this assessment process. This questionnaire is made available so that sites may consider the contribution that the local health department has to each Model Standard. On April 8, 2015, hardcopy questionnaires were administered to twenty-two members of the advisory committee and allotted 15 minutes to complete questionnaires. The four quadrants in the table below are based on how the performance of each Essential Service and/or Model Standard and compares with the priority rating. The results provide oversight on recommended areas for attention and next steps to improve the local public health system. Table 164 below includes priority ratings for each Essential Service and each Model Standard assigned.

TABLE 163: ESSENTIAL SERVICE MODEL STANDARD PRIORITY RANKING

Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.
Quadrant D	(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

Source: Martin County Local Public Health System Assessment Report, 2015
 Compiled by: Health Council of Southeast Florida, 2015

TABLE 164: SUMMARY OF CONTRIBUTIONS AND PERFORMANCE SCORES BY MODEL STANDARD

Quadrant	Model Standard	LHD Contribution (%)	Performance Score (%)
Quadrant A	10.2 Academic Linkages	75.0	25.0
Quadrant A	10.1 Foster Innovation	75.0	31.3
Quadrant A	9.3 Evaluation of LPHS	75.0	56.3
Quadrant A	9.2 Evaluation of Personal Health	75.0	55.0
Quadrant A	8.1 Workforce Assessment	75.0	25.0
Quadrant A	7.1 Personal Health Services Needs	75.0	50.0
Quadrant A	6.2 Improve Laws	75.0	25.0
Quadrant A	5.3 CHIP/Strategic Planning	75.0	41.7
Quadrant A	5.2 Policy Development	75.0	50.0
Quadrant A	5.1 Governmental Presence	75.0	50.0
Quadrant A	4.2 Community Partnerships	75.0	41.7
Quadrant A	4.1 Constituency Development	75.0	50.0
Quadrant A	3.2 Health Communication	75.0	33.3
Quadrant A	3.1 Health Education/Promotion	75.0	41.7
Quadrant A	1.1 Community Health Assessment	100.0	41.7
Quadrant B	8.2 Workforce Standards	75.0	75.0
Quadrant B	6.3 Enforce Laws	75.0	100.0
Quadrant B	6.1 Review Laws	75.0	93.8
Quadrant B	5.4 Emergency Plan	75.0	100.0
Quadrant B	3.3 Risk Communication	75.0	75.0
Quadrant B	2.3 Laboratories	75.0	100.0
Quadrant B	2.2 Emergency Response	100.0	95.8
Quadrant B	2.1 Identification/Surveillance	100.0	91.7
Quadrant B	1.3 Registries	75.0	87.5
Quadrant B	1.2 Current Technology	75.0	58.3
Quadrant C	8.3 Continuing Education	50.0	70.0
Quadrant D	10.3 Research Capacity	50.0	31.3
Quadrant D	9.1 Evaluation of Population Health	50.0	56.3
Quadrant D	8.4 Leadership Development	50.0	50.0
Quadrant D	7.2 Assure Linkage	50.0	56.3

Source: Martin County Local Public Health System Assessment Report, 2015
 Compiled by: Health Council of Southeast Florida, 2015

Figure 14 below shows the 30 model standards by quadrant ranking. The green quadrant in the top right hand corner shows those model standards that were ranked high priority and were given a high performance score, meaning these activities are being done well, and it is important to maintain these efforts in Martin County.

In the blue quadrant, model standard 8.3 was identified as low priority and high performance. Continuing education is being performed well within the county, but consideration may be given to reduce an effort in this area, since it is ranked of low priority in the Local Public Health System Assessment.

The pink quadrant on the left represents those activities with low priority and low performance. These activities could improve, however may need little or no attention at this time, since they were assigned a low priority during the LPHSA.

Finally, the yellow quadrant represents those activities that may need increased attention, since they exhibit low performance and high priority. In Martin County, fifteen of the thirty model standards were placed in this quadrant representing each of the ten essential services, except Essential Service 2. In addition, all of the model standards in Essential Service 5 identified as high priority and low performance with opportunities to improve.

FIGURE 14: PRIORITY AND PERFORMANCE QUADRANT

<ul style="list-style-type: none"> 10.2 Academic Linkages 10.1 Foster Innovation 9.3 Evaluation of LPHS 9.2 Evaluation of Personal Health 8.1 Workforce Assessment 7.1 Personal Health Services Needs 6.2 Improve Laws 5.3 CHIP/Strategic Planning 5.2 Policy Development 5.1 Governmental Presence 4.2 Community Partnerships 4.1 Constituency Development 3.2 Health Communication 3.1 Health Education/Promotion 1.1 Community Health Assessment 	<ul style="list-style-type: none"> 8.2 Workforce Standards 6.3 Enforce Laws 6.1 Review Laws 5.4 Emergency Plan 3.3 Risk Communication 2.3 Laboratories 2.2 Emergency Response 2.1 Identification/Surveillance 1.3 Registries 1.2 Current Technology
<ul style="list-style-type: none"> 10.3 Research Capacity 9.1 Evaluation of Population Health 8.4 Leadership Development 7.2 Assure Linkage 	<ul style="list-style-type: none"> 8.3 Continuing Education

The assessment results are promoted by NPHS and are the central focus in the performance improvement plan process. The results in the assessment helps to identify the strengths, weaknesses, areas of concern for performance improvement. The results of this assessment is intended to help drive the planning efforts of local health and human service agencies. Through this assessment, public health leaders can improve collaborations and incorporate changes to the local public health system, making services more effective and efficient based on available resources, and ultimately improve health intervention services.

CONCLUSION

This assessment allowed the chance to identify opportunities for improvement and engage community stakeholders in the improving the overall local public health system. By identifying the organizations, agencies and entities that create the local public health system in Martin County and how the public health system meets the needs of the community residents, a crucial component of the MAPP process could be added to the review of the health issues and needs of community members. With the Health Status Assessment (identifying the health issues of the community through the review of quantitative data from a variety of sources) and the Community Themes and Strengths Assessment (providing community perspective through community focus groups and key informant interviews), the Local Public Health System Assessment lays the foundation to identify forces that may affect both the public health system in Martin County and the health community residents.

