



ST. LUCIE COUNTY  
**COMMUNITY HEALTH ASSESSMENT**  
2020-2025

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## Participating Organizations

211 Treasure Coast	Lincoln Park Common Good Initiative
American Cancer Society	Magellan Health
American Heart Association	Miracle Works
Children's Home Society	Mustard Seed Ministries
Children's Medical Service	New Horizons of the Treasure Coast
Children's Services Council	New Life Church
Chrysalis Health	Roundtable
City of Fort Pierce	SafeSpace
City of Port St. Lucie	Salvation Army
Cleveland Clinic Martin Health	SequelCare of Florida
Common Good Lincoln Park Advisory Council	South East Florida Behavioral Health Network
Community Member	St. Lucie County BOCC Human Resources
Cornerstone Christian Church	St. Lucie County Sheriff's Office
Council on Aging	St. Lucie Fire District
Department of Juvenile Justice	St. Lucie Medical Center
Florida Blue	St. Lucie Public Schools
Florida Community Health Centers	Suncoast Mental Health Center
Florida Department of Health in St. Lucie County	Tobacco Free Partnership
Fort Pierce Police Department	Transportation Planning Organization
Grace Way Village	Treasure Coast Hospice
Health Council of Southeast Florida	UF IFAS Extension
Healthy Start	United Against Poverty
Indian River State College	United Way of St. Lucie County
Lawnwood Regional Medical Center	Whole Family Health Center
Liehem EL	

## Introduction

Public health is what a community does collectively to assure the conditions in which people can be healthy. Health is more than the absence of illness it is a dynamic state of complete physical, mental, spiritual, and social well-being. It involves social, economic, environmental, and biological factors. No single entity provides public health services in a community, and all entities make important contributions to the *local public health system*.

Ensuring the public's health is not just the responsibility of healthcare providers and public health officials. Improving the public's health requires the expertise of all those who live and work in the community. The following examples illustrate entities that are part of the local public health system and how they protect the public's health:

- Police, fire, and emergency departments prevent and respond to emergencies that threaten personal safety.
- Teachers, school nurses, and parents protect the health and safety of children.
- Planners, transportation authorities, neighborhood associations, and businesses provide access to services that promote and support healthy lifestyles, such as safe parks and recreational facilities, bus routes to healthcare providers, and vendors that sell nutritious foods.
- The judicial and penal systems identify potential risk factors and health trends, such as increases in drug use, domestic abuse, and personal injury.
- Community groups such as faith institutions, homeowners' associations, and civic organizations provide insight into the quality of health and services in a community and contribute to setting the norms for a community's health culture.

Collective action and coordination are vital to creating the conditions in which people can be healthy. This starts with convening the variety of organizations, groups, and individuals that make up the local public health system. To facilitate this process, every five years the Florida Department of Health in St. Lucie uses the Mobilizing for Action through Planning and Partnerships (MAPP) framework to complete a Community Health Assessment (CHA) which informs the creation and implementation of a Community Health Improvement Plan (CHIP).

Community involvement throughout the assessment process and development of the health improvement plan results in creative solutions to public health problems. The most successful community plans do not focus on one agency or public health challenge; instead, providing long-term strategies that address the multiple factors





that affect health in a community. Engagement in the MAPP process increases community ownership, which then increases the credibility and sustainability of health improvement efforts.

## History

In 2010 and again in 2015 the Florida Department of Health in St. Lucie County led a process to produce a Community Health Needs Assessment. An update of the 2010 CHA was completed in 2012 through the efforts of the United Way of St. Lucie County, resulting in “A Progress Report on the State of the Social, Health, and Public Safety Services in St. Lucie County for 2012.”

The non-profit Healthy St. Lucie Coalition was formed in June 2015 to guide the development of the new CHA and CHIP with a mission of “promoting health where we live, learn, work, and play.” This Coalition brings together diverse organizations and individuals to identify solutions to barriers to being healthy. It consists of more than 44 organizations and community representatives who actively participate to improve the well-being of St. Lucie residents. Members of the Healthy St. Lucie Coalition served as the Health Improvement Planning (HIP) Steering Committee throughout the CHA ([Appendix I](#)).

Working with support from the Florida Department of Health in St. Lucie County this group guides the community health assessment process to evaluate progress on the current CHIP and to recommend changes in priorities and strategic actions to improve resident health. The Coalition meets throughout the year to ensure the objectives in the CHIP are met. The most recent CHIP (2016-2019, later extended to 2020) currently guides the activities of the Department of Health, the Healthy St. Lucie Coalition, and its sub-committees. The existing sub-committees include:

- Breastfeeding Workgroup
- Physical Activity Council
- Food Council
- Worksite Wellbeing Council
- Age Friendly Workgroup

- Tobacco Free Partnership of St. Lucie
- Safe Kids Coalition of the Treasure Coast

The Roundtable of St. Lucie County is a nonprofit collaborative of local leaders who work together to accomplish system changes that result in improved outcomes for youth throughout St. Lucie County. The Roundtable is integrally involved in the process of improving “the education, health, safety, nutrition and care of all children in St. Lucie County” and a key partner in community collective impact.

## Vision and Community Values

The new St. Lucie County CHA began on July 24, 2019, with a community kick-off to create a shared vision to lead the community in its assessment and planning. Over 85 attendees representing 44 unique organizations and 3 community members participated in the event. The Health Council of Southeast Florida (HCSEF) provided an overview of the Mobilizing Action Through Planning and Partnerships (MAPP) Framework, which would guide the process for conducting the new Community Health Assessment and creation of a new Community Health Improvement Plan. The HCSEF also lead attendees through a visioning workshop to identify a collective vision for the process and guiding value statements.

The HCSEF provided draft visioning and value statements from this process, and these were presented at the Healthy St. Lucie Coalition meeting on August 8, 2019. There was considerable discussion and a desire to continuing editing, so the

## COMMUNITY HEALTH PLANNING PROCESS



### VISION

A Healthy St. Lucie is a community where we all come together to empower everyone to improve their health and wellbeing.

### COMMUNITY VALUES

#### COLLABORATION

Everyone works together to identify and provide all services the community needs.

#### INTEGRITY

There is a clear alignment between what providers and community members think, say, and do from the beginning of their service through follow-up.

#### COMPASSION

Community members are served in a respectful, non-judgmental, and dignified manner, with an understanding of how life experiences impact health and wellbeing.

#### CULTURAL COMPETENCY

We actively work to understand different aspects of the culture in St. Lucie and provide services that are understanding of and promote those differences.

#### INCLUSIVITY

Services will be available, accessible, affordable, and equitable for everyone.

#### HONESTY

Providers and community members are transparent and open with each other regarding their health and wellbeing.

coalition recommended that an ad hoc committee be formed to finalize. Six coalition members volunteered to work on these statements outside of monthly HSLC meetings. The final vision and six value statements were presented and adopted by members at the HSLC meeting on October 10, 2020.

## **Vision**

*A Healthy St. Lucie is a community where we all come together to empower everyone to improve their health and wellbeing.*

## **Community Values**

### *Collaboration*

*Everyone works together to identify and provide all services the community needs.*

### *Integrity*

*There is a clear alignment between what providers and community members think, say, and do from the beginning of their service through follow-up.*

### *Compassion*

*Community members are served in a respectful, non-judgmental, and dignified manner, with an understanding of how life experiences impact health and wellbeing.*

### *Cultural Competency*

*We actively work to understand different aspects of the culture in St. Lucie and provide services that are understanding of and promote those differences.*

### *Inclusivity*

*Services will be available, accessible, affordable, and equitable for everyone.*

### *Honesty*

*Providers and community members are transparent and open with each other regarding their health and wellbeing.*

In 2020, the Florida Department of Health-St. Lucie County (FDOHSLC) contracted with the Ronik-Radlauer Group, Inc. to assist with gathering data and compiling results. FDOHSLC led the process by engaging community leaders and providing guidance in the development and distribution of surveys, coordination of focus groups and stakeholder interviews, and provision of key documents.

The Ronik-Radlauer Group based the Community Health Assessment process on a nationally recognized model and best practice framework called Mobilizing for Action through Planning and Partnerships. Tools for MAPP were developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). NACCHO and the CDC's vision for implementing MAPP is "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."

At the heart of the MAPP process are four core assessments:

- Community Health Status Assessment (CHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FCA)
- Local Public Health Systems Assessment (LPHSA)

The MAPP assessments work in concert to identify common and emerging themes for consideration when prioritizing areas of focus and strategic actions. In addition to understanding the physical health needs of St. Lucie County residents, this assessment also provides information relative to behavioral health challenges and social determinants of health that impact the community. The purpose of the current assessment is to collect and analyze data that reveals or substantiates health factors and outcomes that require attention in St. Lucie County.

The Ronik-Radlauer Group assisted in the completion of the first three assessments. Due to COVID-19 pandemic, the Local Public Health Systems Assessment (LPHSA) was delayed and completed later in the year using technology-based approaches.

Ronik-Radlauer hosted a series of meetings with the Health Improvement Planning (HIP) Steering Committee to present the results of the Community Health Assessment and to begin identifying emerging themes and strategic priorities. These meetings were held remotely, via Zoom, and were recorded and posted for individuals who were unable to attend to view at a future time. One session focused on the results of the quantitative assessment, while the second focused on the results of the qualitative data.

## The Community Health Assessment Process

A needs assessment is a dynamic process involving multiple sectors of the community, to evaluate the health status and well-being of residents in St. Lucie County and appraise access to care. The process draws upon qualitative and quantitative population health data to identify unmet needs and disparities that exist for vulnerable populations. It informs a communitywide identification of health priorities that are strategic and relevant. It also represents an opportunity for a systemwide coordination of efforts to avoid duplication, strengthen partnerships, and capitalize on existing resources. The Ronik-Radlauer Group used a mixed methods approach, collecting and analyzing quantitative and qualitative data from numerous sources. Central to the qualitative aspect of the process was the opportunity to





learn directly from residents, community leaders, and others who are impacted by health-related challenges. This lived experience through the voices of residents and leaders provided a deeper understanding of the needs of the community.

### **Components of the Community Health Assessment**

The assessment process consisted of the collection and analysis of quantitative and qualitative data and the integration of results into a narrative that tells the story of the quality of life in St. Lucie County and associated health risks, health factors, and health outcomes. The health narrative requires that all aspects—physical, behavioral, and social determinants be investigated in a comprehensive manner, highlighting areas that may need further attention in addition to those already identified in the Community Health Improvement Plan. This includes a focus on special needs populations, as well as geographic areas within the county. Looking at public health needs and challenges using a racial equity lens also provides an opportunity to highlight disparities in access to care, inequities in treatment, and health outcomes.

The following represents an overview of the assessment process by component:

#### *Community Health Status Assessment*

The Community Health Status Assessment (CHSA) provides quantitative information on community health conditions. Using several data sources, the Community Health Status Assessment is a detailed overview of physical, behavioral, and social determinants of health (those factors that impact individual and population health, such as poverty, education, employment, housing, neighborhood environment, and transportation). It begins with a demographic and social profile of St. Lucie County, highlighting shifts and changes in recent years. The purpose of this section is to provide an understanding of the socioeconomic context of health, by the inclusion of data on select demographic, social, and economic factors that determine health. The assessment then includes an analysis of the leading causes of death, morbidity and mortality, and health factors and health outcomes. In addition to physical health challenges, it provides information regarding behavioral health (mental health and substance use conditions) and maternal child health.

For each section, background information on the health condition is included in the narrative and findings are presented in tables, graphs, and maps. Maps present geographic distributions for select indicators and to the degree possible, data is presented on a community level, using zip code, census tract, or neighborhood data to further illuminate differences in geographic areas. Each section also includes a summary of key findings.

As population health is reliant on the collective of each individual's health in the community, attention is paid in this assessment to special needs populations such as older adults and children, youth, and adolescents. A special section regarding challenges related to the [aging population](#) in St. Lucie County is provided and well as one dedicated to summarizing findings related to [health equity](#) in St. Lucie County.

### *Community Themes and Strengths Assessment*

The Community Themes and Strengths Assessment (CTSA) identifies assets in the community and issues that are important to community members. This section of the assessment provides a lens into the lived experiences of individuals residing and working in St. Lucie County. Using qualitative methods, the Community Themes and Strengths Assessment was compiled using the results of:

- Focus Groups with residents and community leaders
- Key Stakeholder interviews with community leaders
- Community Leader Survey
- Community Resident Survey

The opportunity to engage with residents and community leaders is critical to understanding firsthand the needs of residents. As with the Community Health Status Assessment, feedback and input was solicited from a wide range of individuals and groups and represented a cross-section of the county, in terms of demographics and geographic areas.

### *Forces of Change Assessment*

Another component of the MAPP process is the Forces of Change Assessment (FOCA). The assessment identifies forces that may affect a community, including opportunities and threats associated with those forces. This assessment tool includes an identification of forces in the community or that may be outside of the control of the community, such as trends, events, and factors that are currently occurring or that may take place in the foreseeable future. An example of one such factor is the public health challenge of COVID-19 disease and the community's response. Other examples include behavioral health challenges such as the opioid crisis and the shooting that took place at Marjory Stoneman Douglas High School in Broward County. Identifying forces of change assists communities during their community health improvement planning process to identify actions that are needed to build a better quality of life and a better future for residents and visitors. This process was facilitated by FDOHSLC staff at a series of meetings with the Healthy St. Lucie Coalition members.

### *Local Public Health System Assessment*

The LPHSA serves to identify the strengths and weaknesses of St. Lucie County's public health system, and short and long-term improvement opportunities. Assessment questions are centered around the 10 Essential Public Health Services (EPHS), which represent a broad spectrum of public health activities that contribute to healthy, vibrant communities.

In March of 2020, the Florida Department of Health in St. Lucie plans to complete the Local Public Health System Assessment (LPHSA) had to be postponed. The SARS-CoV-2 virus that causes COVID-19 disease became a worldwide pandemic, and personnel and resources were directed to emergency response.

When it became clear that the pandemic would have a long-term impact on the ability to hold community meetings, the decision was made to complete the assessment virtually. An orientation that included an introduction to the essential services, model standards, and assessment tool was provided at the October 2020 virtual Healthy St. Lucie Meeting. Participants learned about the essential services and model standards for each area of the assessment. This presentation was recorded and distributed to identified community members along with an online survey questions to assess system performance.

## Executive Summary

Located on the Treasure Coast of Florida, St. Lucie County is home to over 320,000 residents and has experienced significant growth since 2010. As the county continues to grow, the needs for services and resources grow simultaneously. It is necessary, then, to examine the strengths and challenges related to health and well-being to identify strategic priorities and plan effectively. This assessment began just months prior to covid-19 impacting the county and state. Fortunately, the Community Themes and Strengths Assessment as well as the Forces of Change Assessment were able to be completed prior to the need to shut down in person activities.

The Community Health Assessment utilized a mixed-methods approach based on the Mobilizing for Action through Planning and Partnerships (MAPP) process. This approach consisted of the collection and analysis of demographic data as well as data related to health-physical, behavioral, and the social determinants of health. Each is described in detail throughout the report. Additionally, qualitative methods involved the facilitation of focus groups, stakeholder interviews, and surveys, and the analysis of those results. These methods contributed to a robust report that will guide decision-makers in identifying strategic priorities and planning for community health improvement. Data included in this report may also be used to assist in the development of other reports and response to funding opportunities.

As the county has undergone significant growth, there have been strengths as well as challenges. The population is aging and certain populations as well as geographic do not experience similar health outcomes areas as the rest of the county. This also includes those factors that impact health status and outcomes such as social determinants, geography, race, and age.

Nearly a quarter of St. Lucie County residents are 65 and older. The differences in population by age are seen by zip code and more specifically census tract. Zip codes with higher rates of individuals 65 and older live in zip codes 34949, 34952, and 34957 while zip codes with the highest percentage of individuals 0-14 years of age live in zip codes 34946, 34947, and 34950.

The percentage of White and non-Hispanic residents has decreased since 2010, while the percentage of Black and Hispanic residents has increased. In 2018 St. Lucie County was 72.38% White, 20.2% Black or African American, and 19.5% Hispanic. These percentages also vary by geographic area, zip code, and census tract. While Hutchinson Island, Jensen Beach, Indian River Estates, and Fort Pierce Couth have the highest percentage of White residents, Fort Pierce North, Fort Pierce city and Port St. Lucie city have the highest percentage of Black or African American residents. Fort Pierce South, Fort Pierce city, Port St. Lucie city and River Park have the highest percentage of Hispanic residents. Zip codes with the highest percentage of White residents include 34949 and 34957, while zip codes with the highest percentage of Black residents include 34946 and 34947.



Sixteen percent (16.4%) of the population of St. Lucie County is foreign-born and of those 66.6% are naturalized citizens, while 33.4% are not citizens. The percentage of foreign-born residents also differs by zip code with the highest percentage living in Fort Pierce South, Port St. Lucie city and River Park.

In 2018, there were a total of 118,768 households in St. Lucie County, the majority of which are families. Nearly 14% of family households are headed by a female, with no husband present. Thirty-one percent (31%) of households are non-family, 25% of which are householders living alone; 13% of non-family households are individuals who are 65 years and over. Most households have a computer in St. Lucie County as well as broadband access, however this also differs by geographic area. Those areas with the highest percentages of computers and broadband internet subscriptions include Port St. Lucie city, Jensen Beach, and Lakewood Park. Those areas with the lowest percentage of computers were Fort Pierce North and Fort Pierce South and the lowest percentage of broadband internet subscriptions include Fort Pierce North and Fort Pierce city.

The number of grandparents living in St. Lucie County living with their own grandchildren under 18 years old increased from 2017 to 2018, while the percentage of grandparents responsible for their grandchildren decreased over the same time period. Sixty-three percent (63%) of grandparents who were responsible for their grandchildren were female and 50% of grandparents who were responsible for their grandchildren were married in 2018; a decrease since 2017 when the percentage was 83%.

Almost 33% of individuals 65 and over are living with a disability. This also differs by geographic location with the highest percentage of people with a disability over the age of 65 living in Hutchinson Island South, River Park, and Lakewood Park.

In 2018, the poverty rate was 16.5%, which was higher than the state rate of 14.8%. Poverty impacts people of color disproportionately. For individuals living below the poverty level, 21% were Black and 18% were Hispanic compared to 13% White and 12% non-Hispanic. The rate ratio for Black to Whites living below the poverty level was 1.6:1 and for Hispanics to non-Hispanics the rate ratio was 1.5:1. There are also geographical differences. Geographic areas that have the highest rates of poverty are Fort Pierce North, Fort Pierce city, and River Park while those that have the lowest rates of poverty are Port St. Lucie city, Jensen Beach, and Hutchinson Island South. Female head of households with no husband present experience the highest rates of poverty, particularly with children under the age of 5.

The average median household income between 2014 and 2018 was \$49,373 compared to \$53,267 for the state. The rate ratio for both Black to White median income and Hispanic to non-Hispanic median income during this time was 0.8:1. There are also geographic differences. Zip codes with the highest median income include 34987 and 34986 while those with the lowest median income include 34950 and 34947.

In addition to poverty, many families are living in what is known as ALICE<sup>1</sup> (Asset Limited, Income Constrained, and Employed) as defined in the United Way report. These households earn more than the Federal Poverty level, but less than the amount needed to cover the basic cost of living for the county. Those areas that have the highest percentage of poverty and ALICE households include Fort Pierce North, River Park, and Fort Pierce city.

Between 2014 and 2018, the average unemployment rate was 6.5 compared to the state rate of 6.3. There are racial and ethnic differences, with White and non-Hispanic individuals having lower rates of unemployment compared to Black and Hispanic individuals. The rate ratio for Black to White individuals for unemployment was 1.2:1 for this time period. In 2018, the unemployment rate was 5.7 compared to 6.3 for the state of Florida. Zip codes 34946, 34947, and 34950 experience the highest rates of unemployment in the county.

In 2018, 86% of the population in St. Lucie County had some form of health insurance. Ninety-nine percent (99%) of the population 65 years and over had health insurance, while only 79% of the population 19-64 years of age had health insurance, and 86% of the population under the age of 19. There are racial and ethnic disparities related to health insurance. These are explained in more detail in the full report. Zip codes with the highest rate of uninsured include 34947, 34950, 34953, and 34982.

The rate of food insecurity has decreased between 2014 and 2017 and the percent of the population living within ½ mile of a park has increased. The rate for St. Lucie County residents who are inactive or insufficiently active has increased and differs by age group with individuals ages 18-44 more likely to be inactive or insufficiently active. Additionally, non-Hispanic Black individuals and women were more likely to be inactive or insufficiently active.

Over 87% of St. Lucie County residents over the age of 25 have a high school diploma or higher. Four percent (4.4%) of the population has less than a 9<sup>th</sup> grade education, while 22% have a bachelor's degree or higher. This varies by geographic area, with Hutchinson Island South, Jensen Beach, and Indian River Estates having the highest rates of high school graduates or higher and Fort Pierce South, Fort Pierce city, and Fort Pierce North having the lowest rates. Zip codes with the highest rates include 34957, 34949, 34952, and 34994, while zip codes with the lowest rates include 34982, 34947, and 34950.

Based on the University of Wisconsin Population Health Institute<sup>2</sup>, St. Lucie County ranks 29 of 67 counties for Health Outcomes in the state of Florida. It ranks 23 of 67 for Length of Life and 33 of 67 for Quality of Life (measured by rates of low birthweight babies). St. Lucie County's life expectancy 3-year average was 79.5 compared to 79.7 for the state of Florida though this differs by race, ethnicity, and gender. White

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<sup>1</sup> United Way [ALICE Project – Florida \(unitedforalice.org\)](https://www.unitedforalice.org)

<sup>2</sup> [County Health Rankings & Roadmaps](#)

residents have a longer life expectancy compared to Black residents and Hispanic residents have a longer life expectancy than non-Hispanic residents. Women have a longer life expectancy than men. Life expectancy also varies by geographic location with zip codes 34986, 34987, 34952, 34994, and 34953 having longer life expectancies than zip codes 34947, 34950, 34946, and 34982.

The rate of low birthweight babies in 2018 was 9.3, higher than the state rate of 8.7. This differs by race, ethnicity, and geographic location. In 2018, Black babies were 1.7 times more likely to be born with low birthweight than White babies and non-Hispanic babies were 1.3 times more likely to be born with low birthweight than Hispanic babies. Zip codes with the highest rate of low birthweight babies include 34947, 34946, 34950, and 34984.

The preterm birth rate in St. Lucie County in 2018 was 11.0. The Healthy People 2020 goal for preterm birth is a rate of 9.4. Hispanic mothers have reached this goal since 2015 and White mothers have been reaching this goal until 2018. The disparity rate between Black and White mothers has been decreasing for preterm births. Non-Hispanic babies are 1.5 times more likely to be born preterm than Hispanic babies. Zip codes with the highest percentage of preterm births are 34947, 34946, 34950, 34986, 34982, and 34984. Black babies were 1.6 times more likely to die before their first birthday in 2018.

The age-adjusted death rate is highest for males, followed by Black individuals and non-Hispanic individuals. It is lowest for Hispanic individuals and females. There are approximately 3,300 deaths per year in St. Lucie County. The leading causes of death are heart disease, cancer, chronic lower respiratory disease, stroke, and unintentional injuries. St. Lucie County also had a high 3-year average for HIV/AIDS related deaths, particularly for Black individuals.

Black individuals were 1.1 times more likely to die than White individuals from coronary heart disease, 1.5 times more likely to die from a stroke, 1.1 times more likely to die from congestive heart failure, and 2.5 times more likely to die from prostate cancer. Black women were 1.8 times more likely to die from cervical cancer. Black individuals were also 2.7 times more likely to die from diabetes and 33.2 times more likely to die from HIV/AIDS.

White individuals are more likely to die from all types of cancer, including lung and breast.

Deaths due to unintentional injuries are the 5<sup>th</sup> leading cause of death in St. Lucie County. White individuals are more likely to die from these injuries than Black and Hispanic individuals. Between 2016 and 2018 there were a total of 237 deaths due to unintentional drug poisoning. Age groups with the highest number of unintentional injuries in 2018 were 74+ years old (more likely to die from falls) and 35-64-year olds (more likely to die from poisoning). Young adults (ages 20-24) are more likely to die from motor vehicle related accidents.

In 2018, there were 55 deaths due to suicide, the primary mechanisms used were firearm, suffocation, and poisoning. Age groups with the highest numbers of death by suicide in 2018 were 55-64-year-olds followed by 75-84-year olds and 45-54-year olds. Rates of death by suicide were highest for White individuals compared to Black individuals and for males compared to females.

In terms of clinical care, St. Lucie County is improving in the percentage of uninsured individuals, while it is challenged in the rate of preventable hospital stays. The rates of total hospital beds have been statistically significantly lower than the state for all types of beds, except for specialty care beds. The rate of nursing home beds is an area in which St. Lucie County has not been improving.

The rates of licensed physicians are also statistically significantly lower than the state for all types of physicians.

In terms of health behaviors, St. Lucie County is doing poorly in the areas of obesity and physical activity. There is a higher rate of smokers in St. Lucie County compared to the state, with smokers tending to be in the 45-64-year-old age group, non-Hispanic White individuals, and male.

The percentage of adults who are obese in St. Lucie County is getting worse. Individuals who are obese in St. Lucie County tend to be in the 45-64-year-old age group, non-Hispanic Black individuals, and male.

In terms of bacterial sexually transmitted diseases, St. Lucie County's rates have remained lower than the state, however, there has been a steady number of annual cases since 2013.

The rate of teen pregnancies has decreased for Black, White, and Hispanic females, however, the rate of births to unwed mothers has risen particularly for Black and non-Hispanic females. The rates of births to mothers 19 years and over without a high school diploma has steadily decreased, while the rates of mothers who smoke during pregnancy is greater than the state, with White and non-Hispanic women more likely to smoke during pregnancy. Between 2009 and 2018 there have been 7 maternal deaths.

In addition to death by suicide and unintentional deaths due to poisoning, behavioral health is a challenge identified in the assessment. Black individuals are more likely to be psychiatrically hospitalized than White individuals. The rate of driving deaths with alcohol involvement has been greater than the state of Florida and has been trending upward since 2014, though the rate of alcohol-suspected motor vehicle crashes and alcohol-suspected motor vehicle crash injuries is lower than the state. The rate of reported binge drinking by both middle and high school students has decreased, though the rate reported by middle schoolers is higher than the rate reported for the state.

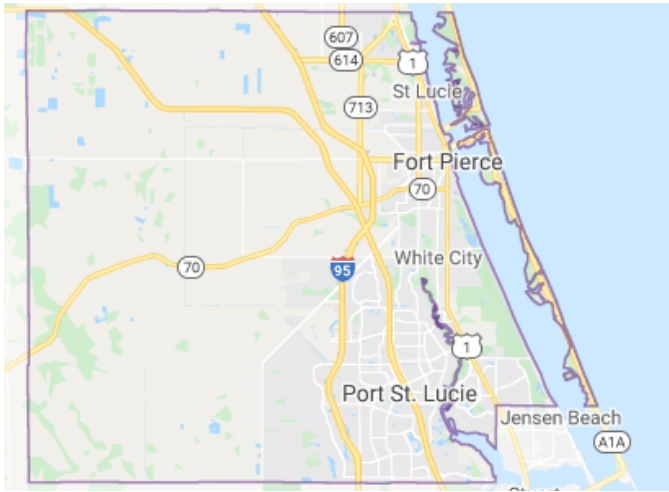
There were 45 opioid overdose deaths and 62 drug overdose deaths in 2018 according to the Opioid Profile for St. Lucie County. There was a total of 23 babies born



with Neonatal Abstinence Syndrome birth defects and 1,716 annual drug arrests, 1,639 which were adults and 77 which were juvenile arrests.

Behavioral health services that are needed in St. Lucie County include inpatient detoxification for children, outpatient detoxification for both adults and children, an addiction receiving facility for both adults and children, and supportive housing for children with substance use issues.

This summary, when combined with the qualitative results of the assessment confirms that while there are areas in which St. Lucie County is doing well, there are also areas that require attention. Most notably, attention should be paid to the aging adult population as it increases, disparities between race and ethnicity, and geographic area. As the community is only as healthy as its least healthy members, it is recommended that strategies and activities be developed to address these disparities.



## About St. Lucie County

The setting for this health needs assessment is St. Lucie County. According to the U.S. Census Bureau, the county has a total area of 688 square miles (1,780 km<sup>2</sup>), of which 572 square miles (1,480 km<sup>2</sup>) is land and 116 square miles (300 km<sup>2</sup>) (16.9%) is water. In 1905, St. Lucie County was created from the southern part of Brevard County with the county seat being Fort Pierce. During World War II, the United States Naval Amphibious

Training Base was established in Fort Pierce on North and South Hutchinson Island. The post-war years brought about a significant increase in population in the region, consisting of mostly military personnel who had gone through the local Navy base.

In 1958, land development sprawled in the area, laying the foundation for the future city of Port St. Lucie. Population and building booms in the late 20th century led to the formation of other areas west and south of Port St. Lucie including St. Lucie West and the new community of Tradition. Port St. Lucie is the 7<sup>th</sup> largest city in Florida and the 3<sup>rd</sup> largest city in South Florida.

Fort Pierce, the county's second largest city in St. Lucie and is home to about 45,000 people on Florida's Treasure Coast. The city is home to educational and research institutions such as Indian River State College, Smithsonian Maritime Station, Manatee Observation and Education Center, and Harbor Branch Oceanographic Institution at Florida Atlantic University. The village of Lincoln Park is home to the late African American writer Zora Neale Hurston as well as the Highwaymen, a group of 26 African American artists.

The early 21st century brought many trials for the county including two major hurricanes in 2004 and an economic recession and real estate downturn starting in 2008. In 2005, St. Lucie County celebrated its 100th birthday.

As the Assessment frequently mentions zip codes and census tracts, the following figures provide a reference tool to consult while reading the narrative.

Figure 1. Zip Codes in St. Lucie County, 2020

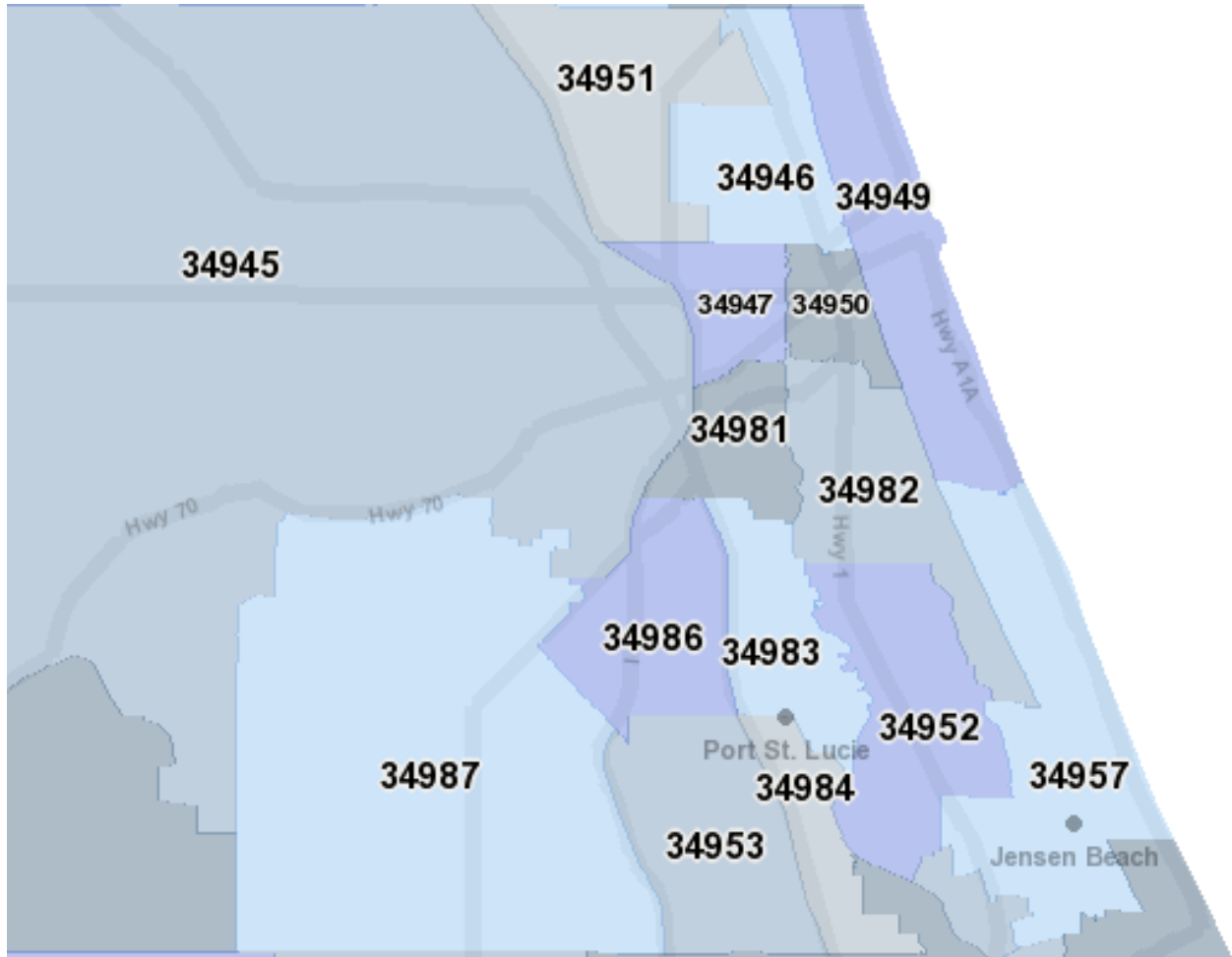
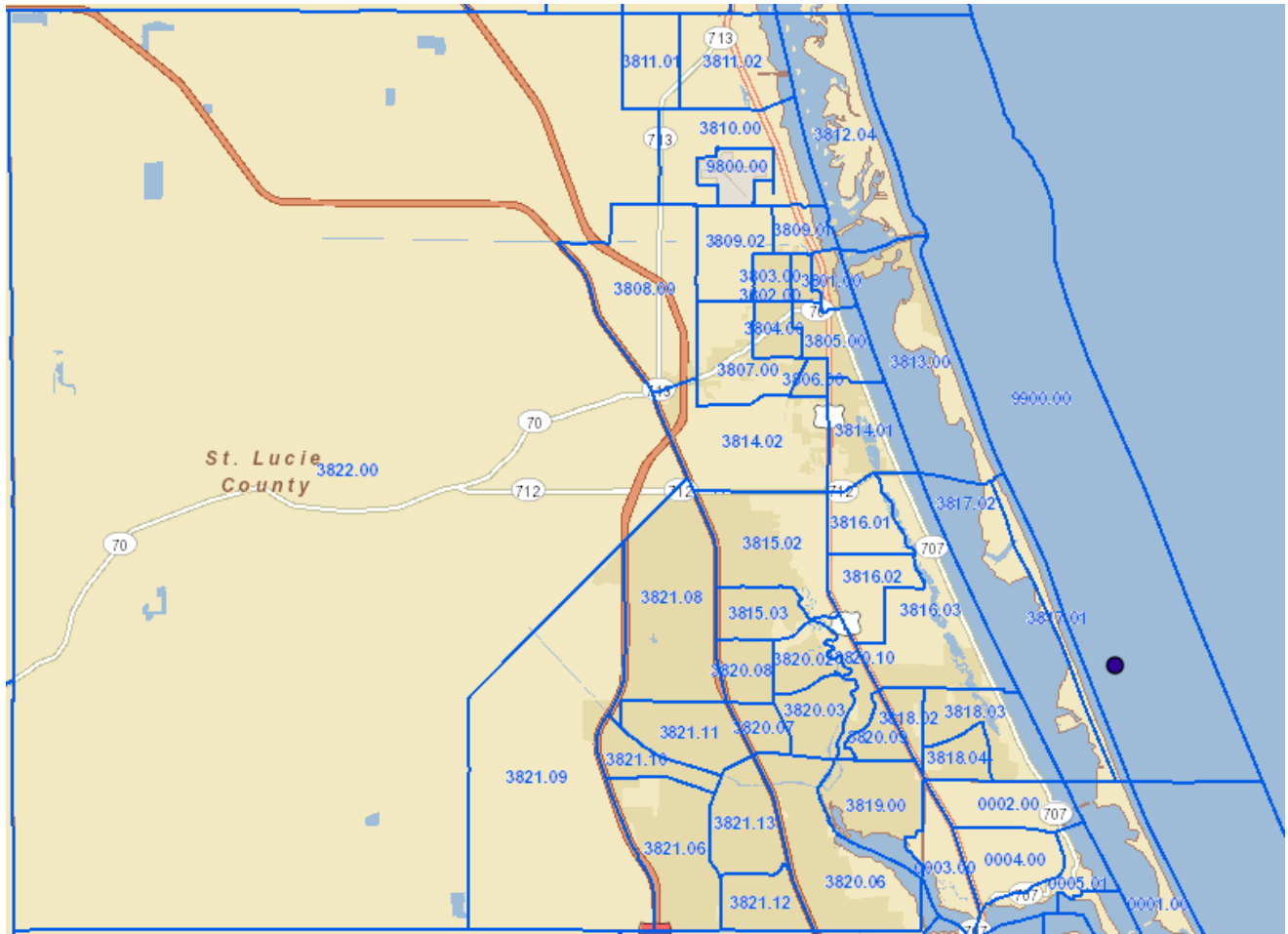


Figure 2. Census Tracts in St. Lucie County, 2020



## Community Health Assessment Highlights

### Demographics

St. Lucie County was populated by 321,128 residents in 2018, a 15.6% increase from 2010. The following are highlights of the demographics of the population of St. Lucie County. More detailed tables and analysis are found in [Section One](#) of the document.

#### *Population Growth*

The estimated population for July 1, 2019 for St. Lucie County was 328,297 which represents an 18.4% increase from April 1, 2010. While all geographic areas have experienced population growth during that time period, the following areas have experienced the greatest percentage change:

- Port St. Lucie City (22.9%)
- Fort Pierce South (12.10%)
- Fort Pierce North (10.4%)

Zip Codes that are expected to experience the greatest population growth between 2019 and 2024 are:

- 34987 (15.62%)
- 34952 (8.60%)
- 34983 (8.30%)
- 34945 (2.26%)

### *Age and Sex*

While all other age ranges have decreased over time, the population 65 years and older has increased steadily since 2010. A little over 20% of the population is 19 and under (21.4%) while nearly a quarter of St. Lucie County residents (24.1%) are 65 and older. There were a higher percentage of females in St. Lucie County in 2018 (51.45%) compared to males (48.55%), though this difference is not demonstrated in every age category.

In 2018, St. Lucie County had a higher percent of residents ages 60 and over (30.42%) compared to the state of Florida (27.07%). This is the only age category in which St. Lucie County had a higher percent than the state of Florida (other than 5 to 17-year olds which had a 0.16% difference).

The geographic areas with the highest percentage of residents ages 65 and older (estimated July 1, 2019) in St. Lucie County were:

- Hutchinson Island South CDP<sup>3</sup> (66.9%)
- Indian River Estates CDP (38.5%)
- Jensen Beach CDP (31.10%)
- River Park CDP (26.5%)
- Lakewood Park CDP (26.2%)

Census tracts with the highest percentages of individuals 65 and older were:

- 3817.01 (68.9%), located in zip code 34957
- 3817.02 (64.3%) located in zip code 34957
- 3812.04 (59.8%) located in zip code 34949
- 3816.03 (56.3%) located in zip code 34952

Census tracts with the highest percentages of individuals 0-14 years of age were:

- 3802 (11.8%) located in zip code 34950
- 3803 (11.6%) located in zip codes 34947 and 34950
- 3809.02 (9.7%) located in zip codes 34946 and 34947
- 3801 (8.9%) located in zip code 34950

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<sup>3</sup> Census Designated Place - a place that exists only for statistical purposes. It has no governmental authority and may extend across county lines.

There are higher percentages of females in the under-five, 30-59, and 60 years and older age categories (2.79% compared to 2.19%, 18.95% compared to 17.85%, and 16.29% compared to 14.13%, respectively). Males represent slightly higher percentages in the 5-17, 18-24, and 25-29 age categories (7.59% compared to 7.10%, 3.75% compared to 3.69%, and 3.04% compared to 2.63%, respectively).

The zip code with the lowest median age in 2018 was 34947 (31.6 years), while the zip code with the highest median age in 2018 was 34949 (65.8 years). A further breakdown of these zip codes reveals that in the same year:

- Zip code 34947 was 56.20% female with a median age of 32.4 and 43.80% male with a median age of 29.4.
- Zip code 34949 was 53.36% female with a median age of 65.0 and 46.64% male with a median age of 67.0.
- Zip code 34945 was 62.06% male with a median age of 39.2 and 37.94% female with a median age of 51.0.

Census tracts with the lowest median age (2014 - 2018 average age) were:

- 3802 (28.6) located in zip code 34950
- 3803 (30.7) located in zip codes 34947 and 34959
- 3804 (32.3) located in zip codes 34947 and 34950
- 3806 (33.9) located in zip code 34982

Census tracts with the highest median age (2014 - 2018 average) were:

- 3817.01 (71.1) located in zip code 34957
- 3817.02 (69.8) located in zip code 34957
- 3812.04 (67.5) located in zip code 34949
- 3816.03 (67.1) located in zip code 34952

### *Race and Ethnicity*

The percentage of White and non-Hispanic residents decreased between 2010 and 2018, while the percentage of Black, Other, and Hispanic residents increased during the same time period. In 2018 St. Lucie County was 72.38% White, 20.2% Black or African American, and 19.5% Hispanic.

These percentages vary by geographic area, zip code, and census tract. As of July 1, 2019:

- Hutchinson Island CDP (98.7%), Jensen Beach CDP (94.5%), Fort Pierce South (93.6%) and Indian River Estates (92.9%) had the highest percentages of White residents.
- Fort Pierce North (70.5%), Fort Pierce city (38.1%), and Port St. Lucie city (18.9%) had the highest percentage of Black or African American residents.
- Lakewood Park CDP (2.7%), Indian River Estates (2.7%), and Port St. Lucie city (2.3%) had the highest percentage of Asian residents.



- Fort Pierce South (50.5%), Fort Pierce city (23.0%), Port St. Lucie city (20.1%), and River Park CDP (16.1%) had the highest percentage of Hispanic residents.

In 2018, the zip codes with the highest percentage of:

White residents

- 34949 (97.56%)
- 34957 (95.51%)
- 34951 (87.44%)
- 34987 (86.48%)

Black residents

- 34946 (60.19%)
- 34947 (55.86%)
- 34950 (48.99%)
- 34953 (25.05%)

Asian residents

- 34986 (4.53%)
- 34983 (2.52%)
- 34982 (2.42%)
- 34951 (2.22%)

In 2018 the census tracts with the highest percentage of:

White residents

- 3817.02 (99.1%) located in zip code 34957
- 3817.01 (98.5%) located in zip code 34957
- 3812.04 (98.2%) located in zip code 34949

Black residents

- 3803 (81.6%) located in zip codes 34947 and 34950
- 3802 (78.8%) located in zip code 34950
- 3809.02 (75.8%) located in zip codes 34946 and 34947

Asian residents

- 3818.03 (6.7%) located in zip codes 34952 and 34957
- 3814.01 (5.6%) located in zip code 34982
- 3815.02 (4.2%) located in zip codes 34981, 34982, and 34983

Hispanic residents

- 3806 (52.6%) located in zip code 34982
- 3804 (43.5%) located in zip codes 34947 and 34950
- 3821.06 (30.9%) located in zip code 34953
- 3820.08 (30.9%) located in zip code 34983

### *Foreign-born*

Sixteen percent (16.4%) of the residents (52,589) of St. Lucie County are foreign-born. Of those, 66.6% are naturalized citizens, while 33.4% are not citizens. The percentage of naturalized U.S. citizens has increased since the 2017 American Community Survey from 55.0%.

The percentage of foreign-born residents differs by geographic area. The average percentage of foreign-born residents between 2014 and 2018 lived in:

- Fort Pierce South CDP (26.2%)
- Port St. Lucie city (18.8%)
- River Park CDP (17.9%)
- Fort Pierce city (16.8%)

### *Language spoken at home*

In 2018, 23.1% of St. Lucie households spoke a language other than English at home. These included Spanish (15.0%), other Indo-European languages (6.8%), and Asian and Pacific Islander languages (.7%).

Geographic areas where the highest percentage of households speak a language other than English at home include:

- Fort Pierce South CDP (51.3%)
- Fort Pierce city (27.6%)
- Port St. Lucie city (25.7%)
- River Park CDP (19.7%)

### *Veterans*

In 2018, St. Lucie County was home to 23,914 veterans, or 9.27% of the population. This percentage is greater than the state of Florida (8.46%). Of the male veterans living in St. Lucie County:

- 50.93% are 75 years and older
- 31.86% are between 65 and 74 years of age
- 13.58% are between 55 and 64 years of age
- 11.35% are between 35 and 54 years of age
- 1.67% are between 18 and 34 years of age

Veterans between the years 2014 and 2018 (average) lived in:

- Hutchinson Island South CDP (17.48% of the area's population)
- Indian River Estates (13.8% of the area's population)
- Lakewood Park CDP (9.74% of the area's population)

## *Households*

In 2018 there were a total of 118,768 households in St. Lucie County. This is an increase of 4% since the total of 114,043 in 2017. This increase is a statistically significant change.

### *Family Households*

The majority of households (68.7%) were families, 24.2% of which had their own children under the age of 18 living at home

- 50.30% of households were married couple families, with 15.5% of those having children of the householder under 18 years of age
- 4.5% of households were households in which the head of household was male, with no wife present, a decrease from 2017 (6.5%). 1.7% of these households had children of the householder under 18 years of age
- 13.9% of households were households in which the head of household was female with no husband present, an increase from 2017 (11.2%). 6.9% of these households had children of the householder under 18 years of age.

Non-family households made up the remainder (31.30%) of households

- 24.7% were householders living alone
- 13.0% were individuals 65 years and over

Almost 30% of households had one or more people under 18 years and nearly 44% of households had one or more people 65 years and over. The average household size in 2018 was 2.68, a decrease from 2017 (2.72). The average family size in 2018 was 3.18, a decrease from 2017 (3.26).

### *Computer and Internet Access*

The percent of households that had a computer increased from 92.1% in 2017 to 95.6% in 2018 and the percent of households that had a broadband Internet subscription increased from 86.2% in 2017 to 89.8% in 2018. Both increases were statistically significant. There are differences geographically.

- The highest percent of households with a computer (average 2014-2018) was Port St. Lucie city (93.7%), followed by Jensen Beach CDP (90.0%) and Lakewood Park CDP (87.6%)
- The lowest percent of households with a computer (average 2014-2018) was Fort Pierce North CDP (70.1%) followed by Fort Pierce South CDP (70.0%)
- The highest percent of households with a broadband internet subscription (average 2014-2018) was Port St. Lucie city (86.8%) followed by Lakewood Park CDP (82.2%)
- The lowest percent of households with a broadband internet subscription (average 2014-2018) was Fort Pierce North CDP (59.1%) and Fort Pierce City (70.4%)

### *Marital Status*

In 2018, 130,004 males over the age of 15 were married, a statistically significant increase from 2017 (126,268). Similarly, 139,001 females over the age of were married, a statistically significant increase from 2017 (135,626).

- 31.4% of males over the age of 15 were never married in 2018 compared to 24.1% of females over the age of 15 were never married
- While 12.3% of the female population over the age of 15 was widowed in 2018, only 3.6% of the male population over the age of 15 was widowed
- Similarly, 14.6% of females over the age of 15 were divorced in 2018, while 11.7% of males over the age of 15 were divorced

### *Fertility*

The number of women who had a birth in the past 12 months in 2018 was 2,084. This was a statistically significant decrease from 2017 (4,298). The rate of births to unmarried women decreased from 31 per 1,000 unmarried women in 2017 to 8 per 1,000 unmarried women in 2018. The rate of births to women 15 to 50 years old decreased from 67 per 1,000 women 15 to 50 years old in 2017 to 32 per 1,000 women 15 to 50 years old in 2018. This was a statistically significant difference.

### *Grandparents*

The number of grandparents in St. Lucie County living with their own grandchildren under 18 years of age increased from 9,080 in 2017 to 9,809 in 2018.

The percentage of grandparents responsible for their grandchildren decreased from 36.8% (3,345) in 2017 to 28.7% in 2018 (2,813).

Of those grandparents who were responsible for their grandchildren in 2018, 17.0% were responsible for them for 5 or more years (the highest percent of years responsible). This compares with 2017 when the highest percent was 1 or 2 years responsible (10.3%).

Sixty-three percent (63.3%) of grandparents who were responsible for their grandchildren under the age of 18 years in 2018 were female (an increase from 60% in 2017).

Of note is that 50.5% of grandparents who were responsible for their grandchildren under 18 years of age in 2018 were married compared to 83.0% in 2017.

Census tracts that had the highest percentage of grandparents responsible for their grandchildren were:

- 3810 (87.9%) located in zip code 34946
- 3809.01 (79.0%) located in zip codes 34946 and 34950
- 3821.10 (70.7%) located in zip code 34953

### *Disability Status*

In 2018, 32.8% of individuals 65 years and over were living with a disability, compared to 11.2% of individuals 18-64 years of age and 4.5% of individuals under 18 years old. While there were decreases from 2017 for the 65 years and over population (34.4%), there were increases for the 18-64-year-olds and under 18 years old (10.8% and 4.4% respectively).

In terms of geographic area, the locations with the highest percent of individuals living with a disability under the age of 65 (average 2014-2018) lived in:

- Hutchinson Island South CDP (14.5%)
- River Park CDP (13.2%)
- Lakewood Park CDP (12.0%)

Census tracts with the highest percent of individuals over the age of 65 with a disability (2014-2018 average) include:

- 3805 (54.8%) located in zip codes 34950 and 34982
- 3806 (53.9%) located in zip code 34982
- 3803 (53.4%) located in zip codes 34947 and 34950
- 3804 (52.3%) located in zip codes 34947 and 34950

### **Social Determinants of Health**

Social Determinants of Health (SDoH) are conditions in which we are born, live, work, and play that have a significant impact on our health and well-being. Understanding these factors inform the needs of the community in terms of access to care and support (whether social, community or systemic). These SDoH include those factors that impact individual and population health, such as poverty, education, employment, housing, neighborhood environment, and transportation. The following provides an overview of those determinants, with more detailed analysis provided in Section Two.

#### *Poverty*

During 2014-2018:

- The average percentage of individuals living below the poverty level in St. Lucie County was 15.0, compared to 14.8 in the state of Florida. (In 2018, the percentage for all people was 16.5% compared to 14.8% for the state).
- For families, this number is 10.8 compared to 10.6 for the state. (In 2018, the percentage was 13.4% compared to 10.6% for the state).
- During this same time period the percent of individuals under the age of 18 living below the poverty level was 21.5 compared to 21.3 for the state. (In 2018, the percent of children living below the poverty level was 19% compared to 20% for the state).

For individuals living below the poverty level, the percent during this time was:

- White (13.0)
- Black (20.9)
- Hispanic (18.0)
- Non-Hispanic (11.9)

The rate ratio for Black to Whites living below the poverty level was 1.6:1 during this time and for Hispanics to non-Hispanics the rate ratio was 1.5:1.

For children under the age of 18 living below the poverty level during this time:

- White (19.5)
- Black (24.7)
- Hispanic (24.0)
- Non-Hispanic (16.9)

The rate ratio for Black to White children under the age of 18 living below the poverty level was 1.3:1 and for Hispanic to non-Hispanic children under the age of 18 living below the poverty level during this period was 1.4:1.

There are also geographical differences. For example, the geographic areas that had the highest rates of poverty in 2018 in St. Lucie County were:

- Fort Pierce North CDP (37.7%)
- Fort Pierce city (32.4%)
- River Park CDP (30.3%)

The areas that had the lowest rates of poverty in 2018 in St. Lucie County were:

- Port St. Lucie city (10.1%)
- Jensen Beach CDP (10.6%)
- Hutchinson Island South CDP (10.9%)

For families, these numbers are even more dramatic. Census tracts that had the highest rates of families living under 100% of the poverty level between 2014-2018 (average) include:

- 3801 (81.9%) located in zip code 34950
  - With children under the age of 18 years in the household this percent increases to 96.6% and with children under the age of 5 it increases to 100%.
  - For female head of household, no husband present, 100% of households live in poverty (including with children under the age of 18 and under the age of 5).
- 3802 (64.9%) located in zip code 34950
  - With children under 18 years in the household this percent increases to 76.6% and with children under the age of 5, it increases to 100%.



- For female head of household, no husband present, 77.4% of households are living in poverty. This number increases to 89.2% for households with children under the age of 18 and 100% for children under the age of 5.
- In addition to those identified above, there are multiple census tracts in the county in which there is a female head of household (no husband present) with children under the age of 5 where 100% of households are living in poverty.
  - 3821.06 (zip code 34953)
  - 3821.1 (zip code 34953)
  - 3821.12 (zip code 34953)
  - 3809.01 (zip codes 34946 and 34950)
  - 3810 (zip code 34946)
  - 3811.01 (zip code 34951)
  - 3814.01 (zip code 34982)
  - 3816.02 (zip code 34952)
  - 3820.1 (zip code 34952)

### *Household Income*

The median household income (average) during the period 2014 - 2018 was \$49,373 compared to \$53,267 for the state.

These numbers do not impact all populations proportionately. For example, during the same period the median income was:

- White (\$51,401)
- Black (\$39,813)
- Hispanic (\$45,116)
- Non-Hispanic (\$53,096)

The rate ratio for both Black to White median income and Hispanic to non-Hispanic median income was .8:1 during this time period

There are also geographical differences. For example, the zip codes with the highest median and average household incomes in 2018 were:

- 34987: median \$80,435; average \$98,765
- 34986: median \$63,878; average \$83,335
- 34984: median \$62,405; average \$79,484
- 34949: median \$61,889; average \$94,810

The zip codes with the lowest median and average household incomes were:

- 34950: median \$25,591; average \$38,506
- 34947: median \$30,174; average \$41,193
- 34946: median \$35,832; average \$59,916
- 34982: median \$40,325; average \$55,379

The census tracts with the highest median household incomes were:

- 3820.66 (\$77,098) located in zip codes 34984 and 34990
- 3821.09 (\$74,947) located in zip codes 34986 and 34987
- 3819 (\$71,032) located in zip codes 34952 and 34994

The census tracts with the lowest median household incomes were:

- 3802 (\$13,500) located in zip code 34950
- 3801 (\$13,533) located in zip code 34950
- 3803 (\$17,873) located in zip codes 34947 and 34950

The geographic areas with the two highest and two lowest median household incomes (2018) were:

- Port St. Lucie city (\$57,113)
- Jensen Beach (\$53,920)
- Fort Pierce North (\$27,907)
- Fort Pierce city (\$30,445)

According to the most recent ALICE Report issued by the United Way of Florida, (2018 Point-In-Time Data), the median household income in St. Lucie County was \$54,098 and the unemployment rate was 5.7% compared to the state average of 5.2% (Source: 2018 American Community Survey, Supplemental Estimates). While the number of households living in poverty in St. Lucie County was 12%, an additional 34% were ALICE (Asset Limited, Income Constrained, and Employed). These households earn more than the Federal Poverty Level, but less than the basic cost of living for the county. Those areas that have the highest percentages of households living in poverty *and* ALICE are:

- Fort Pierce North CDP (73% of 2,321 households)
- River Park CDP (70% of 2,557 households)
- Fort Pierce city (68% of 16,499 households)

### *Employment*

During the period 2014-2018, the overall unemployment rate was 6.5 compared to the state rate of 6.3. However, there were racial differences:

- White (6.3)
- Black (7.8)
- Hispanic (6.5)
- Non-Hispanic (6.2)

The rate ratio for Black to White individuals for unemployment was 1.2:1 for this time period.

In 2018, there were 251,086 civilians aged 16 and over in St. Lucie County. Of those, 135,084 or 53.8% were in the labor force, compared to 58.7% for the state of Florida. Of those 135,084:

- 50.3% or 126,296 were in the labor force (The labor force is the number of people who are employed plus the unemployed who are looking for work. To be considered part of the labor force, individuals must be available, willing to work, and have looked for a job recently. The labor pool does not include the jobless who aren't looking for work.)
- 8,788 or 3.5% were unemployed
- 116,002 or 46.2% were not in the labor force (Note: Not in labor force includes all people 16 years old and over who are not classified as members of the labor force. This category consists mainly of students, stay-at-home parents, retired workers, seasonal workers interviewed in an off season who were not looking for work, institutionalized people, and people doing only incidental unpaid family work (less than 15 hours during the reference week, U.S. Census Bureau, Glossary).
- The unemployment rate in 2018 was 5.7% compared to 6.3 percent for the state.

The unemployment rate also differs by geographic area. The following census tracts had the highest rates of civilian labor force unemployment (2014-2018):

- 3809.01 (15.2% of 843 people in the civilian labor force) located in zip codes 34946 and 34950
- 3802 (14.7% of 1,169 people in the civilian labor force) located in zip code 34950
- 3809.02 (12.3% of 2,518 people in the civilian labor force) located in zip codes 34946 and 34947
- 3805 (10.5% of 2,844 people in the civilian labor force) located in zip codes 34950 and 34982

According to the County Health Rankings, St. Lucie County has been experiencing an improved trend in the unemployment rate. The County Health Rankings uses the Bureau of Labor Statistics data to calculate its rates, therefore the rate differs from the census data. According to the County Health Rankings, the unemployment rate in 2010 was 14% and has steadily decreased to 4% in 2018.

### *Health Insurance*

Health insurance makes a difference in whether and when people get necessary medical care, where they get their care, and ultimately, how healthy they are. Uninsured people are far more likely than those with insurance to postpone health care or forgo it altogether.

During the period 2014-2018, the percentage of adults with health insurance coverage was 86.0 compared to 86.5 for the state. (St. Lucie County ranks in the 3<sup>rd</sup> quartile compared to other counties in the state for this indicator).

In 2018, 86.0% of the population in St. Lucie County had some form of health insurance. Specifically:

- 86% of the population under 19 years of age had health insurance
- 79% of the population 19-64 years of age had health insurance
- 99% of the population 65 and older had health insurance

While St. Lucie County's 10-year trend is improving in this area, there are differences by race and ethnicity within age groups. Black residents were less likely to have health insurance in almost all age categories (except 6-18-year olds and 35-44-year olds). The age categories with the largest percentage of adults were 19-25-year olds and 35-44-year olds.

- Under 6 years old:
  - 16% of Black children, 12% of Hispanic children, and 7% of White children did not have health insurance
- Between 6 and 18 years of age:
  - 24% of Hispanic children, 22% of Black children, and 14% of White children did not have health insurance
- Between 19 and 25 years of age:
  - 39% of Black young adults, 29% of Hispanic young adults, and 23% of White young adults did not have health insurance
- Between 26 and 34 years of age:
  - 22% of Black adults, 22% of White adults, and 20% of Hispanic adults did not have health insurance
- Between 35 and 44 years of age:
  - 39% of Hispanic adults, 31% of Black adults, and 29% of White adults did not have health insurance
- Between 45 and 54 years of age:
  - 21% of Black adults, 20% of White adults, and 19% of Hispanic adults did not have health insurance
- Between 55 and 64 years of age:
  - 19% of Black adults, 12% of White adults, and 9% of Hispanic adults did not have health insurance
- Between 65 and 74 years of age:
  - 2% of Black adults, 1% of White adults, and 0% of Hispanic adults did not have health insurance
- Over 75 years of age:

- 3% of Black adults, .2% of White adults, and 0% of Hispanic adults did not have health insurance

There are also geographical differences. While the city of Port St. Lucie does not have a high rate of uninsured, there are census tracts within the county that have high rates (2014-2018 average). These include:

- 3803 (25.7%) located in zip codes 34947 and 34950
  - 3806 (25.6%) located in zip code 34982
  - 3802 (24.2%) located in zip code 34950
  - 3821.13 (23.7%) located in zip code 34953

### *Food Insecurity*

Food insecurity is the percentage of the population that does not have consistent access to food for an active, healthy life. Food insecurity refers to a lack of available financial resources for food at the household level. People experiencing food insecurity often consume a nutrient-poor diet, which may contribute to the development of obesity, heart disease, hypertension, diabetes, and other chronic diseases.

According to Feeding America, while the rate of food insecurity has declined from 2014 to 2017, St. Lucie County continues to experience a higher rate than the state of Florida. The child food insecurity rate is also higher than the state of Florida.

### *Access to Healthy Foods and Exercise Opportunities*

Access to healthy food sources and recreational areas are necessary to support healthy diets and physical activity. Lack of physical activity and unhealthy eating are major risk factors for chronic diseases, the leading causes of death and disability in the United States.

- While the percent of the population living within ½ mile of a park has increased in St. Lucie County between 2016 and 2019 (41.6% compared to 43.0%), the percentage is still less than the state of Florida (43.2% and 45.2%, respectively).
- Conversely, St. Lucie County fares better than the state of Florida related to the percent of the population living within ½ mile of a fast food restaurant. This rate has remained consistent for St. Lucie County between 2016 and 2019 (20.1% compared to 20.4%), while for the state it decreased from 33.9% to 32.3%.
- In terms of adults who are inactive or insufficiently active, the rate for St. Lucie County residents increased in this area between 2013 and 2016 (50.7% compared to 53.0%). These numbers are lower than the state for the same period (52.9% and 56.7%, respectively). These numbers differ by age group, race, ethnicity, and gender.
  - In 2016, individuals age 18-44 were more likely to be inactive or insufficiently active compared to 45-64-year olds and 65 and older (62.0%, 56.3%, and 36.5%, respectively).

- During the same year, non-Hispanic Blacks were more likely to be inactive or insufficiently active (68.9%) compared to Hispanics (58.1%) and non-Hispanic Whites (45.8%).
- Women were more likely to be inactive or insufficiently active during 2016 (56.3%) compared to men (48.5%).
- In 2016, St. Lucie County residents were more likely to be sedentary (30.5%) compared to the state of Florida (29.8%).
- During the same year, individuals 45-64 years of age were more likely to be sedentary (34.3%), compared to 18-44-year olds (28.9%) and 65 and older (26.6%).
- Hispanics were more likely to be sedentary in 2016 (42.5%) than non-Hispanic Blacks (31.2%) and non-Hispanic Whites (25.9%) in 2016.
- Women were more likely to be sedentary (33.5%) than men (26.4%) during this time period.

### *Education*

Of 67,785 St. Lucie County residents who were enrolled in school in 2018, 40.2% were enrolled in elementary school (grades 1-8), 25% were enrolled in college or graduate school, 24.2% were enrolled in high school (grades 9-12), and 10.5% were enrolled in nursery school, preschool, or kindergarten.

In terms of educational attainment for the population 25 years and over, 87% have a high school diploma or higher, compared to 12% for the state. (St. Lucie County ranks in the 3<sup>rd</sup> quartile compared to other counties in the state for this indicator). Four percent (4.4%) of the population has less than a 9<sup>th</sup> grade education and an additional 8.4% have a 9<sup>th</sup>-12<sup>th</sup> grade education, with no diploma. Fourteen percent (14%) of the population has a bachelor's degree and an additional 8.8% have a graduate or professional degree.

This varies by geographic area and census tract.

- The areas with the highest rates of high school graduates or higher (persons age 25 and over) include:
  - Hutchinson Island South CDP (95.5%), Jensen Beach CDP (93.6%), and Indian River Estates (90.0%). These areas also have the highest rate of individuals with bachelor's degrees or higher (31.4%, 31.2%, and 19.4%).
- Conversely, the areas with the lowest rates of high school graduates or higher (persons age 25 and over) include:
  - Fort Pierce South CDP (75.5%), Fort Pierce city (77.6%), and Fort Pierce North (79.3%). These areas also have the lowest rates of individuals with bachelor's degrees or higher (Fort Pierce South CDP-8.7%; Fort Pierce North CDP-11.6%; and Fort Pierce city-15.0%).
- Census tracts with the highest percentage of individuals who are high school graduates or higher include:



- 3817.01 (99.1%) located in zip code 34957
- 3813 (96.5%) located in zip code 34949
- 3819 (96.0%) located in zip codes 34952 and 34994
- Census tracts with the lowest percentage of individuals who are high school graduates or higher include:
  - 3806 (59.0%) located in zip code 34982
  - 3803 (64.1%) located in zip codes 34947 and 34950
  - 3802 (69.8%) located in zip code 34950
- Census tracts with the highest percentage of individuals with graduate or professional degrees include:
  - 3812.04 (19.7%) located in zip code 34949
  - 3821.09 (18.7%) located in zip codes 34986 and 34987
  - 3817.01 (15.7%) located in zip code 34957
- Census tracts with the highest percentage of individuals with less than a 9<sup>th</sup> grade education include:
  - 3804 (24.5%) located in zip codes 34947 and 34950
  - 3806 (19.4%) located in zip code 34982
  - 3805 (17.4%) located in zip codes 34950 and 34982

### *Crime and Safety*

Neighborhood safety has a strong correlation with the resiliency of a community. Living in high crime areas contribute to poor mental health and avoidance of care. St. Lucie County has shown a consistent decrease in the index crime rate and overall lower rates in comparison to the state of Florida. According to the [County Health Rankings](#), St. Lucie County is improving in this measure, going from a violent crime rate of 613 per 100,000 population in 2007 to 272 per 100,000 in 2016.

There were 1,485 cases of domestic violence in 2018, an increase from the previous year of 1,348. While the St. Lucie County rate remains lower than the state, it has increased over the past years (between 2015 and 2018).

The rate of child abuse per 100,000 population remains comparable to the state of Florida. In 2018, there were 150 reported cases of child abuse. This number is the lowest it has been since 2010.

### **Health Status: Health Outcomes**

Measures of general health status provide information on the health of a population and refers to conditions, both physical and behavioral. St. Lucie County ranks 29 of 67 counties for Health Outcomes in the state of Florida. It ranks 23 of 67 for Length of Life and 33 of 67 for Quality of Life (measured by low birthweight babies). (County Health Rankings, 2020).

### *Life Expectancy*

Life Expectancy is the average number of years a person can expect to live. It considers the number of deaths in a given time period and the average number of people dying during that time, which allows for comparison across geographic areas with different population sizes. In St. Lucie County, life expectancy varies across sex, race, and geographic area.

St. Lucie County's life expectancy 3-year average (2016-2018) for the total population was 79.5 compared to 79.7 for the state of Florida.

- Whites have longer life expectancy (79.7) compared to Blacks (78.6).
- Hispanics have longer life expectancy (84.4) compared to non-Hispanics (78.7).
- Both Blacks and Hispanics had longer life expectancy than the state of Florida during this period (78.6 compared to 77.7 and 84.4 compared to 83.4, respectively).
- Women in St. Lucie County had a longer life expectancy (82.1) compared to men (76.8). Both are lower than the state averages (82.5 and 76.9, respectively).

Life expectancy also varies by geographic location. Those census tracts with the highest average number of years of life expectancy in 2018 were:

- 3821.08 (96.9) located in zip code 34986
- 3821.09 (83.9) located in zip codes 34986 and 34987
- 3819 (81.5) located in zip codes 34952 and 34994
- 3821.13 (81.4) located in zip code 34953
- 3821.1 (81.1) located in zip code 34953

Life expectancy varies by sex and census tract as well. The census tracts with the longest life expectancy are the same for women:

- 3821.08 (102.0) located in zip code 34986
- 3821.09 (85.2) located in zip codes 34986 and 34987
- 3819 (84.3) located in zip codes 34952 and 34994
- 3821.13 (83.6) located in zip code 34953
- 3821.1 (83.5) located in zip code 34953

Life expectancy for men is also highest in these census tracts with the exception of census tract 3819. The census tracts with the longest life expectancy for men include:

- 3821.08 (91.9) located in zip code 34986
- 3821.09 (82.5) located in zip codes 34986 and 34987
- 3808 (79.5) located in zip codes 34945, 34947, and 34951
- 3821.13 (79.1) located in zip code 34953
- 3821.1 (79.0) located in zip code 34953

Those census tracts with the lowest average number of years of life expectancy include:

- 3803 (64.4) located in zip codes 34947 and 34950

- 3809.02 (64.4) located in zip codes 34946 and 34947
- 3802 (65.8) located in zip code 34950
- 3805 (68.9) located in zip codes 34950 and 34982
- 3804 (69.6) located in zip codes 34947 and 34950

These census tracts vary slightly by sex. Census tracts with the lowest average life expectancy for women were:

- 3803 (68.5) located in zip codes 34947 and 34950
- 3809.02 (70.1) located in zip codes 34946 and 34947 (note that numbers for men in this census tract were not available)
- 3805 (70.5) located in zip codes 34950 and 34982
- 3804 (71.5) located in zip codes 34947 and 34950
- 3811.01 (74.4) located in zip code 34951

Census tracts where males had the lowest average life expectancy were:

- 3803 (59.4) located in zip codes 34947 and 34950
- 3805 (67.1) located in zip codes 34950 and 34982
- 3804 (67.5) located in zip codes 34947 and 34950
- 3811.01 (67.9) located in zip code 34951
- 3814.02 (68.0) located in zip codes 34981 and 34982

### *Low Birthweight Babies*

Low birthweight is a term used to describe babies who are born weighing less than 5 pounds, 8 ounces or 2500 grams. A high rate of low birthweight births equates a higher demand on healthcare utilization due to the higher number of days of hospitalization. Between 2015 and 2018, St. Lucie County had an increase in the percentage of low birthweight babies (9.3% compared to the state 8.7% in 2018).

The percent of low birthweight babies also differs by race, ethnicity, and geographic location.

- While the percent of low birthweight babies has been decreasing for Blacks in St. Lucie County, it has been increasing for White babies. There remains a disparity between Black and White babies, though the disparity rate decreased between 2016 and 2018.
  - In 2016, the percent of Black low birthweight babies born in St. Lucie County was 13.1, while the percent of White low birthweight babies born in St. Lucie County was 6.7 (a disparity of 2.0).
  - In 2017, the percent of Black low birthweight babies born in St. Lucie County decreased to 10.7, while the percent of White low birthweight babies born in St. Lucie County increased to 7.5, a disparity of 1.4.
  - In 2018, the percent of Black low birthweight babies born in St. Lucie County increased to 12.6, while the percent of White low birthweight babies born in St. Lucie County increased to 7.6, a disparity of 1.7.

- St. Lucie non-Hispanic babies are more likely to be born with low birthweights compared to Hispanic babies.
  - In 2016, the percent of non-Hispanic low birthweight babies born in St. Lucie County was 9.2 compared to 7.2 for Hispanic low birthweight babies born in St. Lucie County, a disparity of 1.3.
  - In 2017, the percent of non-Hispanic low birthweight babies born in St. Lucie County decreased to 8.9, while the percent of Hispanic low birthweight babies born in St. Lucie County remained the same as the previous year (7.2), a disparity of 1.2.
  - In 2018, the percent of non-Hispanic low birthweight babies born in St. Lucie County increased to 9.9, while the percent of Hispanic low birthweight babies born in St. Lucie County decreased to 7.1, a disparity of 1.3.
- There are also differences geographically in St. Lucie County. The zip codes with the highest percent (5-year average between 2014 and 2018) and highest count (total count between 2014 and 2018) of low birthweight babies were:
  - 34947 (rate: 11.8; count 140)
  - 34946 (rate: 10.9; count 43)
  - 34950 (rate: 10.2; count 150)
  - 34984 (rate: 9.2; count 65)

### *Preterm Births*

A preterm birth is a baby born before reaching 37 weeks of gestation. Births that occur before 37 weeks gestation have lower chances of survival and higher chances of short and long-term health problems when compared to term births.

The 2020 goal for preterm births is 9.4. St. Lucie County had a rate of 11.0 in 2018, higher than the 2020 goal. There are racial, ethnic, and geographical differences related to the rates of preterm birth in St. Lucie County. Hispanic mothers have reached this goal since 2015 and White mothers had been reaching this goal until 2018.

- Black mothers are more likely to have preterm births than White mothers.
  - In 2016, Black mothers were more likely to have preterm births (13.3%) compared to White mothers (9.2%), a disparity of 1.45.
  - In 2017, Black mothers were more likely to have preterm births (9.8%) compared to White mothers (8.6%), a disparity of 1.14.
  - In 2018, the percentage for Black preterm births increased to 12.0%, while the percentage for White preterm births also increased to 10.6%, a disparity of 1.13.
- Non-Hispanic mothers are more likely to have preterm births than Hispanic mothers.
  - In 2016, non-Hispanic mothers had a preterm birth rate of 11.0, while Hispanic mothers had a preterm birth rate of 8.7, a disparity of 1.26.
  - In 2017, the preterm birth rate for non-Hispanic mothers decreased to 9.4 and the preterm birth rate for Hispanic mothers decreased to 7.7, a disparity of 1.22.

- In 2018, the preterm birth rate increased for non-Hispanic mothers to 12.0 and the preterm birth rate increased for Hispanic mothers to 7.9, a disparity of 1.52.
- There are also differences geographically in St. Lucie County. The zip codes with the highest percent (5-year average between 2014 and 2018) and highest count (total count between 2014 and 2018) of preterm births were:
  - 34947 (rate: 17.4; count: 206)
  - 34946 (rate: 17.3; count: 68)
  - 34950 (rate: 16.7; count: 246)
  - 34986 (rate: 13.2; count: 118)
  - 34984 (rate: 12.5; count: 88)
- The census tracts with the highest percent (5-year average between 2014 and 2018) and highest count (total count between 2014 and 2018) of preterm births were:
  - 3803 (rate: 22.4; count: 138) located in zip codes 34947 and 34950
  - 3809.02 (rate: 20.5; count: 78) located in zip codes 34946 and 34947
  - 3802 (rate: 18.5; count: 62) located in zip code 34950
  - 3804 (rate: 15.0; count: 86) located in zip code 34950
  - 3805 (rate: 14.9; count: 82) located in zip codes 34950 and 34982

### *Infant Mortality*

Infant mortality is the death of a live-born baby during the first year of life. The rate is the number of infant deaths per 1,000 live births. Infant mortality and the infant mortality rate reflect the health and well-being of the population's women of reproductive age and their infants as well as the quality of the health care available. St. Lucie County's infant mortality rate has decreased since 2014. The Healthy People 2020 goal for infant mortality is 6.0.

The rate of infant mortality in St. Lucie County has decreased since 2014 from 6.1 deaths per 1,000 live births to 3.8 deaths per 1,000 live births. However, while St. Lucie County has achieved the 2020 goal consistently for White and Hispanic babies, the story is not the same for Black babies. Zip code and census tract data are not available for infant mortality due to low counts.

- Black babies are more likely to die within their first year of life than White babies.
  - In 2016, the rate of Black babies dying in their first year of life was higher than White babies (9.8 compared to 3.5, respectively), a disparity of 2.8.
  - In 2017, the rate of Black babies dying in their first year of life decreased to 7.3 and for White babies to 2.0, though the disparity increased to 3.65.
  - In 2018, the rate of Black babies dying in their first year of life decreased to 5.5 (below the Healthy People 2020 objective), while the rate of White babies dying in their first year of life increased to 3.4. The disparity ratio in 2018 was 1.62.

