

**Florida Department of Health – Indian River County
Measure 1.1.2 - Community Health Assessment**

Measure 1.1 – The Community health assessment is continually updated to broaden and deepen the community’s understanding of public health issues and resources.

- Required Documentation 1.1.2 – Provide the health department’s most recent community health assessment.

Document: Indian River County Community Needs Assessment - 2020

Description of Evidence:

In 2019, the Florida Department of Health in Indian River County led a diverse partnership to update Indian River County’s comprehensive county health assessment, which identifies the most important health issues affecting county residents. This assessment, published in 2020, ensures that the priorities selected for the Indian River County health improvement plan are shaped by data about the health status of all county populations, the effectiveness of the county’s public health system in providing essential services residents’ perceived quality of life, and how factors outside of health impact health now and in the future.

Pages 8-76: Data and information from a variety of sources and community sectors, including consideration of the context of the populations:

- Pages 8-10: Methods; Research Design & Data Collection; Community Focus Groups; Secondary Data; Data Analyses
- Pages 16-23: Poverty Data; Birth Data; Mortality Data; Education Data
- Pages 28-29: Surveys; Focus Groups; Survey - Children’s Resources
- Page 41: Survey and Focus Groups – Economic Opportunities
- Pages 79-81: References (Data Sources)

Pages 18-73: Descriptions of health issues and specific population groups with greater or particular health issues and inequities.

- Page 18: Low birth weight disparity
- Page 34: Poverty disparities
- Page 41: Disparities in opportunities available to all residents
- Page 51: Sexual Health disparities
- Page 56: Housing Cost disparities
- Page 61: Key Points (2nd and 7th bullets)
- Page 73: Disparities among Seniors

Pages 15-73: Description of factors that contribute to specific population’s health issues, including social determinants of health and community factors or contributors; considering how contributing factors overlap in populations

- Page 15: Socioeconomic Characteristics/Disparities
- Page 59: Health Care Access – socioeconomic factors
- Page 61: Key Points – 2nd bullet
- Page 73: Socioeconomic disparities among Seniors
- Page 75: Transportation issues associated with health care access

Pages 60, 82-84: Description of community resources or assets that may be employed to improve the community’s health

- Page 60: Focus group respondents’ description of community resources
- Pages 82-84: Listing of community assets and resources that could be mobilized or employed to address health issues

Page 86: Addendum

INDIAN RIVER COUNTY COMMUNITY NEEDS ASSESSMENT

2020



The creation of the Indian River County Community Needs Assessment was made possible by funding and support from the organizations below.



United Way of
Indian River County



ACKNOWLEDGMENTS

Q-Q Research Consultants would like to thank the Indian River County community and Indian River Community Foundation staff for helping to facilitate the research and evaluation process. Their participation helped to bring about community participation and feedback regarding the needs of the community. A Community Needs Assessment Advisory Committee guided this project and worked diligently to ensure that the final assessment was reflective of the communities served. Additional support was also provided by the following:

Volunteer Organizations Responsible for Survey Distribution

Alzheimer & Parkinson Association	LifeBuilders of the Treasure Coast, Inc.
Big Brothers Big Sisters of St Lucie, Indian River, and Okeechobee Counties	Literacy Services of IRC
Boys & Girls Club of Indian River	Mental Health Association
Camp Haven	Mental Health Collaborative
Childcare Resources of Indian River	Progressive Civic League of Gifford, FL Inc
Children's Home Society	RCMA
City of Fellsmere	Safe Space Inc
Crossover Mission	School District of Indian River County
Florida Department of Health in Indian River County	School District of Indian River County (VPK & PreK Ese)
Dogs for Life	Senior Collaborative of Indian River County
Early Learning Coalition of Indian River, Martin, and Okeechobee Counties	Senior Resource Association
Economic Opportunities Council of Indian River County, Inc.	St Francis Manor
Environmental Learning Center	Substance Awareness Center of IRC
Every Dream Has A Price, Inc	Suncoast Mental Health Center
Gifford Youth Achievement Center	Sunshine Physical Therapy Clinic
Head, Heart, and Hands	The Arc
Hibiscus Children's Center	The Buggy Bunch
Highlands Community Center	The Learning Alliance
Homeless Children's Foundation	The Source
Hope For Families	Treasure Coast Homeless Services Council
Humane Society of Vero Beach & IRC	Tykes and Teens
Indian River County Healthy Start Coalition	United Against Poverty
Indian River County Hospital District	United Way of Indian River County
Indian River Habitat for Humanity	Veteran's Council of Indian River County
Indian River State College	VNA and Hospice Foundation
Kindergarten Readiness Collaborative	West Wabasso Civic Club
	Youth Guidance Mentoring Academy

Volunteers who Recruited Participants and Hosted the Focus Groups at their Facilities

Dr. Ane Larkey of United Against Poverty

Dr. Nivea Torres, Nikki Boswell, and Maria Pantoja of the Kindergarten Readiness Collaborative

Nancy McCurry of the Economic Opportunities Council

William Schutt of Indian River County Administration

Andrea Berry of the Healthy Start Coalition

Dr. Diane Grossi of Hope for Families

Allison Sullivan of Childcare Resource Center

Virginia Skov of Meals on Wheels

Bonnie Matz of Saint Francis Manor

Ongoing CNA Coordination Support

Frida Flores, IRCF, Foundation Coordinator

Main Point of Contact for the CNA

Jeffrey R. Pickering, IRCF, President and CEO

CNA Advisory Committee Members

William Schutt, Chief of Long-Range Planning, Indian River County Community Development Department
Hope Woodhouse, Children's Services Advisory Committee, President of John's Island Community Service League

Jeffrey R. Pickering, President, and CEO, Indian River Community Foundation

Julianne Price, Senior Mgmt. Analyst II, Florida Department of Health in Indian River County

Miranda Hawker, Health Administrator, Florida Department of Health in Indian River County

Meredith Egan, COO, United Way of Indian River

Michael Kint, CEO, United Way of Indian River

Larry Salustro, Board Designee, Head, Heart, and Hands of Indian River Club

Pat Brier, Vice President, John's Island Foundation



TABLE OF CONTENTS

INTRODUCTION	6
METHODS	7
INDIAN RIVER COUNTY SNAPSHOT	10
CHILDREN	15
ECONOMIC OPPORTUNITY & EMPLOYMENT	30
HEALTH.....	42
HOUSING	61
SENIORS	68
OTHER EMERGING THEMES	73
CONCLUSIONS AND RECOMMENDATIONS	75
REFERENCES.....	77
APPENDIX A: COMMUNITY RESOURCES.....	81

INTRODUCTION

In early 2019, a group of key Indian River County stakeholders convened to establish a process to conduct a community needs assessment (CNA) with the goal of understanding and addressing their community's most pressing challenges while exploring existing disparities. Q-Q Research was retained to conduct the CNA and funding was pooled from the key stakeholders to ensure the process was supported. This CNA intends to gain information to develop policy, along with systemic and environmental changes to improve the quality of life of Indian River County residents. This report is a compilation of existing data collected about Indian River County, along with an evaluation of the needs of current residents captured through surveys and focus groups. The CNA focuses on five main priority health issues: (1) children, (2) economic opportunity, (3) health, (4) housing, and (5) seniors.

The report is organized into four principal sections: Introduction, Methods, Indian River County Snapshot, and Major Findings. The Introduction section provides a brief introduction to the primary goals and objectives of the CNA and describes the overall structure of the report. The Methods section contains key methodological details of the CNA, and the Indian River County Snapshot describes Indian River County, along with a demographic description of its residents. The Major Findings section presents the findings of the CNA organized into five health priorities: (1) children, (2) economic opportunity, (3) health, (4) housing, and (5) seniors. Each health priority presents data at the County level and features disparities among subgroups if warranted. Not every disparity is discussed; just because a disparity is not mentioned does not mean that disparity is non-existent or not important to address. Decisions were made as to what to incorporate with respect to disparities based on perceived importance by community residents and stakeholders. Each health priority section ends with "Key Points" that summarize central themes in order to help the reader make sense of the data.



METHODS

CNA PLANNING AND VISIONING

A community-based participatory approach was implemented to design and conduct the Community Needs Assessment to; 1) allow for feedback and input regarding the needs assessment plan; 2) empower stakeholders to voice their experience regarding the needs of the community; and 3) ensure that the plan was aligned with the vision and purpose of the assessment. The CNA began with a planning meeting and visioning session with the CNA Advisory Committee to identify community stakeholders and relevant data sources, and to discuss the goals of the needs assessment. This group guided the entire CNA process and was comprised of individuals representing the following organizations: the Indian River Community Foundation, United Way of Indian River, Florida Department of Health in Indian River, Indian River County Community Development Department, and the Children's Services Advisory Committee, John's Island Community Service League, John's Island Foundation and Indian River Club. The CNA Advisory Committee approved the evaluation plan, focus group, and survey questions, as well as coordinated the volunteers who were trained to administer the survey and hosted the focus groups.

Based on results from the visioning session, the following health priorities were identified: (1) children, (2) economic opportunity, (3) health, (4) housing, and (5) seniors. Several subgroups of residents as populations of interest, including low-income residents, seniors, and parents or caregivers of children, were also identified.

The needs assessment plan was designed to assess the needs and assets of the community related to the five health priority issues, with additional attention directed toward subgroups of interest specified in the visioning section. A mixed-methods design employing a variety of assessment methods to collect both qualitative and quantitative data was utilized. Quantitative data include primary data captured from a community assessment survey and secondary data captured from several sources. Qualitative data was captured through a series of focus groups facilitated by the research team.

The following section provides a description of the research design and data collection methodology.

RESEARCH DESIGN & DATA COLLECTION

A significant portion of the quantitative data in this report comes from a Community Assessment Survey (CAS). The CAS was developed by the research team in consultation with an Advisory Committee and administered to those who live and work in Indian River County. Additionally, qualitative data was captured from 8 expert-led focus groups facilitated by the research team. Altogether, the focus groups were attended by 86 residents. In addition to this, a series of secondary data sources were analyzed in order to leverage existing information. The supplementary data sources were included, through the assessment of 14 prior reports. For ease of reading, the source and year are included in the text when the time frame is necessary for understanding the data. Additionally, data was rounded to improve readability. After a thorough review of all available data sources through various analytic approaches, it was noted that, in general, findings were consistent across informants and sources. When multiple data sources from varied approaches yield similar results, confidence in the accuracy and strength of the findings is increased.

Survey Administration

The research team developed the CAS using structured and open-ended questions that aimed to gather the needs of the community. To quantify resident attitudes and perceptions regarding their needs, questions were created using the information provided by stakeholders during the initial visioning session. For each priority issue, residents agreed or disagreed with statements regarding the existence of needs and services in their neighborhood using a 5-point Likert scale and rated the quality of services available to them also using a 5-point Likert scale. Residents were also asked to comment on what they believe is their community's greatest strength and whether they had any unmet needs. The final section of the survey included demographic questions to allow for analysis and comparison of subgroups. See Appendix B for a full copy of the CAS survey.

The final approved IRC-CAS survey was made available to Indian River County residents in two formats: online and hard-copy. Any community member working or residing in Indian River County wishing to complete the survey online was able to do so. Participants were targeted using a stratified convenience sampling approach using quota method convenience sampling by zip code. Specifics regarding sampling strategy along with information regarding the demographics of the survey participants are presented in Appendix B. The research team worked with IRCF staff to develop a comprehensive list of locations

in each zip code to determine preferred locations for hard-copy survey distribution. The research team trained approximately 50 volunteers, representing 15 Indian River community-based organizations to collect survey data. These volunteers engaged residents in various locations listed in Table 1 to reach community members who may not have had access to, or have felt comfortable with, an online version of the survey. Data collection began in June 2019 and ran through August 2019.

Table 1. List of Communities Reached through the Survey

Fellsmere	“Central Beach”	Summer Place
Wabasso	City of Vero Beach	Florida Ridge
Roseland	West Vero Beach	Dixie Heights
Orchid	Gifford	Vero Beach
Windsor	West Wabasso	Sebastian
Oslo Park/Vero Highlands (“South County”)	Winter Beach	

Community Focus Groups

Eight focus group discussions were conducted to gather stakeholders’ perspectives regarding the needs, issues, assets, and trends of the community. Focus groups were conducted by the research team and hosted by community partners, including United Against Poverty, Kindergarten Readiness Collaborative, Economic Opportunities Council, County Administration, Healthy Start Coalition, KRC Gifford, Hope for Families, and Childcare Resource Center. Potential focus group participants were selected based on their knowledge of a given topic or because they represented a stakeholder group in the community (e.g. older adults, parents, etc.). Residents were informed of the CNA and were invited to participate via email, flyers, and in-person. A semi-structured focus group discussion guide was developed to facilitate discussions. All focus groups were 90 – 120 minutes in duration, and community members received a \$20 incentive for their participation.

Assessment of Prior Reports: Secondary Data

An assortment of reports and assessments addressing issues of concern had been completed by various agencies and community partners within Indian River County. As such, a review of the existing body of research and reports was conducted to guarantee a more robust and comprehensive analysis. Numerous data sets and existing reports were submitted through cooperation with community partners and county agencies. Others were gathered through secondary research methods such as internet and database searches. Reports in the analysis were included if they met the following selection criteria:

- They included primary data collected from original sources within Indian River County or if they included secondary data specific to Indian River County,
- The primary data was collected in 2014 or later,
- The methods of data collection were discussed, and
- The foci of the report included one of the primary identified issues examined in the current needs assessment.

In May of 2018, 24 reports were provided for possible inclusion in the assessment of prior reports. Data extraction and analysis included motivations for the reports, the identification of community needs, as well as a depiction of the populations included. The assessment of prior reports included existing assessments that engaged community partners and citizens, representing a comprehensive range of Indian River County residents.

Q-Q Research staff members performed document reviews. All reports were reviewed using the document review checklist. If a report met the aforementioned inclusionary criteria, a document review summary was completed in full. For each report that met the inclusion criteria, a data extraction form was completed.

Data Analyses

Quantitative survey data were analyzed using the SAS statistical package. Frequencies and percentages were calculated for all Likert Scale and demographic items. Chi-square tests of independence were conducted to evaluate associations between demographic factors, including age, sex, race, and income, and survey responses. Open-ended survey items were analyzed using an inductive approach to identify key themes. Focus group recordings were transcribed and also analyzed for theme identification. The research team reviewed and compiled secondary data from prior reports. Select indicators were analyzed for trends and to augment and provide context to survey and focus group data.

Most of the data presented in this CNA are presented at the Indian River County level or are disaggregated by the city and available in Appendix C by census tract. Brief summaries that address the community priorities of unique populations and neighborhoods have been included when available. The current CNA takes a look at resident needs and priorities by race/ethnicity and socioeconomic status to determine if certain groups are at an advantage or risk, or have better or worse access to resources, etc. Such an analysis is essential for prioritizing the provision of assistance efforts aimed at reducing and eliminating disparities among particular subgroup populations.

Limitations

There are a few methodological matters that should be noted. The CAS survey data displayed in this report represents raw/actual respondent data. Consequently, among the limitations of the survey are the self-reported nature of the data. Having said this, the quota sampling strategies used did allow for reliable conclusions to be made regarding the needs of the county residents overall. Sample size limitations may have affected the reliability of estimates for some of the subgroup analyses with specific populations. As reports were identified by working with IRCF staff and through database and internet searches, it is expected that not all eligible community reports and assessments were included in the document review. This assessment of prior reports includes all biases and limitations that were fundamentally a part of the included prior reports, to begin with, along with those introduced by the current methodology. As such, findings should be interpreted with care and in light of these methodological matters.



INDIAN RIVER COUNTY SNAPSHOT

With a population of approximately 150,000, Indian River County is centrally located on the East coast of Florida in an area known as the Treasure Coast, with the county seat being located in Vero Beach. The County encompasses 502.6 square miles and is the 59th-largest county in Florida by area. Indian River County, Florida, is bordered by Osceola County, St. Lucie County, Okeechobee County, and Brevard County.

POPULATION DATA: AGE AND ETHNICITY

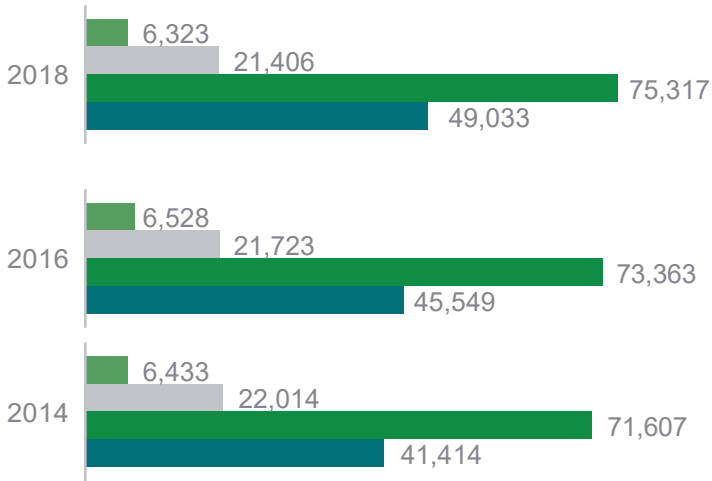
Between 2010 and 2018, the population in Indian River County grew from approximately 138,000 residents to over 152,000 residents, making Indian River the 32nd most populous county in Florida, with 0.7% of Florida's population.¹ Since the 2010 census, the county has experienced a population growth of 10%, which is comparable to the overall rate in growth in Florida over the same period (10.8%). It is estimated that in 2020, the population will increase by another 3.5% to about 157,000 and by 2025 to 169,000 by another 7.7%.²

Figure 1 displays the numerical and percentage breakdown of the county population by age and race/ethnicity over time. One of the most important population demographic characteristics to consider when planning for a community's needs is the age of its residents. For example, a population in which the demographic shift shows an aging population may have increasing demands for healthcare systems and service needs as the population continues to age. Conversely, a population in which the demographic shifts show an influx of younger residents may have increasing demands for education and childcare services.

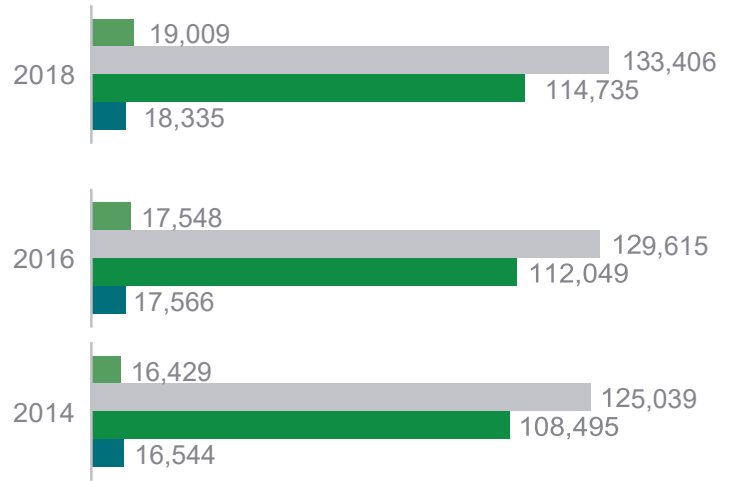
Figure 1. Total Population of Indian River County by Age and Race/Ethnicity for 2014, 2016, and 2018.
Source: Florida Health Charts.³



Indian River County Population by Age



Indian River County Population by Race/Ethnicity



■ Child Population: 0 - 4
■ Adult Population: 20 - 64
■ Child/Youth Population: 5 - 19
■ Senior Population: 65 and Up

■ Hispanic
■ White (Non-Hispanic)
■ Total Non-Hispanic
■ Black & Other (Non-Hispanic)



The population of Indian River county is considerably older than that of the State of Florida. The median age of the residents of Indian River County was 51.6 years in 2018, while the median age of residents in the State of Florida was 41.7 years.⁴ Approximately 4% of the population is under the age of 5, while 14% are between the ages of 5 and 19. About 50% percent of the population is between the ages of 20 and 64. About 32% of residents are over the age of 65.⁵ Since 2014, the under 18 population has decreased from 18% of the population to 16% of the population, while the over 65 population has increased from 29% of the population to 32% percent. As the composition of Indian River County's population continues to shift toward the elderly, it can be expected that service and health care industries will represent growing sectors of the economy of Indian River County to meet resident needs.

The greatest population growth in Indian River is expected to be among the 65-plus age group. The percentage of residents age 65 and over is expected to increase from 32% of the total population in 2018 to 36% by 2040, with the majority of this increase among people age 80 and over. In comparison, the percentage of

residents 65 and over in Florida is expected to increase from 17.3% to 25.5% by 2040. At the state and national levels, the percentage of population 65 years and over has also increased. When compared to the state, Indian River County has a lower percentage of population under 18 years, but a higher percentage of the population 65 years and over.

Though Indian River County's population is mostly White Non-Hispanic, the county has a very diverse population of residents, which has implications for the needs of the community. About 75% of residents identify as White Non-Hispanic/Latino. Hispanic/Latinos (of any race) represent the largest minority group (12.5 %) followed by Black/African Americans/Others 13% (i.e., 9.2% Black/African American, 1.3% Asian, 1.9% Two or more races, 0.4% Native, 0.2% Other)⁶ (see Figure 1).

The rates of diverse populations are expected to increase in the county. The Black population is expected to increase by 2% to 10% by 2040, while the Hispanic/Latino population is expected to increase by 6% to 18% of the population by 2040. As the total population continues to grow, net changes within racial/ethnic groups will contribute to the county's changing demographics.

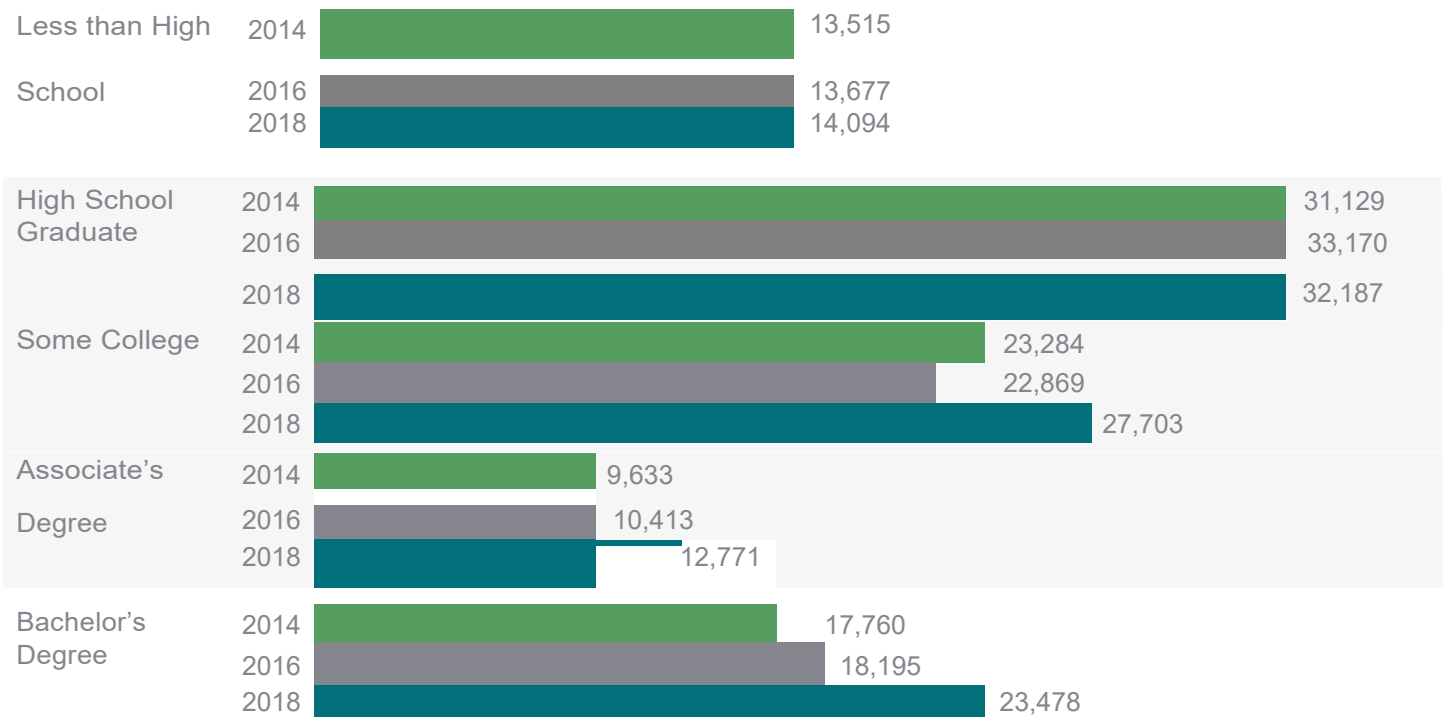


EDUCATION

Based on the 1-Year ACS Estimates from the United States Census Bureau, approximately 88.6% of Indian River adult residents (considered as 25 years or older) hold a high school diploma or higher, which is nearly identical to Florida at 88.5%.⁷ About 22.4% of the population has attended some college but has not obtained a degree. Another 10.3% of the population holds an Associate’s degree, while 19.0% hold Bachelor’s degrees (see Figure 2).



Figure 2. Highest Educational Attainment in Indian River County. Source: United States Census Bureau.



Socioeconomic Characteristics

Indian River County is one of the top 10 richest counties in Florida. According to the Office of Economic and Demographic Research, in 2018, the average per capita personal income for Indian River County was \$76,059, which is more than \$25,000 higher than Florida's average per capita income of residents (\$50,070).⁸ In fact, according to the most recent report available from the Economic Policy Institute examining nationwide county-level data, Indian River County had the 10th largest income gap between the top 1% and the bottom 99% out of 3,061 counties nationwide. The top 1% in Indian River County earn an average of over \$2.9 million, and the bottom 99% earn an average of \$43,373, representing a top to bottom ratio of 67.2.⁹ In communities where income inequality is a concern, disparities may exist that primarily affect the quality of life for lower-income residents in a variety of areas, including health, well-being, education, and social mobility. Additionally, such disparity skews the perception of the overall income for Indian River County because of the high level of income earned by the top 1%. Therefore, median household income should be considered when capturing the socioeconomic characteristics of Indian River County because the median value will not be skewed by extreme values that may lie within the top

1% or the bottom 99%. According to the Florida Office of Economic and Demographic Research and the United States Census Bureau, the median household income in Indian River County in 2018 was \$52,336 compared to \$53,267 for the State of Florida (adjusted for inflation).¹⁰ When considering median household income, levels of earned income at the County and State level now appear comparable (see Economic Opportunity section for more details).

According to the MIT Living Wage Calculator, the required annual income before taxes for a family of four (2 adults, 2 children) in Indian River County is \$63,145. This estimate takes into account food, childcare, medical expenses, housing, transportation, taxes, and the cost of living in the location. The living wage estimate is discussed in greater detail in the Economic Opportunity section of the report.

The Federal Poverty Level (FPL) is a commonly used measure to define poverty. The measure of income is issued annually by the Department of Health and Human Services (HHS) and is regularly used to establish eligibility for public and social services. In 2018, FPL was \$24,600 for a family of four. In 2018, it was estimated that 10.7% of residents were below FPL.

KEY POINTS

- Indian River County is home to a diverse and growing population that is slowly becoming more ethnically and racially mixed. By 2040, about 30% of the population is estimated to be made up of minority racial/ethnic groups.
- The County's population is aging. Over the next decade, the need for health and social services for an aging population, and demand for elderly care will increase.
- There is a large income gap between the richest and poorest residents of the county. Large segments of the population earn six-figures while a considerable percentage (albeit a smaller percentage) live below the federal poverty level.