FORCES OF CHANGE ASSESSMENT

INTRODUCTION

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement includes a Forces of Change Assessment (FCA). The Forces of Change Assessment is aimed at identifying forces, such as trends, factors or events that are or will be influencing the health and quality of life of the community and the work of the local public health system.

- **Trends** are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- **Factors** are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- **Events** are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

Forces of Change focus on the identification of forces such as legislation, technology, and the social-economic trends that all impact the community and its public health system. During the Forces of Change Assessment, participants answered the following questions:

- "What is occurring or might occur that affects the health of our community or the local public health system?"
- "What specific threats or opportunities are generated by these occurrences?"

This assessment accomplishes the goals to: review and validate the data generated from the two meetings; confirm outstanding issues, risks, and recommendations; and identify project highlights and best practices for future projects.

METHODOLOGY

On May 12, 2015, HCSEF presented summary results from the recently completed results of the Martin County Local Public Health System Assessment (LPHSA); the Martin County Community Health Status Assessment (CHSA); and the Community Themes and Strengths Assessment (CTSA) to members of the Martin County Advisory Committee. Participants reviewed the results and were asked to identify the key forces impacting the health of Martin County residents. During this meeting, HCSEF engaged committee members to participate in the Forces of Change Assessment. Participants were instructed to put the identified forces into one of four categories: Technological, Economic, Political or Social. The facilitation occurred during a two-hour session held at the Indian River State College. The group was comprised of fifteen Advisory Committee members. Disciplines represented included mental health, social services, department of health, emergency response and education. HCSEF facilitated Advisory Committee members through the following process:

1. The components of the Forces of Change were reviewed.
2. Flip charts for each category of influence were placed around the room.
3. The Advisory Committee divided into small groups and was provided writing utensils for their flipcharts and each group was asked to compile a list of forces.
4. Each small group was allotted 30 minutes to brainstorm and list relevant forces of influence.
5. After the allotted time period, the small groups moved clockwise around the room to the next category of influence flip chart, where they added to the previous group's ideas.
6. This process of review and expansion of notes was repeated until every small group had the chance to contribute ideas for each category of influence.
7. The Advisory Committee was then asked to move clockwise around the room and prioritize the identified forces.
8. Each member of the Advisory Committee received at least six voting stickers which they were instructed to place next to the most prominent forces of change.
9. The forces with the most stickers yielded through the multi-voting process were ranked as the most prominent forces of change.

SUMMARY OF RESULTS

The Forces of Change Assessment focuses on the identification of forces such as legislation, technology and the social-economic trends that all impact the community and its public health system. During this Assessment, Advisory Committee Members worked collaboratively to identify forces in the following four categories: Technological, Economic, Political or Social; however Environmental emerged as a fifth force based on the feedback provided by participants. The following forces were identified during this assessment:

- Political
- Economic
- Social
- Technological
- Environmental

The frequency of identified forces represents the number of votes of importance received for each Force of Change. The analysis of the cross-cutting themes from all categories within the Forces of Change Assessment produced ten core forces. Tables 165 and 166 outline the forces of change identified and those threats and opportunities resulting from the identified forces.

TABLE 165: FORCES OF CHANGE SUMMARY SCORES

Forces of Change		
Category	Forces	Frequency
Technological	Social Media	15
Technological	Digital Divide: Age & Social Economic Status	11
Political	Lack of funding/funding of programs	13
Political	Affordable Care Act (ACA)	7
Economic	Lack of funding/funding of programs	10
Economic	Changing demographics	10
Social	Changing demographics	11
Social	Obesity	10
Social	Suicide	6
Social	Seniors	4
Environmental	Natural disasters	9
Environmental	Indian River Lagoon	5

TABLE 166: FORCES OF CHANGE SUMMARY

Forces of Change			
Category	Forces	Threats	Opportunities
Technological	Digital Divide: Age & Social Economic Status	<ul style="list-style-type: none"> Decreases access to care & benefits for seniors and low-income residents 	<ul style="list-style-type: none"> Increase education and outreach
Technological	Social Media	<ul style="list-style-type: none"> Bullying, harassment and the dissemination of non-evidence based information 	<ul style="list-style-type: none"> Increase awareness and communication of local services/programs
Political	Lack of funding/funding of programs	<ul style="list-style-type: none"> Decreases availability of services and access to care: overall programs/services, mental health services and senior services/programs 	<ul style="list-style-type: none"> Increase collaborations and partnerships Increase the number of primary care providers who screen for mental health issues
Political	Affordable Care Act (ACA)	<ul style="list-style-type: none"> Statewide stalemate regarding the Affordable Care Act (ACA) and the Low Income Pool (LIP) 	<ul style="list-style-type: none"> Collaborate with local committees to address issues affecting the LIP Increase the proportion of community members, including the uninsured and the 'working poor', that have access to affordable Health care
Economic	Lack of funding/funding of programs	<ul style="list-style-type: none"> Decreases access to care due to lack of transportation, lack of housing and mental health services/programs 	<ul style="list-style-type: none"> Increase awareness of community residents regarding local agencies/organizations that provide services to the uninsured/underinsured and low-income Expand free or reduced cost medical care to low-income or underserved residents by encouraging (incentivizing) providers to offer pro-bono services or to accept Medicaid
Economic	Changing demographics	<ul style="list-style-type: none"> Income inequality: increases poverty & low-income Workforce: increase in the number of seniors & retired Lack of housing 	<ul style="list-style-type: none"> Increase the number of job opportunities Increase income/wages for low-income residents Create and increase the number of economic opportunities in the rural communities Increase intergenerational programs, collaborations and job opportunities Increase the County's tax base to expand the range of affordable housing choices Increase the number of affordable and mixed housing developments Educate community members about finances and home buying
Social	Obesity	<ul style="list-style-type: none"> Increases risk of chronic diseases Lowers the quality of life Reduces life expectancy 	<ul style="list-style-type: none"> Increase and promote education on health promotion/obesity prevention Research evidence-supported community programs Promote and market 5-2-1-0 campaign Explore opportunities to implement worksite programs
Social	Changing demographics	<ul style="list-style-type: none"> Increase migration of the Hispanic population Increase migration of the transient population Increase migration of undocumented immigrants Increase migration of low-income residents Limited education and lack of health care 	<ul style="list-style-type: none"> Tailor evidence-based community programs to specific subpopulations Educate health and human service professionals on building relationships with diverse communities
Social	Seniors	<ul style="list-style-type: none"> Mental Health 	<ul style="list-style-type: none"> Reduce isolation of seniors by learning how to more effectively engage isolated communities