- Non-Hispanic babies are more likely to die within their first year of life than Hispanic babies. In 2014 and 2018 there were no Hispanic infant deaths.
  - In 2016, the rate of non-Hispanic babies dying in their first year of life was 6.1 compared to Hispanic babies dying in their first year of life (2.9), a disparity of 2.1.
  - In 2017, the rate of non-Hispanic babies dying in their first year of life decreased to 4.8 and for Hispanic babies the rate increased to 4.2, with a disparity of 1.14.
  - In 2018, the rate of non-Hispanic babies dying in their first year of life was 5.1. No Hispanic babies died in their first year of life in 2018.

### **Health Status: Mortality and Morbidity**

The age-adjusted death rate per 100,000 in St. Lucie County in 2018 was 684.5 for all individuals. This rate was highest for males (818.3) followed by Black individuals (769.7), and non-Hispanic individuals (720.6). It was lowest for Hispanic individuals (467.4) and females (563.9).

#### *All Causes*

There are approximately 3,300 deaths per year in St. Lucie County. The leading causes of death are heart disease, cancer, chronic lower respiratory disease, stroke, and unintentional injuries. Additionally, St. Lucie County ranked in the 3<sup>rd</sup> quartile of all Florida counties for 2016-2018 (3-year average) for HIV/AIDS deaths, with the highest rates for Black individuals (16.6) compared to Hispanic (2.1) and White (0.5).

#### *Heart Disease*

There was a total of 784 heart disease related deaths in St. Lucie County in 2018, with an age-adjusted death rate per 100,000 of 257.3 and 152.6 Years of Potential Life Lost (YPLL) for individuals younger than 75 per 100,000 population under 75. Between 2016 and 2018, there were a total of 1,899 heart disease related deaths.

- 1,481 were due to coronary heart disease (age-adjusted death rate: 95.3)
  - For Black individuals, the age-adjusted death rate was 106.9 compared 93.3 for White individuals.
- 303 were due to acute myocardial infarction (age-adjusted death rate: 19.6)
- 115 were due to heart failure (age-adjusted death rate: 7.1)
  - For Black individuals, the age-adjusted death rate was 5.9 compared to 5.3 for White individuals.

Age-adjusted hospitalization rates for these heart-related issues between 2016 and 2018 (3-year average) were:

- Heart failure: 1,376.2 (count: 19,718)
  - For Black individuals, the age-adjusted hospitalization rate was 2323.5 compared to 1079.6 for White individuals.
- Coronary heart disease: 335.1 (count: 4,673)



- For Black individuals, the age-adjusted hospitalization rate was 366.2 compared to 294.5 for White individuals.
- Heart attack: 200.4 (count: 2,786) (racial disparity data not available)

In 2016:

- 5.6% of the adult population reported they had ever been told they had angina or coronary heart disease
- 5.1% of the adult population reported they had ever been told they had a heart attack

### *Cancer*

There was a total of 767 deaths related to cancer in 2018, with an age-adjusted rate of 251.7 and 150.2 Years of Potential Life Lost (YPLL). Between 2016 and 2018, there were a total of 1,149 cancer related deaths between 2016 and 2018.

- 635 were due to lung cancer (age-adjusted death rate: 41.4)
  - For Black individuals, the age-adjusted death rate was 22.0 compared to 45.1 for White individuals
- 202 were due to colorectal cancer (age-adjusted death rate: 14.1)
  - For Black individuals, the age-adjusted death rate was 14.6 compared to 14.3 for White individuals
- 126 were due to prostate cancer (age-adjusted death rate: 17.2)
  - For Black individuals, the age-adjusted death rate was 35.2 compared to 14.2 for White individuals
- 129 were due to breast cancer (age-adjusted death rate: 17.4)
  - For Black women, the age-adjusted death rate was 16.6 compared to 17.5 for White women
- 36 were due to melanoma (age-adjusted death rate: 2.4); racial data is not available for melanoma
- 21 were due to cervical cancer (age-adjusted death rate: 3.2)
  - For Black women, the age-adjusted death rate was 5.6 compared to 3.1 for White women

Between 2015 and 2017, the count of new cases (3-year total) and age-adjusted incidence rates per 100,000 total population (3-year average) for each type of cancer was:

- Lung cancer: 821 (rate: 56)
  - For Black individuals, the age-adjusted incidence rate was 22.0 compared to 45.1 for White individuals.
- Breast cancer: 711 (rate: 114.0)
  - For Black women, the age-adjusted incidence rate was 94.3 compared to 115 for White women.
- Prostate cancer: 576 (rate: 84.2)

- For Black men, the age-adjusted incidence rate was 134.4 compared to 73.2 for White men.
- Colorectal cancer: 427 (rate: 32.3)
  - For Black individuals, the age-adjusted incidence rate was 32.8 compared to 31.8 for White individuals.
- Melanoma: 274 (rate: 20.5); racial data is not available
- Cervical cancer: 47 (rate: 8.1)
  - For Black women, the age-adjusted incidence rate was 6.4 compared to 8.4 for White women.
- In 2016, 58.7% of women 40 years of age and older reported receiving a mammogram in the past year
  - In 2017, 42% of Medicare enrollees in St. Lucie County received mammogram screenings. Of these, 42% were White, 41% were Black, 36% were Hispanic, and 35% were Asian.
- In 2016, 49.8% of women 18 years of age and older reported receiving a Pap test in the past year
- In 2016, 54.1% of adults 50 years and older reported receiving a sigmoidoscopy or colonoscopy in the past five years
- In 2016, 20.7% of adults 50 years and older reported they received a stool blood test in the past year
- In 2016, 58.4% of men 50 years of age and older reported receiving a PSA test in the past two years

### *Chronic Lower Respiratory Disease (CLRD)*

In 2018 there were a total of 218 chronic lower respiratory deaths, with an age-adjusted death rate per 100,000 of 71.5 and 41.0 Years of Potential Life Lost. Between 2016 and 2018 the total number of deaths (count) was 684, with an age-adjusted death rate per 100,000 total population of 42.9. During this same period, there were a total of 5,393 hospitalizations (count) with an age-adjusted hospitalization rate (3-year average) per 100,000 of 456.7.

In 2016, 6.8% of the adult population in St. Lucie County reported currently having asthma and 10.2% said they had ever been told they had asthma. Between 2016 and 2018 there were a total of 8,281 (count) hospitalizations related to asthma, with an age-adjusted hospitalization rate (3-year average) per 100,000 of 849.4.

Between 2016 and 2018, the 3-year average rate for emergency room visits due to asthma was 1117.1 for Black individuals in St. Lucie County compared to 251.8 for White individuals in St. Lucie County.

### *Stroke Deaths*

In 2018 there were a total of 202 deaths related to stroke, with an age-adjusted death rate per 100,000 total population of 66.3 and 38.3 Years of Potential Life Lost.

Between 2016 and 2018, there were a total (count) of 583 deaths related to stroke, with an age-adjusted death rate per 100,000 population (3-year average) of 37.3. There was a total of 3,686 hospitalizations during this same period, with an age-adjusted hospitalization rate (3-year average) of 263.5.

- For Black individuals, the age-adjusted death rate due to stroke was 50.6 compared to 34.5 for White individuals
- For Black individuals, the age-adjusted hospitalization rate due to stroke was 402.4 compared to 215.2 for White individuals

In 2016, 4.7% of adults reported ever having been told they had a stroke.

- 8.6% of Black individuals report ever having been told they had a stroke compared to 4.4% of White individuals

### *Unintentional Injury Deaths*

Unintentional injuries refer to injuries that are unplanned and typically preventable when proper safety precautions are followed. In 2018, the total number of deaths due to unintentional injuries was 180, with an age-adjusted death rate per 100,000 of 59.1 and 54.9 Years of Potential Life Lost. Unintentional injuries are the 5<sup>th</sup> leading cause of death in St. Lucie County. Unintentional injury death rates are one exception where there are higher rates of death among the White population than the Black, Hispanic, and non-Hispanic population.

- In 2016, the rate of unintentional injury deaths for White individuals was 75.8 compared to Black (31.1) and Hispanic (38.1).
- In 2016, the rate of unintentional injury deaths for White individuals in St. Lucie County decreased to 70.6 while the rate for Black individuals increased to 37.3 and for Hispanic individuals to 47.8.
- In 2018, the rate of unintentional injury deaths for White individuals decreased to 57.0 while the rate for Black individuals increased to 50.0 and decreased for Hispanic individuals to 22.6.
- Between 2016 and 2018, the age-adjusted death rate due to unintentional injuries was highest for St. Lucie males compared to St. Lucie females.
  - In 2016 the age-adjusted death rate due to unintentional injuries was 93.4 for males and 35.9 for females.
  - In 2017 the age-adjusted death rate due to unintentional injuries decreased for males to 88.6 while it increased for females (40.4).
  - In 2018 the age-adjusted death rate due to unintentional injuries decreased to 74.9 for males and increased for females to 41.3. The rate for females has begun to be higher than the state rate for females, while the 2018 rate for males was lower than the state rate.
- Between 2016 and 2018, St. Lucie County had 27 unintentional drowning deaths. Between 2014 and 2018, the zip codes with the highest count of unintentional drowning deaths were:

- 34952 (9)
- 34953 (7)
- 34947 (3)
- 34983 (3)
- 34984 (3)
- 34986 (3)
- Between 2016 and 2018 there were a total of 237 deaths due to unintentional drug poisoning. The St. Lucie rate for unintentional drug poisoning deaths has consistently remained higher than the state rate.
- In 2018, the following had the highest count and age-adjusted rate for unintentional fatal injuries:
  - Poisoning: 66 (rate: 23.8); state rate: 21.79
  - Fall: 44 (rate: 8.14); state rate: 9.97
  - Motor Vehicle Accident (occupant): 28 (rate: 10.12); state rate: 7.08
- Age groups with the highest number of unintentional fatal injuries in 2018 were:
  - 74+ years old (50 total; 36 due to falls, 5 due to suffocation, 3 to motor vehicle accidents as occupants, 1 due to motor vehicle as motorcyclist, 1 due to motor vehicle traffic as pedestrian, 1 due to other transport, 1 due to drowning, and 2 unspecified).
  - 35-64 (76 total; 42 due to poisoning, 8 due to falls, 9 to motor vehicle accident as occupant, 3 to motor vehicle other unspecified, 4 to motor vehicle traffic as pedestrian; 2 due to drowning, 2 due to motor vehicle as motorcyclist, 1 due to suffocation, 1 due to motor vehicle pedal cyclist, 1 other specified and classifiable, 1 to other transport, and 2 unspecified).
  - 25-34 (26 total; 21 due to poisoning, 1 due to drowning, 1 due to motor vehicle as motorcyclist, 1 due to motor vehicle as occupant, 1 due to motor vehicle as pedestrian, and 1 as other specified and classifiable).
  - 20-24 (13 total; 9 due to motor vehicle as occupant, 2 due to motor vehicle as pedestrian, 1 due to motor vehicle other, and 1 due to poisoning).

### *Diabetes Deaths*

In 2018 there were 119 diabetes related deaths, with an age-adjusted death rate per 100,000 of 39.0 and 24.6 Years of Potential Life Lost. Between 2016 and 2018 there were a total of 318 (count) deaths due to diabetes with an age-adjusted death rate (3-year average) of 22.3.

- For Black individuals, the age-adjusted death rate during this period was 49.2 compared to 17.9 for White individuals

There was a total of 34,691 hospitalizations between 2016 and 2018, with an age-adjusted hospitalization rate of 2,642.9

- For Black individuals, the age-adjusted hospitalization rate during this time period was 4568.0 compared to 1980.8 for White individuals

- For Black individuals, the rate of emergency room visits due to diabetes was 567.5 compared to 169.2 for White individuals

There were 437 hospitalizations for amputation of a lower extremity due to diabetes between 2016 and 2018, with an age-adjusted hospitalization rate of 33.6.

In 2016 11.6% of adults in St. Lucie County reported they had ever been told they had diabetes.

- In 2016 17.9% of Black individuals reported they had ever been told they had diabetes compared to 11.5% of White individuals

### *Alzheimer's Disease Deaths*

In 2018 there were 115 Alzheimer's related deaths, with an age-adjusted death rate per 100,000 of 37.7 and 20.4 Years of Potential Life Lost.

### *Chronic Liver Disease and Cirrhosis Deaths*

In 2018 there were 63 chronic liver disease and cirrhosis deaths, with an age-adjusted death rate of 18.4 and 11.4 Years of Potential Life Lost.

### *Nephritis, Nephrotic Syndrome, and Nephrosis Deaths*

In 2018 there were 56 nephritis, nephrotic syndrome and nephrosis deaths, with an age-adjusted death rate of 18.4 and 11.4 Years of Potential Life Lost.

### *Suicide*

In 2018 there were 55 deaths related to suicide with an age-adjusted death rate of 18.0 and 15.0 Years of Potential Life Lost.

The primary mechanisms for death by suicide in 2018 were firearm (26), suffocation (15), and poisoning (10).

Age groups with the highest numbers of death by suicide in 2018 were 55-64 years old (13), 75-84 year olds (10), and 45-54 year olds (9).

Between 2016 and 2018, rates of death by suicide were highest for White individuals compared to Black individuals and for males compared to females.

- In 2016 the rate for death by suicide was 17.1 for White individuals compared to 6.9 for Black individuals
- In 2017 the rate for White individuals stayed the same at 17.1 and decreased for Black individuals to 3.4
- In 2018 the rate for White individuals decreased to 16.8 and increased for Black individuals to 8.8
- In 2016 the rate for death by suicide was 26.1 for males compared to 5.9 for females
- In 2017 the rate for males decreased to 22.3, while it increased for females to 6.6

- In 2018 the rate for males increased to 25.3, while it decreased for females to 5.6

## **Health Status: Infectious Disease**

### *HIV and AIDS*

While St. Lucie has had a decrease in new HIV cases in 2018, it remains a challenge. In 2018, there were a total of 1,814 persons living with HIV/AIDS (PLWH), regardless of where they were diagnosed. The number of AIDS cases has decreased annually in St. Lucie County, reaching its lowest count in 2018 (13) compared to its highest count in 2010 (97).

More males (1,079) than females (735) are living with HIV. HIV/AIDS also disproportionately impacts the Black community. The following demonstrates the disparity between the non-Hispanic Black community and the non-Hispanic White community related to HIV.

- In 2016, the rate of new HIV cases per 100,000 population was 44.0 for non-Hispanic Black individuals and 5.8 for non-Hispanic White individuals
- In 2017, the rate of new HIV cases per 100,000 increased to 67.4 for non-Hispanic Black individuals compared to 9.1 for non-Hispanic White individuals
- In 2018, the rate of new HIV cases per 100,000 decreased to 41.8 for non-Hispanic Black individuals compared to 8.6 for non-Hispanic White individuals

## **Health Status: Health Factors**

St. Lucie County ranked 30 of 67 health factors in the 2020 County Health Rankings. It ranked 23 of 67 counties for health behaviors and 38 of 67 for clinical care factors.

### *Clinical Care Factors*

Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. While part of a larger context, looking at clinical care helps us understand why some communities can be healthier than others (County Health Rankings, 2020).

St. Lucie County is improving in the percentage of uninsured (17% in 2017).

It is also improving in the ratio of dentists (2610 individuals per 100,000 population to 1 practitioner). While this ratio is improving the rate per 100,000 population in St. Lucie County remains statistically significantly lower than the state rate.

St. Lucie County is challenged in the area of preventable hospital stays. The rate per 100,000 Medicare enrollees in 2017 was 595.1 overall. The highest rate is for Black Medicare enrollees (888.8) compared to the lowest rate for Asian Medicare enrollees (289.2).

### *Health Resource Availability*

The rate of total hospital beds in St. Lucie County has been statistically significantly lower than the state. Although the rate has increased slightly between 2016 and 2018 (263.1 in 2016 compared to 282.5 in 2018), it remains lower than the state (312.3 and 308.2 respectively).

The same is true for acute care beds and nursing home beds.

- In 2016 the rate of acute care beds was 199.9 for St. Lucie County compared to 254.4 for the state of Florida
- In 2018 the rate of acute care beds increased to 220.2 for St. Lucie County still statistically significantly lower than the state rate of 248.9
- The rate of nursing home beds is an area in which St. Lucie County has not been improving.
  - In 2016 the rate of nursing home beds was 357 compared to the state rate of 413.3 and in 2018 the rate was 344.6 in St. Lucie County compared to 399.8 for the state of Florida. Both of these rates are statistically significantly lower than the state.
- An area in which St. Lucie County exceeds the state is in the rate of specialty care beds though not statistically significantly greater.
  - In 2016 the rate of specialty care beds in St. Lucie County was 63.2 and in 2018 the rate was 62.3 compared to 58.0 and 59.2 for the state, respectively.
- The total rate of licensed physicians remains statistically significantly lower than the state of Florida.
  - In FY 2016/2017 the rate for St. Lucie County was 135 per 100,000 population compared to the state rate of 310.5.
  - In FY 2017/2018 the rate for St. Lucie County was 137.2, lower than the state rate of 304.7.
  - In FY 2018/2019 the rate for St. Lucie County was 142.7, lower than the state rate of 310.0.
- The statistically significantly lower rates apply to the rates of licensed family physicians, licensed internists, licensed OB/GYNs, licensed pediatricians, and licensed dentists. More detailed data is provided in the section entitled Health Factors. The data below provides the rates for each of these professions for 2018:
  - Family Practice Physicians: St. Lucie County rate 9.7 per 100,000 population compared to the state rate of 19.2
  - Licensed Internists: St. Lucie County rate 19.4 per 100,000 population compared to the state rate of 47.6
  - Licensed OB/GYNs: St. Lucie County rate 5.2 per 100,000 population compared to the state rate of 9.3
    - According to Florida Charts data, there were 16 licensed OB/GYNs in St. Lucie County in FY 2018/2019. According to the Florida Department of Health website, there are currently 30 licensed OB/GYNs in St. Lucie



County. Additional information is provided in the Health Factors section of the report

- o Licensed Pediatricians: St. Lucie County rate of 8.4 per 100,000 population compared to the state rate of 22
  - According to Florida Charts data, there were 26 licensed pediatricians in St. Lucie County in FY 2018/2019. According to the Florida Department of Health website, there are currently 41 licensed pediatricians in St. Lucie County. Additional information is provided in the Health Factors section of the report
  - While the ratio of licensed dentists is improving for St. Lucie County, the rate remains statistically significantly lower than the state. In FY 2018/2019, the rate per 100,000 population for St. Lucie County was 27.5 compared to 56.7 for the state of Florida

### *Flu Vaccinations*

The percentage of Medicare enrollees receiving vaccinations continues to be approximately 40%. This rate is highest for White enrollees (44%), Asian enrollees (36%), Hispanic enrollees (33%), and Black enrollees (36%).

### **Health Status: Health Behaviors**

Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior (County Health Rankings, 2020).

St. Lucie County is doing poorly in the areas of obesity and physical activity.

### *Smokers*

In 2016 the percent of current adult smokers was 16.1 in St. Lucie County compared to the state percent of 15.5. St. Lucie County has continued to have a higher percentage of adult smokers than the state of Florida.

These smokers tend to be in the age group 45-64 (21.3% in 2016), non-Hispanic White individuals (20.7% in 2016) and male (22.4% in 2016).

### *Obesity*

The percentage of adults who are obese in St. Lucie County is getting worse. In 2014, the percentage of adults was 27% compared to the state percent of 26%. In 2016, the percent of adults who are obese in St. Lucie County has increased to 30% compared to 27% in the state of Florida.

Individuals who are obese in St. Lucie County tend to be in the 45-64 year old age group (40.0% in 2016), non-Hispanic Black individuals (35.4% in 2016), and men (31.4% in 2016).

## **Bacterial Sexually Transmitted Diseases**

Bacterial sexually transmitted diseases (STDs) are comprised of three reportable infections in Florida: chlamydia, gonorrhea, and syphilis. Though St. Lucie County's rates have remained below the state's rates, there has been a steady increase in the number of annual cases since 2013.

## **Maternal and Child Health**

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. In 2018, there were a total of 150,054 females aged 15-44 in St. Lucie County. There were 3,121 births in St. Lucie County in 2018, an increase from the previous year. However, birth rates have steadily declined over the past 10 years to 10.2 births per 1,000 female population in 2018, lower than the state of Florida.

While St. Lucie County has been improving in the rates of teen pregnancies for Black, White, and Hispanic females, the rate of births to unwed mothers has risen particularly for Black and non-Hispanic females. Additionally, while the rates of births to mothers 19 and over without a high school diploma has steadily decreased over time, it remains statistically significantly greater than the state of Florida's rates. This is particularly notable for Black and Hispanic females, though the rates continue to decrease.

The rates of mothers who smoke during pregnancy is statistically significantly greater than the state of Florida, with White and non-Hispanic women more likely to smoke during pregnancy.

Maternal deaths are reflective of the health of a community. Between 2009 and 2018 there have been 7 maternal deaths.

## **Behavioral Health**

Understanding the scope of behavioral health (mental illness and substance use) establishes a foundation for bringing services and funding to those areas in need. St. Lucie County has shown an overall increase in hospitalizations for mental health disorders over the past ten years, particularly among individuals between the ages of 25 and 74 and for individuals with schizophrenic conditions.

Fatal injuries by suicide and unintentional fatal injuries, such as by poisoning, are indicative of the behavioral health of a community. In 2018, the fatal injury count for St. Lucie County was 260 with a county-age adjusted rate of 78.95. These fatal injuries included 180 unintentional fatal injuries (primarily from drug poisoning) and 55 deaths by suicide.

Both suicide and fatal unintentional injuries have been discussed previously in this section and are not repeated here.

### *Hospitalizations*

There was a total of 2,964 psychiatric hospitalizations in 2018. The rate of psychiatric hospitalizations for St. Lucie County is similar to that of the state of Florida. In 2018, Black individuals (1,122.2) were more likely to be hospitalized than White individuals (961.8) (rate per 100,000).

Most of the hospitalizations in 2018 were for mood and depressive disorders (1,315) compared to schizophrenic disorders (669). The rate for hospitalizations under age 18 is lower in St. Lucie County than the state of Florida. In 2018, the rate of hospitalizations for individuals under age 18 was 246.1 compared to the state of Florida rate of 557.3. Similarly, the rate for hospitalizations for individuals over the age of 75 has been lower than the state of Florida. In 2018, the rate of hospitalizations for individuals 75 and over was 191.6, compared to 338.5. This rate was statistically significantly lower than the state.

For all other age categories, the rate of hospitalizations is either similar or greater than the rate for the state of Florida.

- In 2018, the rate of hospitalizations for ages 18-21 in St. Lucie County was 1231.10 compared to the state rate of 1242.5
- In 2018, the rate of hospitalizations for ages 22-24 in St. Lucie County was 1530.30 compared to 1251.5 for the state of Florida
- In 2018, the rate of hospitalizations for ages 25-44 in St. Lucie County was 1615.5 compared to the rate of 1303.3 for the state of Florida
- In 2018, the rate of hospitalizations for ages 45-64 in St. Lucie County was 1312.0 compared to 1196.9 for the state of Florida
- In 2018, the rate of hospitalizations for ages 65-74 was 707.3 for St. Lucie County compared to 589.3 for the state of Florida

### *Alcohol Use*

The rate of driving deaths with alcohol involvement has been greater than the state of Florida and has been trending upward since 2014, though the rate of alcohol-suspected motor vehicle crashes and alcohol-suspected motor vehicle traffic crash injuries is lower than the state rate.

Binge drinking is measured in order to monitor health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems. Data provided during the 2016 telephone survey for the Behavioral Risk Factor Surveillance System shows that St. Lucie County has reported a lower rate of binge drinking than the state of Florida. The rate of binge drinking differs by age group, with 18-44 year olds reporting the highest rate in the 2013 survey and 65 years and older reporting the highest rate in 2016.

Hispanic individuals reported the highest rate of binge drinking in 2013 while non-Hispanic White individuals reported the highest rate of binge drinking in 2016. Men have consistently reported higher rates of binge drinking than women. The rate of

binge drinking reported by both middle and high school students has decreased over time, though the rate reported by middle schoolers is higher than the rate reported for the whole state.

### *Drug-Poisoning Mortality*

The Opioid Profile for St. Lucie County provides an overview of the health status and quality of life and drug-related consequences pertaining to opioid use. While provisional data for 2018 showed 45 opioid overdose deaths and 62 drug overdose deaths, more recent data provided by Florida Charts indicates a total of 73 drug poisoning deaths in 2018 in St. Lucie County.

There were an additional 118 suspected non-fatal opioid-involved overdoses and 576 suspected non-fatal all drug overdoses. There were 447 emergency department visits for all drug non-fatal overdoses and 157 emergency department visits for opioid-involved non-fatal overdoses.

There was a total of 23 babies born with neonatal abstinence syndrome birth defects and 35 calls to the Florida Poison Information Network with calls related to opioids.

There was a total of 1,716 annual drug arrests in St. Lucie County in 2018, 1,639 which were adults and 77 which were juvenile arrests.

### *Sleep Behaviors*

Sleep is an important factor that affects health. In 2016, 63.2% of individuals who responded to the Behavioral Risk Factor Surveillance Survey reported they slept at least 7 hours each night. This is lower than the state of Florida rate of 65.5%. Individuals 65 and older reported sleeping at least 7 hours or more per night (75.0%) compared to 63.5% of 18-44 year olds and 59.4% of 45-64 year olds. Non-Hispanic White individuals reported sleeping at least 7 hours each night (71.5%) compared to Hispanic individuals (68.3%) and non-Hispanic Black individuals (40.3%).

### *Behavioral Health Services*

Publicly funded behavioral health services are managed by Southeast Florida Behavioral Health Network (SEFBHN). Services from prevention to support to deep-end (detox, crisis stabilization, inpatient and residential) are all available in St. Lucie County. The only services that are not available are:

- Medication-Assisted Treatment for Children's Substance Abuse (the closest facility is located in Broward County)
- Residential Treatment Levels I-IV and Room and Board with Supervision Levels I-III for Children's Mental Health (the closest facility is in Martin County)
- Short-term Residential Treatment for Adult Mental Health (the closest facility is located in Broward County)
- Inpatient Detoxification for Children's Substance Abuse (the closest facility is located in Palm Beach County)

- Outpatient Detoxification for both Adult and Children's Substance Abuse (the closest facility is located in Broward County)
- Supportive Housing/Living for Children's Substance Abuse (the closest facility is located in Broward County)
- Addiction Receiving Facility for both Adult and Children's Substance Abuse (the closest facility is in Broward County)

## Section One: Population and Demographics

The economic challenges in St Lucie County, in conjunction with a significant senior population, result in a community with complex needs. St. Lucie County was populated by 321,128 residents in 2018, a 15.6% increase from 2010. 21.4% of the population is 19 and under, and nearly a quarter (24.1%) of its residents are 65 and over. The county is 75.0% White, 21.9% Black or African-American and 19.5% Hispanic. 15.8% of the residents are foreign-born. The median household income is \$45,079 and 16.5% of the population lives in poverty, higher than the State overall percentage of 14.8%. There are fifteen (15) zip codes and forty-three (43) census tracts that make up St. Lucie County. Quantitative data is presented by both zip code and census tract, when available.

The overall population of St. Lucie County has increased by **15.6%** between 2010 and 2018.

*Source: American Community Survey, US Bureau of the Census, 2018.*

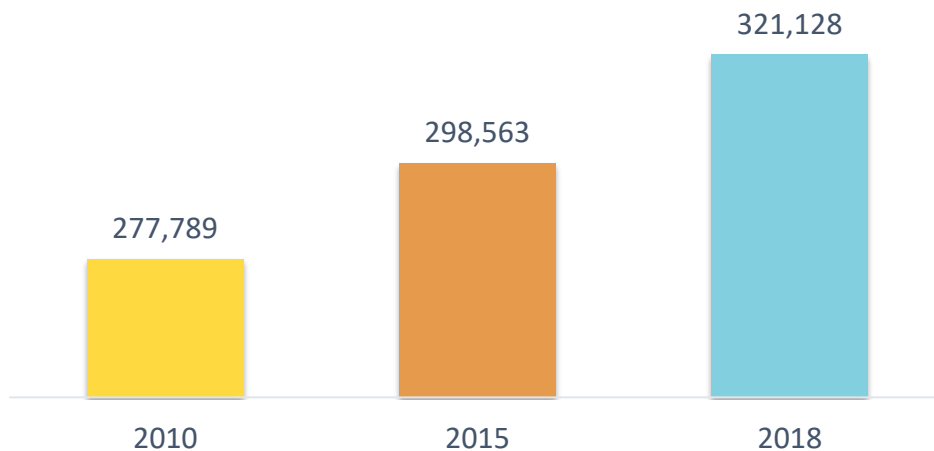
The tables and figures below provide a detailed view of St. Lucie County’s population and demographics.

*Table 1. Population Estimates, St. Lucie County - 2018*

<b>Population estimates, 2018</b>	<b>321,128</b>
<b>Population estimates base, 2010</b>	277,789
<b>Population, percent change</b>	15.6%

*Source: American Community Survey, US Bureau of the Census, 2018.*

*Figure 3. Population Growth in St. Lucie County, 2010 - 2018*



*Source: American Community Survey, 2014-2018 5-year estimate (July 1, 2018)*

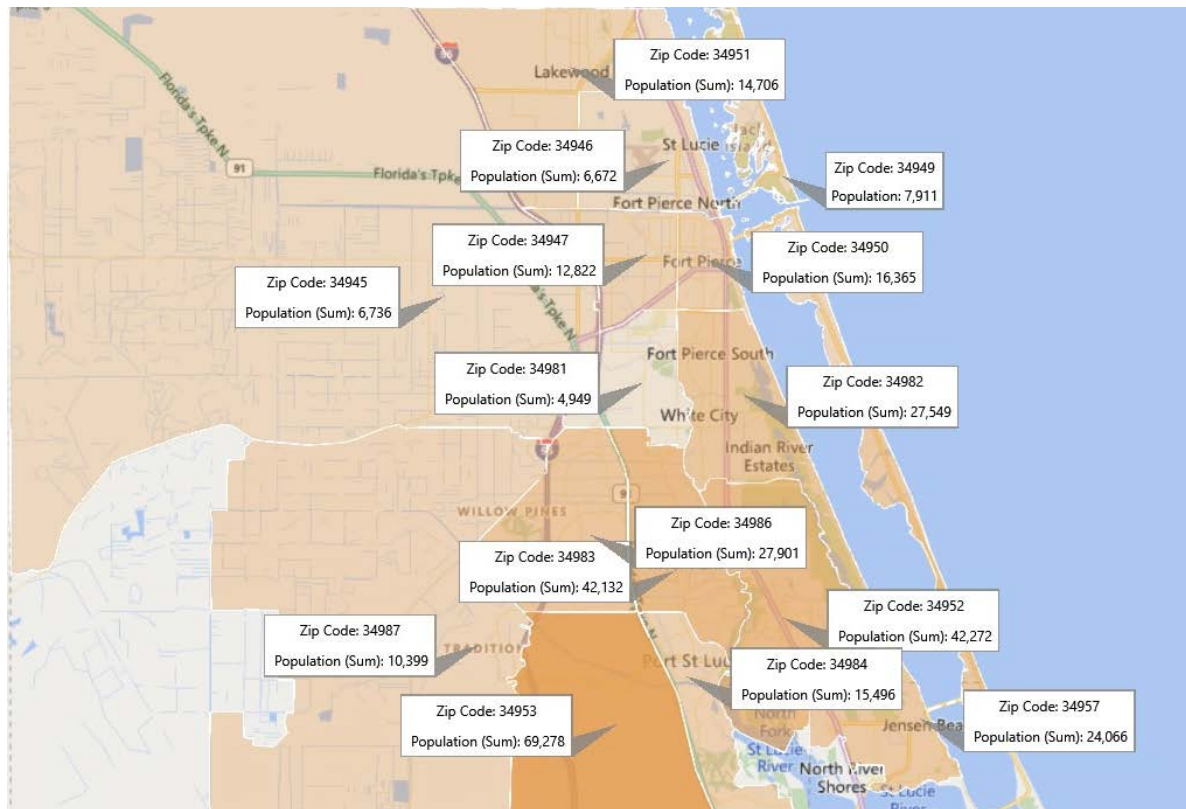
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Table 2. Population by Zip Code, St. Lucie County, Population Growth, 2010 - 2019 and Expected Population Growth, 2019 - 2024

Zip Code	Population	Population Growth 2010-2019	Expected Population Growth 2019-2024
34945	6,736	0.98%	2.26%
34946	6,672	1.11%	0.90%
34947	12,822	0.75%	0.64%
34949	7,911	1.17%	0.93%
34950	16,365	0.57%	0.36%
34951	14,706	0.90%	0.67%
34952	42,272	1.07%	8.60%
34953	69,278	1.32%	1.11%
34957	24,066	0.85%	0.89%
34981	4,949	0.91%	0.80%
34982	27,549	1.31%	1.16%
34983	42,132	1.04%	8.30%
34984	15,496	1.25%	1.02%
34986	27,901	1.99%	4.21%
34987	10,399	5.65%	15.62%

Source: American Community Survey, U.S. Bureau of the Census, V2019

Figure 4. Zip Codes and Population Estimates





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Table 3. Population Estimates and Percentage Change by Geographic Area, April 1, 2010 - July 1, 2019

	St. Lucie County	Port St. Lucie city	Jensen Beach CDP	Hutchinson Island South CDP	River Park CDP	Indian River Estates CDP	Fort Pierce South CDP	Fort Pierce city	Fort Pierce North CDP	Lakewood Park CDP
Pop. estimates July 1, 2019	328,297	201,846	X	5,584	5,681	6,805	5,672	46,103	7,148	12,319
Pop. estimates base, April 1, 2010	277,255	164,603	11,707	5,201	5,222	6,220	5,062	41,942	6,474	11,323
Pop. percent change - April 1, 2010 (estimates base) to July 1, 2019	18.40%	22.90%	X	7.40%	8.80%	9.40%	12.10%	9.90%	10.40%	8.80%

X: data not available

Source: American Community Survey, U.S. Bureau of the Census, V2019

Table 4. Population by Census Tract, St. Lucie County

Census Tract	TOTAL POPULATION	Census Tract	TOTAL POPULATION
<b>3801</b>	1,000	3803	6,332
<b>3810</b>	1,214	3816.01	6,407
<b>3820.10</b>	1,989	3804	6,745
<b>3817.02</b>	2,333	3819	6,747
<b>3809.01</b>	2,364	3821.10	7,193
<b>3817.01</b>	2,881	3811.01	7,715
<b>3808</b>	3,248	3814.02	7,756
<b>3802</b>	3,456	3807	7,834
<b>3812.04</b>	3,667	3820.08	8,094
<b>3816.02</b>	3,743	3820.06	8,521
<b>3813</b>	3,762	3821.12	8,643
<b>3806</b>	4,337	3820.02	8,869
<b>3818.02</b>	4,435	3820.03	10,339
<b>3820.09</b>	4,502	3815.03	10,922
<b>3814.01</b>	4,601	3821.09	12,292
<b>3811.02</b>	4,957	3815.02	12,433
<b>3818.03</b>	5,398	3821.13	14,269
<b>3818.04</b>	5,400	3821.11	15,419
<b>3820.07</b>	5,506	3821.08	22,282
<b>3805</b>	5,721	3821.06	24,161
<b>3809.02</b>	5,786		
<b>3816.03</b>	6,143		
<b>3822</b>	6,175		

Source: American Community Survey, 5-year estimates, 2014-2018, average

## Age and Sex in St. Lucie County

While all other age ranges have decreased over time, the 65+ population has increased steadily since 2010.

Table 5. Age - St. Lucie County, 2018

	St. Lucie County, Florida		Florida	
	Estimate	Percent	Estimate	Percent
<b>Total</b>	321,128		21,299,325	
<b>Under 5 years</b>	15,994	4.98%	1,135,392	5.33%
<b>5 to 9 years</b>	17,485	5.44%	1,127,602	5.29%
<b>10 to 14 years</b>	18,644	5.81%	1,244,592	5.84%
<b>15 to 17 years</b>	11,028	3.43%	720,289	3.38%
<b>18 and 19 years</b>	5,534	1.72%	513,735	2.41%
<b>20 years</b>	3,833	1.19%	261,392	1.23%
<b>21 years</b>	4,184	1.30%	259,599	1.22%
<b>22 to 24 years</b>	10,359	3.23%	734,599	3.45%
<b>25 to 29 years</b>	18,209	5.67%	1,419,979	6.67%
<b>30 to 34 years</b>	17,055	5.31%	1,338,536	6.28%
<b>35 to 39 years</b>	18,277	5.69%	1,324,913	6.22%
<b>40 to 44 years</b>	19,231	5.99%	1,261,791	5.92%
<b>45 to 49 years</b>	17,941	5.59%	1,351,627	6.35%
<b>50 to 54 years</b>	20,589	6.41%	1,390,341	6.53%
<b>55 to 59 years</b>	25,087	7.81%	1,449,290	6.80%
<b>60 and 61 years</b>	8,990	2.80%	588,625	2.76%
<b>62 to 64 years</b>	11,480	3.57%	818,239	3.84%
<b>65 and 66 years</b>	9,041	2.82%	530,273	2.49%
<b>67 to 69 years</b>	13,618	4.24%	760,940	3.57%
<b>70 to 74 years</b>	20,028	6.24%	1,113,021	5.23%
<b>75 to 79 years</b>	15,282	4.76%	836,522	3.93%
<b>80 to 84 years</b>	11,545	3.60%	557,028	2.62%
<b>85 years and over</b>	7,694	2.40%	561,000	2.63%

Source: American Community Survey, 1-Year Estimates Detailed Tables, 2018

Figure 5. Population by Age, St. Lucie County, Florida - 2018

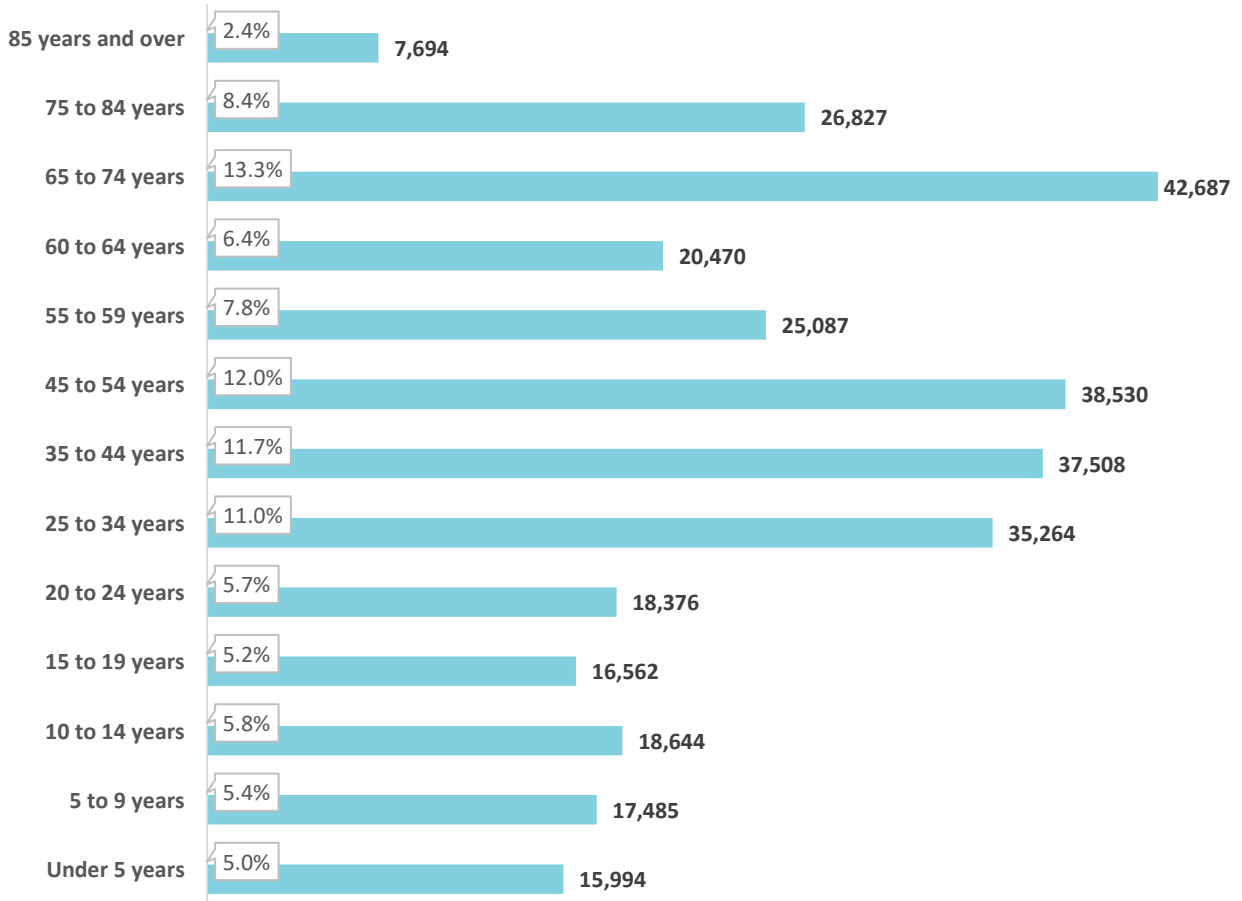


Figure 6. Age Group Percentage Change, St. Lucie County 2010 - 2018

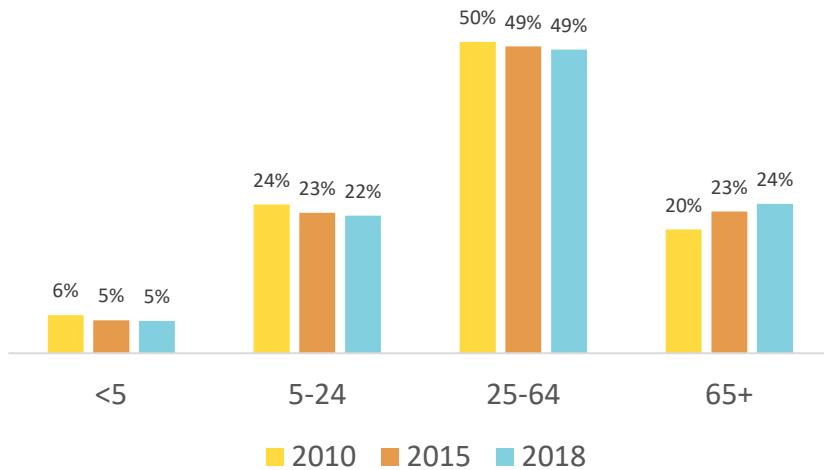


Table 6. Sex by Age, St. Lucie County - 2018

St. Lucie County, Florida						
	Male		Female		Total	
	Estimate	Percent	Estimate	Percent	Estimate	Percent
<b>60 years and over</b>	45,373	14.13%	52,305	16.29%	97,678	30.42%
<b>30 to 59 years</b>	57,333	17.85%	60,847	18.95%	118,180	36.80%
<b>25 to 29 years</b>	9,763	3.04%	8,446	2.63%	18,209	5.67%
<b>18 to 24 years</b>	12,045	3.75%	11,865	3.69%	23,910	7.45%
<b>5 to 17 years</b>	24,359	7.59%	22,798	7.10%	47,157	14.68%
<b>Under 5 years</b>	7,030	2.19%	8,964	2.79%	15,994	4.98%
<b>Total</b>	155,903	48.55%	165,225	51.45%	321,128	100.00%

Source: American Community Survey, 1-Year Estimates Detailed Tables, 2018

Table 7. Sex by Age, Florida - 2018

Florida						
	Male		Female		Total	
	Estimate	Percent	Estimate	Percent	Estimate	Percent
<b>60 years and over</b>	2,622,590	12.31%	3,143,058	14.76%	5,765,648	27.07%
<b>30 to 59 years</b>	3,993,920	18.75%	4,122,578	19.36%	8,116,498	38.11%
<b>25 to 29 years</b>	718,886	3.38%	701,093	3.29%	1,419,979	6.67%
<b>18 to 24 years</b>	911,588	4.28%	857,737	4.03%	1,769,325	8.31%
<b>5 to 17 years</b>	1,582,240	7.43%	1,510,243	7.09%	3,092,483	14.52%
<b>Under 5 years</b>	575,452	2.70%	559,940	2.63%	1,135,392	5.33%
<b>Total</b>	10,404,676	48.85%	10,894,649	51.15%	21,299,325	100.00%

Source: American Community Survey, 1-Year Estimates Detailed Tables, 2018

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Figure 7. Population by Age, St. Lucie County compared to Florida - 2018

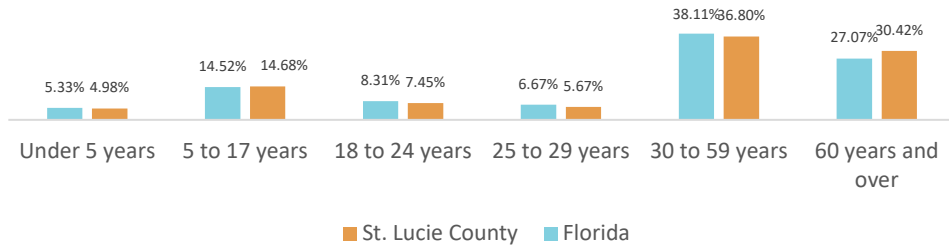


Figure 8. Sex by Age, St. Lucie County - 2018

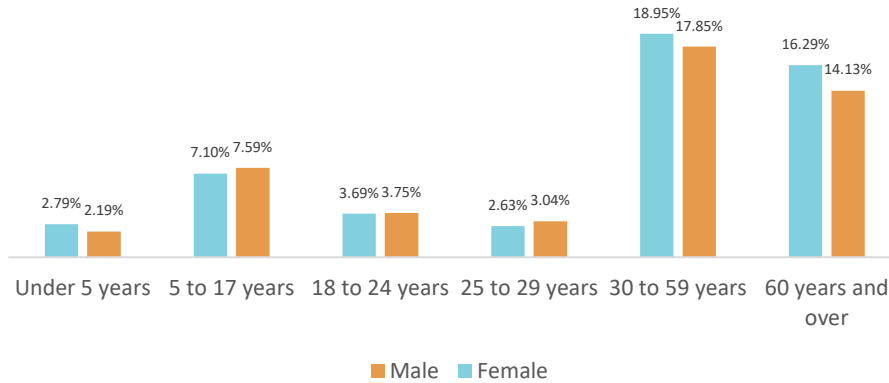


Table 8. Age and Sex by Zip Code, St. Lucie County - 2018

Zip Code	Median Age	Median Age Female	Median Age Male	Percent Male	Percent Female
34945	43.5	51	39.2	62.06%	37.94%
34946	43.5	45.2	41.9	52.18%	47.82%
34947	31.6	32.4	29.4	43.80%	56.20%
34949	65.8	65	67	46.64%	53.36%
34950	32.7	33.8	32	48.10%	51.90%
34951	55.3	55.3	55.3	48.80%	51.20%
34952	50.9	53.2	48.8	47.81%	52.19%
34953	37.5	39.3	34.5	49.16%	50.84%
34957	58	59.4	56.4	49.60%	50.40%
34981	48.3	47.6	51	53.88%	46.12%
34982	45.5	46.4	43.8	47.89%	52.11%
34983	42.2	44.4	40.9	49.70%	50.30%
34984	41.4	45.2	39	53.37%	46.43%
34986	55.9	54.4	56.9	46.73%	53.27%
34987	46.6	47.1	46.2	47.90%	52.10%

Source: American Community Survey, 1-Year Estimates Detailed Tables, 2018

Table 9. Age and Sex by Census Tract, St. Lucie County, 2014 - 2018, 5 year average



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<b>Indicator</b>	<b>Median age (years)</b>	<b>Male (%)</b>	<b>Female (%)</b>
<b>3819</b>	54.5	52.4	47.6
<b>3820.02</b>	39.2	47.8	52.2
<b>3820.03</b>	43.5	52.4	47.6
<b>3820.06</b>	50	51.5	48.5
<b>3821.06</b>	34.8	48.9	51.1
<b>3821.08</b>	51.9	46.5	53.5
<b>3821.09</b>	56.4	47.6	52.4
<b>3821.1</b>	40.8	47.1	52.9
<b>3821.11</b>	38.3	51.2	48.8
<b>3821.12</b>	39.6	48.4	51.6
<b>3821.13</b>	38.1	48.9	51.1
<b>3822</b>	62.7	50.5	49.5
<b>3801</b>	39.8	50.3	49.7
<b>3802</b>	28.6	43.8	56.2
<b>3803</b>	30.7	45.5	54.5
<b>3804</b>	32.3	48	52
<b>3805</b>	38.3	45.6	54.4
<b>3806</b>	33.9	52.6	47.4
<b>3807</b>	36.8	45.1	54.9
<b>3808</b>	39.7	65.7	34.3
<b>3809.01</b>	54	51.8	48.2
<b>3809.02</b>	34.5	47.2	52.8
<b>3810</b>	44.7	53.2	46.8
<b>3811.01</b>	41.7	47.5	52.5
<b>3811.02</b>	59.9	52.5	47.5
<b>3812.04</b>	67.5	47.8	52.2
<b>3813</b>	64.1	45.5	54.5
<b>3814.01</b>	47.6	49.5	50.5
<b>3814.02</b>	37.6	50.5	49.5
<b>3815.02</b>	48.4	51	49
<b>3815.03</b>	41.4	49.7	50.3
<b>3816.01</b>	59.2	45.1	54.9
<b>3816.02</b>	59.2	44.3	55.7
<b>3816.03</b>	67.1	44.9	55.1
<b>3817.01</b>	71.1	48.6	51.4
<b>3817.02</b>	69.8	47.9	52.1
<b>3818.02</b>	34.9	45.3	54.7
<b>3818.03</b>	47.5	51.1	48.9
<b>3818.04</b>	38.6	49.4	50.6
<b>3820.07</b>	37.7	54.2	45.8
<b>3820.08</b>	39.8	48.9	51.1
<b>3820.09</b>	43.6	46.7	53.3
<b>3820.1</b>	60.8	47.5	52.5

American Community Survey, 5-year Estimates, 2014 - 2018

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Table 10. Age by Census Tract, Percent, 2014 - 2018, 5-year average

Indicator	Under 5	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-74	75-84	85+
3819	0	3.5	5.2	4.2	4.1	10.9	7.8	15.1	6.2	9.4	18.3	11.3	4
3820.02	6.9	6.8	5.3	7	4.8	12.7	13.3	14	6.4	5	10.4	4.5	2.8
3820.03	3.1	6.1	5.6	5.9	5.1	10.6	15.3	14	8.6	5.9	11.3	4.4	4
3820.06	3.8	6	2.9	6.3	4.1	7	12.6	14.1	8.4	7.8	15.2	9.6	2.2
3821.06	4.9	6.6	10.6	9.3	6.6	12	14.7	15.1	5.1	4.4	7	3.3	0.2
3821.08	2.3	7.5	5.4	7.2	2.3	7.5	9.1	11.2	8.7	4.1	15	14.2	5.4
3821.09	4.5	4	6.7	3.6	2.6	7.4	11	8.2	7.9	8.8	20.4	11.7	3.1
3821.1	3.9	4.8	10.5	7.6	7	10.9	13	16.4	7	6.2	6.4	3.5	2.7
3821.11	3.8	8.4	7.8	4.3	8.7	13.5	13.6	13.3	6.2	5.3	10.7	3.2	1.1
3821.12	7.8	6.7	6.2	7.3	5.8	10	15.2	13.5	6.8	5.8	9.6	4.3	1.1
3821.13	7.4	5.9	6.5	5.5	6.5	15.1	13.9	13.9	6.7	6.3	7.2	4.4	0.7
3822	4.4	3.2	4.1	4.9	0.5	2.9	8.3	9.8	8.1	6.6	23	15.9	8.3
3801	8.9	7	6.9	2.2	6.4	12.2	13.2	13.2	8.7	5.5	8.2	5.4	2.2
3802	11.8	10.7	7.3	3.2	7.5	21.2	7.3	9.8	9.4	2.8	5.1	2.7	1.2
3803	11.6	7	7.6	7.9	3.9	17.6	7.8	15.4	5.2	5.5	5.8	3.2	1.5
3804	6.2	8.8	5.7	7.6	8.9	16.6	12.4	12.2	4.4	8.4	2.1	5.6	1
3805	7.7	4.7	5.8	8.5	7.5	11.8	13.2	15.8	6.3	3.9	8.2	4.6	1.9
3806	6.8	6.4	8.9	7	15.7	6.8	8.9	13.2	7	8.4	7	2.5	1.3
3807	7.3	4.9	6.8	8.1	7.3	13.3	10.5	15.1	9.8	2.7	7.3	3.3	3.7
3808	1.9	2.8	2.4	5.6	8.2	20.5	15.6	13.6	6.2	3.5	6.7	10.6	2.3
3809.01	2.4	1.4	3.6	10.9	6.3	7.4	6.7	12.3	11.2	8.3	21.1	5.9	2.5
3809.02	9.7	3	7.4	8.2	6	16.1	10	8.5	9.4	6.4	8.7	5.9	0.6
3810	4.9	5.4	5.2	2.5	5.6	8.8	17.8	8.1	12.4	10.5	11.7	4.5	2.6
3811.01	5.6	3.9	6.2	4.4	10.6	9	13.6	17.4	8.6	6.2	8.9	3.3	2.2
3811.02	2.4	3.2	3.1	3.4	3.4	7.6	6.7	10.4	9.9	5.7	22.2	14.8	7.3
3812.04	0.8	1.2	1.1	0.2	1.2	0.5	5.5	6.4	8.8	14.4	31	22.1	6.7
3813	0.2	1.3	1.9	2.3	3.7	1.2	5.9	10	13.7	13.7	28.3	11.8	6.1
3814.01	7.7	5.2	7.7	2.8	6.8	13	6.3	5.1	5.5	8.1	16.5	10.6	4.8
3814.02	7.7	5.8	10.6	7.6	1.9	13.9	10.5	15.8	8.8	4.8	8.5	4	0.2
3815.02	6.4	5.3	4.8	5.4	6.1	9	9.2	13.7	6.5	8.3	16.5	5.3	3.5
3815.03	7.3	5.2	7.6	4	4.1	13.2	13.5	11.5	8.2	7.3	11.2	5.6	1.4
3816.01	6.3	1.8	1.1	2.9	2.5	9.8	7.4	13	6.5	10	20.2	14.1	4.2
3816.02	3.8	1	2	3.2	5.4	13	4.6	9.5	8.6	6.9	19.9	13.9	8.1
3816.03	3.4	1.4	1.4	2.5	4	6.5	4.8	3.9	7.6	8.1	24.7	22.5	9.1
3817.01	0	0	0	0.7	2.1	3.1	2.3	3.9	8.5	10.6	33	24.6	11.3
3817.02	0.1	0	0.3	0.1	1.8	4.5	2.9	7.6	6.2	12	38.1	16.2	10
3818.02	6.6	8.6	4.8	2.5	7.6	20	10.8	10.3	4.4	5.6	7.3	7.1	4.3
3818.03	2.9	4.7	4.9	5.3	6.5	12.1	9.4	14.2	9.5	6.5	16	5.1	2.7
3818.04	7.5	7.5	4.8	2.8	5.8	16.3	12.1	14	5.9	7.8	9.6	3.8	2.3
3820.07	6.3	5.9	4.1	6.8	3.1	17.9	17.4	14.5	5	6.2	9.1	2.9	0.8
3820.08	6.8	6	5	7.4	5.8	13.1	10.8	18.6	4.7	5.3	7.1	7.6	1.7
3820.09	3.7	4.3	7.4	10.1	5.3	8.6	13.1	15.7	5.3	5.5	10	6.4	4.7
3820.1	1.7	1.8	0.9	3	4.4	7.4	10.8	10.2	7.8	11.2	21.2	12	7.6

Table 11. Age group estimates by Geographic Area - July 1, 2019

	St. Lucie County	Port St. Lucie city	Jensen Beach CDP	Hutchinson Island South CDP	River Park CDP	Indian River Estates CDP	Fort Pierce South CDP	Fort Pierce city	Fort Pierce North CDP	Lakewood Park CDP
<b>Persons under 5 years</b>	5.0%	4.9%	3.9%	0.00%	8.3%	5.9%	3.5%	8.0%	8.9%	4.4%
<b>Persons under 18 years</b>	19.7%	22.0%	16.2%	0.40%	19.9%	10.1%	25.1%	24.8%	24.3%	15.0%
<b>Persons 65 years and over</b>	24.1%	19.9%	31.1%	66.9%	26.5%	38.5%	15.0%	16.5%	17.8%	26.2%

Source: American Community Survey, U.S. Bureau of the Census, V2019

### Race and Ethnicity in St. Lucie County

The percentage of White and non-Hispanic residents has decreased since 2010, while the percentage of Black, Other, and Hispanic residents has increased during this same time period.

Figure 9. Race, St. Lucie County 2010 - 2018

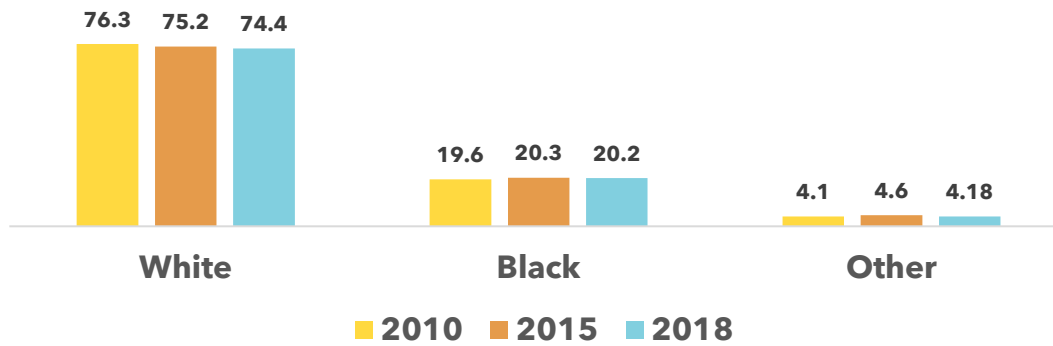


Table 12. Race, St. Lucie County - 2018

	St. Lucie County, Florida		Florida	
	Estimate	Percent	Estimate	Percent
<b>Total:</b>	321,128		21,299,325	
<b>White alone</b>	232,424	72.38%	15,899,574	74.65%
<b>Black or African American alone</b>	64,874	20.20%	3,410,741	16.01%
<b>American Indian and Alaska Native alone</b>	0	0.00%	59,870	0.28%
<b>Asian alone</b>	6,057	1.89%	593,634	2.79%
<b>Native Hawaiian and Other Pacific Islander alone</b>	376	0.12%	12,841	0.06%
<b>Some other race alone</b>	6,968	2.17%	708,740	3.33%
<b>Two or more races</b>	10,429	3.25%	613,925	2.88%

Source: American Community Survey, 1-Year Estimates Detailed Tables, 2018

Table 13. Race Estimates by Geographic Area - July 1, 2019

	St. Lucie County	Port St. Lucie city	Jensen Beach CDP	Hutchinson Island South CDP	River Park CDP	Indian River Estates CDP	Fort Pierce South CDP	Fort Pierce city	Fort Pierce North CDP	Lakewood Park CDP
<b>White alone</b>	74.1%	73.7%	94.5%	98.7%	84.1%	92.9%	93.6%	54.4%	25.3%	81.4%
<b>Black or African American alone</b>	21.0%	18.9%	3.4%	0.0%	11.3%	3.1%	3.9%	38.1%	70.5%	11.6%
<b>American Indian and Alaska Native alone</b>	0.6%	0.4%	0.5%	0.0%	0.1%	0.0%	0.6%	0.3%	1.1%	0.0%
<b>Asian alone</b>	2.0%	2.3%	0.7%	0.0%	0.7%	2.7%	1.7%	0.9%	0.1%	2.7%
<b>Native Hawaiian and Other Pacific Islander alone</b>	0.1%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.5%	0.0%	0.0%
<b>Two or More Races</b>	2.3%	2.7%	0.4%	1.3%	2.5%	0.0%	0.3%	2.0%	1.0%	3.2%

Source: American Community Survey, U.S. Bureau of the Census, V2019

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Table 14. Race by Zip Code, Percent of Population - 2018

Zip Code	White	Black or African American	Asian	American Indian or Alaskan Native	Other
34945	81.99%	14.29%	1.04%	1.94%	0.74%
34946	39.38%	60.19%	0.09%	0.24%	0.10%
34947	38.30%	55.86%	1.02%	0.49%	4.32%
34949	97.56%	0.46%	1.33%	0.64%	0.00%
34950	45.92%	48.99%	0.04%	0.38%	4.67%
34951	87.44%	9.35%	2.22%	0.00%	0.98%
34952	86.33%	9.48%	1.78%	0.22%	2.19%
34953	69.79%	25.05%	2.20%	0.31%	2.64%
34957	95.51%	2.58%	1.02%	0.34%	0.55%
34981	84.83%	11.61%	0.32%	0.00%	3.24%
34982	80.58%	13.67%	2.42%	0.15%	2.37%
34983	79.02%	16.88%	2.52%	0.23%	1.24%
34984	69.37%	23.34%	0.57%	2.26%	4.46%
34986	80.42%	14.63%	4.53%	0.00%	0.43%
34987	86.48%	12.39%	0.43%	0.00%	0.58%

Source: American Community Survey, 1-Year Estimates Detailed Tables, 2018

Table 15. Race by Census Tract, Percent of Population, 2014 - 2018, 5-year average

Indicator	TOTAL POPULATION	White	Black or African American	Asian	Some other race	Two or more races
3819	6,747	93.2	2.2	0.3	3.2	1.2
3820.02	8,869	77.9	18.5	1	0.5	1.5
3820.03	10,339	77.4	18.3	0.9	1.5	1.8
3820.06	8,521	78.9	15.4	0.4	1.7	2.9
3821.06	24,161	63.5	27.3	2.5	4	2.8
3821.08	22,282	74.4	16.2	4	0.5	4.9
3821.09	12,292	86.4	9.2	2.3	0.4	1.7
3821.10	7,193	81.4	13.7	1.4	0	3.5
3821.11	15,419	69	24.2	3.1	1.4	1.7
3821.12	8,643	66.1	24.1	1.2	3.2	3.8
3821.13	14,269	69.5	25.6	1.5	2.3	1.1
3822	6,175	98	0.2	0	0.2	0.1
3801	1,000	52	43.4	0.6	4	0
3802	3,456	12.5	78.8	0	6.2	2.5
3803	6,332	14.8	81.6	0	0.7	2.7
3804	6,745	63	28.3	0.3	5.8	1.9
3805	5,721	62.4	27.6	0	7.8	2.2
3806	4,337	70.1	19	0.3	10	0.6
3807	7,834	69.9	24.6	3.3	1.9	0.2
3808	3,248	72.7	23.8	1.6	1.1	0.5
3809.01	2,364	33.8	65.4	0.2	0	0

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Indicator	TOTAL POPULATION	White	Black or African American	Asian	Some other race	Two or more races
<b>3809.02</b>	5,786	19.5	75.8	0	2.4	1.3
<b>3810</b>	1,214	89.6	8.4	0	0.5	1.5
<b>3811.01</b>	7,715	80.1	15.4	1.3	0	3.2
<b>3811.02</b>	4,957	83.6	5.5	5	2.8	3.1
<b>3812.04</b>	3,667	98.2	0	0.8	0	1
<b>3813</b>	3,762	94.9	0.9	1.8	0	1.1
<b>3814.01</b>	4,601	73.7	18.5	5.6	0	2.2
<b>3814.02</b>	7,756	75.7	16.7	0.1	1.4	3
<b>3815.02</b>	12,433	77.5	11.4	4.2	1.9	5.1
<b>3815.03</b>	10,922	78.1	15.7	2.4	2.2	1.3
<b>3816.01</b>	6,407	95.2	3.3	0.1	1.4	0
<b>3816.02</b>	3,743	88.3	7.1	0.7	0.5	1.7
<b>3816.03</b>	6,143	93.2	2.5	3.5	0.3	0.4
<b>3817.01</b>	2,881	98.5	0	0	0	1.5
<b>3817.02</b>	2,333	99.1	0	0	0	0.9
<b>3818.02</b>	4,435	62.7	23.5	0.3	6.7	6.8
<b>3818.03</b>	5,398	82.5	5.3	6.7	0	5.5
<b>3818.04</b>	5,400	82.4	12.7	2.8	1.6	0.4
<b>3820.07</b>	5,506	55.3	27.1	0.2	8.9	3.3
<b>3820.08</b>	8,094	79.6	14.9	1.8	0.5	2.5
<b>3820.09</b>	4,502	73.6	20.3	1.9	2.5	1.4
<b>3820.10</b>	1,989	92.2	6.4	0	0.6	0.3

American Community Survey, 5-year Estimates, 2014 - 2018



Table 16. Hispanic or Latino Origin by Specific Origin - 2018

	St. Lucie County, Florida		Florida	
	Estimate	Percent	Estimate	Percent
<b>Total:</b>	321,128		21,299,325	
<b>Not Hispanic or Latino</b>	258,352	80.45%	15,736,873	73.88%
<b>Hispanic or Latino</b>	62,776	19.55%	5,562,452	26.12%
<b>Mexican</b>	12,766	20.34%	736,566	13.24%
<b>Puerto Rican</b>	16,210	25.82%	1,187,437	21.35%
<b>Cuban</b>	10,760	17.14%	1,580,886	28.42%
<b>Dominican (Dominican Republic)</b>	2,935	4.68%	237,844	4.28%
<b>Central American</b>	9,648	15.37%	624,241	11.22%
<b>South American</b>	9,405	14.98%	1,000,542	17.99%
<b>Other Hispanic or Latino</b>	1,052	1.68%	194,936	3.50%

Source: American Community Survey, 1-Year Estimates Detailed Tables, 2018

Figure 10. Ethnicity, St. Lucie County 2010 - 2018

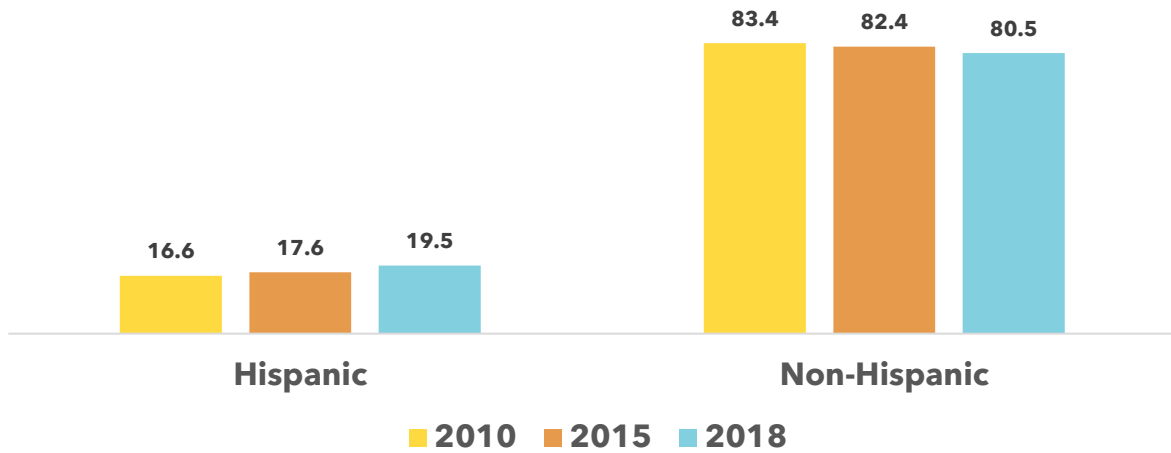


Table 17. Ethnicity, July 1, 2019

	St. Lucie County	Port St. Lucie city	Jensen Beach CDP	Hutchinson Island South CDP	River Park CDP	Indian River Estates CDP	Fort Pierce South CDP	Fort Pierce city	Fort Pierce North CDP	Lake wood Park CDP
<b>Hispanic or Latino</b>	19.5%	20.1%	4.9%	4.9%	16.1%	5.5%	50.5%	23.0%	9.1%	9.8%

Source: American Community Survey, U.S. Bureau of the Census, V2019

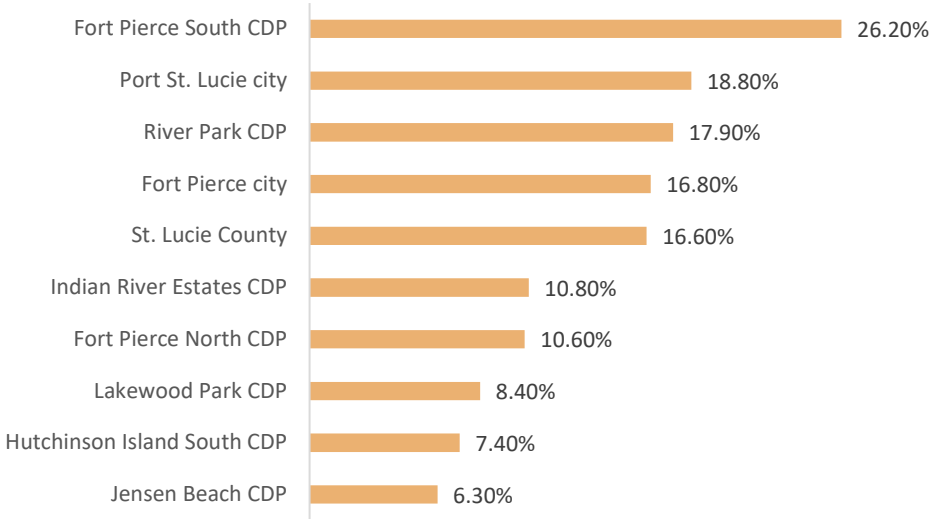
*Table 18. Hispanic or Latino Percent of Population 2014 - 2018, 5-year average*

<b>Census Tract</b>	<b>Hispanic or Latino, of any race (%)</b>
<b>State</b>	25.2
<b>3806</b>	52.6
<b>3804</b>	43.5
<b>3821.06</b>	30.9
<b>3820.08</b>	30.9
<b>3805</b>	30.7
<b>3820.07</b>	30.3
<b>3807</b>	26.1
<b>3818.02</b>	25.1
<b>3821.13</b>	24.2
<b>3818.04</b>	23.3
<b>3814.02</b>	23.1
<b>3821.11</b>	21.1
<b>3815.03</b>	19.5
<b>3821.12</b>	18.8
<b>3818.03</b>	18.5
<b>3820.02</b>	18.1
<b>3821.09</b>	16.5
<b>3820.06</b>	16.2
<b>3821.10</b>	16
<b>3820.09</b>	15.9
<b>3814.01</b>	15.6
<b>3819</b>	15.2
<b>3802</b>	15.1
<b>3815.02</b>	13.9
<b>3808</b>	13.5
<b>3816.02</b>	12.8
<b>3803</b>	11.6
<b>3820.03</b>	11.4
<b>3821.08</b>	11.3
<b>3811.02</b>	11.3
<b>3801</b>	11
<b>3816.03</b>	8.9
<b>3809.02</b>	8.7
<b>3811.01</b>	8.7
<b>3810</b>	8.3
<b>3822</b>	7.9
<b>3812.04</b>	6.4
<b>3816.01</b>	6
<b>3809.01</b>	5.8
<b>3820.10</b>	5.8
<b>3817.02</b>	5.6
<b>3817.01</b>	4.4
<b>3813</b>	1.7

### Foreign-Born Persons in St. Lucie County

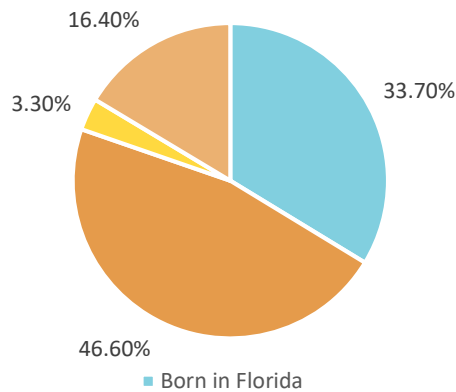
The 2018 American Community Survey estimates that 52,589 of the 321,128 residents were foreign-born. Of those, 66.6% are naturalized U.S. citizens and 33.4% are not citizens. The percent of naturalized U.S. citizens has increased since the 2017 American Community Survey from 55.0%. This difference is statistically significant.