CHILDREN

INTRODUCTION

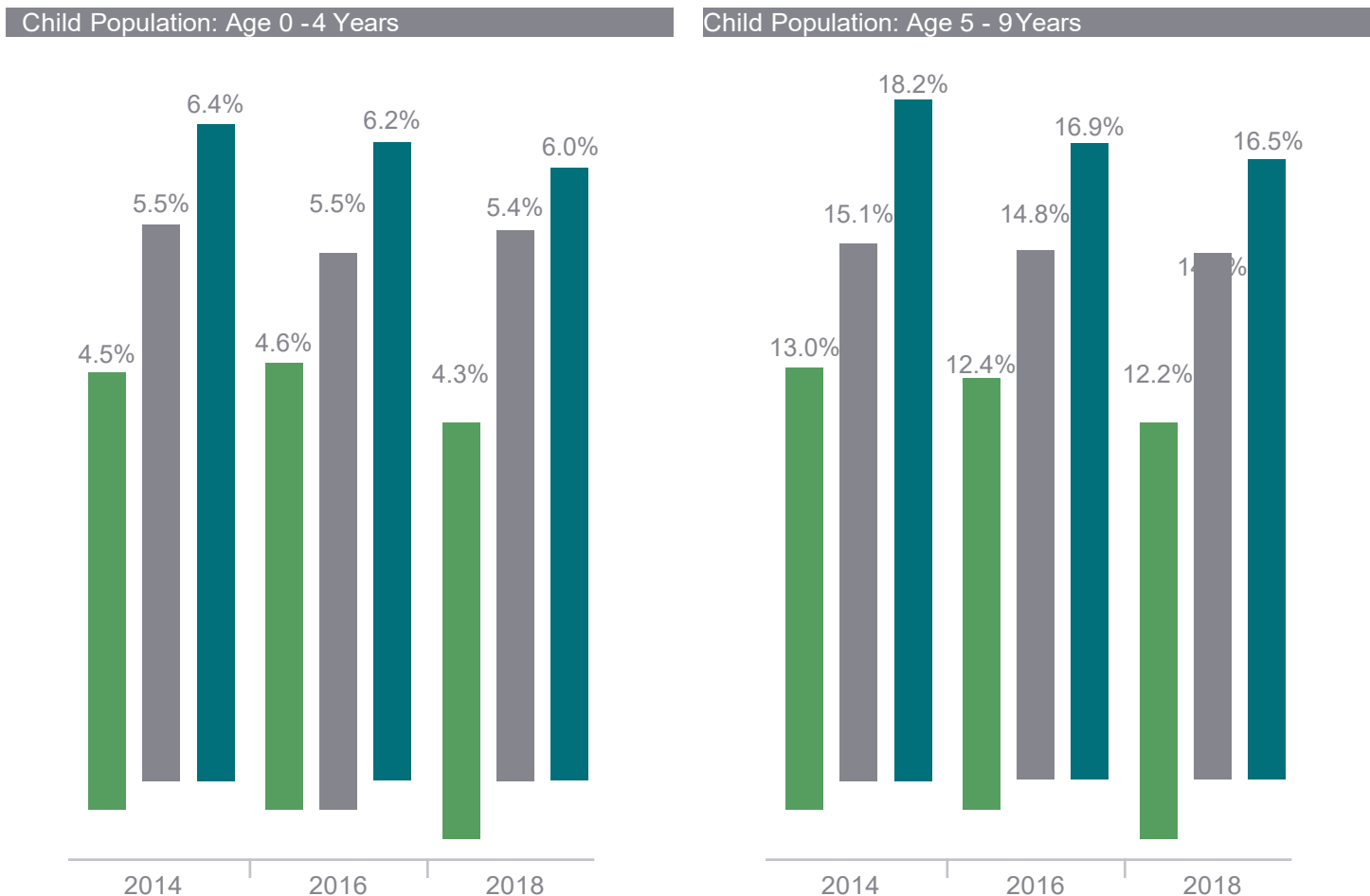
The conditions of a child’s first few years of life have a significant impact on their potential for success and well-being in their adult years, and in turn, on their families and communities. As such, many communities invest in child development programs to promote children’s health and well-being, education, and to support children and families by providing safe environments. Research has indicated that for each dollar invested in quality support programs, there can be a long-term benefit of \$7 in public savings.ⁱ This long-term benefit is thought to be achieved by improving children’s educational and employment outcomes, thereby reducing reliance on government support services and reducing the likelihood of criminal activity in adulthood. Exploring the challenges faced by children is a strategic starting point in assessing the needs of a community as needs and challenges can translate into disparities and chronic conditions in adulthood.ⁱⁱ For the Indian River County needs assessment, it was imperative to investigate the perceptions that residents had regarding the services available to children. Data relating to child and maternal health, quality of education, and services were included to illustrate the current context of child services and explore potential ways to improve the future lives of residents.

DATA

Poverty Data

According to the 2018 census data, about 16.5% of Indian River County residents were children under the age of 18.ⁱⁱⁱ

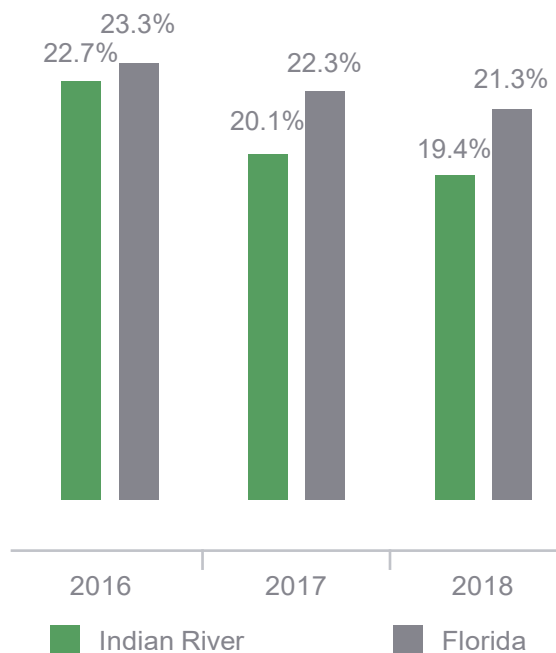
Figure 3. Child Population by Age Range in Indian River County. Source: United States Census Bureau.



According to the most recent American Community Survey (ACS) 1-year estimates, in 2014 the number of children under 18 living in poverty in Indian River County was greater than the state. In 2016, the number of children under 18 living in poverty was lower than the state average. By 2018, estimates decreased dramatically for Indian River County from 20.1% in 2016 to 8.2%.¹¹

This 8.2% statistic should be interpreted with caution because it was based on 1-year estimates. According to ACS 5-year estimates released in 2018, it is estimated that 14.0% of families with children in Indian River County live in poverty. It should be noted that in 2018, the response rates decline to 92% as compared to 96% in 2014, with much of that increase due to refusal to participate. Increased non-response rates may have slightly skewed this metric.^{iv}

Figure 4. Percentage of Children Under the Age of 18 Living Below the Poverty Level in Indian River County. Source: United States Census Bureau.¹²



Birth Data

The total number of births annually in Indian River County has remained relatively stable between 2016 to 2018, with a birth rate of 8.5 per 1,000, with 1,294 children being born in 2018, which is slightly lower than the rate in Florida.^v

Figure 5. Total Births in Indian River County. Source: FL Health Charts.

Total Births

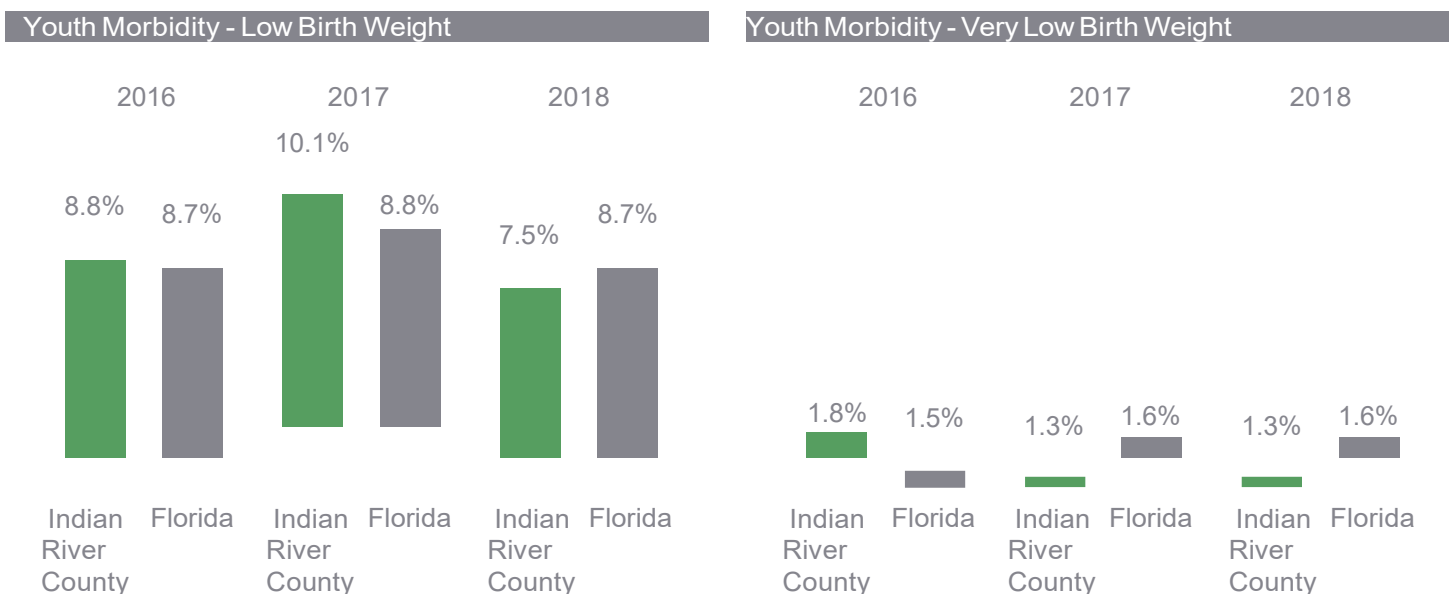
	2016	2017	2018
Indian River County	Birth Rate 8.5 per 1,000 of population (0.9%) 1,245 of 147,163	Birth Rate 8.5 per 1,000 of population (0.9%) 1,276 of 149,930	Birth Rate 8.5 per 1,000 of population (0.9%) 1,294 of 152,079
Florida	Birth Rate 11.1 per 1,000 of population (1.1%) 225,018 of 20,231,092	Birth Rate 10.9 per 1,000 of population (1.1%) 223,579 of 20,555,733	Birth Rate 10.6 per 1,000 of population (1.1%) 221,508 of 20,957,705

With respect to the health of children at birth, the percentage of children being born with low birth weights have decreased slightly from 2016 to 2018, with the most recent estimates of low and very low birth weights being below the state. That being said, there are higher rates of low birth weight among children born to Black mothers in Indian River County, which is indicative of a health disparity.

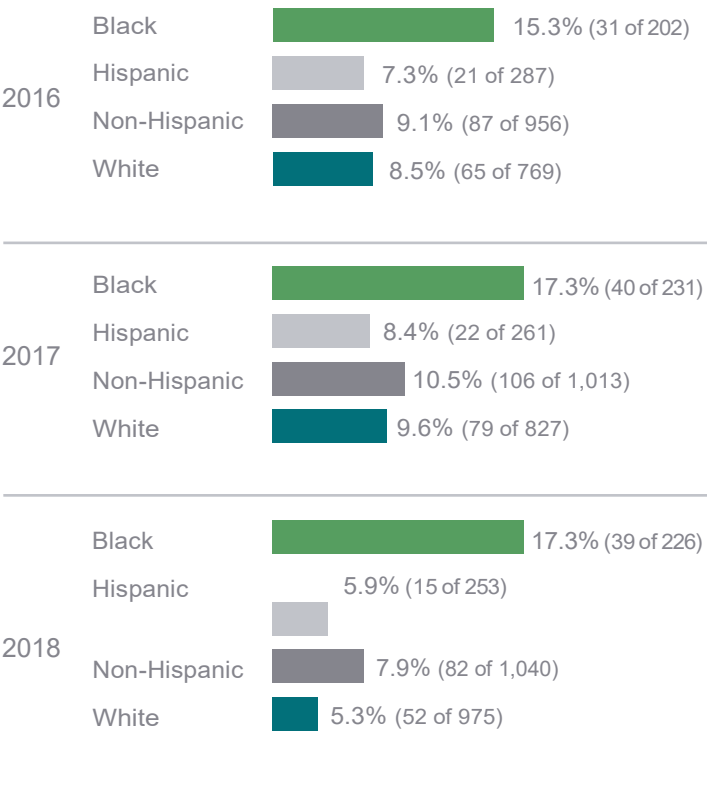
Table 2. 2016 – 2018 Indian River County Levels of Low Birth Weight.¹³

Year	Indian River			Florida		
	Count	N	Percent	Count	N	Percent
2018	97	1,294	7.5	19,271	221,508	8.7
2017	129	1,276	10.1	19,699	223,579	8.8
2016	109	1,245	8.8	19,661	225,018	8.7

Figure 6. Youth Morbidity by Birth Weight and Race for Indian River County.¹⁴



Low Birth Weight: by Race - in Indian River County



Very Low Birth Weight: by Race - in Indian River County

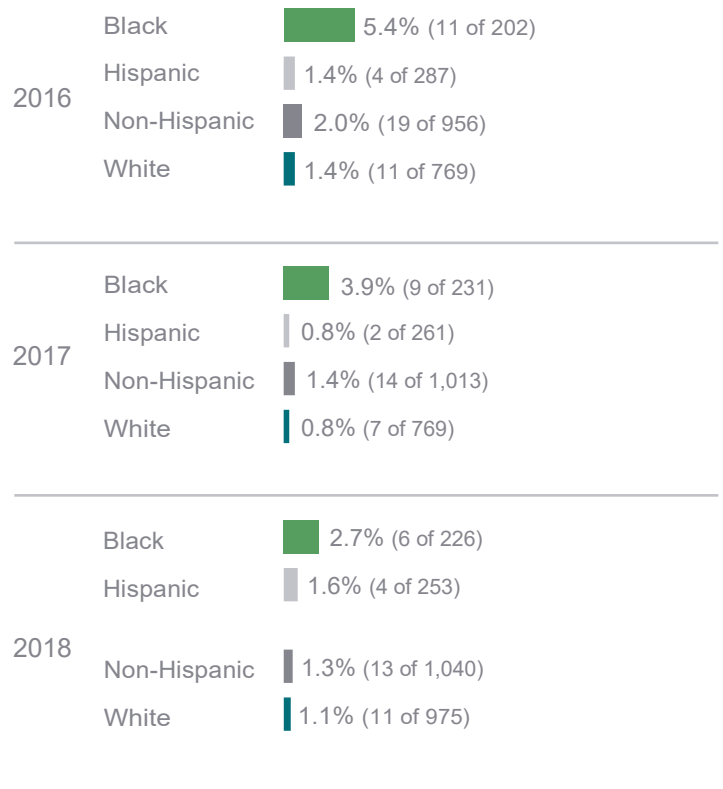
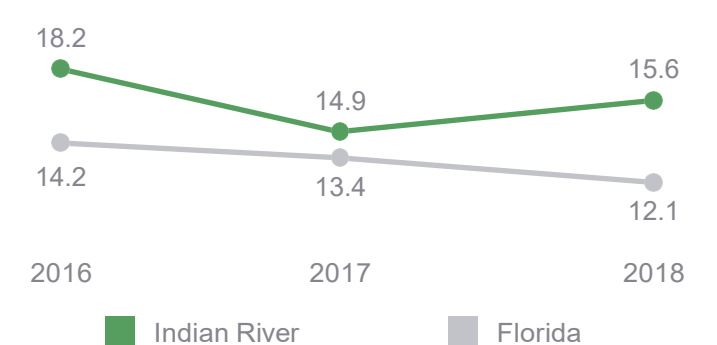


Table 3. 2016 – 2018 Indian River County Births by Mothers’ Between Ages 13 – 19.¹⁵

Year	Indian River			Florida		
	Count	N	Rate	Count	N	Rate
2018	75	4,814	15.6	9,922	818,487	12.1
2017	72	4,835	14.9	10,810	804,214	13.4
2016	88	4,836	18.2	11,297	797,716	14.2

Regarding teen pregnancy, the rate of births to mothers ages 13 to 19 has decreased steadily over the last 20 years. In 2018, the rate of births to teen mothers ages 13 to 19 in Indian River was 15.6% (n=4,814), which was higher than that of the state rate of 12.1%. It should be noted that this rate has dropped considerably since 2010, in which the rates for both Indian River and the State of Florida were around 23%.^{vi}

Figure 7. County and State-level Births by Mothers Between Ages 13 – 19.¹⁶





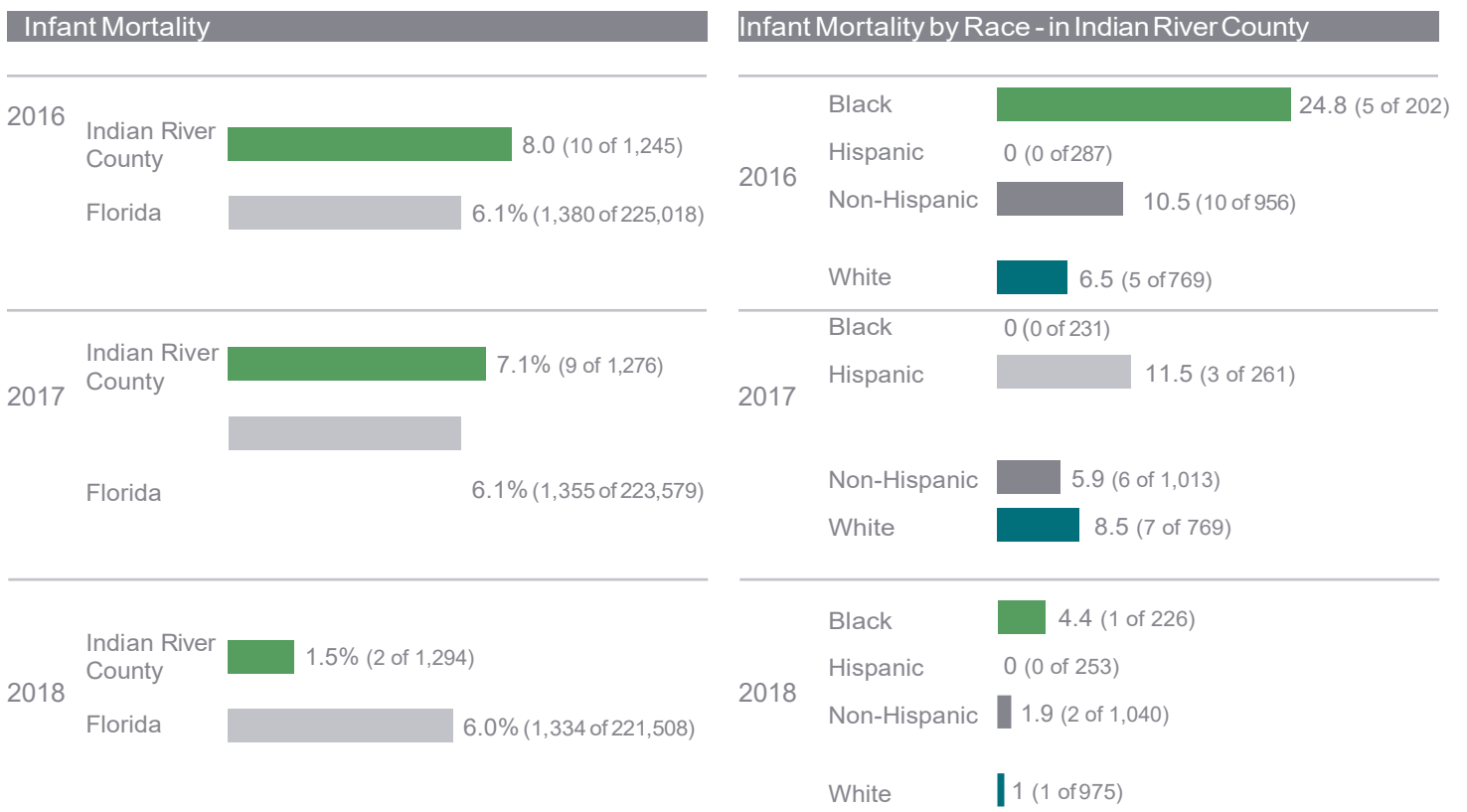
Infant Mortality Data

With regard to infant mortality, the rate of infant deaths per 1,000 live births has remained relatively stable in the State of Florida over a three-year period at around 6%.¹⁷ Contrastingly, the rates in Indian River have fluctuated over the years. One of the 2016-2019 Indian River Community Health Improvement Plan objectives was to reduce the infant mortality rate from 6.9 to 6.0 per 1,000 live births by September 30, 2019. The most recent estimates from 2016, 2017, and 2018 were at 8.0%, 7.1%, and 1.5% respectively, indicating that the interventions implemented were successful, with a decrease overall percentage of children born with low birthweight.^{vii}

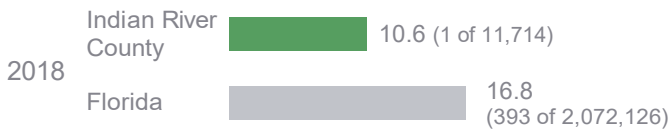
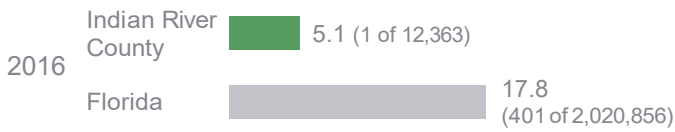
Child Mortality Data

The child death rate is the number of deaths, from all causes, to children between ages 1 and 14 per 100,000 children in this age group. The data are reported by place of residence, rather than by the location where the death occurred. Data represent age-adjusted child death rates per 100,000. The 2016, 2017, 2018 estimates indicate that the child death rate was lowest in 2016 at 5.1. In 2017, the child death rate increased to 15.4. The 2018 estimates indicate that the child death rate went down from 2017 to 10.6, which was less than the State of Florida (16.8).¹⁸

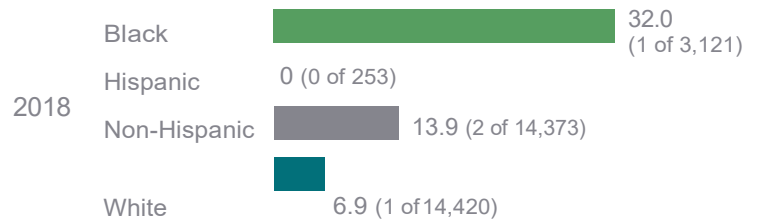
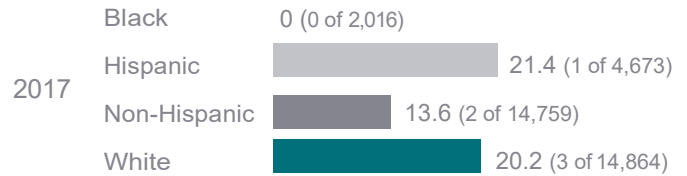
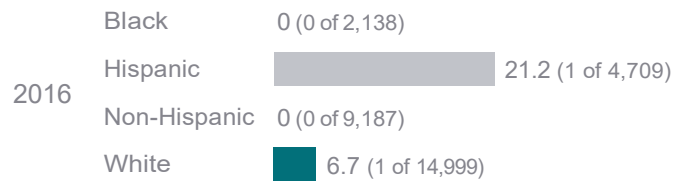
Figure 8. County and State-Level Youth Mortality by Age and Race.



Child Mortality



Child Mortality by Race - in Indian River County



Health and Assistance Data

Next, to examine access to health care, the percentage of the population under the age of five covered by Florida KidCare was evaluated. Coverage rates have fluctuated between 1% and 2.6% between 2017 and 2019. In the

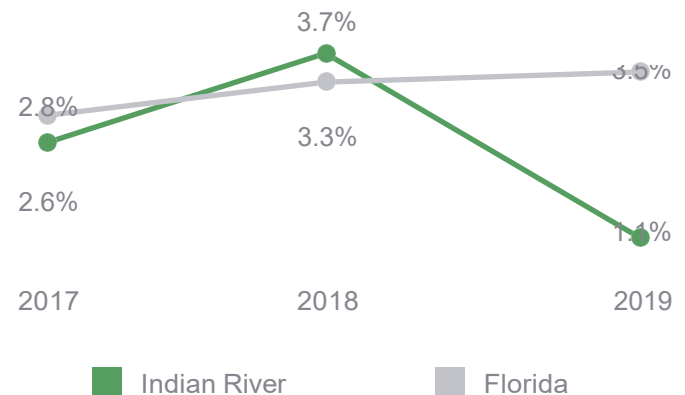
most recent year for which data are available (2019), the percentage of population under five covered by Florida KidCare dropped to 1.1% in Indian River compared to 3.5% in the state.¹⁹ This represents a 70% decrease in the number of children covered by Florida KidCare in Indian River from the 2018 (3.7%) to 2019 (1.1%). During 2018, the coverage rate in Florida was at 3.3%.^{viii}

To evaluate infant health and services received, the percentages of residents eligible for Special Supplemental Nutritional Program for Women, Infants, and Children (WIC) served were examined. WIC services are available to eligible pregnant, postpartum, and breastfeeding women, infants, and children younger than five years old. The percentage

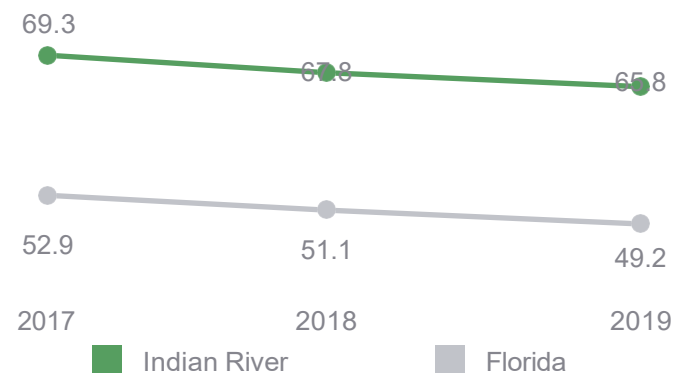
of WIC eligible served has been decreasing in both Indian River County and the State of Florida as a whole since 2015. In the most recent year for which data is available (2019), only 49.2% of women eligible to receive WIC in Indian River were served.²⁰ This is considerably lower than the percentage of women eligible to receive WIC statewide who were served (65.8%).^{ix}

Figure 9. Florida KidCare Coverage and WIC Eligibility.

Florida KidCare Coverage

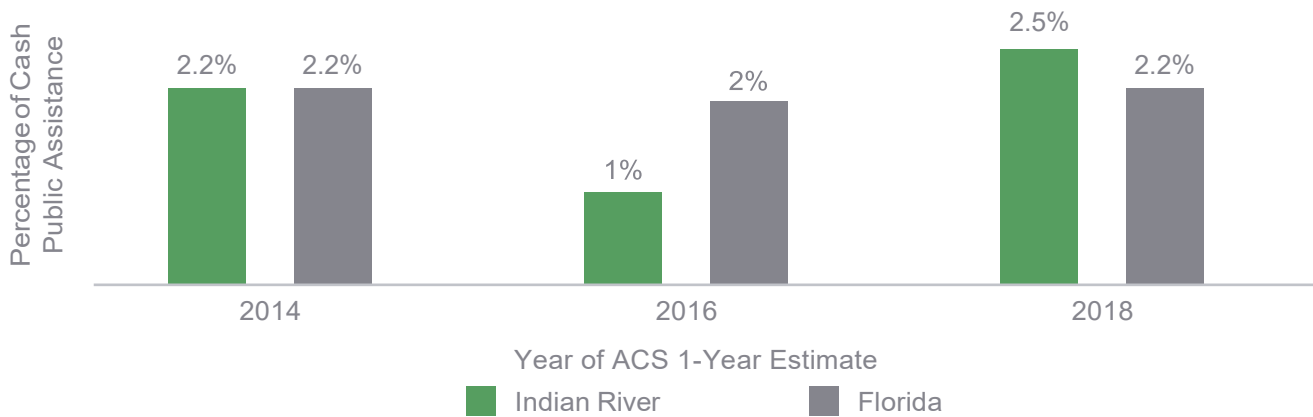


Percent of WIC Eligibles



Additionally, the graphic below illustrates the number of families receiving Temporary Assistance for Needy Families (TANF) between 2014 and 2018. In Florida, TANF is referred to as Temporary Cash Assistance (TCA). The TCA program provides cash assistance to families with children under the age of 18 or under age 19, if full-time secondary (high school) school students meet the technical, income, and asset requirements. The program helps families become self-supporting while allowing children to remain in their own homes. Pregnant women may also receive TCA, either in the third trimester of pregnancy, if unable to work, or in the 9th month of pregnancy. Parents, children and minor siblings who live together must apply together. The number of families receiving TANF has increased in Indian River County since 2014, with 1,419 families being served in 2018.