Social	Suicide	<ul style="list-style-type: none"> Increases risk factor for mental health issues for surviving family members Increases the risk for suicide by surviving family members Medical and work loss costs 	<ul style="list-style-type: none"> Increase the number of primary care providers who screen for mental health issues
Environmental	All hazards	<ul style="list-style-type: none"> Economic factors pose as a threat to infrastructure Diversity of needs: special needs populations 	<ul style="list-style-type: none"> Opportunities to collaborate to address the needs of the community
Environmental	Indian River Lagoon	<ul style="list-style-type: none"> Lake Okeechobee water releases into the Indian River Lagoon 	<ul style="list-style-type: none"> Opportunities to collaborate to increase the health issues and dangers of water stagnation

CONCLUSION

During this assessment, participants engaged in brainstorming sessions aimed at identifying forces such as trends, factors, or events that are or will be influencing the health and quality of life of community members and Martin County’s public health system. The forces identified through this process, together with the results of the other three MAPP Assessments, served as the foundation for the next MAPP phase, Identifying Strategic Health Issues.

IDENTIFICATION OF STRATEGIC HEALTH ISSUES

INTRODUCTION

The Health Council of Southeast Florida (HCSEF) provided Advisory Committee members with a summary of the results from the four MAPP assessments. In this stage of the MAPP process, HCSEF facilitated a multi-voting exercise with the intent of identifying a list of strategic issues affecting the health of Martin County residents. During this session, committee members reviewed and continued to discuss the health issues that emerged from the four assessments and brainstormed strategies, before participating in the formal voting process. Presented below are the strategic health issues affecting Martin County residents, identified by the Advisory Committee:

1. Health Behavior
2. Access to Care and Utilization
3. Education
4. Technology
5. Preparedness
6. Transportation

This process was designed to provide a platform for the initial phase of ongoing strategic health care planning and community health improvement planning which will ultimately become the focus of Martin County's health and health care for the next 3-5 years.

METHODOLOGY

On May 28, 2015, HCSEF provided an overview of the summary results from the four assessments, including the: Community Health Status, Community Themes and Strengths, Local Public Health System, and Forces of Change Assessment. The summary review of the assessments considered a variety of key factors that may influence and impact the health and quality of life of community members and the local public health system. Upon reviewing the summary results, HCSEF then led a facilitated discussion on the most pressing health issues in Martin County. The facilitation occurred during a two-hour session held at the Indian River State College. The group was comprised of twenty-one Advisory Committee members. HCSEF facilitated Advisory Committee members through the following process:

1. The results of the four MAPP assessments were reviewed.
2. Flip charts for each category of influence were placed around the room.
3. The Advisory Committee divided into small groups and was provided writing utensils for their flipcharts and each group was asked to compile a list of key health issues.
4. Each small group was allotted 30 minutes to brainstorm and list key health issues.
5. After the allotted time period, advisory members were asked to report the identified health issues.

SUMMARY OF RESULTS

Through careful analysis of the findings of the four assessments, Advisory Committee members acknowledged that there were relevant key issues in the access and delivery of services provided by the local health system. The table below shows the cross-cutting community health challenges affecting Martin County residents.

TABLE 167: SUMMARY OF IDENTIFICATION OF STRATEGIC ISSUES

Strategic Issues			
Issue	Category	Threats	Opportunities
Health Behavior	Health Care	<ul style="list-style-type: none"> Health care <ul style="list-style-type: none"> Certain subpopulations do not consider health care a priority 	<ul style="list-style-type: none"> Build on programs that engage with community members to increase education on the importance of primary health care Increase the capacity for services, including local agencies and Federally Qualified Health Centers Solidify local networks and increase the trust of community members to increase the utilization of services and available resources
Access to Care & Utilization	Providers	<ul style="list-style-type: none"> Access to providers accepting carriers, such as <ul style="list-style-type: none"> Medicaid and Medicare Evolving Health Care System Increase the number of physicians/nurses providing primary care 	<ul style="list-style-type: none"> Promote a local coordinated system of care that is preventive, holistic, and patient-centered by increasing the number of available providers that accept Medicaid or offer low-cost/free services Increase the number of providers and clinicians by marketing incentives, such as loan forgiveness
Access to Care & Utilization	Mental Health	<ul style="list-style-type: none"> Access to care Utilization of services 	<ul style="list-style-type: none"> Address stigma to increase the utilization of mental health services Increase the number of mental health providers Ensure that services are effective and patients are receiving quality care
Education	General education & awareness	Address issues, such as: <ul style="list-style-type: none"> Obesity Oral Health Fall Prevention 	<ul style="list-style-type: none"> Build on provider networks to educate local organizations and community members about existing programs and resources Increase collaboration between non-profit, faith-based and government services to streamline communication and decrease duplication of services Disseminate educational materials that is age appropriate and culturally inclusive, examples include 'Bridges Out of Poverty' Disseminate educational materials via social media and newsletters Materials should be placed in frequently visited areas, such as local grocery stores and laundromats
Education	Obesity	<ul style="list-style-type: none"> Address political and financial factors Technology <ul style="list-style-type: none"> Leads to isolation and an increase in the need for mental health (suicide) 	<ul style="list-style-type: none"> Disseminate obesity prevention educational materials to parents Implement evidence-based programs, such as Let's Go! 5-2-1-0 to promote the increase of physical activity, healthy nutrition, healthy habits, and the decrease of television, computer and touchpad screen time Develop and implement obesity prevention programs across all population segments Increase the availability of physical activity and education in local schools and parks Collaborate with local food providers (ex: Rines IGA Market, Rogers Market, McKnight Grocery, etc.) to address shortages of healthy foods Partner with local growers to provide healthy foods in school system