Figure 11. Percentage of Foreign-Born Persons by Geographic Area, St. Lucie County - 2014 - 2018



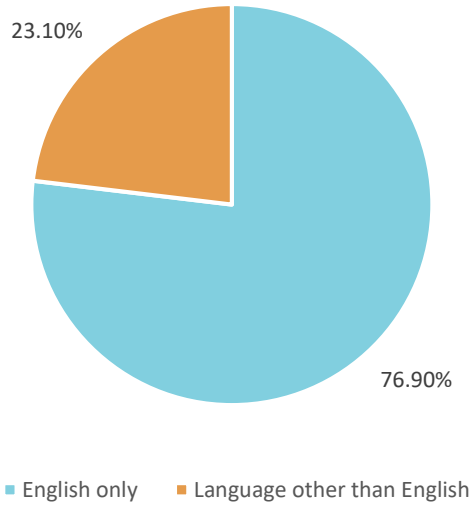
Source: American Community Survey, U.S. Bureau of the Census, V2019

Figure 12. Location of Birth, St. Lucie County residents - 2018



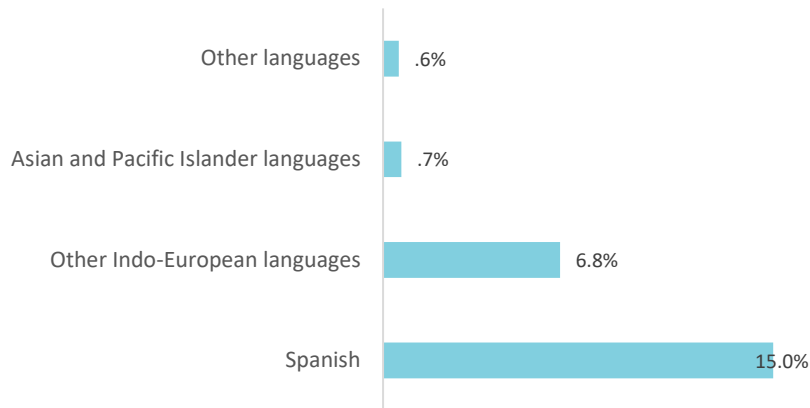
## Languages spoken in St. Lucie County

Figure 13. Language spoken at home



Source: American Community Survey, 1-year Estimates, 2018

Figure 14. Languages spoken at home



Source: American Community Survey, 1-year Estimates, 2018

Table 19. Language other than English spoken at home by Geographic Area

	St. Lucie County	Port St. Lucie city	Jensen Beach CDP	Hutchinson Island South CDP	River Park CDP	Indian River Estates CDP	Fort Pierce South CDP	Fort Pierce city	Fort Pierce North CDP	Lake wood Park CDP
<b>Language other than English spoken at home, percent of persons age 5 years+, 2014-2018</b>	23.3	25.7	5.8	5.8	19.7	10.2	51.3	27.6	12.5	11.0

Source: American Community Survey, U.S. Bureau of the Census, V2019

### Households in St. Lucie County

Table 20. Households by Type, 2017 - 2018 Estimates

St. Lucie County, Florida		
	2018 Estimate	2017 Estimate
Total households	118,768	114,043*
Family households (families)	68.70%	68.20%
With own children of the householder under 18 years	24.20%	24.10%
Married-couple family	50.30%	50.50%
With own children of the householder under 18 years	15.50%	15.20%
Male householder, no wife present, family	4.50%	6.50%
With own children of the householder under 18 years	1.70%	3.30%
Female householder, no husband present, family	13.90%	11.20%
With own children of the householder under 18 years	6.90%	5.60%
Nonfamily households	31.30%	31.80%
Householder living alone	24.70%	25.40%
65 years and over	13.00%	12.80%
Households with one or more people under 18 years	29.30%	27.90%
Households with one or more people 65 years and over	43.50%	42.00%
Average household size	2.68	2.72
Average family size	3.18	3.26

\*Statistically Significant Change from 2017-2018

Source: American Community Survey, 1-Year Estimates Comparison Profiles, 2018

## Computer and Internet Access in St. Lucie County

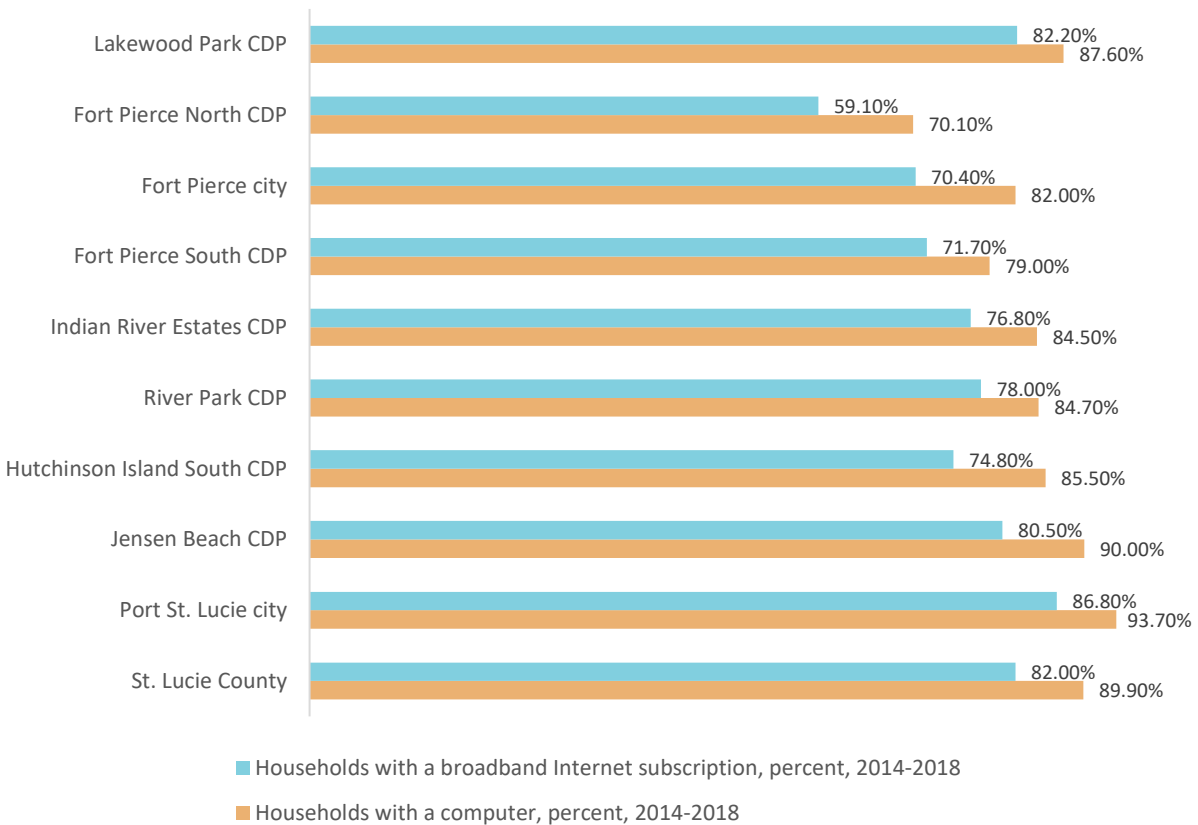
The percent of households that had a computer increased from 92.1% in 2017 to 95.6% in 2018 and the percent of households that had a broadband Internet subscription increased from 86.2% in 2017 to 89.8% in 2018. Both increases were statistically significant.

Table 21. Computer and Internet Access, St. Lucie County, 2017 - 2018 Estimates

Percent of households...	2018	2017
<b>With a computer</b>	95.6%	92.1%
<b>With a broadband Internet subscription</b>	89.8%	86.2%

Source: American Community Survey, 1-Year Estimates Comparison Profiles, 2018

Figure 15. Computers and Internet Access by Geographic Area, 2014 - 2018, 5-year average



Source: American Community Survey, U.S. Bureau of the Census, V2019

## Marital Status in St. Lucie County

Table 22. Marital Status by Sex, 25 years and over, St. Lucie County, 2017 - 2018 Estimates

	2018	2017
<b>Males 15 years and over</b>	130,004	126,268*
<b>Never married</b>	31.40%	31.00%
<b>Now married, except separated</b>	52.10%	52.20%
<b>Separated</b>	1.10%	1.40%
<b>Widowed</b>	3.60%	3.30%
<b>Divorced</b>	11.70%	12.10%
<b>Females 15 years and over</b>	139,001	135,626*
<b>Never married</b>	24.10%	24.50%
<b>Now married, except separated</b>	46.70%	47.40%
<b>Separated</b>	2.30%	2.30%
<b>Widowed</b>	12.30%	12.20%
<b>Divorced</b>	14.60%	13.50%

\*Statistically Significant Change from 2017-2018

Source: American Community Survey, 1-Year Estimates Comparison Profiles, 2018

## Fertility in St. Lucie County

Table 23. Fertility, St. Lucie County, 2017 - 2018 Estimates

	2018	2017
<b>Number of women 15 to 50 years old who had a birth in the past 12 months</b>	2,084	4,298*
<b>Unmarried women (widowed, divorced, and never married)</b>	15.10 %	27.00 %
<b>Per 1,000 unmarried women</b>	8	31
<b>Per 1,000 women 15 to 50 years old</b>	32	67*
<b>Per 1,000 women 15 to 19 years old</b>	0	36
<b>Per 1,000 women 20 to 34 years old</b>	67	90
<b>Per 1,000 women 35 to 50 years old</b>	12	57*

\*Statistically Significant Change from 2017-2018

Source: American Community Survey, 1-Year Estimates Comparison Profiles, 2018

## Grandparents in St. Lucie County

Table 24. Grandparents responsible for grandchildren, St. Lucie County, 2017 - 2018 Estimates

	2018	2017
<b>Number of grandparents living with own grandchildren under 18 years</b>	9,809	9,080
<b>Grandparents responsible for grandchildren</b>	28.70%	36.80%
<b>Years responsible for grandchildren</b>		
<b>Less than 1 year</b>	3.20%	7.80%
<b>1 or 2 years</b>	3.40%	10.30%
<b>3 or 4 years</b>	5.20%	9.00%
<b>5 or more years</b>	17.00%	9.70%
<b>Number of grandparents responsible for own grandchildren under 18 years</b>	2,813	3,345
<b>Who are female</b>	63.80%	60.00%
<b>Who are married</b>	50.50%	83.00%

Source: American Community Survey, 1-Year Estimates Comparison Profiles, 2018

Table 25. Grandparents by Census Tract, 2014 - 2018, 5-year Average

Indicator	Living with grandchildren under 18 years	Responsible for grandchildren (%)
<b>State</b>	492,913	30.4
<b>County</b>	8478	33.1
<b>3819</b>	41	0.0
<b>3820.02</b>	279	15.8
<b>3820.03</b>	252	33.3
<b>3820.06</b>	194	7.2
<b>3821.06</b>	1246	34.6
<b>3821.08</b>	457	46.2
<b>3821.09</b>	276	17.4
<b>3821.10</b>	167	70.7
<b>3821.11</b>	173	11.0
<b>3821.12</b>	319	14.1
<b>3821.13</b>	438	27.2
<b>3822</b>	144	31.3
<b>3801</b>	31	64.5
<b>3802</b>	79	22.8
<b>3803</b>	262	14.1
<b>3804</b>	34	70.6
<b>3805</b>	280	2.1
<b>3806</b>	180	26.7
<b>3807</b>	211	13.7
<b>3808</b>	42	16.7
<b>3809.01</b>	138	79.0
<b>3809.02</b>	325	62.2
<b>3810</b>	33	87.9



St. Lucie County Community Health Assessment  
 Adopted June 2020 \* Revised December 2020

Indicator	Living with grandchildren under 18 years	Responsible for grandchildren (%)
<b>3811.01</b>	265	69.1
<b>3811.02</b>	76	0.0
<b>3812.04</b>	0	-
<b>3813</b>	0	-
<b>3814.01</b>	37	0.0
<b>3814.02</b>	269	23.4
<b>3815.02</b>	487	39.8
<b>3815.03</b>	486	29.8
<b>3816.01</b>	151	25.2
<b>3816.02</b>	0	-
<b>3816.03</b>	138	54.3
<b>3817.01</b>	0	-
<b>3817.02</b>	2	0.0
<b>3818.02</b>	0	-
<b>3818.03</b>	76	0.0
<b>3818.04</b>	199	50.3
<b>3820.07</b>	233	22.3
<b>3820.08</b>	357	53.2
<b>3820.09</b>	82	57.3
<b>3820.10</b>	19	68.4

American Community Survey, 5-year Estimates, 2014 - 2018

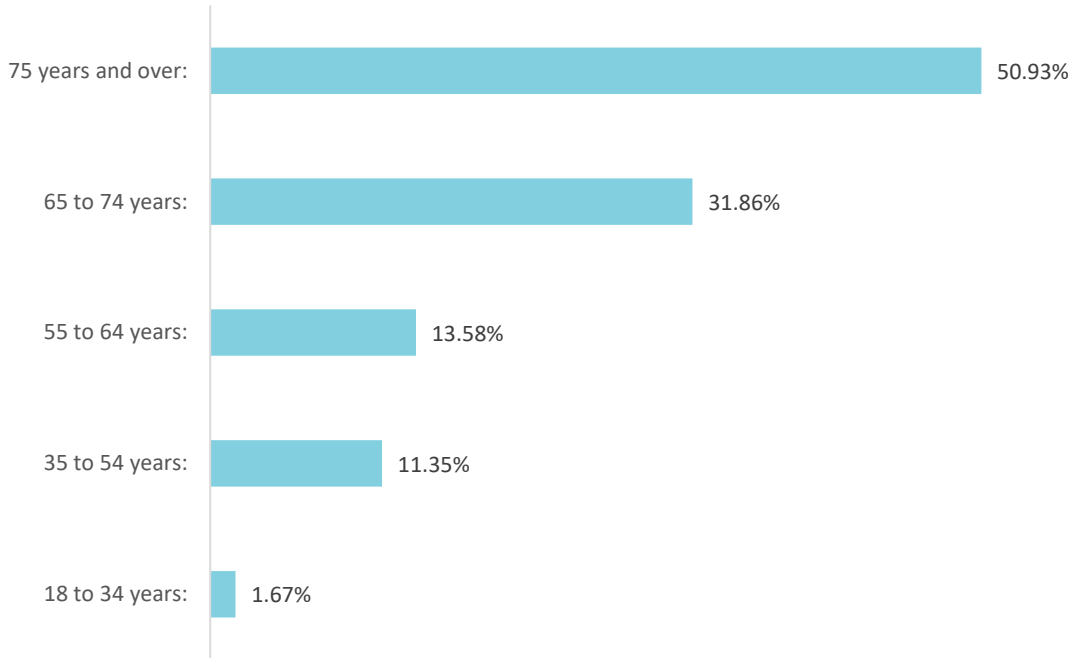
## Veterans in St. Lucie County

Table 26. Veterans, Percent of Total Population, St. Lucie County - 2018

	St. Lucie County, Florida		Florida	
	Estimate	Percent	Estimate	Percent
<b>Total (age 18 years and older)</b>	257,842		17,020,961	
<b>Veteran</b>	23,914	9.27%	1,439,606	8.46%
<b>Nonveteran</b>	233,928	90.73%	15,581,355	91.54%

Source: American Community Survey, 1-Year Estimates Detailed Tables, 2018

Figure 16. Male Veterans Percentage Estimates by Age Range, St. Lucie County - 2018



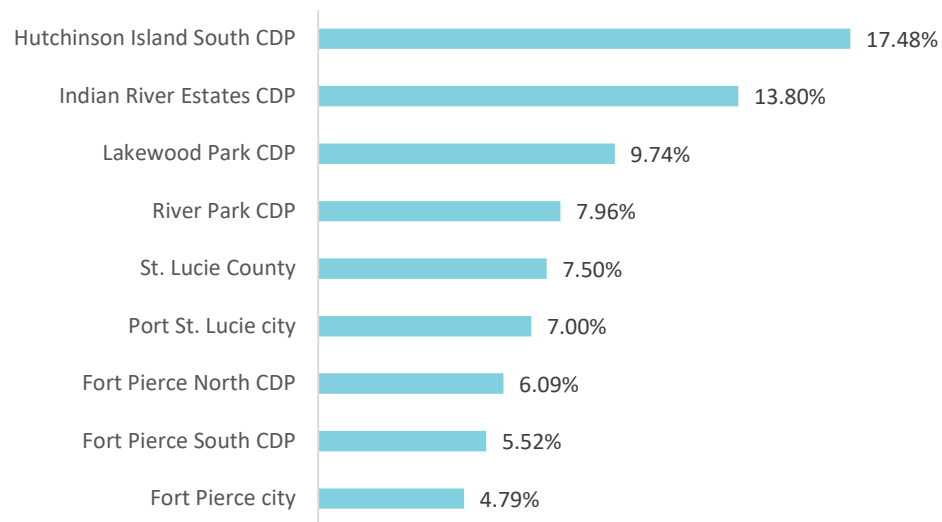
St. Lucie County Community Health Assessment  
 Adopted June 2020 \* Revised December 2020

Table 27. Veterans by Geographic Area, 2014 - 2018, 5-year Average

	St. Lucie County	Port St. Lucie city	Jensen Beach CDP	Hutchinson Island South CDP	River Park CDP	Indian River Estates CDP	Fort Pierce South CDP	Fort Pierce city	Fort Pierce North CDP	Lakewood Park CDP
<b>Population estimates, July 1, 2019</b>	328,297	201,846	X	5584	5681	6805	5,672	46,103	7,148	12,319
<b>Veterans, 2014-2018</b>	24,634	14,124	1,191	976	452	939	313	2,208	435	1,200
<b>Percent of Population</b>	7.5%	7.0%		17.48%	7.96%	13.80%	5.52%	4.79%	6.09%	9.74%

Source: American Community Survey, U.S. Bureau of the Census, V2019

Figure 17. Veterans St. Lucie County by Geographic Area, 2014 - 2018, 5-year average



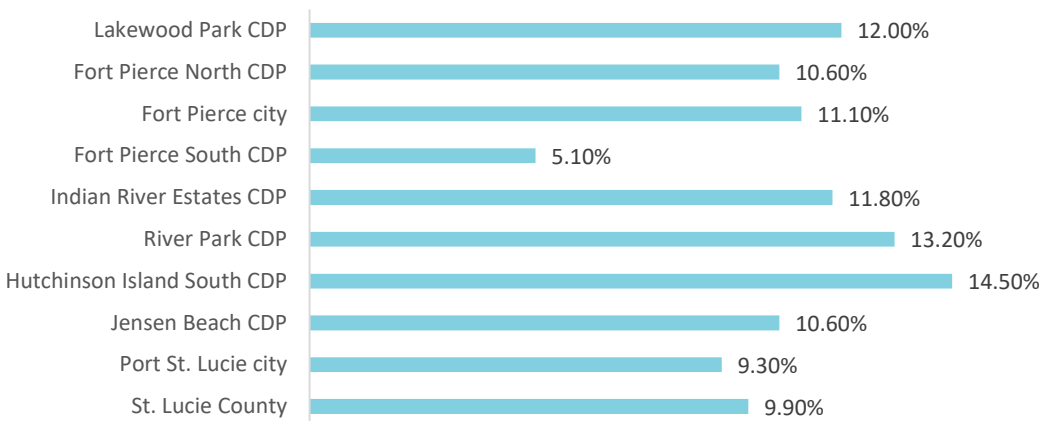
## Disability Status in St. Lucie County

Table 28. Disability Status of the Civilian Noninstitutionalized Population - 2018

	2018	2017
<b>Under 18 years with a disability</b>	4.50%	4.40%
<b>18 to 64 years with a disability</b>	11.20%	10.80%
<b>65 years and over with a disability</b>	32.80%	34.40%

Source: American Community Survey, 1-Year Estimates Comparison Profiles, 2018

Figure 18. Individuals with a Disability, St. Lucie County, under 65 years by Geographic Area, 2014 -2018



Source: American Community Survey, U.S. Bureau of the Census, V2019

St. Lucie County Community Health Assessment  
 Adopted June 2020 \* Revised December 2020

Table 29. Disability Status by Census Tract, St. Lucie County, 2014 - 2018, 5-year average

	Pop.	With a dis (%)	Under 18 years	With dis (%)	18 to 64 years	With a dis (%)	65 years & over	With a dis (%)	With a dis (%)
<b>County</b>	303304	15.7	61976	5.1	170904	11.6	70424	34.7	34.7
<b>3819</b>	6747	17.4	839	8.0	3643	10.8	2265	31.7	31.7
<b>3820.02</b>	8859	15.6	1973	2.0	5327	13.6	1559	39.5	39.5
<b>3820.03</b>	10339	17.4	1991	7.2	6302	14.5	2046	36.1	36.1
<b>3820.06</b>	8521	14.5	1366	8.6	4849	11.5	2306	24.4	24.4
<b>3821.06</b>	24161	14.2	6911	11.9	14715	10.2	2535	43.9	43.9
<b>3821.08</b>	22282	23.1	4572	2.4	9989	14.7	7721	46.1	46.1
<b>3821.09</b>	12240	8.1	2173	1.1	5736	4.8	4331	15.9	15.9
<b>3821.10</b>	7193	12.4	1703	9.8	4582	11.6	908	21.5	21.5
<b>3821.11</b>	15419	13.3	3564	7.9	9539	11.2	2316	30.4	30.4
<b>3821.12</b>	8630	9.5	2188	1.3	5162	7.4	1280	32.0	32.0
<b>3821.13</b>	14269	10.4	3361	5.1	9155	9.2	1753	26.8	26.8
<b>3822</b>	6175	17.4	903	0.0	2358	8.1	2914	30.4	30.4
<b>3801</b>	1000	23.6	230	0.0	612	25.3	158	51.3	51.3
<b>3802</b>	3456	15.9	1097	1.3	2046	19.2	313	46.0	46.0
<b>3803</b>	6332	14.3	1924	4.8	3739	12.2	669	53.4	53.4
<b>3804</b>	6585	14.1	1720	1.3	4381	14.9	484	52.3	52.3
<b>3805</b>	5564	15.6	1457	0.0	3363	13.7	744	54.8	54.8
<b>3806</b>	4337	19.2	1171	14.4	2693	15.2	473	53.9	53.9
<b>3807</b>	7834	13.1	1902	2.4	4816	10.7	1116	42.1	42.1
<b>3808</b>	2053	23.2	298	0.0	1126	15.5	629	48.2	48.2
<b>3809.01</b>	2364	18.9	293	1.7	1375	10.9	696	42.0	42.0
<b>3809.02</b>	5786	16.4	1514	4.2	3394	14.8	878	43.8	43.8
<b>3810</b>	1212	16.0	217	2.8	766	15.5	229	30.1	30.1
<b>3811.01</b>	7693	13.8	1326	16.3	5253	9.2	1114	32.7	32.7
<b>3811.02</b>	4957	22.2	564	8.5	2200	17.0	2193	30.8	30.8
<b>3812.04</b>	3661	19.9	119	11.8	1347	8.9	2195	27.1	27.1
<b>3813</b>	3762	14.8	145	0.0	1882	8.1	1735	23.2	23.2
<b>3814.01</b>	4601	17.6	980	3.9	2154	9.8	1467	38.2	38.2
<b>3814.02</b>	7599	14.4	2255	5.9	4363	12.6	981	42.6	42.6
<b>3815.02</b>	12323	14.2	2391	0.0	6886	9.6	3046	35.8	35.8

St. Lucie County Community Health Assessment  
 Adopted June 2020 \* Revised December 2020

	Pop.	With a dis (%)	Under 18 years	With dis (%)	18 to 64 years	With a dis (%)	65 years & over	With a dis (%)	With a dis (%)
<b>3815.03</b>	10897	14.2	2448	2.4	6483	14.0	1966	29.6	29.6
<b>3816.01</b>	6407	24.8	657	0.0	3279	15.3	2471	44.1	44.1
<b>3816.02</b>	3731	23.9	315	0.0	1850	12.8	1566	41.8	41.8
<b>3816.03</b>	6031	27.4	408	0.0	2277	19.3	3346	36.3	36.3
<b>3817.01</b>	2881	24.5	11	0.0	886	19.5	1984	26.9	26.9
<b>3817.02</b>	2333	18.5	11	0.0	820	9.4	1502	23.6	23.6
<b>3818.02</b>	4266	11.7	947	6.0	2644	7.5	675	36.4	36.4
<b>3818.03</b>	5398	13.6	798	2.6	3311	11.2	1289	26.6	26.6
<b>3818.04</b>	5392	9.4	1170	0.0	3375	8.1	847	27.5	27.5
<b>3820.07</b>	5496	12.7	1071	2.5	3724	9.9	701	43.4	43.4
<b>3820.08</b>	8094	11.9	1891	8.1	4878	7.3	1325	34.1	34.1
<b>3820.09</b>	4435	16.6	992	1.0	2558	14.2	885	41.0	41.0
<b>3820.10</b>	1989	26.1	110	16.4	1066	17.7	813	38.4	38.4

American Community Survey, 5-year Estimates, 2014 - 2018

## Section Two: Social Determinants of Health

Social determinants of health are conditions in which we are born, live, work, and play that have a significant impact on our health and well-being. Understanding these factors inform the needs of the community in terms of access to care and support (whether social, community or systemic).

### Income

Table 30. Income and Benefits (In 2018 Inflation-Adjusted Dollars)

	St. Lucie		Florida
<b>Total households</b>	112,872	%	7,621,760
<b>Less than \$25,000</b>	7,427	6.6%	21.1%
<b>\$25,000 to \$34,999</b>	5,888	5.2%	10.7%
<b>\$35,000 to \$49,999</b>	12,853	11.4%	14.3%
<b>\$50,000 to \$74,999</b>	13,225	11.7%	18.4%
<b>\$75,000 to \$99,999</b>	17,737	15.7%	11.9%
<b>\$100,000 to \$149,999</b>	22,450	19.9%	12.5%
<b>\$150,000 to \$199,999</b>	14,516	12.9%	4.8%
<b>\$200,000 or more</b>	11,497	10.2%	5.4%
<b>Median household income (dollars)</b>	45,079	-	-
<b>Mean household income (dollars)</b>	65,145	-	-
<b>With Social Security</b>	49,777	44.1%	37.2%
<b>Mean Social Security income (dollars)</b>	20,398	-	-
<b>With retirement income</b>	27,089	24.0%	19.9%
<b>Mean retirement income (dollars)</b>	26,710	-	-
<b>With Supplemental Security Income</b>	6,095	5.4%	5.1%
<b>Mean Supplemental Security Income (dollars)</b>	10,691	-	-
<b>With cash public assistance income</b>	2,709	2.4%	2.1%
<b>Mean cash public assistance income (dollars)</b>	3,090	-	-
<b>With Food Stamps/SNAP in the past 12 months</b>	14,560	12.9%	14.2%

Source: American Community Survey, US Bureau of the Census, 2018.

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Table 31. Income and Benefits by Census Tract, St. Lucie County, 2014 - 2018, 5-year average

	Median HH income (dollars)	Total households	With earnings (%)	With social security (%)	With retirement income (%)	With Supplemental Security Income (%)	With cash public assistance income (%)	With Food Stamp/ SNAP benefits (%)	Median family income (dollars)	Median nonfamily income (dollars)
<b>County</b>	49373	112872	66.3	44.1	24	5.4	2.4	12.9	58022	30414
<b>3819</b>	71032	2719	65.1	54.4	31.0	1.3	2.1	5.3	78458	54194
<b>3820.02</b>	53107	2743	73.3	37.6	21.9	3.2	3.6	13.5	53738	37167
<b>3820.03</b>	57413	3491	77.1	44.4	23.1	7.8	0.8	8.0	59666	35232
<b>3820.06</b>	77098	3178	65.4	50.0	23.4	4.4	1.4	5.2	82411	41702
<b>3821.06</b>	62297	7337	83.6	26.9	20.9	3.8	4.2	11.7	64804	48056
<b>3821.08</b>	48681	9451	47.8	53.2	32.2	5.8	2.5	7.5	59767	30327
<b>3821.09</b>	74947	5139	56.8	56.2	32.9	2.0	0.4	2.1	78659	62847
<b>3821.10</b>	63815	2305	82.1	32.9	24.0	7.4	0.5	9.8	65655	-
<b>3821.11</b>	55338	4833	81.9	30.9	19.1	2.7	3.0	15.6	58938	25408
<b>3821.12</b>	63732	2507	81.9	36.1	18.9	4.5	2.7	8.9	61210	48563
<b>3821.13</b>	61235	4611	85.0	32.0	20.2	6.8	0.6	14.1	64181	51250
<b>3822</b>	41131	2912	45.8	65.7	27.1	4.3	2.2	5.5	59965	22513
<b>3801</b>	13533	430	49.1	38.1	14.9	25.3	4.4	41.2	17727	9978
<b>3802</b>	13500	1154	65.5	25.6	3.4	15.8	10.1	55.5	15974	10933
<b>3803</b>	17873	2006	67.3	28.8	8.9	13.9	4.7	48.4	20233	15065
<b>3804</b>	37686	2210	84.8	26.7	10.3	5.5	3.4	27.2	41272	25785
<b>3805</b>	35735	1973	78.2	30.1	11.6	12.3	4.8	24.2	43257	23393
<b>3806</b>	34091	1292	76.9	24.9	16.4	12.6	5.5	37.2	36960	25864
<b>3807</b>	39045	2871	76.1	27.0	11.0	9.9	3.8	18.2	42431	23272
<b>3808</b>	42857	824	57.8	47.2	22.0	3.0	1.6	16.0	56118	28313
<b>3809.01</b>	26153	999	65.3	39.8	26.2	6.9	3.5	31.3	33182	21169
<b>3809.02</b>	30764	1710	67.3	39.0	14.0	11.7	5.7	29.6	42575	16893
<b>3810</b>	42891	533	73.7	39.0	15.9	5.6	2.4	9.0	57961	26667
<b>3811.01</b>	51566	2697	77.4	28.1	18.5	3.9	2.6	11.9	56709	36012
<b>3811.02</b>	44336	2353	49.9	62.1	31.8	4.0	0.7	5.2	66198	30509
<b>3812.04</b>	57452	2031	43.7	71.2	40.3	3.1	0.5	0.0	84159	37675
<b>3813</b>	66917	2017	46.3	60.4	38.8	1.7	0.8	8.5	78517	37153



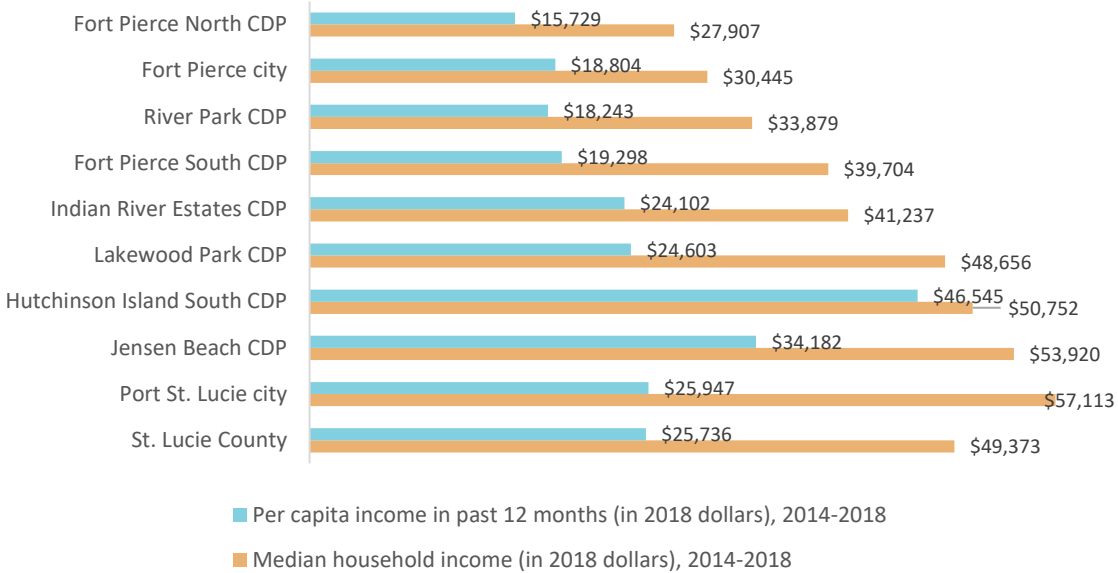
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	Median HH income (dollars)	Total households	With earnings (%)	With social security (%)	With retirement income (%)	With Supplemental Security Income (%)	With cash public assistance income (%)	With Food Stamp/ SNAP benefits (%)	Median family income (dollars)	Median nonfamily income (dollars)
<b>3814.01</b>	31406	2189	56.9	50.5	22.8	5.5	0.6	9.6	40411	23882
<b>3814.02</b>	41313	2540	80.7	27.7	12.2	4.9	2.2	20.4	43994	30827
<b>3815.02</b>	47846	4218	65.5	43.3	23.3	4.2	4.8	11.7	51932	37043
<b>3815.03</b>	50662	3466	74.8	41.8	21.2	7.3	3.1	12.2	59281	25000
<b>3816.01</b>	40412	2768	48.0	67.2	29.0	5.5	0.6	7.9	51750	19808
<b>3816.02</b>	35776	1902	47.4	58.9	28.4	5.2	1.7	10.2	41277	26974
<b>3816.03</b>	40972	3207	40.4	71.4	39.0	6.0	0.5	8.5	50270	27516
<b>3817.01</b>	64360	1718	26.8	79.6	50.1	1.8	0.5	1.2	87721	39732
<b>3817.02</b>	41786	1382	33.7	75.0	43.3	5.4	0.0	5.3	51733	30737
<b>3818.02</b>	36765	1768	75.3	30.8	13.5	4.4	1.6	21.6	42825	31726
<b>3818.03</b>	62750	2138	70.4	47.3	26.1	3.1	1.4	11.7	66302	52995
<b>3818.04</b>	45156	2029	76.8	40.3	23.0	7.6	3.7	13.1	45353	43155
<b>3820.07</b>	53095	1854	85.8	27.6	11.9	4.6	2.6	21.8	56993	23750
<b>3820.08</b>	54963	2705	76.5	32.7	20.3	1.1	0.7	9.9	54643	48144
<b>3820.09</b>	46581	1712	70.0	42.3	21.5	4.1	2.8	16.1	50600	34750
<b>3820.10</b>	35469	950	54.7	61.8	29.2	5.9	5.3	15.6	48250	23125

Source: American Community Survey, US Bureau of the Census, 2018.

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Figure 19. Per Capita and Median Household Income by Geographic Area, 2018



Source: American Community Survey, U.S. Bureau of the Census, V2019 Housing

Table 32. Housing Information by Zip Code, 2018

Zip Code	Median Home Value	Owner Occupied	% Owner Occupied	Renter Occupied	% Renter Occupied	Vacant Housing Units	% Vacant Housing Units
34951	\$114,874.00	5,273	68.0%	1197	15.4%	1,280	16.5%
34987	\$320,000.00	3,246	62.2%	673	12.9%	1,301	24.9%
34953	\$190,477.00	17,664	70.3%	4980	19.8%	2,491	9.9%
34984	\$187,909.00	4,585	73.9%	1,022	16.5%	601	9.7%
34957	\$281,395.00	8,984	46.8%	3123	16.3%	7,084	36.9%
34952	\$144,476.00	12,981	58.6%	5,854	26.4%	3,333	15.0%
34983	\$176,645.00	11,501	69.6%	3,604	21.8%	1,410	8.5%
34986	\$258,773.00	8,989	64.1%	2,739	19.5%	2,290	16.3%
34982	\$144,262.00	7,266	59.3%	3,270	26.7%	1,709	14.0%
34950	\$86,330.00	2,132	29.0%	3,635	49.5%	1,582	21.5%
34981	\$206,776.00	902	44.4%	906	44.6%	223	11.0%
34947	\$93,973.00	1,695	34.3%	2,580	52.2%	669	13.5%
34949	\$314,742.00	3,144	38.7%	1,164	14.3%	3,826	47.0%
34946	\$96,389.00	1,698	54.0%	846	26.9%	598	19.0%
34945	\$219,146.00	1,819	74.2%	340	13.9%	294	12.0%

Source: American Community Survey, 1-Year Estimates Comparison Profiles, 2018

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Table 33. Housing Information by Geographic Area, 2014 - 2018

	St. Lucie County	Port St. Lucie city	Jensen Beach CDP	Hutchins on Island South CDP	River Park CDP	Indian River Estates CDP	Fort Pierce South CDP	Fort Pierce city	Fort Pierce North CDP	Lakewood Park CDP
<b>Owner-occupied housing unit rate, 2014-2018</b>	73.2%	76.8%	75.1%	82.0%	77.5%	89.0%	68.8%	47.2%	59.0%	82.3%
<b>Median value of owner-occupied housing units, 2014-2018</b>	\$165,700	\$180,400	\$212,300	\$256,900	\$85,500	\$118,000	\$111,100	\$100,100	\$76,100	\$114,900
<b>Median selected monthly owner costs -with a mortgage, 2014-2018</b>	\$1,362	\$1,401	\$1,540	\$1,697	\$1,060	\$1,071	\$1,094	\$1,194	\$1,031	\$1,097
<b>Median selected monthly owner costs -without a mortgage, 2014-2018</b>	\$492	\$511	\$543	\$762	\$396	\$366	\$360	\$442	\$310	\$396
<b>Median gross rent, 2014-2018</b>	\$1,136	\$1,334	\$1,014	\$1,220	\$1,120	\$1,081	\$1,086	\$915	\$838	\$951

## Poverty

Table 34. Percentage of Families and People Whose Income in the Past 12 Months is Below the Poverty Level - 2018

	St. Lucie	Florida
<b>All families</b>	13.4%	10.6%
<b>With related children of the householder under 18 years</b>	17.1%	17.3%
<b>With related children of the householder under 5 years only</b>	14.1%	16.1%
<b>Married couple families</b>	11.0%	6.0%
<b>With related children of the householder under 18 years</b>	13.1%	8.4%
<b>With related children of the householder under 5 years only</b>	7.1%	6.7%
<b>Families with female householder, no husband present</b>	26.9%	25.8%
<b>With related children of the householder under 18 years</b>	33.5%	35.5%
<b>With related children of the householder under 5 years only</b>	41.7%	38.1%
<b>All people</b>	16.5%	14.8%

Source: American Community Survey, US Bureau of the Census, 2018.

Figure 20. Persons in Poverty by Geographic Area, 2018

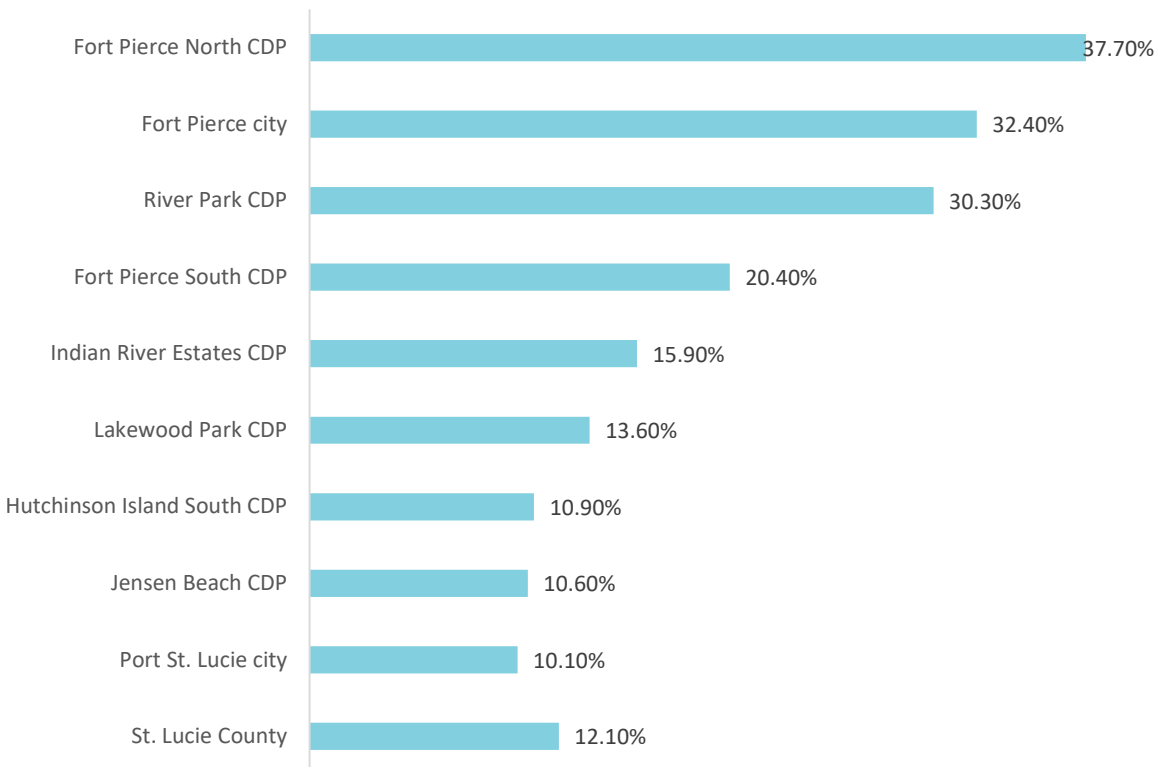
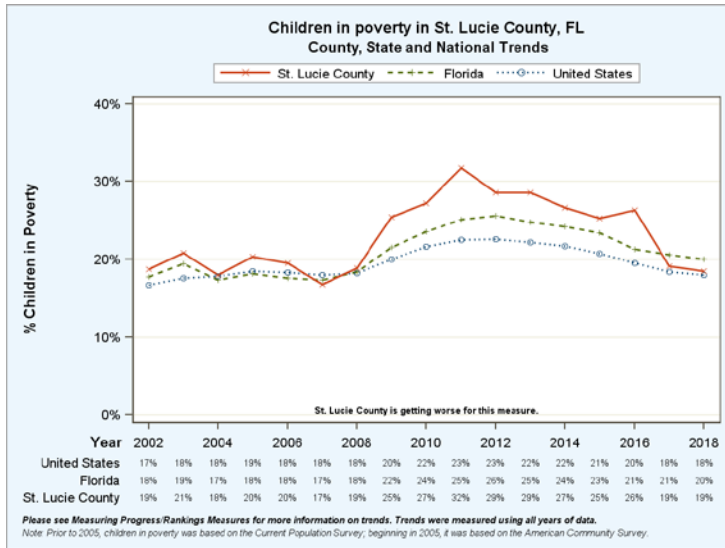


Table 35. Poverty by Census Tract, St. Lucie County, 2014 - 2018, 5-year Average

	Families under 100% of poverty (%)	With children under 18 years (%)	With children under 5 years (%)	Families with female household er (%)	With children under 18 years (%)	With children under 5 years (%)
<b>State</b>	10.6	17.3	16.1	25.8	35.5	38.1
<b>County</b>	10.8	18.2	29.1	30.7	43.4	74.2
<b>3819</b>	2.7	10.7	-	0	0	-
<b>3820.02</b>	6.1	10.8	39.7	26.6	34.5	71.1
<b>3820.03</b>	10.7	14.6	0	41.6	44.5	-
<b>3820.06</b>	3.4	0	0	0	0	-
<b>3821.06</b>	10.3	10.8	14.1	53.4	76.1	100
<b>3821.08</b>	8	13.3	0	22.4	25.5	-
<b>3821.09</b>	2	0	0	0	0	-
<b>3821.1</b>	11.5	22.2	33	50	68.6	100
<b>3821.11</b>	7	10.8	0	16	24.8	0
<b>3821.12</b>	8.1	12	27.4	13.1	23	100
<b>3821.13</b>	7.1	12.5	38.7	35	46.7	65.3
<b>3822</b>	9.5	29.7	80.3	16.4	57.9	95.2
<b>3801</b>	81.9	96.6	100	100	100	100
<b>3802</b>	64.9	76.6	100	77.1	89.2	100
<b>3803</b>	50.8	57.8	63.4	56.9	63.8	86
<b>3804</b>	18.1	18.3	100	28.4	22.9	-
<b>3805</b>	15.3	24.7	0	3.5	6.1	0
<b>3806</b>	27.6	39.5	0	53.4	54.4	-
<b>3807</b>	15.7	24.9	52	22.5	31.7	42.9
<b>3808</b>	7.2	13.1	0	0	0	-
<b>3809.01</b>	35.8	46.3	100	66.1	95.2	100
<b>3809.02</b>	22.8	32.7	22.2	35.6	55.7	71.1
<b>3810</b>	8.7	16.8	36.6	36.6	40.5	100
<b>3811.01</b>	9.1	18.6	38.1	34.8	55.7	100
<b>3811.02</b>	7.1	13.4	0	23.5	100	-
<b>3812.04</b>	2.2	6.9	0	0	-	-
<b>3813</b>	6.4	23	0	0	0	-
<b>3814.01</b>	25.3	49.4	56.5	58.1	61.3	100
<b>3814.02</b>	17	23.6	36	32.4	29.5	74
<b>3815.02</b>	10.5	9.7	26	16.2	21.7	61.6
<b>3815.03</b>	9.1	18.7	7.4	27	55.2	28
<b>3816.01</b>	11.3	44	69	57.5	88.7	100
<b>3816.02</b>	5.9	4.7	9.3	4.1	9.6	34.8
<b>3816.03</b>	3.4	14.9	0	15.8	31.1	0
<b>3817.01</b>	5.4	0	-	0	-	-
<b>3817.02</b>	10.4	0	0	0	-	-
<b>3818.02</b>	13	16.6	0	7.7	18.8	-

	Families under 100% of poverty (%)	With children under 18 years (%)	With children under 5 years (%)	Families with female household er (%)	With children under 18 years (%)	With children under 5 years (%)
<b>3818.03</b>	10.8	18.1	0	22.9	15.6	-
<b>3818.04</b>	12.2	17.6	0	13	24.8	-
<b>3820.07</b>	12.7	23	47.3	5.2	9.1	0
<b>3820.08</b>	5.5	5.7	0	5.4	14.5	-
<b>3820.09</b>	7.8	10.4	22.2	14.7	36.5	47.6
<b>3820.1</b>	9.5	14	56.5	12.9	22	100

Figure 21. Children in Poverty in St. Lucie County, 2002 - 2018



<b>% Children in Poverty</b>	<b>19%</b>
American Indian & Alaska Native	46%
Asian	29%
Black	25%
Hispanic	24%
White	17%

## ALICE

# ALICE IN ST. LUCIE COUNTY

### 2018 Point-in-Time Data

Population: 321,128 • Number of Households: 118,768  
 Median Household Income: \$54,098 (state average: \$55,462)  
 Unemployment Rate: 5.7% (state average: 5.2%)  
 ALICE Households: 34% (state average: 33%) • Households in Poverty: 12% (state average: 13%)

ALICE is an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mloyed - households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county (the ALICE Threshold). This term comes from a United Way report that seeks to clarify and describe the complex challenges faced by this population and provide

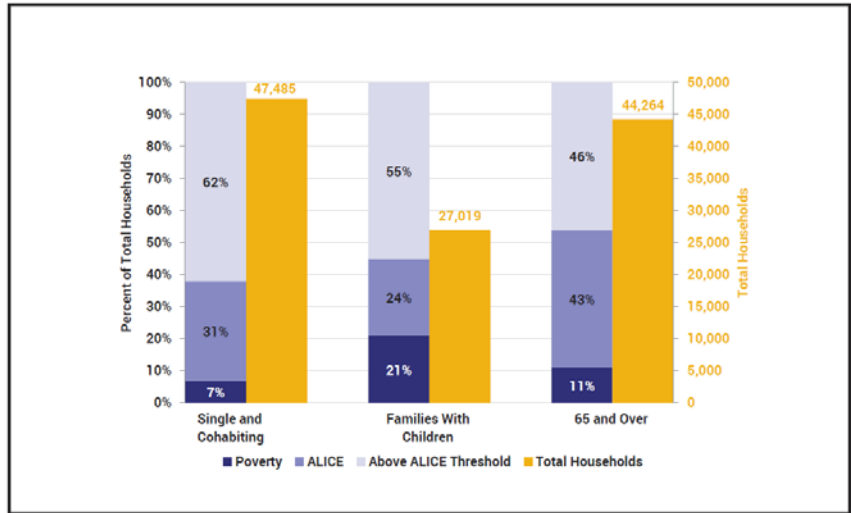
local United Ways the information needed to promote stronger and more resilient communities.

While conditions have improved for some households in recent report updates, many continue to struggle, especially as wages fail to keep pace with the cost of housing essentials (housing, childcare, food, transportation, health care, and a basic smartphone plan).

While 14,085 households were living in poverty in St. Lucie County in 2018, an additional 39,872 households were ALICE households. Several areas in St. Lucie County are impacted by poverty and ALICE more than others. Those geographic areas that are impacted most include: Fort Pierce North CDP, River Park CDP, Fort Pierce, Fort Pierce CCD, Fort Pierce South CDP, and West St. Lucie CCD.

Figure 22. ALICE in St. Lucie County, 2018

Household Income by Household Type, St. Lucie County, 2018

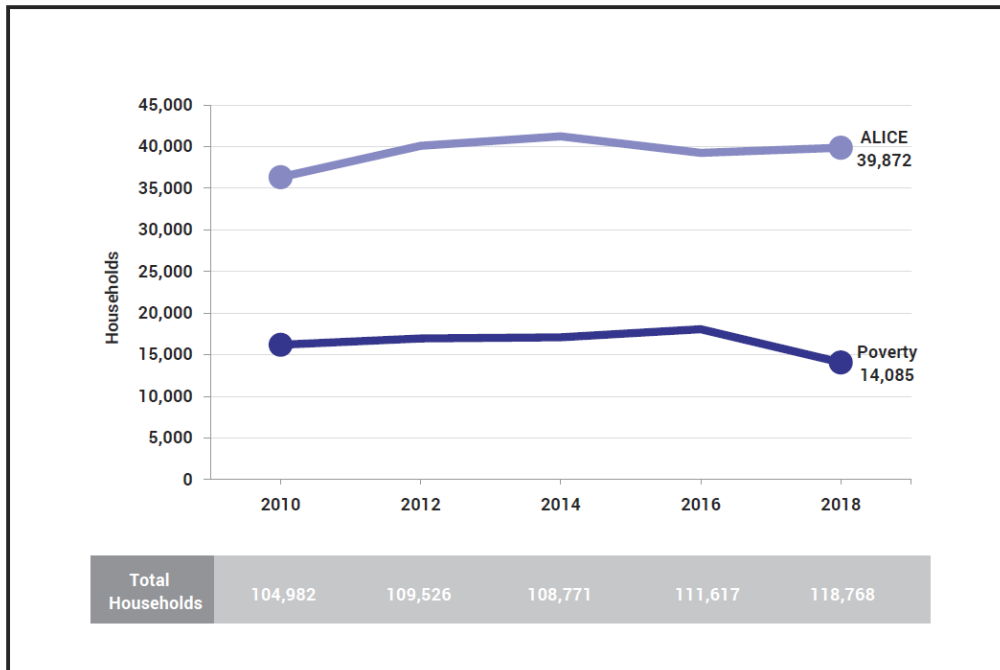


Sources: ALICE Threshold, 2018; American Community Survey, 2018

St. Lucie County, 2018		
Town	Total HH	% ALICE & Poverty
Fort Pierce	16,499	68%
Fort Pierce CCD	43,373	61%
Fort Pierce North CDP	2,321	73%
Fort Pierce South CDP	1,515	60%
Hutchinson Island CCD	5,117	42%
Hutchinson Island South CDP	3,100	44%
Indian River Estates CDP	2,932	57%
Lakewood Park CDP	5,036	49%
Port St. Lucie	68,178	37%
Port St. Lucie CCD	61,470	40%
River Park CDP	2,557	70%
St. Lucie Village	260	42%
West St. Lucie CCD	2,912	60%
White City CDP	1,555	38%

Households struggle because the cost of household basics outpaces wage and the labor landscape is challenging for ALICE workers. The Household Survival Budget shown below reflects the bare minimum cost to live and work in the modern economy and includes housing, child care, food, transportation, health care, technology (a smart phone plan), and taxes. It does not include savings for emergencies or future goals like college or retirement. In 2018, household costs were well above the Federal Poverty Level of \$12,140 for a single adult and \$25,100 for a family of four.

## Households by Income, St. Lucie County, 2010 to 2018



Sources: ALICE Threshold, 2010-2018; American Community Survey, 2010-2018

Household Survival Budget, St. Lucie County, 2018		
	SINGLE ADULT	2 ADULTS, 1 INFANT, 1 PRESCHOOLER
<b>Monthly Costs</b>		
Housing	\$807	\$1,059
Child Care	\$-	\$1,257
Food	\$285	\$862
Transportation	\$375	\$843
Health Care	\$200	\$803
Technology	\$55	\$75
Miscellaneous	\$200	\$552
Taxes	\$283	\$623
<b>Monthly Total</b>	<b>\$2,205</b>	<b>\$6,074</b>
<b>ANNUAL TOTAL</b>	<b>\$26,460</b>	<b>\$72,888</b>
<b>Hourly Wage*</b>	<b>\$13.23</b>	<b>\$36.44</b>

\* Wage working full-time required to support this budget

For ALICE Survival Budget Sources, see the 2020 Methodology Overview available at [UnitedForALICE.org/Methodology](https://www.unitedforalice.org/methodology)



## Employment

Table 36. Employment Status, St. Lucie County - 2018

	St. Lucie		Florida
<b>Civilian Population 16 years and over</b>	251,086		16,932,309
<b>In labor force</b>	135,084	53.8%	58.7%
<b>Employed</b>	126,296	50.3%	54.7%
<b>Unemployed</b>	8,788	3.5%	3.7%
<b>Not in labor force*</b>	116,002	46.2%	41.3%
<b>Unemployment Rate</b>	-	5.7%	6.3%

\* The government counts only people actively looking for jobs as unemployed. Those who could work but are not actively looking for work get counted in not-in-labor-force. This is important in putting the unemployment rate in perspective as it may appear better than it really is.

Source: American Community Survey, US Bureau of the Census, 2018.

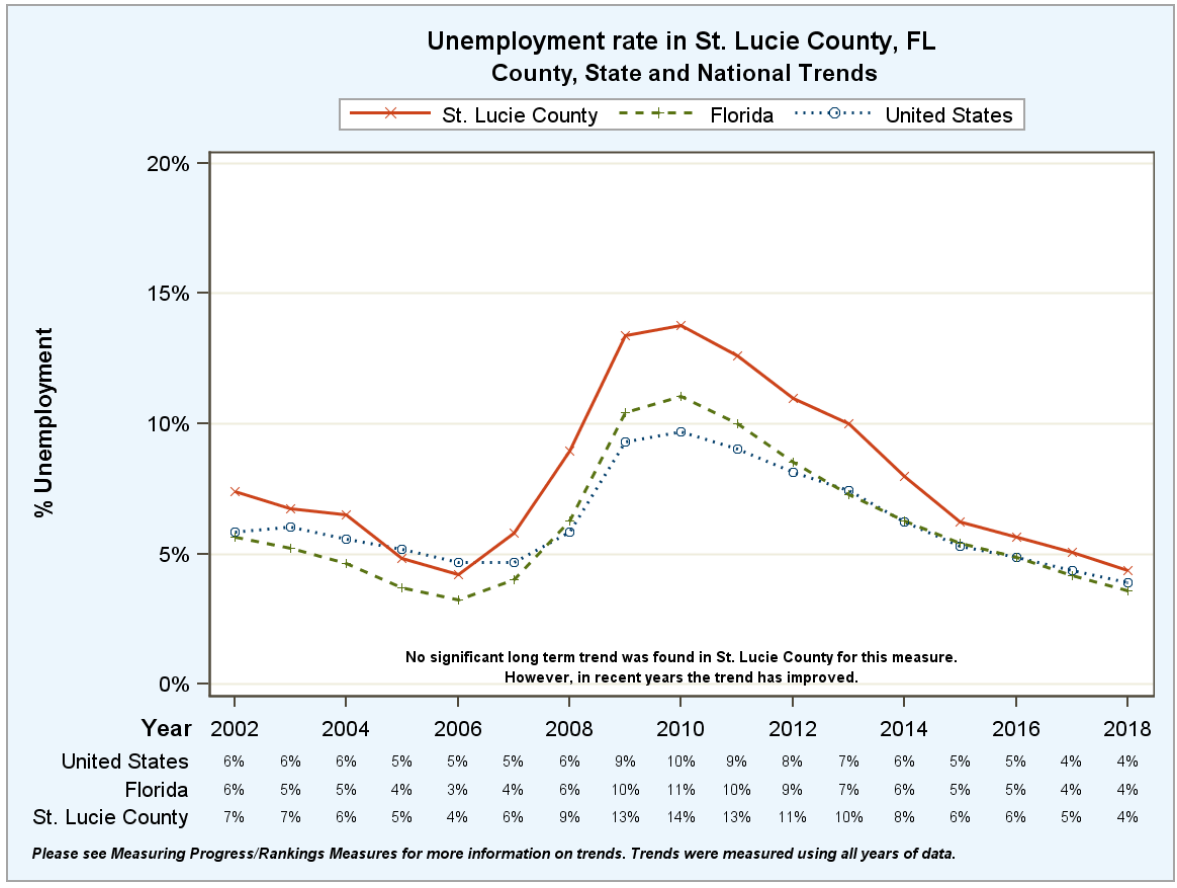
Table 37. Employment Status by Census Tract, St. Lucie County, 2014- 2018, 5-Year Average

	Civilian labor force	Civilian labor force unemployed (%)
<b>3819</b>	3308	7.7
<b>3820.02</b>	3880	8.7
<b>3820.03</b>	4953	5.6
<b>3820.06</b>	4073	6.9
<b>3821.06</b>	12594	6.3
<b>3821.08</b>	6660	2.8
<b>3821.09</b>	4025	4.7
<b>3821.10</b>	3575	9.8
<b>3821.11</b>	8277	5.8
<b>3821.12</b>	4221	6.1
<b>3821.13</b>	7633	3.0
<b>3822</b>	2144	5.1
<b>9800</b>	0	-
<b>9900</b>	0	-
<b>3801</b>	317	8.5
<b>3802</b>	1169	14.7
<b>3803</b>	2145	7.7
<b>3804</b>	3428	3.6
<b>3805</b>	2844	10.5
<b>3806</b>	2000	7.0
<b>3807</b>	3770	7.8
<b>3808</b>	918	6.9
<b>3809.01</b>	843	15.2
<b>3809.02</b>	2518	12.3
<b>3810</b>	558	4.3
<b>3811.01</b>	4085	9.1
<b>3811.02</b>	1909	2.2
<b>3812.04</b>	1006	3.1
<b>3813</b>	1257	7.6
<b>3814.01</b>	1718	4.5

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	Civilian labor force	Civilian labor force unemployed (%)
<b>3814.02</b>	3366	9.4
<b>3815.02</b>	5216	5.3
<b>3815.03</b>	4980	8.9
<b>3816.01</b>	2343	3.8
<b>3816.02</b>	1571	6.4
<b>3816.03</b>	1743	7.8
<b>3817.01</b>	689	9.6
<b>3817.02</b>	613	8.2
<b>3818.02</b>	2251	4.0
<b>3818.03</b>	2853	9.7
<b>3818.04</b>	2824	5.6
<b>3820.07</b>	3222	8.2
<b>3820.08</b>	4457	5.0
<b>3820.09</b>	2186	7.2
<b>3820.10</b>	877	9.4

Figure 23. Unemployment Rate in St. Lucie County, 2002 - 2018



## Health Insurance Coverage

Table 38. Health Insurance Coverage by Age, St. Lucie County - 2018

<b>Total Population</b>		<b>319,117</b>	
<b>Under 19 years</b>		66,398	
<b>Total Under 19 years With health insurance coverage</b>		57,193	86%
<b>Under 19 years No health insurance coverage</b>		9,205	14%
<b>Total 19 to 64 years</b>		176,300	
<b>19 to 64 years With health insurance coverage</b>		138,707	79%
<b>19 to 64 years No health insurance coverage</b>		37,593	21%
<b>Total 65 years and over</b>		76,419	
<b>65 years and over With health insurance coverage</b>		75,892	99%
<b>65 years and over No health insurance coverage</b>		527	1%

Source: American Community Survey, 2018 Supplemental Estimates

Table 39. Insured Population by Race, Age, and Ethnicity, St. Lucie County - 2018

	<b>White</b>		<b>Black</b>		<b>Hispanic</b>	
	<b>Total</b>	<b>Percent</b>	<b>Total</b>	<b>Percent</b>	<b>Total</b>	<b>Percent</b>
	230,882		64,565		62,379	
<b>Total Under 6 years</b>	11,885		5,254		5,018	
<b>Under 6 years with health insurance coverage</b>	11,099	93%	4,413	84%	4,426	88%
<b>Under 6 years No health insurance coverage</b>	786	7%	841	16%	592	12%
<b>Total 6 to 18 years</b>	29,888		12,187		13,542	
<b>6 to 18 years with health insurance coverage</b>	25,841	86%	9,499	78%	10,249	76%
<b>6 to 18 years No health insurance coverage</b>	4,047	14%	2,688	22%	3,293	24%
<b>Total 19 to 25 years</b>	13,366		5,935		6,556	
<b>19 to 25 years with health insurance coverage</b>	10,279	77%	3,630	61%	4,665	71%
<b>19 to 25 years No health insurance coverage</b>	3,087	23%	2,305	39%	1,891	29%
<b>Total 26 to 34 years</b>	22,046		7,065		6,132	
<b>26 to 34 years with health insurance coverage</b>	17,149	78%	5,489	78%	4,876	80%

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	White		Black		Hispanic	
<b>26 to 34 years No health insurance coverage</b>	4,897	22%	1576	22%	1256	20%
<b>Total 35 to 44 years</b>	24,527		9367		10225	
<b>35 to 44 years with health insurance coverage</b>	17,305	71%	6496	69%	6216	61%
<b>35 to 44 years No health insurance coverage</b>	7,222	29%	2871	31%	4009	39%
<b>Total 45 to 54 years</b>	29,472		6946		8095	
<b>45 to 54 years with health insurance coverage</b>	23,648	80%	5453	79%	6572	81%
<b>45 to 54 years No health insurance coverage</b>	5,824	20%	1493	21%	1523	19%
<b>Total 55 to 64 years</b>	35,126		8260		5952	
<b>55 to 64 years with health insurance coverage</b>	30,759	88%	6659	81%	5403	91%
<b>55 to 64 years No health insurance coverage</b>	4,367	12%	1601	19%	549	9%
<b>Total 65 to 74 years</b>	35,174		6007		4634	
<b>65 to 74 years with health insurance coverage</b>	34,945	99%	5870	98%	4634	100%
<b>65 to 74 years No health insurance coverage</b>	229	1%	137	2%	0	0%
<b>Total 75 years and over</b>	29,398		3544		2225	
<b>75 years and over with health insurance coverage</b>	29,346	99.8%	3435	97%	2225	100%
<b>75 years and over No health insurance coverage</b>	52	0.2%	109	3%	0	0%

Source: American Community Survey, 2018 Supplemental Estimates

Table 40. Health Insurance Coverage by Census Tract, St. Lucie, 2014 - 2018, 5-year Average

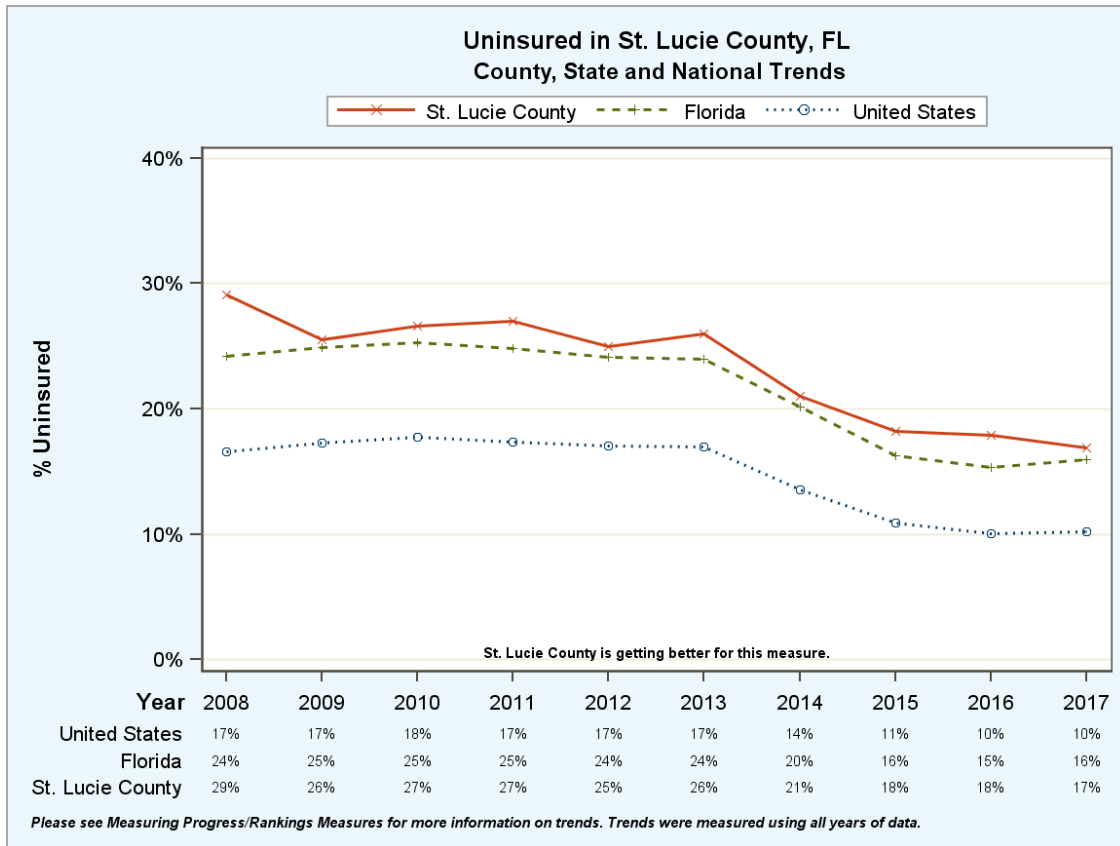
Indicator	Civilian noninstitutionalized population	No health ins. coverage (%)
<b>State</b>	20288268	13.5
<b>County</b>	303304	14
<b>3819</b>	6747	11.8
<b>3820.02</b>	8859	9.3
<b>3820.03</b>	10339	12.5
<b>3820.06</b>	8521	10.9
<b>3821.06</b>	24161	12.8
<b>3821.08</b>	22282	6.4
<b>3821.09</b>	12240	6.8
<b>3821.10</b>	7193	14.8
<b>3821.11</b>	15419	17.0

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<b>Indicator</b>	<b>Civilian noninstitutionalized population</b>	<b>No health ins. coverage (%)</b>
<b>3821.12</b>	8630	18.4
<b>3821.13</b>	14269	23.7
<b>3822</b>	6175	8.8
<b>3801</b>	1000	19.7
<b>3802</b>	3456	24.2
<b>3803</b>	6332	25.7
<b>3804</b>	6585	19.5
<b>3805</b>	5564	23.1
<b>3806</b>	4337	25.6
<b>3807</b>	7834	19.0
<b>3808</b>	2053	16.8
<b>3809.01</b>	2364	22.7
<b>3809.02</b>	5786	17.5
<b>3810</b>	1212	13.1
<b>3811.01</b>	7693	17.5
<b>3811.02</b>	4957	9.5
<b>3812.04</b>	3661	5.3
<b>3813</b>	3762	8.2
<b>3814.01</b>	4601	8.5
<b>3814.02</b>	7599	21.6
<b>3815.02</b>	12323	11.5
<b>3815.03</b>	10897	16.8
<b>3816.01</b>	6407	10.2
<b>3816.02</b>	3731	10.4
<b>3816.03</b>	6031	8.6
<b>3817.01</b>	2881	1.4
<b>3817.02</b>	2333	3.8
<b>3818.02</b>	4266	12.0
<b>3818.03</b>	5398	13.4
<b>3818.04</b>	5392	15.1
<b>3820.07</b>	5496	22.0
<b>3820.08</b>	8094	9.5
<b>3820.09</b>	4435	16.0
<b>3820.10</b>	1989	15.5

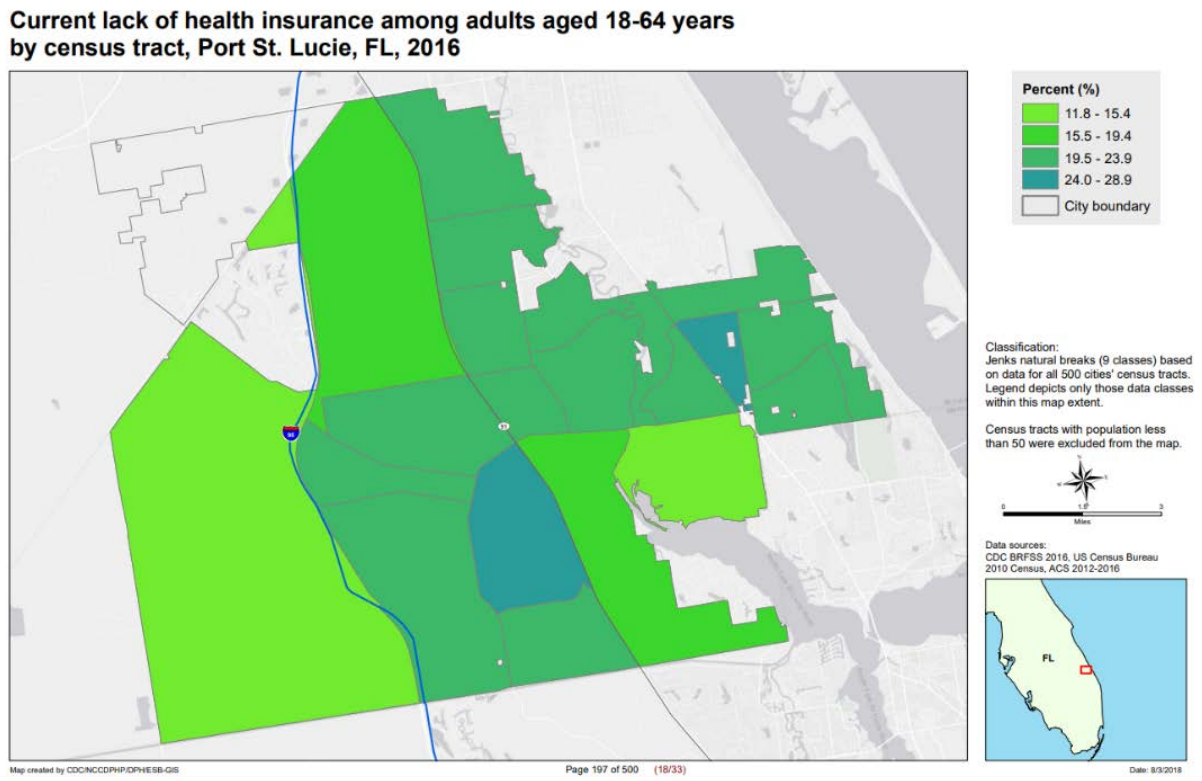
Source: American Community Survey, US Bureau of the Census, 2018.

Figure 24. Uninsured in St. Lucie County, 2008 - 2017



Source: County Health Rankings 2020

Figure 25. Lack of health insurance among adults aged 18-64 years by census tract, Port St. Lucie city 2016

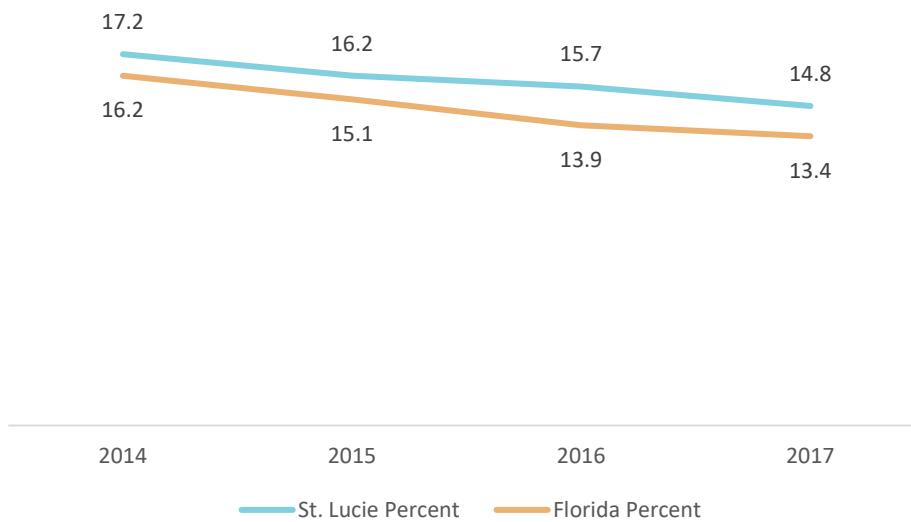


Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

## Food Insecurity

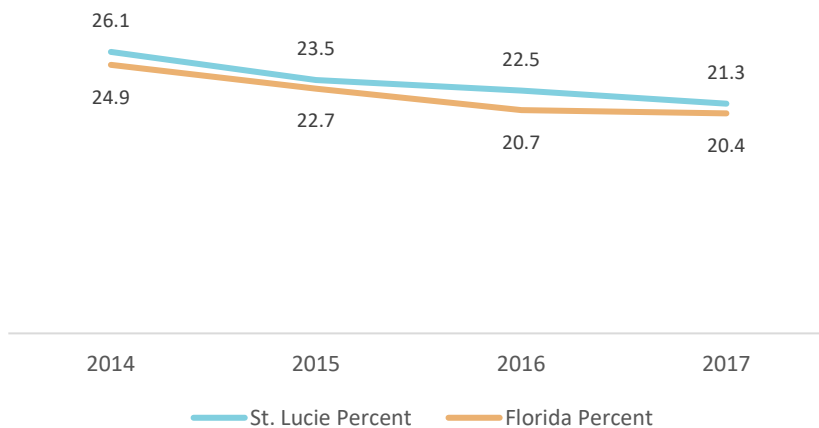
Food insecurity is the percentage of the population that does not have consistent access to enough food for an active, healthy life. Food insecurity refers to a lack of available financial resources for food at the household level. Food insecurity is a social determinant of health. Low-income families are affected by multiple, overlapping issues like lack of affordable housing, social isolation, chronic or acute health problems, high medical costs, and low wages. People experiencing food insecurity often consume a nutrient-poor diet, which may contribute to the development of obesity, heart disease, hypertension, diabetes, and other chronic diseases.

Figure 26. Food insecurity rate, Percent of Population, St. Lucie County, 2014 - 2017



Source: Florida Health Charts 2014 - 2017, Feeding America, Map the Meal Gap

Figure 27. Child Food Insecurity Rate, Percent of Population Under 18, 2014 - 2017

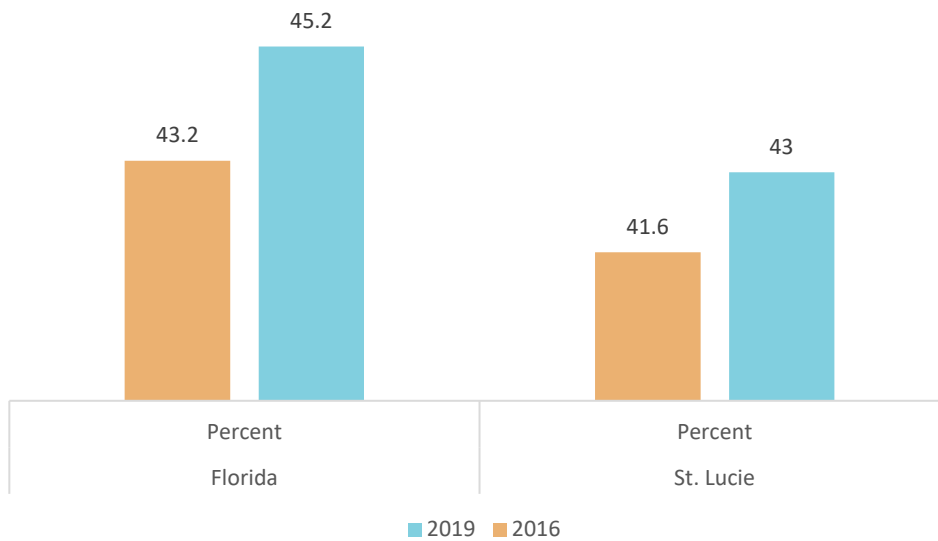




### Access to Healthy Foods and Exercise Opportunities

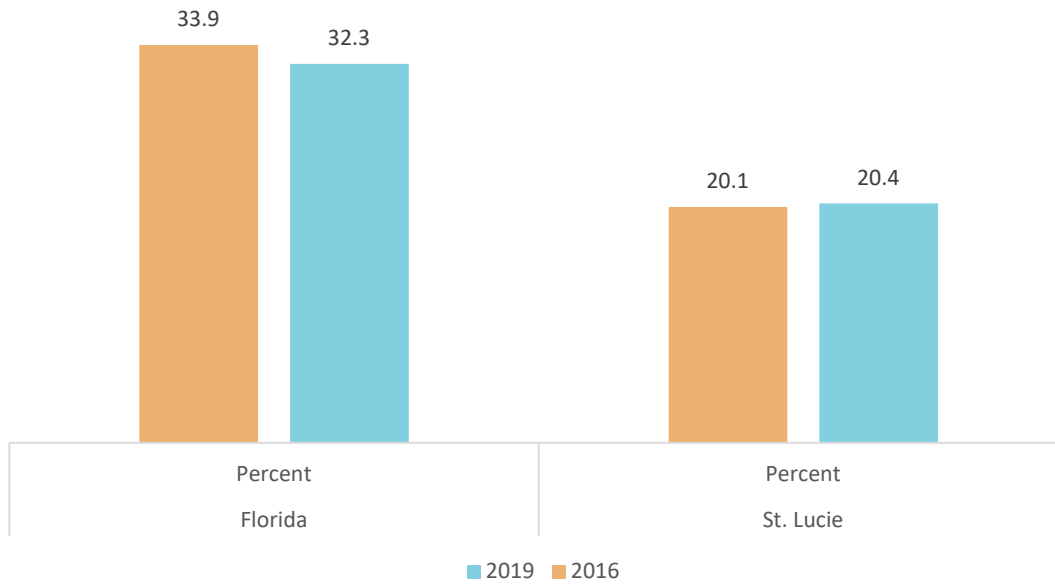
Access to healthy food sources and recreational areas are necessary to support healthy diets and physical activity. Lack of physical activity and unhealthy eating are major risk factors for chronic diseases, the leading causes of death and disability in the United States. Chronic diseases include heart disease, diabetes, and cancer. Half of all adults in the U.S. have a chronic disease. A community approach to healthy living, like providing access to healthy foods and more places for physical activity, can have broader effects than the efforts of people working on their own to make healthy changes.