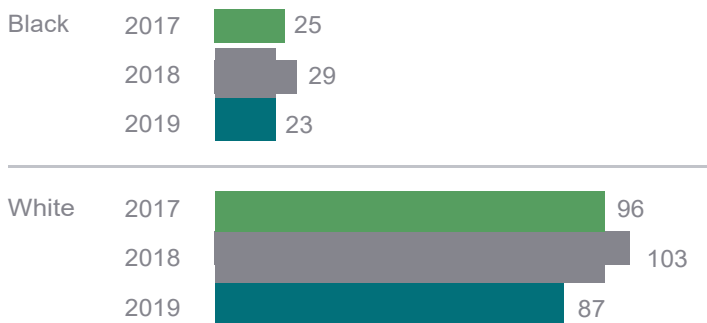
Figure 10. 2014, 2016, 2018 Percent of Cash Public Assistance at County and State Level.²¹



Foster Care Data

Additionally, data were evaluated regarding the percentage of children in Foster Care. Data indicate about 0.6% of children reside in Foster Care in Indian River, which is slightly higher than the state rate of 0.5%. In general, the county rates have been slightly higher than the state rates over the last few years.^x

Figure 11. 2017-2019 Number of Children in Indian River County Between Ages 0 – 17 in Out-of-Home Care by Race.²²



Education Data

Data regarding educational outcomes were also collected to understand the current context of child services. In 2018-19²³, School District of Indian River County served a diverse population of 17,861 students in grades K-12 enrolled in 27 schools. The District received a grade of “B” from the State of Florida Accountability system.^{xi} Approximately 54% of students in grades K-12 were White, 23% were Hispanic, and 17% were Black. About 5% of students were classified as English Language Learners (ELL), meaning that English was not their first language. These students are provided with additional services designed to help them reach proficiency in English. Finally, 15.5% of students were classified as having a disability compared to 14.1% in the State of Florida. Additionally, 58% of students

were considered economically disadvantaged in 2018-19 as compared to 55.1% for the state. Economically disadvantaged is defined by the Florida Department of Education as “eligible for free and reduced-price meals under the National School Lunch Program”.²⁴

Trends in the percentages of economically disadvantaged students for Indian River County were examined more closely. Overall, the percentages of students eligible for FRL in Indian River have been higher than the state rates over the last few years. When disaggregating county data by race/ethnicity using economic disadvantage, the highest rates were for students who identified as Black and the lowest rates were for students who identified as Asian or White.

Figure 12. Free or Reduced Lunch Eligible - Indian River County.

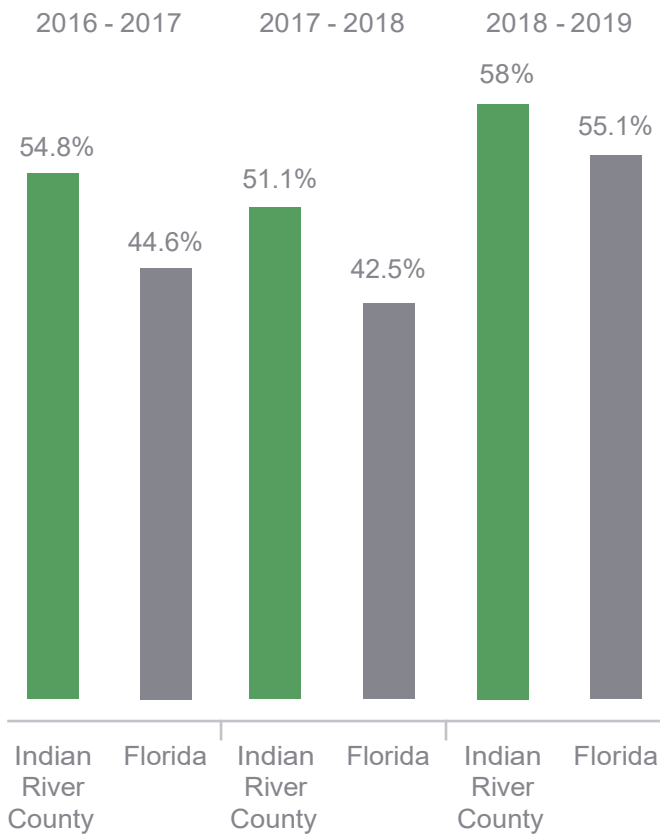


Table 4. 2016 – 2019 District-level Student Economic Disadvantage by Race/Ethnicity.²⁵

	2016-2017	2017-2018	2018-2019
American Indian	64.4%	72.7%	65.7%
Asian	41.0%	39.8%	42.5%
Black	84.1%	79.8%	82.1%
Hispanic	73.0%	74.1%	75.7%
White	40.8%	41.1%	42.8%
Two or More Races	63.5%	64.7%	65.0%

Note. Rates of economic disadvantage were not reported for Pacific Islanders. Cohort size was not provided for the data above.

Kindergarten Readiness

Kindergarten readiness was examined as a measure of educational success. The most recent data available for this indicator from the Florida Department of Education are from 2017 and 2018. All children in Florida are assessed using the Florida Kindergarten Readiness Screener (FLKRS). Data from 2018 show that the rate of 'kindergarten readiness' among Indian River County children was 54%, which was comparable to the state-level estimate of 53%. This represents an improvement from 2017 in which the rate of 'kindergarten readiness' among Indian River County children was 50%.

Table 5. 2017 – 2018 Comparison of 'Kindergarten Readiness' Rates at County and State Level.

2017		2018	
Indian River County	Florida	Indian River County	Florida
50%	54%	54%	53%

Third-Grade English Language Arts Proficiency

The percentages of students obtaining proficiency on statewide English Language Arts (ELA) assessments in 3rd grade were also examined. The percentage of 3rd graders proficient in ELA has increased at both the state and county levels. In the 2018-2019 academic year, 59.8% of Indian River 3rd graders were categorized as Level 3+ readers, meeting the standards for satisfactory in ELA. As a result, Indian River scored two percentage points above the state rate of 57.6%.

Table 6. County and State-Wide Third Grade Level 3+ English Language Arts Proficiency.²⁶

	2017	2018
Indian River County	55.9%	59.8%
Florida	56.9%	57.6%

Indian River has made improvements with 3rd grade ELA proficiency, from 55.9% in 2017-2018 to 59.8% in the 2018-2019 school year. In 2018-2019, Indian River (59.8%) exceeded that of the state (57.6%).

Third Graders Scoring at a Level 1 for English Language Arts Proficiency

Additionally, we examined the percentages of 3rd graders scoring at a Level 1 on the FSA ELA assessment, as these students are in danger of being retained. In 2018-19, 16.4% of 3rd graders scored at level 1, which was down from 19.2% in the prior year.

Table 7. 2017-2019 Indian River County Third Grade Level 1 English Language Arts Proficiency.²⁷

2017-2018	2018-2019
19.2%	16.4%

When examining 3rd grade students who scored a Level 3 or above in 2018-2019, students identifying as Asian (76.2%) had the highest ELA proficiency rates followed by students identifying as White (70.2%), two or more races (66.7%), Hispanic (50.2%), and Black (38.7%). From 2016-2017 to 2018-2019, ELA proficiency rates in this category (i.e., Level 3+) increased the greatest for students identifying as Asian (55.6% vs. 76.2%), two or more races (41.5% vs. 66.7%), and Hispanic (45.9% vs. 50.3%). The rates for students identifying as White (69.5% vs. 70.3%) and Black (38.8% vs. 38.3%) remained relatively the same.^{xii}

Table 8. 2016-2019 Indian River County Third Grade Level 3+ English Language Arts Proficiency.²⁸

	2016-2017		2017-2018		2018-2019	
	n	% Level 3+ ELA Proficiency	n	% Level 3+ ELA Proficiency	n	% Level 3+ ELA Proficiency
Asian	10	55.6%	8	61.5%	16	76.2%
Black	109	38.8%	76	31.4%	99	38.3%
Hispanic	164	45.9%	169	51.7%	149	50.3%
White	501	69.5%	486	66.2%	520	70.3%
Two or More Races	22	41.5%	27	45.0%	38	66.7%

When examining 3rd grade students who scored a Level 1 in 2018-2019, students identifying as Black (27.0%) had the highest percentage rates followed by students identifying as Hispanic (21.3%), two or more races (14%), and White (10.8%). From 2016-2017 to 2018-2019, ELA proficiency rates in this category (i.e., Level 1) decreased the greatest for students identifying as White (-8.6%), Asian (-7.2%), and Hispanic (-3.9%). Students identifying as Black or two or more races saw a 1.8% percentage point decrease.^{xiii}

Table 9. 2017-2019 Indian River County Third Grade Level 1 English Language Arts Proficiency by Race/Ethnicity.²⁹

	2016-2017		2017-2018		2018-2019		% Change from 2016-2019
	n	% Level 1 ELA Proficiency	n	% Level 1 ELA Proficiency	n	% Level 1 ELA Proficiency	
Asian	18	16.7%	13	30.8%	21	9.5%	-7.2%
Black	281	28.8%	242	36.0%	256	27.0%	-1.8%
Hispanic	357	25.2%	327	22.0%	296	21.3%	-3.9%
White	721	12.3%	734	12.7%	740	10.8%	-1.5%
Two or More Races	53	22.6%	60	18.3%	57	14.0%	-8.6%

Note. Level 1 ELA is the lowest level for ELA and is defined by the FLDOE as “demonstrations of inadequate levels of success with the challenging content”³⁰. Lower amounts of White students qualified for Level 1 ELA than any other racial or ethnic group in 2016-2018, ultimately demonstrating higher levels of reading aptitude within this group. From 2018-2019, Asian students demonstrated higher reading levels than any other group. Level 1 ELA rates were not reported for American Indian and Pacific Islander students.

Third Grade English Language Arts Proficiency for Economically Disadvantaged

In addition, 3rd grade proficiency rates were examined for students classified as FRL. In 2018-19, 39.9% of 3rd grade students identified as FRL scored as a level 3 in reading proficiency on the FSA, while 76.3% of students who did not qualify for FRL scored proficient. economic disadvantage, the highest rates were for students who identified as Black and the lowest rates were for students who identified as Asian or White.

Table 10. 2018-2019 Indian River County Level 3+ English Language Arts Proficiency for Third Grade Economically Disadvantaged Students.³¹

Economically Disadvantaged (FRL) (n = 504)	Non-Economically Disadvantaged (n = 817)
39.9%	76.3%

Third Grade English Language Proficiency for Students with a Disability

In addition, 3rd grade proficiency rates were examined for students classified as having a disability. In 2018-19, only 27.0% of 3rd grade students identified as having a disability scored as proficient in reading on the FSA (i.e. level 3 and above), while 67.0% of students who did not have a disability scored proficient.^{xiv}

Table 11. 2018-2019 Indian River County Level 3+ English Language Arts Proficiency for Third Grade Students with Disabilities.³²

Students with Disabilities (SWD) (n = 248)	Non-Students with Disabilities (SWD) (n = 761)
27.0%	67.0%



Eighth-Grade Math Proficiency

The percentages of students obtaining proficiency on statewide FSA and FSA EOC math assessments in 8th grade were also examined. The percentage of 8th graders proficient in both FSA and FSA EOC math has increased at both the state and county levels. In 2018-19, 64.3% of Indian River 8th graders were proficient in math, 1.9 percentage points above the state rate of 62.4%. When disaggregating county data by race/ethnicity, 8th grade students identifying as White (71.9%) had the highest math proficiency rates, followed by students identifying as Hispanic (58.4%), two or more races (54.2%), and Black (33.5%).^{xv}

Table 12. 2017-2019 Indian River County Eighth Grade Level 3+ Combined Math Proficiency by Race/Ethnicity.³³

	2016-2017		2017-2018		2018-2019	
	n	% Math Proficiency	n	% Math Proficiency	n	% Math Proficiency
Black	191	30.9%	197	42.6%	209	33.5%
Hispanic	325	54.2%	343	59.2%	315	58.4%
White	732	70.9%	670	74.0%	772	71.9%
Two or More Races	46	47.8%	53	67.9%	48	54.2%

Note. Proficiency in math qualifies as reaching a level 3 or above on the FSA³⁴. American Indian, Asian, and Pacific Islander were not reported. Value of "n" represents the total number of students identifying with ethnicity across all math proficiency levels.

In addition, 8th grade math combined proficiency rates were examined for students classified as FRL. In 2018-19, 53.1% of 8th grade students identified as FRL scored as proficient in math on the FSA and FSA EOC, while 73.4% of students who did not qualify for FRL scored proficient.

Table 13. 2018-2019 Indian River County Level 3+ Combined Math Proficiency for Eighth Grade Economically Disadvantaged Students.³⁵

Economically Disadvantaged (FRL) (n = 772)	Non-Economically Disadvantaged (n = 609)
53.1%	73.4%

Table 14. 2018-2019 Indian River County Level 3+ Math Proficiency for Eighth Grade Students with Disabilities.³⁶

Students with Disabilities (SWD) (n = 195)	Non-Students with Disabilities (SWD) (n = 1,186)
33.8%	66.7%

In addition, 8th grade math proficiency rates were examined for students classified as having a disability. In 2018-19, only 33.8% of 8th grade students identified as having a disability scored as proficient in math on the FSA, while 66.7% of students who did not have a disability scored proficient.^{xvi}

The graduation rate in Indian River from 2017-18 was 92%, followed by 88.5% in 2018-19.^{xvii} High School graduation rates and dropouts were also examined and disaggregated by race and ethnicity. Within the 2018-19 school year, students identifying as Asian had the highest graduation rates (100%), followed by students identifying as two or more races (95.3%), White (91.7%), Hispanic (82.9%), and Black (80.6%). When interpreting this data, it is important to note the difference in cohort size among races/ethnicities (see Table 15).

Table 15. 2017-2019 Indian River County High School Graduation & Dropout Rate by Race/Ethnicity.³⁷

	2016-2017			2017-2018		
	n	Graduation Rate	Dropout Rate	n	Graduation Rate	Dropout Rate
Asian	17	94.1%	0.0%	30	100%	0.0%
Black	204	81.9%	3.9%	201	80.6%	1.5%
Hispanic	246	88.2%	1.6%	286	82.9%	0.0%
White	755	95.8%	0.1%	761	91.7%	1.3%
Two or More Races	39	94.9%	2.6%	43	95.3%	0.0%

Note. Value of “n” represents race/ethnicity cohort size. Graduation rates for American Indian and Pacific Islander were not reported.

Child Health Status

Several indicators regarding child health status were reviewed using the Child Health Status Profile maintained by the Florida Department of Health.^{xviii} There are several areas with regard to health status and access to care in which Indian River county fares well with respect to the state. The rate of licensed Pediatricians in Indian River county per 100,000 residents (15.1) is worse than that of the state (22.0). In addition, the county ranks in the second quartile with respect to the percentage of mother’s that received first-trimester prenatal care (78.5% in Indian River, 77.4% in Florida) and in the first quartile with respect to child mortality rates (23.1 in Indian River, 27.1 in Florida). Only 6.7% of children ages 0-17 do not have health insurance in Indian River, compared to 7.6% in the state.^{xix}

That being said, there is one area with regard to childhood risks and behaviors in which Indian River county fares poorer than those in the state. According to the profile, school absenteeism is an issue for children in Indian River, with 17.2% of students being absent 21+ days, as compared to 11.3% in the state.^{xx}

Opinions: Surveys

Questions were posed about various resources available in the community to gather Indian River County residents’ perceptions of children’s services. Respondents were asked about education, after school and summer school programming, nutritional services, and healthcare resources available for children. The majority of respondents reported that the basic educational needs of children are met (74%), and children have access to affordable quality education (69%). About half of respondents rated the quality of public (45%), private (48%), and charter (51%) schools in the community as “good” or “great.” Having said this, survey respondents expressed concerns related to education quality in the open-ended responses, citing tutoring as a specific need.

Concerning after and out of school programs, fewer than half of respondents reported that there were immediate openings in after school programs (37%) and affordable summer programs for children (43%). Approximately 61% of respondents indicated affordable early childhood programs were available.

Regarding basic needs and health, most respondents reported that the basic food needs of children are met (64%) and that school-aged children have access to free meals over the summer (69%). Fewer respondents reported that meals were available for children during school breaks (43%).

Most responses indicated that the basic healthcare needs of children are also met (65%) and that there are affordable healthcare providers for children. About half of the respondents reported that children have access to affordable dental care (51%), but only 38% reported that children have access to affordable mental healthcare services. Primary medical care, dental care, and mental healthcare services received poor quality ratings, with 44%, 40%, and 25% rating the quality of services available to children as “good” or “great,” respectively. Of note, respondents with Medicaid were more likely to agree that children had access to affordable mental healthcare services (76% vs. 46%), and to rate the quality of affordable mental healthcare services (59% vs. 30%) and dental services (68% vs. 42%) as “good” or “great” than respondents who paid for healthcare via other means. Non-white respondents were also more likely than white respondents to agree that all children have access to affordable mental healthcare services (72% vs. 44%).

Approximately 72% of respondents surveyed reported that children can play safely in local parks and recreational facilities. Only 38% of respondents rated low-cost and free services available to children as ‘good’ or ‘great.’ Overall, respondents agreed that the community is a good place to raise children (86%) and acknowledged and were generally appreciative of a plethora of services and resources available to youth.

Opinions: Focus Groups

During focus group discussions, most of the conversations centered around education and children’s services, and residents described several issues. Focus group participants discussed variability in school quality, with many agreeing that quality magnet and charter schools perform better. Participants also noted that local middle and high school options were particularly limited. A lack of summer and after school programs were also cited as a concern by participants. Focus group participants expressed concerns regarding the kindergarten readiness of community youth and discussed a lack of affordable early childhood options as a potential cause.

Some participants described the need to advocate for their children who experienced discrimination in school or had special educational needs that were unaddressed. Several participants described unreliable school bus transportation as an additional concern. Overall, focus group participants were pleased with higher education and cited local colleges as a community strength.

Several residents cited the need for increased recreational and cultural opportunities for youth. Many mentioned the recent closure of Leisure Square Pool, a valued community asset, as a significant loss. Others advocated for the addition of a skatepark. Focus group participants also emphasized the need for activities for low-income youth specifically as well as neighborhood improvements, such as lighting, to increase safety. When discussing out-of-school programs, participants described understaffed afterschool and recreational programs and complained that youth were unsupervised.

“...it will make you feel as a parent, that there’s something missing. Don’t ask someone to send their child somewhere, you wouldn’t send yours. That’s the real reality of it. Would you drop your children off, at [redacted]? You have never seen a beach kid, at [redacted].”

Qualitative responses indicated the need for parental awareness to access children’s services. Parents may also need to be especially proactive due to limited availability and extended wait times for some programs. Other potential barriers to accessing community services included transportation and cost. Finally, a major concern

discussed by parents in the focus group was related to a lack of mental healthcare and specialty care for youth in the area. Parents described the need to leave the community to locate medical providers for their children with complex healthcare needs.

KEY POINTS

- Percentages of children born with low birth weight and infant mortality rates have decreased due to community efforts. These rates remain elevated in children born to Black mothers.
- The number of children 0-5 insured by Florida KidCare and the number of families receiving WIC services has declined in the past year. Resident responses indicated the need for increased parental awareness to access children's services.
- In the past year, the county has made improvements with regards to the percentages of students that are Kindergarten ready.
- Indian River has made improvements with 3rd grade reading satisfactory, from 55.9% in 2017-2018 to 59.8% in the 2018-2019 school year. In 2018-2019, Indian River (57.6%) exceeded that of the state (57.8%). Additionally, the percentage of students scoring in a "Level 1" in English Language Proficiency dropped from 19.2% to 16.4%.
- Respondents cited a lack of middle and high school options as an educational concern. In general, parents noted variability in available preschool and K-12 education programs that are of high quality. Additional summer and afterschool childcare options were cited as an area of need.
- Chronic absenteeism is a problem in the school system, with rates in the county being higher than rates in the state.
- About half of the respondents reported that children have access to affordable dental care, but only 38% reported that children have access to affordable mental healthcare services. Primary medical care, dental care, and mental healthcare services received poor quality ratings, with 44%, 40%, and 25% rating the quality of services available to children as "good" or "great," respectively
- Residents are concerned with the lack of quality preschool and afterschool programs. Many residents turn to unlicensed providers for this care if spots in quality programs are unavailable. Residents are concerned with high teacher turnover, especially in middle school.
- 15.5% of students were classified as having a disability compared to 14.1% in the State of Florida.
- 53.2% of students were considered economically disadvantaged in 2018-19 as compared to 39.3% for the state.

ECONOMIC OPPORTUNITY & EMPLOYMENT

INTRODUCTION

Income and assets are fundamental features influencing a person’s perceptions and expectancies related to the quality of life and happiness. A family’s income has been correlated with child development outcomes and has even been linked to a person’s overall relationship satisfaction. As an example, Americans with a household income of less than \$50,000 report several difficulties with securing resources necessary for daily life, such as adequate housing and healthcare. These challenges result in residents who are less optimistic and even more likely to delay retirement. Research has demonstrated that an area’s employment and economic opportunities have a significant impact on the quality of life, health, and the differences that exist among various groups. If families are faced with limited resources due to

economic conditions that hinder their ability to have their basic needs met, they end up having to make difficult decisions on where to cut costs, which can lead to negative outcomes.

Considering that Indian River County is among the wealthiest counties in Florida, the needs assessment sought to understand economic gaps existing in the community. This Economic Opportunity and Employment section of this needs assessment includes data related to household income and assets, cost of living, how people in Indian River County are employed, the unemployment rate, and the labor market. The concerns shared by focus group participants and survey respondents related to these issues are presented in the analyses along with secondary data gleaned from prior reports.

DATA

Income and Cost of Living

According to the Florida Office of Economic and Demographic Research, the median household income in Indian River County Florida for 2018 is \$52,336, which is close to the state’s average of \$53,267 (both estimates adjusted for inflation).³⁸ The median household income is comprised of all households in the County and includes the income of the householder and/or all working and retired adults (see Table 16). Differentially, median family income comprises only the incomes of households with more than one person occupying the home. Thus, median family income tends to be larger than median household income.³⁹

The percentage of households living in poverty has declined overall in the last several years (see Figure 13). Data has indicated that the percentages of children living in poverty have historically been greater than that percentage of adults and seniors living in poverty. The poverty rates in 2018 declined considerably according to estimates obtained by the ACS.⁴⁰ It should be noted that in 2018, the response rates declined to 92% as compared

to 96% in 2014, with much of that increase being due to refusal to participate. Increased non-response rates may have slightly skewed this metric.

Table 16. Median Income. Source: Florida Office of Economic & Demographic Research.

	Indian River County	Florida
Median Household Income	\$52,336	\$53,267
Median Family Income	\$67,305	\$64,312

Figure 13. Percent Living in Poverty by Age Group. Source: United States Census Bureau.⁴¹

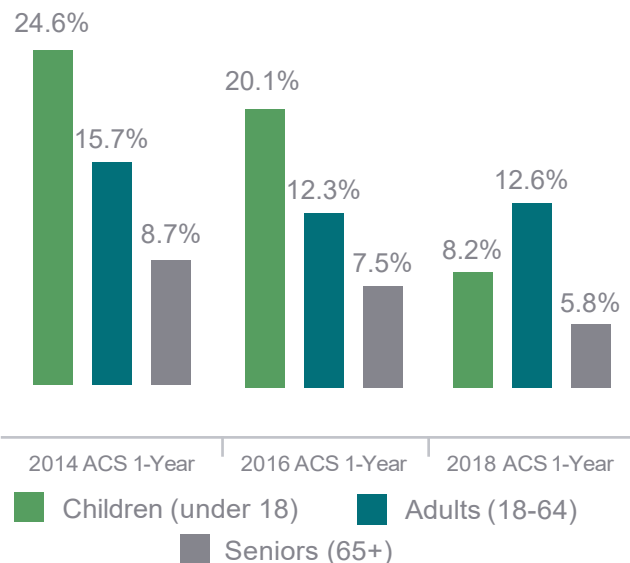


Table 17. Indian River County Percent Living in Poverty by Age Group in 2015. Source: United States Census Bureau.⁴²

	Estimate	Margin of Error	Percent	Percent Margin of Error
All people	(X)	(X)	14.40%	+/-1.3
Under 18 years	(X)	(X)	23.10%	+/-3.5
Related children of the householder under 18 years	(X)	(X)	22.70%	+/-3.5
Related children of the householder under 5 years	(X)	(X)	24.70%	+/-5.2
Related children of the householder 5 to 17 years	(X)	(X)	22.00%	+/-3.6
18 years and over	(X)	(X)	12.50%	+/-1.1
18 to 64 years	(X)	(X)	15.30%	+/-1.4
65 years and over	(X)	(X)	7.50%	+/-1.2
People in families	(X)	(X)	11.70%	+/-1.5
Unrelated individuals 15 years and over	(X)	(X)	24.40%	+/-2.2

Table 18. Indian River County Percent Living in Poverty by Age Group in 2016. Source: United States Census Bureau.⁴³

	Estimate	Margin of Error	Percent	Percent Margin of Error
All people	(X)	(X)	14.10%	+/-1.3
Under 18 years	(X)	(X)	22.70%	+/-3.6
Related children of the householder under 18 years	(X)	(X)	22.30%	+/-3.6
Related children of the householder under 5 years	(X)	(X)	26.30%	+/-5.5
Related children of the householder 5 to 17 years	(X)	(X)	20.90%	+/-4.0
18 years and over	(X)	(X)	12.30%	+/-1.1
18 to 64 years	(X)	(X)	15.10%	+/-1.4
65 years and over	(X)	(X)	7.50%	+/-1.1
People in families	(X)	(X)	11.40%	+/-1.4
Unrelated individuals 15 years and over	(X)	(X)	24.40%	+/-2.0

Table 19. Indian River County Percent Living in Poverty by Age Group in 2017. Source: United States Census Bureau.⁴⁴

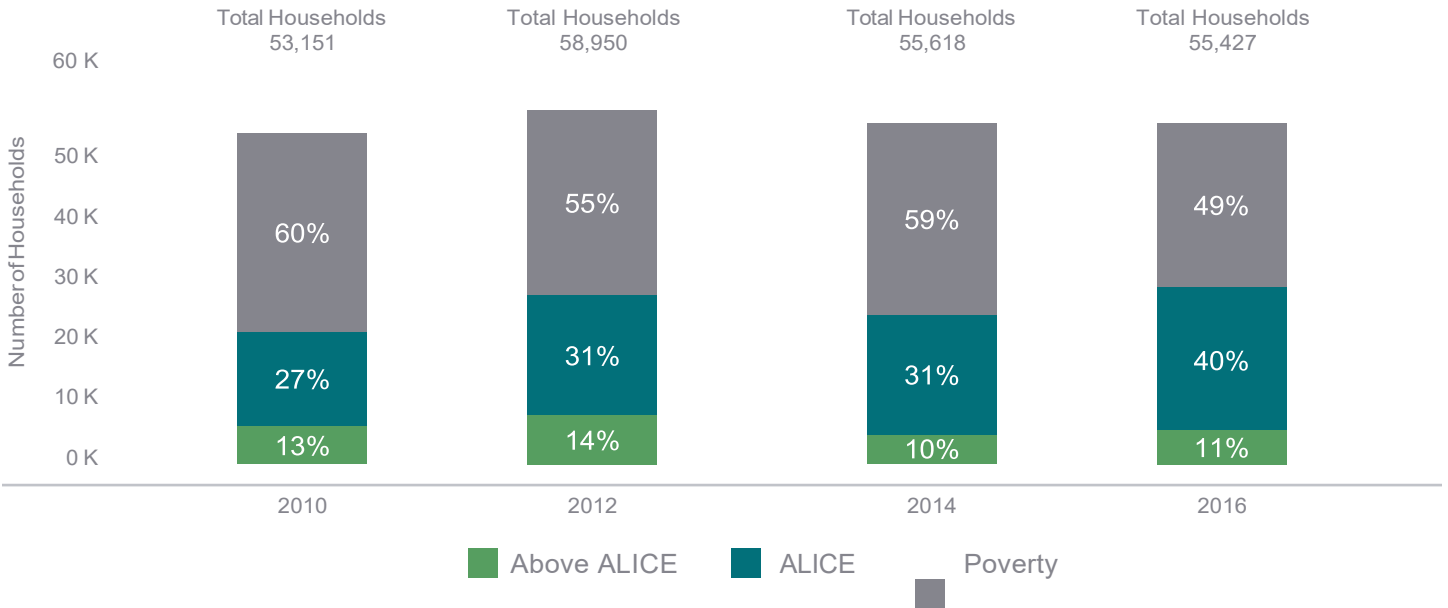
	Estimate	Margin of Error	Percent	Percent Margin of Error
All people	(X)	(X)	12.70%	+/-1.2
Under 18 years	(X)	(X)	20.10%	+/-3.0
Related children of the householder under 18 years	(X)	(X)	19.70%	+/-3.0
Related children of the householder under 5 years	(X)	(X)	19.00%	+/-4.9
Related children of the householder 5 to 17 years	(X)	(X)	19.90%	+/-3.4
18 years and over	(X)	(X)	11.20%	+/-1.1
18 to 64 years	(X)	(X)	13.50%	+/-1.5
65 years and over	(X)	(X)	7.30%	+/-1.0
People in families	(X)	(X)	9.90%	+/-1.4
Unrelated individuals 15 years and over	(X)	(X)	23.40%	+/-2.