			<ul style="list-style-type: none"> meals: tomatoes, watermelon, peanuts, greens, turnips, etc. Ask local convenience and fast food providers to offer “healthy” choice at cash registers
Education	School Health	<ul style="list-style-type: none"> Address topics, such as oral health & obesity 	<ul style="list-style-type: none"> Partner with the local school system to provide and disseminate educational materials to parents Promote the Preventive Dental program (Dental Sealant Program) and WIC program throughout the County
Education	Fall Prevention	<ul style="list-style-type: none"> Increase education and awareness 	<ul style="list-style-type: none"> Disseminate educational materials via social media and newsletters
Education	Oral Health	<ul style="list-style-type: none"> Increase dental care access for adults and children Access to affordable services for undocumented and uninsured residents Address and bring awareness to issues, such as fluoride and sugary beverages 	<ul style="list-style-type: none"> Promote the Preventive Dental program (Dental Sealant Program) and WIC program throughout the County Increasing the number of local dentists Start a Dental Coalition/Dental Coalition Group Adopt oral health programs, such as ‘Adopt a Class’
Technology		<ul style="list-style-type: none"> Barrier to accessing care/services Leads to isolation/mental health issues Lack of communication 	<ul style="list-style-type: none"> Health system collaborative Collaborate with public and private companies to promote services and provide educational sessions to the general community
Preparedness		<ul style="list-style-type: none"> Environmental Biological All hazards 	<ul style="list-style-type: none"> Leverage funding for disaster relief Collaborate to combine or align the various emergency plans among the local health department, Martin County Emergency Medical Response (EMS) and Martin Health System.
Transportation		<ul style="list-style-type: none"> Infrastructure Population density Increase the number of transportation services 	<ul style="list-style-type: none"> Increase the investment in public transportation Partner with other counties for public transportation ideas and opportunities

CONCLUSION

The identified strategic health issues outlined in table 167, are considered as health issues in planning efforts by local organizations serving Martin County residents. These strategic issues were prioritized during the next component of the MAPP process: Health Needs Prioritization to identify focus areas where the Advisory Committee can have the greatest impact.

HEALTH NEEDS PRIORITIZATION

- 1.
- 2.
- 3.
- 4.
- 5.

INTRODUCTION

The Health Council of Southeast Florida provided Advisory Committee members with a compiled list of strategic issues and led members through a multi-voting, prioritization exercise to determine the top health needs priorities of Martin County. Presented below in ranking order is the groups' consensus of the top three priority issues affecting Martin County's health care and health outcomes:

1. Education & Awareness of Existing Health and Human Services
2. School Health
3. Obesity

A root cause analysis was conducted for each of the three priorities to help align goals and strategies with each of the health issues to better enable planning efforts for the development of a community health improvement plan.

METHODOLOGY

On July 14, 2015, HCSEF provided Advisory Committee members with the results of the identified strategic issues affecting the health of Martin County residents (shown above in Table 167). During this stage of the process, HCSEF facilitated a multi-voting exercise with the intent of refining and condensing the broader list of strategic issues to the top three health priorities in Martin County. The facilitation occurred during a two-hour session held at the Indian River State College. The group was comprised of fifteen advisory committee members. During this session, committee members reviewed and continued to discuss the strategic health issues, before prioritizing their top key health issues through a formal voting process. HCSEF facilitated Advisory Committee members through the following process:

6. The results of the Summary Identification of the Strategic Issues were reviewed.
7. Flip charts for each priority were placed around the room.
8. The Advisory Committee were provided three sticker dots and asked to place their dots on the top health priorities that should receive consideration/attention.
9. Each advisory committee member was allotted five minutes to brainstorm and list key health priorities.

10. After the allotted time period, HCSEF tallied the results from the exercise.

Upon identifying the three health priorities, Advisory Committee members participated in a two hour brainstorming session, which included conducting a Root Cause Analysis on August 25, 2015. The purpose of the Root Cause Analysis exercise was to identify the underlying 'root causes' of the selected health priorities. The information derived from this exercise was used to develop the goals and strategies to effectively address the priority issues. During this meeting, there was also discussion about current activities and resources in the community related to the selected priorities. To further identify the underlying issues and contributing factors of the top health issues, Advisory Committee members convened another meeting on October 6, 2015 to complete the Root Cause Analysis. The root causes and contributing factors were identified by committee members, prior to the formulation of goals and strategies, in order to effectively improve the health of Martin County residents.

RESULTS

The top priorities identified by the Advisory Committee were:

1. Education & Awareness of Existing Health and Human Services
2. School Health
3. Obesity

Below details the priorities, rationale and suggested opportunities to improve the overall health of county residents.

PRIORITY AREA 1: EDUCATION & AWARENESS OF EXISTING HEALTH AND HUMAN SERVICES

Strategic Issue 1: Lack of knowledge of health and human services/programs

Strategic Issue 2: Lack of awareness of resources

Rationale

- Lack of awareness of resources
- Lack of awareness of available services/programs
 - *“There is a need for more health fairs to promote awareness”*
- Addressed as a strategic priority area in 2012 Community Health Improvement Plan (CHIP)
- Public Health Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems- Model Standard 10.1: Foster Innovation, Performance Score 31.3%; Model Standard 10.2: Academic Linkages, Performance Score 25.0%
- Public Health Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems- Model Standard 4.2: Community Partnerships, Performance Score 41.7%

Contributing Factors/Root Causes

- Lack of focus on prevention across multiple sectors
- ‘Don’t need’ mentality
- Lack of awareness of services among individuals
- Lack of health navigating services
- Lack of ‘reaching people where they are’
 - Language
 - Age
 - No label
 - Citizenship status
 - Cultural norms
- Literacy
 - Health
 - Health care coverage
- Cultural/familial norms
 - Language
- Digital divide
 - Individuals without access to technology
 - Alienating senior population

Opportunities for Improvement

- Develop and incorporate innovative approaches, such as:
 - Telemedicine
 - Mobile information and referral
- Increase training opportunities for local community-based workers on the softer skills, such as:
 - Customer service
 - ‘Common values’
 - Diversity/cultural competency
- Research methods/strategies in reaching specific subpopulations to increase community reach and improve performance score of the Local Public Health Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems; Model Standard 10.1: Foster Innovation & Model Standard 10.2: Academic Linkages
- Tailor programs and programming materials to target specific subpopulations
- Reduce barriers to care through system improvements, collaboration and resource sharing among providers and local agencies
- Increase and promote consistent community involvement by local agencies/organizations
- Increase collaboration among local health and human services agencies/organizations to effectively reach target populations and improve performance score of the Local Public Health Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems, Model Standard 4.2: Community Partnerships
- Build on provider networks to educate local organizations and community members about existing programs and resources