Figure 28. Population Living within ½ mile of a Park



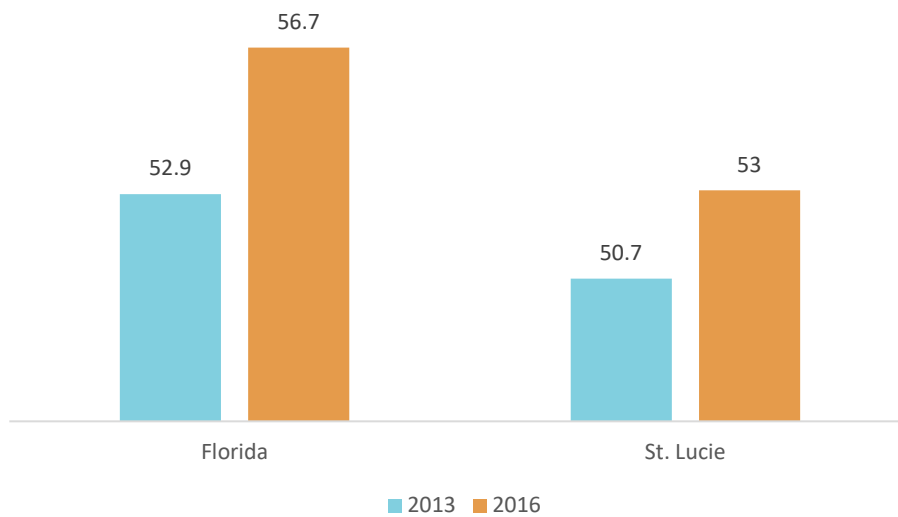
Source: Florida Health Charts, 2016 - 2019, [www.floridatracking.com/healthtracking](http://www.floridatracking.com/healthtracking)

Figure 29. Population Living with ½ mile of a Fast Food Restaurant, 2016 - 2019



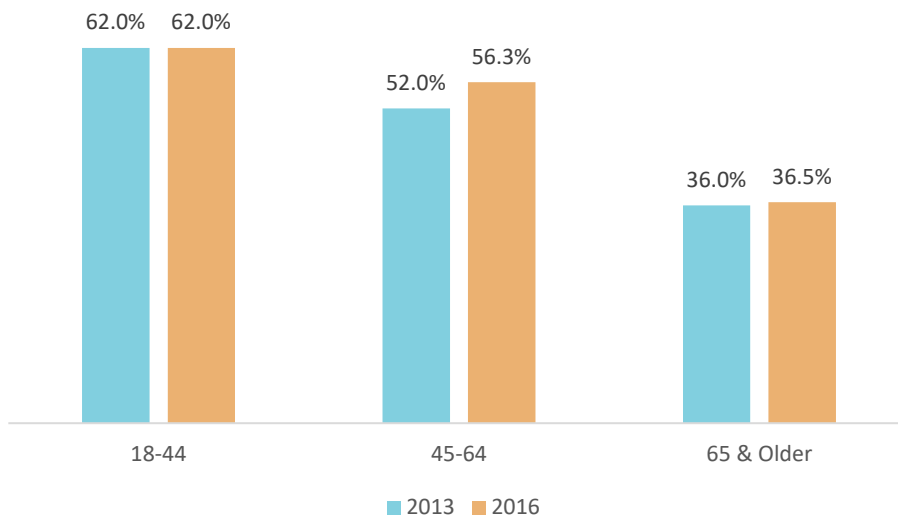
Source: Florida Health Charts, 2016 - 2019, [www.floridatracking.com/healthtracking](http://www.floridatracking.com/healthtracking)

Figure 30. Adults who are inactive or insufficiently active



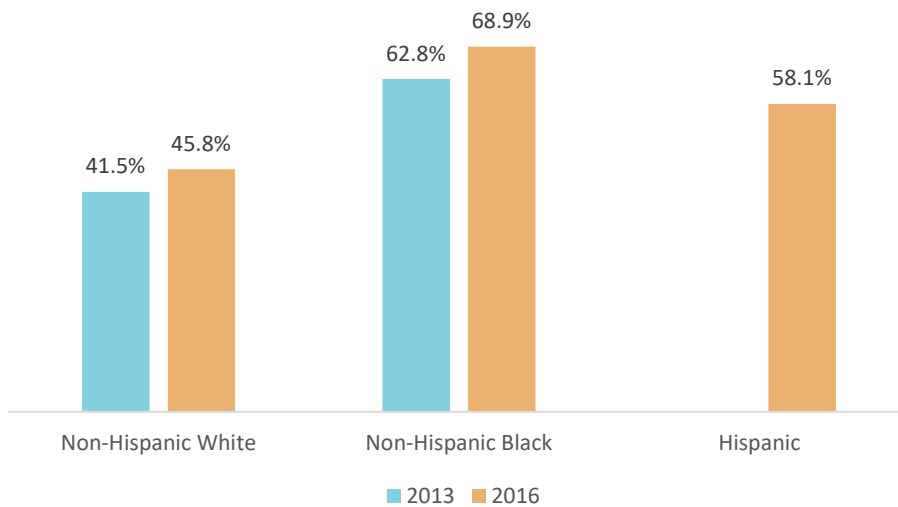
Source: Florida Health Charts, 2013-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 31. Adults who are inactive or insufficiently active by Age Group, 2013 - 2016



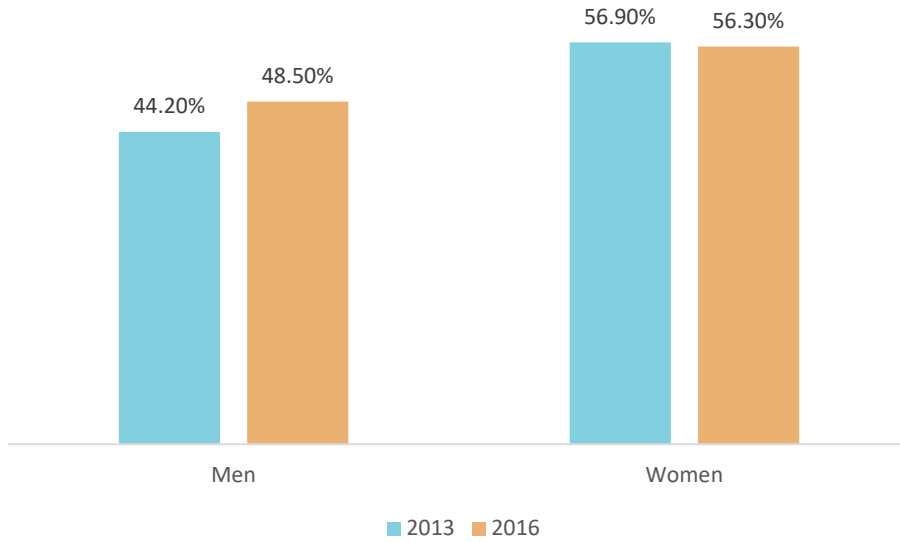
Source: Florida Health Charts, 2013-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 32. Adults who are inactive or insufficiently active by Race and Ethnicity, 2013 - 2016



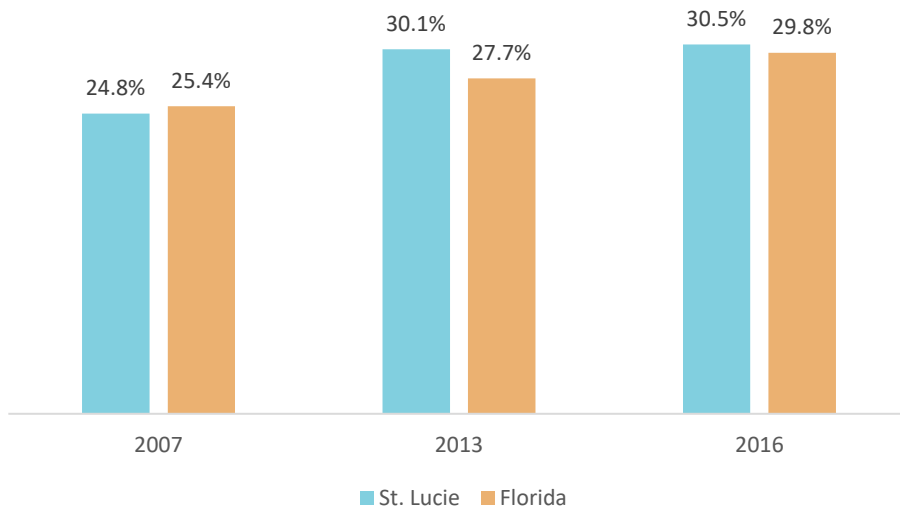
Source: Florida Health Charts, 2013-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 33. Adults who are inactive or insufficiently active by Sex, 2013 - 2016



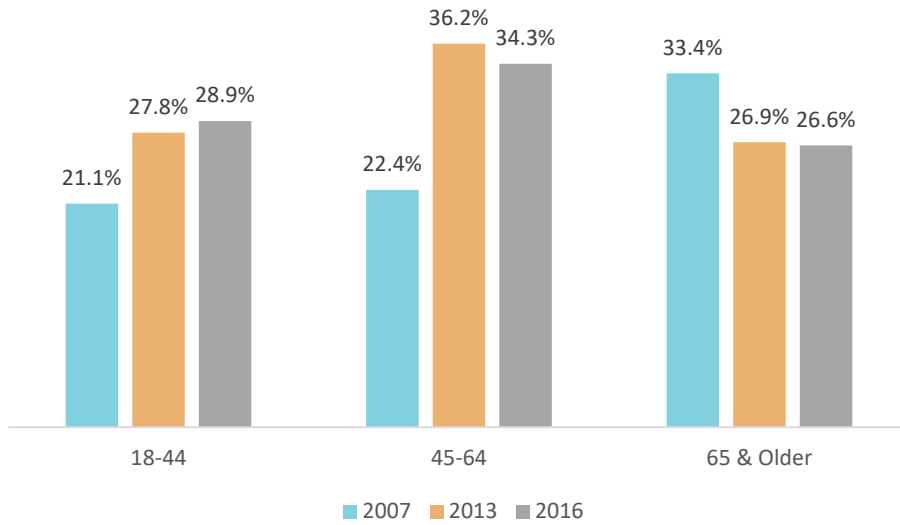
Source: Florida Health Charts, 2013-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 34. Adults who are Sedentary, 2007 - 2016



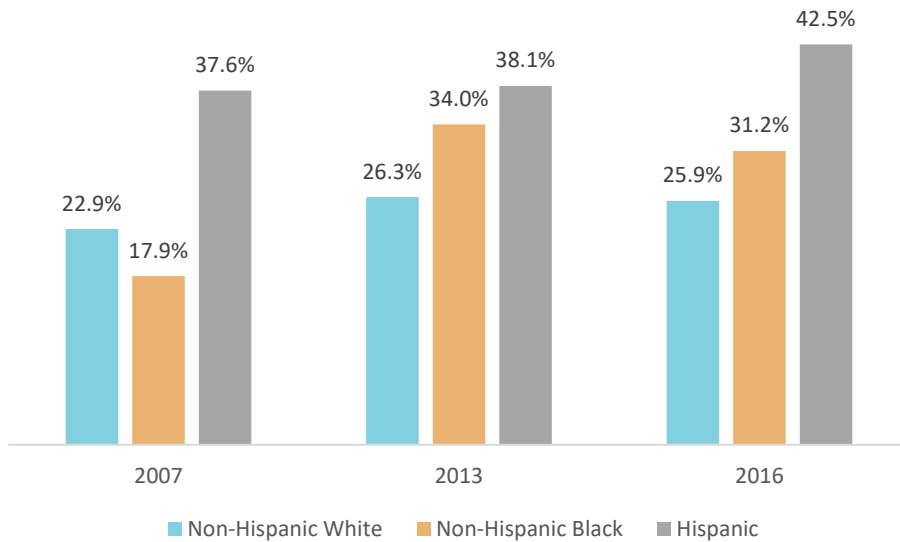
Source: Florida Health Charts, 2013-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 35. Adults who are Sedentary by Age Group, 2007 - 2016



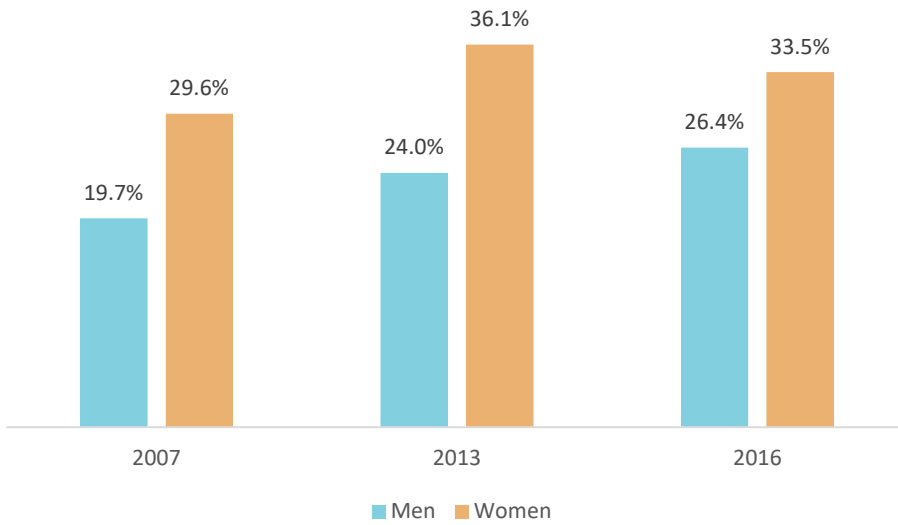
Source: Florida Health Charts, 2013-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 36. Adults who are Sedentary by Race and Ethnicity, 2007 - 2016



Source: Florida Health Charts, 2013-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

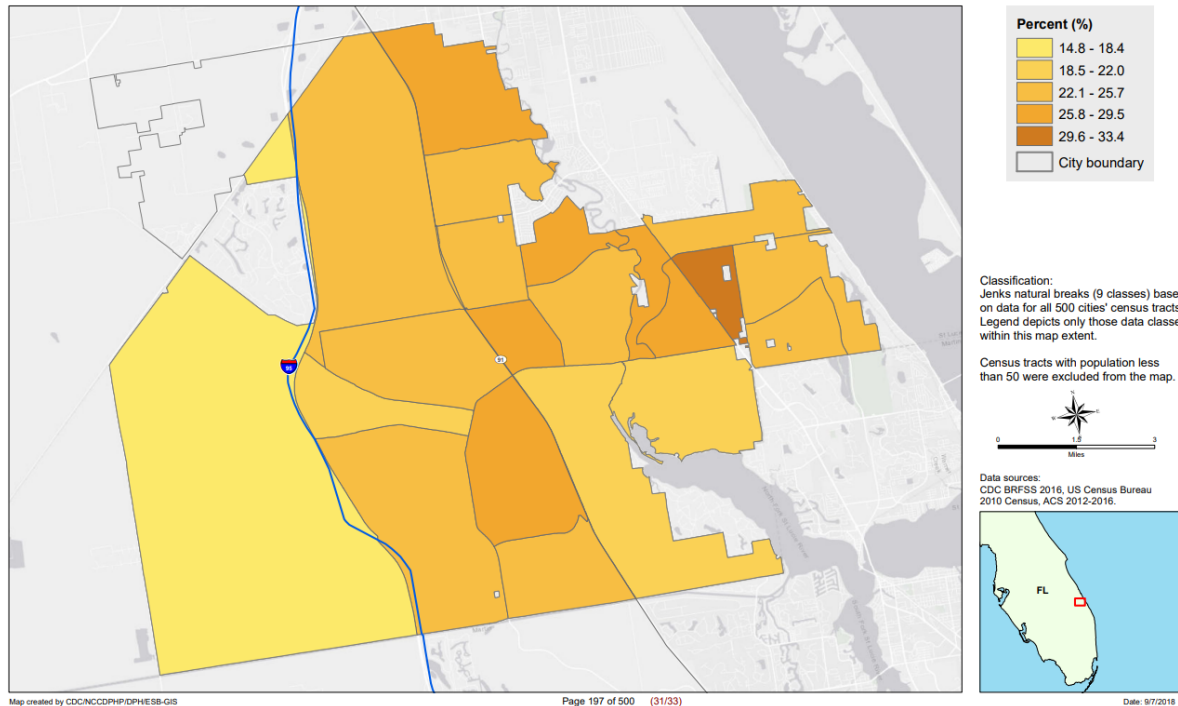
Figure 37. Adults who are Sedentary by Sex, 2007 - 2016



Source: Florida Health Charts, 2013-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 38. No leisure-time physical activity among adults aged ≥18 years by census tract, Port St. Lucie City - 2016

**No leisure-time physical activity among adults aged ≥18 years by census tract, Port St. Lucie, FL, 2016**



Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

## Education

Table 41. School Enrollment, St. Lucie County - 2018

	St. Lucie		Florida
<b>Population 3 years and over enrolled in school</b>	67,785		4,737,877
<b>Nursery school, preschool</b>	3,802	5.6%	6.2%
<b>Kindergarten</b>	3,354	4.9%	4.8%
<b>Elementary school (grades 1-8)</b>	27,272	40.2%	39.2%
<b>High school (grades 9-12)</b>	16,411	24.2%	20.8%
<b>College or graduate school</b>	16,946	25.0%	28.9%

Source: American Community Survey, US Bureau of the Census, 2018.

Table 42. Educational Attainment, St. Lucie County - 2018

	St. Lucie		Florida
<b>Population 25 years and over</b>	234,067		14,686,727
<b>Less than 9th grade</b>	10,388	4.40%	4.60%
<b>9th to 12th grade, no diploma</b>	19,738	8.40%	6.90%
<b>High school graduate (includes equivalency)</b>	72,586	31.00%	28.70%
<b>Some college, no degree</b>	50,170	21.40%	19.70%
<b>Associate degree</b>	27,825	11.90%	9.70%
<b>Bachelor's degree</b>	32,705	14.00%	19.10%
<b>Graduate or professional degree</b>	20,655	8.80%	11.30%
<b>High school graduate or higher</b>	203,941	87.10%	88.50%
<b>Bachelor's degree or higher</b>	53,360	22.80%	30.40%

Source: American Community Survey 1-Year Estimates Subject Tables, US Bureau of the Census, 2018.

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Table 43. Educational Attainment, St. Lucie County by Geographic Area

	St. Lucie County	Port St. Lucie city	Jensen Beach CDP	Hutchinson Island South CDP	River Park CDP	Indian River Estates CDP	Fort Pierce South CDP	Fort Pierce city	Fort Pierce North CDP	Lakewood Park CDP
<b>High school graduate or higher, percent of persons age 25 years+, 2014-2018</b>	86.1%	87.6%	93.6%	95.5%	81.6%	90.0%	75.5%	77.6%	79.3%	84.4%
<b>Bachelor's degree or higher, percent of persons age 25 years+, 2014-2018</b>	20.3%	20.7%	31.2%	31.4%	15.6%	19.4%	8.7%	15.0%	11.6%	16.2%



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Table 44. Educational Attainment by Census Tract, 2014 - 2018, 5-Year Average

	Populat ion 25 years +	Less than 9 <sup>th</sup> grade	9 <sup>th</sup> -12 grade, no diploma	High school graduate or higher	High school graduate, includes GED	Some college, no degree	Associa te degree	Bachelor's degree or higher	Bachel or's degree	Graduate or professional degree
<b>County</b>	220556	5.6	8.3	86.1	33.7	21.6	10.5	20.3	13.2	7.1
<b>3819</b>	5596	0.2	3.8	96.0	22.5	30.9	8.1	34.5	24.6	9.9
<b>3820.02</b>	6130	5.2	5.3	89.5	43.3	22.9	8.5	14.8	8.9	5.9
<b>3820.03</b>	7674	3.9	4.8	91.4	37.0	24.1	10.5	19.8	11.3	8.5
<b>3820.06</b>	6559	5.8	3.3	90.9	24.7	24.2	11.9	30.1	21.1	8.9
<b>3821.06</b>	14957	5.7	5.2	89.0	35.4	26.0	11.2	16.5	13.1	3.3
<b>3821.08</b>	16777	4.3	8.8	86.9	30.6	16.9	9.7	29.7	18.1	11.6
<b>3821.09</b>	9656	0.7	2.9	96.4	18.3	24.5	8.3	45.3	26.7	18.7
<b>3821.10</b>	4762	3.2	9.2	87.6	30.7	23.8	13.1	20.0	13.6	6.3
<b>3821.11</b>	10329	2.9	11.3	85.8	33.7	19.4	13.8	18.8	14.2	4.6
<b>3821.12</b>	5725	6.3	5.3	88.5	30.3	21.7	15.6	20.8	15.9	4.9
<b>3821.13</b>	9739	13.9	12.0	74.1	30.6	18.7	8.0	16.7	9.1	7.6
<b>3822</b>	5124	1.0	14.4	84.6	35.0	17.5	8.8	23.4	14.4	9.0
<b>3801</b>	686	14.3	9.5	76.2	40.5	19.1	7.1	9.5	5.1	4.4
<b>3802</b>	2057	10.8	19.3	69.8	43.2	11.8	6.7	8.2	7.0	1.2
<b>3803</b>	3929	8.8	27.1	64.1	42.9	9.7	5.0	6.5	5.0	1.6
<b>3804</b>	4241	24.5	4.8	70.7	38.8	11.1	13.5	7.4	4.4	2.9
<b>3805</b>	3764	17.4	8.3	74.3	29.0	22.1	12.9	10.4	7.4	2.9
<b>3806</b>	2396	19.4	21.6	59.0	27.0	18.6	5.2	8.2	5.9	2.3
<b>3807</b>	5137	7.6	6.9	85.5	39.8	14.4	14.5	16.8	10.4	6.5
<b>3808</b>	2572	4.5	18.2	77.3	38.6	20.7	7.8	10.3	6.4	3.8
<b>3809.01</b>	1783	7.6	6.1	86.4	47.4	18.3	13.1	7.5	5.6	1.9
<b>3809.02</b>	3801	8.7	14.4	76.9	39.9	18.7	6.4	11.9	8.4	3.6
<b>3810</b>	927	2.6	9.8	87.6	29.7	24.8	9.4	23.7	16.9	6.8
<b>3811.01</b>	5346	9.0	7.9	83.1	40.0	23.7	10.0	9.4	5.7	3.7
<b>3811.02</b>	4191	4.6	9.3	86.1	31.9	18.6	10.8	24.8	16.9	7.9
<b>3812.04</b>	3503	2.0	2.4	95.5	23.8	20.6	7.9	43.3	23.6	19.7

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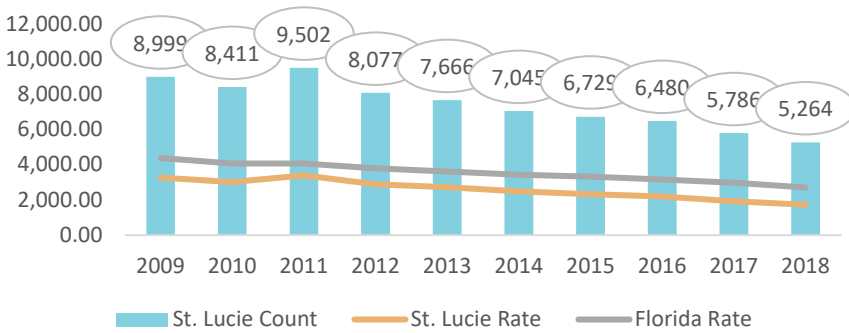
	Populat ion 25 years +	Less than 9th grade	9 <sup>th</sup> -12 grade, no diploma	High school graduate or higher	High school graduate, includes GED	Some college, no degree	Associa te degree	Bachelor's degree or higher	Bachel or's degree	Graduate or professional degree
<b>3813</b>	3408	0.0	3.5	96.5	22.4	22.9	13.3	38.0	23.2	14.8
<b>3814.01</b>	3213	3.5	11.8	84.7	43.0	17.0	4.9	19.8	12.3	7.5
<b>3814.02</b>	5152	4.8	11.0	84.2	41.4	18.4	10.2	14.3	7.8	6.5
<b>3815.02</b>	8944	2.3	7.4	90.2	30.0	23.4	14.3	22.5	16.1	6.4
<b>3815.03</b>	7842	7.7	11.2	81.1	32.5	21.7	15.8	11.0	6.6	4.5
<b>3816.01</b>	5470	2.5	6.6	90.9	38.5	28.5	5.2	18.8	11.9	6.8
<b>3816.02</b>	3165	1.7	9.0	89.3	32.6	24.7	13.0	19.0	13.6	5.3
<b>3816.03</b>	5358	6.1	4.8	89.0	43.2	22.4	7.8	15.6	10.7	5.0
<b>3817.01</b>	2801	0.3	0.6	99.1	28.2	23.3	8.2	39.5	23.8	15.7
<b>3817.02</b>	2279	1.5	7.3	91.1	43.2	20.1	6.3	21.5	8.8	12.7
<b>3818.02</b>	3101	6.5	6.6	86.9	37.4	21.5	15.8	12.2	9.9	2.3
<b>3818.03</b>	4082	5.0	7.4	87.6	31.0	29.0	9.2	18.5	13.0	5.6
<b>3818.04</b>	3871	2.3	6.7	91.1	41.2	23.9	11.6	14.4	10.3	4.1
<b>3820.07</b>	4057	4.0	8.7	87.3	33.5	31.0	9.9	12.9	9.9	3.0
<b>3820.08</b>	5576	7.9	8.4	83.7	32.6	22.9	12.0	16.2	8.9	7.3
<b>3820.09</b>	3120	2.1	9.0	88.8	43.9	21.3	8.1	15.4	11.7	3.7
<b>3820.10</b>	1756	3.1	8.9	88.0	43.3	21.8	12.4	10.6	6.5	4.1

Source: American Community Survey, US Bureau of the Census, 2018

## Crime and Safety

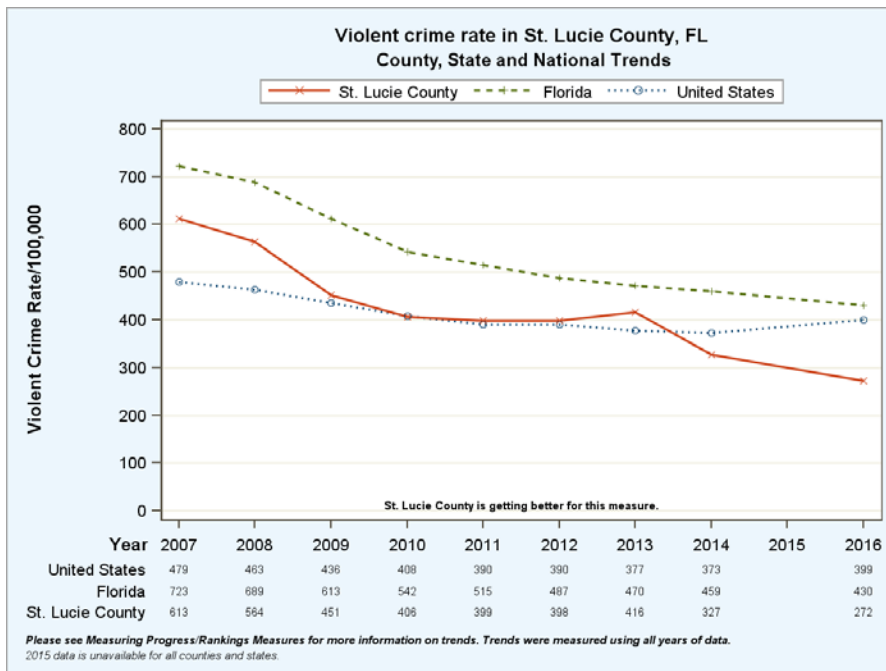
Neighborhood crime and safety have a strong correlation with the resiliency of a community. Living in high crime areas contribute to poor mental health, learned helplessness, avoidance of care and degradation of community structures. St. Lucie County has shown a consistent decrease in the index crime rate and overall lower rates in comparison to the state of Florida: murder, rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft.

Figure 39. Index Crime Rate, St. Lucie County, Florida - 2009-2018



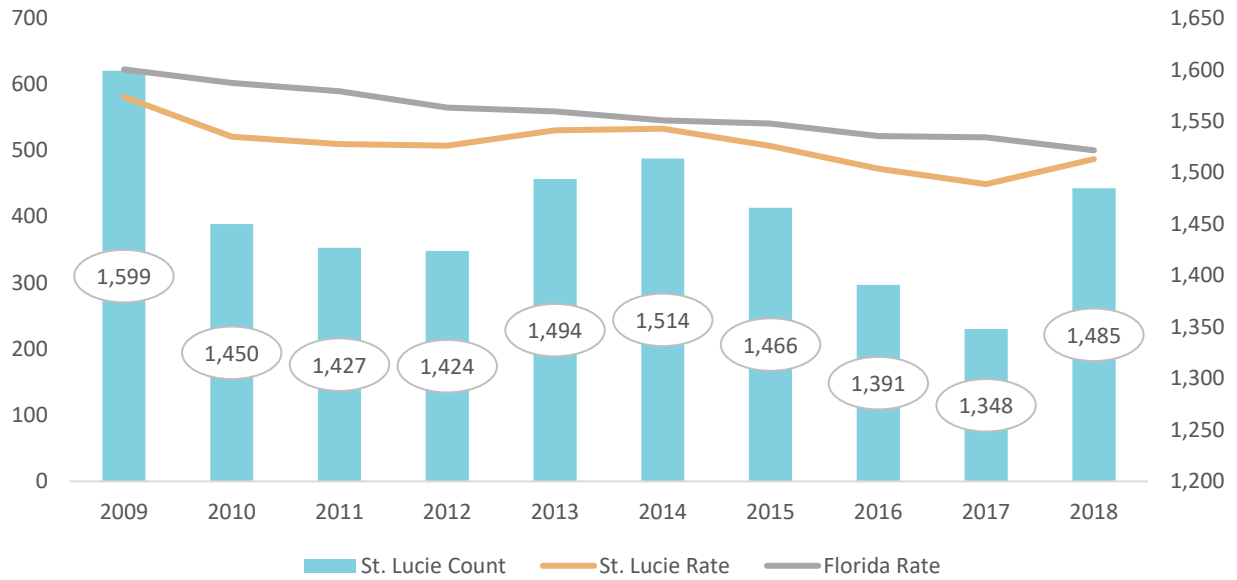
Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 40. Violent Crime Rate in St. Lucie County, 2007 - 2016



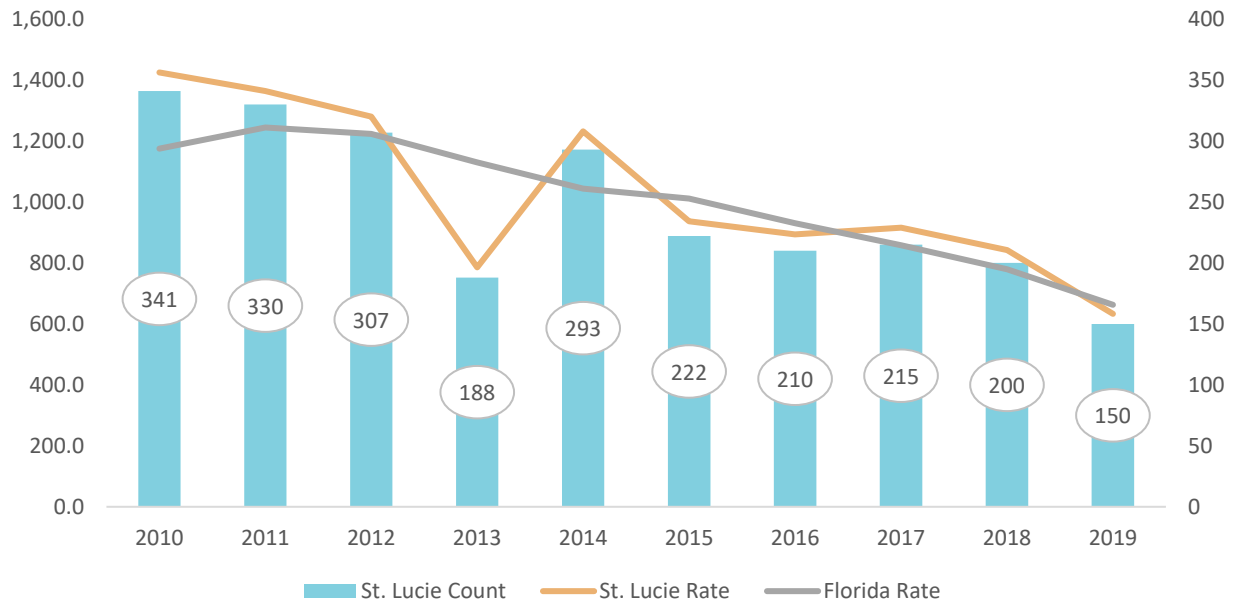
Source: County Health Rankings 2020

Figure 41. Domestic Violence, Rate Per 100,000, St. Lucie County 2009-2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 42. Children experiencing child abuse ages 5-11, Rate Per 100,000, St. Lucie County 2009-2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

## Section Three: Community Health Status Assessment

### County Health Rankings

About the County Health Rankings & Roadmaps Program: “The County Health Rankings & Roadmaps program is a collaboration between the [Robert Wood Johnson Foundation](#) and the [University of Wisconsin Population Health Institute](#). The program works to improve health outcomes for all and to close the health gaps between those with the most and least opportunities for good health. This work is rooted in a deep belief in health equity, the idea that everyone has a fair and just opportunity to be as healthy as possible, regardless of race, ethnicity, gender, income, location, or any other factor.

The goals of the program are to:

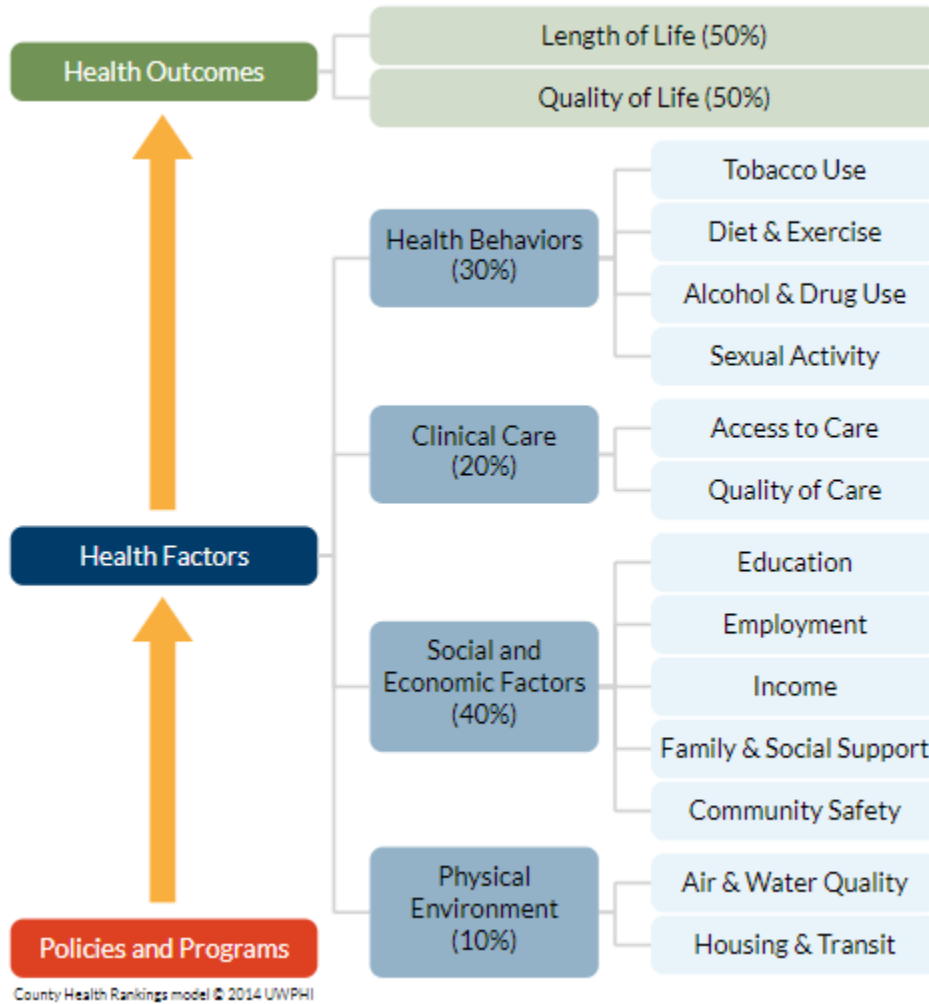
- Build awareness of the multiple factors that influence health.
- Provide a reliable, sustainable source of local data and evidence to communities to help them identify opportunities to improve their health.
- Engage and activate local leaders from many sectors in creating sustainable community change.
- Connect & empower community leaders working to improve health.”  
([www.countyhealthrankings.org/aboutus](http://www.countyhealthrankings.org/aboutus))

The County Health Rankings & Roadmaps program provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support community leaders working to improve health and increase health equity. The Rankings are unique in their ability to measure the health of nearly every county in all 50 states, and are complemented by guidance, tools, and resources designed to accelerate community learning and action. County Health Rankings & Roadmaps is known for effectively translating and communicating complex data and evidence-based policy into accessible models, reports, and products that deepen the understanding of what makes communities healthy and inspires and supports improvement efforts. County Health Rankings & Roadmaps’ work is based on the County Health Rankings [model of health](#), the [Take Action cycle](#), and the County Health Rankings & Roadmaps guiding principles.

Methodology: The County Health Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered to be the “healthiest.” Counties are ranked relative to the health of other counties in the same state.

The County Health Rankings team draws upon the most reliable and valid measures available to compile the Rankings. Where possible, provide the margins of error (95% confidence intervals) are provided for measure values. In many cases, the values of specific measures in different counties are not statistically different from one another;

however, when combined using the model, those various measures produce different rankings.



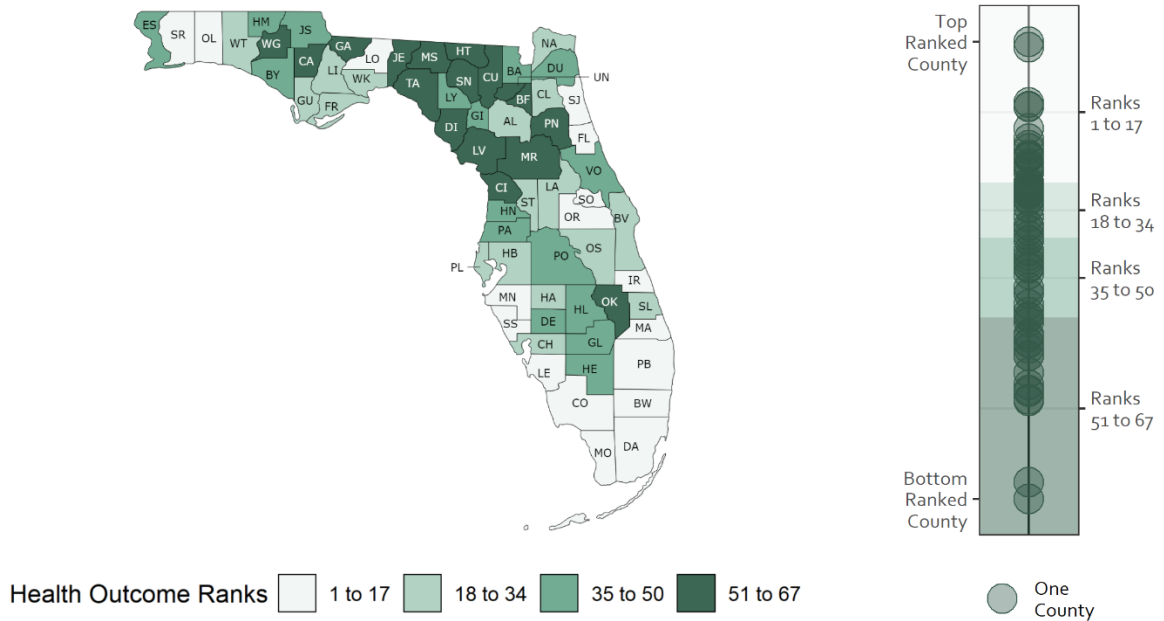
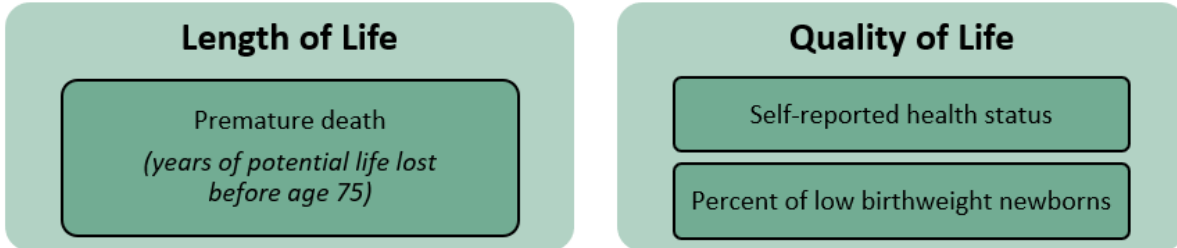
## Health Outcomes

Health outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents within a community through measures representing not only the length of life but quality of life as well. The Health Outcomes area of the County Health Rankings looks at:

- Length of Life (measuring premature death and life expectancy); and
- Quality of Life (using measures of low birthweight and those who rated their physical or mental health as poor).

These rankings are based on one (1) Length of Life measure (premature death; years of potential life lost before age 75 per 100,000 age-adjusted) and four (4) Quality of Life measures (poor or fair health, poor physical health days, poor mental health days,

and low birthweight). Additional health outcomes not included in the overall ranking include life expectancy, premature age-adjusted mortality, child mortality, infant mortality, frequent physical distress, frequent mental distress, diabetes prevalence, and HIV prevalence.



St. Lucie County ranks **29 of 67** for Health Outcomes in the state of Florida. It ranks **23 of 67** for Length of Life and **33 of 67** for Quality of Life. The following figure provides an overview of the Health Outcomes data for St. Lucie County compared to the top U.S. performers and the state of Florida.

Figure 43. Health Outcomes, County Health Rankings, 2020

	St. Lucie County	Error Margin	Top U.S. Performers ^	Florida	Rank (of 67)
<b>Health Outcomes</b>					<b>29</b>
<b>Length of Life</b>					<b>23</b>
Premature death	7,700	7,300-8,100	5,500	7,300	
<b>Quality of Life</b>					<b>33</b>
Poor or fair health **	19%	19-20%	12%	17%	
Poor physical health days **	4.2	4.1-4.3	3.1	3.7	
Poor mental health days **	4.4	4.3-4.5	3.4	4.0	
Low birthweight	9%	8-9%	6%	9%	
<b>Additional Health Outcomes (not included in overall ranking)</b>					
Life expectancy	80.3	79.9-80.6	81.1	80.0	
Premature age-adjusted mortality	350	340-360	270	340	
Child mortality	50	40-60	40	50	
Infant mortality	5	4-6	4	6	
Frequent physical distress	13%	13-14%	9%	12%	
Frequent mental distress	14%	14-14%	11%	13%	
Diabetes prevalence	12%	10-14%	7%	11%	
HIV prevalence	597		41	611	

\*\*Data should not be compared with prior years

HEALTH OUTCOMES  
**PREMATURE DEATH** 

### Life Expectancy

Life Expectancy varies by sex, race, and ethnicity as well as between St. Lucie County and the state of Florida. The state's life expectancy is better than St. Lucie County and more specifically for males, females, and non-Hispanic. However, the life expectancy in St. Lucie County is better than the state of Florida for White, Black, and Hispanic residents. There are also differences for life expectancy by geographic area.

## Florida Summary Information

Top U.S. Performers:	5,500 (10th percentile)
Range in Florida (Min-Max):	5,200-16,900
Overall in Florida:	7,300
Years of Data Used:	2016-2018

	Value	Error Margin
<b>Years of Potential Life Lost Rate</b>	<b>7,700</b>	<b>7,300-8,100</b>
Black	9,300	8,400-10,200
Hispanic	3,900	3,400-4,500
White	8,600	8,000-9,100



Life Expectancy is the average number of years a person can expect to live. It is a common and important population health outcome measure and can be easier to interpret than other mortality measures. Life Expectancy considers the number of deaths in a given time period and the average number of people at risk of dying during that time period, allowing comparison across counties with different population sizes. Age is a non-modifiable risk factor, and as age increases, poor health outcomes are more likely. Expectancy is age-adjusted to fairly compare counties with differing age structures.

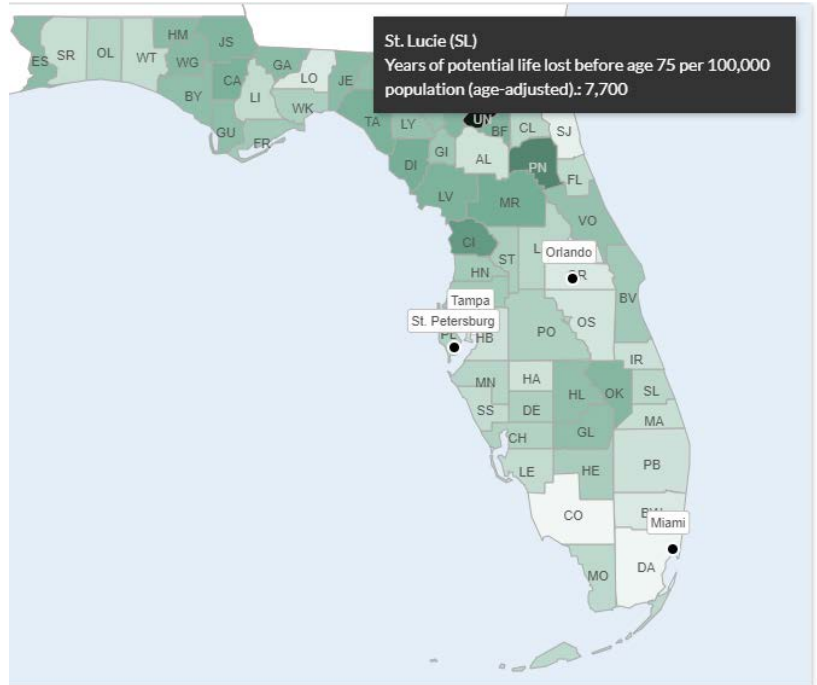
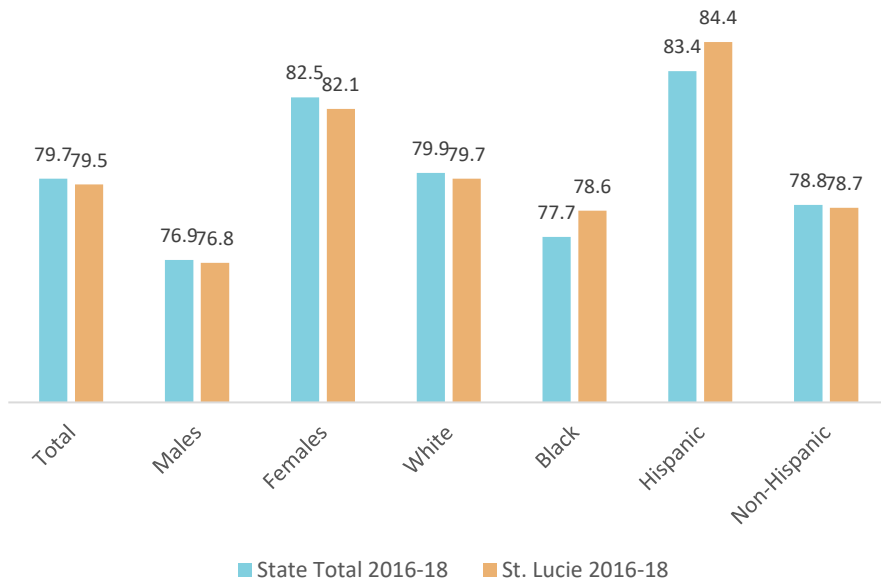


Figure 44. Life Expectancy by Sex, Race, and Ethnicity, St. Lucie County, 2016 - 2018



Source: Florida Health Charts, 2016-2018, Florida Bureau of Vital Statistics

St. Lucie County Community Health Assessment  
 Adopted June 2020 \* Revised December 2020

Table 45. Life Expectancy by Census Tract and Sex - 2018 (95% Confidence Interval)


Census Tract Code	Total	Males	Females
<b>St. Lucie County</b>	79.6 (79.3 - 79.8)	76.8 (76.4 - 77.2)	82.4 (82.0 - 82.8)
<b>3801</b>	NA	NA	NA
<b>3802</b>	65.8 (62.4 - 69.1)	NA	NA
<b>3803</b>	64.4 (62.1 - 66.7)	59.4 (55.7 - 63.1)	68.5 (65.5 - 71.4)
<b>3804</b>	69.6 (67.4 - 71.9)	67.5 (64.6 - 70.3)	71.5 (68.1 - 74.9)
<b>3805</b>	68.9 (66.6 - 71.2)	67.1 (63.9 - 70.2)	70.5 (67.2 - 73.8)
<b>3806</b>	73.1 (70.6 - 75.6)	70.5 (66.9 - 74.2)	75.7 (72.3 - 79.1)
<b>3807</b>	73.6 (71.9 - 75.2)	71.6 (69.2 - 73.9)	75.4 (73.1 - 77.8)
<b>3808</b>	80.1 (78.3 - 82.0)	79.5 (77.0 - 82.0)	81.1 (78.4 - 83.8)
<b>3809.01</b>	71.0 (67.3 - 74.7)	NA	NA
<b>3809.02</b>	64.4 (61.6 - 67.2)	NA	70.1 (66.3 - 73.9)
<b>3810</b>	NA	NA	NA
<b>3811.01</b>	71.0 (68.9 - 73.0)	67.9 (64.9 - 70.9)	74.4 (71.7 - 77.1)
<b>3811.02</b>	78.1 (75.6 - 80.7)	74.1 (70.6 - 77.5)	82.4 (78.8 - 86.0)
<b>3812.04</b>	NA	NA	NA
<b>3813</b>	NA	NA	NA
<b>3814.01</b>	73.1 (70.7 - 75.4)	71.3 (68.2 - 74.5)	74.7 (71.3 - 78.2)
<b>3814.02</b>	70.4 (68.5 - 72.3)	68.0 (65.5 - 70.6)	73.1 (70.1 - 76.0)
<b>3815.02</b>	78.8 (77.5 - 80.2)	76.0 (73.9 - 78.1)	81.6 (79.9 - 83.3)
<b>3815.03</b>	74.0 (72.3 - 75.8)	70.1 (67.8 - 72.5)	77.9 (75.4 - 80.4)
<b>3816.01</b>	70.9 (68.1 - 73.8)	69.4 (66.1 - 72.8)	NA
<b>3816.02</b>	75.6 (73.0 - 78.3)	71.0 (67.4 - 74.7)	NA
<b>3816.03</b>	78.0 (75.4 - 80.6)	74.0 (70.4 - 77.7)	82.2 (78.5 - 85.9)
<b>3817.01</b>	NA	NA	NA
<b>3817.02</b>	NA	NA	NA
<b>3818.02</b>	74.5 (72.4 - 76.6)	71.1 (68.2 - 74.1)	77.8 (75.0 - 80.6)
<b>3818.03</b>	77.4 (74.7 - 80.1)	75.3 (71.9 - 78.7)	NA
<b>3818.04</b>	77.4 (75.8 - 79.0)	75.2 (72.9 - 77.4)	79.5 (77.3 - 81.8)
<b>3819</b>	81.5 (79.4 - 83.6)	79.0 (75.8 - 82.2)	84.3 (81.9 - 86.7)
<b>3820.02</b>	74.1 (72.2 - 76.0)	70.9 (68.2 - 73.6)	77.6 (74.8 - 80.3)
<b>3820.03</b>	76.1 (74.5 - 77.7)	72.2 (69.8 - 74.6)	80.3 (78.4 - 82.3)
<b>3820.06</b>	79.3 (77.4 - 81.3)	77.3 (74.8 - 79.9)	81.4 (78.6 - 84.3)
<b>3820.07</b>	75.1 (73.2 - 76.9)	72.9 (70.2 - 75.5)	77.2 (74.7 - 79.8)
<b>3820.08</b>	75.5 (73.7 - 77.2)	72.9 (70.4 - 75.5)	78.1 (75.8 - 80.4)
<b>3820.09</b>	73.4 (71.1 - 75.6)	68.9 (65.4 - 72.5)	78.0 (75.7 - 80.3)
<b>3820.1</b>	NA	NA	NA
<b>3821.06</b>	79.5 (78.9 - 80.1)	78.2 (77.4 - 79.0)	80.8 (79.9 - 81.7)
<b>3821.08</b>	96.9 (95.2 - 98.6)	91.9 (89.9 - 93.9)	102.0 (99.1 - 104.8)
<b>3821.09</b>	83.9 (82.9 - 84.8)	82.5 (80.9 - 84.1)	85.2 (84.1 - 86.3)
<b>3821.1</b>	81.1 (79.6 - 82.6)	79.0 (76.9 - 81.0)	83.5 (81.2 - 85.7)
<b>3821.11</b>	79.3 (78.2 - 80.5)	77.7 (76.0 - 79.5)	81.0 (79.5 - 82.5)

Census Tract Code	Total	Males	Females
<b>3821.12</b>	78.3 (76.7 - 79.9)	75.3 (72.9 - 77.6)	81.5 (79.4 - 83.5)
<b>3821.13</b>	81.4 (80.0 - 82.7)	79.1 (77.1 - 81.1)	83.6 (81.8 - 85.4)
<b>3822</b>	76.2 (73.0 - 79.5)	NA	79.2 (75.4 - 83.1)

Sources: Florida Health Charts, 2018. Death data are from Florida Bureau of Vital Statistics. Population data are from the UMass Donahue Institute and the Florida Legislature Office of Economic and Demographic Research.

### Low Birthweight (LBW)

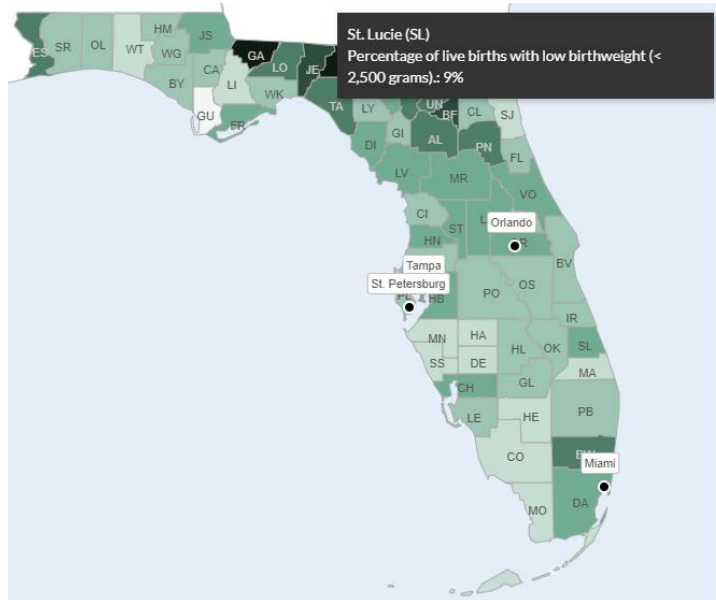
Low birthweight is a term used to describe babies who are born weighing less than 5 pounds, 8 ounces (2,500 grams). A low birthweight birth can also have many serious health implications in terms. Premature birth (before 37 weeks of pregnancy) and fetal growth restriction are the most common causes of low birthweight. A baby with low birthweight may have trouble eating, gaining weight, and fighting off infections. A high rate of low birth weight births equates a higher demand on healthcare utilization due to the higher number of days of hospitalization. Over the past three years, St. Lucie County saw an increase in the percentage of Low Birthweight, with the measure showing higher in the county (9.3%) compared to the State (8.7%) in 2018.

HEALTH OUTCOMES  
**LOW BIRTHWEIGHT** 

### Florida Summary Information

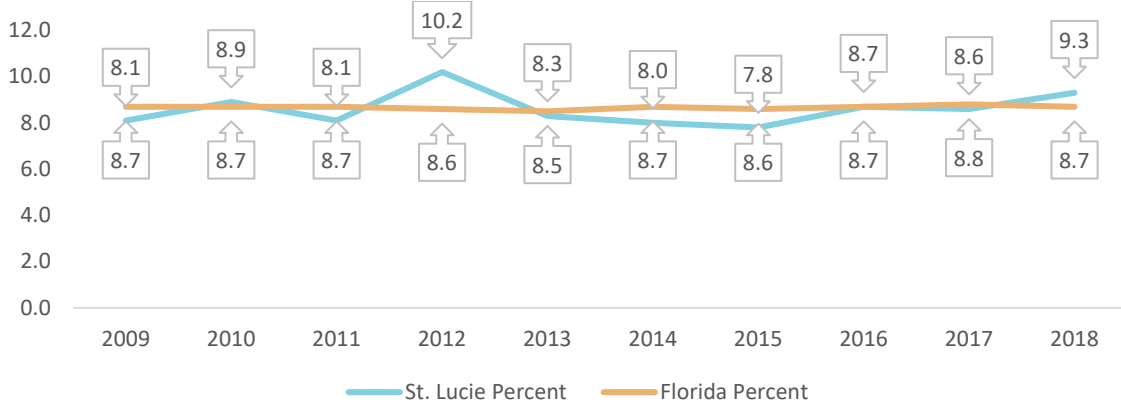
Top U.S. Performers: 6% (10th percentile)  
 Range in Florida (Min-Max): 6-12%  
 Overall in Florida: 9%

Years of Data Used: 2012-2018



Source: County Health Rankings 2020

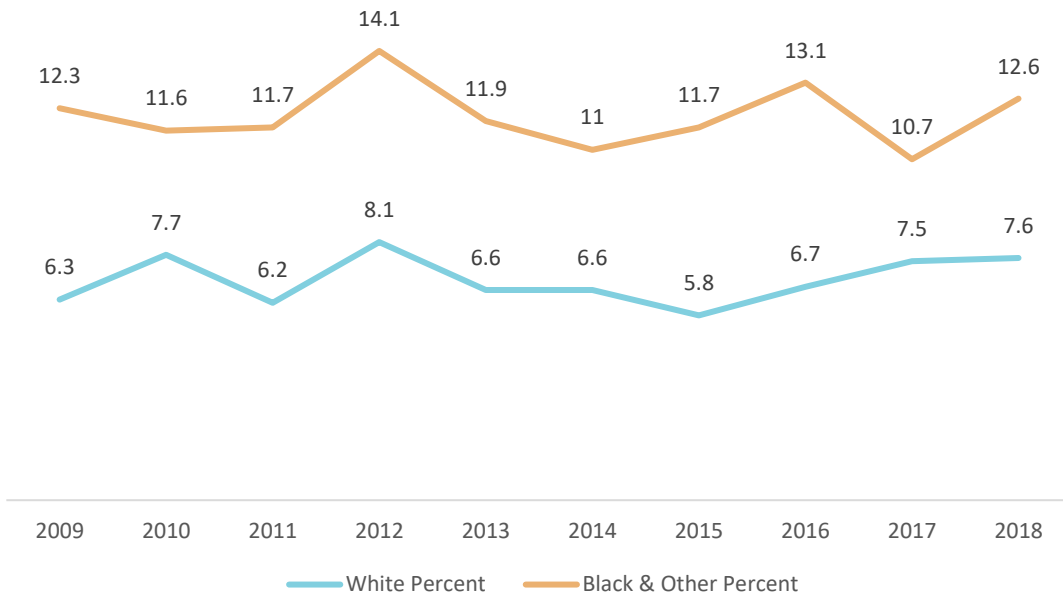
Figure 45. Low Birthweight Births Percentages, St. Lucie County, 2009 - 2018



Source: Source: Florida Health Charts, Florida Department of Health, 2009-2018

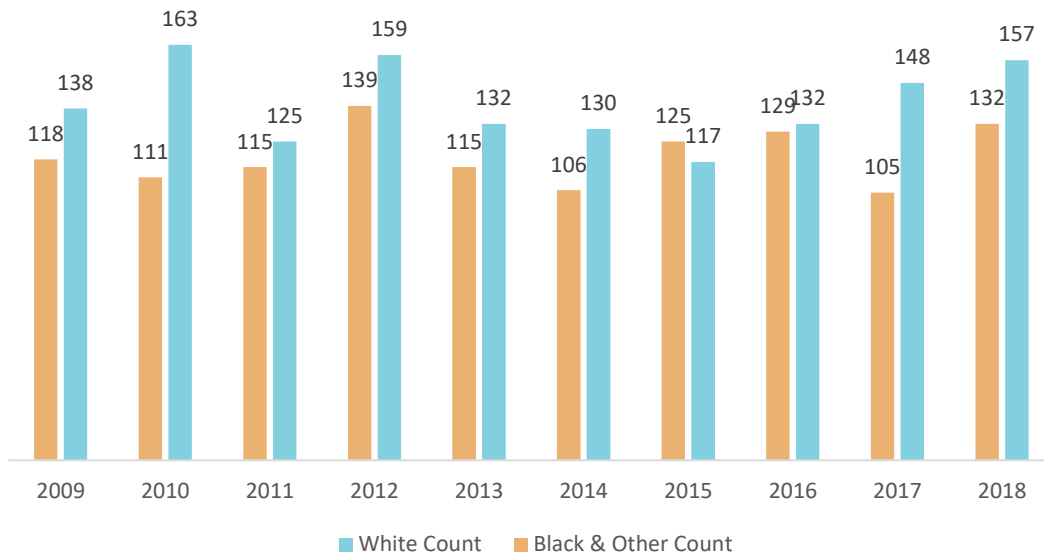
While the rate of low birthweight babies is 9.3% overall for St. Lucie County, differences exist for White and Black/Other babies as well as geographically. The following figures show the rates and counts for White and Black/Other low birthweight babies as well as by zip code between 2009 and 2018.

Figure 46. Rates of Low Birthweight Babies by Race, St. Lucie County, 2009 - 2018



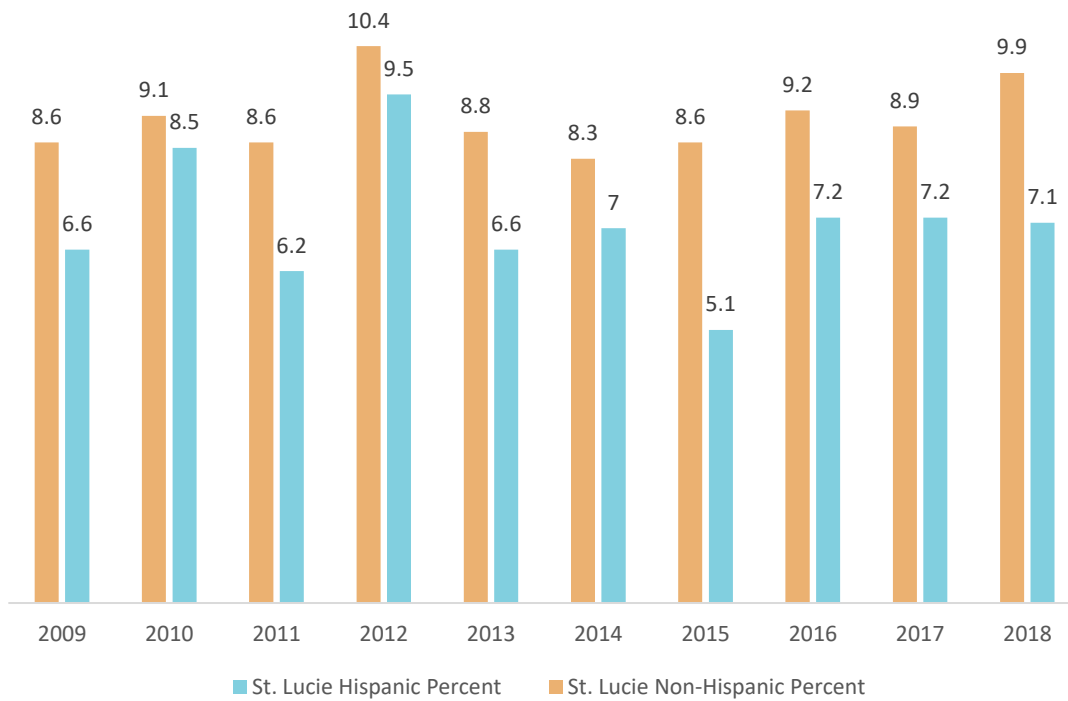
Source: Florida Health Charts, 2009 - 2018

Figure 47. Counts for Low Birthweight Babies by Race, St. Lucie County, 2009 - 2018



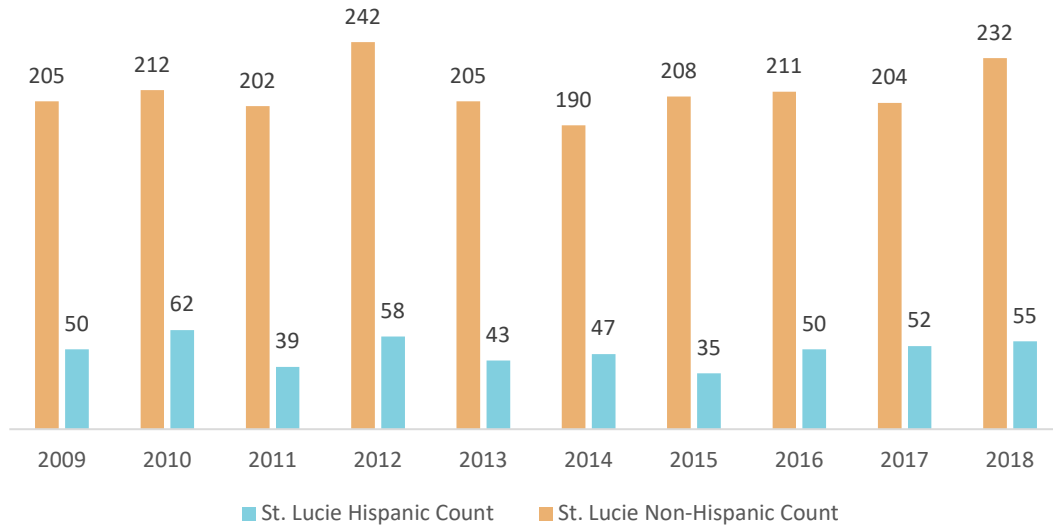
Source: Florida Health Charts, 2009 - 2018

Figure 48. Rates of Low Birthweight Babies by Ethnicity, St. Lucie County, 2009 - 2018



Source: Florida Health Charts, 2009 - 2018

Figure 49. Counts of Low Birthweight Babies by Ethnicity, St. Lucie County, 2009 - 2018



Source: Florida Health Charts, 2009 - 2018

Figure 50. Counts for Low Birthweight Babies by Zip Code, St. Lucie County, 2014 - 2018, Total

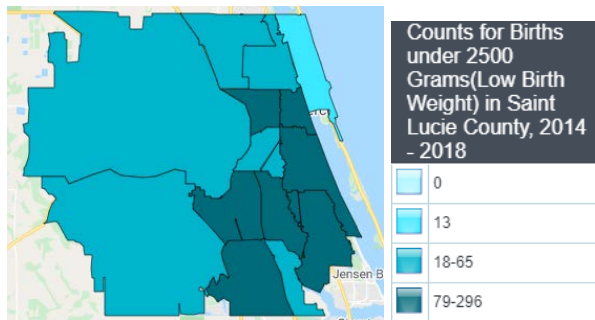


Figure 51. Percentages for Low Birthweight Babies by Zip Code, St. Lucie County, 2014 - 2018, 5-Year Average

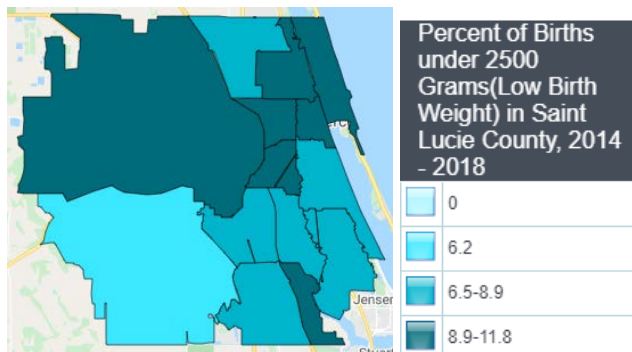


Table 46. Counts of Low Birthweight Babies by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
<b>34953</b>	296	4th Quartile
<b>34983</b>	159	4th Quartile
<b>34950</b>	150	4th Quartile
<b>34947</b>	140	4th Quartile
<b>34982</b>	121	4th Quartile
<b>34952</b>	108	4th Quartile
<b>34986</b>	79	4th Quartile
<b>34984</b>	65	3rd Quartile
<b>34946</b>	43	3rd Quartile
<b>34951</b>	40	3rd Quartile
<b>34981</b>	28	3rd Quartile
<b>34987</b>	22	3rd Quartile
<b>34945</b>	18	3rd Quartile
<b>34949</b>	13	2nd Quartile
<b>32962</b>	0	1st Quartile
<b>32963</b>	0	1st Quartile
<b>34948</b>	0	1st Quartile
<b>34954</b>	0	1st Quartile
<b>34957</b>	0	1st Quartile
<b>34972</b>	0	1st Quartile
<b>34979</b>	0	1st Quartile
<b>34985</b>	0	1st Quartile
<b>34988</b>	0	1st Quartile
<b>34990</b>	0	1st Quartile
<b>34994</b>	0	1st Quartile

*Table 47. Rates of Low Birthweight Babies by Zip Code, St. Lucie County, 2014 - 2018, 5-Year Average*

<b>Zip Code</b>	<b>Rate</b>	<b>Quartile</b>
<b>34947</b>	11.8	4th Quartile
<b>34981</b>	11.8	4th Quartile
<b>34949</b>	11	4th Quartile
<b>34946</b>	10.9	4th Quartile
<b>34950</b>	10.2	4th Quartile
<b>34984</b>	9.2	4th Quartile
<b>34945</b>	8.9	4th Quartile
<b>34986</b>	8.9	3rd Quartile
<b>34953</b>	8.1	3rd Quartile
<b>34983</b>	7.7	3rd Quartile
<b>34951</b>	7.5	3rd Quartile
<b>34982</b>	7.5	3rd Quartile
<b>34952</b>	6.5	3rd Quartile
<b>34987</b>	6.2	2nd Quartile
<b>32962</b>	0	1st Quartile
<b>32963</b>	0	1st Quartile
<b>34948</b>	0	1st Quartile
<b>34954</b>	0	1st Quartile
<b>34957</b>	0	1st Quartile
<b>34972</b>	0	1st Quartile
<b>34979</b>	0	1st Quartile
<b>34985</b>	0	1st Quartile
<b>34988</b>	0	1st Quartile
<b>34990</b>	0	1st Quartile
<b>34994</b>	0	1st Quartile

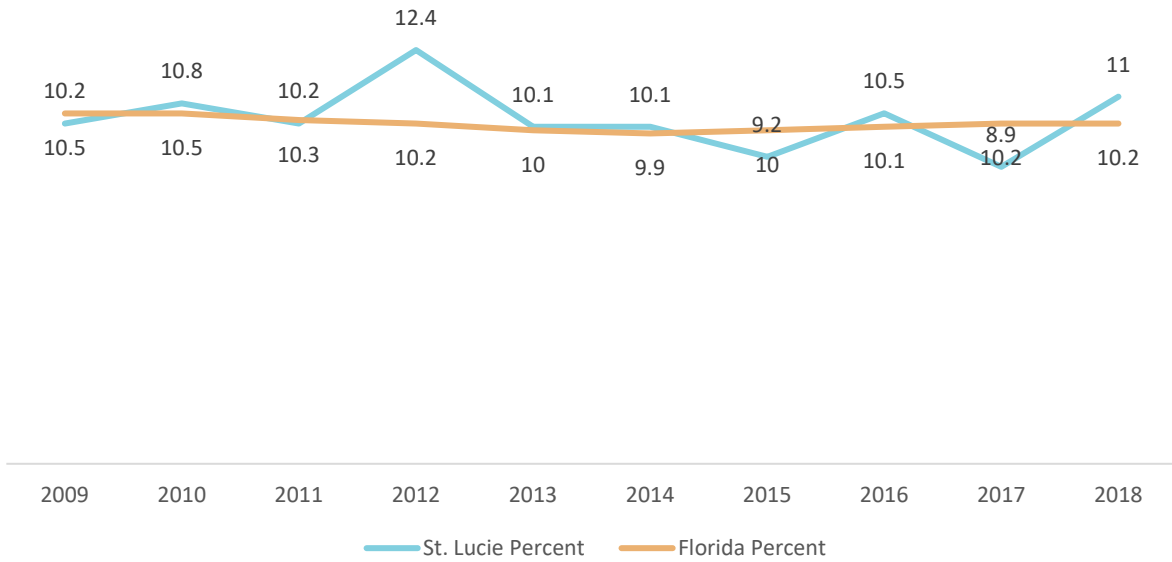
Source: Florida Health Charts, Bureau of Vital Statistics 2014-2018



*Preterm Births*

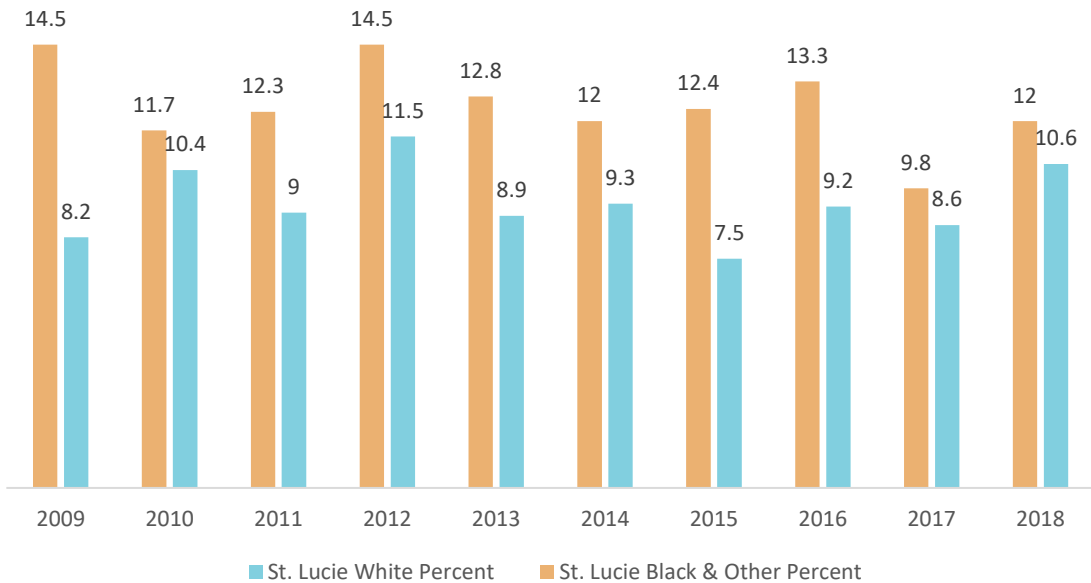
A preterm birth is a baby born before reaching 37 weeks of gestation. Births that occur before 37 weeks gestation have lower chances of survival and higher chances of short and long-term health problems when compared to term births.