Cost of living in a community is an important factor to consider when evaluating the quality of life available to its residents as many of the basic costs of living are not taken into consideration – nor is the location –when calculating the Federal Poverty Level (FPL). As such alternative measures of income and poverty are needed to understand the economic conditions of residents in a community. As the cost of living in an area increases, lower-income families may have difficulty meeting their basic needs if their wages do not rise to keep pace with increasing costs. One such tool that can be used is the MIT Living Wage Calculator. Its “living wage” estimate can be used as an alternative measure of the minimum income necessary for a household to meet basic needs. This estimate provides a cost assessment of essentials in a basic household budget signifying the absolute minimum earnings necessary for self-sufficiency. This is merely a step-up from poverty; families that meet this threshold live paycheck to paycheck and cannot afford what families consider to be necessities (e.g., eating at restaurants, taking vacations/holidays, building savings/retirement funds).

According to the MIT Living Wage Calculator, the required hourly living wage for a single adult living in Indian River County with no children working full time would be \$10.99 per hour, or \$22,862 per year, which is well above the Florida Minimum wage of \$8.56 per hour or \$17,804 per year. The required annual income before taxes for a family of four (2 adults, 2 children, with both working) in Indian River County is \$63,145 or \$15.18 hourly for both adults. This estimate considers food, childcare, medical expenses, housing, transportation, taxes, and the cost of living in the location.

Another such alternate measure of income is the ALICE Threshold, or AT, developed by the United Way in 2009. ALICE is an acronym for “Asset Limited, Income Constrained, Employed”. ALICE describes households that earn more than the FPL mentioned above, but less than the basic cost of living for a given region or county. Using the AT measure, along with the measure for FPL, can provide a more complete picture of the population struggling to afford basic needs in any given community. In other words, ALICE households typically earn more than the FPL (\$25,750 for a family of four in 2020) but less than a living wage (\$63,145 according to the MIT living wage calculator).

Figure 14. ALICE Households, Indian River County, 2010-2016. Source: Florida ALICE Report (2018).



According to the most current ALICE Report published in 2018, 40% of households in Indian River County were considered ALICE households while another 11% were below the FPL in 2016 (see Figure 14).⁴⁵ This is above the state average of 32% for ALICE and equal to the state average of 11% for FPL. While the percentages of households in poverty have remained relatively stable over the last several years, the percentage of ALICE families has steadily increased from 27% in 2010 to 40% in 2016, representing a 48% increase over 6 years.

In Indian River County, there are significant disparities in the percentages of households living below ALICE & Poverty requirements by geographic area. The ALICE report breaks down the total number of households in various municipalities, census-designated places (CDPs), and census county divisions (CCDs) and provides an estimate of the percentage of households below ALICE and Poverty thresholds in each area (see Table 20). Of note, 90% of households in Fellsmere are below the ALICE and Poverty thresholds, as are 67% of households in Gifford CDP (see Table 20). On the other hand, several communities have less than ¼ of residents living under the ALICE and poverty thresholds.



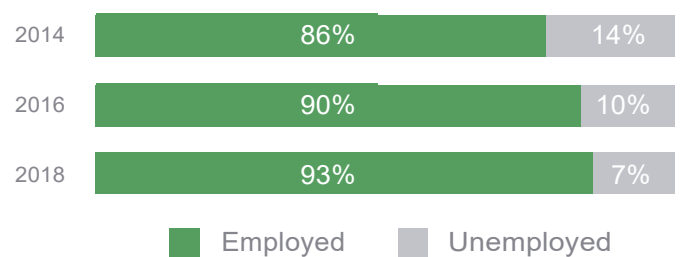
Table 20. ALICE & Poverty Rates for Indian County River Communities. Source: ALICE Report, 2018.

TOWN	TOTAL HOUSEHOLDS	% ALICE & POVERTY
Fellsmere	1,127	90%
Fellsmere CCD	6,837	65%
Florida Ridge CDP	7,164	55%
Gifford CDP	3,658	67%
Indian River Shores	2,216	21%
Orchid	185	15%
Roseland CDP	754	43%
Sebastian	9,204	52%
South Beach CDP	1,650	19%
Vero Beach	7,127	57%
Vero Beach CCD	50,992	49%
Vero Beach South CDP	9,349	54%
Wabasso Beach CDP	868	21%
Wabasso CDP	213	49%
West Vero Corridor CDP	4,113	56%
Windsor CDP	139	20%
Winter Beach CDP	837	40%

Employment and Wages

According to the United States Census, unemployment is defined as an individual 16 years of age or older who were actively searching for work, waiting to hear back about a job from which they had been laid off, were unavailable to work due to temporary illness, or available to accept a job within the survey period.⁴⁶ Unemployment rate is defined as the number of unemployed individuals as a percentage of the total workforce population.⁴⁷ Based on the 2018 ACS 5-Year Estimate, unemployment rates in Indian River County have remained higher than those in Florida and the United States from 2014-2018.⁴⁸ Specific to 2018, unemployment was reported at 7.1% in Indian River County, compared to 6.3% in the state of Florida and 5.9% in the United States.⁴⁹ Despite this higher level of unemployment at the county level, the unemployment rate within Indian River County has decreased in recent years (see Figure 15).

Figure 15. Employment Status of Indian County River Residents based on ACS 5-Year.



Estimates. Source: United States Census Bureau

While the median household income in Indian River is less than \$1,000 below the state's median household income, the average annual wage (\$42,876) for residents in Indian River County was below the Florida average (\$50,092), meaning that on average, employed residents in Indian River County make about \$7,000 less annually than the average Floridian.⁵⁰

The disparity in income between the county and state residents is greater in some occupational categories than others. Employees in the leisure and hospitality service industry, which is already the lowest paying industry

at \$24,410 annually, make about \$1,500 less than the average Floridian. Employees in the government and other service sectors make about \$5,000 less annually than the average Floridian. Residents in Indian River employed in the construction, manufacturing, trade/transportation/utilities, and professional and business services industries, on average, make about \$10,000 less than the state average for these industries. Employees in the information sector make, on average, about \$20,000 less than the state average for this industry. Employees in the remaining industries have wages that are either on par with or above state averages.^{51,52}

Table 21. Average Annual Wage.

	Indian River County	Florida
All Industries	\$42,876	\$50,092
Natural Resource & Mining	\$33,938	\$34,688
Construction	\$42,965	\$51,290
Manufacturing	\$49,929	\$61,739
Trade, Transportation and Utilities	\$34,635	\$44,753
Information	\$60,887	\$81,166
Financial Activities	\$78,193	\$75,340
Professional & Business Services	\$49,364	\$60,915
Education & Health Services	\$50,818	\$50,785
Leisure and Hospitality	\$24,410	\$25,881
Other Services	\$32,078	\$36,401
Government	\$49,861	\$53,534

The 2018 Indian River County Industry Rank Comparison organizes the average annual wages, average annual employment, and total annual wages of residents in Indian River County by the North American Industry Classification System (NAICS) sector in which they are employed. The NAICS is a commonly used system of classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. According to this ranking, the average annual wages are highest in the following sectors in the county: Management of Companies, Finance and Insurance, Wholesale Trade, Utilities and Professional, Scientific and Technical (see Figure 16). With regard to average annual employment,

the industries with the most employees in the county were as follows: Health Care, Retail Trade, Accommodation and Food Services, Construction, and Administrative Support for Waste Management. With respect to average annual wages, the aforementioned industries with the most employees ranked 8th (Health Care), 15th (Retail Trade), 18th (Accommodation and Food Services), 20th (Construction), and 21st (Administrative Support for Waste Management). The industries with the 2nd (Retail Trade) and 3rd (Accommodations and Food) most employees ranked the lowest with regard to average annual wage. Taken together, this suggests that most of the available jobs are in industries that pay the least.

Figure 16. 2018 Indian River County Industry Rank Comparison, Wages and Employment.

NAICS Sector	Average Annual Wage		Average Annual Employment		Total Annual Wages	
	2018	Rank	2018	Rank	2018	Rank
Management of Companies	\$106,089	1	241	18	\$25,540,937	18
Finance & Ins.	\$103,262	2	1403	12	\$144,834,219	5
Wholesale Trade	\$102,516	3	824	16	\$84,490,052	11
Utilities	\$88,637	4	71	19	\$6,263,652	19
Professional, Scientific, Tech.	\$65,423	5	2405	9	\$157,401,308	4
Information	\$60,887	6	575	17	\$34,999,780	17
Public Administration	\$52,753	7	2546	7	\$134,286,140	6
Health Care	\$51,914	8	9470	1	\$491,627,827	1
Manufacturing	\$49,929	9	2168	11	\$108,240,932	9
Unclassified	\$49,289	10	41	20	\$2,004,422	20
Mining	\$49,252	11	16	21	\$775,722	21
Real Estate	\$47,134	12	1133	14	\$53,398,615	14
Transp. & Warehousing	\$43,279	13	1048	15	\$45,348,829	16
Educational Services	\$43,094	14	3041	6	\$131,055,363	7
Construction	\$42,976	15	4194	4	\$180,239,242	3
Agriculture	\$33,733	16	1306	13	\$44,038,669	15
Entertainment & Rec.	\$33,593	17	2445	8	\$82,117,832	12
Admin, Support. W.M.	\$32,916	18	3182	5	\$104,741,490	10
Other Services	\$32,086	19	2330	10	\$74,752,130	13
Retail Trade	\$27,461	20	8509	2	\$233,670,332	2
Accom. & Food Services	\$20,433	21	5645	3	\$115,354,876	8

The 2019 Indian River County Economic Report Card provides information regarding the employment and wages in the county disaggregated by NAICS sector. This report card highlights the five industry sectors in which annual wages grew the most (higher than 18%) between 2014 and 2018. The average annual wage growth in the Utilities industry, Real Estate industry, and Finance and Insurance industry were all relatively high, with growth rates larger than 30%. The report card also highlights the five industry sectors in which annual wages grew the least between 2014 and 2018. The average annual wage growth in the Wholesale Trade industry, Management of Companies industry, and Transportation and Warehousing industry were negative, meaning that average annual wages decreased over the 4-year period (see Figure 17).

In addition, the 2019 Indian River County Economic Report Card highlights the industry sectors in which employment opportunities grew the most (higher than 21%) between 2014 and 2018. The average annual employment growth in the Utilities industry, Management of Companies Industry, and Admin/Support/Waste Services industry were all relatively high, all with growth rates larger than 39%. The industry with the largest increase in the number of jobs was Construction, which had a 36% growth rate. The report card also highlights the five industry sectors in which annual employment grew the least between 2014 and 2018. The average annual employment growth in the Agriculture industry was negative, with a decrease of 35.6% or 721 jobs (see Figure 17).

Figure 17. 2018 Indian River County Economic Report Card: Average Annual Wage and Average Annual Employment.

> 18% Change between 2014 and 2018

1. Utilities	129.4% increase
2. Real Estate	42.7% increase
3. Finance and Insurance	32.7% increase
4. Admin./Support/Waste Mgmt.	19.0% increase
5. Health Care	18.8% increase

< 5.6% Change between 2014 and 2018

1. Wholesale Trade	32.7% decrease
2. Mgmt. of Companies	18.6% decrease
3. Transp. & Warehousing	3.0% decrease
4. Manufacturing	3.3% increase
5. Information	5.5% increase

> 21% Change between 2014 and 2018

1. Utilities	129.4% increase (+40 jobs)
2. Management of Companies	81.2% increase (+108 jobs)
3. Admin./Support/Waste Svcs.	39.1% increase (+895 jobs)
4. Construction	36.0% increase (+1,110 jobs)
5. Entertainment & Recreation	21.1% increase (+426 jobs)

< 3.7% Change between 2014 and 2018

1. Agriculture	129.4% decrease (-721 jobs)
2. Information	1.9% decrease (-11 jobs)
3. Manufacturing	2.1% increase (+45 jobs)
4. Public Administration	2.8% increase (+69 jobs)
5. Retail Trade	3.6% increase (+293 jobs)

CareerSource Florida is a statewide workforce policy and investment board whose partners include the Florida Department of Economic Opportunity, 24 local workforce development boards, and 100 career centers throughout Florida. Florida currently has 24 local workforce investment areas or “regions,” which are served by Regional Workforce Boards (i.e., “local workforce investment boards” as described in WIA).

The goal of Florida’s workforce development system is to provide direct education, training, and employment services that enable people to become or remain economically self-sufficient while promoting Florida’s economic growth by providing employers with trained workers. Indian River County is part of workforce region 20, otherwise known as the Research Coast, including Indian River, Martin, and St. Lucie Counties.

Career Source works with the Florida Department of Economic Opportunity to produce data regarding employment growth and projections for the entire region.

According to Career Source Research Coast, the four occupations with the fastest expected growth are in health care or mental health, including mental health and substance abuse social workers, home health aides, nurse practitioners, and personal care aides (See Figure 18). Two of these occupations (home health and personal aides) only require minimal schooling, but the median wage for these occupations is around the \$11/hr range. Many of the occupations listed as fast growing with higher median wages require, at minimum, an Associate’s degree, with some requiring advanced degrees (Master’s).

Figure 18. 2019-2027 Employment Projections: Fastest Growth Occupations, Research Coast.

CareerSource Research Coast (20)											
Rank	Occupation Code	Occupation Title	2019 Employment	2027 Employment	Employment Growth	Employment Percent Growth	Total Job Openings	Median Wage	FL Education Level	BLS Education Level	
1	211023	Mental Health Substance Abuse and Social Workers	176	237	61	34.7%	225	\$16.95	M+	M	
2	311011	Home Health Aides	766	1,017	251	32.8%	1,044	\$10.95	PS	HS	
3	291171	Nurse Practitioners	299	396	97	32.4%	231	\$49.50	M+	M	
4	399021	Personal Care Aides	904	1,166	262	29.0%	1,421	\$11.09	PS	HS	
5	151132	Software Developers, Applications	244	312	68	27.9%	207	\$38.93	A	B	
6	319092	Medical Assistants	1,459	1,865	406	27.8%	1,807	\$15.28	PS	PS	
7	312021	Physical Therapist Assistants	246	314	68	27.6%	331	\$29.01	A	A	
8	353041	Food Servers, Nonrestaurant	395	503	108	27.3%	631	\$10.21	NR	NR	
9	211013	Marriage and Family Therapists	129	162	33	25.6%	152	\$20.67	M+	M	
	393056	Veterinary Technicians and Technicians	301	378	77	25.6%	285	\$15.05	A	A	

According to Career Source Research Coast, the three occupations expected to gain the new jobs are in service, including food preparation/service, landscaping/groundskeeping, and waiter/waitress. While these occupations only require minimal schooling, but the median wage for these occupations is between \$9/hr and \$13/hr. Again, the healthcare field is expected to gain many new jobs, with the highest paying being for registered nurses, which require an Associate's degree with a reported median wage of around \$27/hr (See Figure 19).



Figure 19. 2019-2027 Employment Projections: Occupations Gaining the Newest Jobs, Research Coast.

CareerSource Research Coast (20)										
Rank	Occupation Code	Occupation Title	2019 Employment	2027 Employment	Employment Growth	Employment Percent Growth	Total Job Openings	Median Wage	FL Education Level	BLS Education Level
1	353021	Combined Food Preparation and Serving Workers, Including Fast Food	6,715	8,234	1,519	22.6%	12,352	\$9.64	NR	NR
2	373011	Landscaping and Groundskeeping Workers	8,557	9,879	1,322	15.4%	10,034	\$13.16	NR	NR
3	353031	Waiters and Waitresses	6,196	7,204	1,008	16.3%	11,054	\$9.36	NR	NR
4	291141	Registered Nurses	4,796	5,563	767	16.0%	2,854	\$27.25	A	B
5	412031	Retail Salespersons	9,081	9,646	565	6.2%	11,252	\$11.30	HS	NR
6	311014	Nursing Assistants	3,205	3,728	523	16.3%	3,610	\$13.03	PS	PS
7	352014	Cooks, Restaurant	2,449	2,965	516	21.1%	3,517	\$13.04	PS	NR
8	319092	Medical Assistants	1,459	1,865	406	27.8%	1,807	\$15.28	PS	PS
9	472031	Carpenters	2,959	3,364	405	13.7%	2,681	\$18.81	PS	HS
10	537062	Laborers and Freight, Stock and Material Movers, Hand	3,389	3,789	400	11.8%	4,277	\$12.56	NR	NR

According to this data, while employment growth is occurring, the growth is mainly arising in limited industry fields, either those related to health care or the retail/service industries. Many of the opportunities in the retail and service sectors require minimal education. However, the wages for these opportunities are likely too low for a family to make a living wage. While the opportunities in the health care industry have considerably higher wages, they also require additional schooling.

It is important to recognize that the data presented indicate that a large percentage of families in Indian River County struggle to make ends meet while still being employed. The surveys and focus groups administered to the community through this CNA aimed to understand the opinions and perspectives of residents regarding the community's economy and their satisfaction with the opportunities available to them. The intent was to gauge issues such as whether residents felt that their wages were enough to sustain the cost of living in the county.

Opinions: Surveys

Indian River Residents were asked various questions about the economic opportunities available for them in their community, including questions regarding available jobs, support for businesses, and opportunities for young professionals in their community. Responses from residents, in general, were mixed. About half of the respondents indicated jobs were available for residents year-round (51%). Few residents rated the quality of available jobs as 'good' or 'great' (25%), and even fewer said wages and salaries were sufficient to live comfortably (24%).

With respect to the growth of business within the county, half of the residents agreed business growth creates jobs (51%), and that the local economy supports small businesses (50%). Residents cited the need for increased support for entrepreneurs and small businesses, as well as workforce development in open-ended survey responses.

About half of the residents reported that educational and job training opportunities were available (50%). Only 45% of residents stated that job opportunities were diverse while 40% stated jobs were available to anyone who wants one. Only 38% of survey respondents said that there are career opportunities for young professionals and recent graduates. Likewise, only 32% believed all residents in their community had an equal opportunity to prosper economically. Taken together, this indicates that residents do sense some disparity in the opportunities available to all residents.

When analyzing the data by geographic location, there was some variation by neighborhood, with residents of Fellsmere being more likely to agree that all residents have access to equal opportunity (47% vs. 25%) and that wages were sufficient (58% vs. 35%) when compared to residents from other communities.

Residents were also asked a series of questions about tourism, as this represents one of the growing industries in the community. About 79% of residents said there are things for visitors and tourists to do in the area. When examining this data by race and community, it was of note, white residents (87%) and higher-income residents (88%) were more likely to agree with this statement than non-white (62%) and lower-income (74%) residents, while Gifford residents (61%) were less likely to agree compared to residents of other neighborhoods (84%). Taken together, residents do overall agree that the community is appealing to tourists presenting opportunities for economic growth.

Opinions: Focus Groups

Similar themes emerged during focus group discussions with community members. Residents described difficulty finding employment in the area and needing to work multiple jobs to make ends meet, often only finding temporary or part-time employment. Residents alluded to a 'middle class' of working adults, who don't qualify for low-income services, struggle to pay for housing, healthcare, and childcare.

“ Just speaking about living wages, I am desperately trying to find a job in the area. Anything I get, the average amount, \$12 an hour, \$11 an hour, with the child support I get for my oldest son, I still don’t qualify for the income-restricted housing. I’m a single mom, three children, so it’s technically a family of four. I wouldn’t get enough to get into the Palms, the Indian River apartments, what have you. I’m one step away from living in my van. ”

According to focus group participants, employment opportunities for individuals with criminal records were especially limited. Additionally, young professionals have few career prospects outside of specific industries.

“ But it’s not what you know. Because you can have all the credentials in the world. It’s who you know. ”

With respect to the tourism industry, residents noted that the community’s appeal to tourists and retirees is a major strength. However, some residents felt that the culture and way of life are being maintained at the expense of economic development, speculating that large employers may not be attracted to the area due to workforce demographics and/or lack of encouragement from local leadership.

KEY POINTS

- When households do not earn a living wage, families are typically forced to make tough decisions and forego certain essentials substantially impacting the quality of life.
- Given the cost of living in Indian River County, and because about half of households are below the FPL and ALICE thresholds, the number of families not earning enough to meet basic needs is cause for concern.
- Creating opportunities for residents to earn a wage that is equal to a living wage is key to improving the happiness and quality of life of county residents. While unemployment is considerably lower than it has been in years, and the economy is much improved, many of the current wages earned by residents in Indian River County have an average wage below the amount needed for self-sufficiency. In addition, several industries in which many of the residents are employed pay wages below that of the state average.

HEALTH

INTRODUCTION

Conditions, in which people are born, grow, live, and work, play a role in health risks and outcomes. These conditions, such as physical environment, education, socioeconomic status, neighborhood, housing, access to social services, etc., are also known as social determinants of health (SDOH). The research literature supports the importance of SDOH in improving the health of populations. For example, communities with poor SDOH such as unstable housing, low income, unsafe neighborhoods or substandard education, are susceptible to poor health outcomes.

DATA

In order to evaluate the overall health of the residents of Indian River County, data was compiled from the County Health Rankings & Roadmaps program, which is a collaboration between the Robert Wood Johnson Foundation and the University of

Wisconsin Population Health Institute and from Florida Health Charts maintained by Florida's Bureau of Vital Statistics. Select findings from those sources are presented below to discuss the health outcomes of residents of Indian River County.

Mortality

The County Health Rankings are designed to quantify the overall health of each county in all 50 states. They consider a wide selection of factors that affect the health of communities, such as "high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births". Health outcomes in the County Health Rankings are designed to measure length and quality of life along with perceptions of how healthy residents feel. In the 2019 rankings report, Indian River was ranked 21st out of 67 Florida counties in health outcomes. This ranking is made up of indicators that measure the length of life (ranked 17th) and quality of life (ranked 25th).



The average life expectancy of Indian River County residents was 83.7 years for females and 77.6 years for males, which was on par with state averages (see Table 22).⁵³ Life expectancy for males and females has remained relatively stable from 2005-2018.

Table 22. Change in Life Expectancy in Indian River County, 2018. Source: Florida Health Charts.⁵⁴

Findings: Life Expectancy			
Sex	Indian River County	Florida	% change from 2005-2008
Female	83.7	82.5	-0.1
Male	77.6	76.9	0.2

life expectancy at birth (years), 2016-18

Table 23 provides data on the leading causes of death. Cancer and heart disease were the leading causes of death for residents of Indian River County and the state. In Indian River County, those two diseases were the cause of 49% of all deaths. In addition, Black residents had higher death rates from cancer, heart disease, stroke, and HIV/AIDS than other races and ethnicities. Hispanic residents on average had lower death rates from all causes of death. Mortality rates for lung cancer, melanoma, cirrhosis and liver disease, and suicide were all higher in Indian River County for males than in the State of Florida (see Tables 25, 26, 27, and 28). In addition, the cirrhosis and liver disease rate has increased by 4.3% for males between 1999 and 2018 (see Table 26), which is indicative of a significant public health problem.

Table 23. Leading Causes of Death in Indian River County, 2016-2018. Source: Florida Department of Health.⁵⁴

Selected Causes of Death, Indian River County, Florida 2016-2018

3-Year Age-Adjusted Resident Death Rates	Data Year	County				State			
		White	Black	Hispanic	All Races	White	Black	Hispanic	All Races
Total Deaths	2016 - 2018	629	846.7	402.7	636.4	678.4	758.1	531.6	684.6
Cancer	2016 - 2018	159	214.3	120.4	158.4	149.4	153.9	116.9	149
Heart Disease	2016 - 2018	129	208.7	69.7	133.4	146.5	169.7	123.7	148.9
CLRD*	2016 - 2018	28.9	29.1	11.6	28.9	41.2	25.7	23.2	39.2
Stroke	2016 - 2018	26.3	48.9	18.9	27.5	37.5	57	38.8	39.7
Diabetes	2016 - 2018	14.4	25.1	14.8	15.2	18.2	38.8	19	20.4
Cirrhosis	2016 - 2018	15.5	4.7	8.7	14.3	13.2	6.1	8.2	11.9
Motor Vehicle Crashes	2016 - 2018	12.7	8.3	7.5	12.3	15.1	15.7	12.8	15
Pneumonia / Influenza	2016 - 2018	7.7	11.4	7.1	8.1	9.5	11.7	8.2	9.7
HIV / AIDS	2016 - 2018	1.2	13.2	1.9	2.2	1.6	13	2	3.3

Data Source: Florida Department of Health, Bureau of Vital Statistics

*Chronic Lower Respiratory Disease

Table 24. 2018 State and County Lung Cancer Death Rate by Sex, Race, & Ethnicity.⁵⁵

Sex	Indian River County	Florida	% change from 1999-2018 for Indian River County
Female	23.2	29.8	-31.1
Male	51.8	42.8	-27.8

Race	Indian River County	Florida	% change from 1999-2018 for Indian River County
Black	41.1	29.0	-49.1
White	38.2	37.0	-24.9

Ethnicity	Indian River County	Florida	% change from 1999-2018 for Indian River County
Hispanic	31.1	19.5	13.3
Non-Hispanic	37.2	39.0	-21.7

Note. *Age-Adjusted, per 100,000, 2018.⁵⁵

Table 25. 2018 State and County Melanoma Death Rate by Sex, Race, & Ethnicity.⁵⁵

Sex	Indian River County	Florida	% change from 1999-2018 for Indian River County
Female	0.9	1.4	0.2
Male	7.2	3.4	2.4

Race	Indian River County	Florida	% change from 1999-2018 for Indian River County
Black	0	0.2	0
White	4.6	2.6	2

Ethnicity	Indian River County	Florida	% change from 1999-2018 for Indian River County
Hispanic	0	0.7	0
Non-Hispanic	4.7	2.7	1.8

Note. *Age-Adjusted, per 100,000, 2018.