- Raise awareness of safety net providers in the community
- Increase professional development opportunities for health and human services professionals by cross-training staff members in mental health and substance abuse to improve performance score of the Local Public Health System, specially Essential Service 10, Model Standard 10.1: Foster Innovation

PRIORITY AREA 2: SCHOOL HEALTH

Strategic Issue 1: Lack of education on proper oral health and maintenance

Strategic Issue 2: Increasing trend and high prevalence of obesity among children in Martin County

Rationale

- The percentage of middle school students with a BMI at or above the 95th percentile for their weight and gender increased from 8.3% to 11.5% from 2008 to 2012 in Martin County. In 2012, Martin County's percent of 11.5% was slightly higher than the state's rate of 11.1%.
- Nearly 1 in 3 first graders and close to 2 in 5 sixth graders were reportedly overweight or obese in the 2014-2015 academic school year.
- In 2013, 37.9% of high school students reported having used alcohol within the past 30 days (compared to Florida's 33.9%) and 16.9% of high school students reported binge drinking.
- During the 2014-2015 academic school year, 43.0% of Martin County students qualified for free or reduced price lunch.
- Immunization levels in Kindergarten are 92.0%, just a bit lower that Florida's rate of 93.2%.
- Public Health Essential Service 3: Inform, Educate, and Empower People about Health Issues- Model Standard 3.1: Health Education/Promotion, Performance Score 41.7%; Model Standard 3.2: Health Communication, Performance Score 33.3%

Contributing Factors/Root Causes

- Lack of support for school-aged parents
 - Lack of education
 - Lack of parental programs
 - Lack of mental health programs/services
 - Labor and delivery
 - Accessing services outside of school
- Lack of support of teachers
 - Over taxation resources
 - Complexity of system
- Unclear definition of school health
- Lack of promotion of 'healthy living/being'
 - Lack of consistent/positive messaging at a young age

- Lack of positive promotion of school health and physical activity
- Cultural/familial norms
- Lack of education
 - Obesity
 - Oral health
 - Health education
- Over taxation of resources
 - Health education
 - Statutory requirements for partnerships
 - Martin County Public School District
 - Lack of training for nurse aides
 - Lack of effective chronic disease management
 - Lack of resources (nurses)
 - Number of nurses
 - Global shortage of nurses
 - Cost
 - Legislation
 - Cultural/familial norms
 - No health care coverage
 - Primary care
 - Dental care
- Lack of importance of school health

Opportunities for Improvement

- Target areas may include: oral health and obesity
- Increase education to children and parents on prevention and wellness to improve the overall health of Martin County and improve the performance score of the Local Public Health Essential Service 3: Inform, Educate, and Empower People about Health Issues, Model Standard 3.1: Health Education/Promotion and Model Standard 3.2: Health Communication
- Promote an environment that encourages and assures good health among children and adolescents.
- Increase dental care access for adults and children
- Address and bring awareness to issues, such as fluoride and sugary beverages

PRIORITY AREA 3: OBESITY

Strategic Issue 1: Increasing trend and high prevalence of obesity among adults and children in Martin County

Rationale

- In 2013, the percent of Martin County adults who reported being overweight or obese was 48.3%, lower than the state's percent as a whole (62.8%).
- The percentage of middle school students with a BMI at or above the 95th percentile for their weight and gender increased from 8.3% to 11.5% from 2008 to 2012 in Martin

County. In 2012, Martin County's percent of 11.5% was slightly higher than the state's percent of 11.1%.

- During the 2014-2015 academic school year, the percentages for first graders show that nearly 1 in 3 children were overweight or obese, while over 33% (33.4%) of third graders were overweight or obese in Martin County.
- During the 2014-2015 academic school year, 37.3% of Martin County sixth grade students were overweight or obese.
- In 2013, the rate of Births to Overweight Mothers at the Time Pregnancy Occurred was 24.4% in Martin County, higher than the state's percent of 24.1%. During this time period, the average percent of Births to Overweight Mothers at the time of Pregnancy was highest among Hispanic mothers, with a percent of 28.3.0% in 2013, as compared to Florida's percent of 27.0% in this same category.
- In 2013, the percent of Births to Obese Mothers at the Time Pregnancy Occurred was higher (21.5%) in Martin County than the state's percent of 21.0%.
- In 2013, heart disease was the second leading cause of death in Martin County, accounting for a total of 359 deaths in Martin County.
- Lack of awareness and education, specifically on chronic diseases.
- Public Health Essential Service 3: Inform, Educate, and Empower People about Health Issues- Model Standard 3.1: Health Education/Promotion, Performance Score 41.7%; Model Standard 3.2: Health Communication, Performance Score 33.3%

Contributing Factors/Root Causes

- Lack of access to food, specifically healthy foods and food
 - Cheaper unhealthy foods
 - Lack of income or affordability
 - Lack of time
 - Direct marketing
 - Food deserts
 - Change in employment
- Poor community planning
 - Limited availability of public transit system services
 - Fast food restaurant locations
 - Large number of vehicles
- Cultural/familial norms
 - Lack of knowledge to prepare healthy foods
 - Definition of healthy
 - Target marketing
 - 'Luxury' of eating unhealthy foods
 - Shift in employment
 - Lack of understanding healthy nutrition
- Access to unhealthy foods
 - Economic incentives to agricultural/fast food
 - Easy access and convenience
 - Lack of resources to prepare healthy meals
- Sedentary lifestyle
 - Lack of awareness of programs geared to school-aged children
 - Lack of activity for school-aged children

- High cost
 - Poor balance of food/physical activity
 - Built environment
 - Walkable communities
 - Complete streets
 - Heavy reliance on vehicles
 - Lack of understanding
- Behavior
- Lack of access to continuous health care
- Lack of education (parents)
 - Limited opportunity to disseminate information
 - Lack of understanding of healthy nutrition
- Mental health
 - Medication
 - Trauma