*Figure 52. Preterm Births <37 Weeks Gestation, St. Lucie County 2009 - 2018*



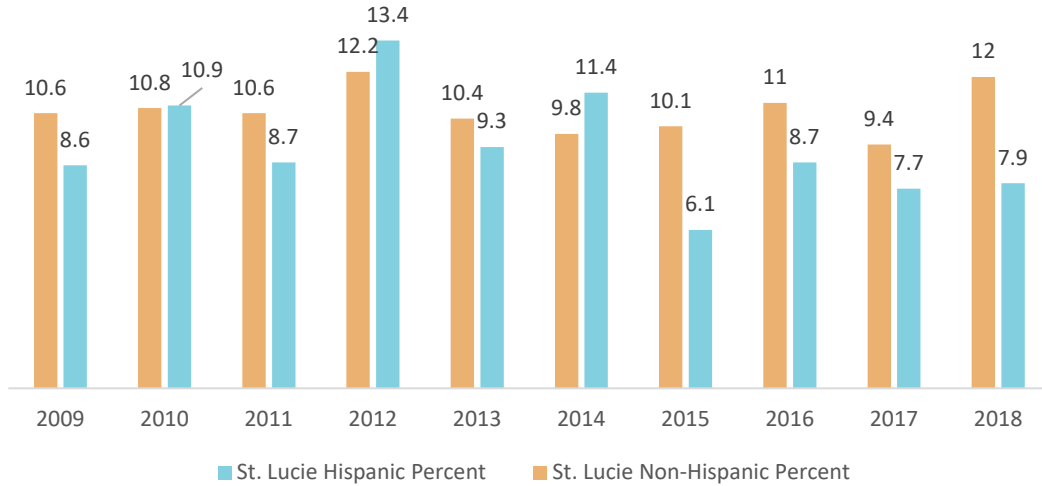
Source: Florida Health Charts, 2009 - 2018, Florida Department of Health, Bureau of Vital Statistics

*Figure 53. Preterm Births <37 Weeks Gestation by Race, St. Lucie County, 2009 - 2018*



Source: Florida Health Charts, 2009 - 2018, Florida Department of Health, Bureau of Vital Statistics

Figure 54. Preterm Births <37 Weeks Gestation by Ethnicity, St. Lucie County, 2009 - 2018



Source: Florida Health Charts, 2009 - 2018, Florida Department of Health, Bureau of Vital Statistics

Figure 55. Counts for Preterm Births by Zip Code, St. Lucie County, 2014 - 2018, Total

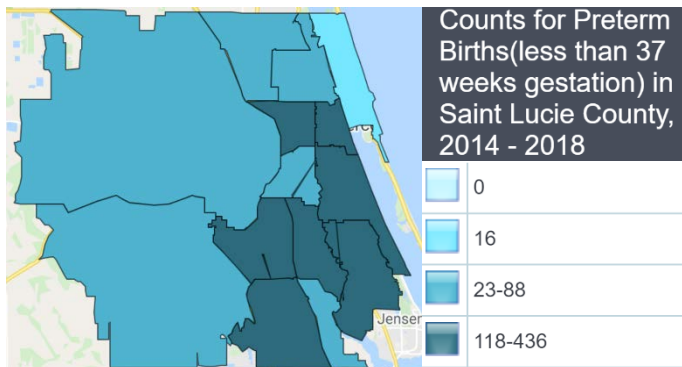


Figure 56. Percentage of Preterm Births by Zip Code, St. Lucie County 2014 - 2018, 5 Year-Average

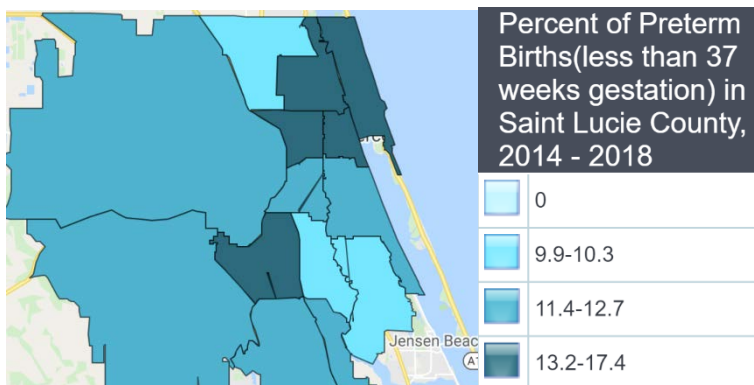


Table 48. Counts of Preterm Births by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
<b>34953</b>	436	4th Quartile
<b>34950</b>	246	4th Quartile
<b>34983</b>	210	4th Quartile
<b>34947</b>	206	4th Quartile
<b>34982</b>	200	4th Quartile
<b>34952</b>	173	4th Quartile
<b>34986</b>	118	4th Quartile
<b>34984</b>	88	3rd Quartile
<b>34946</b>	68	3rd Quartile
<b>34951</b>	53	3rd Quartile
<b>34987</b>	41	3rd Quartile
<b>34981</b>	30	3rd Quartile
<b>34945</b>	23	3rd Quartile
<b>34949</b>	16	2nd Quartile
<b>34957</b>	2	2nd Quartile
<b>34972</b>	1	2nd Quartile
<b>32962</b>	0	1st Quartile
<b>32963</b>	0	1st Quartile
<b>34948</b>	0	1st Quartile
<b>34954</b>	0	1st Quartile
<b>34979</b>	0	1st Quartile
<b>34985</b>	0	1st Quartile
<b>34988</b>	0	1st Quartile
<b>34990</b>	0	1st Quartile
<b>34994</b>	0	1st Quartile

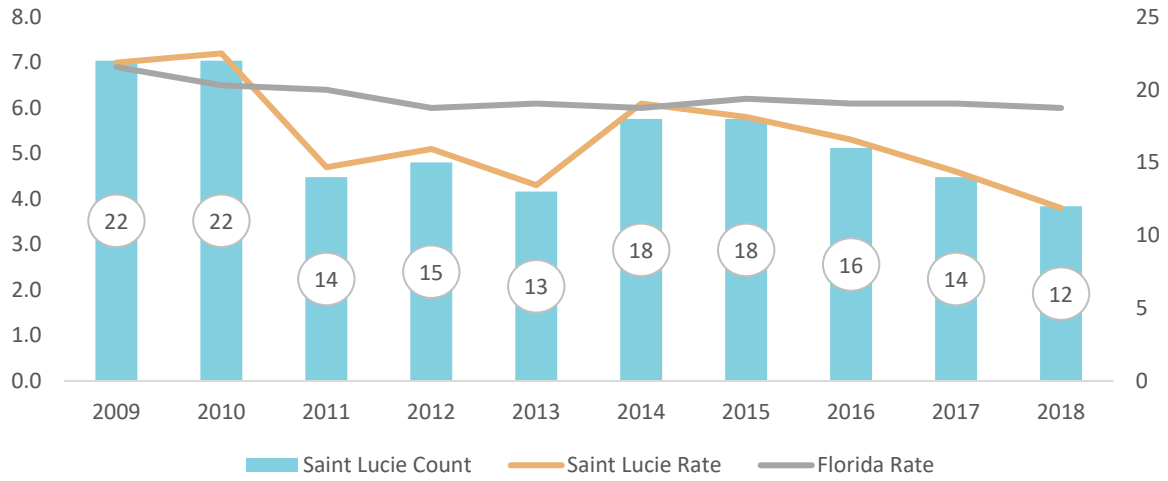
*Table 49. Rates of Preterm Births by Zip Code, St. Lucie County, 2014 - 2018, 5-Year Average*

<b>Zip Code</b>	<b>Rate</b>	<b>Quartile</b>
<b>34972</b>	50	4th Quartile
<b>34957</b>	25	4th Quartile
<b>34947</b>	17.4	4th Quartile
<b>34946</b>	17.3	4th Quartile
<b>34950</b>	16.7	4th Quartile
<b>34949</b>	13.6	4th Quartile
<b>34986</b>	13.2	4th Quartile
<b>34981</b>	12.7	3rd Quartile
<b>34984</b>	12.5	3rd Quartile
<b>34982</b>	12.3	3rd Quartile
<b>34953</b>	11.9	3rd Quartile
<b>34987</b>	11.5	3rd Quartile
<b>34945</b>	11.4	3rd Quartile
<b>34952</b>	10.3	2nd Quartile
<b>34983</b>	10.1	2nd Quartile
<b>34951</b>	9.9	2nd Quartile
<b>32962</b>	0	1st Quartile
<b>32963</b>	0	1st Quartile
<b>34948</b>	0	1st Quartile
<b>34954</b>	0	1st Quartile
<b>34979</b>	0	1st Quartile
<b>34985</b>	0	1st Quartile
<b>34988</b>	0	1st Quartile
<b>34990</b>	0	1st Quartile
<b>34994</b>	0	1st Quartile

### *Infant Mortality Rate*

Infant mortality is the death of a live-born baby during the first year of life. The rate is the number of infant deaths per 1,000 live births. Infant mortality and the infant mortality rate reflect the health and well-being of the population's women of reproductive age and their infants as well as the quality of the health care available. St. Lucie County saw a decrease in infant mortality since 2014. However, racial disparities exist, with infant mortality rates significantly impacting Black babies more than any other group. To be noted is that zero infant death was recorded among Hispanic babies in 2018.

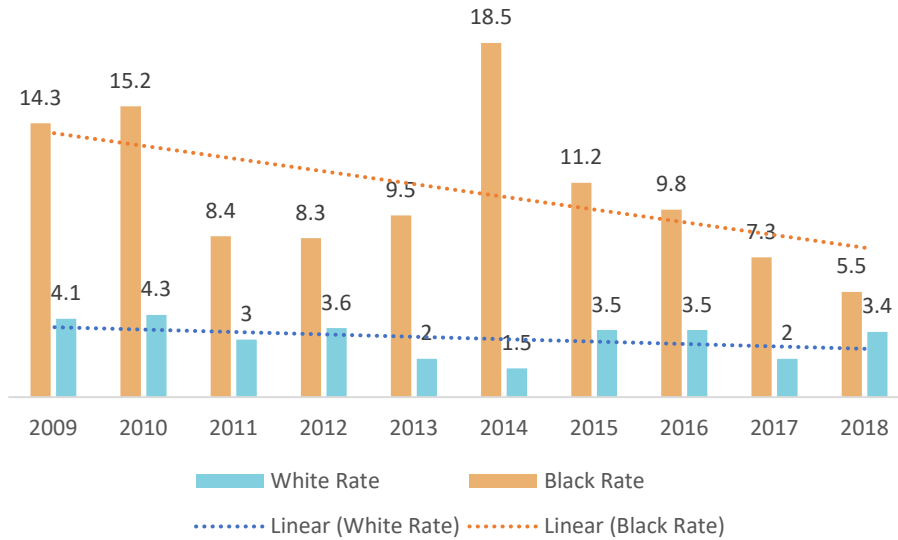
Figure 57. Infant Mortality Count and Rate Per 1,000 Total Population, St. Lucie County, 2009 - 2018



Florida Health Charts, Florida Department of Health, 2009-2018

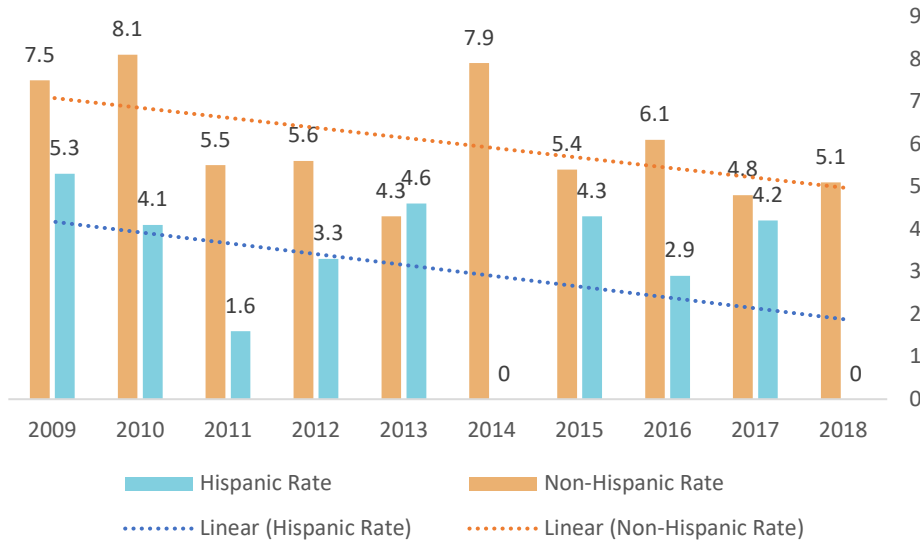
Source:

Figure 58. Infant Mortality Rate by Race, St. Lucie County, 2009-2018, 5-Year Average



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 59. Infant Mortality Rate by Ethnicity, St. Lucie County, 2009-2018, 5-Year Average



### Mortality

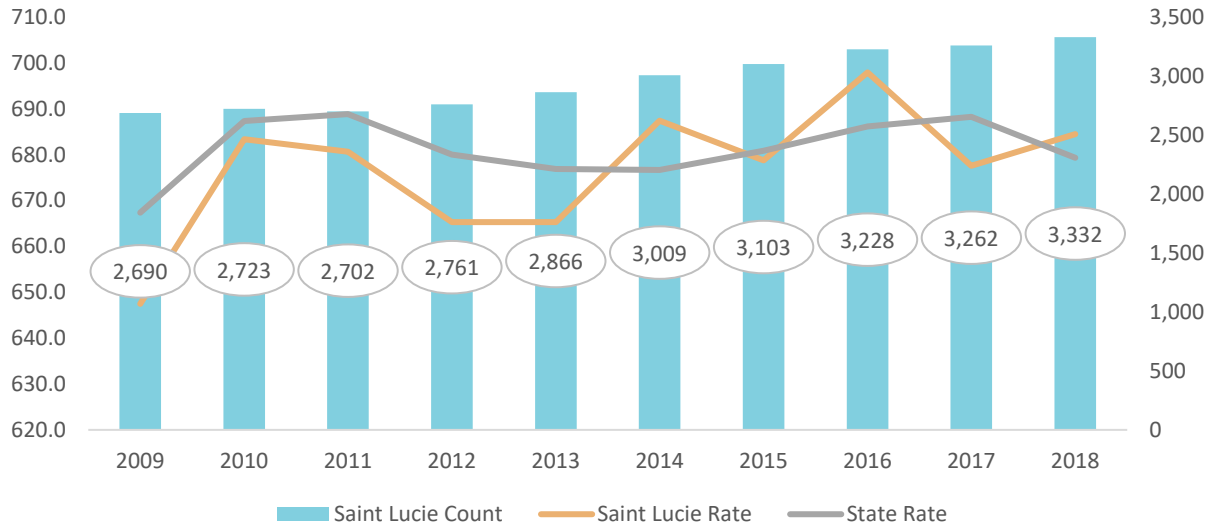
CDC's National Vital Statistics System (NVSS) captures all deaths from all causes across every state in the nation. Years of potential life lost (YPLL) is an estimate of the average years a person would have lived if he or she had not died prematurely. St. Lucie County has higher mortality rates among males and Black individuals. Years of Potential Life Lost (YPLL) is higher for Black individuals, indicating higher rates of premature mortality among this population.

Table 50. Mortality Rates and Years of Potential Life Lost, St. Lucie County - 2018

Gender/Race/Ethnicity	Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
<b>ALL CAUSES</b>	3,332	1,093.4	684.5	8,564.2
<b>Male</b>	1,830	1,227.9	818.3	10,504.0
<b>Female</b>	1,502	964.6	563.9	6,682.0
<b>White</b>	2,770	1,221.6	666.6	8,303.3
<b>Black</b>	491	777.9	769.7	10,536.7
<b>Hispanic</b>	225	388.1	467.4	3,659.9
<b>Non-Hispanic</b>	3,097	1,255.0	720.6	9,741.1

Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 60. All Causes Age-Adjusted Death Rate, Rate Per 100,000, St. Lucie County, 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

### Leading Causes of Death

Leading causes of death are outlined in ranking order in the table below, showing that Heart Disease is the leading cause of death in St. Lucie County, followed by Cancer, Chronic Lower Respiratory Disease, and Unintentional Fatal Injuries.

Table 51. Leading Causes of Death, St. Lucie County - 2018

Cause of Death	Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
<b>Heart Disease</b>	784	23.5	257.3	152.6
<b>Cancer</b>	767	23.0	251.7	150.2
<b>Chronic Lower Respiratory Disease</b>	218	6.5	71.5	41.0
<b>Stroke</b>	202	6.1	66.3	38.3
<b>Unintentional Injury</b>	180	5.4	59.1	54.9
<b>Diabetes</b>	119	3.6	39.0	24.6
<b>Alzheimer's Disease</b>	115	3.5	37.7	20.4
<b>Chronic Liver Disease and Cirrhosis</b>	63	1.9	20.7	14.9
<b>Nephritis, Nephrotic Syndrome &amp; Nephrosis</b>	56	1.7	18.4	11.4
<b>Suicide</b>	55	1.7	18.0	15.0
<b>Hypertension</b>	49	1.5	16.1	9.3
<b>Parkinson's Disease</b>	37	1.1	12.1	6.7
<b>Influenza and Pneumonia</b>	34	1.0	11.2	7.1

Source: Florida Health Charts, Florida Department of Health, 2009-2018



Figure 61. Total Deaths or Hospitalizations, All Causes of Death by Zip Code, St. Lucie County, 2014 - 2018

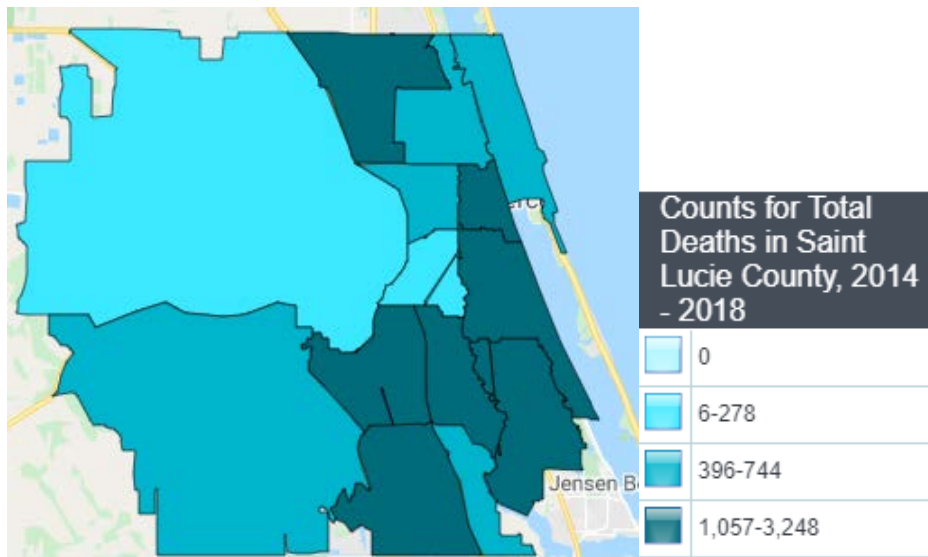


Table 52. 4<sup>th</sup> Quartile Counts for Total Deaths by Zip Code, St. Lucie County, 2014 -2018

Zip Code	Count	Quartile
<b>34952</b>	3,248	4th Quartile
<b>34953</b>	2,128	4th Quartile
<b>34983</b>	1,827	4th Quartile
<b>34982</b>	1,506	4th Quartile
<b>34986</b>	1,430	4th Quartile
<b>34951</b>	1,117	4th Quartile
<b>34950</b>	1,057	4th Quartile

Figure 62. 4<sup>th</sup> Quartile Counts for Heart Disease Deaths by Zip Code, St. Lucie County, 2014 - 2018

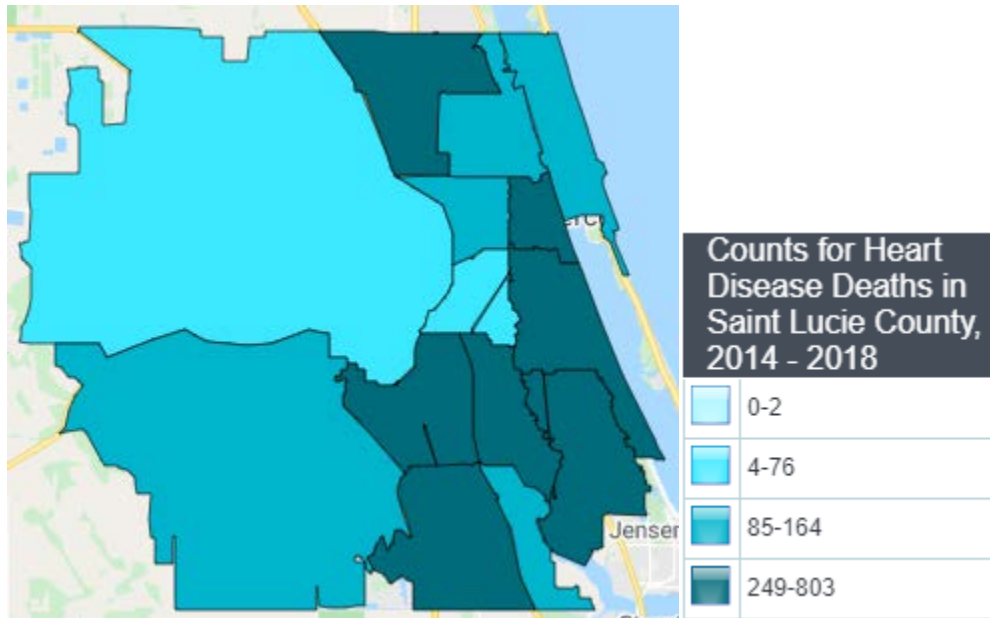


Table 53. 4<sup>th</sup> Quartile Counts for Heart Disease Deaths by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
<b>34952</b>	803	4th Quartile
<b>34953</b>	432	4th Quartile
<b>34983</b>	412	4th Quartile
<b>34986</b>	355	4th Quartile
<b>34982</b>	340	4th Quartile
<b>34951</b>	264	4th Quartile
<b>34950</b>	249	4th Quartile

Figure 63. Counts for Cancer Deaths by Zip Code, 2014 - 2018

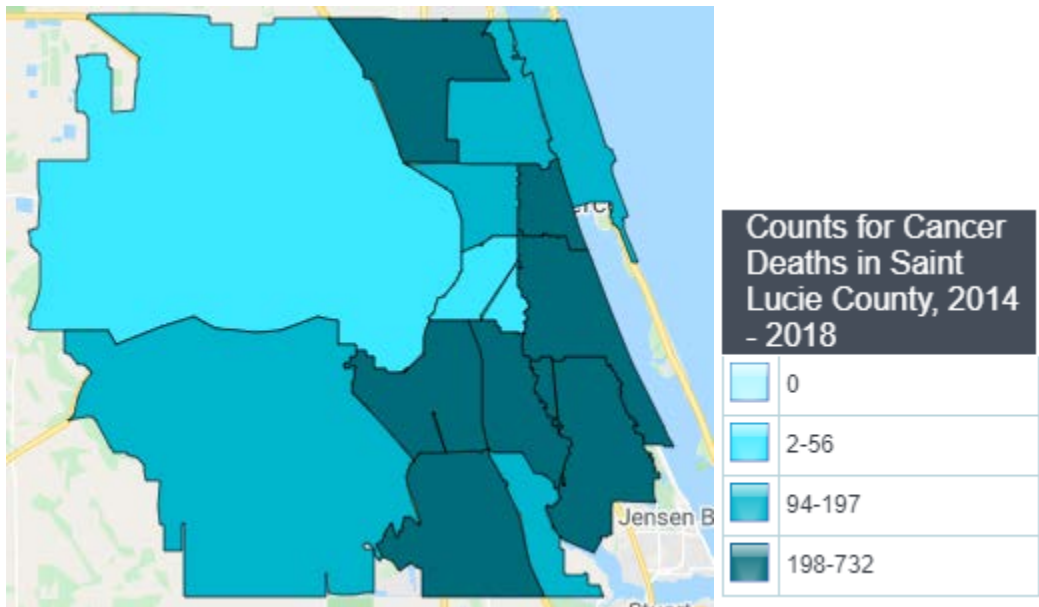


Table 54. 4<sup>th</sup> Quartile Cancer Deaths by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
<b>34952</b>	732	4th Quartile
<b>34953</b>	552	4th Quartile
<b>34983</b>	440	4th Quartile
<b>34986</b>	374	4th Quartile
<b>34982</b>	356	4th Quartile
<b>34951</b>	294	4th Quartile
<b>34950</b>	198	4th Quartile

Figure 64. Counts for Chronic Lower Respiratory Disease Deaths by Zip Code, 2014 - 2018

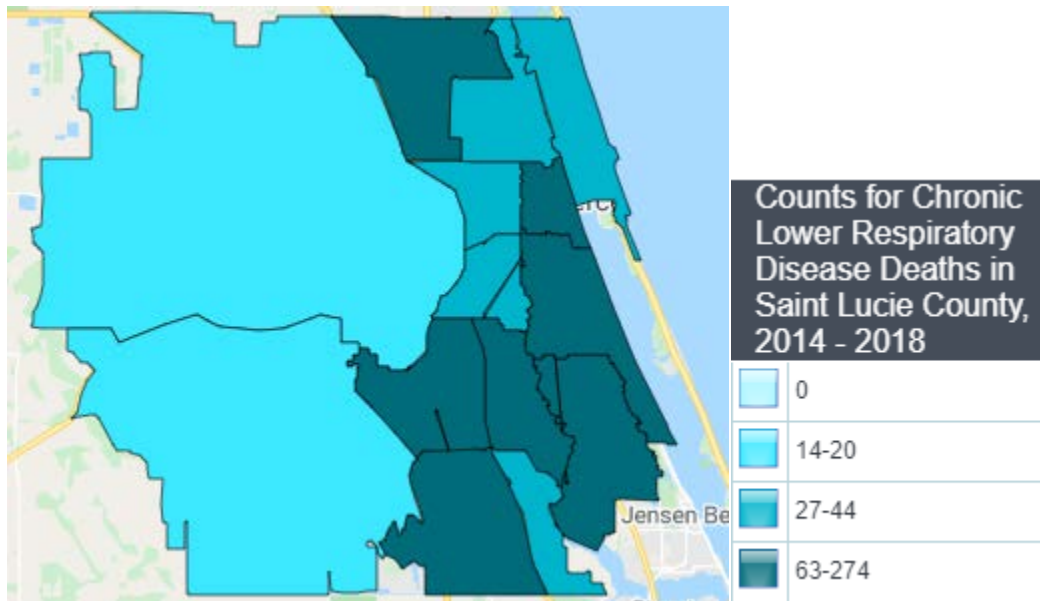


Table 55. 4<sup>th</sup> Quartile Counts for Chronic Lower Respiratory Deaths by Zip Code, St. Lucie County, 2014-2018

Zip Code	Count	Quartile
<b>34952</b>	274	4th Quartile
<b>34953</b>	155	4th Quartile
<b>34983</b>	136	4th Quartile
<b>34982</b>	113	4th Quartile
<b>34986</b>	93	4th Quartile
<b>34951</b>	67	4th Quartile
<b>34950</b>	63	4th Quartile

Figure 65. Counts for Stroke Deaths by Zip Code, St. Lucie County, 2014 - 2018

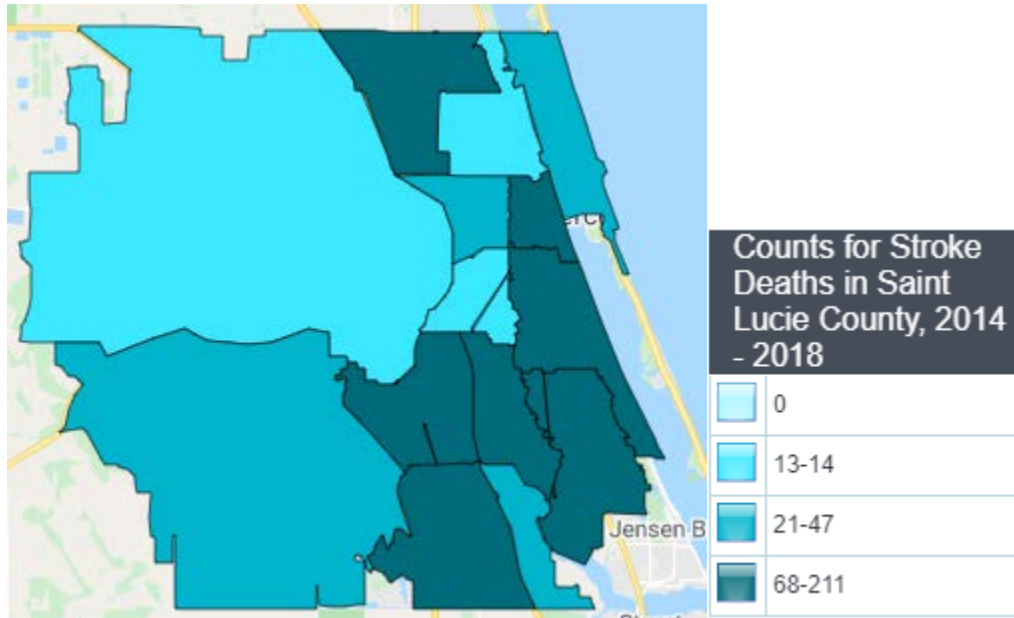


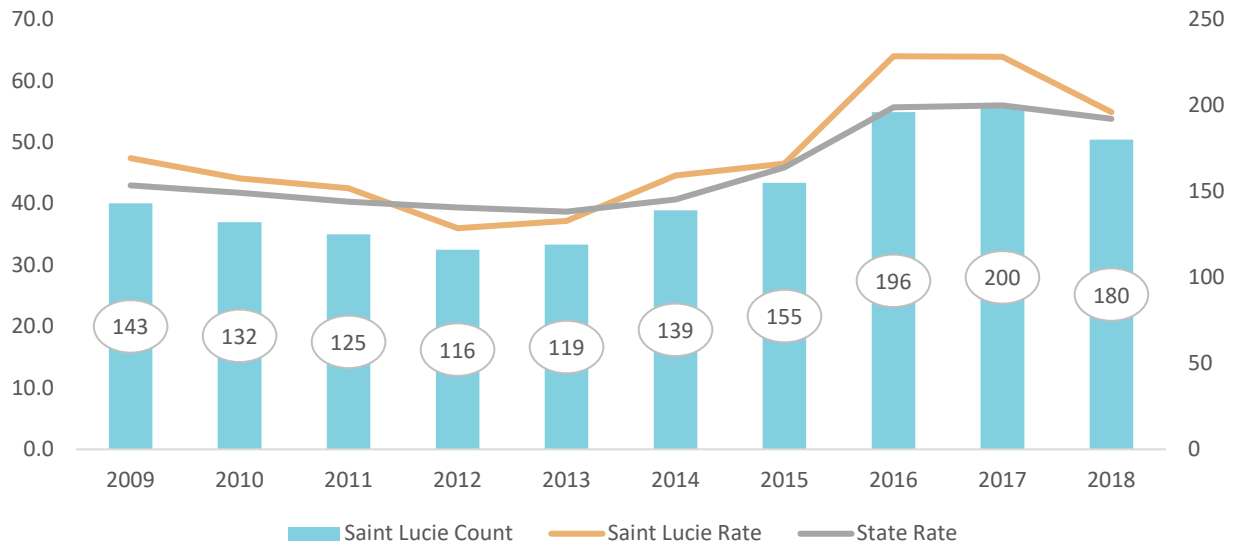
Table 56. 4<sup>th</sup> Quartile Counts for Stroke Death by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
<b>34952</b>	211	4th Quartile
<b>34953</b>	118	4th Quartile
<b>34983</b>	111	4th Quartile
<b>34986</b>	79	4th Quartile
<b>34951</b>	74	4th Quartile
<b>34982</b>	74	4th Quartile
<b>34950</b>	68	4th Quartile

### Unintentional Injuries

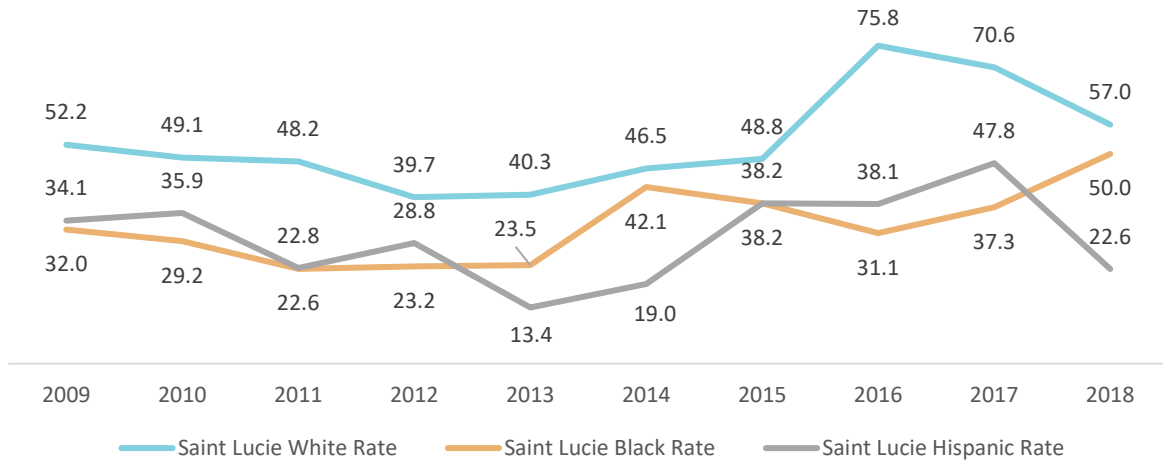
Unintentional injuries refer to injuries that are unplanned and typically preventable when proper safety precautions are followed. Due to their size, development, inexperience, and natural curiosity, children and teenagers are especially vulnerable to unintentional injury. Some of the most common types of unintentional injuries include motor vehicle accidents, suffocation, drowning, poisoning, fire/burns, falls and sports and recreation. Unintentional injuries are the leading cause of death among Florida residents ages 1-44 and the fifth leading cause of death overall in St. Lucie County and Florida, showing the third highest number of years of potential life lost.

Figure 66. Unintentional Injury Death Rate, Rate Per 100,000, St. Lucie County, 2009 - 2018



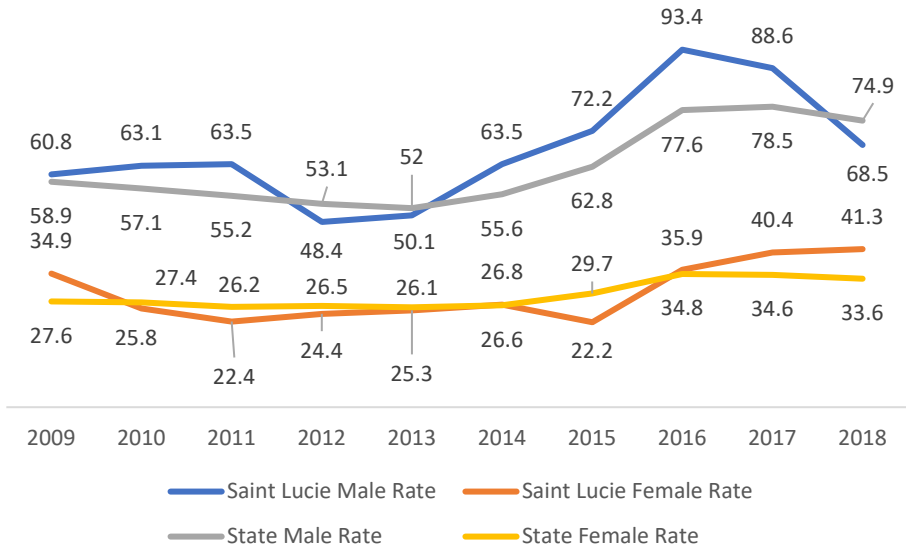
Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 67. Unintentional Injury Death Rate by Race and Ethnicity, St. Lucie County, 2009 - 2018



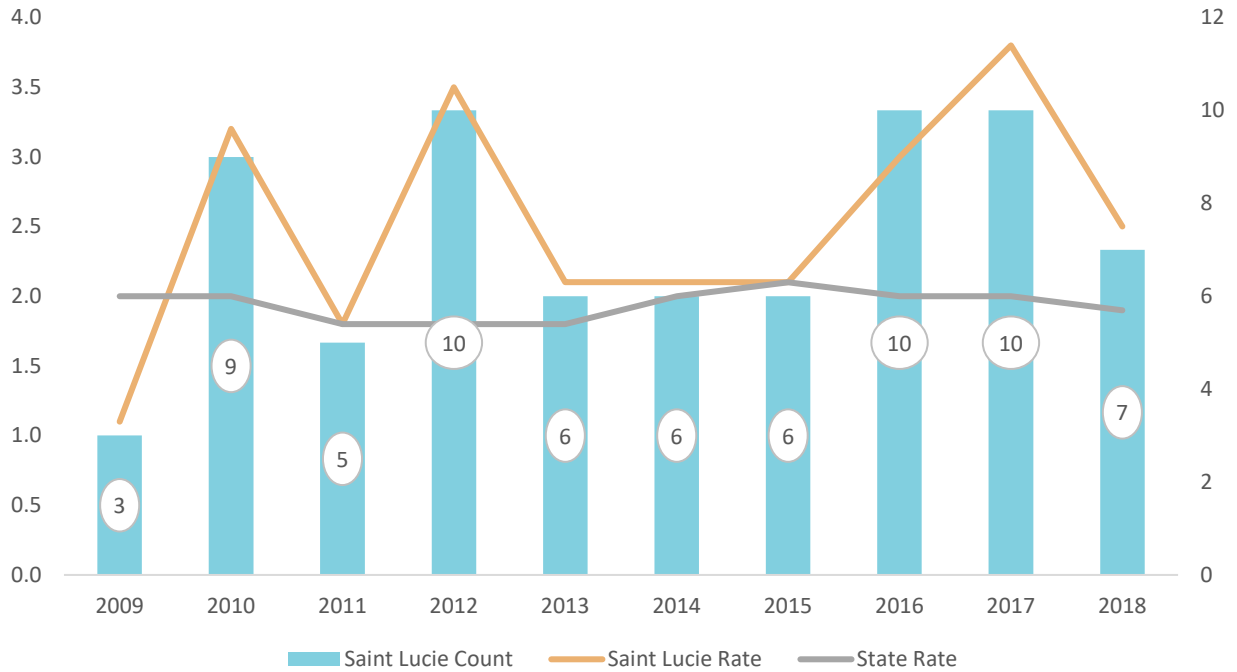
Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 68. Unintentional Injury Death Rate by Sex, St. Lucie County, 2009 - 2018



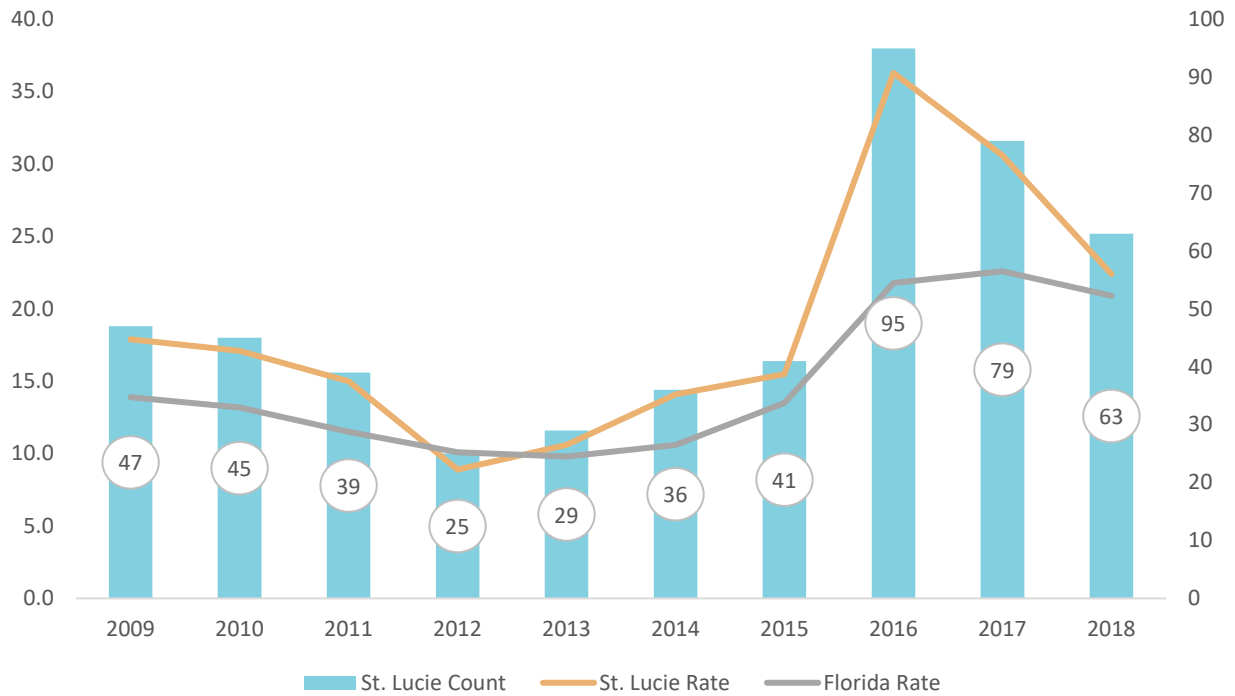
Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 69. Unintentional Drowning Death, St. Lucie County, 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 70. Unintentional Drug Poisoning Death, St. Lucie County, 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 71. Counts of Unintentional Injury Deaths by Zip Code, St. Lucie County, 2014 - 2018

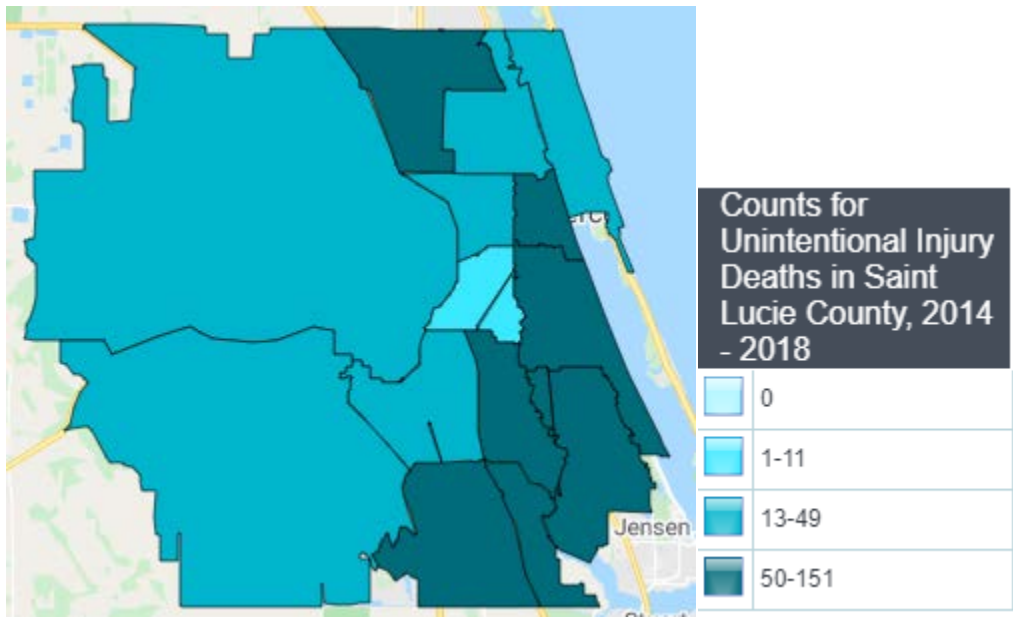




Table 57. 4<sup>th</sup> Quartile Counts of Unintentional Injury Deaths by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
<b>34953</b>	151	4th Quartile
<b>34952</b>	139	4th Quartile
<b>34983</b>	109	4th Quartile
<b>34982</b>	91	4th Quartile
<b>34950</b>	65	4th Quartile
<b>34951</b>	59	4th Quartile
<b>34984</b>	50	4th Quartile

Figure 72. Counts of Unintentional Drowning Deaths by Zip Code, St. Lucie County, 2014 - 2018

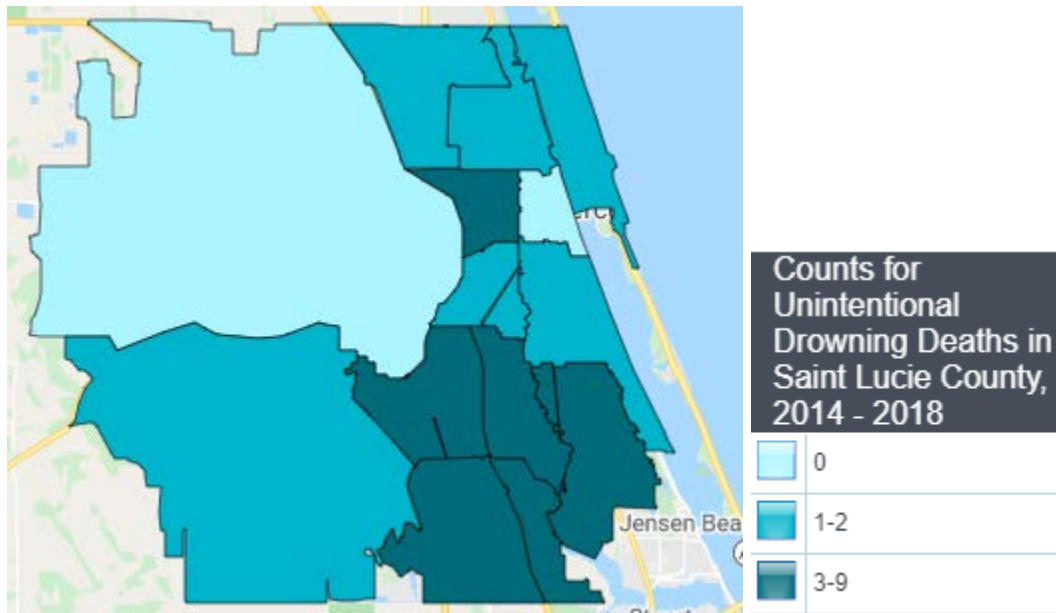


Table 58. 4<sup>th</sup> Quartile Counts for Unintentional Drowning Deaths by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
<b>34952</b>	9	4th Quartile
<b>34953</b>	7	4th Quartile
<b>34947</b>	3	4th Quartile
<b>34983</b>	3	4th Quartile
<b>34984</b>	3	4th Quartile
<b>34986</b>	3	4th Quartile

Figure 73. Counts of Unintentional Poisoning Deaths by Zip Code, St. Lucie County, 2014 - 2018

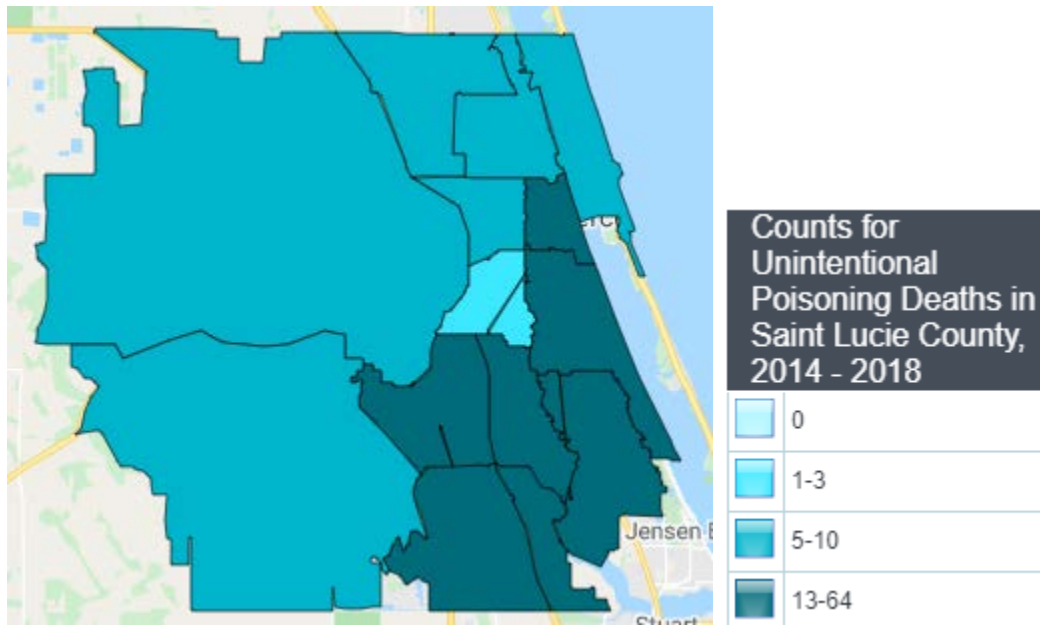


Table 59. 4<sup>th</sup> Quartile Counts for Unintentional Poisoning Deaths by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
<b>34953</b>	64	4th Quartile
<b>34952</b>	54	4th Quartile
<b>34983</b>	54	4th Quartile
<b>34982</b>	42	4th Quartile
<b>34950</b>	29	4th Quartile
<b>34986</b>	14	4th Quartile
<b>34984</b>	13	4th Quartile

Figure 74. Counts of Diabetes Deaths by Zip Code, St. Lucie County, 2014 - 2018

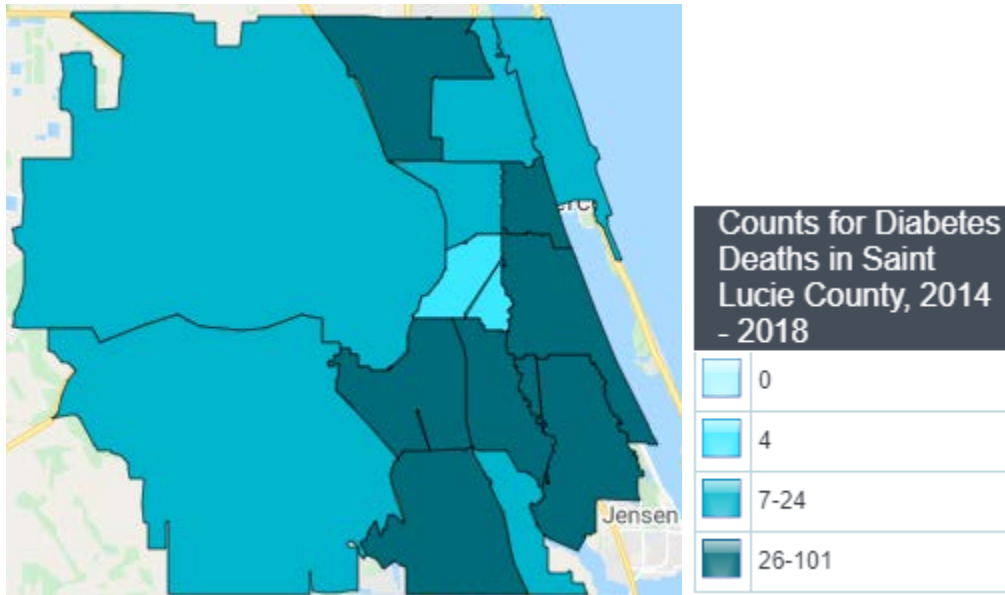


Table 60. 4<sup>th</sup> Quartile Counts for Diabetes Deaths by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
<b>34952</b>	101	4th Quartile
<b>34953</b>	57	4th Quartile
<b>34950</b>	55	4th Quartile
<b>34983</b>	55	4th Quartile
<b>34982</b>	45	4th Quartile
<b>34986</b>	37	4th Quartile
<b>34951</b>	26	4th Quartile

Figure 75. Alzheimer's Disease Deaths by Zip Code, St. Lucie County, 2014 - 2018

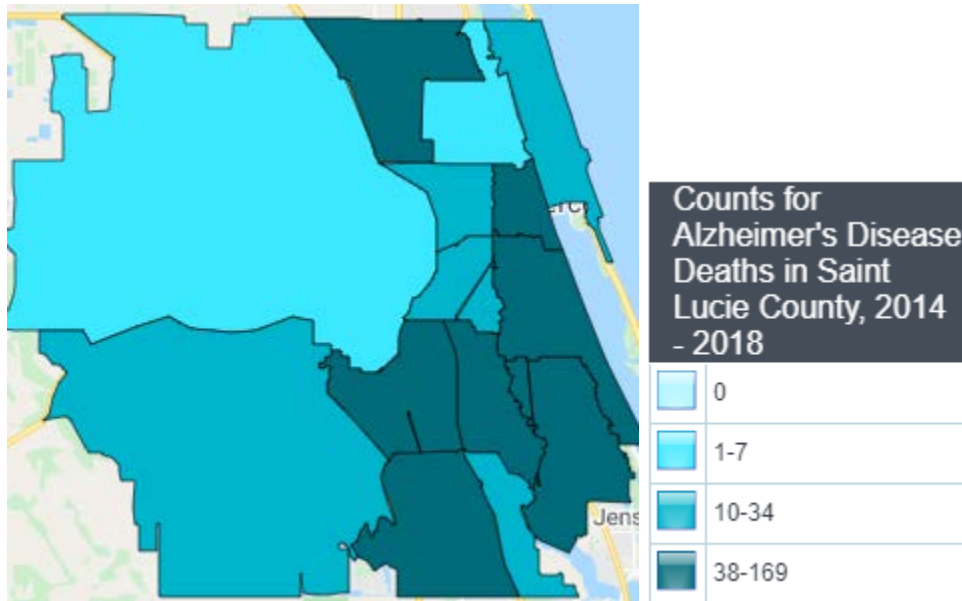


Table 61. 4<sup>th</sup> Quartile Counts for Alzheimer's Disease Deaths by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
<b>34952</b>	169	4th Quartile
<b>34953</b>	101	4th Quartile
<b>34986</b>	84	4th Quartile
<b>34983</b>	56	4th Quartile
<b>34982</b>	55	4th Quartile
<b>34950</b>	39	4th Quartile
<b>34951</b>	38	4th Quartile

Figure 76. Counts for Chronic Liver Disease and Cirrhosis Deaths by Zip Code, St. Lucie County, 2014 - 2018

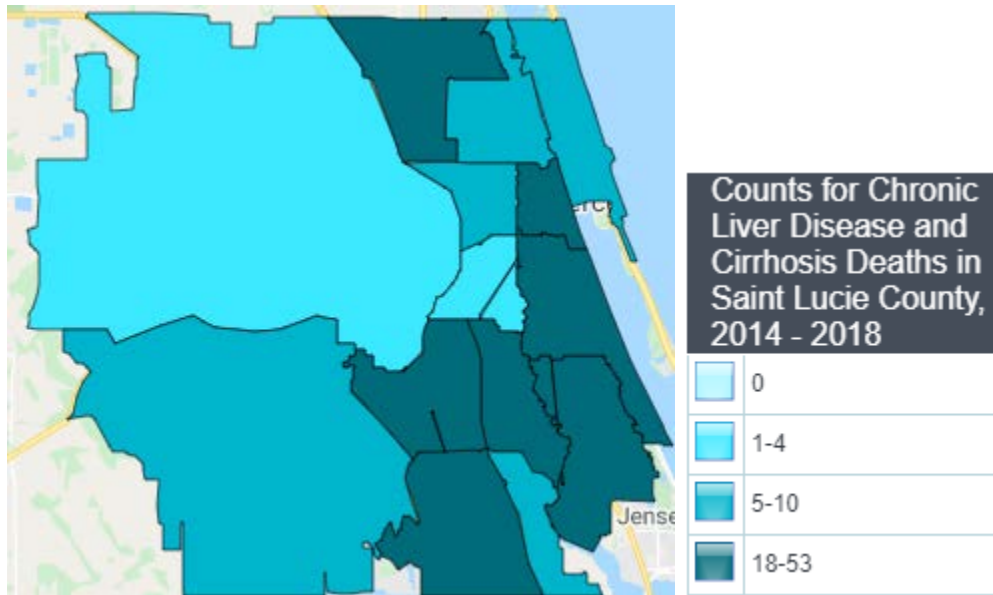


Table 62. 4<sup>th</sup> Quartile Counts for Chronic Liver Disease and Cirrhosis Deaths by Zip Code, 2014 - 2018

Zip Code	Count	Quartile
<b>34952</b>	53	4th Quartile
<b>34983</b>	38	4th Quartile
<b>34953</b>	37	4th Quartile
<b>34982</b>	27	4th Quartile
<b>34951</b>	24	4th Quartile
<b>34950</b>	22	4th Quartile
<b>34986</b>	18	4th Quartile

Figure 77. Counts for Nephritis, Nephrotic Syndrome, and Nephrosis by Zip Code, St. Lucie County, 2014 - 2018

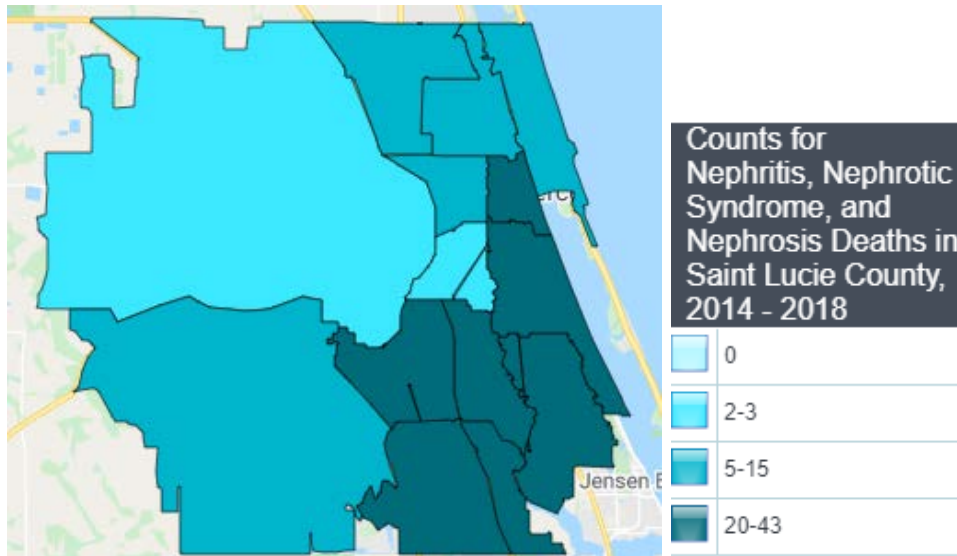


Table 63. 4<sup>th</sup> Quartile Counts for Nephritis, Nephrotic Syndrome, and Nephrosis Deaths by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
<b>34953</b>	43	4th Quartile
<b>34983</b>	36	4th Quartile
<b>34952</b>	33	4th Quartile
<b>34950</b>	24	4th Quartile
<b>34982</b>	22	4th Quartile
<b>34986</b>	21	4th Quartile
<b>34984</b>	20	4th Quartile

## Morbidity

### Chronic Disease

Table 64. Chronic Disease – Cardiovascular Disease, St. Lucie County, 2018

Indicator	Measure	Year(s)	Count	Rate
<b>Coronary Heart Disease</b>				
<b>Adults who have ever been told they had angina or coronary heart disease</b>	Percent	2016		5.60%
<b>Deaths: Age-adjusted death rate per 100,000 total population</b>	Per 100,000 Total Population	2016-18	1,481	95.3
<b>Hospitalizations: Age-adjusted hospitalization rate per 100,000 total population</b>	Per 100,000 Total Population	2016-18	4,673	335.1
<b>Heart Attack</b>				
<b>Adults who have ever been told they had a heart attack</b>	Percent	2016		5.10%
<b>Deaths from heart attack (Acute Myocardial Infarction)</b>	Per 100,000 Total Population	2016-18	303	19.6
<b>Hospitalizations: Age-adjusted hospitalization rate per 100,000 from AMI</b>	Per 100,000 Total Population	2016-18	2,786	200.4
<b>Heart Failure</b>				
<b>Deaths: Age-adjusted death rate per 100,000 total population</b>	Per 100,000 Total Population	2016-18	115	7.1
<b>Hospitalizations: Age-adjusted congestive heart failure hospitalization rate per 100,000 total population</b>	Per 100,000 Total Population	2016-18	19,718	1,376.2
<b>Stroke</b>				
<b>Adults who have ever been told they had a stroke</b>	Percent	2016		4.70%
<b>Deaths: Age-adjusted death rate per 100,000 total population</b>	Per 100,000 Total Population	2016-18	583	37.3
<b>Hospitalizations: Age-adjusted hospitalization rate per 100,000 total population</b>	Per 100,000 Total Population	2016-18	3,686	263.5

Source: Florida Health Charts, Florida Department of Health, 2016-2018

Table 65. Chronic Disease – Cancer, St. Lucie County, 2018

Indicator	Measure	Year(s)	Count	Rate
<b>Breast Cancer</b>				
<b>Deaths: Age-adjusted death rate per 100,000 total population</b>	Per 100,000 Females	2016-18	129	17.4
<b>Incidence (new cases): Age-adjusted incidence rate per 100,000 total population</b>	Per 100,000 Females	2015-17	711	114
<b>Women 40 years of age and older who received a mammogram in the past year</b>	Percent	2016		58.70%
<b>Cervical Cancer</b>				
<b>Deaths: Age-adjusted death rate per 100,000 total population</b>	Per 100,000 Females	2016-18	21	3.2
<b>Incidence (new cases): Age-adjusted incidence rate per 100,000 total population</b>	Per 100,000 Females	2015-17	47	8.1
<b>Women 18 years of age and older who received a Pap test in the past year</b>	Percent	2016		49.90%
<b>Colorectal Cancer</b>				
<b>Deaths: Age-adjusted death rate per 100,000 total population</b>	Per 100,000 Total Population	2016-18	202	14.1
<b>Incidence (new cases): Age-adjusted incidence rate per 100,000 total population</b>	Per 100,000 Total Population	2015-17	427	32.3
<b>Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years</b>	Percent	2016		54.10%
<b>Adults 50 years of age and older who received a stool blood test in the past year</b>	Percent	2016		20.70%
<b>Lung Cancer</b>				
<b>Deaths: Age-adjusted death rate per 100,000 total population</b>	Per 100,000 Total Population	2016-18	635	41.4
<b>Incidence (new cases): Age-adjusted incidence rate per 100,000 total population</b>	Per 100,000 Total Population	2015-17	821	56
<b>Melanoma</b>				
<b>Deaths: Age-adjusted death rate per 100,000 total population</b>	Per 100,000 Total Population	2016-18	36	2.4
<b>Incidence (new cases): Age-adjusted incidence rate per 100,000 total population</b>	Per 100,000 Total Population	2015-17	274	20.5



Indicator	Measure	Year(s)	Count	Rate
<b>Prostate Cancer</b>				
<b>Deaths: Age-adjusted death rate per 100,000 total population</b>	Per 100,000 Males	2016-18	126	17.2
<b>Incidence (new cases): Age-adjusted incidence rate per 100,000 total population</b>	Per 100,000 Males	2015-17	576	84.2
<b>Men 50 years of age and older who received a PSA test in the past two years</b>	Percent	2016		58.40%

Source: Florida Health Charts, Florida Department of Health, 2016-2018

Table 66. Chronic Disease - Diabetes, St. Lucie County - 2018

Indicator	Measure	Year(s)	Count	Rate
<b>Deaths: Age-adjusted death rate per 100,000 total population</b>	Per 100,000 Total Population	2016-18	318	22.3
<b>Hospitalizations: Age-adjusted hospitalization rate per 100,000 total population</b>	Per 100,000 Total Population	2016-18	34,691	2,642.9
<b>Hospitalizations: Age-adjusted hospitalization rate for amputation of a lower extremity due to diabetes</b>	Per 100,000 Total Population	2016-18	437	33.6
<b>Adults who have ever been told they had diabetes</b>	Percent	2016		11.60%

Source: Florida Health Charts, Florida Department of Health, 2016-2018

Table 67. Chronic Disease - Respiratory Diseases, St. Lucie County - 2018

Indicator	Measure	Year(s)	Count	Rate
<b>Asthma</b>				
<b>Adults who currently have asthma</b>	Percent	2016		6.80%
<b>Hospitalizations: Age-adjusted hospitalization rate per 100,000 total population</b>	Per 100,000 Total Population	2016-18	8,281	849.4
<b>Adults who have ever been told they had asthma</b>	Percent	2016		10.20%
<b>Chronic Lower Respiratory Diseases (CLRD)</b>				
<b>Deaths: Age-adjusted death rate per 100,000 total population</b>	Per 100,000 Total Population	2016-18	684	42.9
<b>Hospitalizations: Age-adjusted hospitalization rate per 100,000 total population</b>	Per 100,000 Total Population	2016-18	5,393	456.7

Source: Florida Health Charts, Florida Department of Health, 2016-2018

### *Other Health Outcomes*

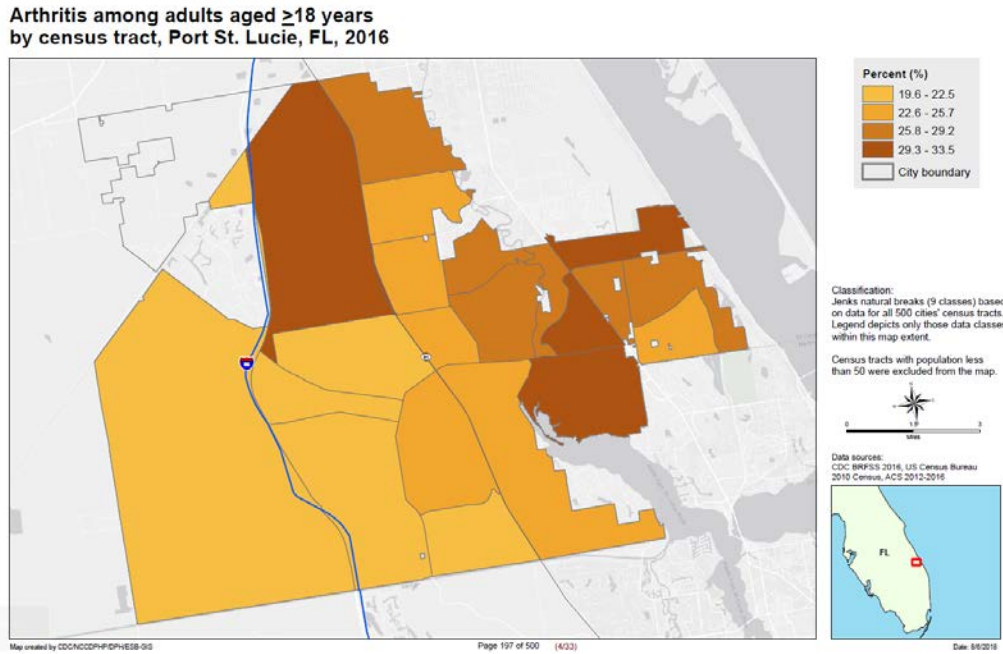
The 500 Cities Project collected and analyzed data at the census tract level for the city of Port St. Lucie. This information is provided in this report to understand health outcomes at the census tract level for Port St. Lucie only.

“The 500 Cities Project—Better Health Through Local Data—is a collaboration between the Robert Wood Johnson Foundation, the CDC Foundation, and the Centers for Disease Control and Prevention (CDC). The purpose of the project is to provide high quality small area estimates for behavioral risk factors that influence health status; for health outcomes; and the use of clinical preventive services. These estimates can be used to identify emerging health problems and to inform development and implementation of effective, targeted public health prevention activities.” ([www.cdc.gov/500Cities](http://www.cdc.gov/500Cities)). Data sources used for the 500 Cities Project come from the CDC Behavioral Risk Factor Surveillance System 2015, 2016 data; the Census Bureau census population data; the American Community Survey 2011-2015 and 2012-2016 estimates; and Esri ArcGIS Online basemaps.