Table 26. 2018 State and County Chronic Liver & Cirrhosis Death Mortality Rate by Sex, Race, & Ethnicity.⁵⁶

Sex	Indian River County	Florida	% change from 1999-2018 for Indian River County
Female	7.5	8.6	0
Male	20.7	15.9	4.3

Race	Indian River County	Florida	% change from 1999-2018 for Indian River County
Black	0.0	6.5	0.0
White	15.3	13.3	2.7

Ethnicity	Indian River County	Florida	% change from 1999-2018 for Indian River County
Hispanic	13.9	8.3	-1.4
Non-Hispanic	14.7	13.1	-0.9

Note. *Age-Adjusted, per 100,000, 2018.

Table 27. 2018 State and County Suicide Rate by Sex, Race, & Ethnicity.⁵⁶

Sex	Indian River County	Florida	% change from 1999-2018 for Indian River County
Female	10.2	6.6	6.2
Male	24.7	24.7	3

Race	Indian River County	Florida	% change from 1999-2018 for Indian River County
Black	0.0	5.8	0.0
White	19.5	17.6	5.1

Ethnicity	Indian River County	Florida	% change from 1999-2018 for Indian River County
Hispanic	15.9	8.8	8.5
Non-Hispanic	16.7	17.4	7

Note. *Age-Adjusted, per 100,000, 2018.



When examining the quality of life indicators for 2016, approximately 23.3% of residents indicated that they were in poor or fair health, as compared to 19.5% of residents in the state.⁵⁷ The counties in the US with the best rates average 12%. With regard to the average number of physically unhealthy days reported in the past 30 days (age-adjusted), Indian River residents reported 4.7 days on average, as compared to 4 in the state. A similar pattern was reported with regard to the average number of mentally unhealthy days reported in past 30 days (age-adjusted), Indian River residents reported 3.3 days on average, as compared to 3.6 in the state.⁵⁸ The counties in the US with the best rates average 3.0 and 3.1 days, respectively.

Table 28. 2016 County and State Adult Overweight/Obesity Prevalence by Sex.⁶⁰

Sex	Indian River County	Florida	% change from 2007-2016 for Indian River County
Female	61.2%	56.7%	7.4
Male	68.4%	69.7%	-2.6

Note. % is prevalence.

Health Morbidity

In the 2019 County rankings report, Indian River was ranked 16th out of 67 Florida counties regarding health factors. This ranking consists of indicators that measure health behaviors (ranked 17th) and clinical care (ranked 7th), social and economic factors (ranked 31st), and physical environment (ranked 3rd). When considering health behaviors, adult obesity is an area of concern for residents in Indian River. Based on the most recent comparison data from 2016, overweight and obesity rates have increased considerably for females since 2007.⁵⁹

Table 29. 2010 County and State Adult Overweight/Obesity Prevalence by Race/Ethnicity.⁶¹

Race/Ethnicity	Indian River County	Florida	% change from 2007–2010 for Indian River County
Hispanic	64.1%	66.4%	5.1
White	64.7%	61.9%	2.6

Note. % is prevalence. Overweight/obesity prevalence was not provided for adults who identified as Black in Indian River. 2010 was the most recent data for weight indicators in Indian River County related to race/ethnicity

In contrast, the prevalence rates for residents meeting recommended levels of physical activity (defined as adults who meet aerobic recommendations) have improved for females based on the most recent data from 2013 and 2016. The rate for females meeting recommended levels of activity have increased by about 3.5% while the rate for males has decreased by 10.8%. The prevalence rates of residents meeting these activity levels in Indian River County outpaces the state averages.

Table 30. 2016 County and State Rates of Adults Who Meet Aerobic Recommendations by Sex.⁶²

Sex	Indian River County	Florida	% change from 2013-2016 for Indian River County
Female	50.4%	41.9%	3.5
Male	48.2%	48.0%	-10.8

Note. % is prevalence.

Table 31. 2016 County and State Rates of Adults Who Meet Aerobic Recommendations by Race/Ethnicity.⁶²

Race/Ethnicity	Indian River County	Florida	% change from 2013–2016 for Indian River County
White	52.2%	50.0%	-0.2

Note. % is prevalence. The prevalence of adults who meet aerobic recommendations was not provided for adults who identified as Black or Hispanic in Indian River.

With regard to risky behaviors, the prevalence rates for heavy or binge drinking and smoking for residents of Indian River County are higher than the state averages. The rates of smoking behaviors have increased by about 6% for males from 2002 to 2016. The rates of heavy or binge drinking have increased by about 5% for females and 2% for males from 2002 to 2016.

Table 32. 2016 County and State Rates of Adults Who Are Current Smokers by Sex.⁶²

Sex	Indian River County	Florida	% change from 2002-2016 for Indian River County
Female	21.6%	13.3%	0.4
Male	21.9%	17.8%	5.7

Note. % is prevalence.

Table 33. 2016 County and State Rates of Adults Who Are Current Smokers by Race/Ethnicity.⁶²

Race/Ethnicity	Indian River County	Florida	% change from 2007 – 2016 for Indian River County
Hispanic	8.4%	11.7%	-3.7
White	22.6%	17.8%	1.4

Note. % is prevalence. The prevalence of adults who are current smokers was not provided for adults who identified as Black in Indian River. Smoking prevalence was only identified between 2007 – 2016 for adults who identify as Hispanic.

Table 34. 2016 County and State Rates of Adult Heavy or Binge Drinking by Sex.⁶³

Sex	Indian River County	Florida	% change from 2002-2016 for Indian River County
Female	19.0%	13.7%	5.7
Male	23.1%	21.7%	2

Note. % is prevalence.

Table 35. 2016 County and State Rates of Adult Heavy or Binge Drinking by Race/Ethnicity.⁶⁴

Race/Ethnicity	Indian River County	Florida	% change from 2002 – 2016 for Indian River County
Hispanic	12.6%	16.1%	0.6
White	22.8%	19.6%	3.3

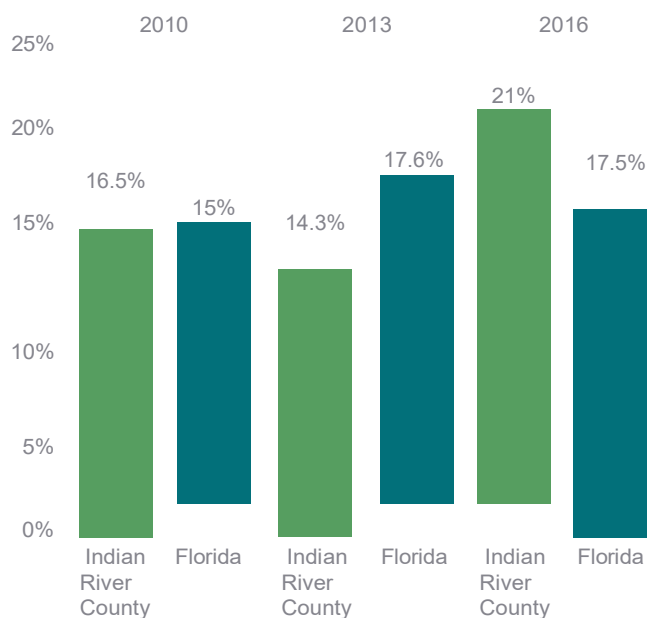
Note. % is prevalence. Prevalence adult heavy or binge drinking was not provided for adults who identified as Black in Indian River. Rates of heavy/binge drinking was only identified between 2002 – 2016 for adults who identify as Hispanic.



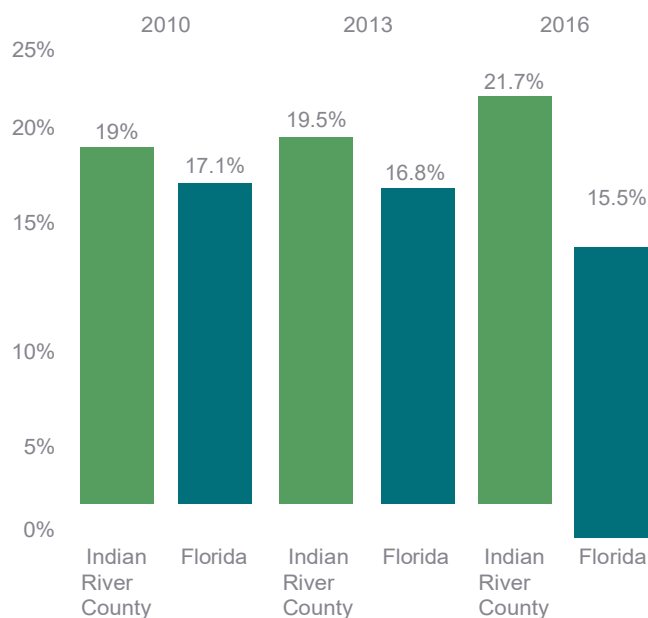
Figure 20 indicates that the percentage of adults engaging in heavy/binge drinking and smoking in Indian River is on the rise, while the rates in the state have remained relatively stable. It should be noted that the increase in these types of risky behaviors aligns with the higher rates of lung cancer and liver disease death in Indian River County discussed previously.

Figure 20. Substance Abuse Rates in Indian River County, 2010-2016. Source: FL Health Charts BRFSS Indicator.

Alcohol Use: in Adults



Tobacco Use: in Adults



As opioid use is a national topic of concern, the number of opioid deaths and overdoses was evaluated. In 2018, there were 27 opioid deaths in Indian River County.⁶⁵ Additionally, there were 92 reported non-fatal opioid-related overdoses in the county in 2018, accounting for about 26.8% of all non-fatal overdoses in the county.⁶⁶ This rate is slightly lower than that of the state; about 33.6% of all non-fatal overdoses in Florida were due to opioid use.⁶⁷

In addition to examining risky behaviors of adults, the smoking and alcohol use behaviors of youth were also examined. The Florida Youth Tobacco Survey (FYTS) tracks indicators of tobacco use and exposure to secondhand smoke among Florida public middle and high school students in order to provide data for monitoring and evaluating tobacco use among youth. Data were available regarding the percentage of youth who have ever tried tobacco products and the percentage of youth who are currently using tobacco products for both the county and the state.

Of note are the rising percentages of youth who have tried vaping. In 2012, only 7% of youth in Indian River reported having tried vaping while in 2018, 28.5% of youth reported the same. The rates of vaping use in Indian River are slightly higher than in the state. The rise in vaping is coupled with a decrease in the percentages of youth who have ever tried cigarettes, cigars, and smokeless tobacco. In 2012, 33.8% of youth in Indian River reported having ever tried one of these products, while in 2018, only 17.7% of youth reported having ever tried one of these products. The percentage of youth currently using tobacco products is slightly lower than the percentage of youth who have ever tried tobacco products. In 2018, 19.1% of youth in Indian River reported that they are currently vaping, an almost 17% increase from 2012. In addition, 22.3% of youth in Indian River reported that they are currently using tobacco products, compared to 19.1% of youth statewide. The increase in vaping is of concern statewide. In 2019, there were 100 cases of E-cigarette or Vaping use lung injuries statewide, along with 2 deaths.

Table 36. Youth Substance Abuse Rates in Indian River County, 2012-2018. Source: Florida Youth Survey (2018).

Percentage of Youth Who Have	2012		2014		2016		2018	
	County	State	County	State	County	State	County	State
Ever tried cigarettes	26.3%	21.6%	17.2%	17.5%	17.4%	13.7%	11.2%	11.4
Ever tried cigars	21.6%	16.2%	14.4%	12.8%	10.1%	9%	9.6%	8%
Ever tried smokeless tobacco	10.8%	7%	7.3%	6.1%	7.4%	5%	5.7%	4.4%
Ever tried hookah	6.6%	9.4%	13.1%	14.1%	10.4%	15.4%	7%	9.3%
Ever tried electronic vaping	7.1%	5.7%	14.2%	14.3%	27.6%	24.5%	28.5%	26.3%
Ever tried cigarettes, cigars, or smokeless tobacco	33.8%	27.6%	24.3%	23.4%	21.6%	18.5%	17.7%	16.6%
Ever tried cigarettes, cigars, smokeless, hookah or vaping	35.5%	30.2%	29.4%	30.7%	35.3%	32.8%	33.8%	33.1%
Percentage of Youth Who								
Currently use cigarettes	8.3%	6.1%	4.8%	4.3%	4.3%	3%	2.5%	2.2%
Currently use cigars	10%	6.5%	6.4%	5.1%	3.9%	3.4%	3.4%	3%
Currently use smokeless tobacco	4%	3%	3.5%	3%	3.2%	2.2%	2.2%	1.7%
Currently use hookah	2.7%	4.1%	6.9%	7.1%	3%	4.8%	2.9%	3%
Currently use electronic vaping	2.5%	2.3%	7.9%	7.2%	11.9%	11.6%	19.1%	15.7%
Currently use cigarettes, cigars, or smokeless tobacco	16%	11%	10%	9%	8.1%	6.3%	6%	5.2%
Currently use cigarettes, cigars, smokeless, hookah or vaping	17.5%	13.1%	16.2%	15.3%	17.4%	16.3%	22.3%	19.1%

In addition, the Florida Youth Substance Abuse Survey is administered annually as a collaborative effort between the Florida departments of Health, Education, Children and Families, Juvenile Justice, and the Governor's Office of Drug Control. The survey assesses assessing risk and protective factors for substance abuse, in addition to substance abuse prevalence. According to the most recent data released in 2018, 34.7% of youth surveyed in Indian River reported using alcohol in their lifetime, compared to 36.5% of youth statewide.⁶⁸ In addition, 16.8 % of youth surveyed in Indian River reported using marijuana in their lifetime, compared to 20.2% of youth statewide.

Youth were also asked about their alcohol and drug use in the last 30 days. About 16.5% of youth surveyed in Indian River reported using alcohol in the last month, compared to 15.3% of youth statewide.⁶⁹ In addition, 9% of youth surveyed in Indian River reported using marijuana in the last month, compared to 10.9 of youth statewide.

The mental health status of residents is yet another important health factor in a community. According to the most recent

Florida Behavioral Risk Factor Surveillance System report, about 18.4% of women in Indian River reported having a depressive disorder, as compared to 8.3% of men. These rates are comparable with that of the state and have decreased since 2013.⁷⁰ It is notable to note that depression rates are highest among the poorest residents. The rates of depression for residents making less than \$25,000 per year is 20.5%, which is significantly higher when compared to the rates of those making between \$25,000 and \$49,999 and those making \$50,000 or more (9.8% and 11.8% respectively).

Table 37. 2016 County and State Rates of Adult Diagnoses of Depressive Disorder By Sex.⁷¹

Sex	Indian River County	Florida	% change from 2013-2016 for Indian River County
Female	18.4%	17.8%	-7.1
Male	8.3%	10.4%	-1.1

Note. % is prevalence.

Table 38. 2016 County and State Rates of Adult Diagnoses of Depressive Disorder By Race/Ethnicity.⁷¹

Race	Indian River County	Florida	% change from 2013–2016 for Indian River County
Hispanic	2.1%	12.1%	N/A
White	12.8%	16.6%	-6.1

Note. % is prevalence. Adult depression diagnoses rates were not provided for adults who identified as Black in Indian River County.

Sexual Health

Another important health factor in a community is sexual health. When examining rates of diseases related to sexual health, the rates of syphilis have increased dramatically in Florida and Indian River County since 2006.⁷² In 2018, the rate in Indian River County had increased to 28.9 per 100,000. Data disaggregated by gender and ethnicity indicate that rates of Syphilis are particularly high in the Black male population and lowest in the White female population.⁷³ The rates of Gonorrhea have fluctuated over time in Indian River County since 2006, even though they have increased

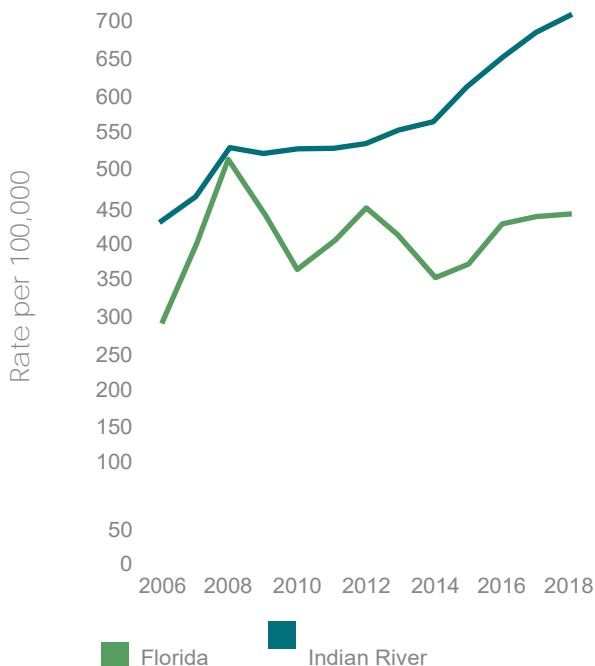
statewide. In 2018, the rate in Indian River County was 85.5 per 100,000. Data disaggregated by gender and ethnicity indicate that rates of Gonorrhea are particularly high in the Black male and Black female populations.⁷⁴

The rates of Chlamydia have remained relatively stable over time in Indian River County since 2006, even though they have increased statewide. In 2018, the rate in Indian River County was 323.5 per 100,000. Data disaggregated by gender and ethnicity indicate that rates of Chlamydia are highest in the Black female population but are also relatively high in the Black male population.⁷⁵

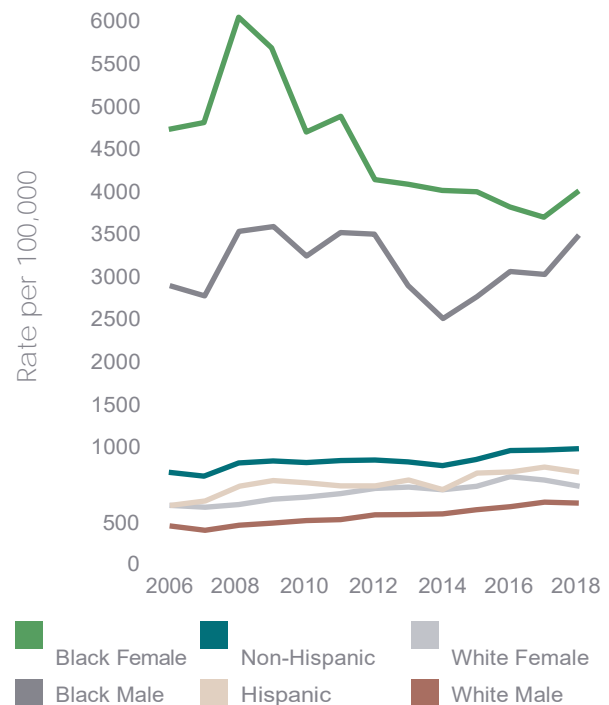
The rates of Bacterial STDs have remained relatively stable over time in Indian River County since 2006 even though they have increased statewide. In 2018, the rate in Indian River County was 437.9 per 100,000, compared to the state at 708.8 per 100,000.⁷⁶ Data disaggregated by gender and ethnicity indicate that rates of Bacterial STDs are highest in the Black female population but are also relatively high in the Black male population. Taken together, the sexual health data reveals a significant disparity in that the Black population has the highest rates of STDs/STIs in the county.

Figure 21. Prevalence of Bacterial STDs in Indian River County, 2006-2018. Source: Florida Health Charts (2018).

Prevalence Rate of Bacterial STDs: IRC and Florida



Prevalence Rate of Bacterial STDs: by Race



Similar to State-level trends, Indian River County has experienced a decrease in HIV cases from 2006 – 2018 (see Table 40). In 2006, rates of HIV were 9.8 per 100,000. However, HIV levels decreased by 3.2% in 2018 to a rate of 6.6 per 100,000. Data disaggregated by gender and ethnicity for Indian River County indicate rates of HIV remain highest in the male population. However, females experienced the largest decrease in HIV cases from 2006 – 2018. When considering race/ethnicity, rates of HIV were highest among individuals who identify as Hispanic, followed by Black identifying individuals. Notably, individuals identifying as Black had the largest decrease in HIV cases out of all racial/ethnic groups (see Table 41).

Table 39. 2018 County and State Rates of HIV Cases per 100,000 Population.⁷⁷

Indian River	Florida	% change from 2006-2018 for Indian River County
6.6	23.4	-3.2

Table 40. 2018 County and State Rates of HIV Cases per 100,000 Population By Sex.⁷⁸

Sex	Indian River County	Florida	% change from 2006-2018 for Indian River County
Female	3.8	9.5	-7.9
Male	9.6	38.0	1.8

Note. *represents cases per 100,000

Table 41. 2018 County and State Rates of HIV Cases per 100,000 Population By Race/Ethnicity.⁷⁸

Race/Ethnicity*	Indian River County	Florida	% change from 2006 – 2018 for Indian River County
Black	14.6	59.0	-67.3
Hispanic	15.8	30.9	0
White	4.4	10.7	2.5

Note. *represents cases per 100,000

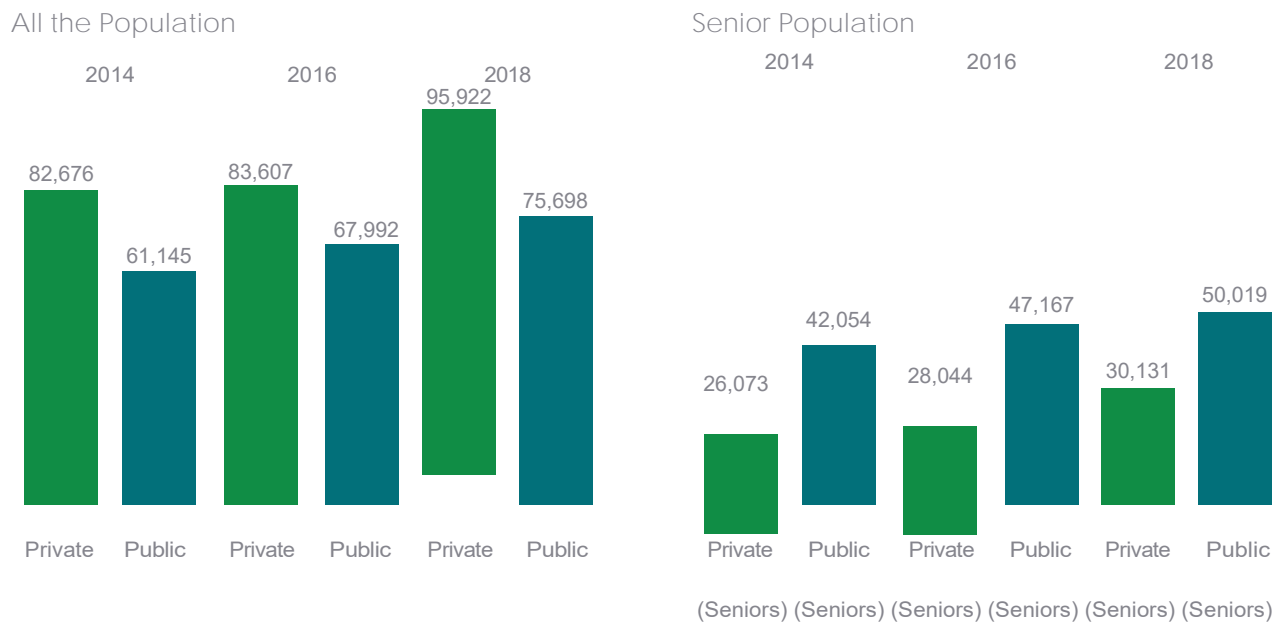


Healthcare Access

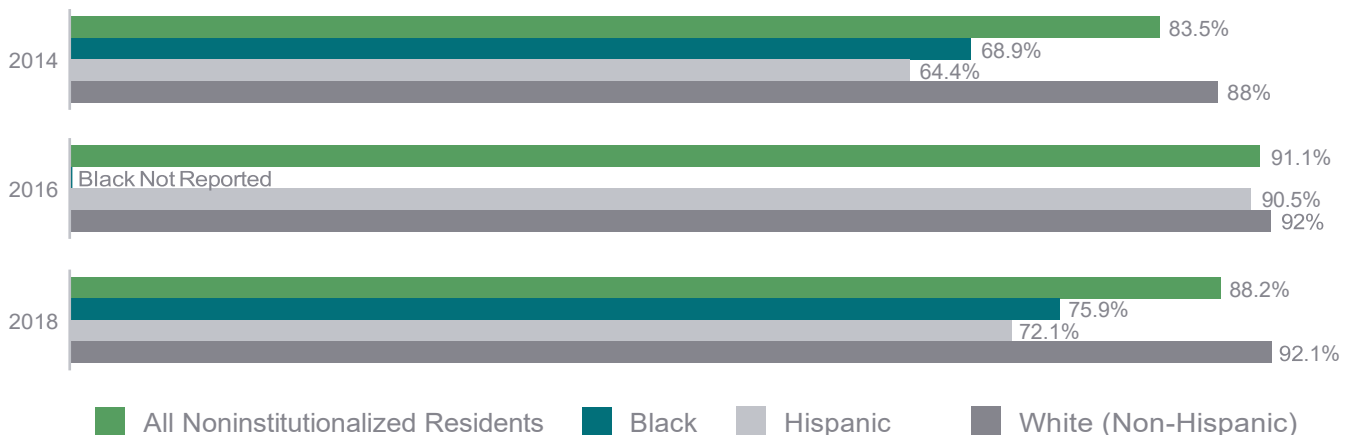
Another important indicator of health in a community is adequate clinical care. As one of the biggest barriers to receiving adequate clinical care is lack of insurance coverage, the percentage of insured residents residing in Indian River County was examined between the years 2014 and 2018. Since 2014, the percentage of residents with insurance coverage has increased steadily, with 87.9% of its adult population having health insurance in 2018. The insured rate is slightly higher than that of the State of Florida's rate of 86.5%.⁷⁹ When comparing private

and public insurance coverage, residents under 65 are more likely to have private coverage, while residents over 65 are more likely to have public coverage. Oral health insurance coverage is separate from general health care insurance coverage. Good oral health is also vital to one's overall health. In Indian River County, only 52.2% of residents obtained oral health coverage, which is lower than the rate of oral health coverage in Florida (60%). The lack of insurance coverage in Indian River County paired with other challenges in healthcare access, behavioral, and environmental health may have a negative impact on the quality of life of its residents.

Figure 22. Insurance Status of Indian River County Residents, 2014-2018. Source: United States Census Bureau.⁸⁰



Indian River County Residents with Health Insurance



With regard to the availability of clinical services, the County Health Rankings provide information on ratios of providers to residents. The table below provides information on the ratios by provider type. The ratio of primary care physician (PCP) providers and mental health providers to residents is worse in Indian River County than in Florida, while the ratios of dentists to patients is better in Indian River than in Florida. In every case, the provider-patient ratios are worse in the county and state than they are nationally (see Table 42).