Opportunities for Improvement

- Decrease the rate of obesity among adults and children in Martin County
- Increase and promote preventative care
- Increase collaborations among the school district and local agencies on School Health initiatives
- Increase target population's understanding of the benefits of preventive care and increase motivation to access preventive care while reducing cultural and health literacy barriers
- Increase the promotion of evidence-based obesity prevention programs
- Promote increased physical activity and education on obesity-related topics to reduce the rates of obesity in Martin County and improve the performance score of the Local Public Health Essential Service 3: Inform, Educate, and Empower People about Health Issues, Model Standard 3.1: Health Education/Promotion and Model Standard 3.2: Health Communication
- Increase and expand healthy food and beverage educational programs in the community
- Improve access to nutritious foods
- Increase education on obesity and its role as a comorbidity
- Increase education on prevention and wellness (i.e. appropriate caloric intake and healthy eating)
- Increase the connection of community members with local agencies with existing health promotion programs/resources
- Increase knowledge and opportunity to improve health related behaviors to avoid/reduce overweight
- Increase the availability of physical activity and education in local schools and parks
- Build on programs that engage with community members to increase education on the importance of primary health and preventative care
- Increase the capacity for services, including local agencies and Federally Qualified Health Centers
- Explore opportunities to implement worksite programs

CONCLUSION

The findings from the health needs prioritization are important areas of concern identified by the Martin County Advisory Committee. For the purposes of this Community Health Needs Assessment, the Advisory Committee concentrated its focus on three priorities, in order to effectively impact the health of Martin County residents. The root causes, contributing factors and opportunities identified during the health needs prioritization process laid the groundwork for the next step in the MAPP Process: Formulate Goals and Strategies.

FORMULATE GOALS AND STRATEGIES

On October 6, 2015 and October 27, 2015, the Martin County Advisory Committee members met and divided into priority-specific workgroups to review, revise and refine the goals and strategies. During these meetings, committee members rotated through the various workgroups to review the specific strategies and potential activities. The goals and strategies outlined below were ultimately refined by all members of the committee during this process. There was and continues to be a concerted effort to honor existing efforts and not duplicate them, so if there were ongoing activities in the community, strategies were devised related to the linkage to those activities. The Advisory Committee, after in-depth research and analysis, developed the following strategies to help achieve the goals and drive the action process.

TABLE 168: GOAL AREA 1 – GOALS AND STRATEGIES

Education & Awareness of Existing Health and Human Services
Goal 1: Use a collaborative community approach to promote and foster an environment of community awareness in Martin County.
Strategy 1.1: Promote consistent messaging on 211 Palm Beach/ Treasure Coast HelpLine serving as the community's gateway and 'One Door' to access health and human services through the 'Help Starts Here at 211' campaign.
Strategy 1.2: Engage community agencies and stakeholders to serve as ambassadors and promote the 211 HelpLine in Martin County.

TABLE 169: GOAL AREA 2 – GOALS & STRATEGIES

School Health
Goal 2.A: Create a community that invests in the health of Martin County children and adolescents.
Strategies 2.A.1: Promote a community wide campaign to increase the awareness of the importance of school health to community members and stakeholders in Martin County.
Goal 2.B: Create a school community where Martin County students live healthy.
Strategy 2.B.1: Increase funding to the Florida Department of Health in Martin County to increase the number of Martin County school health nurses.
Strategy 2.B.2: Increase the level of training/licensure of school health assistants requiring a minimum of a certified nurse assistant license.
Strategy 2.B.3: Create Memorandum of Understanding (MOU) agreements with for-profit and non-profit agencies to provide support of school staff positions, including: Registered Nurse as a School District Health Liaison, Community Oral Health Development Specialist, and Licensed Social Worker.

TABLE 170: GOAL AREA 3 – GOALS & STRATEGIES

Obesity
Goal 3: Create a community context where Martin County residents can attain and maintain a healthy weight by increasing access to healthy foods and physical activity opportunities.
Strategy 3.1: Promote consistent information/materials to Martin County children and parents on healthy lifestyle choices through education and outreach using culturally appropriate methods.
Strategy 3.2: Promote consistent information/materials to Martin County children and parents on healthy lifestyle choices through education and outreach using culturally appropriate methods.

ACTION CYCLE

On December 15, 2015 the Martin County Advisory Committed was presented with the opportunity to engage in the start of the action cycle. To finalize this community driven framework, members of the Advisory Committee revised and refined the suggested activities and proposed timelines to complete the action plans for the implementation of the 2016 Martin County Community Health Improvement Plan (CHIP). As part of the action planning process, partners and resources will be engaged to help solidify and ensure the successful implementation of the CHIP. This process calls for local champions to lead and coordinate activities and resources among key partners in Martin County. The collaboration and involvement of community stakeholders is a fundamental key to strengthening and ensuring the success of the MAPP's action cycle in achieving the outlined goals. The findings of this report represent the strategic framework for a data-driven, community-enhanced Community Health Improvement Plan.

NEXT STEPS

The next stage in the MAPP process is to organize for action. With the help of collaborative partnerships, the 2016 Martin County CHIP will provide strategic direction and guidance in addressing the health issues affecting Martin County. This blueprint for implementation activities will cover a three to five year period and activities will include the following steps:

Planning: Organize for action to engage necessary partners, form action teams, establish oversight and accountability for implementation activities, and develop action plans.

Implementation: Review action plans for opportunities to combine existing community resources; and implement and monitor the ongoing progress of action plans and activities.

Evaluate: Evaluate the outcomes of the entire MAPP process and each strategy. Evaluate implementation activities to determine accomplishments in achieving a healthier Martin County.

CONCLUSION

Communities face the challenge of balancing the desire to provide residents access to quality health and human services with decreasing resources and increasing demand. The findings from the Martin County Local Public Health System Assessment (LPHSA); the Martin County Community Health Status Assessment (CHSA); the Community Themes and Strengths Assessment (CTSA); the Forces of Change Assessment (FCA); and the Identification of the Strategic Health Issues will serve as a guide for a strategic Community Health Improvement Plan (CHIP). The next steps require the development specific objectives and action plans to address the key health issues in Martin County. This process will engage community partners on specific goals and tasks as a collective effort to improve the overall health of Martin County. This community assessment will enable Martin County to better understand the needs of its community and aid in planning for services in an effort to most efficiently use its resources and improve the health of its residents.