The following maps present information at the census level tract in the city of Port St. Lucie city regarding the following health outcomes:

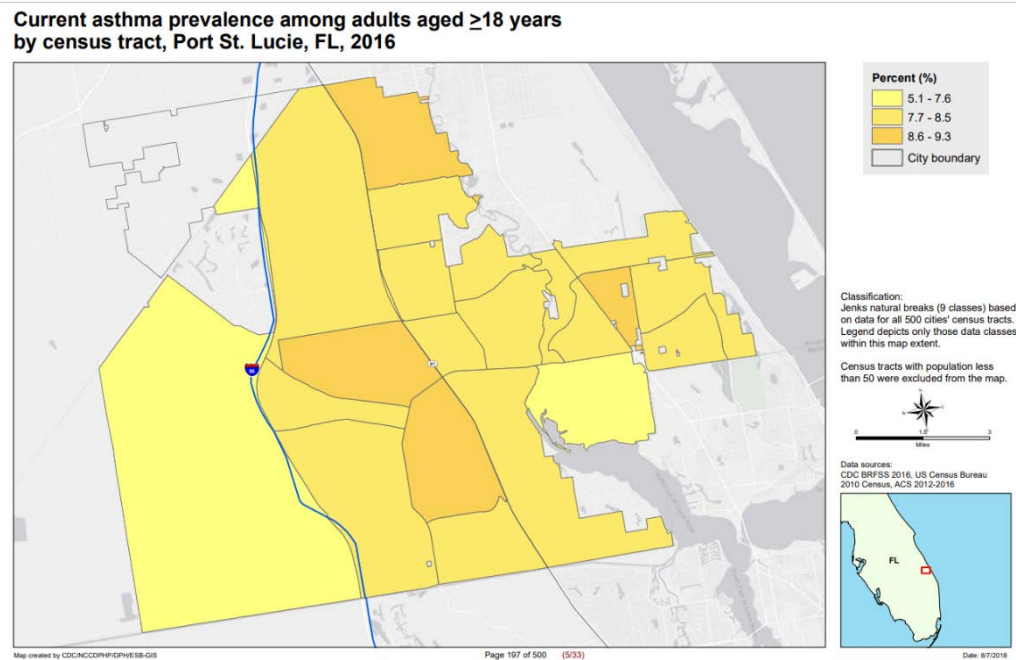
- Arthritis among adults aged  $\geq 18$  years
- Current asthma prevalence among adults aged  $\geq 18$  years
- Cancer (excluding skin cancer) among adults  $\geq 18$  years
- High blood pressure among adults aged  $\geq 18$  years
- High cholesterol among adults aged  $\geq 18$  years
- Diagnosed diabetes among adults aged  $\geq 18$  years
- Chronic kidney disease among adults  $\geq 18$  years
- Chronic obstructive pulmonary disease among adults  $\geq 18$  years
- Coronary heart disease among adults  $\geq 18$  years
- Stroke among adults aged 18 years and older
- Physical health not good for 14 or more days among adults aged 18 years or older
- Mental health not good for  $\geq 14$  days among adults aged  $\geq 18$  years
- All teeth lost among adults aged  $\geq 65$  years

Figure 78. Arthritis among adults aged  $\geq 18$  years by census tract, Port St. Lucie city 2016



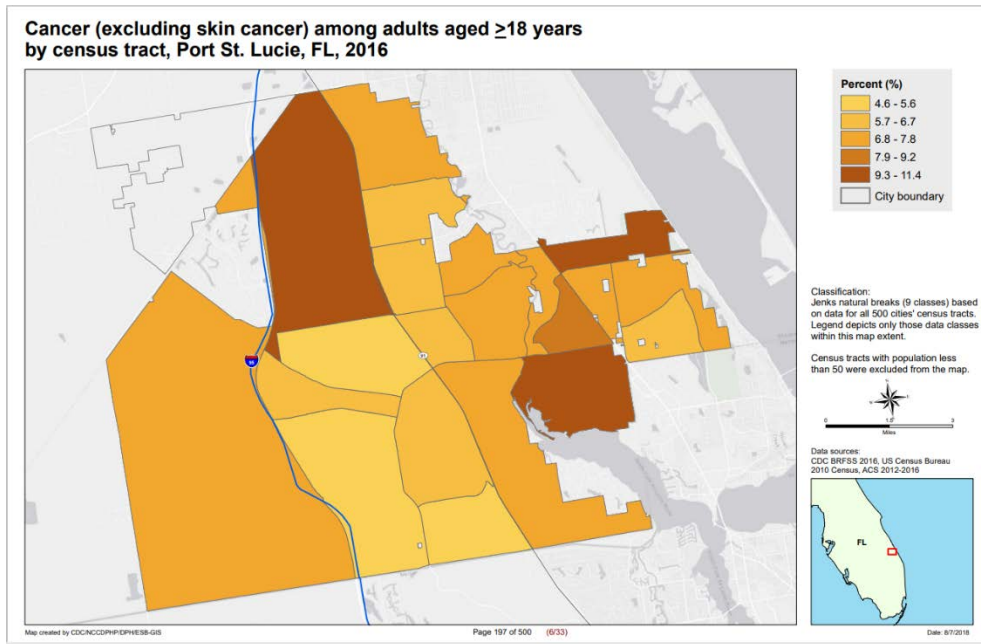
Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 79. Current asthma prevalence among adults aged  $\geq 18$  years by census tract, Port St. Lucie 2016



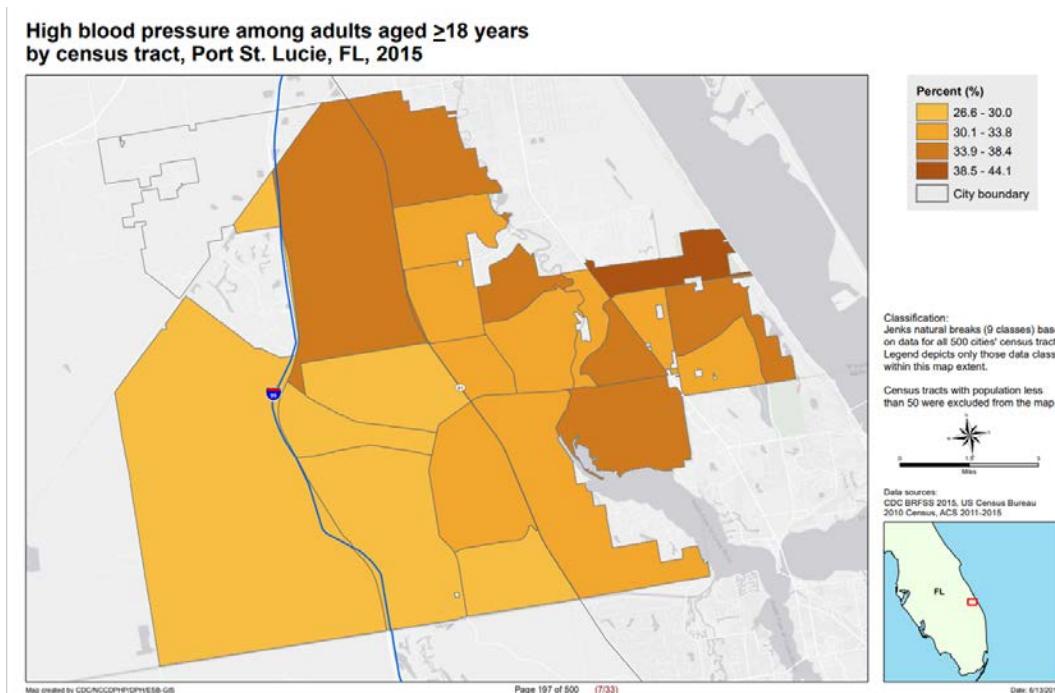
Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 80. Cancer (excluding skin cancer) among adults  $\geq 18$  years by census tract, Port St. Lucie city 2016



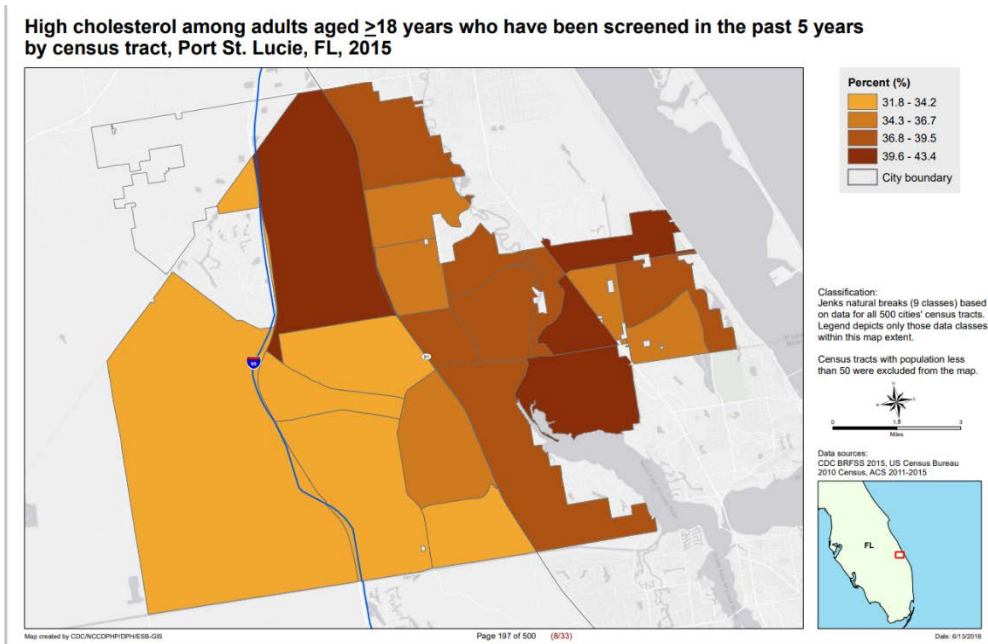
Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 81. High blood pressure among adults aged  $\geq 18$  years by census tract, Port St. Lucie 2016



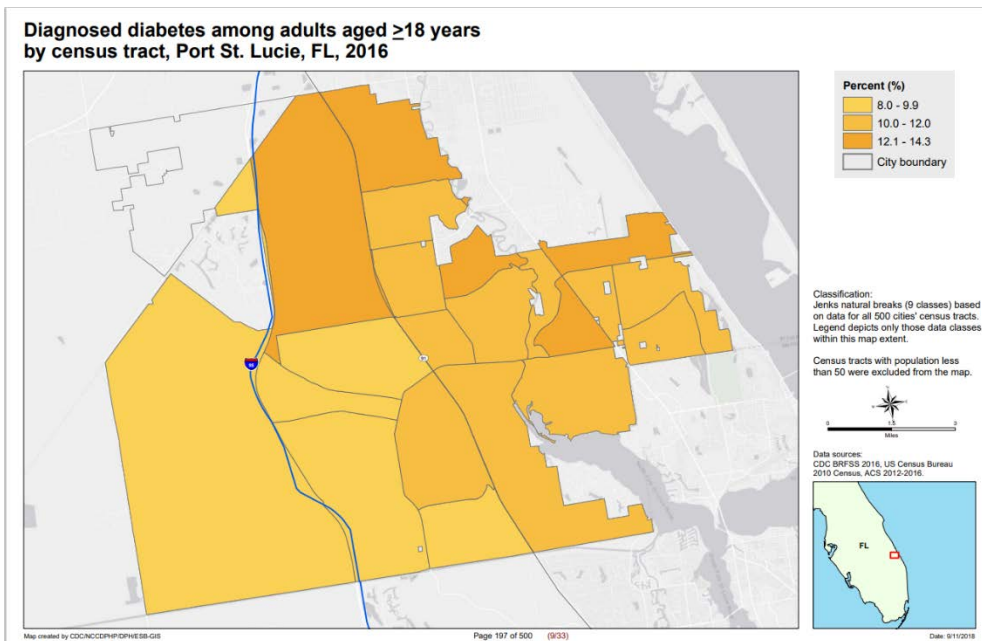
Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 82. High cholesterol among adults aged  $\geq 18$  years who have been screened in the past 5 years by census tract, Port St. Lucie city 2016



Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

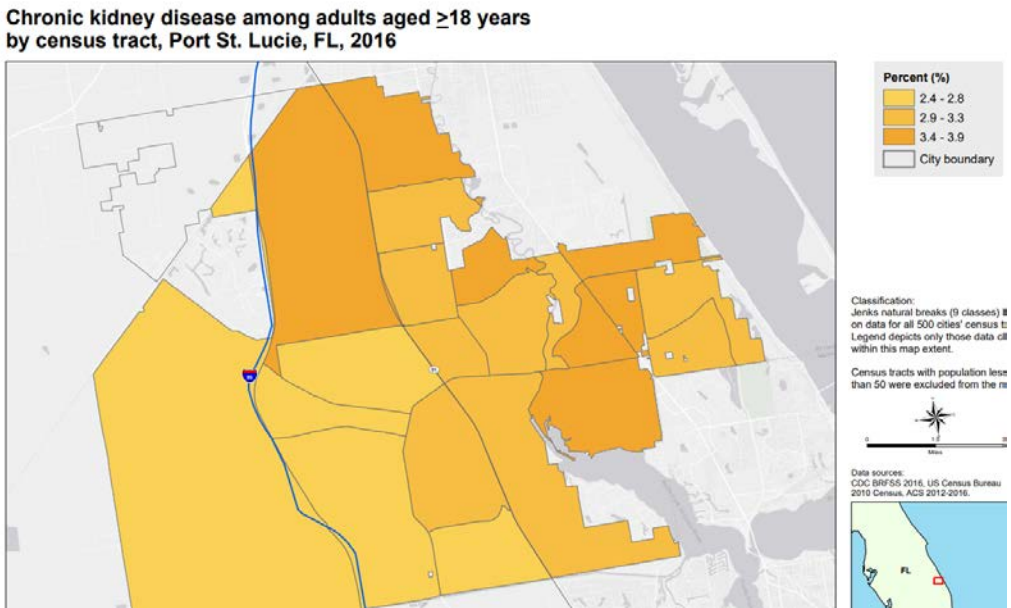
Figure 83. Diagnosed diabetes among adults aged  $\geq 18$  years by census tract, Port St. Lucie city 2016



Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

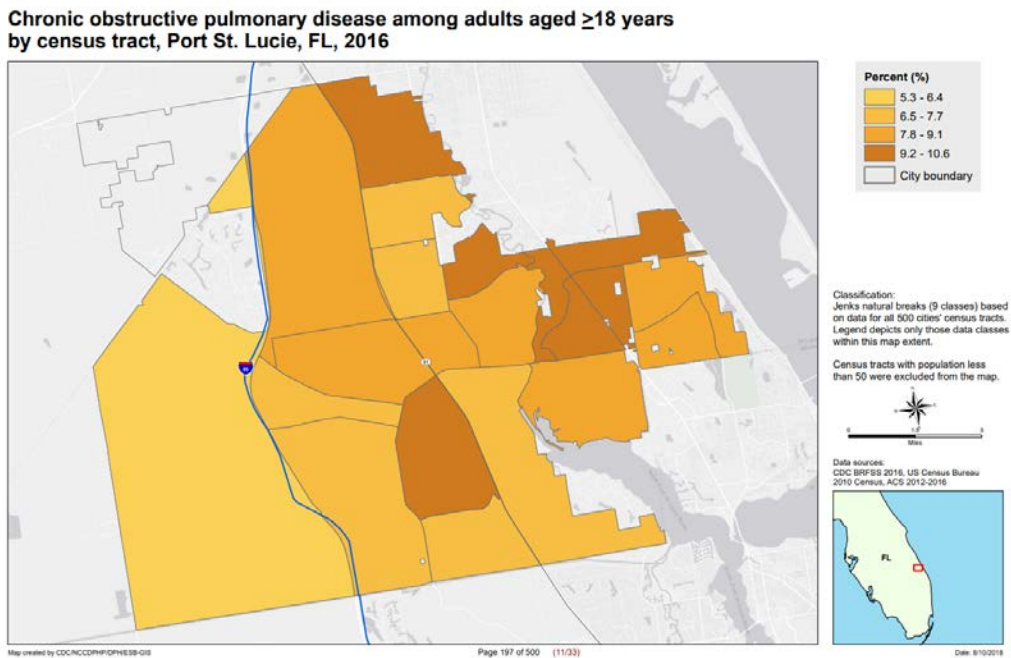


Figure 84. Chronic kidney disease among adults  $\geq 18$  years by census tract, Port St. Lucie city 2016



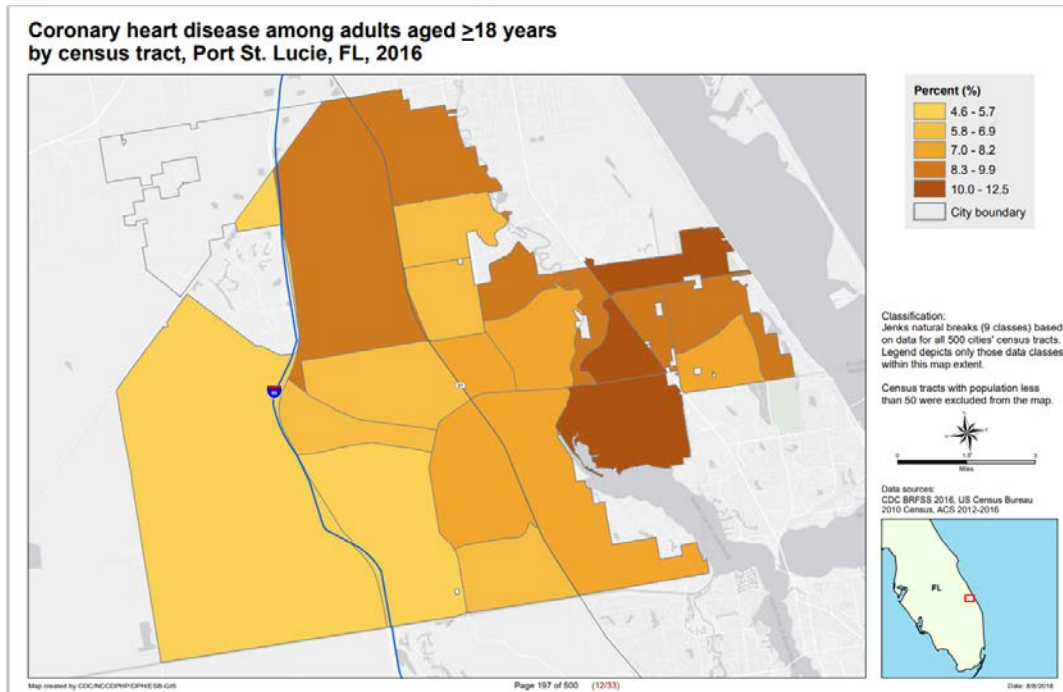
Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 85. Chronic obstructive pulmonary disease among adults  $\geq 18$  years by census tract, Port St. Lucie city 2016



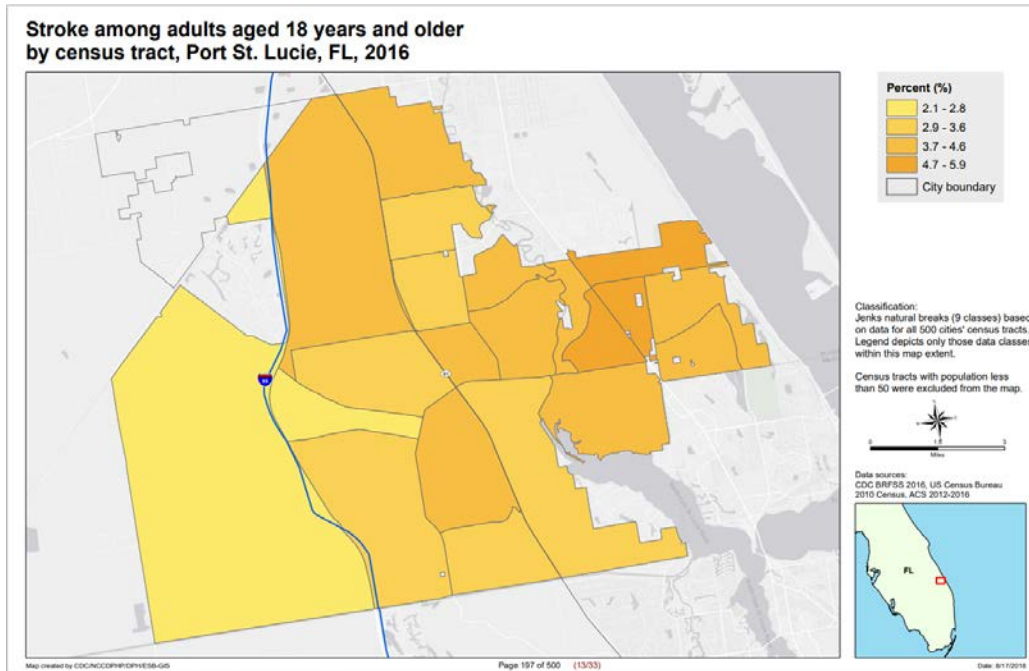
Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 86. Coronary heart disease among adults  $\geq 18$  years by census tract, Port St. Lucie city 2016



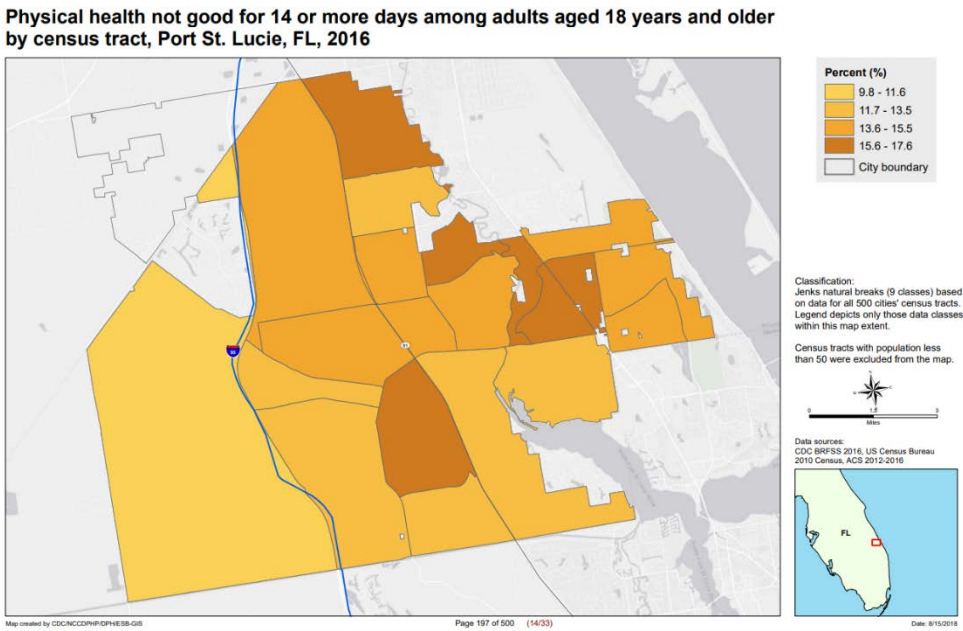
Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 87. Stroke among adults aged 18 years and older by census tract, Port St. Lucie city 2016



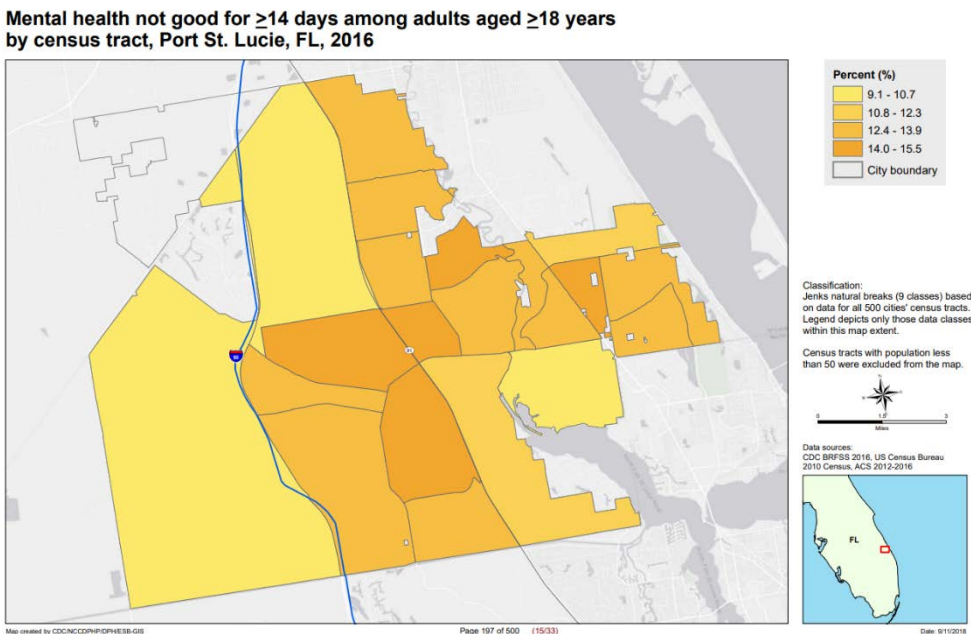
Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 88. Physical health not good for 14 or more days among adults aged 18 years or older by census tract, Port St. Lucie 2016



Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

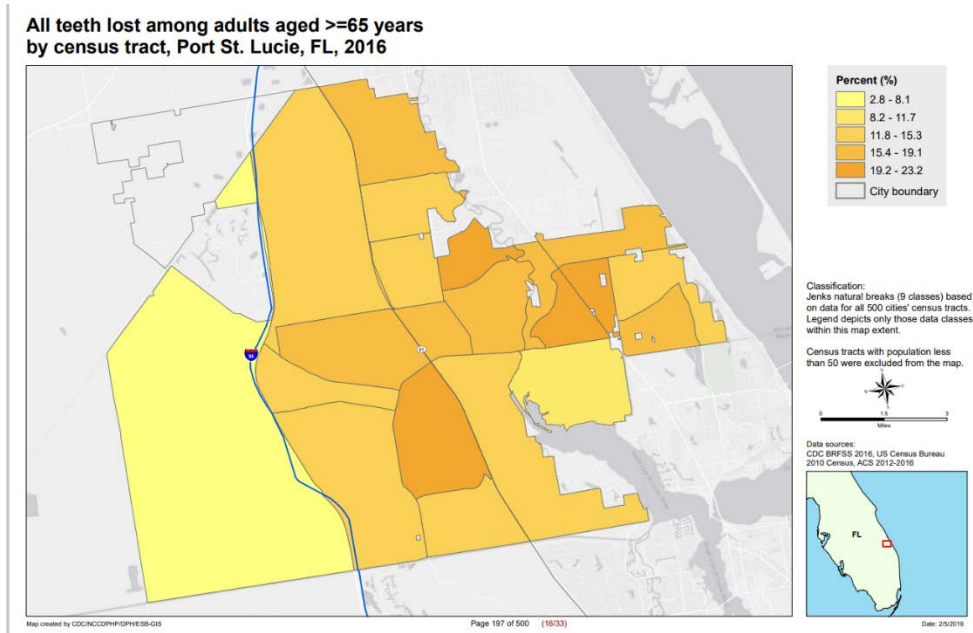
Figure 89. Mental health not good for  $\geq 14$  days among adults aged  $\geq 18$  years by census tract, Port St. Lucie 2016



Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch



Figure 90. All teeth lost among adults aged >=65 years by census tract, Port St. Lucie city 2016



Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

## Infectious Disease

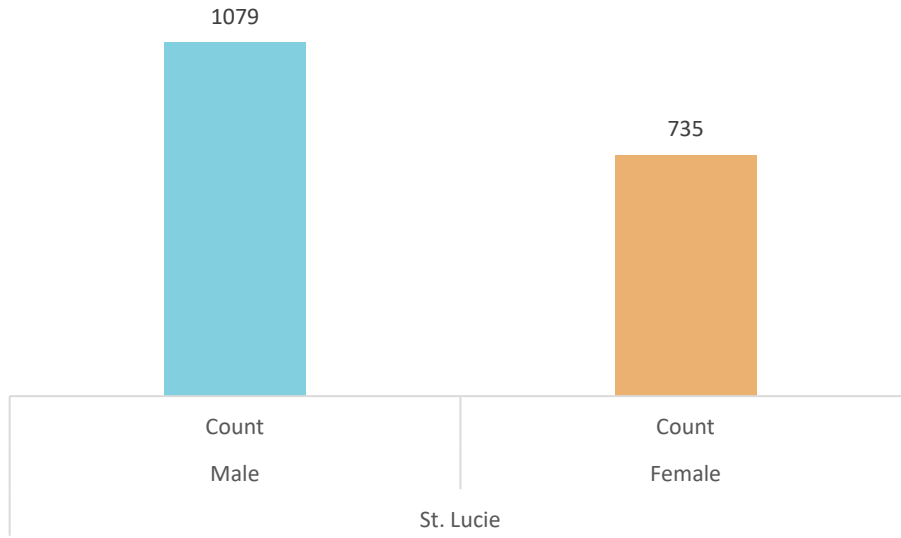
### HIV and AIDS

While St. Lucie has had a decrease in new HIV cases in 2018, it remains a challenge. In 2018, there were a total of 1,814 persons living with HIV/AIDS (PLWH), regardless of where they were diagnosed. The number of AIDS cases has decreased annually in St. Lucie County, reaching its lowest count in 2018 (13) compared to its highest count in 2010 (97).

Figure 91. Behavioral Risk Factors, HIV, St. Lucie County 2018

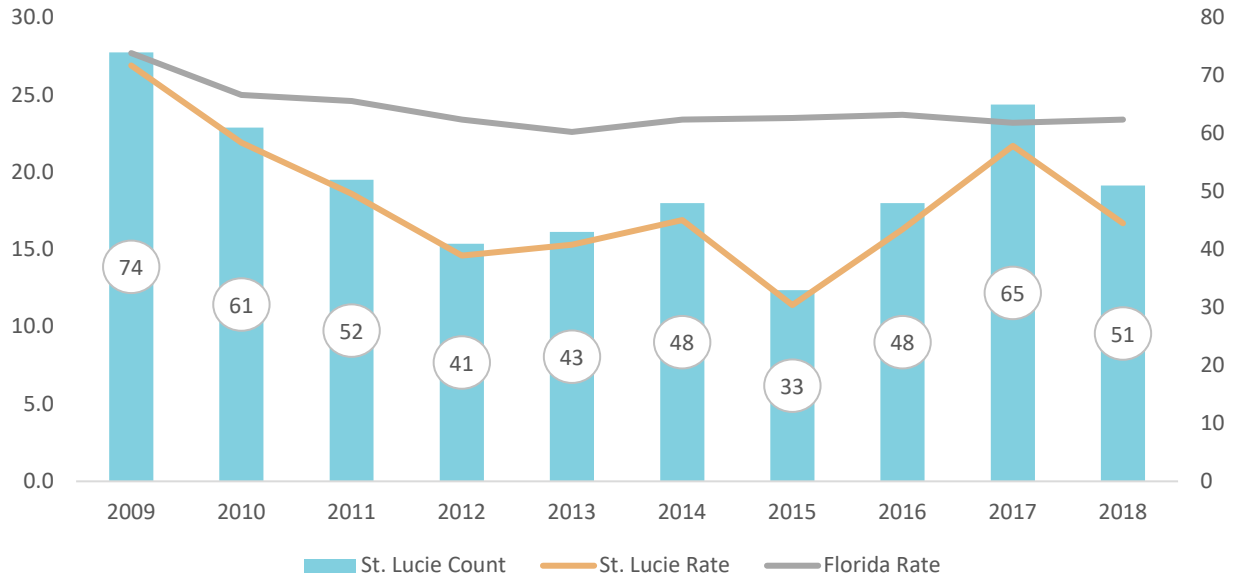
Behavioral Risk Factors, St. Lucie County, Florida - 2018									
Indicator	County					State			
	2007 Percent	2010 Percent	2013 Percent	2016 Percent	County Quartile 1=most favorable 4=least favorable	2007 Percent	2010 Percent	2013 Percent	2016 Percent
<b>HIV/AIDS</b>									
<a href="#">Adults who have ever been tested for HIV</a>	-	-	43.8 (37.9-49.8)	47.9 (41.5-54.3)	1	-	-	42.6 (41.4-43.9)	46.9 (45.8-48.1)
<a href="#">Adults less than 65 years of age who have ever been tested for HIV</a>	60.7 (53.7-67.3)	56.3 (49.1-63.5)	54.6 (46.9-62.2)	58.8 (51.2-66.5)	1	49.1 (47.6-50.6)	48.4 (46.8-50)	50.6 (49.1-52.2)	55.3 (53.9-56.7)
<a href="#">Adults less than 65 years of age who had an HIV test in the past 12 months</a>	22.5 (16.4-30)	4.6 (0.7-8.5)	12.1 (6.6-17.7)	17.8 (11.1-24.4)	2	21 (19.6-22.5)	7 (5.9-8.1)	15.6 (14.4-16.9)	19.7 (18.4-20.9)

Figure 92. Persons Living with HIV (PLWH) Count by Sex, St. Lucie County - 2018



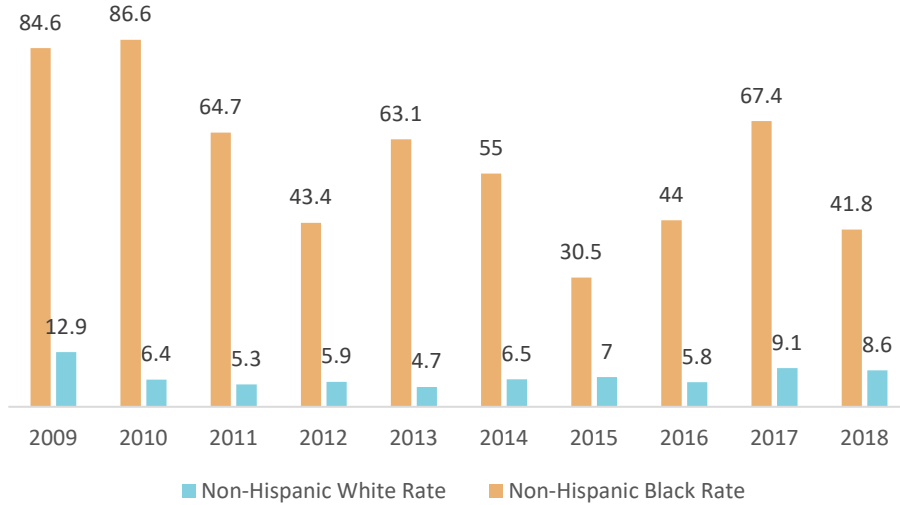
Source: Florida Department of Health, HIV/AIDS Section

Figure 93. HIV Cases, Rate Per 100,000 Population, St. Lucie County, Florida - 2009-2018



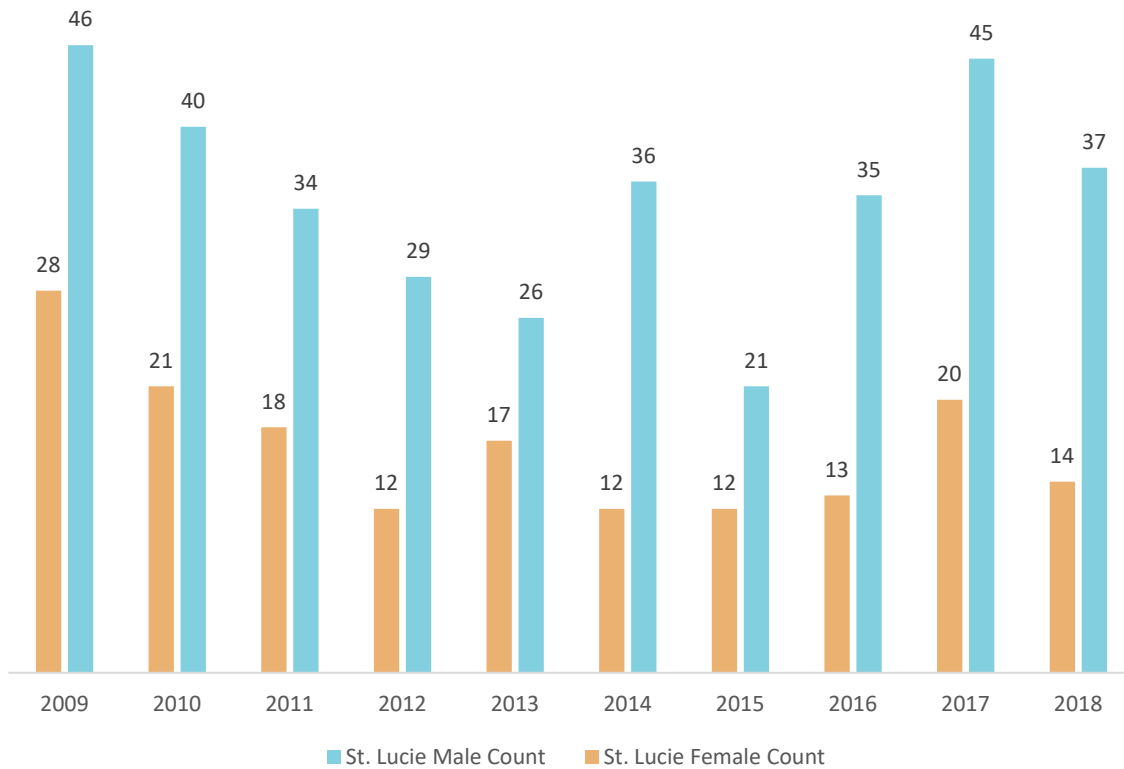
Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 94. HIV Cases, Rate Per 100,000 Population by Race, St. Lucie County, Florida - 2009-2018



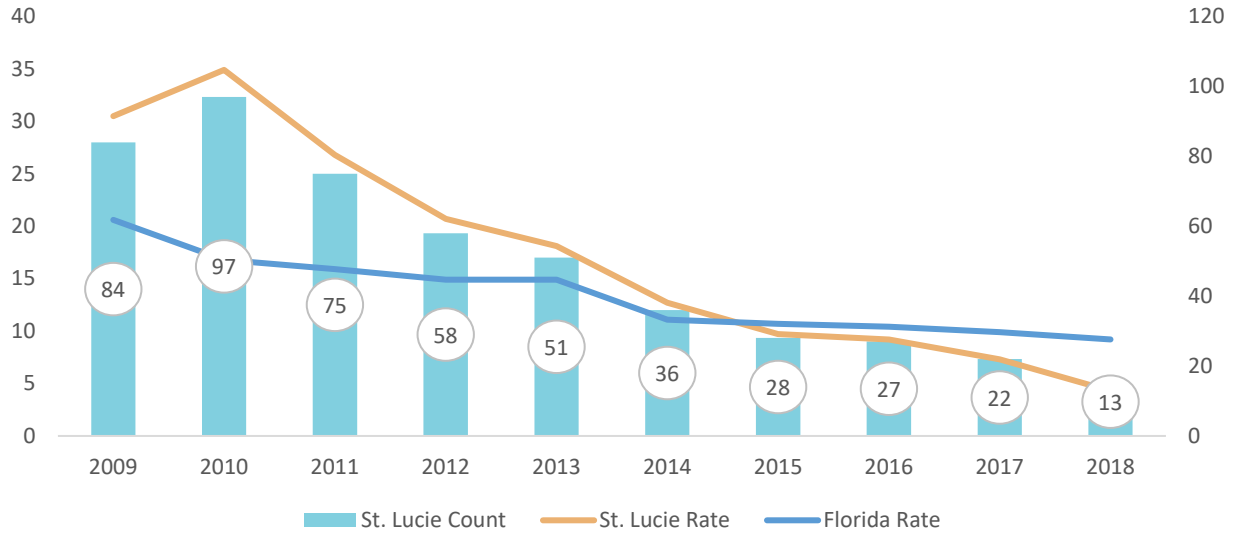
Source: Florida Department of Health, HIV/AIDS Section. These data represent new diagnoses by year of diagnosis, as of 06/30/2019. The next update is scheduled for July 2020.

Figure 95. HIV Cases, Count by Sex by Year, St. Lucie County 2009 - 2018



Source: Florida Department of Health, HIV/AIDS Section. These data represent new diagnoses by year of diagnosis, as of 06/30/2019. The next update is scheduled for July 2020.

Figure 96. AIDS Cases, Rate Per 100,000 Population, St. Lucie County, Florida - 2009-2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 97. AIDS Cases, Count by Sex by Year, St. Lucie County 2009 - 2018

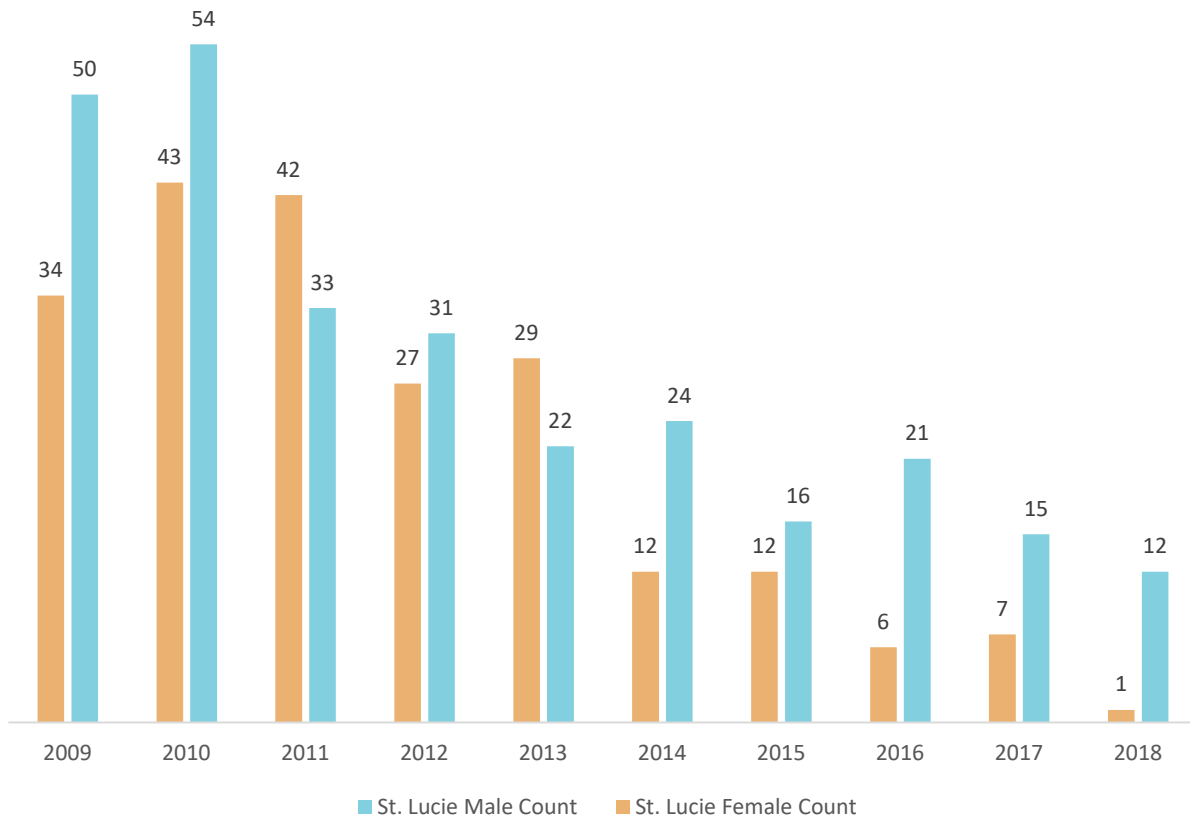
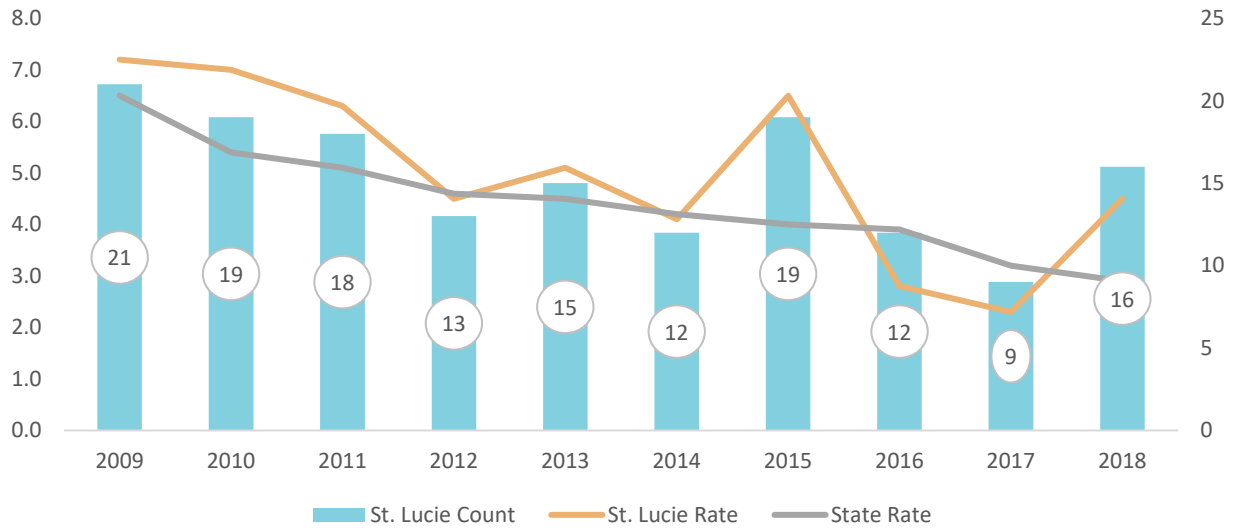


Figure 98. HIV/AIDS Age-Adjusted Death Rate, St. Lucie County 2009-2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

## Health Factors

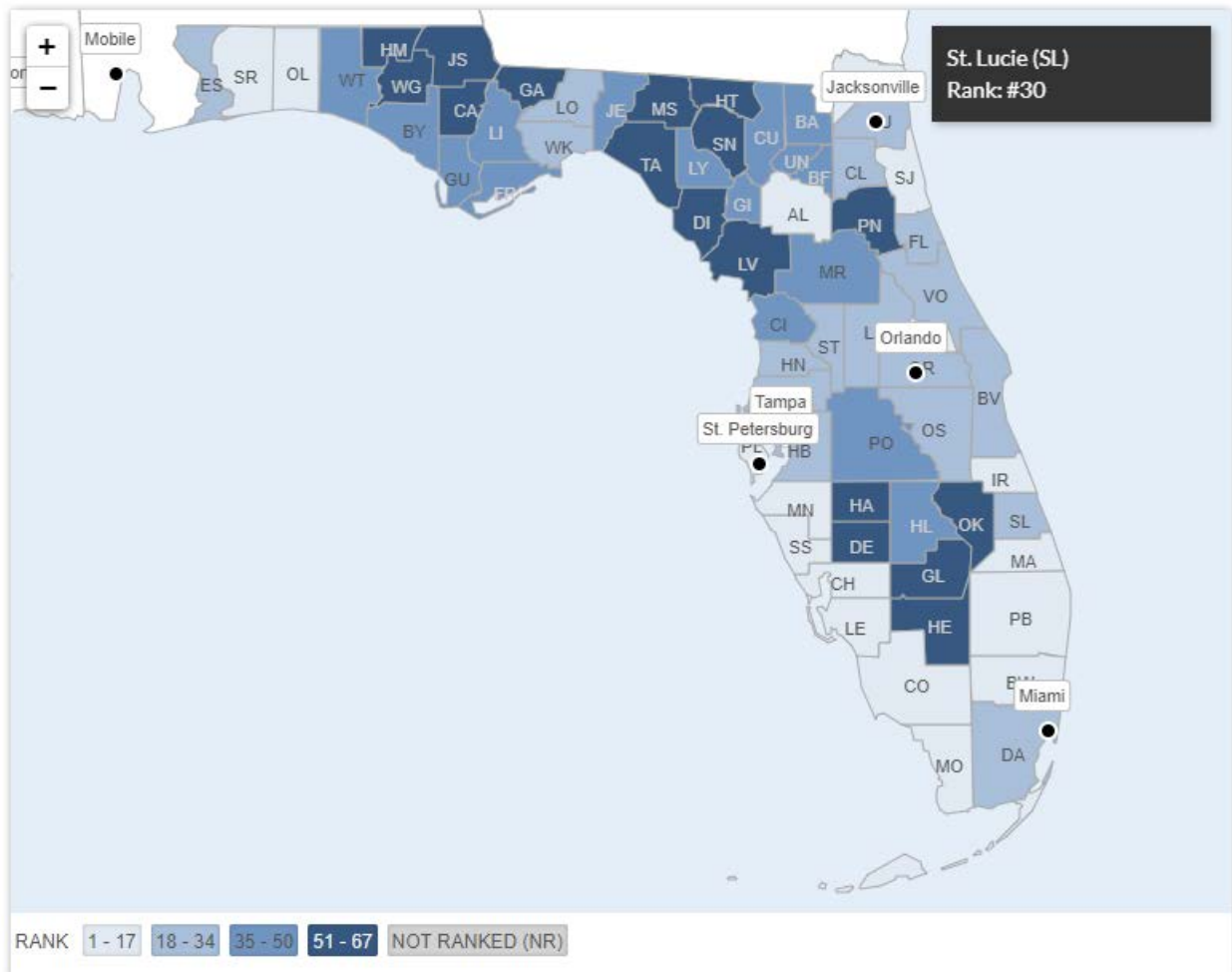
The County Health Rankings and Roadmaps Program measures several factors that influence how long people may live. These health factors are things that may be modified to improve the length and quality of life. They are predictors of how healthy communities may be in the future. In addition to the Social Determinants of Health described earlier, other factors include health behaviors such as smoking, obesity, physical inactivity, sexually transmitted diseases, and teen births. They also include clinical care, such as the percent of people uninsured, the numbers of primary care physicians, dentists, and mental health providers, the percent of mammography screening, and the percent of flu vaccinations.

St. Lucie County ranks 30 of 67 for Health Factors in the state of Florida. It ranks 23 of 67 for Health Behaviors and 38 of 67 for Clinical Care.

Figure 99. Overall Rank for Florida's Counties for all Health Factors combined

### Overall Rank

An overall ranking for all Health Factors combined.



### Clinical Care Factors

The County Health Rankings describes clinical care factors as follows: “Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. While part of a larger context, looking at clinical care helps us understand why some communities can be healthier than others. Advances in clinical care over the last century, including breakthroughs in vaccinations, surgical procedures like transplants and chemotherapy, and preventive screenings, have contributed significantly to increases in life expectancy. Care continues to evolve, with promising advances in fields like tele-health and care coordination leading to improved quality and availability.

Despite these advances, many individuals do not have access to a provider. Nearly 30 million Americans remain without health insurance, generally considered the first barrier to receiving quality health care. Others do not access health services because of high deductible costs, language barriers, distance to a provider, or lack of specialists in their geographic area or health network. Those without regular access to quality providers and care are often diagnosed at later, less treatable stages of a disease than those with insurance, and, overall, have worse health outcomes, lower quality of life, and higher mortality rates. Health care access and quality also vary widely both by place and by race, ethnicity, and income.

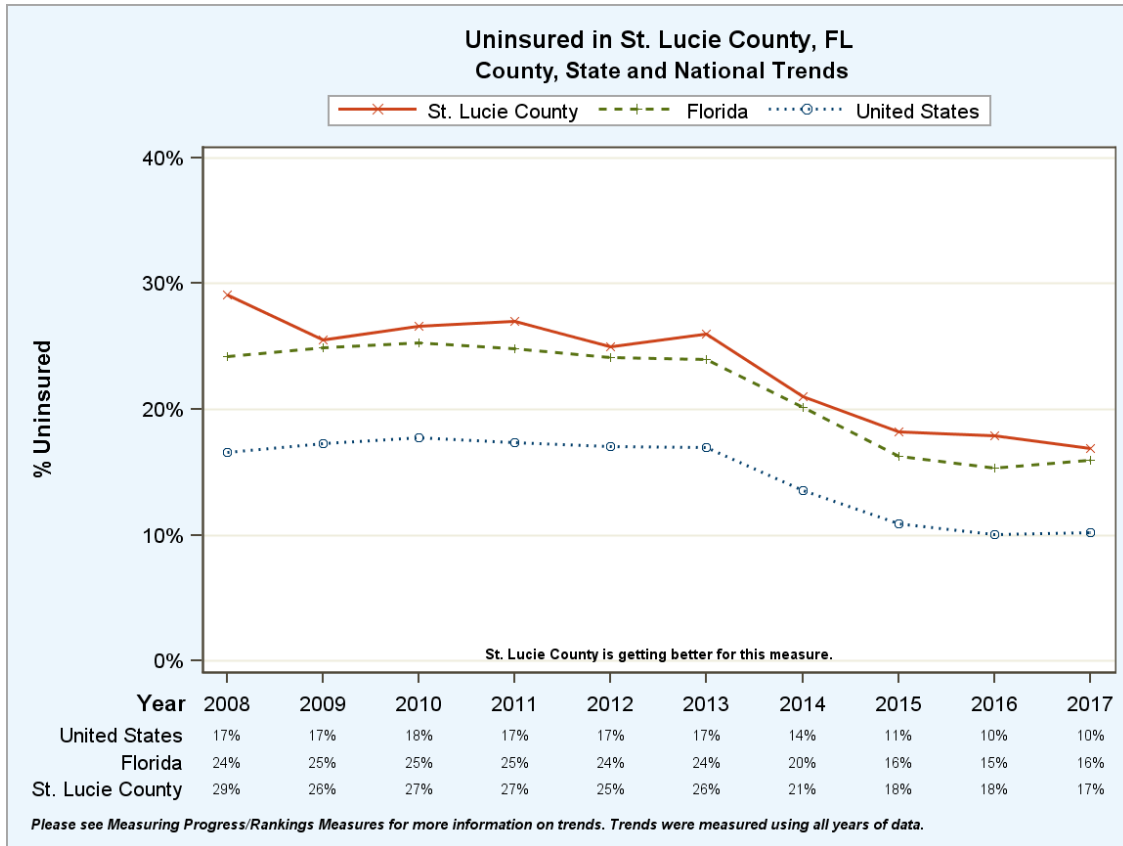
In the Clinical Care area of the County Health Rankings the following measures are looked at:

- Access to Care, including measures such as a community’s number of primary care providers and dentists per number of residents.
- Quality of Care, with measures of preventing hospital visits and disease monitoring.”

Figure 100. Clinical Care Factors, County Health Rankings 2020

	St. Lucie County	Trend	Error Margin	Top U.S. Performers	Florida	Rank (of 67)
Clinical Care						38
Uninsured	17%		15-19%	6%	16%	
Primary care physicians	2,610:1			1,030:1	1,380:1	
Dentists	2,610:1			1,240:1	1,690:1	
Mental health providers	640:1			290:1	620:1	
Preventable hospital stays	5,951			2,761	5,086	
Mammography screening	42%			50%	43%	
Flu vaccinations	42%			53%	43%	

Figure 101. Uninsured in St. Lucie County, 2008 - 2017



Source: County Health Rankings 2020



### Health Resource Availability

Looking at numbers of professionals or facilities within a geographic area helps to focus on the availability of healthcare and its quality. The number of hospital beds indicates the number of people who may potentially receive care in the hospital on an inpatient basis.

Figure 102. Health Resource Availability, St. Lucie County 2018

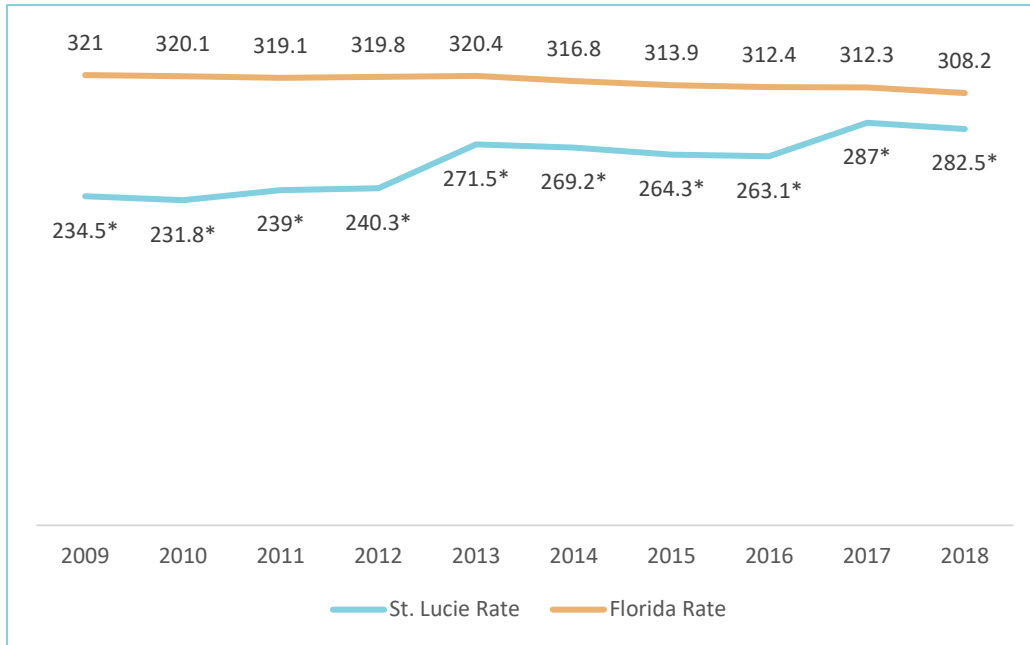
Health Resource Availability, St. Lucie County, Florida - 2018					
Indicators	Data Year	County		State	
		County Quartile 1=most favorable 4=least favorable	County Number	Rate Per 100,000	Rate Per 100,000
<b>Providers*</b>					
<a href="#">Total Licensed Dentists (Fiscal Year)</a>	2018	3	87	28.5	54.8
<a href="#">Total Licensed Physicians (Fiscal Year)</a>	2018	3	418	137.2	304.7
<a href="#">Total Licensed Family Practice Physicians (Fiscal Year)</a>	2018	3	25	8.2	18.8
<a href="#">Total Licensed Internists (Fiscal Year)</a>	2018	3	58	19.0	46.9
<a href="#">Total Licensed OB/GYN (Fiscal Year)</a>	2018	3	16	5.3	9.3
<a href="#">Total Licensed Pediatricians (Fiscal Year)</a>	2018	3	26	8.5	21.9
<b>Facilities</b>					
<a href="#">Total Hospital Beds</a>	2018	2	861	282.5	308.2
<a href="#">Total Acute Care Beds</a>	2018	2	671	220.2	248.9
<a href="#">Total Specialty Beds</a>	2018	2	190	62.3	59.2
<a href="#">Total Nursing Home Beds</a>	2018	3	1,050	344.6	399.8
<b>County Health Department FTEs</b>					
<a href="#">County Public Health Department Full-Time Employees</a>	2018	3	174	57.3	45.2
<b>County Public Health Department Expenditures</b>					
<a href="#">County Public Health Department Expenditures</a>	2018	3	\$13,213,818	\$43.40	\$35.20

Data Source: Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration.

\*Data for providers are for a fiscal year, not a calendar year

County Quartiles - Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering a rate from most favorable to least favorable by county and dividing the list into 4 groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations. Blanks in this column indicate that not enough data was available to calculate a quartile or that a quartile calculation was not appropriate (i.e. population counts).

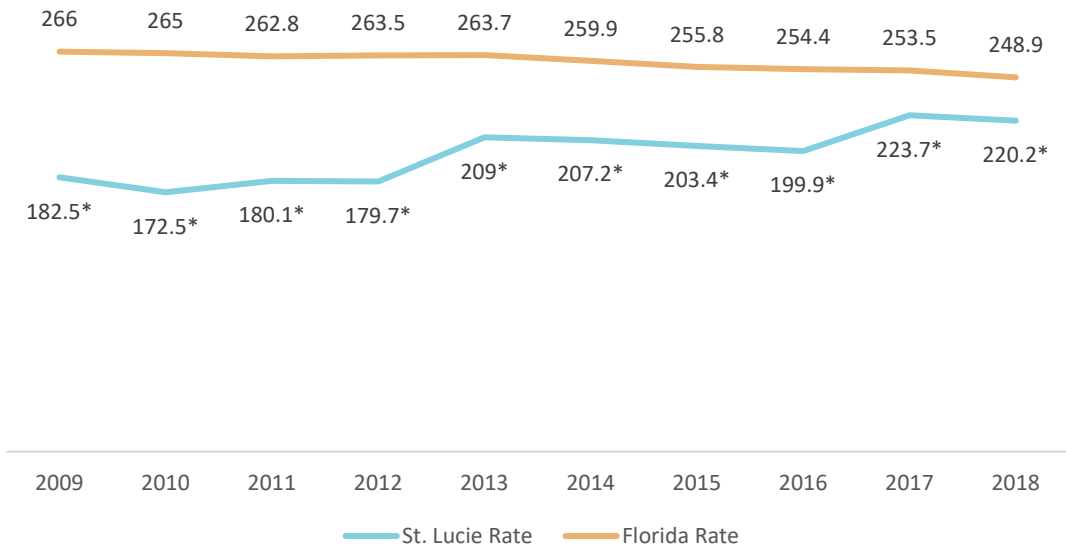
Figure 103. Total Hospital Beds, St. Lucie County, 2009 - 2018



\*Rate of the county is statistically significantly lower than the state rate.

Source: Florida Health Charts, 2009 - 2018, Florida Agency for Health Care Administration (AHCA)

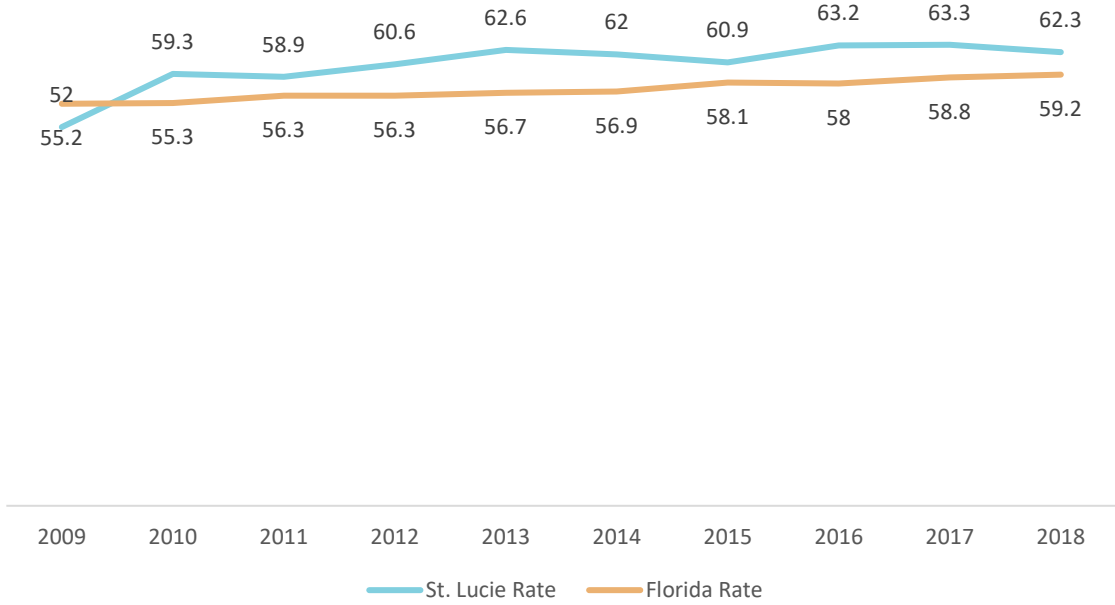
Figure 104. Total Acute Care Beds, Rate per 100,000 Population, St. Lucie County 2009 - 2018



\*Rate of the county is statistically significantly lower than the state rate.

Source: Florida Health Charts, 2009 - 2018, Florida Agency for Health Care Administration (AHCA)

Figure 105. Total Specialty Beds, Rate per 100,000 Population, Single Year, St. Lucie County 2009 - 2018



Source: Florida Health Charts, 2009 - 2018, Florida Agency for Health Care Administration (AHCA)

Figure 106. Total Nursing Home Beds, Single Year Rates

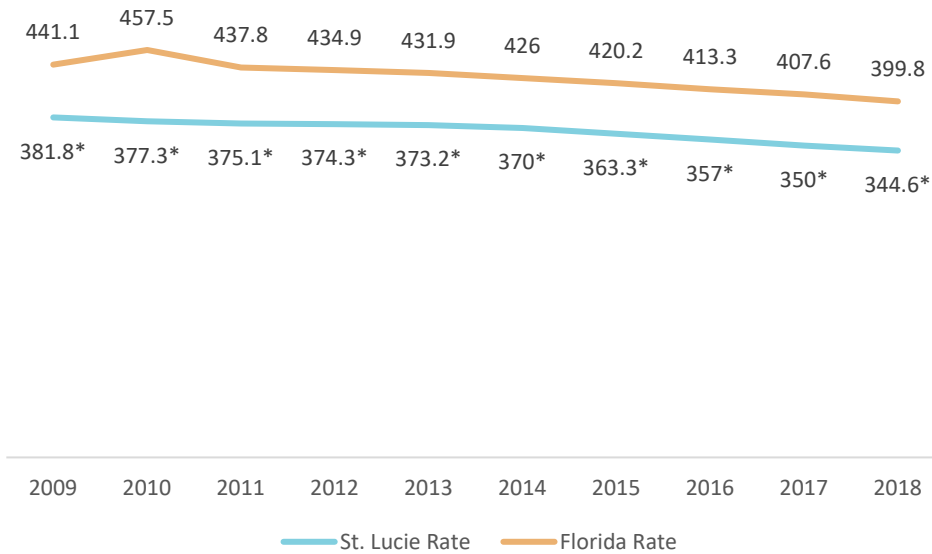
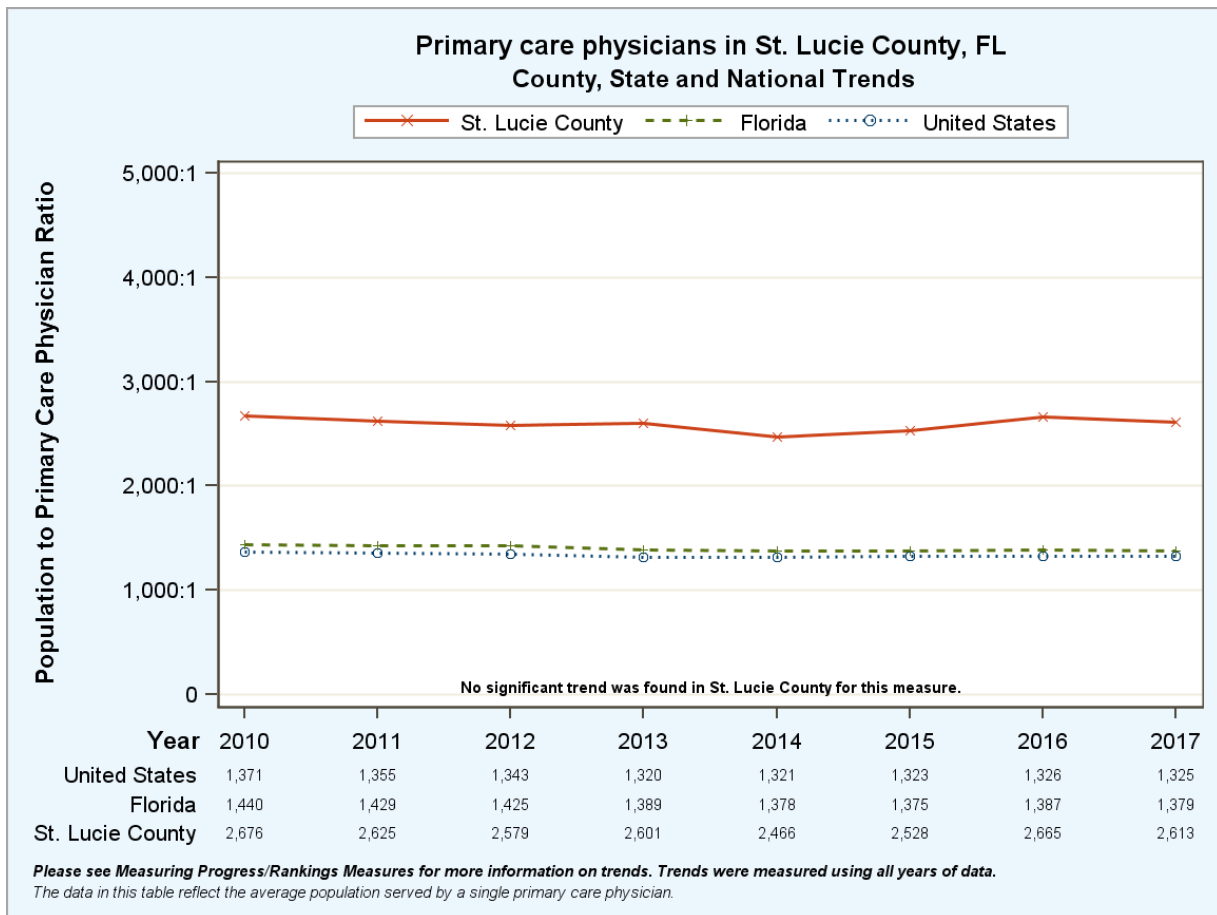
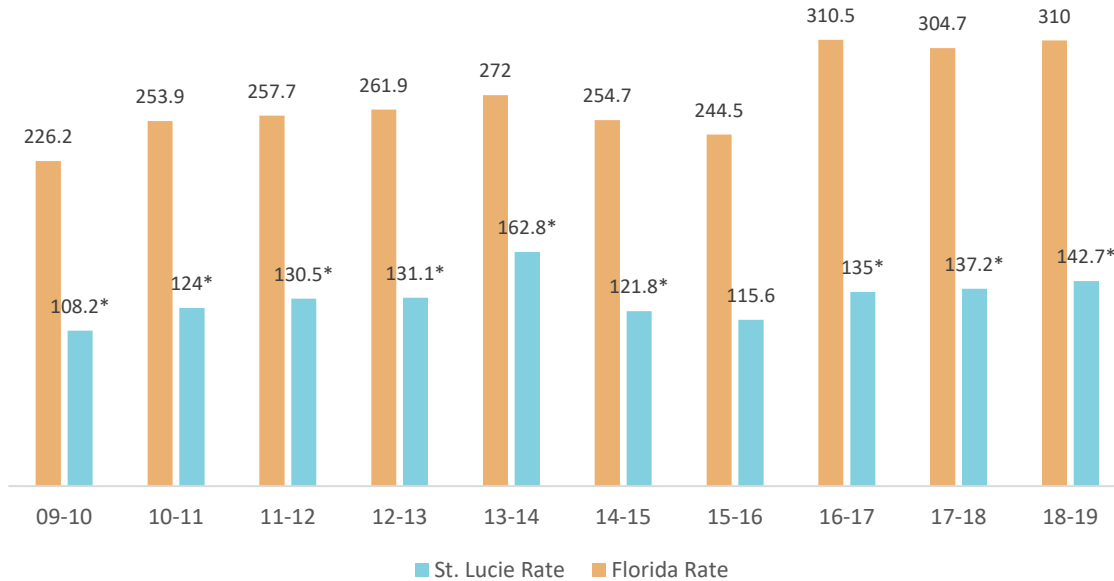


Figure 107. Primary Care Physicians in St. Lucie County 2010 - 2017



Source: County Health Rankings 2020

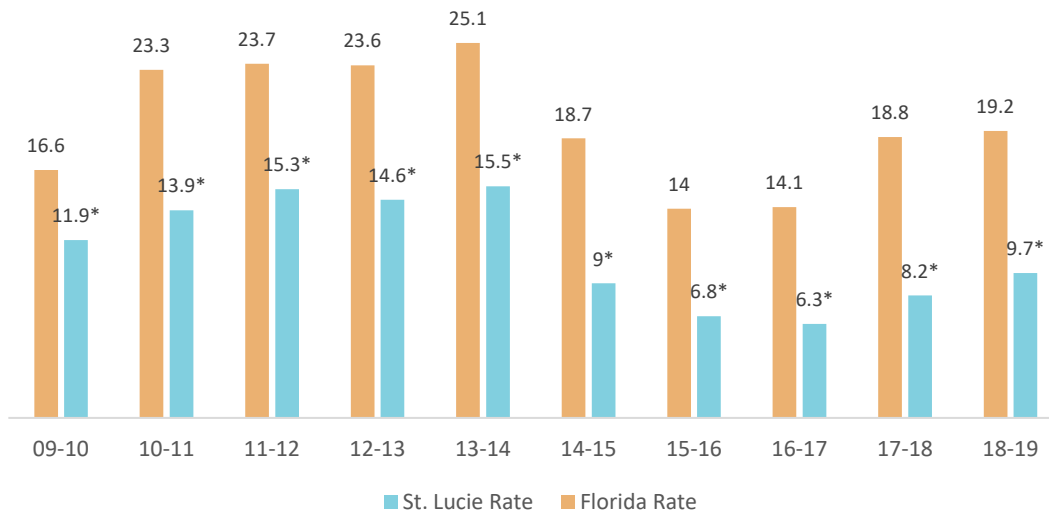
Figure 108. Total Licensed Florida Physicians, Rate per 100,000 Population, St. Lucie County 2009 - 2019



\*Rate was statistically significantly lower for the County than the State.

Source: Florida Health Charts 2009 - 2019, Florida Department of Health, Division of Medical Quality Assurance.  
 Note: Licensure data is for a fiscal year (July 1 - June 30). Data includes active providers only.

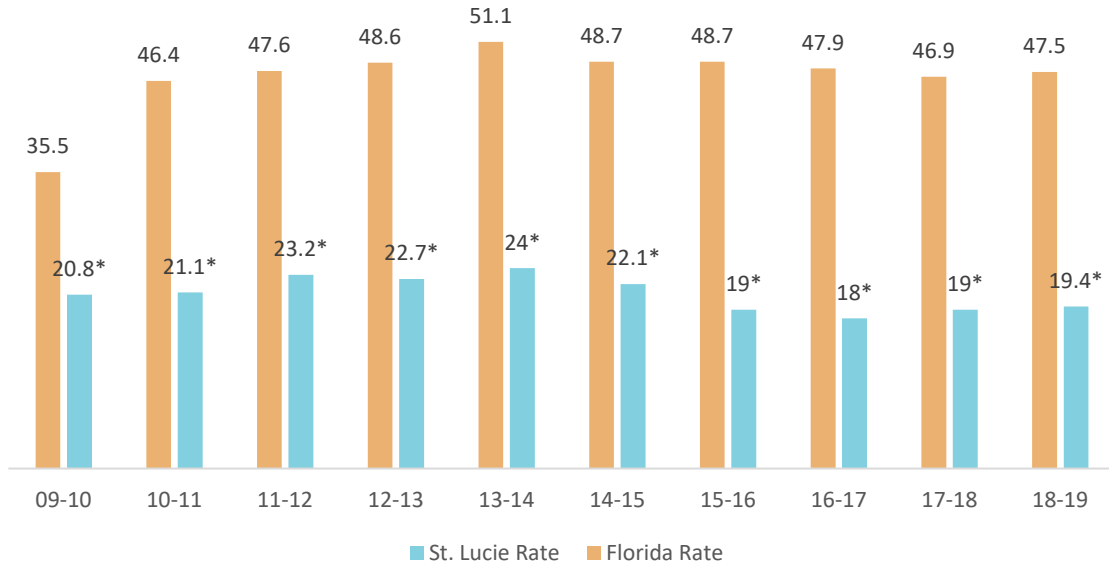
Figure 109. Total Licensed Florida Family Practice Physicians, Rate Per 100,000 St. Lucie County 2009 - 2019



\*Rate was statistically significantly lower for the County than the State.

Source: Florida Health Charts 2009 - 2019, Florida Department of Health, Division of Medical Quality Assurance.  
 Note: Licensure data is for a fiscal year (July 1 - June 30). Data includes active providers only. The specialty information (family practice) is reported voluntarily and is neither required nor verified by the Department.

Figure 110. Total Licensed Florida Internists, Rate per 100,000, St. Lucie County 2009 - 2019

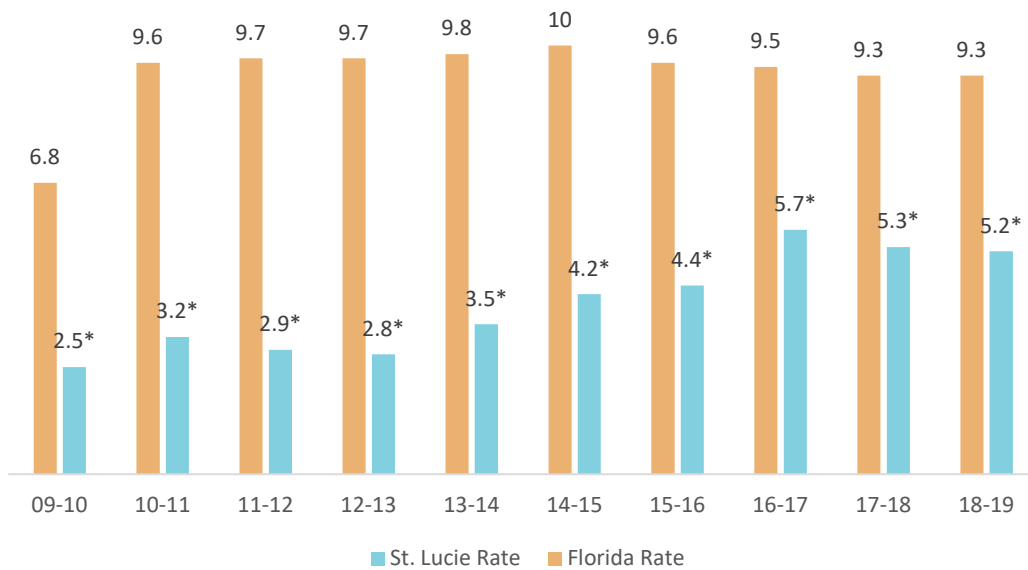


\*Rate was statistically significantly lower for the County than the State.

Source: Florida Health Charts 2009 - 2019, Florida Department of Health, Division of Medical Quality Assurance.

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

Figure 111. Total Licensed Florida OB/GYN, Rate per 100,000, St. Lucie County 2009 -2019



\*Rate was statistically significantly lower for the County than the State.

Source: Florida Health Charts 2009 - 2019, Florida Department of Health, Division of Medical Quality Assurance.

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

According to Florida Charts data, there were 16 licensed OB/GYNs in St. Lucie County in 2018-2019. According to the Florida Department of Health website, there are currently 30 licensed OB/GYNs in St. Lucie County. The following map and table identify the location as well as the names of the licensed OB/GYNs.

*Table 68. Licensed Active OB/GYNs, St. Lucie County June 28, 2020*

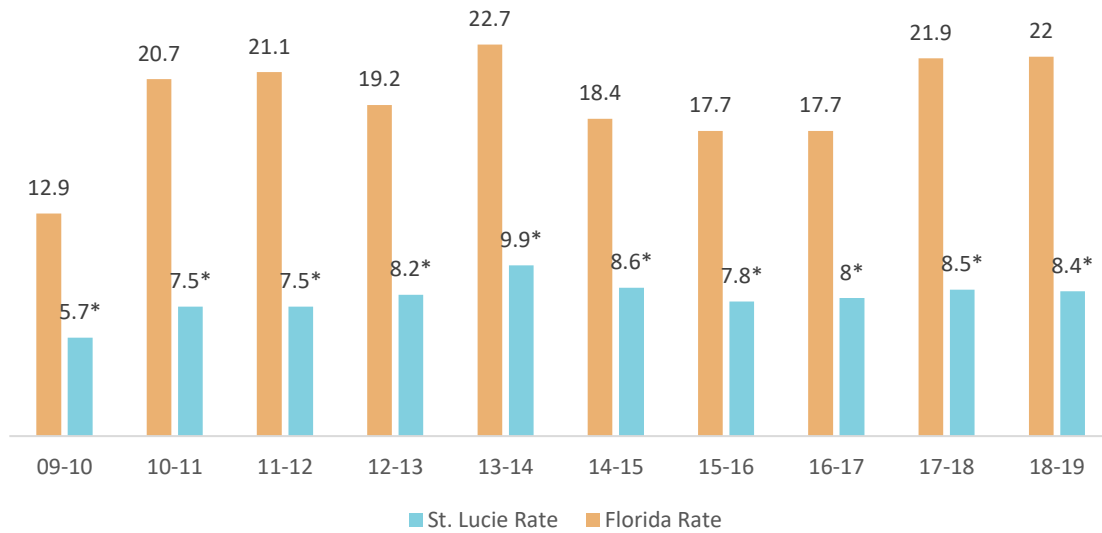
License	Name	Profession	City	County	Zip Code
<b>80279</b>	LEFF, RICKY PHILLIP	Medical Doctor	FT. PIERCE	ST.LUCIE	32950
<b>124940</b>	KETELAAR, PIETER JAN	Medical Doctor	FORT PIERCE	ST.LUCIE	34946
<b>125510</b>	WILLIAMS, ALISHA VALTRISSE	Medical Doctor	FORT PIERCE	ST.LUCIE	34947
<b>9493</b>	NICHOLS, FRED MICHAEL	Osteopathic Phy	FORT PIERCE	ST.LUCIE	34950
<b>39583</b>	KING, WILLIAM BRYAN	Medical Doctor	FT PIERCE	ST.LUCIE	34950
<b>48841</b>	LOMAX-HOMIER, JULIETTE	Medical Doctor	FT PIERCE	ST.LUCIE	34950
<b>56754</b>	LEAVITT, ANDREW CLARK	Medical Doctor	FORT PIERCE	ST.LUCIE	34950
<b>76754</b>	ZOLLICOFFER, CARL DONNELL	Medical Doctor	FORT PIERCE	ST.LUCIE	34950
<b>79129</b>	HOPPE, LEIGH BOVETT	Medical Doctor	FT PIERCE	ST.LUCIE	34950
<b>83618</b>	PIRANI, SHAHEEN HABIB	Medical Doctor	FT PIERCE	ST.LUCIE	34950
<b>115510</b>	BURNEY, JOHN MARCEL JAMES	Medical Doctor	FORT PIERCE	ST.LUCIE	34950
<b>117504</b>	RUHR, DIANE MARIE	Medical Doctor	FORT PIERCE	ST.LUCIE	34950
<b>118105</b>	GIRTELSCHMID, MICHAEL MARIA	Medical Doctor	FORT PIERCE	ST.LUCIE	34950
<b>122826</b>	ELGUERA, ELIZABETH DENISE	Medical Doctor	FORT PIERCE	ST.LUCIE	34950
<b>124211</b>	TAKACS-DI LORENZO, EVA M.	Medical Doctor	FORT PIERCE	ST.LUCIE	34950
<b>45423</b>	ORIA, GONZALO A	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34952
<b>65349</b>	GONZALEZ, PABLO R	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34952
<b>66925</b>	BLOMER, ALLISON	Medical Doctor	PORT ST. LUCIE	ST.LUCIE	34952
<b>84145</b>	SEKHARAN, NARAYANSWAMI CHANDRA	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34952

St. Lucie County Community Health Assessment  
 Adopted June 2020 \* Revised December 2020

License	Name	Profession	City	County	Zip Code
92702	TUTTLE, GEORGE	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34952
97653	ZOLLICOFFER, CHARLES MCKINLEY	Medical Doctor	PORT ST. LUCIE	ST.LUCIE	34952
98053	GOOD, JEFFREY MICHAEL	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34952
100707	HEILMAN, LLOYD DUNCAN	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34952
109252	LALL, CHITRANJAN	Medical Doctor	FORT PIERCE	ST.LUCIE	34952
130420	SOEGAARD, ANTONIO	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34952
78149	MATEO, DAVID	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34954
8788	ROSS, GERALD ALAN	Osteopathic Phy	PORT ST LUCIE	ST.LUCIE	34986
86154	YOO, GRACE HAESUNG	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34986
7408	ZOFFER, MATTHEW SCOTT	Osteopathic Phy	PORT ST. LUCIE	ST.LUCIE	34987
107866	BROWN, ANITRA GABRIELLE	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34987

Source: Florida Department of Health, Practitioner Profile Search, [www.flhealthsource.gov](http://www.flhealthsource.gov)

Figure 112. Total Licensed Florida Pediatricians, Rate per 100,000 Population, St. Lucie County 2009 - 2019



\*Rate was statistically significantly lower for the County than the State.