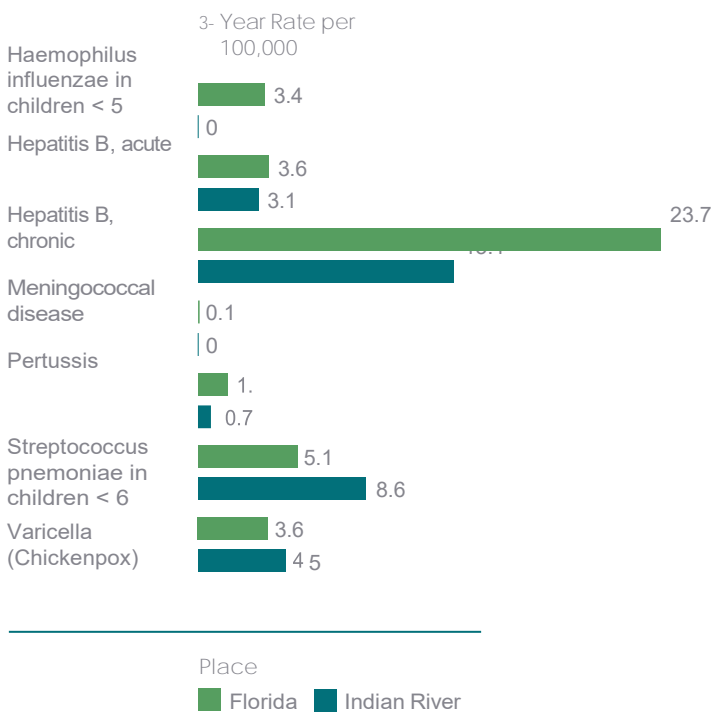
Table 42. 2018 County, State, and National Level Provider to Patient Ratio.⁸¹

	Indian River	Florida
Access to Mental Health Provider	1:840	1:700
Access to Primary Care Physician	1:1,440	1:1,380
Access to Dentists	1:1,530	1:1,730

Lastly, the prevalence rate of vaccines for preventable diseases from the period of 2016-2018 was examined. Overall, the vaccination rates for flu in children under 5, Hepatitis B, both acute and chronic and pertussis, were lower in Indian River than they were in the state. The rates of vaccinations for Strep and Chickenpox were higher in Indian River than in the state.

Figure 23. Prevalence of Vaccine-Preventable Diseases in Indian River County, 2016-2018. Source: Florida Health Charts (2018).

Prevalence Rate of Vaccine Preventable Diseases (2016-18)



Across the country, values for measures of length and quality of life for minorities and lower SES residents are regularly worse than for Whites and higher SES residents. There is some evidence that this may be the case in Indian River as well.

Regarding the unequal dispersion of wealth as measured by the GINI inequality index, Indian River County received an index value of 0.53, which is higher than both the State of Florida (0.49) and the United States (0.48).⁸² The index values within Indian River County vary from 0.35 in tract 506.06 to 0.62 in tract 504.02. However, the most wealth disparity is reported for the city of Vero Beach in Indian River County with index values of 0.55, 0.47, and 0.62.

Table 43. 2014-2018 Indian River Census Tract GINI Inequality.⁸³

City	Tract	n	GINI Inequality
Fellsmere	509.03*	2,397	0.44
	509.04	1,904	0.37
Sebastian	508.02	3,474	0.36
	508.05*	1,580	0.4
	508.06	1,924	0.5
	508.07	1,919	0.36
	508.08	1,932	0.40
Vero Beach	501	2,539	0.55
	502	1,549	0.47
	504.02	1,217	0.62
Highlands	506.06	3,309	0.35
Indian River Shores	505.01	2,477	0.57
	505.05	1,711	0.53
West Vero Corridor	507.04	1,137	0.39
	507.05	2,700	0.44
	509.03*	2,397	0.44
Gifford	503.02	2,191	0.51
	507.02	2,071	0.46
Vero Beach South	507.03	3,291	0.41
	506.01	1,245	0.55
Wabasso	508.04	2,134	0.43
	508.05*	1,580	0.40

Note. "n" represents total households in the census tract. * denotes census tract overlap

High levels of cost within households may also be a limitation for healthcare within Indian River County. According to the U.S. Census Bureau, housing cost burden is when housing costs (e.g., mortgage/rent, utilities, taxes) exceed 30% of the total household income.⁸⁴ Within Indian River County, 29.62% of households were considered cost-burdened compared to 35.50% in Florida and 31.55% in the United States.⁸⁵ Although Indian River County reported a lower level of cost burdened households when compared to Florida and the United States, disparities in housing costs are present at the county level. The housing cost burden percentage within Indian River County varies from 15.55% in tract 507.02 to 47.00 in tract 504.02. The highest concentration of housing cost burdened households is reported for the city of Vero Beach in Indian River County (see Table 44).

Table 44. 2014-2018 Percent of Indian River Cost Burdened Households by Census Tract.⁸⁶

City	Tract	n	% Cost Burdened Households
	509.03*	2,397	21.57
Fellsmere	509.04	1,904	42.02
	508.02	3,474	21.01
Sebastian	508.05*	1,580	23.29
	508.06	1,924	25.94
	508.07	1,919	23.81
	508.08	1,932	25.78
Vero Beach	501	2,539	37.06
	502	1,549	37.90
	504.02	1,217	47.00
Highlands	506.06	3,309	33.97
Indian River Shores	505.01	2,477	25.15
	505.05	1,711	30.45
West Vero Corridor	507.04	1,137	40.28
	507.05	2,700	30.52
	509.03*	2,397	21.57
Gifford	503.02	2,191	37.97
Vero Beach South	507.02	2,071	15.55
	507.03	3,291	21.88
	506.01	1,245	40.96
	508.04	2,134	18.09
Wabasso	508.05*	1,580	23.29

Note. "n" represents total households in the census tract. * denotes census tract overlap

Additionally, variations exist in food and vehicle access among Indian River County residents. When considering vehicle access, 5.44% of households in Indian River County reported having no motor vehicle compared to 6.48% in Florida and 8.71% in the United States.⁸⁷ Although Indian River County reported fewer households without motor vehicles than Florida and the United States, motor vehicle access disparities at the county level do exist. To illustrate, the percentage of households without a motor vehicle in Indian River County varies from the lowest percentage at 0.50% in tract 509.03 to the highest percentage at 24.19% in tract 507.04. However, the highest concentration of households without motor vehicle access exists in the city of Vero Beach within Indian River County (see Table 45).

Table 45. 2014-2018 Percent of Indian River Households with No Car by Census Tract.⁸⁸

City	Tract	n	% Households Without Vehicle
	509.03*	2,397	0.50
Fellsmere	509.04	1,904	7.09
	508.02	3,474	2.16
	508.05*	1,580	4.62
Sebastian	508.06	1,924	1.40
	508.07	1,919	4.06
	508.08	1,932	1.19
	501	2,539	11.58
Vero Beach	502	1,549	4.78
	504.02	1,217	14.63
Highlands	506.06	3,309	4.02
	505.01	2,477	1.25
Indian River Shores	505.05	1,711	3.57
	507.04	1,137	24.19
West Vero Corridor	507.05	2,700	5.37
	509.03*	2,397	0.50
Gifford	503.02	2,191	8.67
	507.02	2,071	1.59
Vero Beach South	507.03	3,291	1.12
	506.01	1,245	9.96
	508.04	2,134	1.45
Wabasso	508.05*	1,580	4.62

Note. "n" represents total households in the census tract. * denotes census tract overlap

When considering access to food, the USDA defines low food access as living more than ½ mile from sources of healthy and affordable food (e.g., supermarkets; large grocery stores).⁸⁹ Within Indian River County, 43.22% reported low food access, which is higher than both the State of Florida (25.70%) and the United States (22.43%). Although Indian River County reported a higher percentage of low food access, percentages of low food access range from 0.00% in tracts 508.08, 504.02, and 507.04 to 100.00% in tract 505.01 (see Table 46).

Table 46. 2010- 2015 Percent of Indian River Households with Low Food Access by Census Tract.⁹⁰

City	Tract	n	% Low Food Access
Fellsmere	509.03*	7,150	94.62
	509.04	7,218	0.88
Sebastian	508.02	8,580	49.24
	508.05*	3,750	32.67
	508.06	4,660	63.29
	508.07	4,657	4.20
	508.08	3,888	0.00
Vero Beach	501	6,114	64.90
	502	2,329	55.12
	504.02	2,281	0.00
Highlands	506.06	10,817	59.26
	505.01	5,291	100.00
Indian River Shores	505.05	3,197	0.00
	507.04	2,186	0.00
West Vero Corridor	507.05	4,860	79.51
	509.03*	7,150	94.62
	503.02	5,354	86.87
Gifford	507.02	5,149	38.19
	507.03	8,751	6.57
	506.01	2,354	24.25
Vero Beach South	508.04	4,956	88.39
	508.05*	3,750	32.67

Note. "n" represents total households in the census tract. * denotes census tract overlap

Social and economic factors, such as those highlighted in Tables 43, 44, 45, and 46, may interact with health factors to drive health inequity.⁹¹ For example, limited vehicle access may impede one's ability to access health-related goods and services (e.g., healthy food, doctor appointments). Moreover, those who are burdened by cost and are unable to obtain affordable housing may also be unable to afford health-related privileges such as health insurance or quality medical care. Additionally, individuals facing such challenges may also struggle to maintain a healthy lifestyle due to a lack of affordable, healthy food options within their vicinity. Thus, indicators such as the ones highlighted should be considered.

Opinions: Surveys

In order to gather Indian River County residents' perceptions of overall health and health care, a series of questions were posed about access to medical, dental and mental healthcare. 80% of residents reported having a primary care provider, and 73% said emergency services respond quickly. Residents reported challenges accessing certain types of care, with low percentages of residents reporting easy access to affordable mental health services (30%) and dental care (38%) with slightly better access to affordable medical care (46%). Only 29% of respondents indicated access to affordable health insurance, with only 45% reporting that uninsured residents have access to medical care. Residents also described issues with the quality of affordable care. Only about 33% rated the quality of affordable healthcare as 'good' or 'great'.

Resident survey responses indicated substance abuse is a significant unaddressed concern for the community. About 59% reported issues with alcohol abuse, 59% reported issues with prescription drug abuse, and 62% reported issues with illegal drug abuse as affecting their community. Residents are generally unaware of free or affordable treatment options for substance abuse. Only 23% of residents surveyed said there were enough treatment options available for residents struggling with addiction.

Interestingly, lower-income residents were more likely than higher-income residents to agree that residents had

access to affordable health insurance (47% vs. 34%), that affordable mental health services are available to meet the needs of residents (50% vs. 36%) and that enough treatment options are available for residents struggling with addiction (44% vs. 27%). Non-white residents were also more likely to agree that addiction treatment options were available compared to white residents (49% vs. 32%). However, white residents were more likely to agree that emergency services respond quickly than non-white residents (90% vs. 78%).

White residents were also more likely to agree that other residents in their community were 'generally healthy' than non-white residents (77% vs. 60%) and to rate their physical health as 'good' or 'great' (73% vs. 56%). Higher-income residents were more likely than lower-income residents to rate their physical health (79% vs. 57%) and mental health (83% vs. 65%) as 'good' or 'great'. There was some variability in responses by community, with residents of Fellsmere being less likely than residents of other areas to say that prescription drug abuse was an issue in their community (69% vs. 88%), and more likely to say that affordable health insurance was available for residents in their community (65% vs. 38%).

Most rated their physical (68%) and mental (74%) health as 'good' or 'great' and said there were safe places to exercise in their community (78%). 54% thought residents in their community were generally healthy. Still, obesity was mentioned as a health concern in many open-ended responses, and residents called for community-level changes to facilitate healthy living, including access to healthy food, sidewalks for walking, and more spaces for exercises.

Opinions: Focus Groups

During focus group discussions, residents described several barriers to accessing healthcare in the community. College-aged youth and underemployed adults were identified as populations that have difficulty affording coverage and qualifying for discounted services. Residents report many providers in the area will not accept uninsured or Medicaid patients. Mental, dental, and specialty healthcare services were even more difficult to access, and some community members travel outside of the county to access needed care.

“ I have good insurance through work, Cigna and it was fine, and I had my two sons on it, but it was \$500.00 month, which I couldn't afford. Now, that they're of age they went on the Obama Care, which has blue cross, blue shield, and nobody in town takes it. Now, in order for them to see a doctor ... And my son who needs a specialist he gets the choice, “Well, do you want to drive to Orlando or Miami?” That part becomes difficult. ”

Residents mentioned multiple providers in the area who offer affordable or free services to uninsured and low-income residents. However, residents noted that there were often long waiting lists for services or unaffordable sliding scales. Insured residents also described unaffordable copays and limited provider availability. Residents felt that emergency departments in the area might be overutilized as a result of limited access to primary care and preventative services. Key community assets were noted, including Visiting Nurse Association mobile clinics, Healthy Start, Partners in Women's Health and Treasure Coast Community Health. Residents also hope the addition of the Cleveland Clinic will help fill gaps in service availability. During focus groups, low-income residents described instances of discrimination, feeling disrespected by providers, and poorly maintained facilities.

“ ...with my daughter on Medicaid here. I took her to a provider here and it was so filthy and disgusting. And they were the only provider in the area. So we had to drive down to Jupiter to find another provider which made it very difficult.”



KEY POINTS

- With regards to health care services, PCP to patient ratios and mental health provider to patient ratios lag behind state and national averages, with mental health provider ratios being worse than PCP ratios. While there is a sufficient supply of dental care providers, residents are concerned with the affordability of services, which limits the use of dental care services.
- Residents felt that income determines both the access and quality of care one receives. The biggest disparities in health and health care access are related to socio-economic status. Some residents are especially concerned with the ability of college-aged youth and the underemployed receiving services. The majority of residents in the community are insured, however, these groups would likely have greater difficulty obtaining coverage.
- Most of the community rated their overall mental and physical health as good to great and the county is ranked in the top 25% in Florida with regards to health. However, the SDOH indicators illustrate pockets of poor physical and mental health. Strategies to implement SDOH programs that focus on population health should be developed and supported. (Examples: www.cdc.gov/socialdeterminants/tools/index.htm.)
- Nevertheless, there are some problem areas of concern, namely smoking and alcohol use among adults, and a rise in vaping among teens. The increase in smoking and alcohol use is leading to serious health problems among residents, as evidenced by a rise in mortality rates due to lung cancer and liver disease.
- Cancer and heart disease were the leading causes of death for residents of Indian River County and the state. In Indian River County, those two diseases were the cause of 49% of all deaths. In addition, Black residents had higher death rates from cancer, heart disease, stroke, and HIV/AIDS than other races and ethnicities.
- The rates of Bacterial STDs have remained relatively stable over time in Indian River County since 2006 even though they have increased statewide.
- Bacterial STDs data disaggregated by gender and ethnicity indicate that rates are highest in the Black female population but are also relatively high in the Black male population. Taken together, the sexual health data reveals a significant disparity in that the Black population has the highest rates of STDs/STIs in the county.
- In 2006, rates of HIV were 9.8 per 100,000. However, HIV levels decreased by 3.2% in 2018 to a rate of 6.6 per 100,000.
- HIV data disaggregated by gender and ethnicity for Indian River County indicate rates remain highest in the male population. However, females experienced the largest decrease in HIV cases from 2006 – 2018.
- HIV rates were highest among individuals who identify as Hispanic, followed by Black identifying individuals. Individuals identifying as Black had the largest decrease in HIV cases out of all racial/ethnic groups.

HOUSING

INTRODUCTION

Having a secure, affordable home absent of structural and environmental health problems (e.g. mold, leaking roof) is considered a basic need that allows residents of a community the ability to tend to other areas of need.^{xxi} Further, the geographic location where a person lives can have a considerable impact on their access to resources such as jobs, services, education, recreation and transportation, all components that contribute to quality of life. Lack of secure affordable housing can result in very low, low and moderate income residents using too much of their income for housing, which can force them to cut back on other basic needs (e.g., food, transportation, clothing, and health care) in order to have housing stability.^{xxii} Lack of affordable housing can also cause lower income residents to live in areas that lack resources such as good-paying jobs, community services, and recreational activities. Affordable housing in Indian River County is

problematic for many residents. As the population in the County grows, thoughtful, informed housing growth will be essential to develop livable communities with a high quality of life for all.

DATA

Data presented in this section was obtained from the Florida Housing Data Clearinghouse (FHDC)^{xxiii} Indian River County Community Development Department as part of the research for the Indian River County Affordable Housing Advisory Committee (AHAC) and the Treasure Coast Homeless Services Council. The FHDC uses data from the U.S. Census Bureau's 2010 Census Data, 2013-17 ACS 5-year summary data, projections from the University of Florida Bureau of Economic and Business Research. The Indian River County Community Development used the same sources for its analysis plus local projections and local project specific data.



With respect to the AHAC, that committee is a multi-jurisdictional committee including members from Indian River County, members from each of the cities and towns within the county, and members involved with various aspects of housing development including nonprofit housing providers and realtors. In addition to census data and data from the FHDC, the AHAC collected localized supply and demand data along with financial cost data for developing affordable housing. To avoid repeating the extensive work that was completed by the AHAC, the data is not reviewed in detail in this report, but recommendations from the AHAC are summarized at the end of this section. Overall, the AHAC analysis is based on the need for affordable housing as identified through the use of local data and data compiled by the FHDC.

SINGLE FAMILY HOME COSTS

The average single-family home in Indian River County was assessed at \$246,791 in 2018. For comparison purposes, the average single-family home value in the state was just \$203,406.^{xxiv} The average value in the county for condominiums was \$ 206,812, while the mobile home value was \$ 41,930. In 2018, the median sales price for a condominium in Indian River County was \$274,579, and the median sales price for a single-family home was \$367,785. The statewide median sales price for a single-family home was \$317,225, while the median sales price for a condominium in the State was \$260,442.^{xxv}

Figure 24 presents information on households in Indian River County between 2014 and 2018. Data indicate that over time, homeownership has increased and renting has decreased while median household income has increased.^{xxvi}

Figure 24. Indian River County Median Household Income.

Household Income



Estimates for 2014-2018, indicate that the median monthly homeowner costs for residents with a mortgage were \$1,299 while monthly home costs without a mortgage were \$495.^{xxvii} Median gross rent was \$957 monthly in Indian River County in 2018, compared to \$1,128 statewide.^{xxviii} According to the US Department of Housing and Urban Development, the fair market monthly rent was as follows based on unit size: a studio apartment: \$617, one-bedroom: \$802, two-bedroom: \$961, three-bedroom: \$1352, and four-bedroom: \$1547.^{xxix}

Indian River County's Affordable Housing Advisory Committee (AHAC) was tasked by the Board of County Commissioners to review the issue of affordable housing in 2019 and make recommendations to the board. As stated in their initial presentation to the board, there are two primary components to affordable housing: housing costs and household income. Affordable housing can be defined as having a monthly rent or mortgage payment, including taxes and insurance, that does not exceed 30% of a given household gross income.^{xxx} In order to reduce the cost burden of households, more affordable housing units must be built or made available to lower-income residents and /or household incomes must increase (e.g., through higher wages). This 30% income threshold is particularly important for lower-income households as they need the majority of most of their remaining wages

to cover basic, non-discretionary needs such as food, utilities, and healthcare. For higher-income households, the 30% threshold is not as critical as these households have additional disposable income above and beyond what is needed to meet basic needs. Households paying between 30% and 50% of income for housing are considered to be cost-burdened; households paying over 50% of income for housing are considered to be severely cost-burdened.^{xxxi}

According to the most recent data available from the FHDC, in 2016, there were 64,930 total households. Of those households, 21,351 households (33%) were paying more than 30% of their income for housing and can be considered cost-burdened. The ratio of cost-burdened households to total households differed for renters and owners, with 14 % of renter households paying more than 30% income for housing (n = 9,134) and 19% of owner-occupied households paying more than 30% income for housing (n = 12,217). In addition, many of these households can be considered to be severely cost-burdened. About 18% (n = 11,544) are paying more than 50% of their income for housing costs.^{xxxii}

Table 47. Indian River County Housing Cost Burden Based on Household Income.

All Households, Cost Burden by Income, 2016 Estimate (Summary)

Geography	Household Income	Housing Cost Burden		
		30% or less	30.1 - 50%	More than 50%
Indian River County	30% AMI or less	783	889	4937
Indian River County	30.1 - 50% AMI	2314	2863	3564
Indian River County	50.1 - 80% AMI	5288	3725	2086
Indian River County	80.1 - 120% AMI	8058	2330	957
Indian River County	more than 120% AMI	23513	3000	623

An important issue to consider when examining the housing needs of a community is homelessness. The Treasure Coast Homeless Services Council conducts its Point-in-Time (PIT) Homeless count annually. This count reflects “a count of sheltered and unsheltered literally homeless persons on a single night in January. To be counted in the PIT count, individuals must be homeless (sleeping on the street, in a car, in the woods, in camp, etc.) or sheltered (emergency shelter, transitional shelter, hotel paid for by an Agency).^{xxxiii}

The numbers presented in Table 48 represent the PIT count for Indian River County on January 29, 2019. As noted, there were 400 unsheltered and 86 sheltered homeless individuals. An additional 265 households reported sharing housing or having temporary arrangements and are not included in Tables 48.^{xxxiv} The number of homeless individuals increased slightly from 2018 to 2019. About 30% of homeless individuals are children, 5% are veterans, and approximately 25% are disabled adults. The vast majority, 82%, are unsheltered.^{xxxv}

Table 48. 2018 – 2019 Difference in PIT Count for Indian River County by Age Cohort.

Total Homeless Individuals			
	January 29, 2019	January 26, 2018	Difference
Adults	337	317	+20
Children	149	130	+19
Total	486	447	+39

Veteran and Disability Status (Self-reported & not verified during the PIT count)			
	2019	2018	Difference
Veterans	337	317	+20
Disabled Adults	149	130	+19

2019 Sheltered and Unsheltered			
	Sheltered	Unsheltered	Total
Adults	50	287	337
Children	36	113	149
Total	86	400	486



Finally, in April of 2019, the AHAC reviewed data regarding the number of residents on waiting lists for housing assistance. At that time, 127 residents were on a waiting list for Section 8 assistance (through rental assistance), 786 residents were on a waiting list for a unit at a subsidized housing project, and 61 residents were on a waiting list for the County's State Housing Initiative Partnership (SHIP) program. Combined with the homeless count, there are approximately 1,460 residents that have an immediate need for housing assistance.

The AHAC also reviewed the Shimberg Center for Affordable Housing cost burdened data for 2016 and categorized and summarized resident needs into High Impact, Medium Impact, and Immediate demand. High Impact Needs households were defined as those paying more than 50% of their income for housing (n = 11,544). Medium Impact Needs households were defined as those paying between 31%-50% of their income for housing (n= 9,807). Immediate Demand was classified as homeless plus persons/households waiting for requested assistance (n =1,460).

AHAC RECOMMENDATIONS

On January 22, 2020, the AHAC completed studying home ownership and rental challenges faced by very low income (VLI), low income (LI) and moderate income (MI) persons and families and developed a list of recommendations to forward to the Board of County Commissioners for consideration to increase homeownership and rental opportunities for the VLI, LI and MI groups. (Appendix D.) That list includes recommendations for:

1. Setting affordable housing development targets for the year 2025 and the year 2030;
2. Revising the County's expedited permitting process;
3. Modifying County Land Development Regulations to further incentivize the development of affordable housing;
4. Reducing or elimination impact fees for affordable housing;
5. Encouraging (through public-private partnership(s)) re-development of a former apartment complex site for new affordable housing;
6. Seeking ways to increase funding for affordable housing and advocating for it (including through established state and federal housing programs – advocacy by all interested parties on the AHAC);
7. Identifying available land for affordable housing and analyzing if additional land should be re-zoned for multi-family; and
8. Requesting municipalities within the County to review and modify their regulations to encourage affordable housing.

Opinions: Surveys

As there is a demonstrated relationship that exists between housing quality and income, the CNA surveys addressed topics such as housing affordability, perceptions of safety, and homelessness to obtain a better sense of the perceptions of residents with regards to their housing needs.

Residents were asked about the availability, affordability, and quality of housing in their community. Although 79% said there is a mix of different types of housing, only 68% said neighborhoods are safe, and 66% said houses are structurally sound. Only 35% of residents said it is easy to find a good place to live and just 26% of residents surveyed agreed that housing in the community is affordable.

Survey findings suggest issues with the quality of affordable housing; 18% of residents surveyed rated the quality of affordable housing in the community as 'good' or 'great.' In addition, only 35% of residents said they know where to find help with housing challenges. Furthermore, 77% of those surveyed agreed that homelessness is a problem in the community. Residents of Fellsmere were less likely to agree that homelessness was a problem than residents of other communities (86% vs. 70%).

When examining survey responses by race, white residents were more likely to agree that houses were structurally sound in their community than non-white residents (85% vs. 74%). White residents were also more likely to agree that there was a mix of different types of housing in their community than non-white residents (81% vs. 67%).

Opinions: Focus Groups

Housing affordability was also a key theme identified in the focus group discussion. Focus group participants explained that although affordable housing developments exist, there are often long waiting lists and strict eligibility criteria that may prevent access. Residents described the need for more housing for young people, seniors, single mothers, veterans, and disabled individuals.

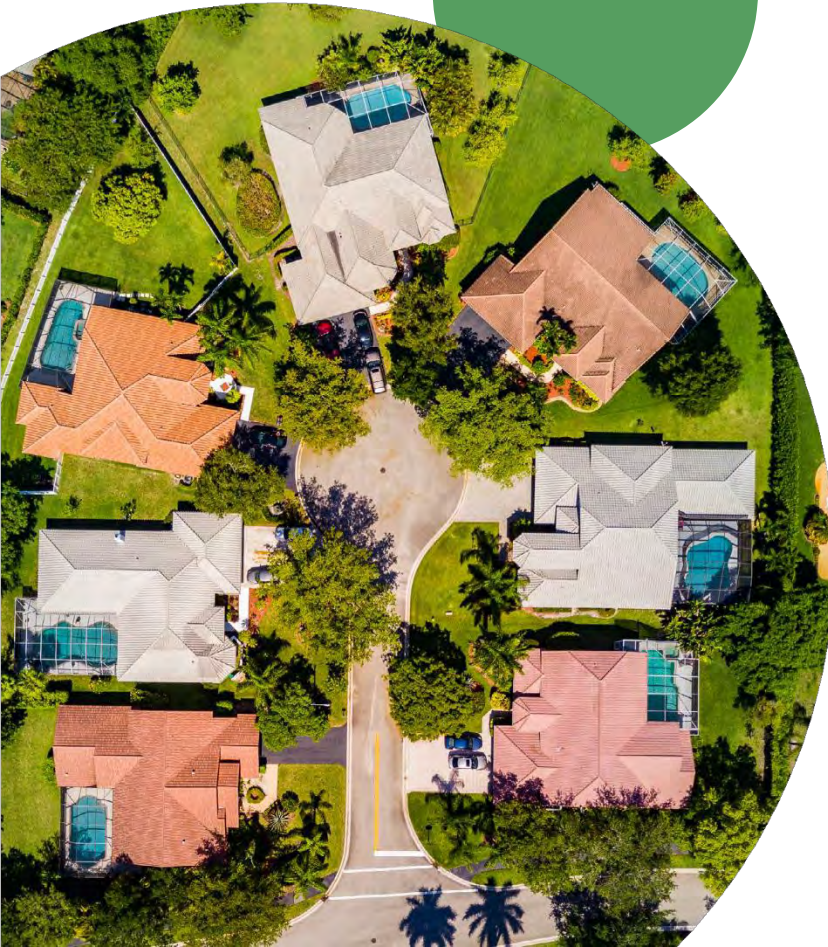
Focus group findings also suggest issues with the quality of affordable housing. Participants described predatory practices of landlords in low income and minority communities; many expressed a reluctance to report landlord violations out of fear of retaliation. Residents questioned whether standards and codes for housing quality were being enforced, describing issues with flooding, mold, and pests as well as concerns about neighborhood blight and abandoned properties.