APPENDICES

APPENDIX A

FOCUS GROUP GUIDELINES AND QUESTIONS

FOCUS GROUP DISCUSSION: GUIDELINES AND QUESTIONS

A. Introduction:

Hello and welcome to our focus group! A focus group is simply a gathering of people who have something in common. Each of you is here today as a resident of Martin County; and have a unique perspective on the services that are provided in your communities.

My name is [REDACTED] and I represent The Health Council of South East Florida, Inc. and we are working on a Health Needs Assessment Report to help our local policymakers and healthcare providers focus on the health care needs that you feel are important. We will be talking in general about the quality of life in your community and also about health needs that you and your families may have. The purpose is to understand what you think are the most pressing healthcare needs of your community and the factors that influence an individual's health and health care. Your input is very important to us.

We are conducting four (4) focus groups in Martin County. Our goal is to have everyone here feel comfortable and able to speak openly, share their thoughts, ideas and experiences honestly. There are no wrong answers. So please feel free to share your experiences and your point of view, even if it is different from what others have said.

Your comments will be summarized in a report, but nobody here will be identified by name. We will not be using your name when we report the results of the study. Because we are taking notes of this discussion so that we can write our report, it is important for everyone to speak up and that only one person talks at a time.

My role will be to ask questions and listen. It is important for us to hear from all of you tonight because you all have different and valuable experiences. You will be receiving a Publix or Winn-Dixie card gift for participating in our discussion.

Does anyone have any questions before we begin? If there are no additional questions, we will begin.

APPENDIX B

FOCUS GROUP DEMOGRAPHIC FORM

FOCUS GROUP DEMOGRAPHIC FORM

Please complete this form. You do not need to answer any question that makes you uncomfortable. If you have any questions, please ask us!

1. What ZIP code do you live in? _____

2. What is your age? _____

3. What is your gender? (Check only one)
 Female
 Male

4. What race do you identify with most? (Check only one)
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 American Indian, Alaskan Native, or Indigenous
 White /Caucasian

 Hispanic Background
 No answer

5. What is the highest grade or year in school you have completed? (check only one)
 6th grade or less
 Some middle school or some high school, no diploma (grades 7 -11)
 High school graduate or GED (grade 12)
 Some college, No degree
 Associate's degree,
 Certificate from vocational, business, or trade school
 4-years of college or higher, with bachelor's degree or higher
 Other: _____
 No answer

6. Do you work now? (Check only one)

- Work 35 or more hours per week
- Work less than 35 hours per week
- Unemployed
- Other: _____
- No answer

7. Do you have any kind of health care coverage, private carrier, Medicaid, Medicare, Florida KidCare, or any other (please specify). (Check only one)

- Yes
- No
- Do Not know
- Prefer not to answer

8. If you have health care coverage, what kind? (Check only one)

- _____
- Don't know/not sure
- prefer not to answer

9. What is your annual household income from all sources, including money from jobs, social security, unemployment benefits, public assistance, and retirement income? (Check only one)

- \$0 - \$10,000
- \$10,001 - \$20,000
- \$20,001 - \$40,000
- \$40,001 - or more
- Prefer not to answer

APPENDIX C

FOCUS GROUP TOOL

Focus Group Questionnaire

Let us begin by asking your opinions regarding the quality of life in your community?

1. How do you feel about living in your community? Is it a safe place to live?
 - Safety in the home
 - Safety in the workplace
 - Schools and playgrounds

2. Is it a good place to raise children? If so why? If not why not?

3. Do you think Martin County is a good place to grow old?
 - Churches
 - Shopping
 - Elder day care services
 - Social support organizations
 - Recreational activities
 - Other (Please specify)

4. What do you think about economic opportunities in the community?
 - Jobs and career growth
 - Job training
 - Local businesses
 - Educational opportunities
 - Affordable housing options

Now, we would like to talk about access to health and social services in your community?

5. Where do you get most of your health care now, in your neighborhood or outside of your neighborhood?
 - At a doctors' office
 - At the ER
 - Martin County Health Department
 - Local community clinic

- If outside neighborhood, ask why this is the case? –
 - What type of services do you need to get outside your community? Tell us about your experience in this regard?
 - -Would you prefer to go somewhere else? Why or why not?
 - Is this the same place where other members of your family receive their health care? - Why or why not?
 - How many of you have a regular doctor who you've gone to more than once?

6. Have any of you had problems getting the health care that you need?
 - a. What are the main problems you have faced getting health care services in your neighborhood /community?"
 - b. Have you been able to overcome any of these problems? If so, how did you do it?
7. We often hear transportation is an issue when trying to access healthcare. Is transportation an issue that affects or has affected you?
 - If so, what kind of transportation services do you need to be able to access health care, education and employment?
8. What are the problems or barriers you see in maintaining or improving your or your family's health?
9. What health services do you need that are not currently available to you and your family?
10. Are you aware of the different public health services that are available in your Martin County?
 - Are you able to locate the health information or resource that you need?

11. What kinds of health programs would you like to see established in Martin County?
12. What is your level of satisfaction with the health care system in Martin County?
 - Cost
 - Quality of care
 - Access to care
 - Prescription drugs...
13. What is your perspective on the role of community members, like your selves play in improving the overall health in Martin County?
14. If an elected official were to ask your advice about how to spend money making health care better in your neighborhood, what would you tell him?
15. Do you have any additional comments you would like to add regarding the quality of life or the quality of health care services available in your community?

APPENDIX D

KEY INFORMANT TOOL

Martin County Community Health Assessment - Key Informant Interviews

Name: _____ Organization: _____

Date: _____ Time: _____

What do you perceive are the key issues in Martin County's public health system?

What services/programs/resources in the community are strong/beneficial (what's going well)?

What specific health and human services do you think should receive more emphasis in the community than they do now?

What specific health and human services do you think should receive less emphasis in the community than they do now?

Are there any populations that you believe have significant unmet needs?

What do you see as the key barriers for individuals/families in accessing health care and other services in Martin County?

What strategies can you suggest for overcoming these barriers?