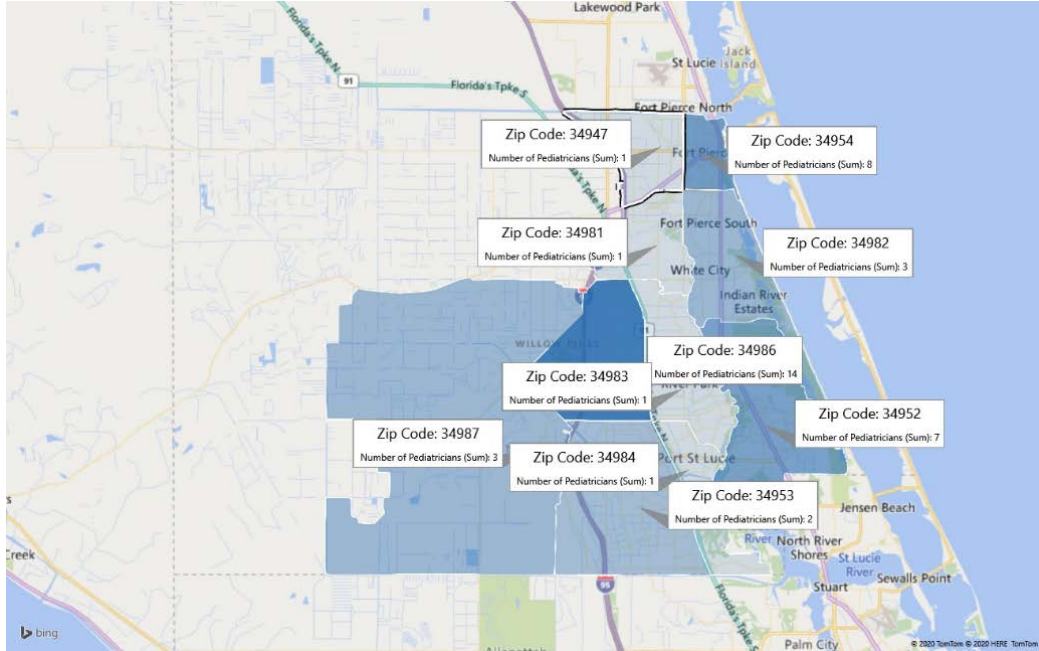
Source: Florida Health Charts 2009 - 2019, Florida Department of Health, Division of Medical Quality Assurance.

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



According to Florida Charts data, there were 26 licensed Pediatricians in St. Lucie County in 2018-2019. According to the Florida Department of Health website, there are currently 41 licensed Pediatricians in St. Lucie County. The following map and table identify the location as well as the names of the licensed Pediatricians.

Figure 113. Licensed Pediatricians in St. Lucie County by Zip Code



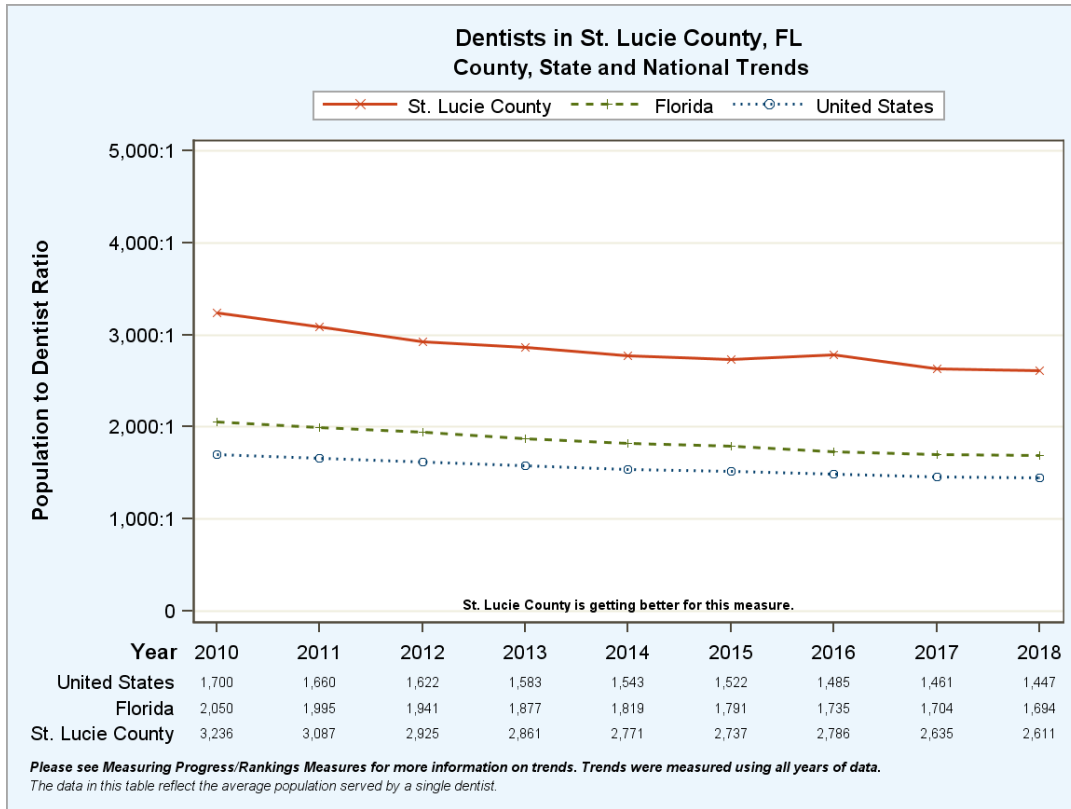
Source: Florida Department of Health, Practitioner Profile Search, [www.flhealthsource.gov](http://www.flhealthsource.gov)

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Table 69. Licensed Active Pediatricians, St. Lucie County June 28, 2020

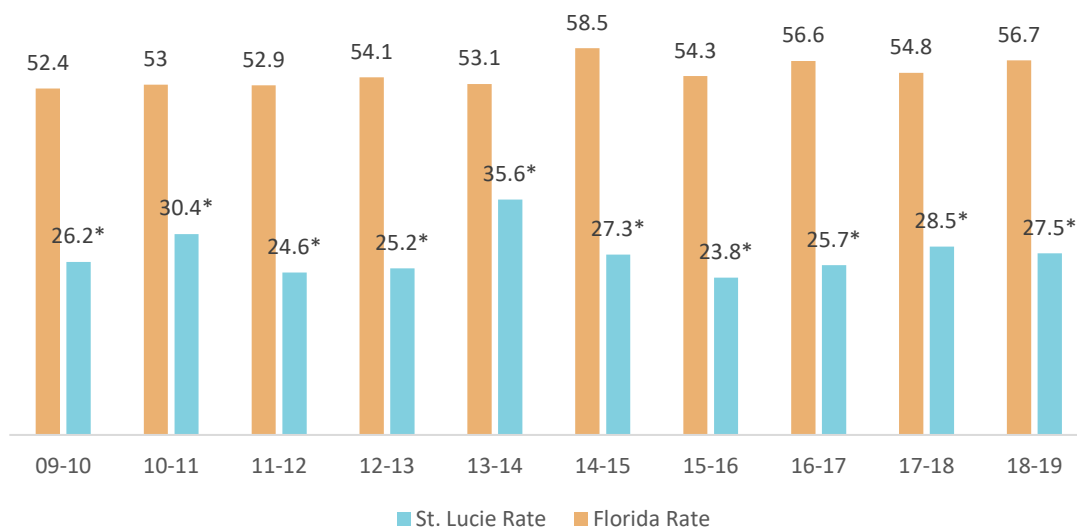
License	Name	Profession	City	County	Zip Code
54098	RODRIGUEZ-TORRES, RAUL	Medical Doctor	FT PIERCE	ST.LUCIE	34947
45922	SCHEEL, LYNN ANNE	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34952
66915	SAWH, PRITHVI RAJ	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34952
70660	RIMMER, SYLVIE ANN	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34952
80942	JAGADISH, ANITHA	Medical Doctor	PORT ST. LUCIE	ST.LUCIE	34952
92702	TUTTLE, GEORGE	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34952
94471	BARRAL, ERNESTO	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34952
104786	GAMEZ, ARTURO	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34952
91787	ROMERO, IRMA E	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34953
108559	DANIELS, KERRI ALICIA	Medical Doctor	PORT ST. LUCIE	ST.LUCIE	34953
44748	LAROYA, PRUDENCIO ESTOLERO	Medical Doctor	FORT PIERCE	ST.LUCIE	34954
58912	CEPEDA, GIRALDO ENRIQUE	Medical Doctor	FORT PIERCE	ST.LUCIE	34954
74497	RETURETA, JULIA MARIE	Medical Doctor	FT PIERCE	ST.LUCIE	34954
81942	VALCOURT, LUCIENNE DELTOR	Medical Doctor	FORT PIERCE	ST.LUCIE	34954
101264	MANGUIAT, EMERLITA QUIJANO	Medical Doctor	FORT PIERCE	ST.LUCIE	34954
118105	GIRTELSCHMID, MICHAEL MARIA	Medical Doctor	FORT PIERCE	ST.LUCIE	34954
119757	WALKER, BRANDI ADELE	Medical Doctor	FORT PIERCE	ST.LUCIE	34954
121609	KHAN, IMTEYAZ AHMAD	Medical Doctor	FORT PIERCE	ST.LUCIE	34954
50509	WALTERS, DAVID GARTH ANTHON	Medical Doctor	FORT PIERCE	ST.LUCIE	34981
22120	KEPFER-LARRAVE, PERCY D	Medical Doctor	FT PIERCE	ST.LUCIE	34982
42865	KRIMSLEY, ALAN SCOTT	Medical Doctor	FT. PIERCE	ST.LUCIE	34982
49671	MAKHNI, PARVEEN BALA	Medical Doctor	FORT PIERCE	ST.LUCIE	34982
79897	APONTE-TAPIA, MILTON M	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34983
117955	ARDITO, ALISON LYNN	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34984
43985	LAGUERRE, BEAUVAIS	Medical Doctor	PORT ST. LUCIE	ST.LUCIE	34986
57821	SONENBLUM, MICHAEL EVAN	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34986
67142	GUERRIER, GEORGES CLAUDE	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34986
72967	JAMPOL, MICHAEL RICHARD	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34986
73005	PUTTER, BERNARD SAUL	Medical Doctor	PORT ST. LUCIE	ST.LUCIE	34986
86904	DOMESEK, JAMES M	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34986
87578	RIZO, MARIA LUDY	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34986
96420	CATO, CHELLISE SIMONE	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34986
99554	KOBLEGARD, WENDELL ALLISON	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34986
104611	MUOIO, JESSICA ELLEN	Medical Doctor	PORT ST. LUCIE	ST.LUCIE	34986
115811	MONDESIR, MONIQUE	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34986
126322	MELENDEZ, LIZA M.	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34986
126942	LAUREDAN, BERNIER	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34986
128936	SOTO, MARIA BERNARDITA	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34986
93497	ESPINOZA, VERONICA DEL ROCIO	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34987
106021	DRUMMOND, SHELLEY ROXANNE ANTOINE	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34987
135774	Berman, Paul Murray	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34987

Figure 114. Dentists in St. Lucie County 2010 - 2018



Source: County Health Rankings 2020

Figure 115. Total Licensed Florida Dentists, Rate per 100,000 Population, St. Lucie County 2009 - 2019



\*Rate was statistically significantly lower for the County than the State.

Source: Florida Health Charts 2009 - 2019, Florida Department of Health, Division of Medical Quality Assurance.  
 Note: Licensure data is for a fiscal year (July 1 - June 30). Data includes active providers only.

Figure 116. Visits to doctor for routine checkup within the past year among adults by census tract, Port St. Lucie city 2016

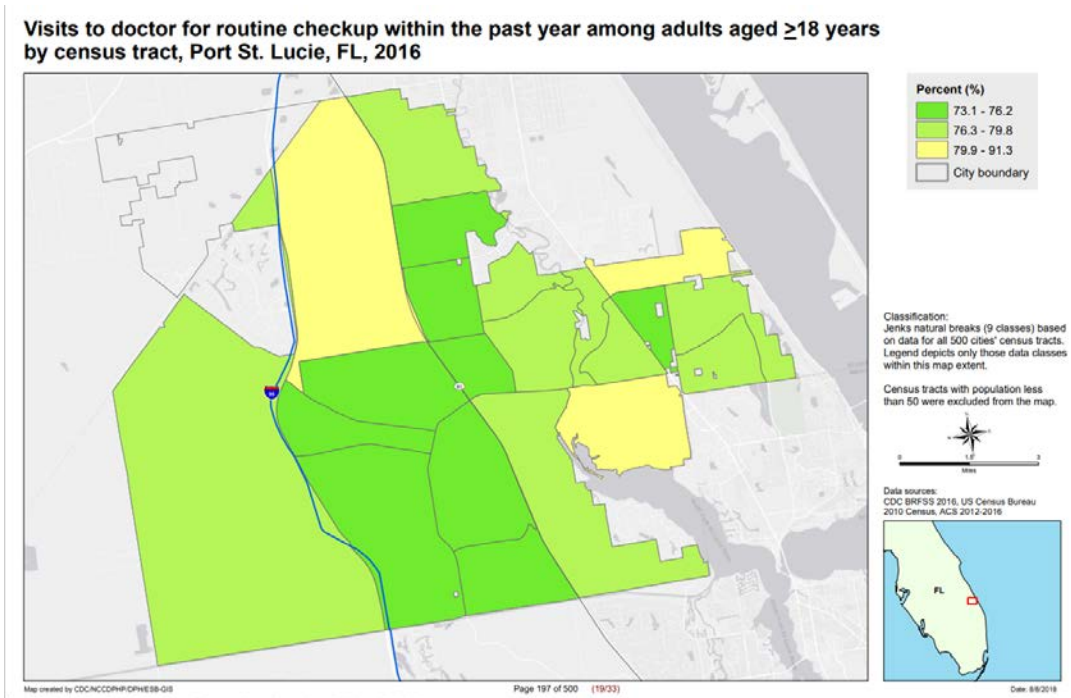


Figure 117. Visits to dentist or dental clinic among adults aged  $\geq 18$  years by census tract, Port St. Lucie city 2016

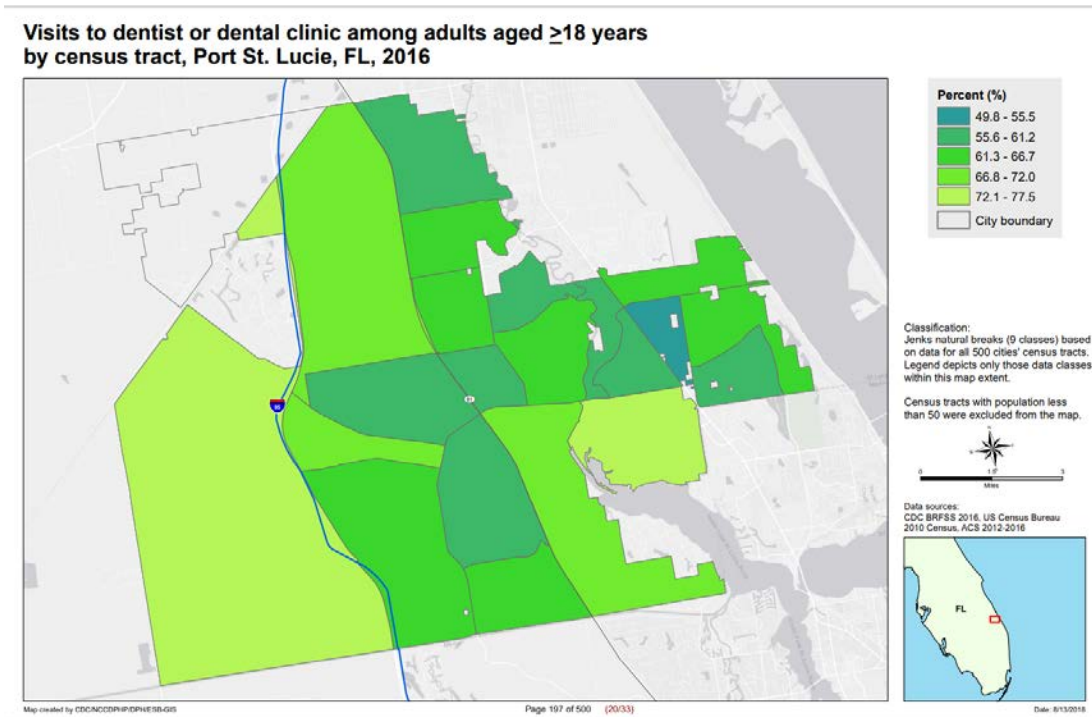




Figure 118. Taking medicine for high blood pressure control among adults age  $\geq 18$  years with high blood pressure by census tract, Port St. Lucie city 2016

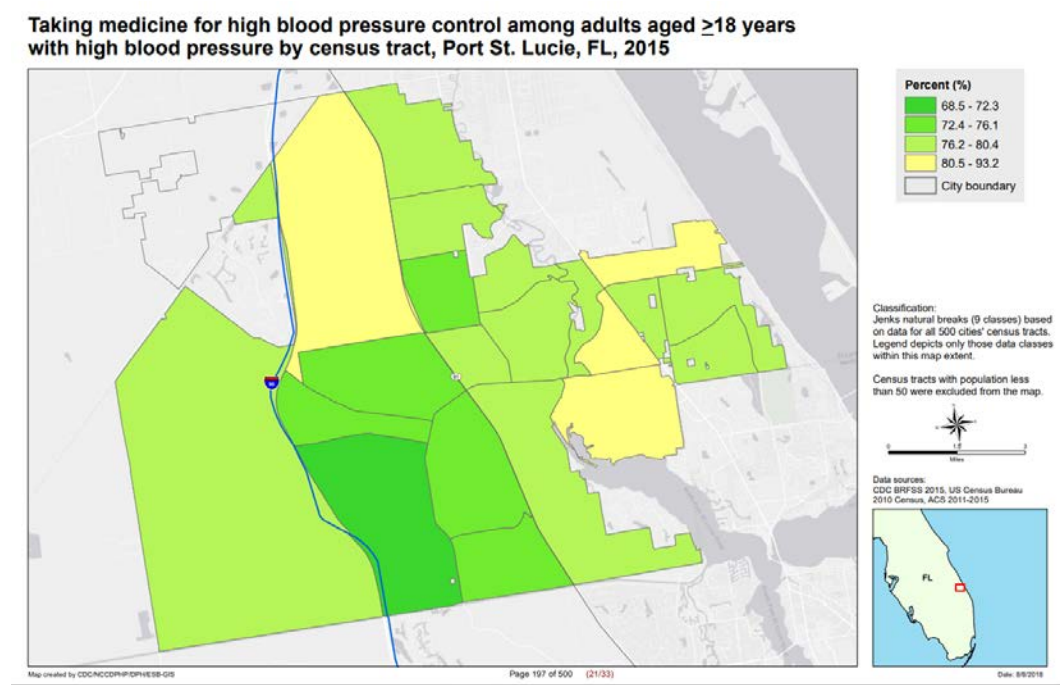


Figure 119. Cholesterol screening among adults aged  $\geq 18$  years by census tract, Port St. Lucie city 2016

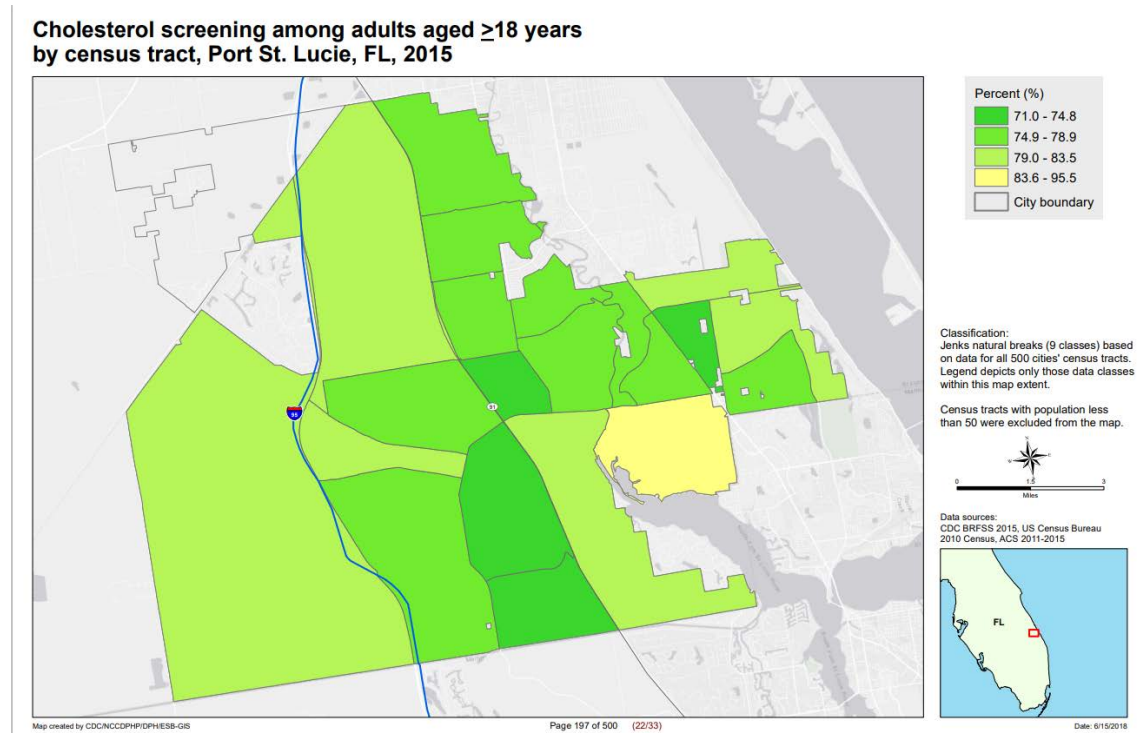


Figure 120. Mammography use among women aged 50-74 years by census tract, Port St. Lucie city 2016

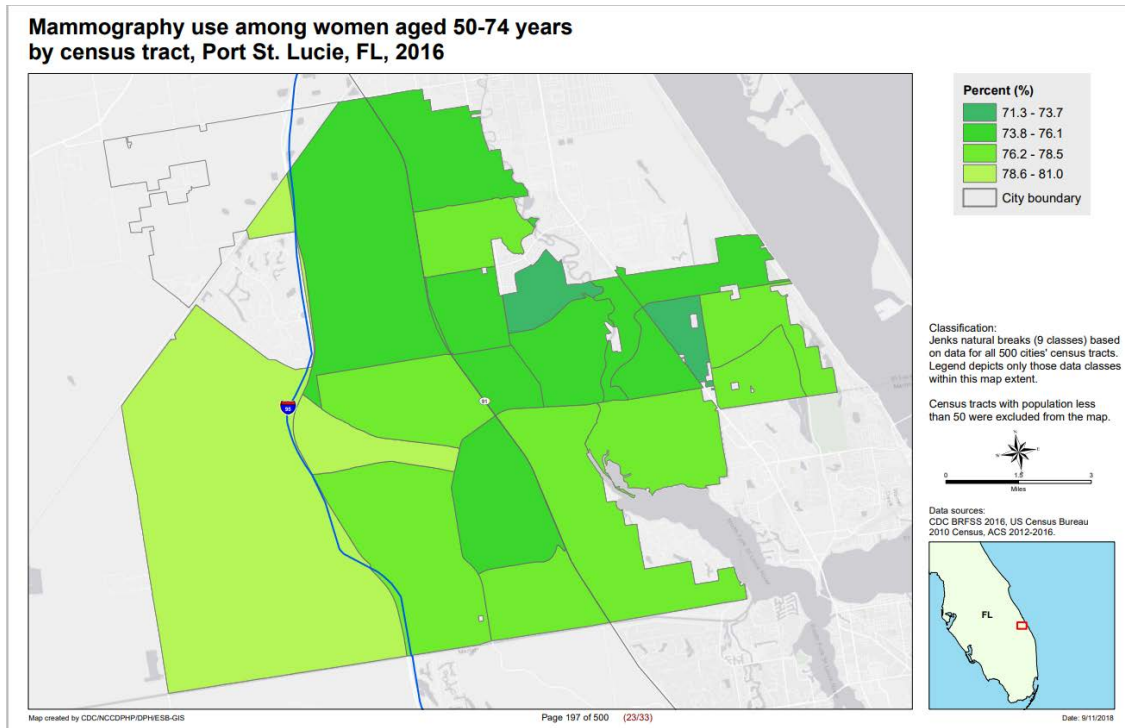


Figure 121. Papanicolaou smear use among adult women aged 21-65 years by census tract, Port St. Lucie city 2016

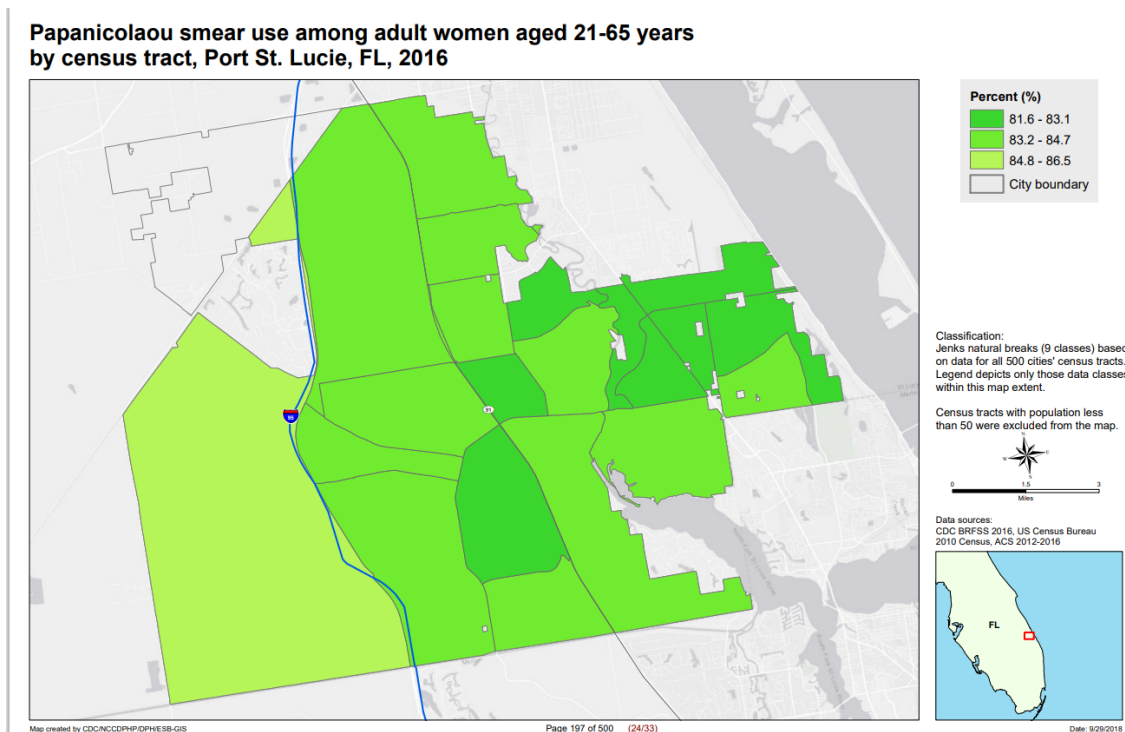


Figure 122. Fecal occult blood test, sigmoidoscopy, or colonoscopy among adults aged 50-75 years by census tract, Port St. Lucie city 2016

**Fecal occult blood test, sigmoidoscopy, or colonoscopy among adults aged 50-75 years by census tract, Port St. Lucie, FL, 2016**

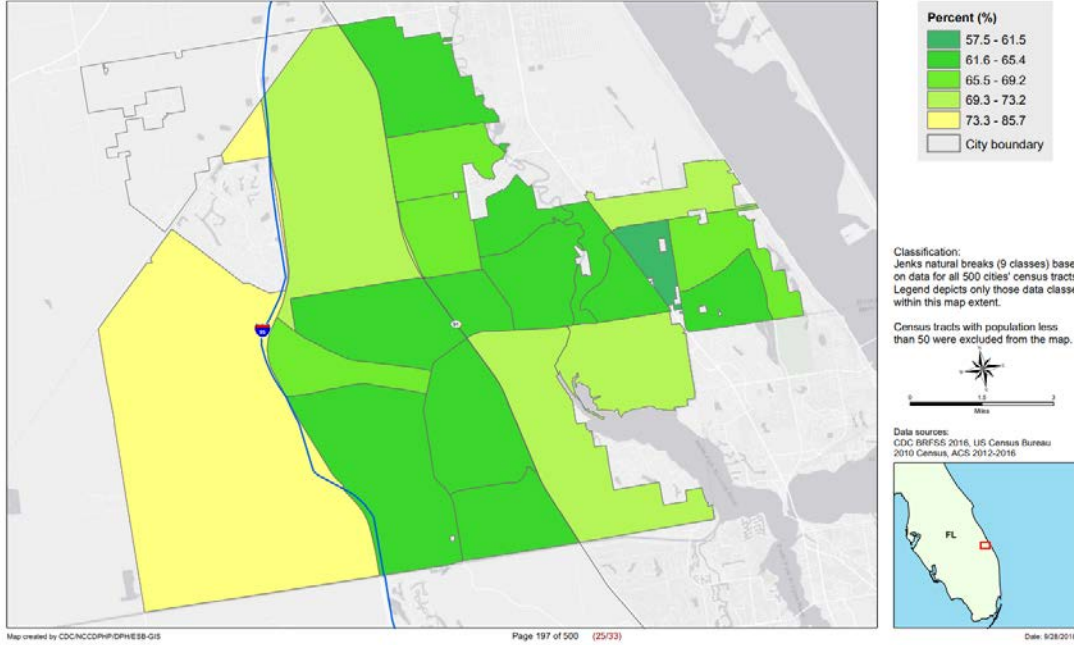


Figure 123. Older adult men aged  $\geq 65$  years who are up to date on a core set of clinical preventive services by census tract, Port St. Lucie city 2016

**Older adults men aged  $\geq 65$  years who are up to date on a core set of clinical preventive services by census tract, Port St. Lucie, FL, 2016**

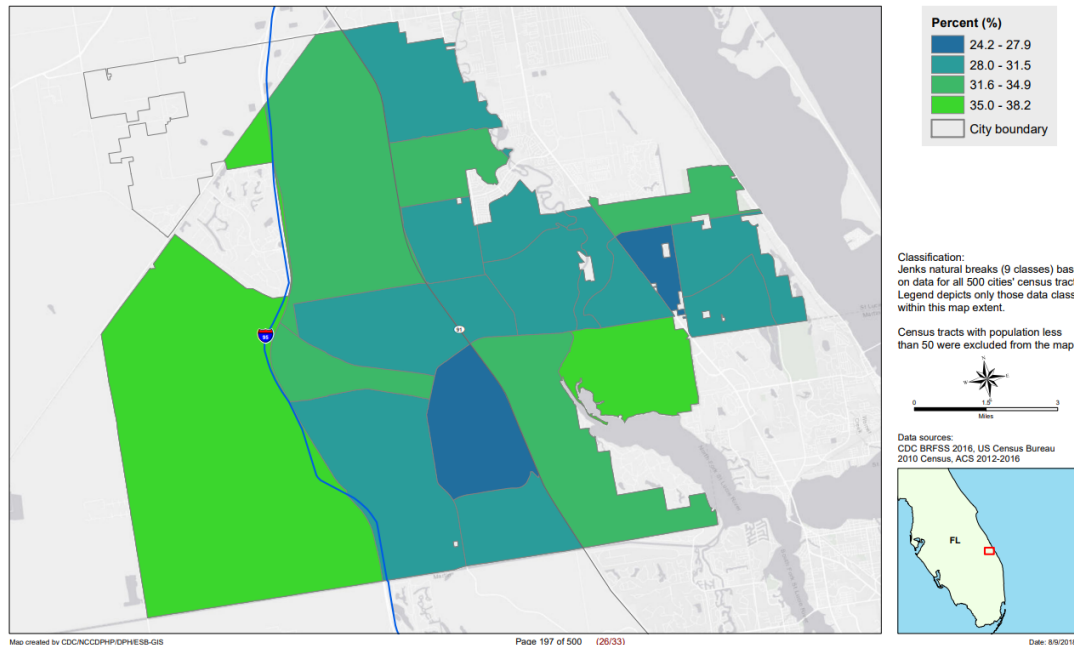


Figure 124. Older adult women aged ≥65 years who are up to date on a core set of preventive services by census tract, Port St. Lucie city 2016

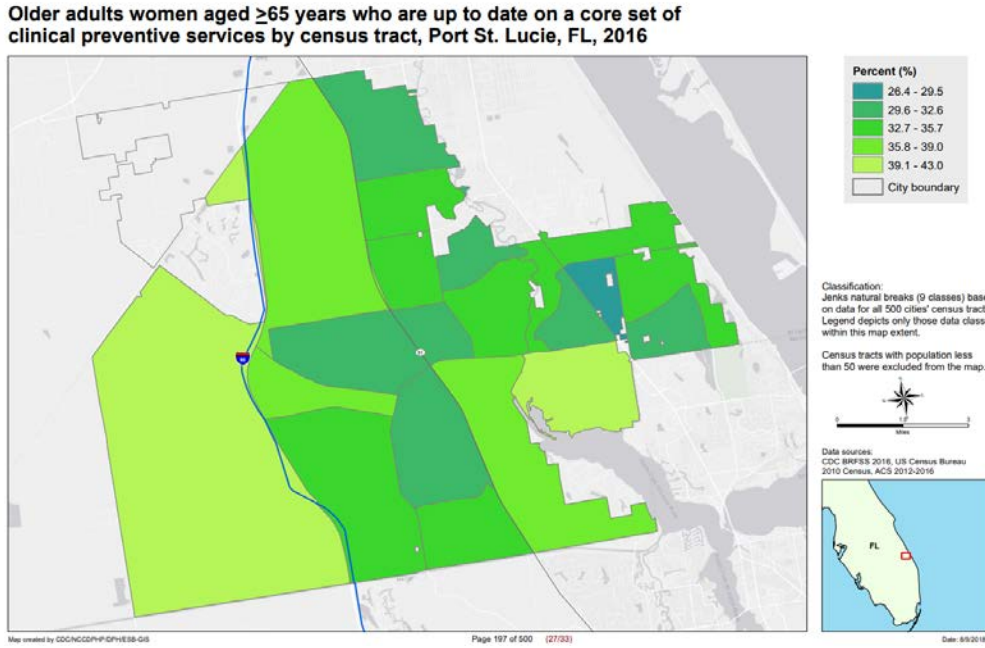
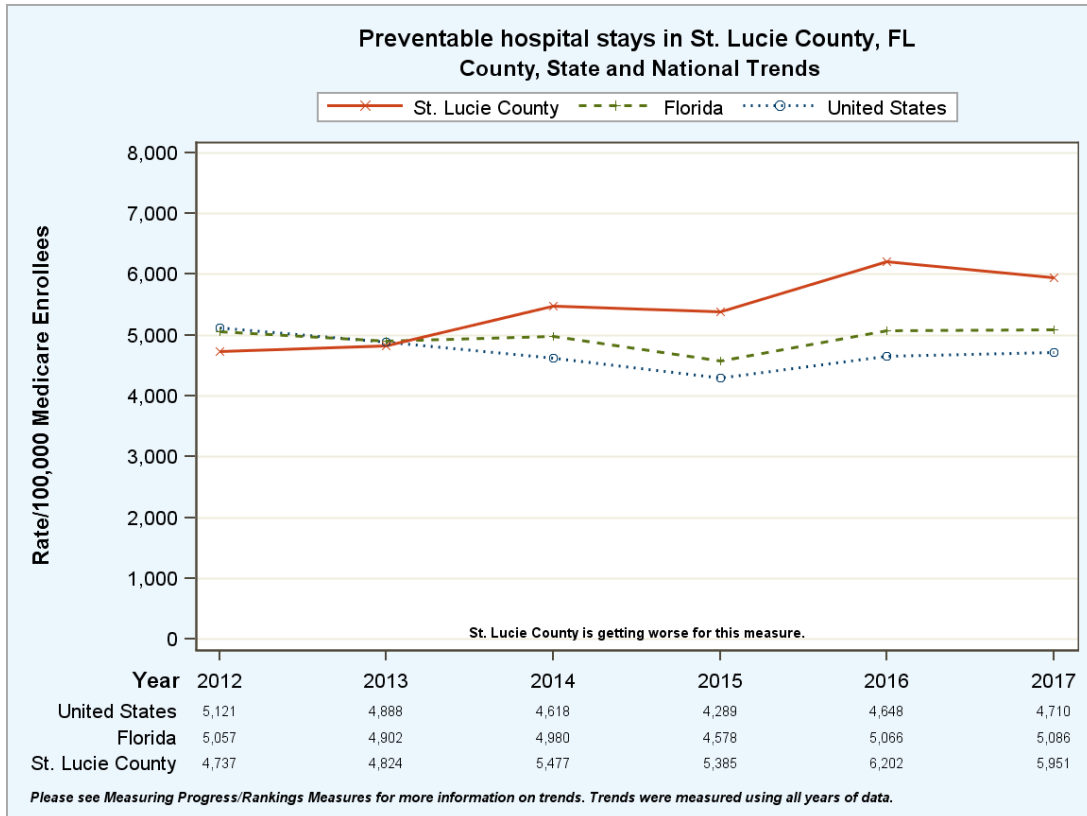


Figure 125. Preventable Hospital Stays in St. Lucie County 2012 - 2017



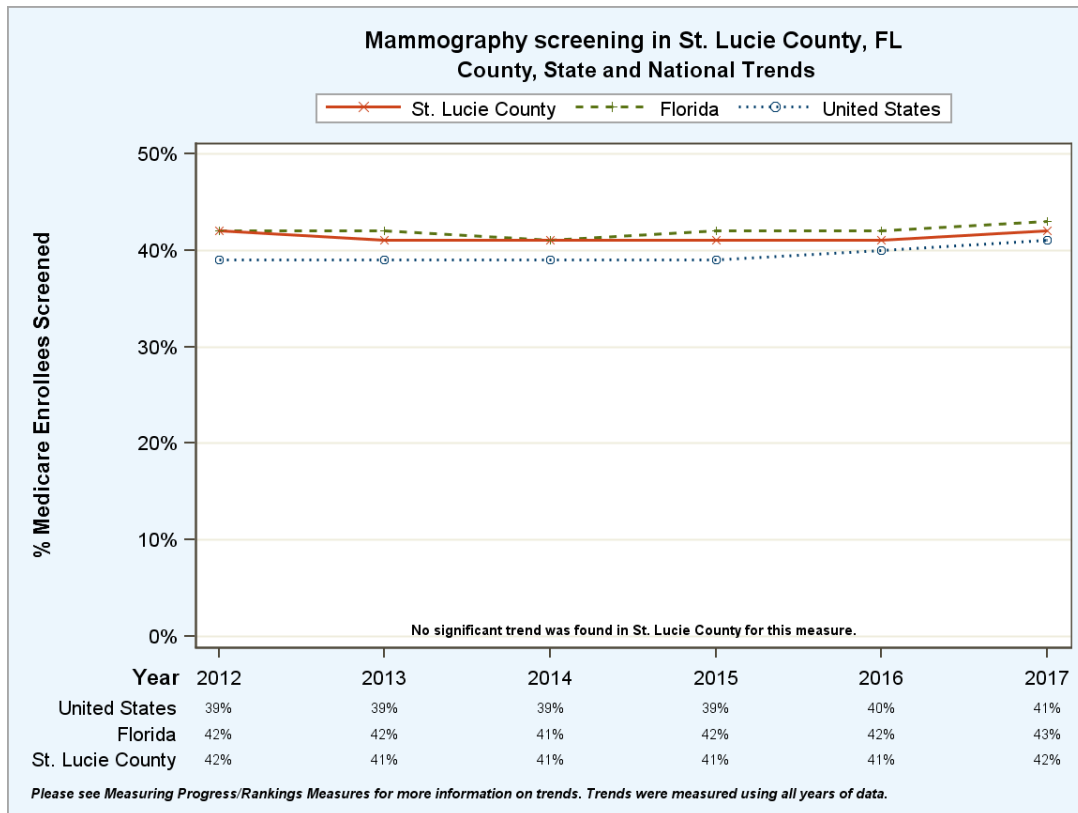
Source: County Health Rankings 2020



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	Value
<b>Preventable Hospitalization Rate</b>	<b>5,951</b>
Asian	2,892
Black	8,887
Hispanic	5,987
White	5,557

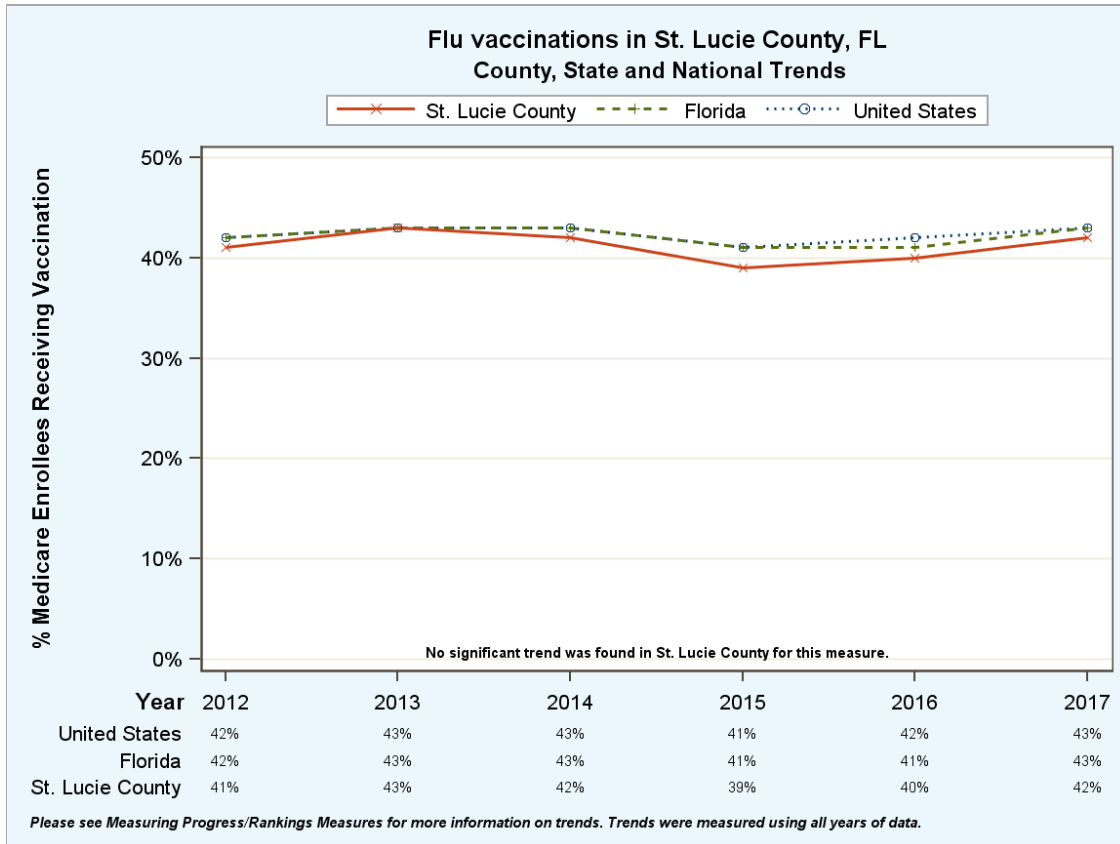
Figure 126. Mammography Screening in St. Lucie County 2012 - 2017



Source: County Health Rankings 2020

<b>% Screened</b>	<b>42%</b>
Asian	35%
Black	41%
Hispanic	36%
White	42%

Figure 127. Flu Vaccinations in St. Lucie County, 2012 - 2017



Source: County Health Rankings 2020

<b>% Vaccinated</b>	<b>42%</b>
Asian	36%
Black	26%
Hispanic	33%
White	44%

The following figure provides an overview of the Health Factors data (Health Behaviors) for St. Lucie County compared to the top U.S. performers and the state of Florida.

Figure 128. Health Behaviors, County Health Rankings 2020

	St. Lucie County	Trend ⓘ	Error Margin	Top U.S. Performers ⓘ	Florida	Rank (of 67) ⓘ
Health Factors						30
Health Behaviors						23
Adult smoking	18% ⓘ		18-19%	14%	16%	
Adult obesity	30%	↘	27-33%	26%	27%	
Food environment index	6.8			8.6	6.9	
Physical inactivity	30%	↘	27-33%	20%	26%	
Access to exercise opportunities	78%			91%	89%	
Excessive drinking	16% ⓘ		15-16%	13%	17%	
Alcohol-impaired driving deaths	27%	↗	23-30%	11%	23%	
Sexually transmitted infections	375.8	↗		161.4	476.6	
Teen births	21		20-22	13	21	

Figure 129. Current Adult Smokers, St. Lucie County 2002 - 2016

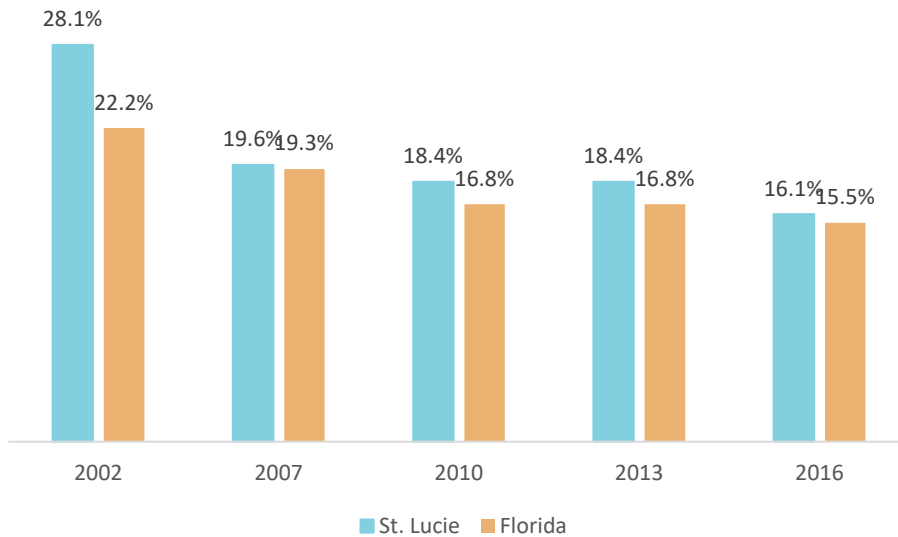


Figure 130. Current Adult Smokers by Age Group, St. Lucie County 2002 - 2016

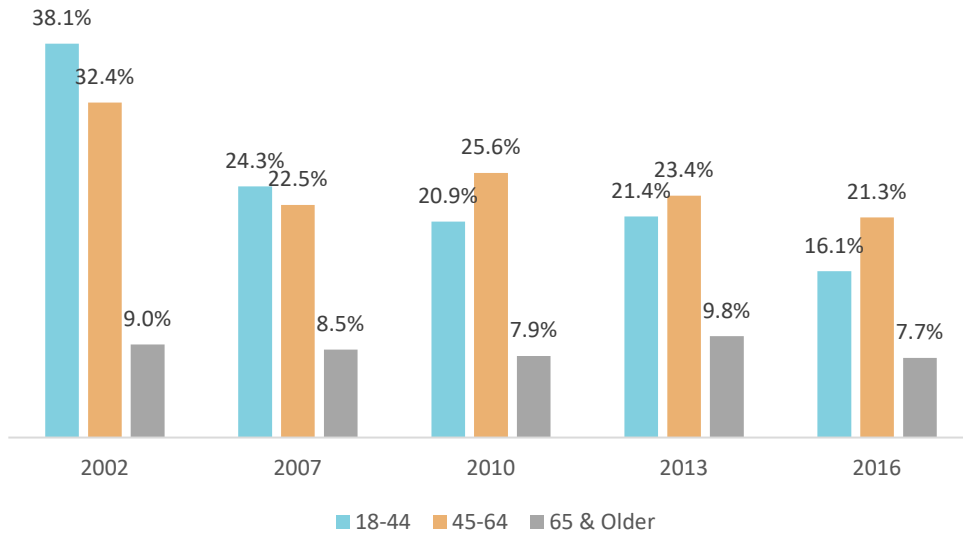


Figure 131. Current Smokers by Race and Ethnicity, St. Lucie County 2002 - 2016

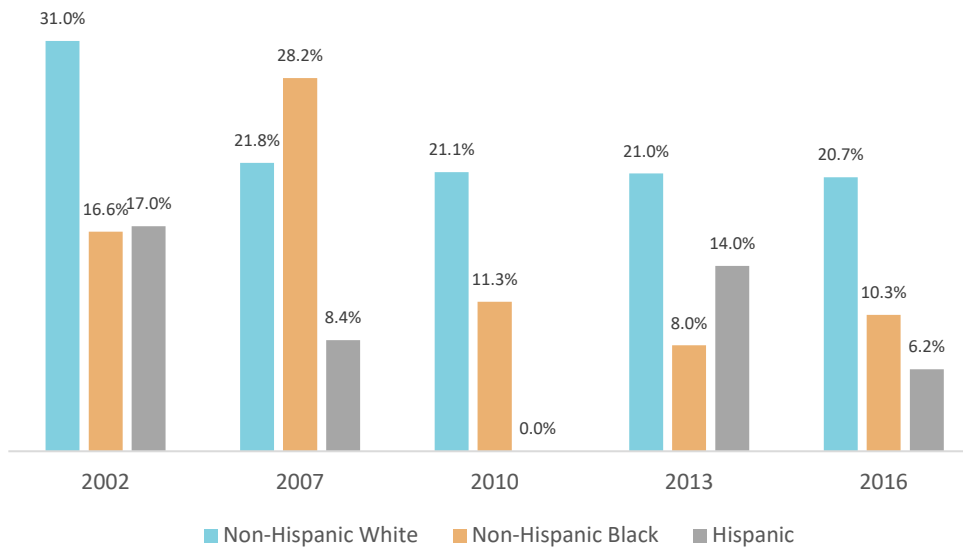


Figure 132. Current Smokers by Sex, St. Lucie County 2002 - 2016



Figure 133. Current smoking among adults aged  $\geq 18$  years by census tract, Port St. Lucie city 2016

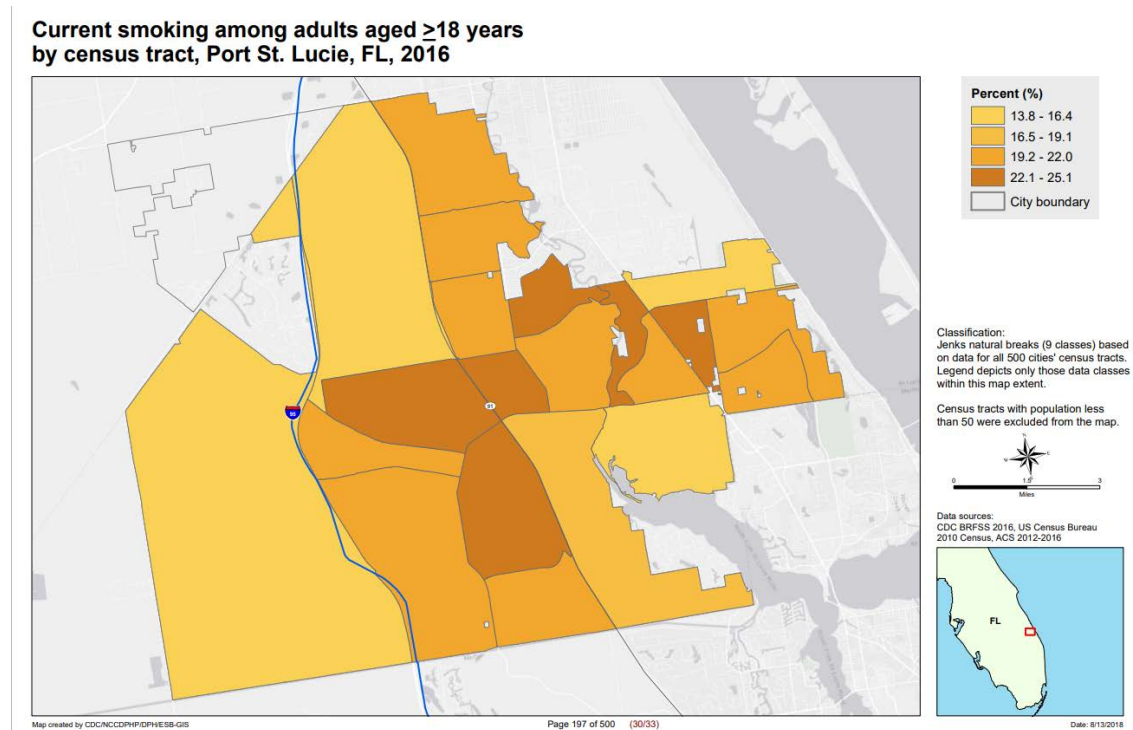


Figure 134. Adult Obesity in St. Lucie County, 2004 - 2016

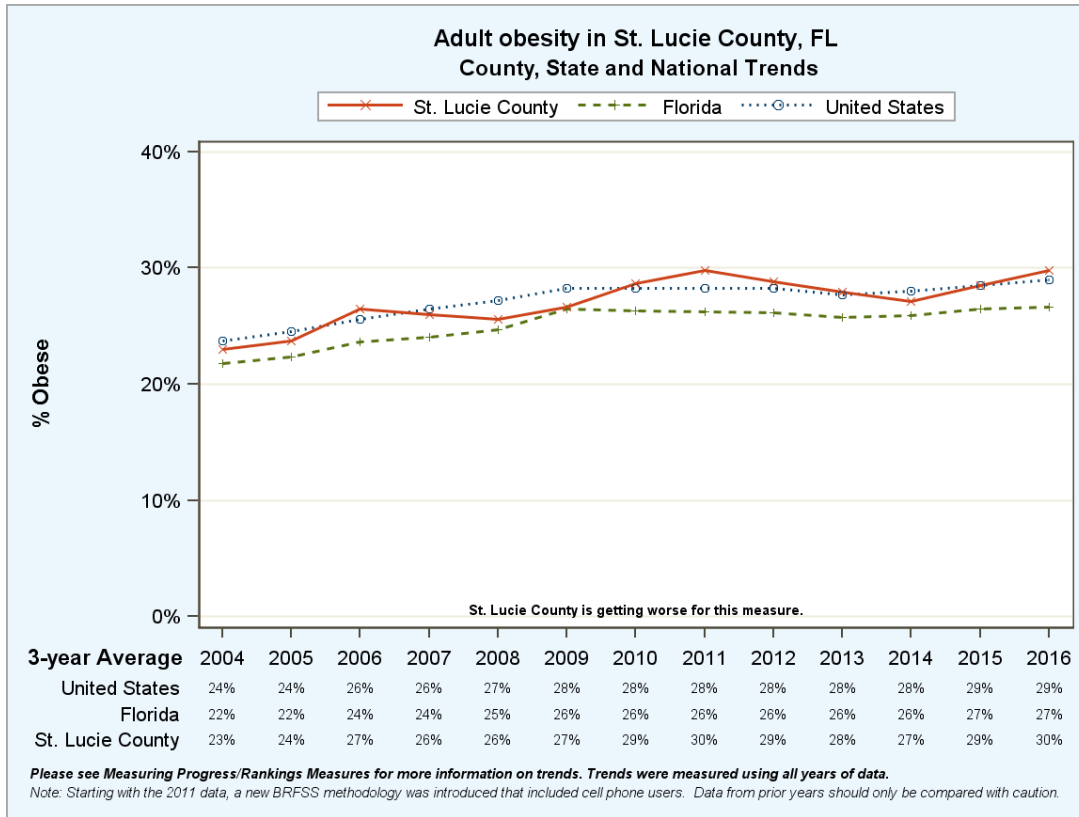


Figure 135. Adults who are Obese, St. Lucie County 2002 - 2016

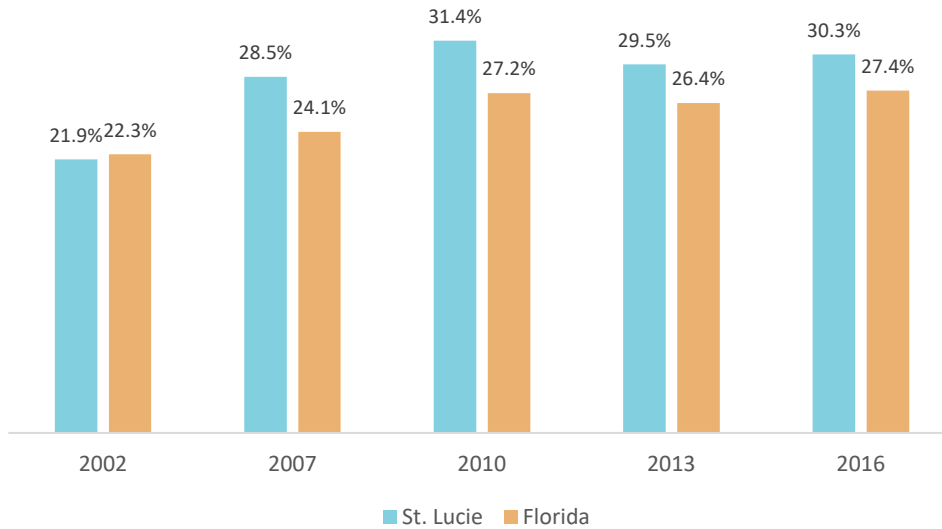


Figure 136. Adults who are Obese by Age Group, St. Lucie County 2002 - 2016

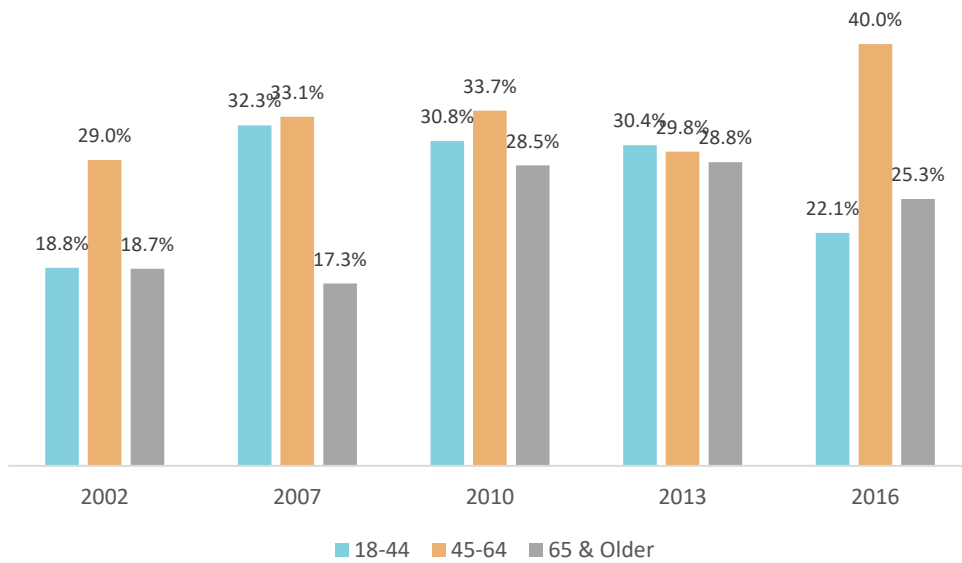


Figure 137. Adults who are Obese by Race and Ethnicity, St. Lucie County 2002 - 2016

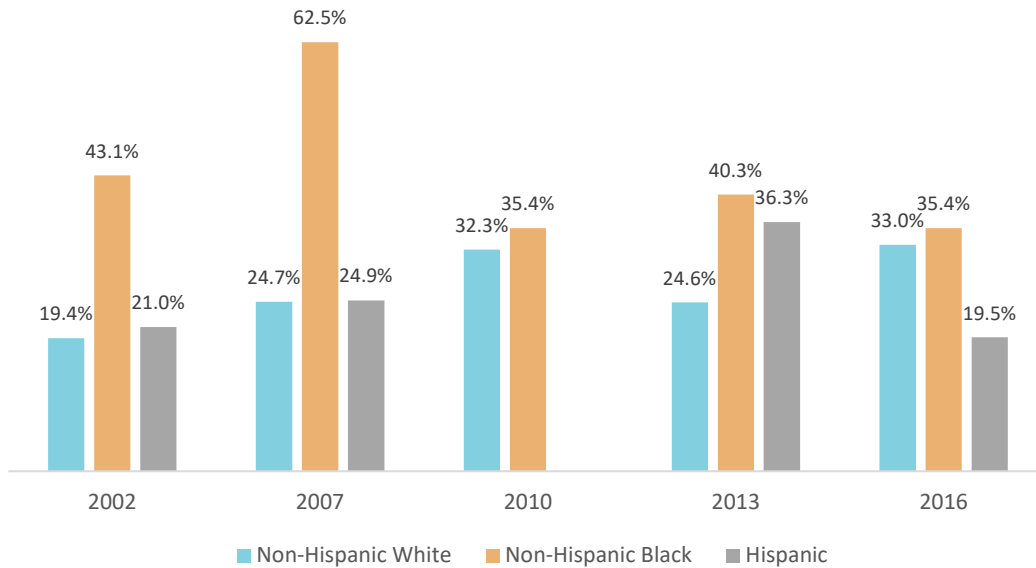
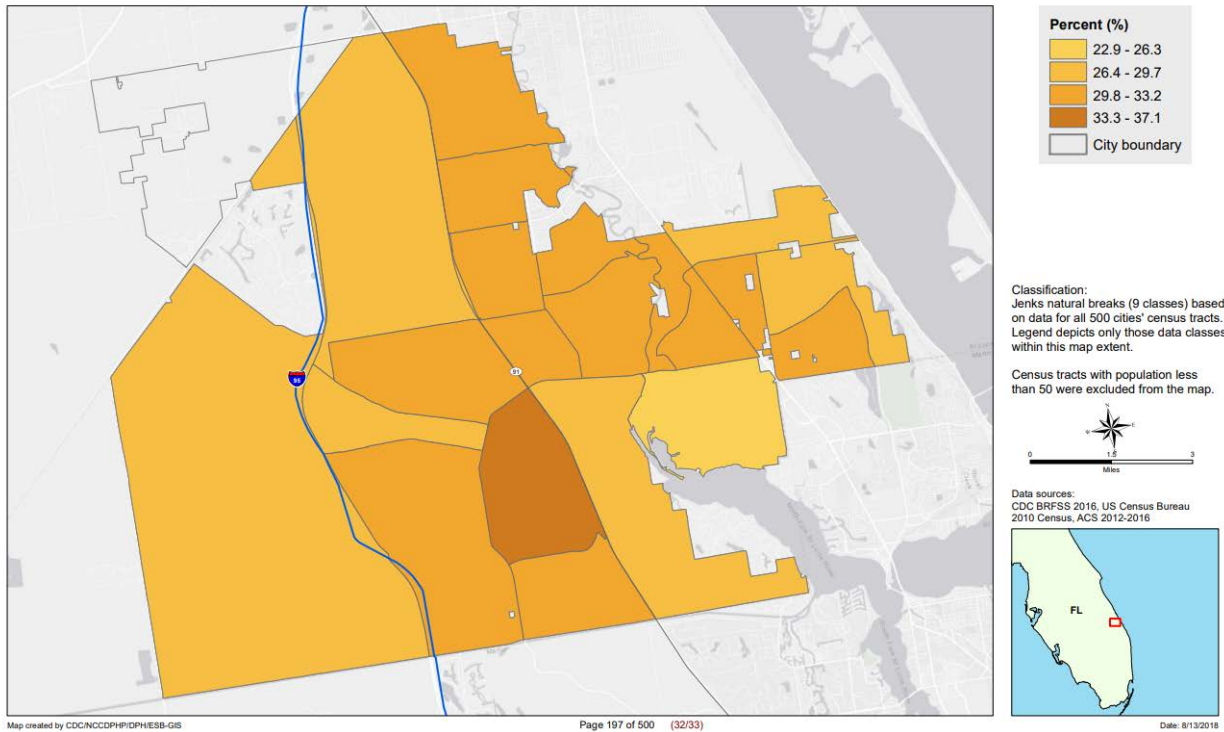


Figure 138. Adults who are Obese by Sex, St. Lucie County 2002 - 2016



Figure 139. Obesity among adults aged 18 years and older by census tract, Port St. Lucie city 2016

**Obesity among adults aged 18 years and older  
 by census tract, Port St. Lucie, FL, 2016**

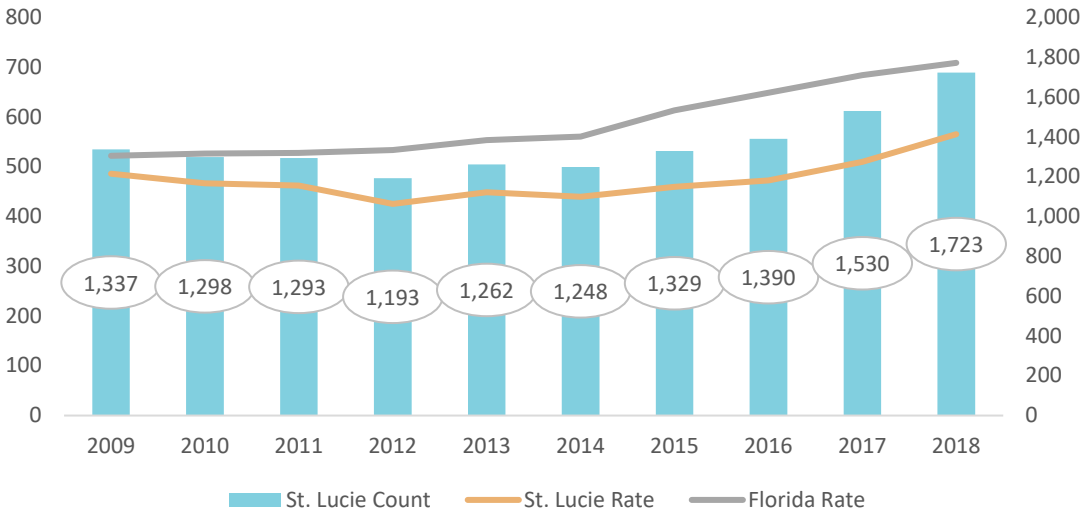




### Bacterial Sexually Transmitted Diseases

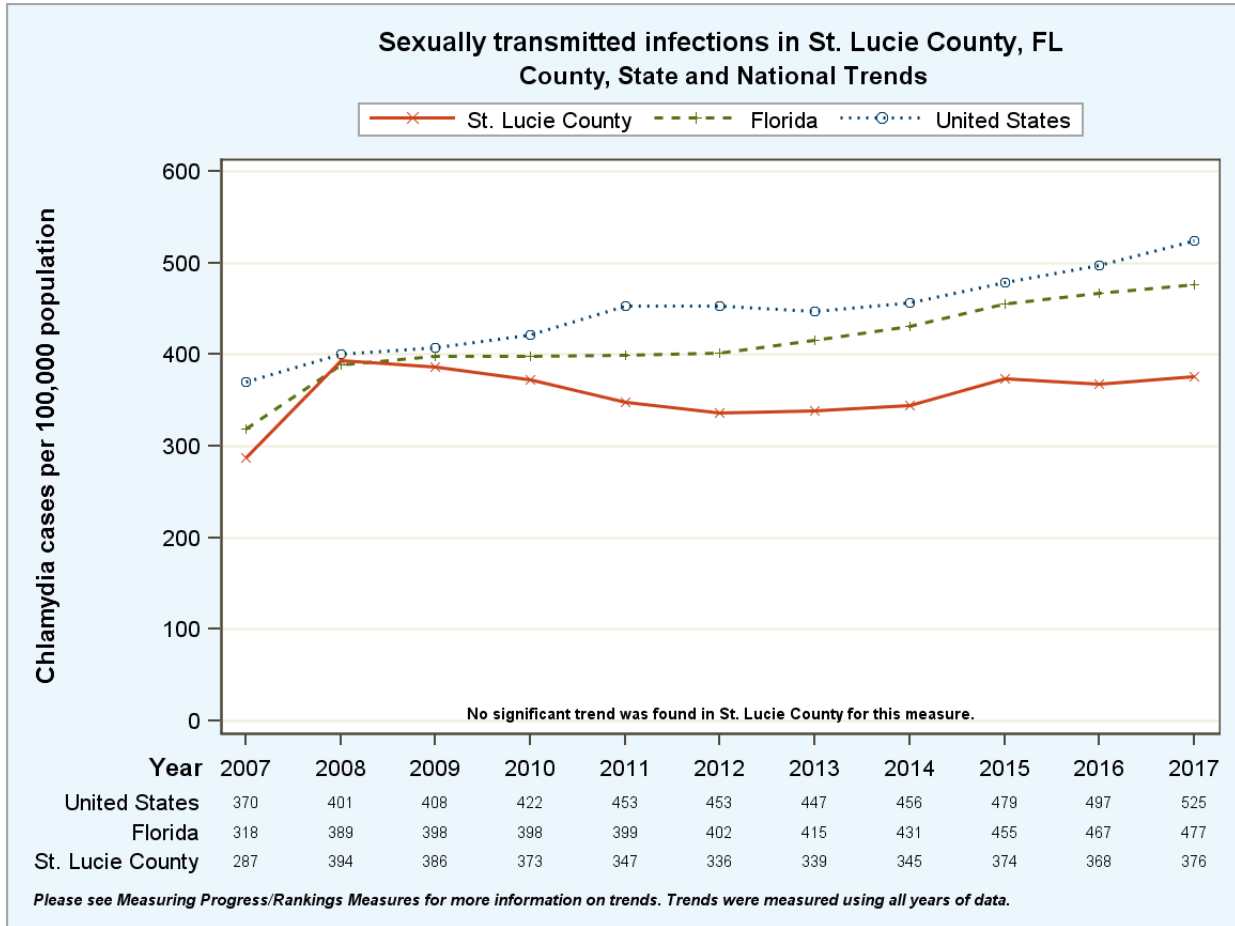
Bacterial Sexually Transmitted Diseases (STDs) are comprised of three reportable infections in Florida: chlamydia, gonorrhea, and syphilis. Though St. Lucie County's rates have remained below the state rates over the years, there has been a steady increase in the number of cases annually since 2013.

Figure 140. Bacterial Sexually Transmitted Diseases, St. Lucie County 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 141. Sexually Transmitted Infections, St. Lucie County 2007 - 2017



Source: County Health Rankings 2020

## Maternal and Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. In 2018, there were a total of 150,054 females aged 15-44 in St. Lucie County.

Table 70. Females Age 15-44 by Race/Ethnicity, St. Lucie County 2018

Total Females 15-44	150,054	
<b>White</b>	102,758	68.5%
<b>Black</b>	38,283	25.5%
<b>Other</b>	9,013	6.0%
<b>Hispanic</b>	35,422	23.6%
<b>Non-Hispanic</b>	114,632	76.4%

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Figure 142. Overview of Maternal Child Health, St. Lucie County 2016 - 2018

Maternal & Child Health, St. Lucie County, Florida 2016-18							
Indicator(3-Yr Figures)	Data Year	County				County Quartile	State
		White	Black	Hispanic	All Races	1=most favorable 4=least favorable	State
<b>Births</b>							
<a href="#">Average Number of Births Each Year</a>	2016-18	2,004	849	727	3,046	3	223,368
<a href="#">Births to Mothers Ages 15-44 per 1,000 Female Population</a>	2016-18	58.4	66.2	61.3	60.7	2	59.0
<a href="#">Births to Mothers Ages 10-14 per 1,000 Female Population</a>	2016-18	0.2	0.4	0.4	0.2	2	0.2
<a href="#">Births to Mothers Ages 15-19 per 1,000 Female Population</a>	2016-18	14.9	23.2	18.5	17.1	1	18.2
<a href="#">Percent of Births to Unwed Mothers</a>	2016-18	46.2	66.8	46.6	51.7	3	46.7
<b>Infant Deaths</b>							
<a href="#">Infant Deaths (0-364 days) per 1,000 Births</a>	2016-18	3.0	7.5	2.3	4.6	1	6.1
<a href="#">Neonatal Deaths (0-27 days) per 1,000 Births</a>	2016-18	2.0	3.5	1.4	2.5	1	4.1
<a href="#">Postneonatal Deaths (28-364 days) per 1,000 Births</a>	2016-18	1.0	3.9	0.9	2.1	2	2.0
<b>Low Birth Weight</b>							
<a href="#">Percent of Live Births Under 1500 Grams</a>	2016-18	1.1	2.5	1.1	1.5	2	1.6
<a href="#">Percent of Live Births Under 2500 Grams</a>	2016-18	7.3	12.0	7.2	8.9	3	8.7
<a href="#">Preterm with Low Birth Weight</a>	2016-18	5.0	7.8	4.7	5.9	2	6.0
<b>Prenatal Care</b>							
<a href="#">Percent of Births with Prenatal Care Starting in First Trimester</a>	2016-18	72.5	65.1	68.8	70.2	4	77.4
<a href="#">Percent of Births with Prenatal Care Starting Late or No Prenatal Care</a>	2016-18	8.2	11.1	8.0	9.1	4	6.7

Data Source: Florida Department of Health

**Important note regarding births by mothers age:**

Births by mothers age represents the age-specific birth rate (i.e., births to mothers in a specific age group divided by females in the same age group expressed per 1,000 population).