“ The elephant in the room is when you come into these impoverished communities. The rules don’t apply, and the slum lords have you in a bind where if you file a complaint ... They got a noose, you don’t have anywhere to go. You just can afford what you got, so rather than put your family in jeopardy you suffer. Right? Because you don’t have any ... You can’t go anywhere else. ”

Residents who could afford housing described no issues with housing quality or the availability in their communities, highlighting a disparity in experiences by socio-economic status. Some residents also expressed the need to balance any further housing development with the need to preserve the environment and/or Indian River County way of life.

Many residents called for an increased role of local leadership in addressing housing concerns and drew connections between housing costs and homelessness. In focus groups, residents advocated for rent control, housing subsidies, and affordable housing development. **Many also noted the need for shelters and transitional housing.** Move-in costs and poor credit were identified as an additional barrier to establishing stable housing for renters. Habitat for Humanity was mentioned as a key community asset in helping low-income renters become homeowners, and many residents also wanted support navigating the path to homeownership.





KEY POINTS

- 33 % of Indian River County residents qualify as “housing cost-burdened”, those who are paying more than 30% of their monthly income on rent or mortgage.
- Over 20,000 households in Indian River County are considered housing cost-burdened.
- About 2% of the households in Indian River County can be classified as having immediate needs (i.e., homelessness/waiting lists for County housing programs).
- High housing costs can lead to poor housing conditions, which differentially impact lower-income residents. This can result in substandard housing, which was identified as a concern in focus groups.
- Housing costs are a major component of the overall cost of living for individuals and families in Indian River County.
- The lack of affordable housing options has an impact on the quality of life of lower-income families.
- Wages are another major component of housing cost burden in the County. As stated in the Economic Opportunity section of this report, in many occupations, wages in Indian River County lag that of the state. Another way to alleviate the housing cost burden is to increase wages.
- As outlined by the AHAC, there are numerous actions that can occur by the County, State, cities, and towns in the County, and affordable housing private sector interested parties to increase the development of affordable housing.

SENIORS

INTRODUCTION

Quality of life of older adults is important in many communities, especially as the residents of our communities continue to age, and larger percentages of the population are older adults. Research indicates that older adults and younger adults differ with regard to the elements that contribute to a high quality of life. Whereas factors related to work-life balance and affordable childcare may be significant factors influencing the quality of life in younger adults, factors like mental and physical health, social support and environment are considered important by older adults. As the older adult population grows in a community, awareness of issues affecting the senior population is needed to ensure that older adults can continue living high-quality lives. In Indian River County, about a third (30%) of its population is composed of people age 65+ and older, according to the Department of Elder Affairs.⁹² With such a significant portion of the population in this demographic, it is important to identify any issues this population may be currently facing in order to improve conditions for future generations and prevent the onset of potential disparities. This section will present information on older

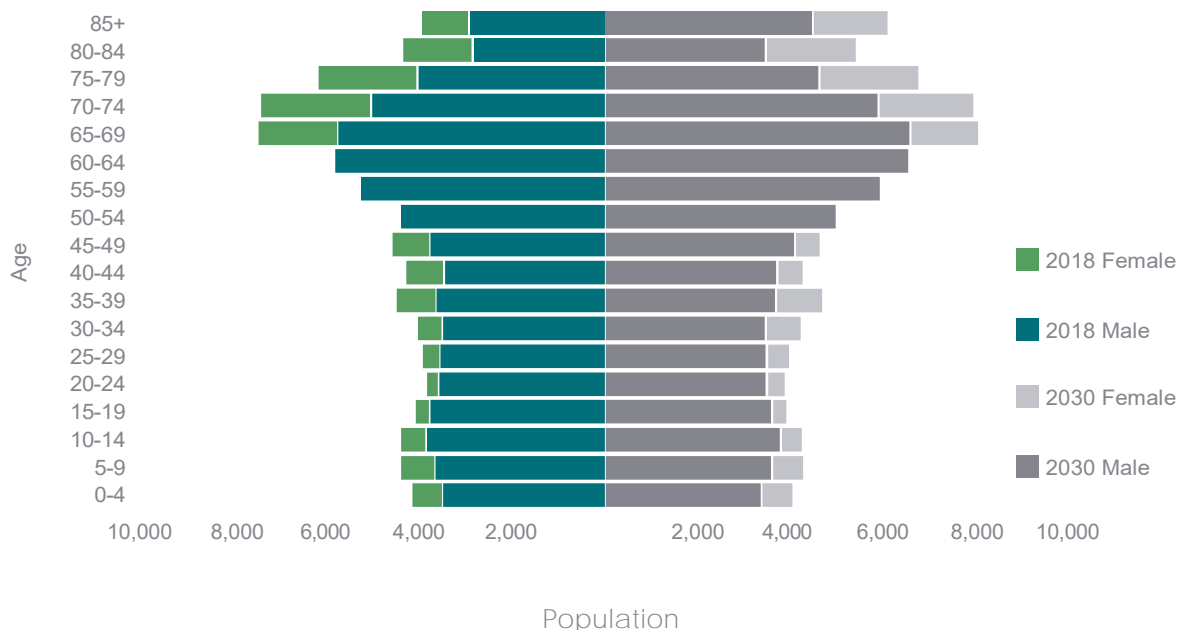
adults living in Indian River County and will include information related to population estimates, financial and housing issues along with available resources.

DATA

In 2018, 58,136 residents living in Indian River were above 60 years old, accounting for about 38% of the county’s population. When reporting sex, 54% of Indian River County residents over the age of 60 identified as female and 46% identified as male.⁹³ When reporting race/ethnicity, the majority of residents over the age of 60 identified as White/Non-Hispanic (95%) and a small portion identified as Black/Non-Hispanic (4%), Hispanic (4%), or as another minority (1%).⁹⁴

The population pyramid presented below reprinted from the Florida Department of Elder Affairs 2018 Profile of Older Floridians, displays 2018 population estimates by gender and compares that with the projected population for 2030 (see Figure 25). This graphic demonstrates the population changes expected over the next ten years.

Figure 25. Population Projections in Indian River County, 2018-2030. Source: Florida Department of Elder Affairs (2019).



The 2018 Profile of Older Floridians also provides a snapshot of several other variables of interest in the older adult (over 60) population that are summarized here. Half (50%) of the older adult female population is married, 31% are widowed, and another 16% are divorced. Comparatively, 75% of older adult males are married, 9% are widowed, and 12% are divorced.⁹⁵ About 23% of older residents live alone. Females are more likely to live alone than males; 68% of those living alone are female. Ninety percent (90%) of the older adult population has at least a high school diploma, with 39% having an Associate degree or higher. About 45% of adults over 60 are still driver license holders, but only 52% are registered to vote.⁹⁶

The Profile also includes a dependency ratio, which “contrasts the number of working-age (15-64) individuals compared to the number of individuals age 65+ and older who are likely retired from the workforce” (see Figure 26). These data present the availability of taxes and wages that can be leveraged to sustain systems and programs used by retirees and provide an index of the availability individuals in the community that can function as caregivers to older adults. The ratio of retired age to working-age adults is expected to increase through 2040, with the population in the county skewing older. In addition, the Profile contains information related to the financial circumstances of older adults in Indian River County. About 20% of seniors are at or below 125% of the poverty level. More detailed Federal Poverty Level information is presented in Table 49.

Figure 26. Working vs. Retired Age Population, 2018.
Source: Florida Department of Elder Affairs (2018).

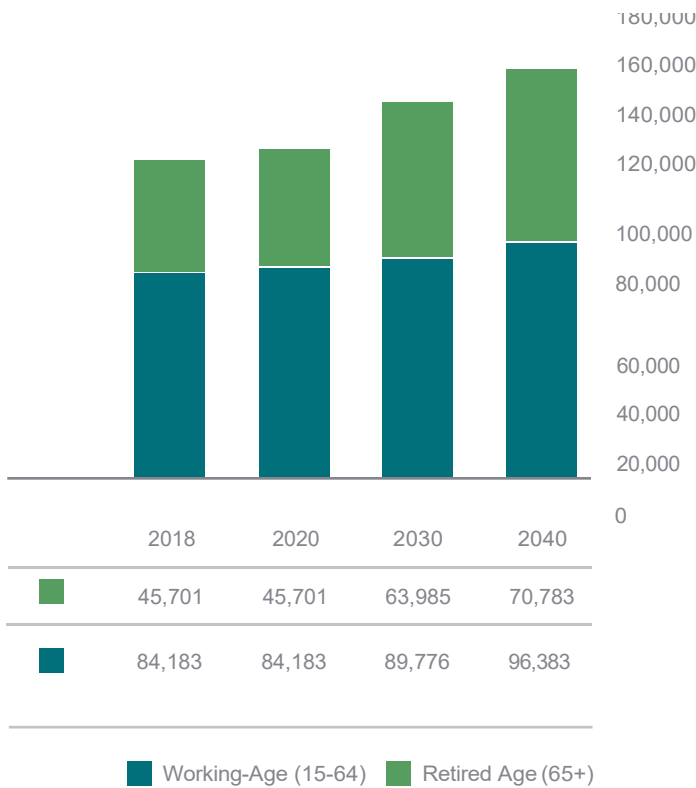


Table 49. Poverty Status of Senior Population in Indian River County, 2018. Source: Florida Department of Elder Affairs (2018).⁹⁷

Federal Poverty Level	Value
Single-Person Household	\$12,140
Two-Person Household	\$16,460
Single-Person Household	\$15,175
Two-Person Household	\$20,575

Poverty Level	Value	Percent
At Poverty Level	4,644	8%
Below 125% of Poverty Level	6,794	12%
Minority At Poverty Level	929	2%
Minority Below 125% of Poverty Level	1,189	2%

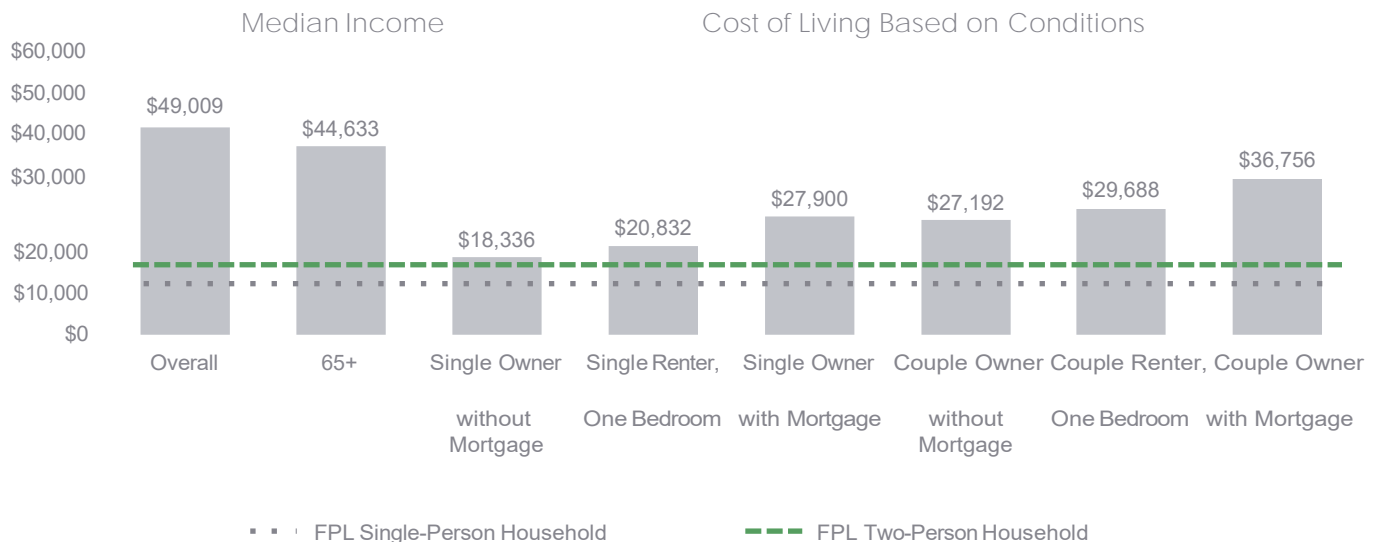
Source: U.S. Department of Health & Human Services, 2018

Source: AGID 2012-16 ACS

The Profile also provides the Financial Conditions graphic below, which depicts the population distribution of those 65+ in relation to the federal poverty level, the cost of living based on homeownership status, and living conditions (single vs. a couple; see Figure 27). The cost of living in the county is always above FPL, with the biggest challenges existing for homeowners and couples.

Figure 27. Working vs. Retired Age Population, 2018. Source: Florida Department of Elder Affairs (2018).

Financial Conditions



Cost of living is an index of how much income retired older adults require to meet their basic needs to live in their community without assistance

Several statistics were also available in the Profile that speaks to the ability of the older adult population to access available resources. Of the 65 and older population, 12% are employed while only 4% are unemployed (i.e., are a part of the labor force but do not have a job). Another 78% of the 65+ population receive Social Security Benefits, while 19% are Supplemental Security Income recipients. While 6,794 senior residents are potentially eligible for the Supplemental Nutrition Assistance Program, only 60% (4,076) of those eligible are participating. The majority of those 65 and over, do have access to a vehicle (96% of owner-occupied households, 72% of renter-occupied households), and the majority also have internet access (79%). Moreover, 98.8% of the 65+ and older population has access to health insurance.

According to the Florida Department of Health’s Aging in Florida Profile, there were few areas in which seniors in Indian River reported faring better health-wise than seniors on average living in the State of Florida. A majority (76.2%) of seniors 65+ living in Indian River, 76.2% reported good, very good, or excellent health status as compared to 75.7% in the state. In addition, 54.5% of seniors in Indian River ages 65+ reported meeting aerobic activity recommendations, and 34.8% reported meeting muscle activity recommendations.

There were several areas in which seniors in Indian River fared worse than seniors on average in the state of Florida. Concerning risky behaviors, 14.2% of seniors ages 65+ in Indian River County reported being current smokers, and 16.2% reported being heavy or binge drinkers, as compared to rates of 8.4% and 8.7% in the state, respectively. Additionally, only 85.8% of seniors in Indian River reported having a personal doctor as compared to 93.2% in the state.

Opinions: Surveys

Overall, the available data show there may be specific needs for seniors that aren't being currently met as several seniors are living below the poverty level, and there may be some unmet health needs. As such, several questions were asked of seniors to examine further the issues that Indian River County's senior population is facing. Some areas of interest were whether seniors felt that there was adequate availability of transportation, meal delivery, and in-home services. The availability of recreational services and their general perception of their community was also investigated. Most seniors reported that the community is a good place for seniors to live (87%). Seniors reported having access to free meal services (77%), and affordable transportation (75%). Seniors were less likely to agree that affordable in-home services were available to assist with daily activities, such as personal care and chores (41%). Residents highlighted the need for in-home services in open-ended responses as well and cited loneliness and food insecurity as potential concerns for isolated seniors.

Many seniors said they had access to recreational facilities to stay social (66%) as well as important informational services (61%) such as legal assistance, benefits enrollment and navigation, and referral for local services. However, low-income seniors were less likely to agree that they had access to these services. The need for accessible recreational facilities for low-income seniors was also mentioned in open-ended responses. Open-ended survey items highlighted the need for behavioral and specialty care for low-income seniors with advanced medical needs, especially. Overall, responses suggested greater quality and availability of services to wealthy, retired seniors. Higher-income seniors were more likely than lower-income seniors to agree that recreational facilities were available for them to stay active and social in their community (83% vs. 64%). Additionally, only 26% of seniors rated the quality of low-cost and free services available to seniors as 'good' or 'great'. Taken together, disparities with regards to access to several services exist along socio-economic lines with wealthier seniors having access and low-income seniors lacking access.

Opinions: Focus Groups

Focus group participants were also asked questions regarding the quality of life and available services for seniors. Participants acknowledged greater availability of community services for seniors compared to other residents, but also noted a need for expansion and

improved quality of services in some areas. Participants acknowledged that access to available services for seniors might also be impacted by lack of awareness, ability to navigate the system, or limited transportation. Senior Resource Association (SRA) was mentioned as a primary resource for seniors. Participants discussed services offered through and or subsidized by SRA, such as transportation, Meals on Wheels, and in-home care. The reaction to the services provided by Meals on Wheels was mixed. Some participants spoke to the value of the service provided for homebound residents, while others questioned the quality of the meals that were offered to seniors as not being sufficient. The reactions to the in-home services provided were mostly positive.

Participants also discussed issues related to housing for seniors, including affordability and quality of assisted living facilities and nursing homes. Residents explained that housing costs were too high for seniors living on a fixed income and Social Security. Residents commented that if seniors were unable to stay in their homes, that there would be nowhere for them to go, and they could end up homeless as many of the retirement communities cater to the wealthy.

“ Because ten years ago, their social security disability income would basically sustain them, or the other person who lived with them has now died, so they no longer have any more than \$1,100 or \$1,200 a month, and no viability to secure any additional funds in any way, shape, or form. They’re not going to work at McDonald’s because they’re 75 or 80. ”

Many participants commented that many assisted facilities and nursing home facilities that catered to lower-income residents provided low-quality care and inadequate resources to residents and suffered from staffing issues. Participants commented that the hospitals often receive admits who are seniors living in these facilities with obvious signs of poor care.

“ Within a patient care ratio, in this case, three to one, let’s say, or six to one. I mean, that’s substandard. And then I would like, my curiosity, this is just my own curiosity because I worked in healthcare for 15 years. I would like to see these facilities be accountable for how they, where they’ll get those funds, how those funds are distributed. That would be being accountable ”

Participants commented that high-end facilities that catered to wealthier residents were available and of good quality. In addition, participants remarked that adult daycare facilities were available for residents and mostly had a positive reputation in the community.

KEY POINTS

- The average age of Indian River County residents is rising, and residents over 65 will make up a larger proportion of the population by 2030.
- Overall, seniors living in Indian River County report being in good health, though some struggle with addictive behaviors.
- Housing costs are a major component of the overall quality of life for seniors living in Indian River County. The availability of affordable housing options has an impact on the quality of life of lower-income seniors.
- A lack of quality, affordable assisted living, residential options for the elderly is also problematic. Residents felt that income determines both the access and quality of care one receives.



OTHER EMERGING THEMES

A series of themes emerged from survey and focus group data that are worth mentioning. Residents reported experiences of discrimination in multiple domains, including housing, education, employment, and healthcare. For example, residents were concerned about the quality of healthcare for low-income residents, employment opportunities for individuals with criminal records, treatment of Hispanic youth in schools, and the quality of housing in minority communities. Residents also described the impact of discrimination on immigrants who may fear accessing needed social services, healthcare out of fear of being taken into custody or deported.

“ So some of the moms, especially in Fellsmere, which is north. It’s a long drive. We only have the two primary obstetrics offices, our prenatal care offices. And they’re in Vero, so if they’re taking buses, or even driving, sometimes there’s a fear. Like, if I get pulled over. Because the Sheriff’s Department is collaborating with ICE, if they get pulled over, they’re taken right then. So, if their children are in school, their children are coming home to no one. So there’s a fear to go to trouble to make that journey to go to their prenatal care. ”

Community members described transportation challenges in surveys and focus group discussions. Transportation issues prevent residents from accessing healthcare and employment opportunities. Many residents who don’t own cars take advantage of free public transportation provided by the Go Line. Still, the service has limited routes and offers little service on weekends and evenings. Poor lighting and lack of sidewalks present safety concerns for those walking and/or riding bicycles as a means of transportation.

“ In my town I got to be at work at 2:30 and I don’t get off until 10:00... Either I’m walking home or, like me I bought a bike. Now six, seven I’m out. You know how it feels riding to work sweaty? Leaving two, three hours early to go to work, just so you be there on time? Or if it rains, you’re stuck in the rain. ”

In 2016, there were 840 Nonprofits in Indian River County, according to the Nonprofit Market Report. Additionally, the median giving ratio in Indian River County was 5.6%, higher than the median in the state (3.4%) and the country (3%). Between 2008 and 2018, the Community Foundation has raised approximately \$100 million in charitable contributions and has awarded more than \$50 million in grants, mostly to local philanthropic organizations (Measure of our Mission Annual Report, 2018). Communities' members recognized the work of charitable foundations and described an array of valued services and organizations. However, residents pointed to the need for coordination and communication of services among the numerous non-profits to improve access and quality. While appreciative of philanthropic efforts, some residents felt their voices were not heard or respected in decision-making processes. Others called for increased accountability for non-profits who receive funding to deliver services.

“You throw the money in the pot and pat yourself on the back. Follow your money. Because sometimes the money does not trickle down the way that it should.”

Community members described a lack of awareness of available programs and services as a key factor impacting service utilization. When asked about the availability of free meals in the summer (21%), free meals during breaks (38%), and affordable after school programs (27%), only small percentages of parents reported they were aware of such service offerings. Additionally, only small percentages of seniors knew how to access information services (21%) or affordable in-home assistance (29%) in their community. Small percentages of residents reported awareness of educational and job training opportunities (23%) or access to medical care for uninsured residents (26%) as being available.



CONCLUSIONS AND RECOMMENDATIONS

The primary issue that repeatedly materialized across all s in this needs assessment was related to the economic barriers lower incomes residents in Indian River County are facing. An ample income usually grants individuals access to resources that allow for a high-quality life for community residents — such as access to housing, health care, quality schools, secure neighborhoods, and time and money to enjoy recreational activities necessary for well-being.

Throughout the needs assessment, residents expressed concerns with economic issues related to the affordability of basic needs like housing, health care, child care, and senior care. Creating opportunities for employment that allow residents to earn enough money to make ends meet, which is equal to (or even above) a living wage, is key to improving the lives of county residents. This will likely involve developing employment opportunities with salaries that allow residents to meet needs and enhancing training programs and educational opportunities that align with growth in higher-paying occupations. Below are several recommendations that can assist the stakeholders within the Indian River County community to address barriers and close gaps.

Encourage collaboration to address complex, systemic problems, improve service quality and balance competing priorities.

Residents identified multi-faceted community issues that call for systemic changes and cross-sector collaborations, and many called for organizations to work together to enhance service quality. Funders can help cultivate coordination and collaboration by promoting a collective impact model. Core elements of the collective impact model include a common goal, shared measurement systems, mutually reinforcing activities, continuous communication and backbone support. Within a collective impact model, organizations can work together to agree on desired outcomes, align activities, share best practices, develop referral pathways, and maximize the efficiency of service delivery. By engaging diverse stakeholders and incorporating multiple perspectives, initiatives can develop solutions that balance competing priorities, such as creating jobs and housing without sacrificing community charm

and culture. Philanthropic organizations can leverage their position as funders, conveners, and influential community champions to support collective impact initiatives. For example, foundations can work to build that capacity and infrastructure for multiple organizations to work together by investing in backbone organizations or promoting the use of a shared measurement system and adopting a systemic, problem-focused orientation as opposed to focusing on individual grantees. Additionally, shifting to a long-term investment strategy with long-term goals may also allow sufficient time for system-level changes associated with collective impact initiatives to materialize.

Advocate for a living wage.

A prominent theme of resident responses was the impact of low wages at jobs available in the community on the quality of life. Higher wages could help workers and families afford medical care, health insurance, and quality housing. According to the MIT Living Wage Calculator, the hourly rate that an individual must earn to support him or herself and their family in Indian River County is \$10.99 for a single adult with no children, \$27.81 for a single adult with two children, and \$15.18 for two working adults with two children. However, the current minimum hourly wage in Florida is \$8.46. Philanthropic organizations can leverage their position as funders to encourage or enable local nonprofits to pay their employees a living wage. In 2016, 840 nonprofits employed a total of 4,484 individuals in Indian River County, or 9% of the jobs countywide and the nonprofit sector accounted for 11% of county-wide wages or provide funding for a workers' rights group or coalition to advocate for living wages and other protections for workers.

Assess barriers and improve access to community services.

Indian River County residents who were aware of community services often had faced difficulties associated with accessibility, suggesting the need for implementation of strategies to help ensure all residents who need community services can take advantage of them. Program leaders should identify and eliminate barriers to access for community services including, physical barriers such as location & transportation, administrative barriers including long waits and complicated forms, and social barriers like stigma and lack of cultural competency.

For example, according to the Florida Access and Functional Needs Profile, only 51.1% of families eligible for WIC were served in 2018, significantly lower than the 68% served across the state. This suggests some WIC eligible families may be experiencing barriers to enrollment, such as distrust or limited literacy, that negatively impact WIC intake. Many residents described instances of perceived discrimination when accessing services, suggesting the need for cultural competency and bias training for teachers, healthcare providers, and other service delivery professionals. Other strategies to enhance access to services and programs include adjusting schedules and/or location, providing communication assistance for speakers of other languages, or streamlining program enrollment procedures. Outreach can be used to increase awareness of services or bring services directly to users. Outreach efforts may be particularly important for supporting isolated seniors. Program leaders can leverage widely recognized programs that serve seniors, such as community coach or meals on wheels, to identify isolated seniors, assess needs, and spread awareness of other available services.

Increase housing stability and quality with policy, codes enforcement, and resident empowerment.

Housing quality and affordability issues were among the top concerns identified in the survey and focus group responses. Promising policies for a strong local housing strategy such as the creation and preservation of affordable housing units and promoting affordability by reducing barriers to new housing supply should be considered. Other policies and programs may help residents' access and afford private-market homes – such as enforcing fair housing laws and implementing cost assistance or other programs to help residents overcome obstacles to homeownership. Strategies to protect residents against displacement and poor housing conditions may include the provision of financial assistance to help homeowners avoid foreclosures or legal assistance to help renters resolve conflicts with landlords. The creation and enforcement of housing and building codes may ensure residential properties meet minimum health and safety standards. Housing strategies may be supported by complementary strategies in the areas of health, education, transportation, and the environment, such as cost-effective modifications to the built environment and community infrastructure that support the health and safety of residents. For example, adoption or expansion of complete streets can support residents in maintaining employment, safe routes to

school and help residents stay active and connected while increasing assistance for home safety modifications may result in increased improved housing quality as well as safety for aging adults.

Improve access to healthcare through expansion, integration, and innovation.

Access to behavioral and specialty care services was an identified need for youth, seniors, and Indian River County residents overall. Implementation or expansion of telehealth may improve access to care for underserved populations and residents of rural areas. The delivery of health care through technology can help reduce barriers for people who have difficulty locating providers or who have transportation or mobility issues. Telehealth can also help patients reduce the stigma of visiting certain providers, such as substance abuse or mental health professionals. Telehealth has potential applications across the spectrum of the behavioral health continuum of care, including screening and assessment, treatment, medication management, monitoring, the continuation of care, or to deliver education or facilitate collaboration for multi-disciplinary teams. Additional strategies for improving care delivery may include identifying opportunities to integrate primary and behavioral care, such as developing a rural school-based health center model and expansion of successful services such as mobile clinics that deliver needed and valued care to residents.

Use participatory approaches to build trust and transparency.

Findings suggested the need for charitable organizations and foundations to enhance trust and communication with the constituencies they serve as many residents called for greater accountability and transparency. Philanthropic institutions can engage residents as respected stakeholders in decision making by encouraging non-grant makers to help set priorities and develop strategies or inviting non-grant makers to participate in advisory committees and boards or implementing approaches to participatory grantmaking. These participatory approaches to philanthropy may help to build trust, accountability, and credibility for grantmaking organizations. Participation also directly empowers communities and leverages the experiences of residents who are often most affected by issues. Participatory approaches can help to further the mission of philanthropy by leading to better decisions and outcomes, promoting social justice and equity, and promoting civic and community engagement.