How can existing health and human services be improved?

Is there anything else you would like to add about health and human services in Martin County?

APPENDIX E

TEN ESSENTIAL PUBLIC HEALTH SERVICES

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems	
1.1	Model Standard: Population-Based Community Health Assessment (CHA) <i>At what level does the local public health system:</i>
1.1.1	Conduct regular community health assessments?
1.1.2	Continuously update the community health assessment with current information?
1.1.3	Promote the use of the community health assessment among community members and partners?
1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data <i>At what level does the local public health system:</i>
1.2.1	Use the best available technology and methods to display data on the public's health?
1.2.2	Analyze health data, including geographic information, to see where health problems exist?
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?
1.3	Model Standard: Maintenance of Population Health Registries <i>At what level does the local public health system:</i>
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?
1.3.2	Use information from population health registries in community health assessments or other analyses?
ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards	
2.1	Model Standard: Identification and Surveillance of Health Threats <i>At what level does the local public health system:</i>
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?
2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies <i>At what level does the local public health system:</i>
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?

2.2.3	Designate a jurisdictional Emergency Response Coordinator?
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?
2.3	Model Standard: Laboratory Support for Investigation of Health Threats <i>At what level does the local public health system:</i>
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?
2.3.3	Use only licensed or credentialed laboratories?
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?
ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues	
3.1	Model Standard: Health Education and Promotion <i>At what level does the local public health system:</i>
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?
3.2	Model Standard: Health Communication <i>At what level does the local public health system:</i>
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?
3.2.3	Identify and train spokespersons on public health issues?
3.3	Model Standard: Risk Communication <i>At what level does the local public health system:</i>
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?
3.3.2	Make sure resources are available for a rapid emergency communication response?
3.3.3	Provide risk communication training for employees and volunteers?

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems	
4.1	Model Standard: Constituency Development <i>At what level does the local public health system:</i>
4.1.1	Maintain a complete and current directory of community organizations?
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?
4.1.3	Encourage constituents to participate in activities to improve community health?
4.1.4	Create forums for communication of public health issues?
4.2	Model Standard: Community Partnerships <i>At what level does the local public health system:</i>
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?
4.2.2	Establish a broad-based community health improvement committee?
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?
ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts	
5.1	Model Standard: Governmental Presence at the Local Level <i>At what level does the local public health system:</i>
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?
5.2	Model Standard: Public Health Policy Development <i>At what level does the local public health system:</i>
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?
5.2.3	Review existing policies at least every three to five years?
5.3	Model Standard: Community Health Improvement Process and Strategic Planning <i>At what level does the local public health system:</i>
5.3.1	Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?

5.4	Model Standard: Plan for Public Health Emergencies <i>At what level does the local public health system:</i>
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?
ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety	
6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?
6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?
6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?
6.3.5	Evaluate how well local organizations comply with public health laws?
ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	
7.1	Model Standard: Identification of Personal Health Service Needs of Populations <i>At what level does the local public health system:</i>
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?

7.1.2	Identify all personal health service needs and unmet needs throughout the community?
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?
7.1.4	Understand the reasons that people do not get the care they need?
7.2	Model Standard: Assuring the Linkage of People to Personal Health Services <i>At what level does the local public health system:</i>
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?
ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce	
8.1	Model Standard: Workforce Assessment, Planning, and Development <i>At what level does the local public health system:</i>
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?
8.2	Model Standard: Public Health Workforce Standards <i>At what level does the local public health system:</i>
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?
8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring <i>At what level does the local public health system:</i>
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?
8.3.2	Provide ways for workers to develop core skills related to essential public health services?
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?

8.3.4	Create and support collaborations between organizations within the public health system for training and education?
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?
8.4	Model Standard: Public Health Leadership Development <i>At what level does the local public health system:</i>
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?
ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	
9.1	Model Standard: Evaluation of Population-Based Health Services <i>At what level does the local public health system:</i>
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?
9.1.3	Identify gaps in the provision of population-based health services?
9.1.4	Use evaluation findings to improve plans and services?
9.2	Model Standard: Evaluation of Personal Health Services <i>At what level does the local public health system:</i>
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?
9.2.2	Compare the quality of personal health services to established guidelines?
9.2.3	Measure satisfaction with personal health services?
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?
9.2.5	Use evaluation findings to improve services and program delivery?
9.3	Model Standard: Evaluation of the Local Public Health System <i>At what level does the local public health system:</i>
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?

9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?
9.3.4	Use results from the evaluation process to improve the LPHS?
ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems	
10.1	Model Standard: Fostering Innovation <i>At what level does the local public health system:</i>
10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?
10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research <i>At what level does the local public health system:</i>
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?
10.3	Model Standard: Capacity to Initiate or Participate in Research <i>At what level does the local public health system:</i>
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?

APPENDIX F

ADVISORY COMMITTEE

Name	Organization
Elizabeth Barbella	House of Hope
Leigh Bergstrom	Treasure Coast Hospice
Scott Berry	Healthy Start of Martin County
Audrey Burzynski	Floridians Fighting Falls
Jane Cebelak	Indian River State College
Anita Cocoves	Martin County Government
Molly Ferguson	Florida Community Health Centers
Donna Goodwin	Florida Department of Health in Martin County
Sarah Gosney	Children's Services Council of Martin County
Harry Hernandez	CareerSource Research Coast
Michael Hofmaier	Suncoast Mental Health Centers
Tim Kimes	Martin Nursing and Restorative Center
Robert King	Florida Department of Health in Martin County
Frank Lasaga	City of Stuart Fire Rescue
Michael Lindgren	Martin County School District
Annette Lopez	The Kane Center
Nelson Merchan-Cely	Hispanics in Action of the Treasure Coast
Karlette J. Peck	Florida Department of Health in Martin County
Todd Reinhold	Florida Department of Health in Martin County
John Romano	New Horizons
Heather Rothe	Stuart Police Department
Rachel Terlizzi	Martin Health System
David Vaina	Treasure Coast Food Bank
Robyn Vanover	Martin County School District
Jim Vojcsik	United Way of Martin County
Lisa Vreeland	Red Cross
Bob Washam	Citizen
Carolann Wegener	Florida Department of Health in Martin County
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