REFERENCES

- i. National League of Cities for Youth, Education, and Families. (2016). Supporting early childhood success action kit. <https://www.nlc.org/resource/supporting-early-childhood-success-action-kit>
- ii. National League of Cities for Youth, Education, and Families. (2016). Supporting early childhood success action kit. <https://www.nlc.org/resource/supporting-early-childhood-success-action-kit>
- iii. <http://www.flhealthcharts.com/FLQUERY/Population/PopulationRpt.aspx>
- iv. <https://data.census.gov/cedsci/table?q=demographic&g=&hidePreview=true&table=DP05&tid=ACSDP1Y2018.DP05&lastDisplayedRow=17&vintage=2018&moe=false&mode=>
- v. <http://www.flhealthcharts.com/charts/default.aspx>
- vi. <http://www.flhealthcharts.com/charts/default.aspx>
- vii. <http://www.flhealthcharts.com/charts/default.aspx>
- viii. <http://www.flhealthcharts.com/charts/default.aspx>
- ix. <http://www.flhealthcharts.com/charts/default.aspx>
- x. <http://www.flhealthcharts.com/charts/default.aspx>
- xi. <https://edudata.fldoe.org/ReportCards/Schools.html?school=0000&district=31>
- xii. <https://edstats.fldoe.org/>
- xiii. <https://edstats.fldoe.org/>
- xiv. <https://edstats.fldoe.org/>
- xv. <https://edudata.fldoe.org/ReportCards/Schools.html?school=0000&district=31>
- xvi. <https://edstats.fldoe.org/>
- xvii. <https://edudata.fldoe.org/ReportCards/Schools.html?school=0000&district=31>
- xviii. <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.ChildHealthStatusProfile>
- xix. <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.ChildHealthStatusProfile>
- xx. <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.ChildHealthStatusProfile>
- xxi. Mulroy, E., & Ewalt, P. (1996). Editorial: Affordable Housing: A Basic Need and a Social Issue. *Social Work*, 41(3), 245-249. Retrieved from <http://www.jstor.org/stable/23718167>.
- xxii. Harvard University (2011). Joint Center for Housing Studies. America's Rental Housing: Meeting Challenges, Building on Opportunities. Retrieved from <http://www.jchs.harvard.edu/research/publications/americas-rental-housing-meeting-challenges-building-opportunities>.
- xxiii. Florida Housing Data Clearinghouse (2020). Retrieved from <http://flhousingdata.shimberg.ufl.edu>
- xxiv. Florida Housing Data Clearinghouse (2020). Retrieved from <http://flhousingdata.shimberg.ufl.edu>
- xxv. Florida Housing Data Clearinghouse (2020). Retrieved from <http://flhousingdata.shimberg.ufl.edu>
- xxvi. Florida Housing Data Clearinghouse (2020). Retrieved from <http://flhousingdata.shimberg.ufl.edu>
- xxvii. <https://www.census.gov/quickfacts/indianrivercountyflorida>
- xxviii. Florida Housing Data Clearinghouse (2020). Retrieved from <http://flhousingdata.shimberg.ufl.edu>
- xxix. Florida Housing Data Clearinghouse (2020). Retrieved from <http://flhousingdata.shimberg.ufl.edu>
- xxx. Indian River Affordable Housing Advisory Committee Meeting Presentation (2019).
- xxxi. Indian River Affordable Housing Advisory Committee Meeting Presentation (2019)
- xxxii. Florida Housing Data Clearinghouse (2020). Retrieved from <http://flhousingdata.shimberg.ufl.edu>
- xxxiii. <http://www.tchelpspot.org/wordpress/wpcontent/uploads/2019/03/2019PIT.pdf>
- xxxiv. <http://www.tchelpspot.org/wordpress/wpcontent/uploads/2019/03/2019PIT.pdf>
- xxxv. <http://www.tchelpspot.org/wordpress/wpcontent/uploads/2019/03/2019PIT.pdf>
- 1 <http://edr.state.fl.us/Content/area-profiles/county/indianriver.pdf>
- 2 <http://edr.state.fl.us/Content/area-profiles/county/indianriver.pdf>
- 3 <http://www.flhealthcharts.com/FLQUERY/Population/PopulationRpt.aspx>
- 4 <http://edr.state.fl.us/Content/area-profiles/county/indianriver.pdf>
- 5 <http://www.flhealthcharts.com/FLQUERY/Population/PopulationRpt.aspx>
- 6 <http://www.flhealthcharts.com/FLQUERY/Population/PopulationRpt.aspx>
- 7 <https://bit.ly/35QXCTD>
- 8 <http://edr.state.fl.us/Content/area-profiles/county/indianriver.pdf>
- 9 <https://www.epi.org/publication/the-new-gilded-age-income-inequality-in-the-u-s-by-state-metropolitan-area-and-county/>
- 10 <http://edr.state.fl.us/Content/area-profiles/county/indianriver.pdf>; <https://www.census.gov/quickfacts/fact/table/indianrivercountyflorida/INC910218#INC910218>
- 11 <https://bit.ly/2zqltNZ>
- 12 Selected Economic Characteristics. 2014, 2016, 2018
- 11 https://data.census.gov/cedsci/table?q=DP03%3A%20SELECTED%20ECONOMIC%20CHARACTERISTICS&table=DP03&tid=ACSDP1Y2016.DP03&lastDisplayedRow=144&hidePreview=true&moe=false&g=0500000US12061_0400000US12_0100000US&vintage=2016&t=
- 12 Selected Economic Characteristics. 2014, 2016, 2018
- ACS 1-Year Estimate Subject Tables (Table ID: DP03). Retrieved from <https://bit.ly/3fF3NPe>
- ACS 1-Year Estimate Subject Tables (Table ID: DP03). Retrieved from <https://bit.ly/3fF3NPe>
- 13 <http://www.flhealthcharts.com/Charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=0021>
- 14 <http://www.flhealthcharts.com/Charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=0021>
- 15 <http://www.flhealthcharts.com/Charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=0021>
- 16 <http://www.flhealthcharts.com/Charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=0021>
- 17 <http://www.flhealthcharts.com/Charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=0021>
- 18 <http://www.flhealthcharts.com/Charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0269>
- 19 <http://www.flhealthcharts.com/Charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0666>
- 20 <http://www.flhealthcharts.com/Charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0065>
- 21 <https://bit.ly/3fF3NPe>
- 22 <https://www.myffamilies.com/programs/childwelfare/dashboard/c-in-ooH.shtml>
- 23 <https://edudata.fldoe.org/ReportCards/Schools.html?school=0000&district=31>
- 24 <https://edstats.fldoe.org/portal%20pages/Documents/Definitions.pdf>
- 25 <https://edstats.fldoe.org/SASWebReportStudio/gotoReportPage.do?pageNumber=30&tocOpen=open>
- 26 <https://edstats.fldoe.org/SASWebReportStudio/gotoReportPage.do?pageNumber=30&tocOpen=open>

- 27 <https://edstats.fldoe.org/SASWebReportStudio/gotoReportPage.do?pageNumber=30&tocOpen=open>
- 28 <https://edstats.fldoe.org/SASWebReportStudio/gotoReportPage.do?pageNumber=30&tocOpen=open>
- 29 <https://edstats.fldoe.org/SASWebReportStudio/gotoReportPage.do?pageNumber=30&tocOpen=open>
- 30 <https://edstats.fldoe.org/portal%20pages/Documents/Definitions.pdf>
- 31 <https://edstats.fldoe.org/SASWebReportStudio/gotoReportPage.do?pageNumber=30&tocOpen=open>
- 32 <https://edstats.fldoe.org/SASWebReportStudio/gotoReportPage.do?pageNumber=30&tocOpen=open>
- 33 <https://edstats.fldoe.org/SASWebReportStudio/gotoReportPage.do?pageNumber=30&tocOpen=open>
- 34 <https://edstats.fldoe.org/portal%20pages/Documents/Definitions.pdf>
- 35 <https://edstats.fldoe.org/SASWebReportStudio/gotoReportPage.do?pageNumber=30&tocOpen=open>
- 36 <https://edstats.fldoe.org/SASWebReportStudio/gotoReportPage.do?pageNumber=30&tocOpen=open>
- 37 <https://edstats.fldoe.org/SASWebReportStudio/gotoReportPage.do?pageNumber=30&tocOpen=open>
- 38 <http://edr.state.fl.us/Content/area-profiles/county/indianriver.pdf>
- 39 <http://edr.state.fl.us/Content/area-profiles/county/indianriver.pdf>
- 40 Selected Economic Characteristics. (TableID: DP03). Retrieved from <https://bit.ly/3f3NPe>
- 41 Selected Economic Characteristics. (TableID: DP03). Retrieved from <https://bit.ly/3f3NPe>
- 42 Selected Economic Characteristics. (TableID: DP03). Retrieved from <https://bit.ly/3f3NPe>
- 43 Selected Economic Characteristics. (TableID: DP03). Retrieved from <https://bit.ly/3f3NPe>
- 44 Selected Economic Characteristics. (TableID: DP03). Retrieved from <https://bit.ly/3f3NPe>
- 45 http://unitedwaymiami.org/wp-content/uploads/2019/02/18UW-ALICE-Report_COUNTY_FL_10.31.18.pdf
- 46 https://www.census.gov/glossary/#term_Unemployed
- 47 https://www.census.gov/glossary/#term_Unemploymentrate
- 48 Selected Economic Characteristics: 2014, 2016, 2018 ACS 5-Year Estimates Subject Tables (Table ID: DP03). Retrieved from <https://bit.ly/2xVQLvU>
- 49 Selected Economic Characteristics: 2014, 2016, 2018 ACS 5-Year Estimates Subject Tables (Table ID: DP03). Retrieved from <https://bit.ly/2xVQLvU>
- 50 <http://edr.state.fl.us/Content/area-profiles/county/indianriver.pdf>
- 51 <http://edr.state.fl.us/Content/area-profiles/county/indianriver.pdf>
- 52 <http://edr.state.fl.us/Content/area-profiles/county/indianriver.pdf>
- 53 <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.LifeExpectancyProfile>
- 54 <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.LifeExpectancyProfile>
- 55 <http://www.flhealthcharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0092>
- 56 <http://www.flhealthcharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0092>
- 57 <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.CountyHealthProfile>
- 58 <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.CountyHealthProfile>
- 59 <http://www.flhealthcharts.com/charts/Brfss/DataViewer.aspx?bid=77>
- 60 <http://www.flhealthcharts.com/charts/Brfss/DataViewer.aspx?bid=77>
- 61 <http://www.flhealthcharts.com/charts/Brfss/DataViewer.aspx?bid=77>
- 62 <http://www.flhealthcharts.com/charts/Brfss/DataViewer.aspx?bid=77>
- 63 <http://www.flhealthcharts.com/charts/Brfss/DataViewer.aspx?bid=77>
- 64 <http://www.flhealthcharts.com/charts/Brfss/DataViewer.aspx?bid=77>
- 65 <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.OpioidUseDashboard>
- 66 <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.OpioidUseDashboard>
- 67 <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.OpioidUseDashboard>
- 68 <https://www.myflfamilies.com/service-programs/samh/prevention/fysas/2018/docs/county-tables/Indian%20River.pdf>
- 69 <https://www.myflfamilies.com/service-programs/samh/prevention/fysas/2018/docs/county-tables/Indian%20River.pdf>
- 70 <http://www.flhealthcharts.com/charts/Brfss/DataViewer.aspx?bid=77>
- 71 <http://www.flhealthcharts.com/charts/Brfss/DataViewer.aspx?bid=77>
- 72 <http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalSTDDataViewer.aspx?cid=9767>
- 73 <http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalSTDDataViewer.aspx?cid=9767>
- 74 <http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalSTDDataViewer.aspx?cid=9767>
- 75 <http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalSTDDataViewer.aspx?cid=9767>
- 76 <http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalSTDDataViewer.aspx?cid=9767>
- 77 <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=HIVAIDS.Dataviewer&rdRequestForwarding=Form>
- 78 <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=HIVAIDS.Dataviewer&rdRequestForwarding=Form>
- 79 <http://www.flhealthcharts.com/Charts/OtherIndicators/NonVitalIndGrpDataViewer.aspx?cid=9835>
- 79 <http://www.flhealthcharts.com/Charts/OtherIndicators/NonVitalIndGrpDataViewer.aspx?cid=9835>
- 80 Coverage Status: 2014, 2016, 2018 ACS 1-Year Estimates Subject Tables (Table ID: S2701); Private v. Public Health Insurance: 2014, 2016, 2018 ACS 1-Year Estimates Data Profiles (Table ID: DP03). Retrieved from <https://bit.ly/3bn5kGc>
- 81 <https://www.countyhealthrankings.org/app/florida/2018/rankings/indian-river/county/outcomes/overall/snapshot>
- 82 CARES Engagement Network (2020). Community Health Needs Assessment Health Indicators Report [PDF file]. Retrieved from CHNA Report
- 83 CARES Engagement Network (2020). Community Health Needs Assessment Health Indicators Report [PDF file]. Retrieved from CHNA Report
- 84 See CARES Engagement Network (2020). Community Health Needs Assessment Health Indicators Report [PDF file]. Retrieved from CHNA Report
- 85 See CARES Engagement Network (2020). Community Health Needs Assessment Health Indicators Report [PDF file]. Retrieved from CHNA Report
- 86 See CARES Engagement Network (2020). Community Health Needs Assessment Health Indicators Report [PDF file]. Retrieved from CHNA Report
- 87 CARES Engagement Network (2020). Community Health Needs Assessment Health Indicators Report [PDF file]. Retrieved from CHNA Report
- 88 CARES Engagement Network (2020). Community Health Needs Assessment Health Indicators Report [PDF file]. Retrieved from CHNA Report
- 89 Rhone, A., Ploeg, M. V., Dicken, C., Williams, R., & Breneman, V. (January 2017). Low-Income and Low-Supermarket-Access Census Tracts, 2010-2015 [PDF file]. United States Department of Agriculture, EIB-165, 1-17. Retrieved from <https://www.ers.usda.gov/webdocs/publications/82101/eib-165.pdf?v=0>
- 90 CARES Engagement Network (2020). Community Health Needs Assessment Health Indicators Report [PDF file]. Retrieved from CHNA Report
- 91 Rhone, A., Ploeg, M. V., Dicken, C., Williams, R., & Breneman, V. (January 2017). Low-Income and Low-Supermarket-Access Census Tracts, 2010-2015 [PDF file]. United States Department of Agriculture, EIB-165, 1-17. Retrieved from <https://www.ers.usda.gov/webdocs/publications/82101/eib-165.pdf?v=0>
- 92 http://elderaffairs.state.fl.us/does/pubs/stats/County_2018/Counties/Indian%20River.pdf
- 93 http://elderaffairs.state.fl.us/does/pubs/stats/County_2018/Counties/Indian%20River.pdf
- 94 http://elderaffairs.state.fl.us/does/pubs/stats/County_2018/Counties/Indian%20River.pdf
- 95 http://elderaffairs.state.fl.us/does/pubs/stats/County_2018/Counties/Indian%20River.pdf
- 96 http://elderaffairs.state.fl.us/does/pubs/stats/County_2018/Counties/Indian%20River.pdf
- 97 http://elderaffairs.state.fl.us/does/pubs/stats/County_2018/Counties/Indian%20River.pdf

National League of Cities for Youth, Education, and Families. (2016). Supporting early childhood success action kit. <https://www.nlc.org/resource/supporting-early-childhood-success-action-kit>

National League of Cities for Youth, Education, and Families. (2016). Supporting early childhood success action kit. <https://www.nlc.org/resource/supporting-early-childhood-success-action-kit>

<http://www.flhealthcharts.com/FLQUERY/Population/PopulationRpt.aspx>

<https://data.census.gov/cedsci/table?q=demographic&g=&hidePreview=true&table=DP05&tid=ACSDP1Y2018.DP05&lastDisplayedRow=17&vintage=2018&moe=false&mode=>

<http://www.flhealthcharts.com/charts/default.aspx>

<http://www.flhealthcharts.com/charts/default.aspx>

<http://www.flhealthcharts.com/charts/default.aspx>

<http://www.flhealthcharts.com/charts/default.aspx>

<http://www.flhealthcharts.com/charts/default.aspx>

<http://www.flhealthcharts.com/charts/default.aspx>

<https://edudata.fldoe.org/ReportCards/Schools.html?school=0000&district=31>

<https://edstats.fldoe.org/>

<https://edstats.fldoe.org/>

<https://edudata.fldoe.org/ReportCards/Schools.html?school=0000&district=31>

<https://edstats.fldoe.org/>

<https://edudata.fldoe.org/ReportCards/Schools.html?school=0000&district=31>

<http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.ChildHealthStatusProfile>

<http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.ChildHealthStatusProfile>

<http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.ChildHealthStatusProfile>

Appendix A: Community Resource Examples



United Way of
Indian River County

COVID-19 Community Response Fund Resources

Rent Assistance

Economic Opportunities Council
(772) 562-4177 | EQCofIRC.net

TC Homeless Services Council
(772) 567-7790 | TCHelpSpot.org

United Against Poverty
(772) 564-9365 | UPIRC.org

Utilities Assistance

Economic Opportunities Council
(772) 562-4177 | EQCofIRC.net

Food Access Assistance

Food Pantry of IRC
(772) 770-2068 | FoodPantryIRC.org

Senior Resource Association
(772) 659-0760 | SeniorResourceAssociation.org

TC Food Bank
(772) 489-3034 | StopHunger.org

The Source
(772) 564-0202 | IAmTheSource.org

United Against Poverty
(772) 564-9365 | UPIRC.org

Diapers & Formula Assistance

Buggy Bunch
(772) 226-0467 | TheBuggyBunch.com

CareNet Pregnancy Center
(772) 569-7939 | CareNetIRC.org

Pick-up Food Assistance

Salvation Army
(772) 978-0265 | SalvationArmyFlorida.org/VeroBeach

Food for Pets Assistance

For the Love of Paws
(772) 539-2417 | PawsMealsOnWheels.org

Veteran Services Assistance

Veterans Council of IRC
(772) 410-5820 | VeteransCouncilIRC.club

Hygiene Product Assistance

CareBag
(772) 222-7399 | CareBagFL.org

Prescription Assistance

Miller's Health Mart
(772) 778-8585 | HealthMart.com

Treasure Coast Community Health
(772) 257-8224 | TCCHInc.org

Whole Family Health
(772) 257-5785 | WEHCEL.org

Mental Health Assistance

Mental Health Association
(772) 569-9788 | MHAIRC.org

Mental Health Collaborative
(772) 217-3663 | MHCollaborative.org

*If you are in need of immediate assistance, please dial 2-1-1.
For a complete list of partner agencies and sponsors please visit our website.*

Appendix A: Community Resource Examples

**INDIAN RIVER COUNTY COMMUNITY SERVICES**

MEDICAL EMERGENCY	9-1-1	MENTAL HEALTH CRISIS	2-1-1
ABUSE- CHILD, ADULT, DOMESTIC		COUNSELING/MENTAL HEALTH	
Abuse Hotline (Florida)	(800) 962-2873	Behavioral Health Center at IRMC	(772) 563-4666
CASTLE	(772) 567-5700	Children's Home Society	(772) 344-4020
Communities Connected for Kids	(772) 873-7800	Hibiscus Children's Center (children/teens/family)	(772) 299-6011
Mental Health Association	(772) 569-9788	Legacy Behavioral Health	(772) 257-5264
SafeSpace	(772) 288-7023	Mental Health Association- MHA	(772) 569-9788
Wave C.R.E.S.T. runaway shelter (CHS)	(800) 881-8855	Mental Health Collaborative- Connections Center	(772) 217-3663
ABUSE- SUBSTANCE	2-1-1	MHA "Our House" drop in center	(772) 778-4444
AA Indian River County	(772) 562-1114	NAMI (National Alliance on Mental Illness)	(800) 950-6264
Legacy Behavioral Health	(772) 257-5264	New Horizons of the Treasure Coast (Vero Beach)	(772) 778-7217
New Horizons of the Treasure Coast	(772) 778-7217	Suncoast Mental Health Centers (Vero Beach)	(772) 564-8616
Smoking & Tobacco- Quit For Life!	(877) 822-6669	UF Center for Psychiatry & Addiction	(772) 794-0179
Substance Awareness Center	(772) 770-4811	Women's Refuge of Vero Beach	(772) 770-4424
UF Center for Psychiatry & Addiction	(772) 794-0179	DIABETES/WEIGHT MNGMT/HEALTHY LIVING	
ADULT EDUCATION		Growing Healthy Kids- growinghealthykids.org	(772) 453-3413
Literary Services of Indian River County	(772) 778-2223	Indian River County Health Department (ext. 2700)	(772) 794-7400
Indian River State College	(772) 462-7401	Sebastian River Medical Center	(772) 581-2099
Technical Center- Career & Adult Ed press "0"	(772) 564-4970	DISABILITY SERVICES	
CHILDCARE/EARLY CHILDHOOD		Agency for Persons with Disabilities	(772) 468-4080
211 Help Me Grow-early development & more	2-1-1	Deaf & Hard of Hearing Services (Treasure Coast)	(772) 334-2233
Childcare Resources of Indian River County	(772) 567-3202	Disability Rights Florida	(800) 342-0823
Early Learning Coalition	(772) 567-7480	Gulfstream Goodwill Ind. Rehabilitation Center	(772) 299-4460
Economic Opportunities Council (Head Start)	(772) 589-8008	The ARC of IRC	(772) 562-6854
Redlands Christian Migrant Association	(772) 571-9015	EMPLOYMENT	
Whole Child Indian River	(772) 567-8008	The ARC of IRC- people with disabilities (ext. 231)	(772) 562-6854
Voluntary Pre-Kindergarten (School District)	(772) 564-4169	Vocational Rehabilitation Program	(772) 778-6348
CLOTHING/THRIFT STORES		Career Source Research Coast	(866) 482-4473
Goodwill (Sebastian)	(772) 228-9222	FINANCIAL ASSISTANCE	2-1-1
Goodwill (Vero Beach)	(772) 770-3330	Economic Opportunities Council	(772) 562-4177
Humane Society of Vero Beach	(772) 567-2044	FamilyWize Discount Prescription Card	(866) 810-3784
IRC Habitat for Humanity ReStore	(772) 257-0222	Indian River County Human Services	(772) 226-1422
Salvation Army	(772) 978-0265	Salvation Army	(772) 978-0265
St. Vincent DePaul (Vero Beach)	(772) 567-6774	St. Vincent DePaul (Vero Beach)	(772) 567-6774
St. Vincent DePaul (Wabasso)	(772) 589-3338	St. Vincent DePaul (Wabasso)	(772) 589-3338

Also CHAT Online >>>

211TreasureCoast.org

>>> or TEXT to 898211

Appendix A: Community Resource Examples

INDIAN RIVER COUNTY GUIDE TO SERVICES		
FOOD ASSISTANCE	2-1-1	PARENTING & FAMILY
Access Florida (SNAP) http://www.myflorida.com/accessflorida/		CASTLE (772) 465-6011
Food Pantry of Indian River County (772) 770-2068		Childcare Resources of Indian River (772) 778-8884
Meals on Wheels (ext.133) (772) 569-0760		Healthy Start Care Coordination (772) 492-3373
Operation Hope (772) 571-0003		Life Works Parenting Tools (772) 288-9886
Our Father's Table (772) 562-6268		Mental Health Association (772) 569-9788
Roseland Ecumenical Food Pantry (772) 589-3035		WIC- supplemental nutrition/education (Vero Beach) (772) 794-7430
Salvation Army (772) 978-0265		SAFELINK - phone (Medicare/Medicaid & qualifying) (800) 723-3546
St. Vincent De Paul (Wabasso) (772) 589-3338		SENIORS 211's Sunshine-free daily call & wellness-check 2-1-1
The Source (772) 564-0202		Agency for Health Care Administration (800) 226-5082
The UP Center (Vero Beach-North) (772) 770-2665		Alzheimer's & Parkinson's Association (772) 563-0505
FORECLOSURE CONCERNS	2-1-1	Community Center (Vero Beach) (772) 567-2144
HEALTH CLINICS/HOSPITALS		Senior Center (Sebastian) (SRA) (772) 469-2062
Cleveland Clinic Indian River Hospital (772) 567-4311		Senior Resource Association (SRA) (772) 569-0760
FL Department of Health Indian River County (772) 794-7400		VNA- Lifeline (help w/set-up & battery replacement) (772) 453-2639
Gifford Health Center Pediatrics (772) 794-7415		Visiting Nurse Association (772) 567-5551
Sebastian River Medical Center (772) 589-3186		Your Aging & Disability Resource Center (AAA) (772) 467-0008
TC Community Health (772) 257-8224		SOCIAL SECURITY ADMIN. (866) 964-7414
Visiting Nurse Association Mobile Unit (772) 567-5551		TRANSPORTATION
Whole Family Health Center (772) 257-5785		Care-A-Van (Sebastian River Medical Center) (772) 581-2010
HOMELESS PREVENTION & ASSISTANCE		Community Coach & Indian River Transit (772) 569-0903
Cold Weather Shelters	2-1-1	Go-Line (772) 569-0903
Homeless Family Center (772) 567-2766		Volunteer Ambulance Squad (Any IRC Resident) (772) 231-1230
Samaritan Center (For Families) (772) 770-2900		VETERANS/CRISISLINE 1- (800) 273-TALK (8255)
The Source- showers/laundry/clothing/food (772) 564-0202		211's MYFLVET- peer to peer support & family services 2-1-1
TC Homeless Services Council Resource Center (772) 567-7790		IRC Veterans Service Office (Sebastian) (772) 589-6597
HOUSING	2-1-1	IRC Veterans Service Office (Vero Beach) (772) 226-1499
FloridaHousingSearch.org & PublicHousing.com		VA Medical Ctr (WPB) & women's programs (800) 972-8262
Habitat for Humanity (772) 562-9860		VA Outpatient Clinic (Vero Beach) (772) 299-4623
IRC SHERIFF VICTIM ASSISTANCE (772) 978-6255		Veterans Council of IRC- call about local programs (772) 410-5820
LEGAL SERVICES		Veterans Transportation Services (772) 226-1695
Florida Rural Legal Services (772) 466-4766		YOUTH DEVELOPMENT
IRC Courthouse Public Defender (772) 770-5080		4-H Youth Development (772) 770-5030
19th Judicial Circuit Court of Florida (772) 770-5185		Big Brothers Big Sisters (772) 770-6000
LEISURE/RECREATION/WATER SAFETY (772) 226-1732		Boy Scouts of America (561) 694-8585
LIBRARIES (772) 770-5060		Boys & Girls Clubs of IRC (772) 299-7449
MUNICIPAL & COUNTY GOVERNMENT		Dasie Bridgewater Hope Center (772) 589-3535
City of Fellsmere (772) 571-0116		Feed the Lambs Enrichment Program (772) 501-2617
City Of Sebastian, City Council (772) 589-5330		Gifford Youth Achievement Center (772) 794-1005
City of Vero Beach City Hall (772) 978-5151		Girls Scouts of SE Florida- www.gssef.org (561) 427-0177
Indian River County Administration (772) 567-8000		Take Stock in Children- mentoring & scholarships (772) 462-4786
PAWS pet food pantry- financial hardship (772) 539-2417		Youth Guidance Mentoring & Activities Program (772) 492-3933
This listing is a partial representation of information maintained by 211 <i>TreasureCoast.org</i> and is current as of January 2020. Inclusion does not imply endorsement, nor does omission imply lack of endorsement by 211. For more info dial 2-1-1, text your zip code and questions to 898211, visit or Chat Online.		
Also CHAT Online >>>	211TreasureCoast.org	>>> or TEXT to 898211



Q-Q Research Consultants
15495 Eagle Nest Ln, Suite 210
Miami Lakes, FL 33014
P 305-999-QQRC (7772)
www.qqresearchconsultants.com



**Florida Department of Health – Indian River County
Community Health Assessment**

ADDENDUM

Florida Department of Health in Indian River’s Performance Management Council (PMC), in July 2022, conducted an extensive review of all available updated data relative to the data included in the 2020 Community Health Assessment (CHA). Based on the review, it was determined that the data trends continue in the same manner as those presented in the 2020 CHA. As such, the CHA did not require revision, and the priorities identified in the 2022-2026 Community Health Improvement Plan (CHIP), developed in response to the data presented in the 2020 CHA, were still appropriate and will remain in place.