**Important note regarding prenatal care data:**

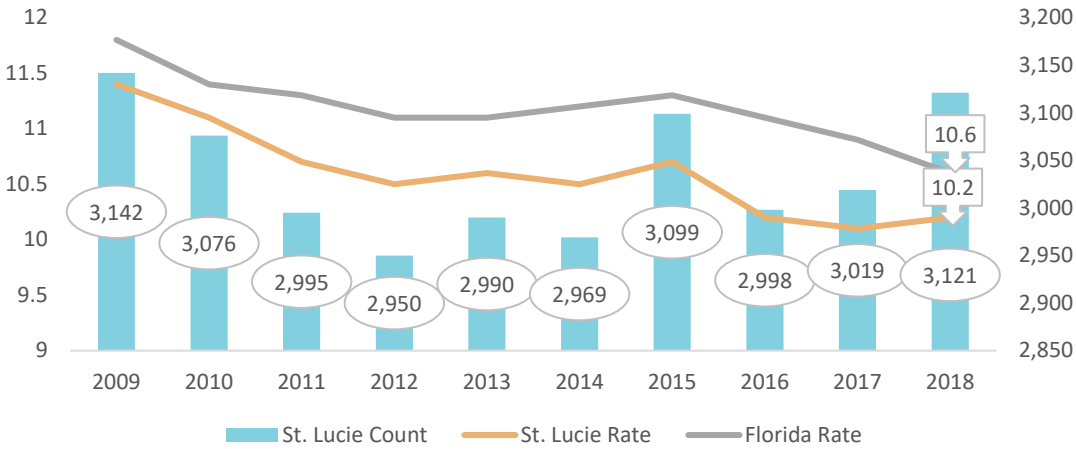
Starting in 2004, trimester prenatal care began is calculated as the time elapsed from the date of the last menstrual period to the date of the first prenatal care visit. Prior to 2004, these data were obtained by direct question that noted the trimester the mother began prenatal care. Consequently, these data are not comparable to that from prior years. Births with unknown information as to when prenatal care began are excluded from the denominator.

**County Quartiles** - Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering a rate from most favorable to least favorable by county and dividing the list into 4 groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations. Blanks in this column indicate that not enough data was available to calculate a quartile or that a quartile calculation was not appropriate (i.e. population counts).

### Birth Count and Rate

There were 3,121 births in St. Lucie County in 2018, an increase from the previous year. However, birth rates have declined steadily over the past to 10.2 births per 1,000 population in 2018 and continues to be lower than the state of Florida.

Figure 143. Birth Rate Per 1,000 Total Population, St. Lucie County 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

### Prenatal Care

Prenatal care can help prevent complications and inform women about important steps they can take to protect their infant and ensure a healthy pregnancy, reduce the risk of pregnancy complications, and improve birth outcomes. Late or no prenatal care is defined as care started in the 3rd trimester (7-9 months) or no medical care received during pregnancy. The following figure shows the percent of births with known prenatal care status and the trimester during which the mother entered prenatal care.

Figure 144. Prenatal Care

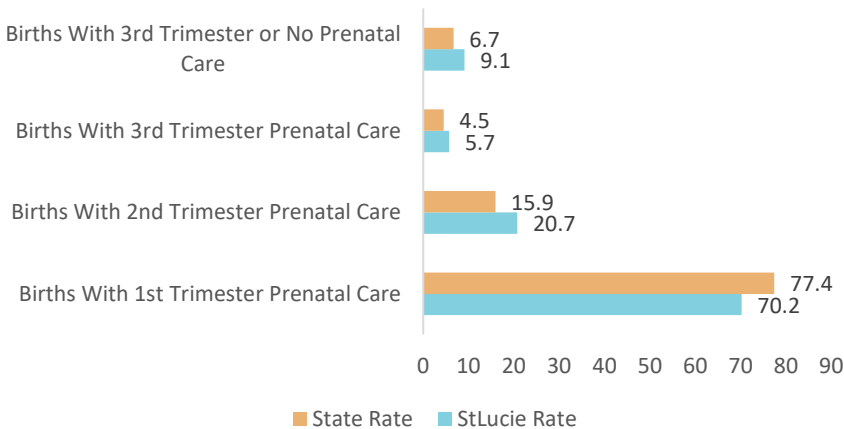
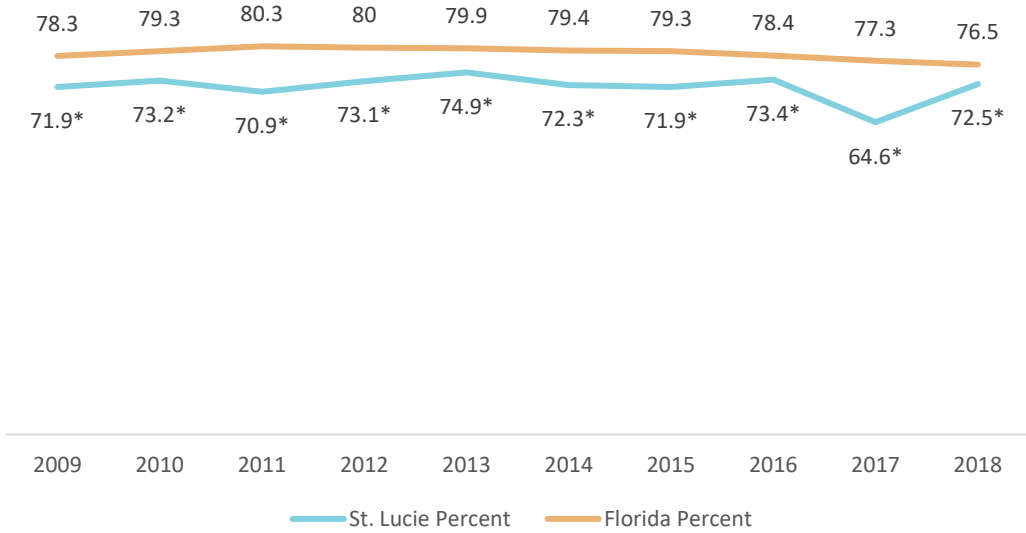
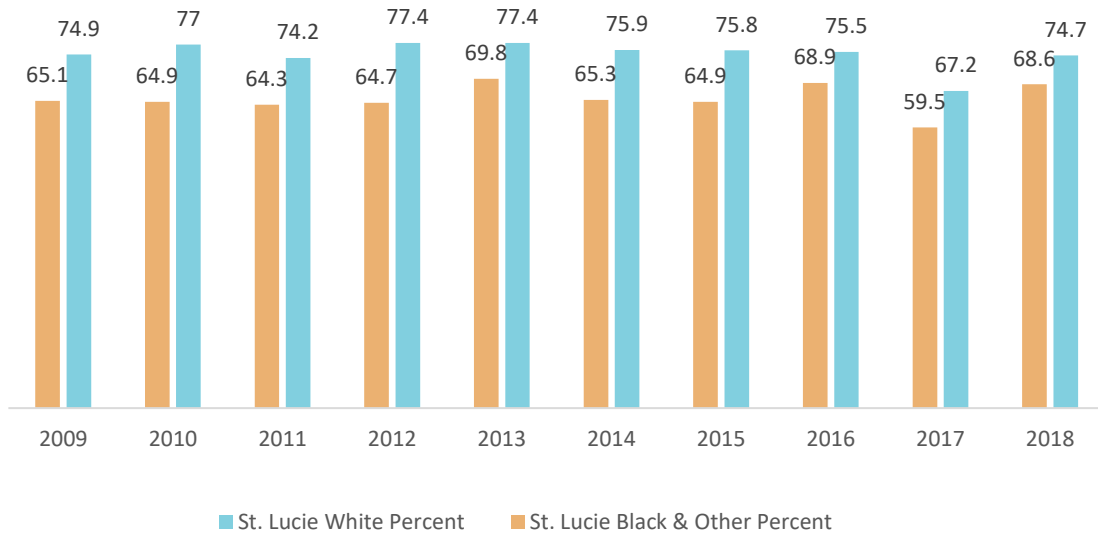


Figure 145. Births to Mothers with 1<sup>st</sup> Trimester Prenatal Care, St. Lucie County 2009 - 2018



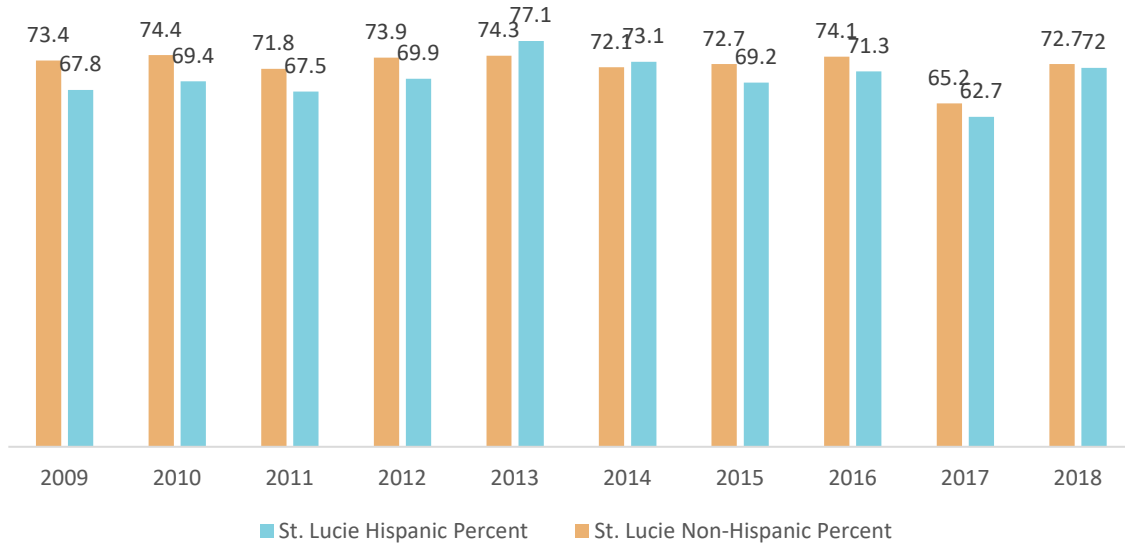
\*Rate for county is statistically significantly lower than the state rate.  
 Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.  
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 146. Births to Mothers with 1<sup>st</sup> Trimester Prenatal Care by Race, St. Lucie County 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.  
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 147. Births to Mothers with 1<sup>st</sup> Trimester Prenatal Care by Ethnicity, St. Lucie County 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.

NOTE: these data are only for pregnancies that ended with a live birth.

The following table shows the zip codes that had the lowest rate of entry into prenatal care AND the highest numbers of births.

Table 71. Zip Codes with Low Rates of 1<sup>st</sup> Trimester Prenatal Care and High Birth Counts, St. Lucie County, 2014 - 2018

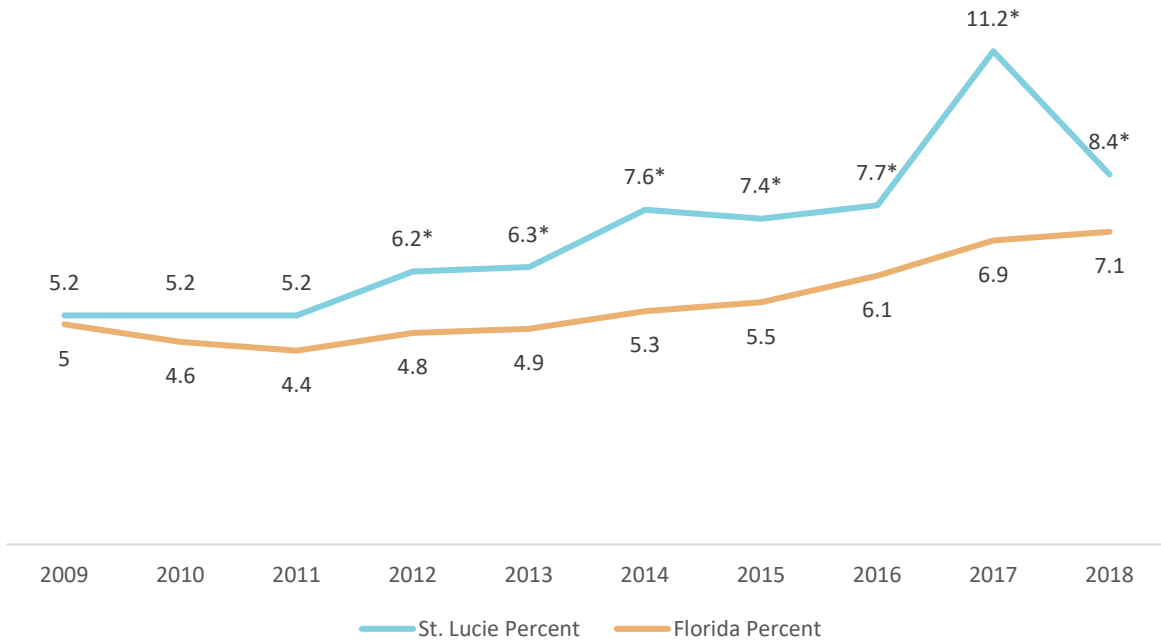
Zip Code	Rate*	Count**
<b>34949</b>	74.6	85
<b>34986</b>	75.3	627
<b>34945</b>	77.7	143

\*Rate is average over a 5-year period, \*\*is total count during the 5-year period

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2014-2018.

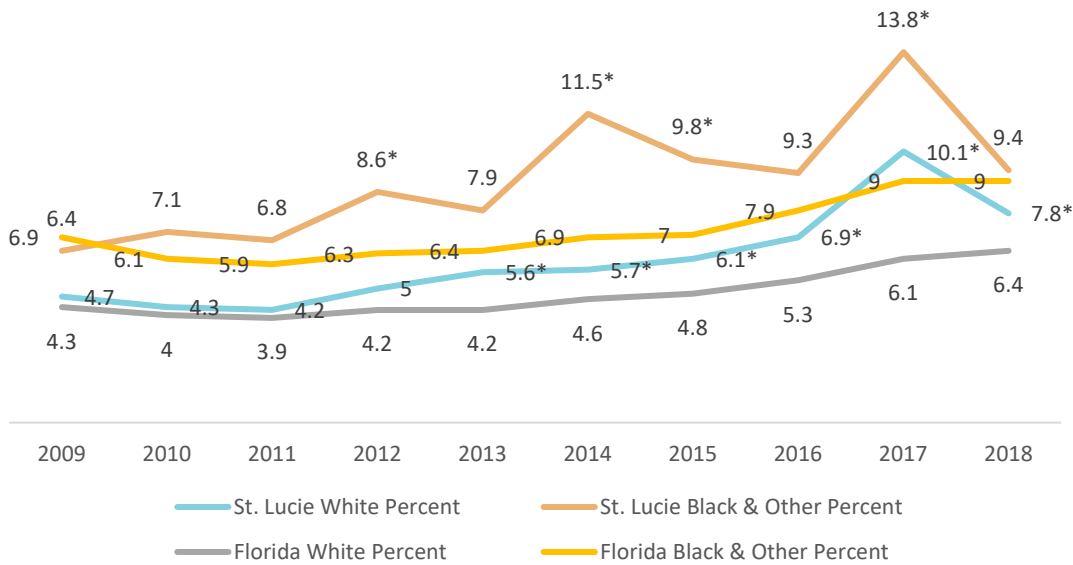
NOTE: these data are only for pregnancies that ended with a live birth.

Figure 148. Births to Mothers with 3<sup>rd</sup> Trimester or No Prenatal Care, St. Lucie County 2009 - 2018



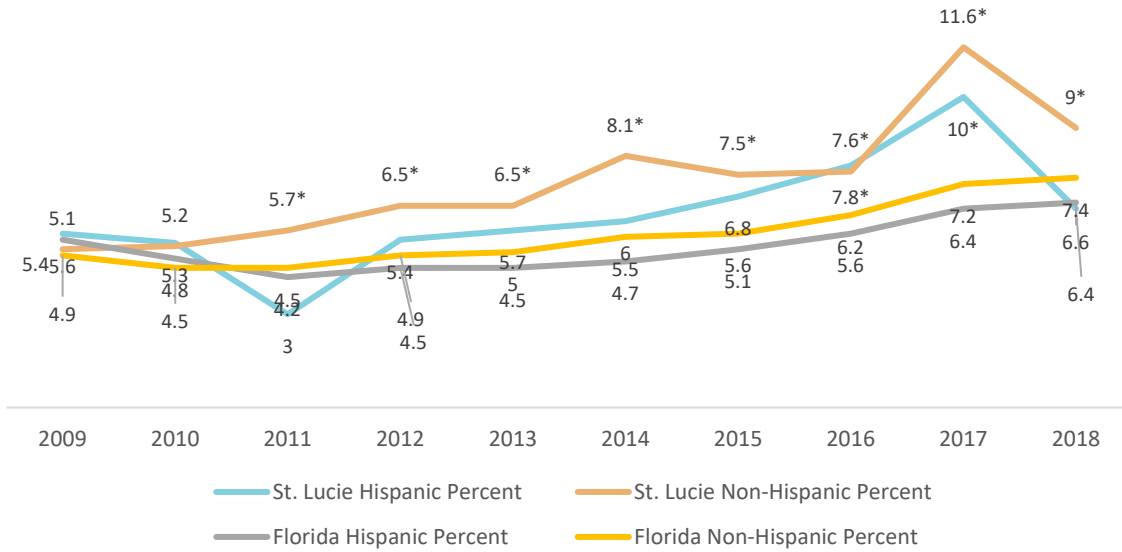
\*Rate for county is statistically significantly higher than the state rate.  
 Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.  
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 149. Births to Mothers with 3<sup>rd</sup> Trimester or No Prenatal Care by Race, St. Lucie County 2009 - 2018



\*Rate for county is statistically significantly higher than the state rate.  
 Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.  
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 150. Births to Mothers with 3<sup>rd</sup> Trimester or No Prenatal Care by Ethnicity, St. Lucie County 2009 - 2018



\*Rate for county is statistically significantly higher than the state rate.

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.

NOTE: these data are only for pregnancies that ended with a live birth.

Table 72. Zip Codes with High Rates of No Prenatal Care and High Birth Counts, St. Lucie County 2014 - 2018

Zip Code	Rate*	Count**
<b>34953</b>	2.7	96
<b>34950</b>	5.4	80
<b>34947</b>	4.8	56
<b>34982</b>	2.8	45

\*Rate is average over a 5-year period, \*\*is total count during the 5-year period

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2014-2018.

NOTE: these data are only for pregnancies that ended with a live birth.

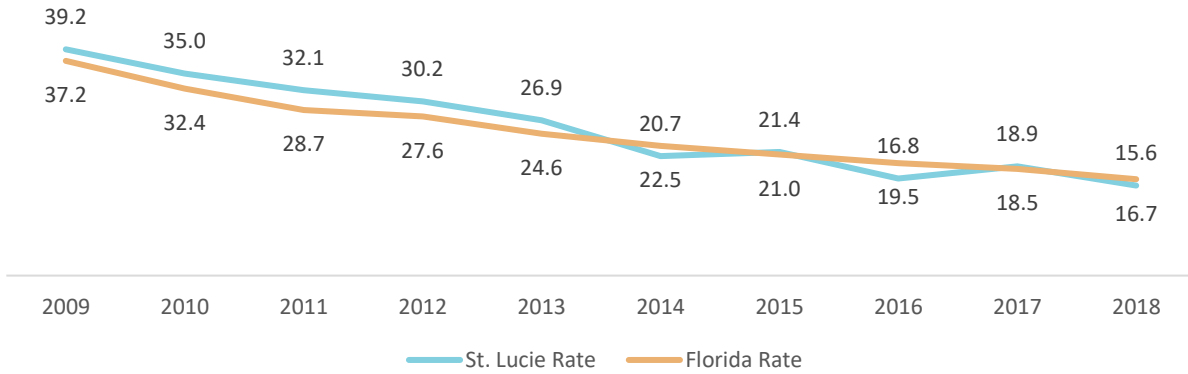
### Teen Pregnancy

Teen pregnancies among women ages 15 to 19 are reported for their negative impact on birth outcomes and long-term implications for both the mother and the infant. Babies born to teens may be at greater risk for preterm delivery, low birth weight, and neonatal mortality. Teen pregnancy is intricately linked to a host of other critical social issues as well: welfare dependency, out-of-wedlock births, responsible



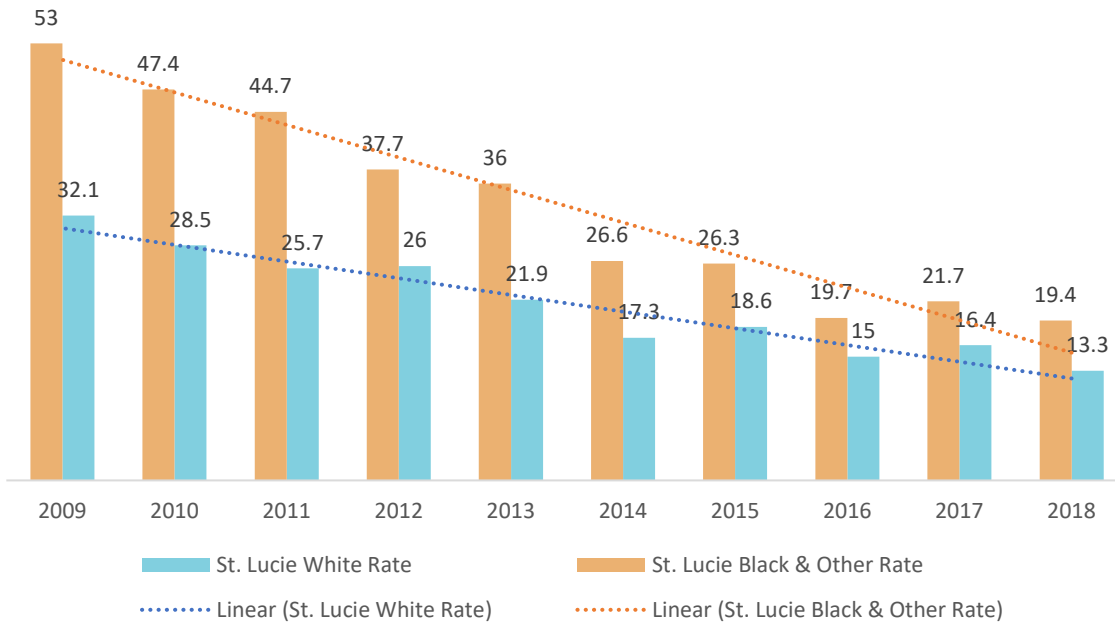
fatherhood, and workforce development in particular. These rates have declined steadily in St. Lucie and the entire State.

Figure 151. Teen Pregnancy Rate Per 1,000 Total Population, St. Lucie County, Florida - 2009-2018



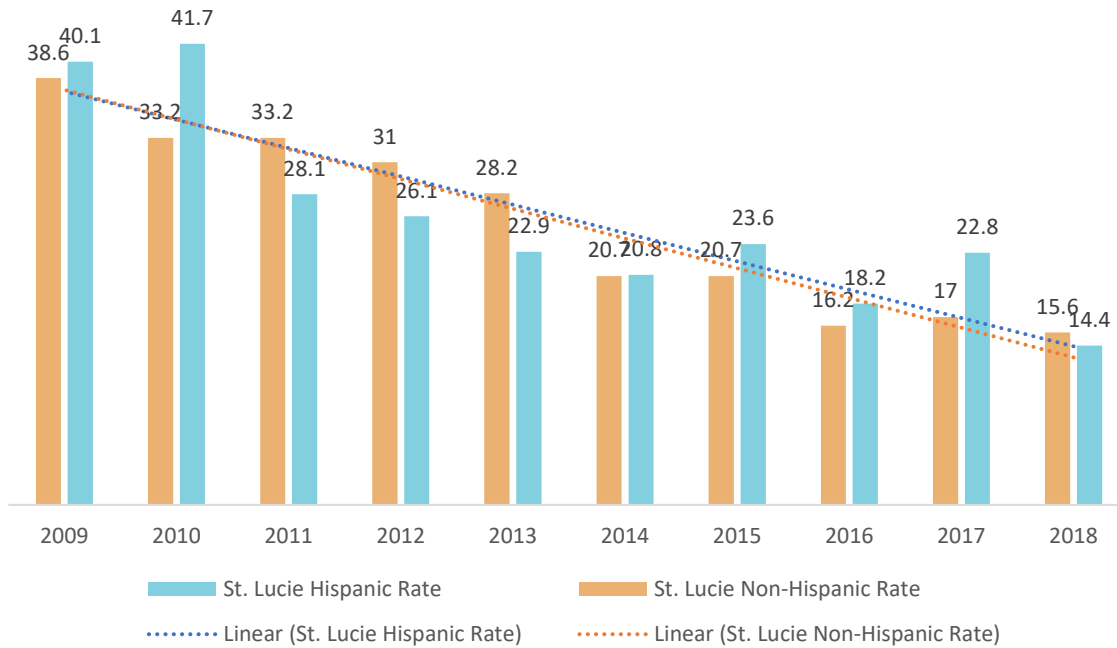
Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 152. Births by Mothers' Age, Ages 15-19 by Race, St. Lucie County 2009 - 2018



Source: Florida Health Charts, 2009 - 2018, Florida Department of Health, Bureau of Vital Statistics. The rate displayed is the age-specific birth rate (births to mothers ages 15-19 divided by females in the same age group expressed per 1,000 population).

Figure 153. Births by Mothers' Age, Ages 15-19 by Ethnicity, St. Lucie County 2009 - 2018

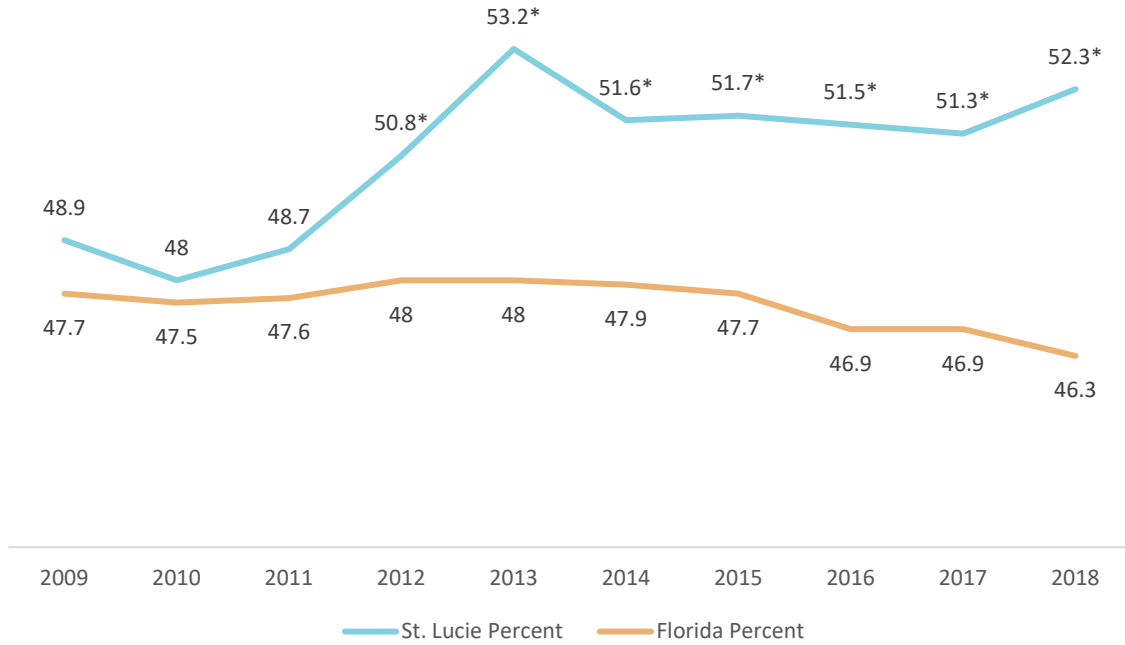


Source: Florida Health Charts, 2009 - 2018, Florida Department of Health, Bureau of Vital Statistics. The rate displayed is the age-specific birth rate (births to mothers ages 15-19 divided by females in the same age group expressed per 1,000 population).

### Maternal and Family Characteristics

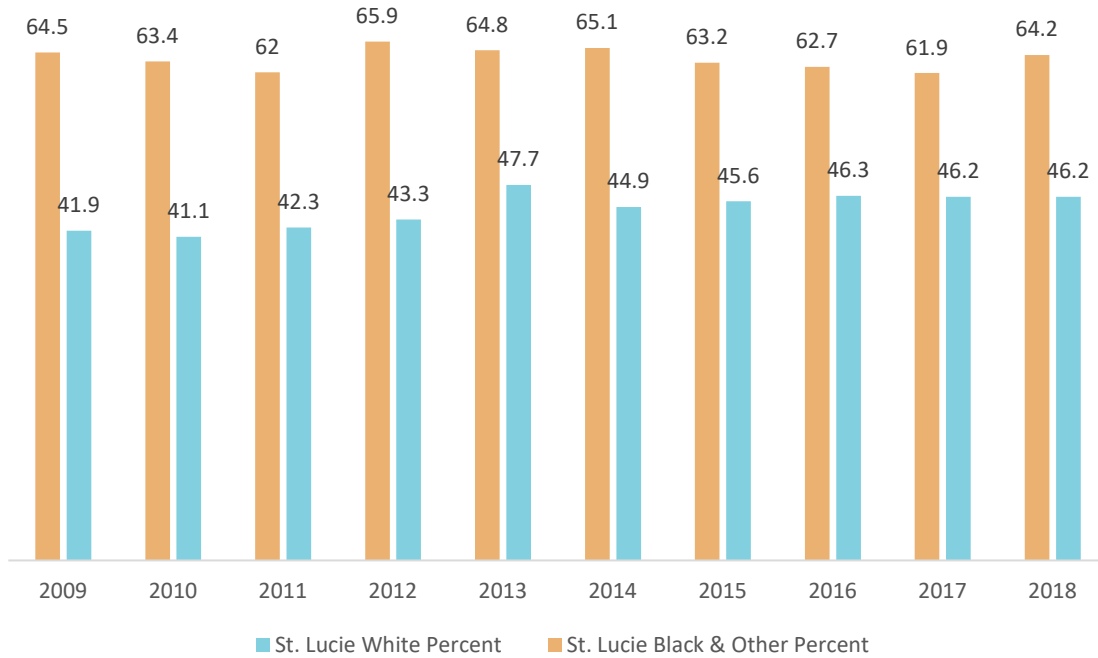
In addition to the age of mothers and entry to prenatal care, there are other maternal and family characteristics that are associated with birth outcomes. These include births to unwed mothers, births with inter-pregnancy intervals of <18 months, births to mothers >18 without a high school education, births to mothers born in other countries, births to mothers who smoked during pregnancy, and mothers who initiate breastfeeding. The following represent those areas in which St. Lucie County has been faring less favorably than the state.

Figure 154. Births to Unwed Mothers, St. Lucie County 2009 - 2018



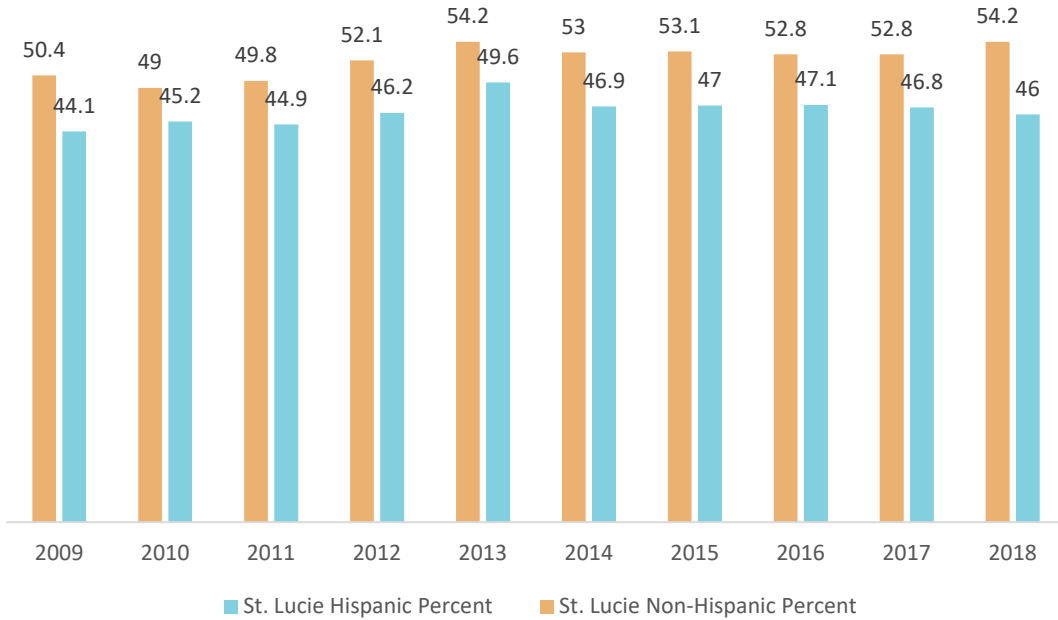
\*Rate for county is statistically significantly higher than the state rate.  
 Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.  
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 155. Births to Unwed Mothers by Race, St. Lucie County 2009 - 2018



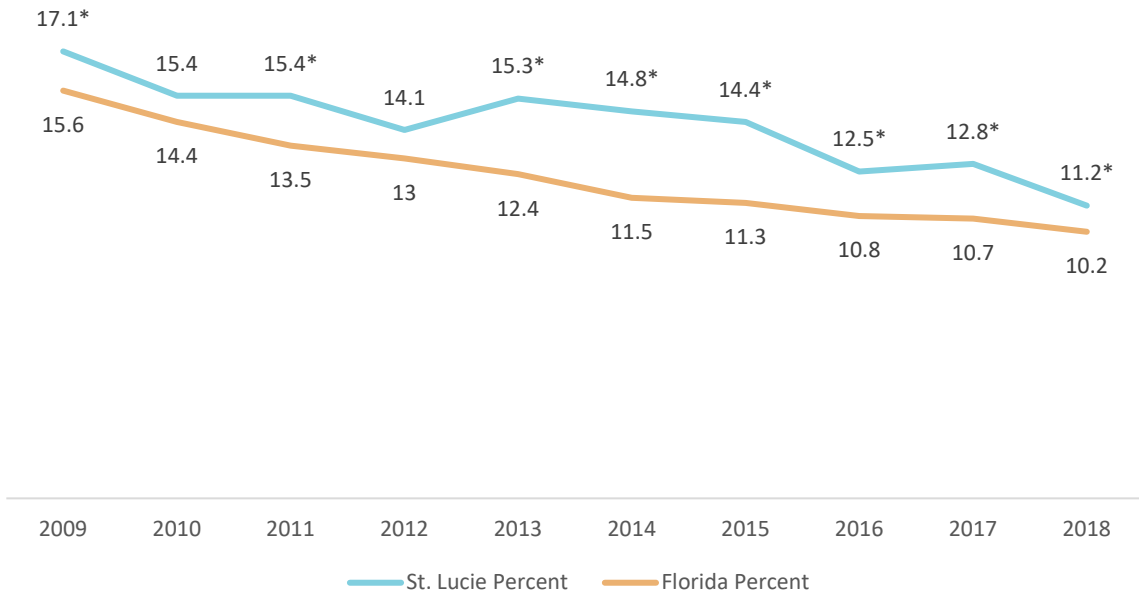
Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.  
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 156. Births to Unwed Mothers by Ethnicity, St. Lucie County 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.  
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 157. Births to mothers 19 and over without High School Education, Ages 19 and over, St. Lucie County 2009 - 2018



\*Rate for county is statistically significantly higher than the state rate.  
 Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.  
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 158. Births to mothers 19 and over without High School Education by Race, Ages 19 and over, St. Lucie County 2009 - 2018

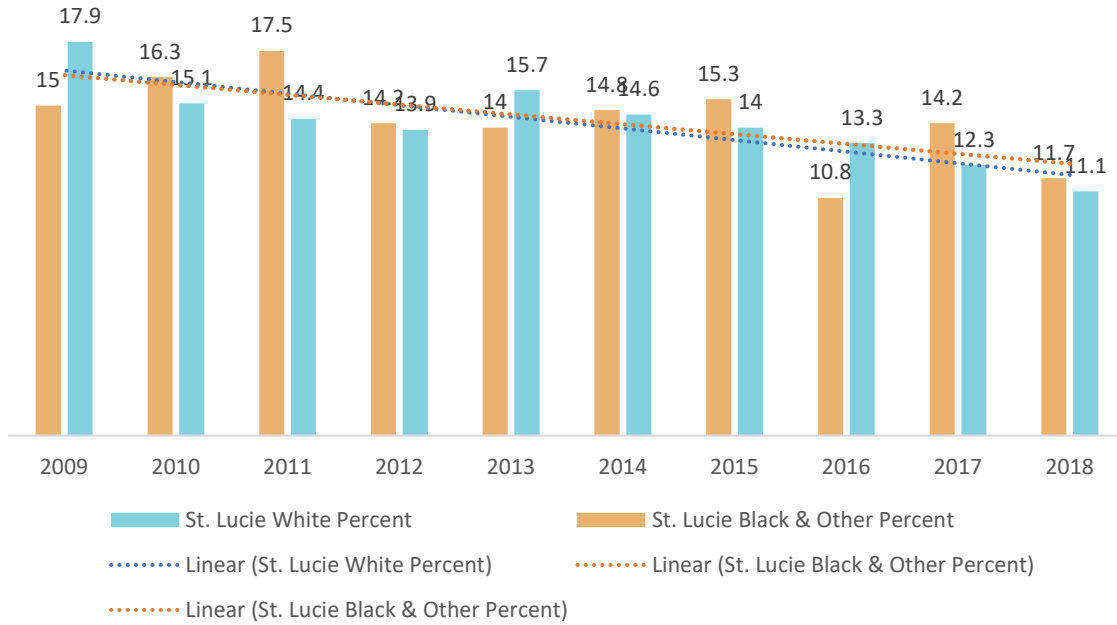


Figure 159. Births to Mothers 19 and over without High School Education by Ethnicity, Ages 19 and over, St. Lucie County 2009 - 2018

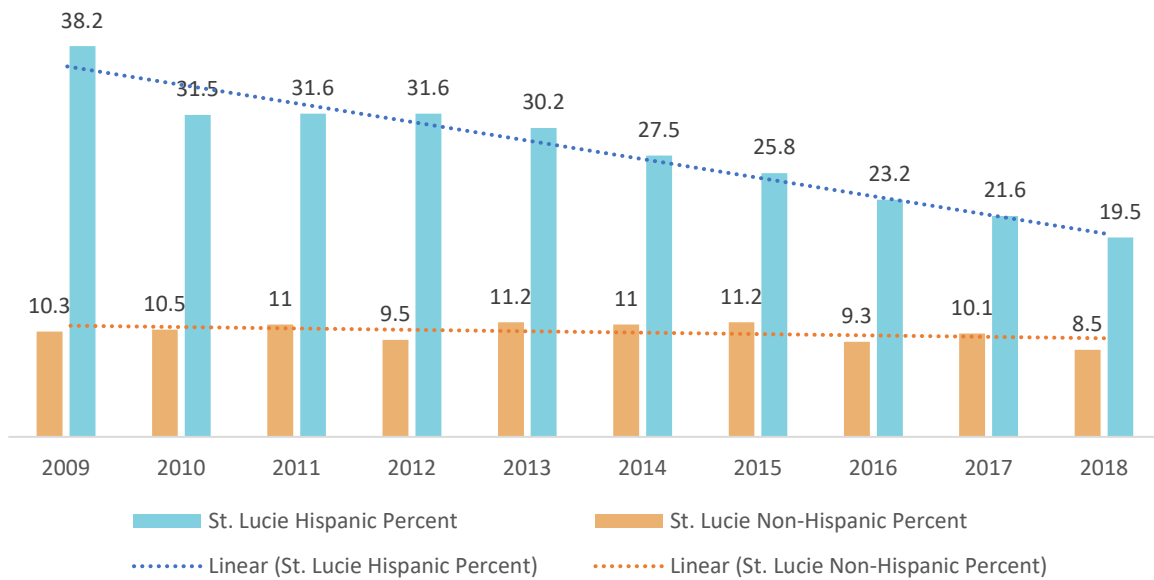
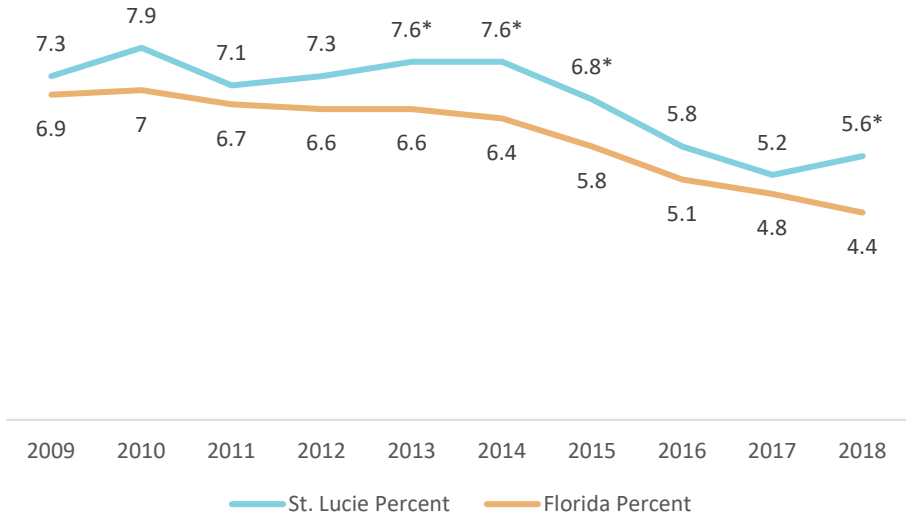
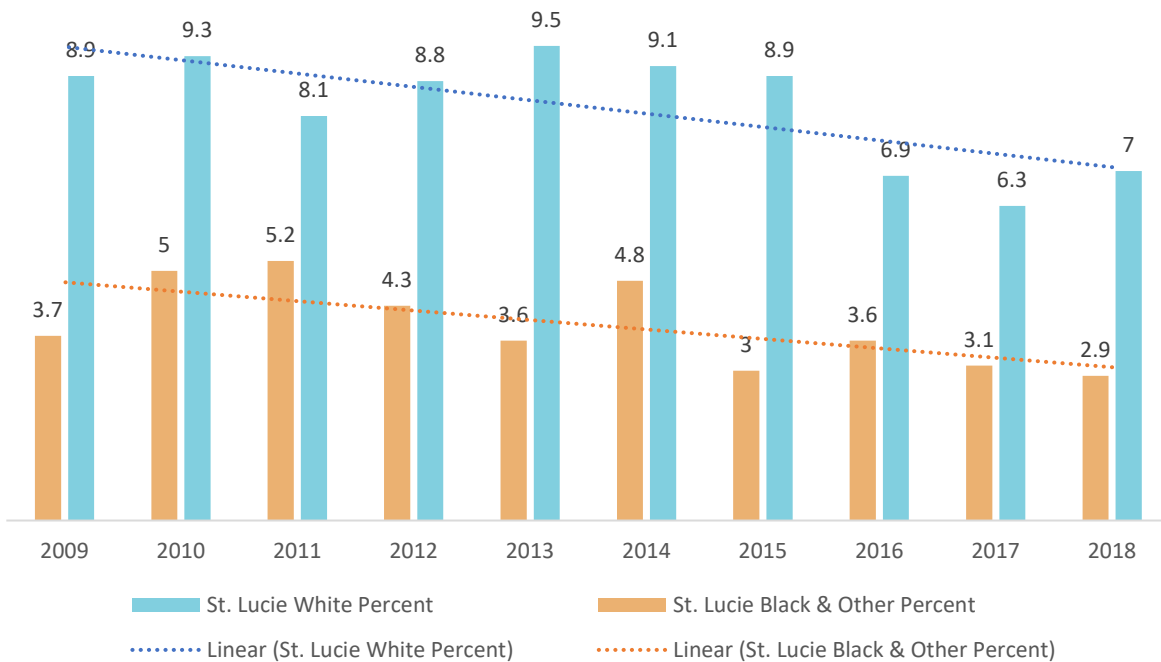


Figure 160. Resident Live Births to Mothers Who Smoked During Pregnancy, St. Lucie County 2009 - 2018



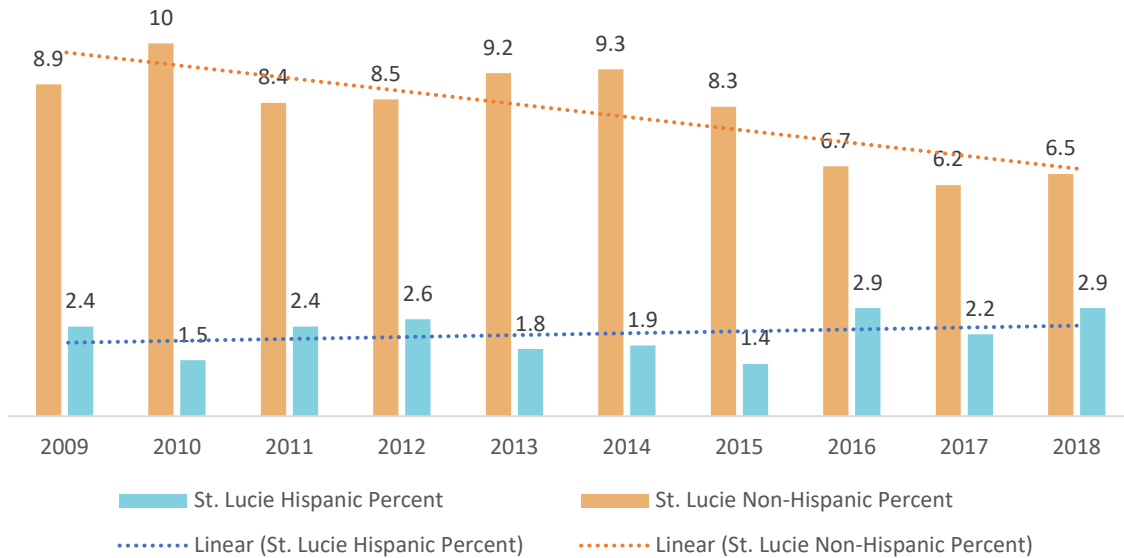
\*Rate for county is statistically significantly higher than the state rate.  
 Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.  
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 161. Resident Live Births to Mothers Who Smoked During Pregnancy by Race, St. Lucie County 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.  
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 162. Resident Live Births to Mothers Who Smoked During Pregnancy by Ethnicity, St. Lucie County 2009 - 2018



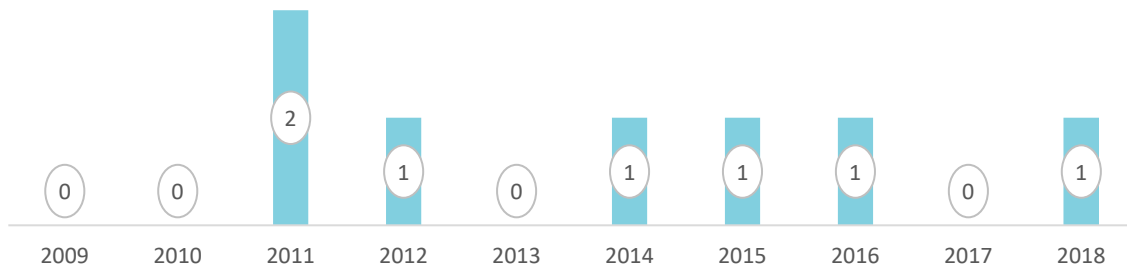
Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.

NOTE: these data are only for pregnancies that ended with a live birth.

### Maternal Death

A maternal death is defined by the Centers for Disease Control as “the death of a woman while pregnant or within 42 days of termination of pregnancy,” but excludes those from accidental/incidental causes. Complications during pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries. Using the World Health Organization and CDC’s definition allows comparison of these data with other states, the nation, and other countries. The maternal deaths per 100,000 live births represents the risk of maternal death associated with each pregnancy. St. Lucie County’s count have remained low over the past ten years with some years recording zero deaths.

Figure 163. Maternal Death Count, St. Lucie County, Florida - 2009-2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018



## Behavioral Health

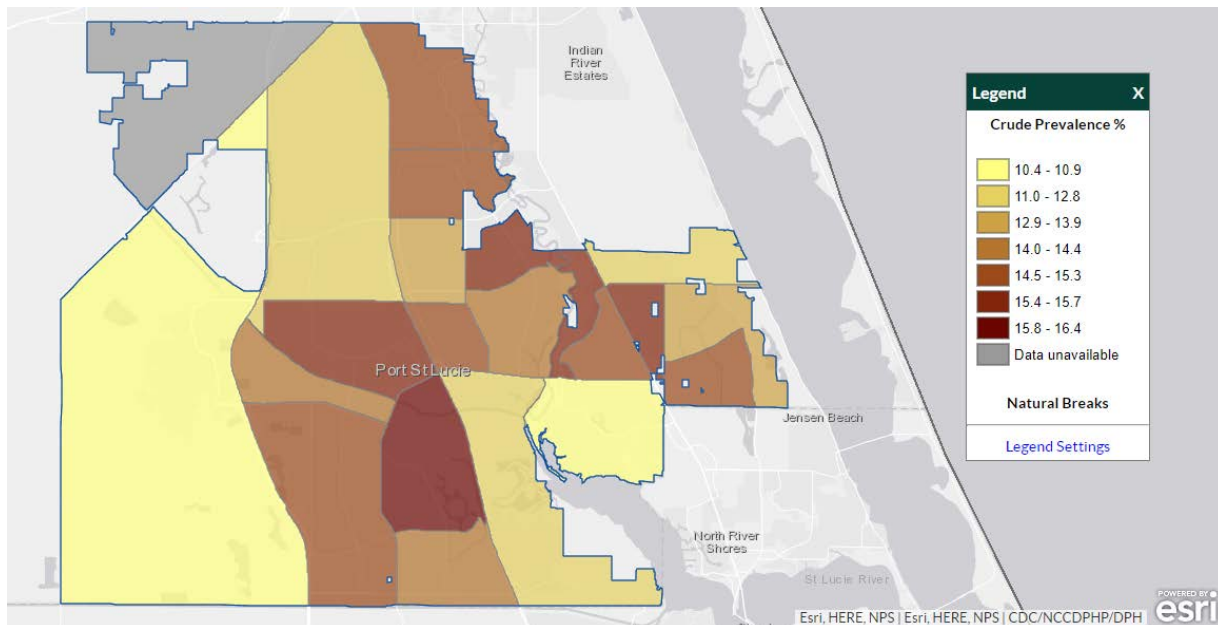
### *Mental Illness and Hospitalizations*

Understanding the scope of mental illness establishes a foundation for bringing services and funding to areas in need. Florida Health Charts definition: *Serious mental illness among people ages 18 and older is defined as having, at any time during the past year, a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, and other mental disorders that cause serious impairment.* St. Lucie County has shown an overall increase in hospitalizations for mental health disorders over the past ten years.

“Evidence has shown that mental disorders, especially depressive disorders, are strongly related to the occurrence, successful treatment, and course of many chronic diseases including diabetes, cancer, cardiovascular disease, asthma, and obesity (4) and many risk behaviors for chronic disease; such as, physical inactivity, smoking, excessive drinking, and insufficient sleep. Mental health is an important component of Health-related quality of life (HRQOL), a multi-dimensional concept that focuses on the impact of health status on quality of life.”

Source: Centers for Disease Control and Prevention, 500 Cities

Figure 164. Model-based estimates for mental health not good for  $\geq 14$  days among adults aged  $\geq 18$  years - 2017



Source: Behavioral Risk Factor Surveillance System (BRFSS)

In 2018, the fatal injury count for St. Lucie County was 260 with a county age-adjusted rate of 78.95. These fatal injuries included 180 unintentional fatal injuries (primarily from drug poisoning) and 55 deaths by suicide.

- Age categories with the highest counts of unintentional fatal injuries were for individuals ages 35-64 (58) and individuals aged 65 and older (58), followed by individuals 25-34 (26), 20-24 (13), 15-19 (8), and 0-14 (7).
- Age categories with the highest counts of death by suicide were for ages 35-64 (27), 65 and older (20), 25-34 (5) and 20-34 (3).

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Table 73. Fatal Injury Count by Intent and Age, St. Lucie County - 2018

Intent	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count	County Age Adj Rate	Florida Age Adj Rate
<b>Homicide</b>	0	0	0	0	2	6	7	2	2	2	1	1	0	23	8.51	6.64
<b>Suicide</b>	0	0	0	0	0	3	5	5	9	13	8	10	2	55	15.04	15.32
<b>Undetermined</b>	0	0	0	0	0	0	0	0	1	0	0	0	1	2	0.52	0.66
<b>Unintentional</b>	2	3	1	1	8	13	26	21	20	27	8	14	36	180	54.88	53.81
<b>Total</b>	2	3	1	1	10	22	38	28	32	42	17	25	39	260	78.95	76.59

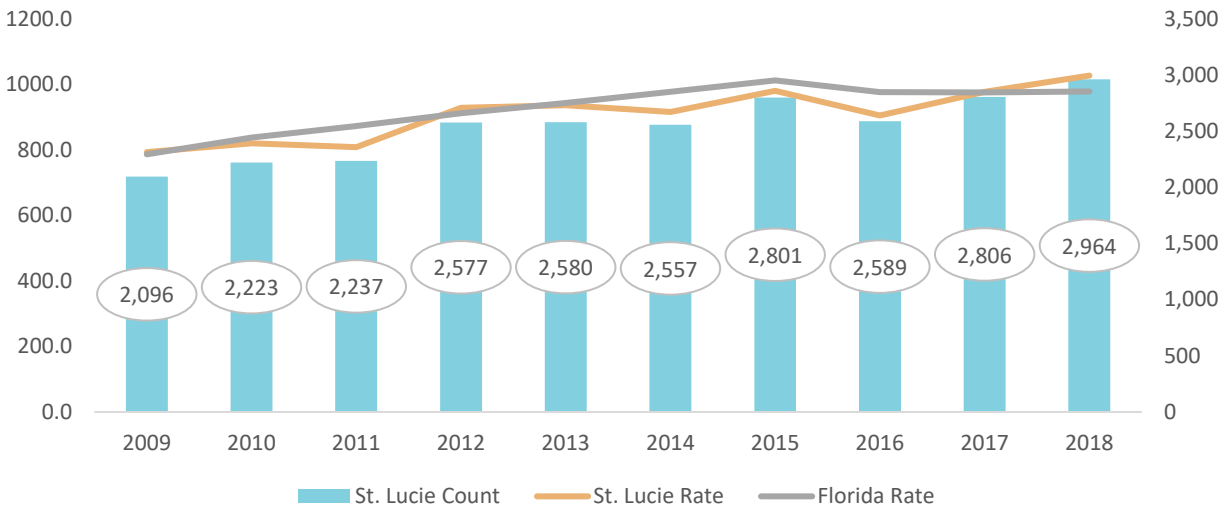
*Inpatient Hospitalizations*

Definition: Inpatient hospitalizations, discharged from civilian, non-federal acute care hospitals located in Florida, where a mental disorder was the principal diagnosis. Mental disorders include mental and behavioral disorders due to psychoactive substance use; schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders; mood disorders; and anxiety, dissociative, stress-related, somatoform and other non-psychotic mental disorders.

Table 74. Hospitalizations for mental disorders, St. Lucie County 2016 - 2018

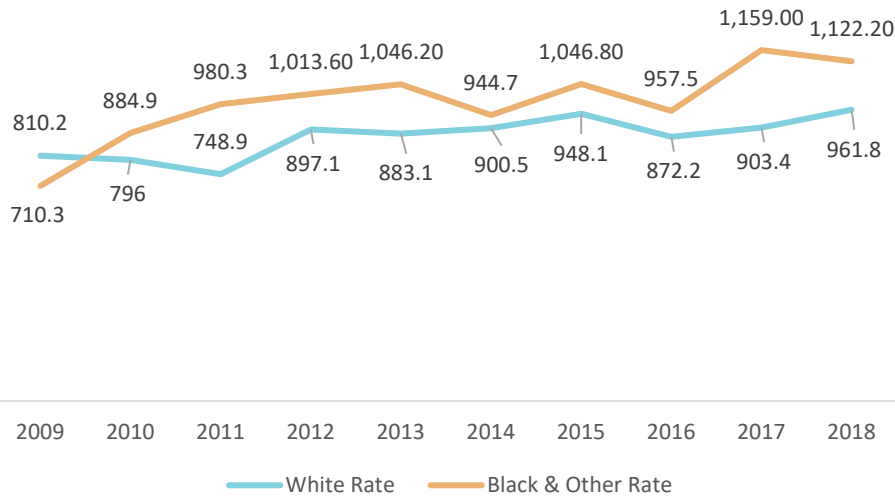
Social and Mental Health, St. Lucie County, Florida 2016-18					
Indicators	Data Year	County		State	
		County Quartile 1=most favorable 4=least favorable	Number of Cases	3-Yr Rate Per 100,000	3-Yr Rate Per 100,000
<b>Mental disorders</b>					
<a href="#">Hospitalizations for mental disorders</a>	2016-18	3	8,359	930.0	958.4
<a href="#">Hospitalizations for mental disorders age under 18</a>	2016-18	1	286	157.9	526.2
<a href="#">Hospitalizations for mental disorders age 18-21</a>	2016-18	3	466	1,210.8	1,197.5
<a href="#">Hospitalizations for mental disorders age 22-24</a>	2016-18	3	383	1,322.4	1,227.0
<a href="#">Hospitalizations for mental disorders age 25-44</a>	2016-18	4	3,030	1,515.6	1,313.6
<a href="#">Hospitalizations for mental disorders age 45-64</a>	2016-18	4	3,254	1,356.5	1,226.0
<a href="#">Hospitalizations for mental disorders age 65-74</a>	2016-18	4	742	643.8	586.7
<a href="#">Hospitalizations for mental disorders age 75 or older</a>	2016-18	1	198	208.0	347.8
<a href="#">Hospitalizations for mood and depressive disorders</a>	2016-18	2	3,599	400.4	480.2
<a href="#">Hospitalizations for schizophrenic disorders</a>	2016-18	4	1,890	210.3	251.3
<a href="#">Hospitalizations for mental disorders, except drug and alcohol-induced mental disorders</a>	2016-18	3	6,086	677.1	792.9

Figure 165. Hospitalization for Mental Disorders, Rate Per 100,000 Population, St. Lucie County 2009 - 2018



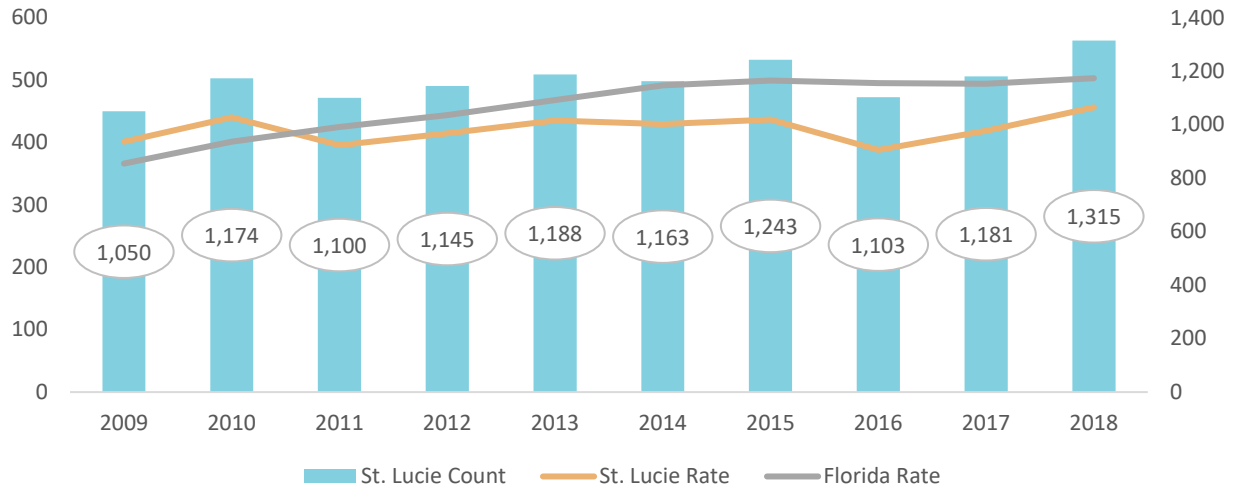
Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 166. Age-adjusted Hospitalizations for mental disorders, Rate per 100,000 population, St. Lucie County 2009 - 2018



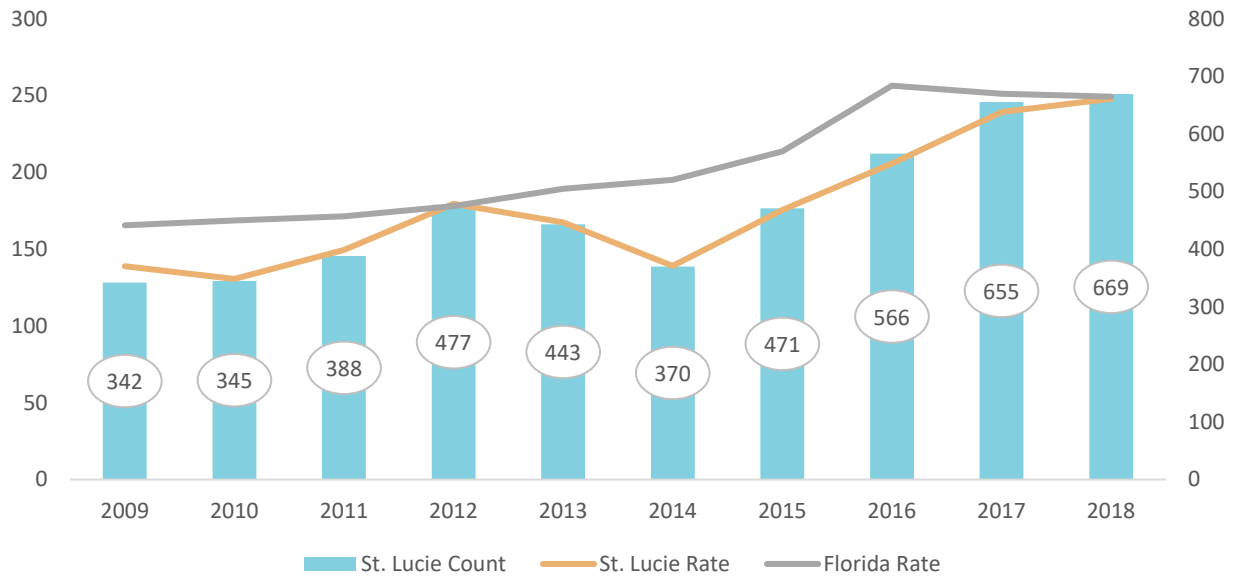
Source: Florida Agency for Health Care Administration (AHCA). ICD-9-CM Code(s): 290-319 listed as the principal diagnosis. ICD-10-CM Code(s): F10-F48 listed as the principal diagnosis.

Figure 167. Hospitalization for Mood and Depressive Disorders, Rate Per 100,000 Population, St. Lucie County 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 168. Hospitalization for Schizophrenic Disorders, Rate Per 100,000 Population, St. Lucie County 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 169. Hospitalizations for mental disorders age under 18, Rate per 100,000 population, St. Lucie County 2009 - 2018

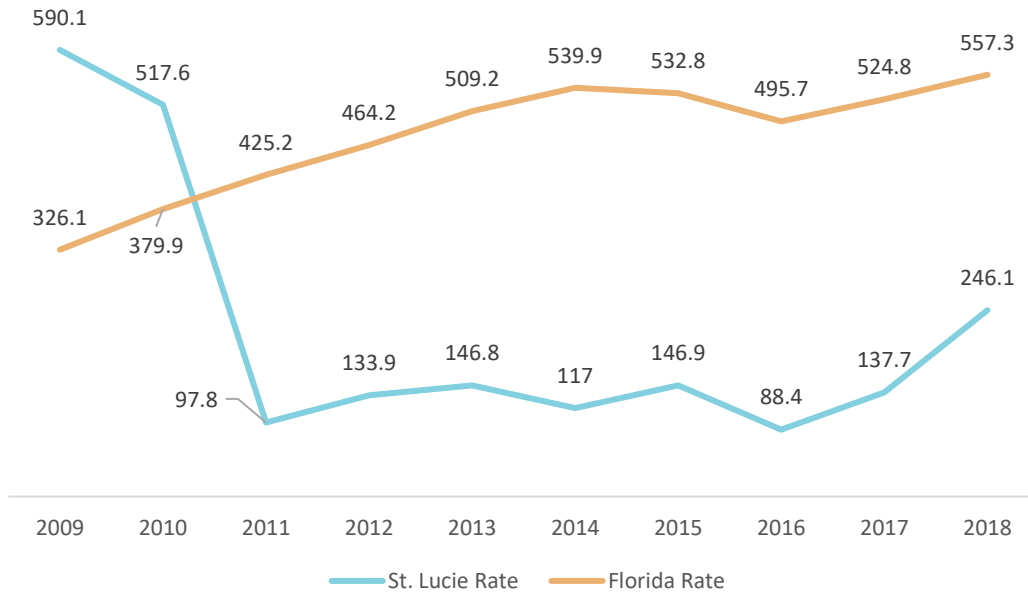


Figure 170. Hospitalizations for mental disorders age 18-21, Rate per 100,000 population, St. Lucie County 2009 - 2018

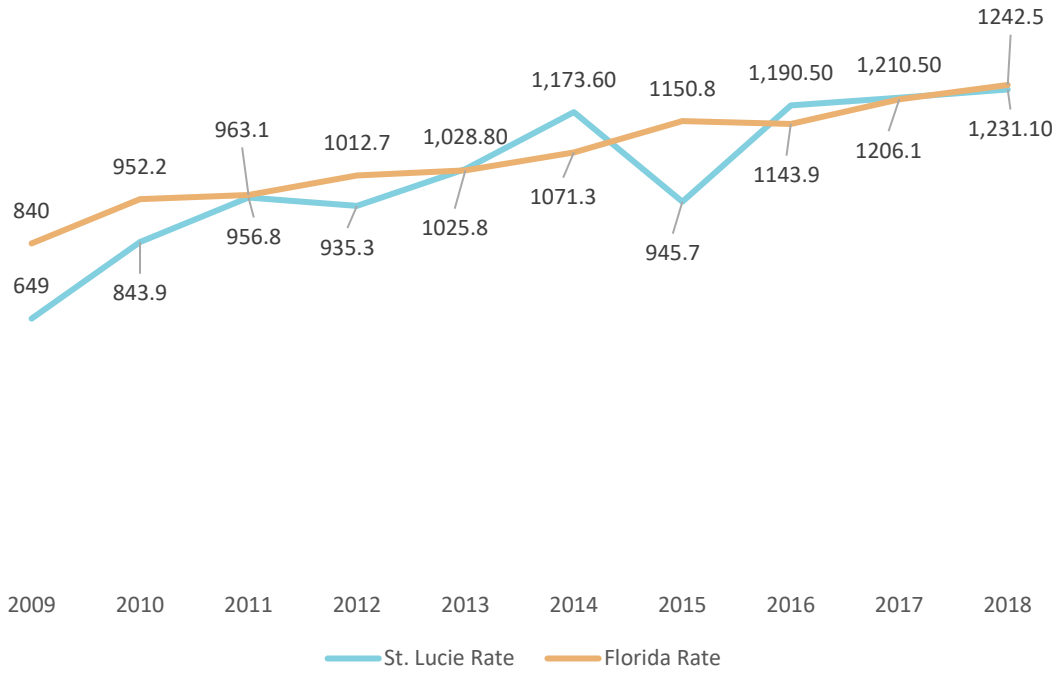


Figure 171. Hospitalizations for mental disorders age 22-24, Rate per 100,000 population, St. Lucie County 2009 - 2018

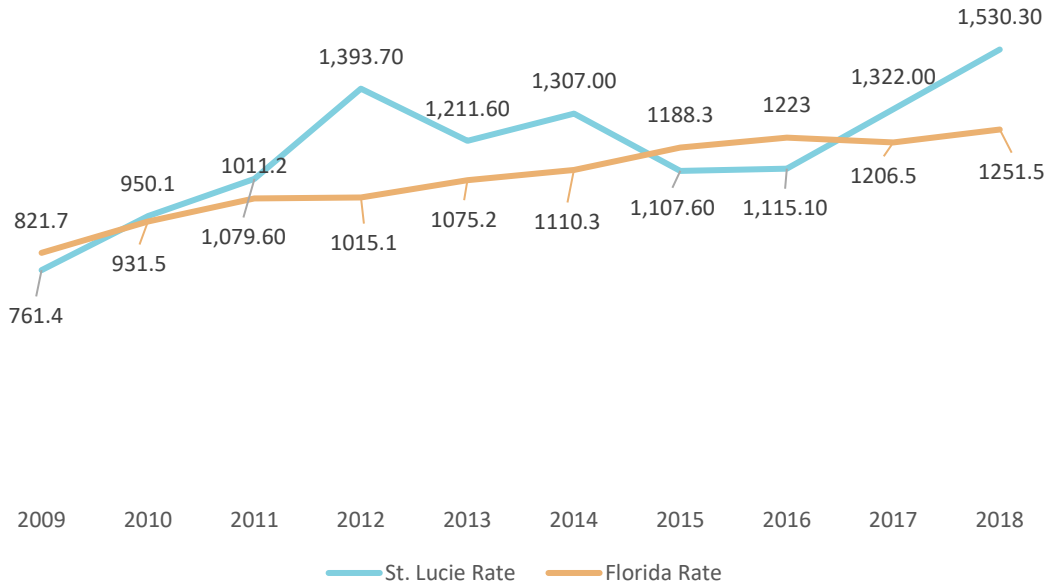




Figure 172. Hospitalizations for mental disorders age 25-44, Rate per 100,000 population, St. Lucie County 2009 - 2018

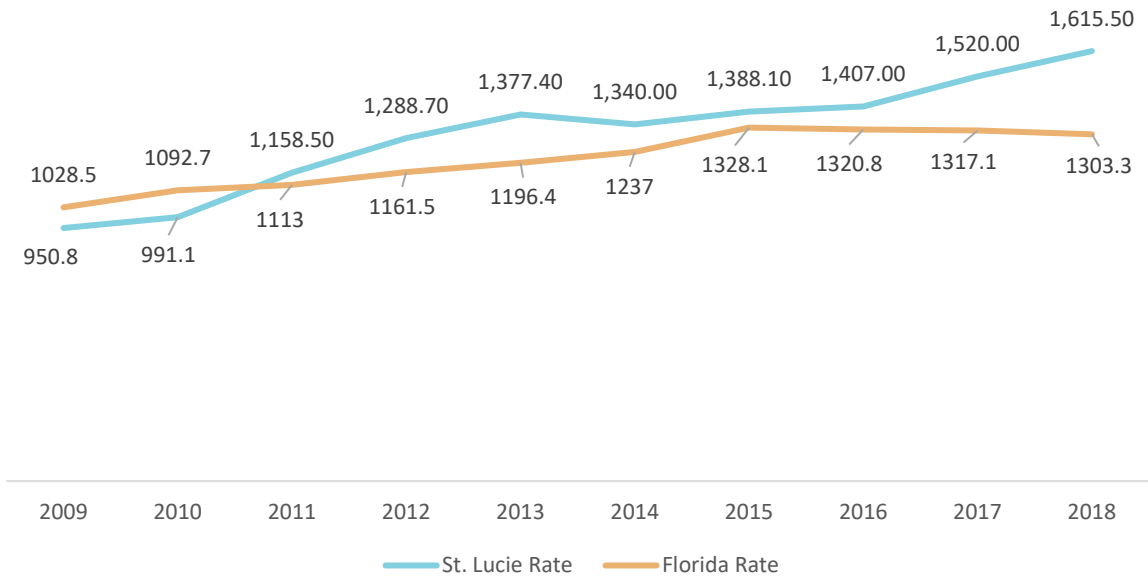


Figure 173. Hospitalizations for mental disorders age 45-64, Rate per 100,000 population, St. Lucie County 2009 - 2018

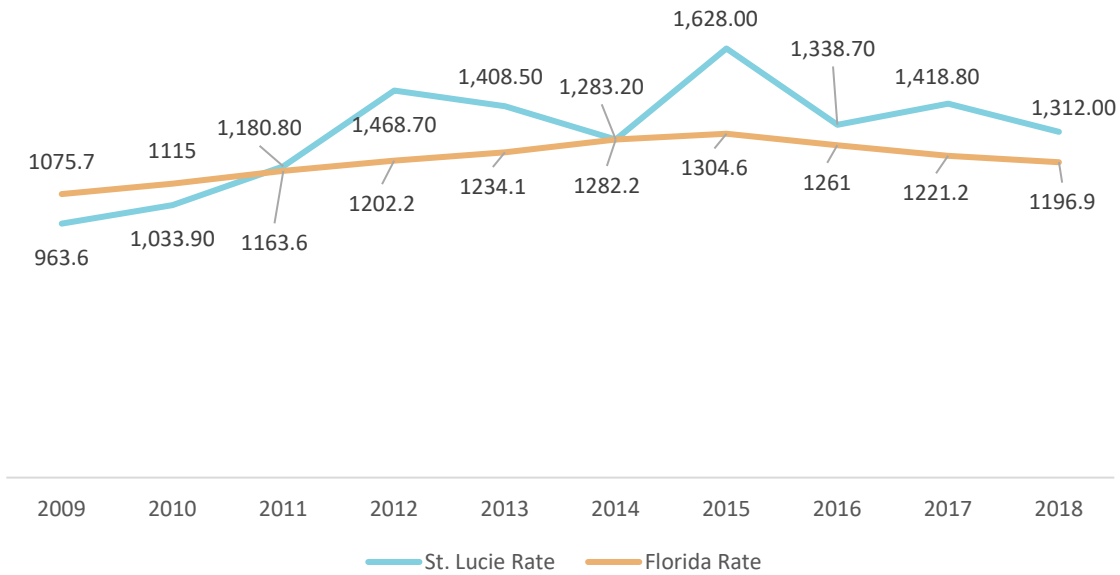


Figure 174. Hospitalizations for mental disorders age 65-74, Rate per 100,000 population, St. Lucie County 2009 - 2018

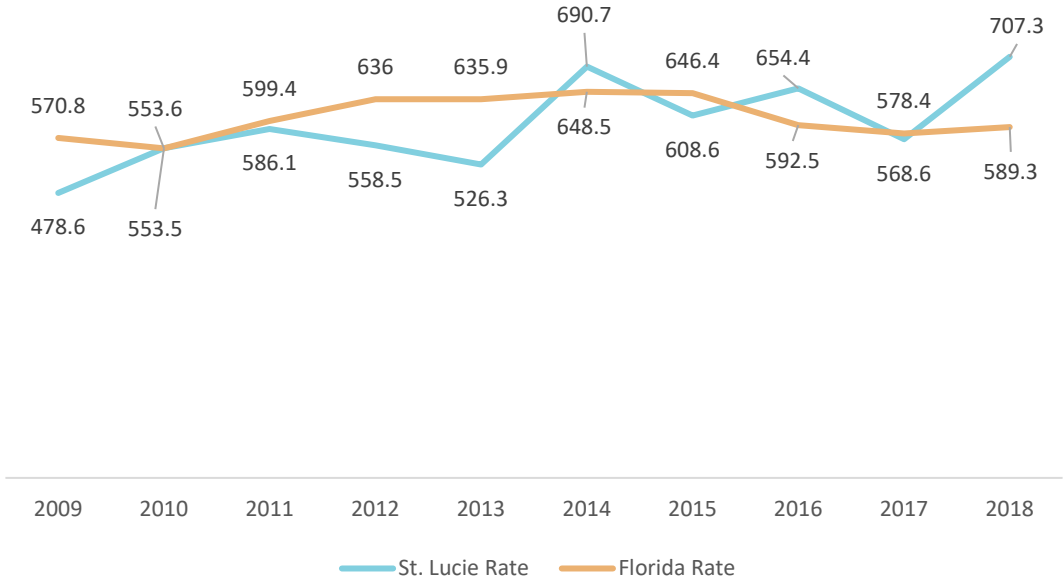
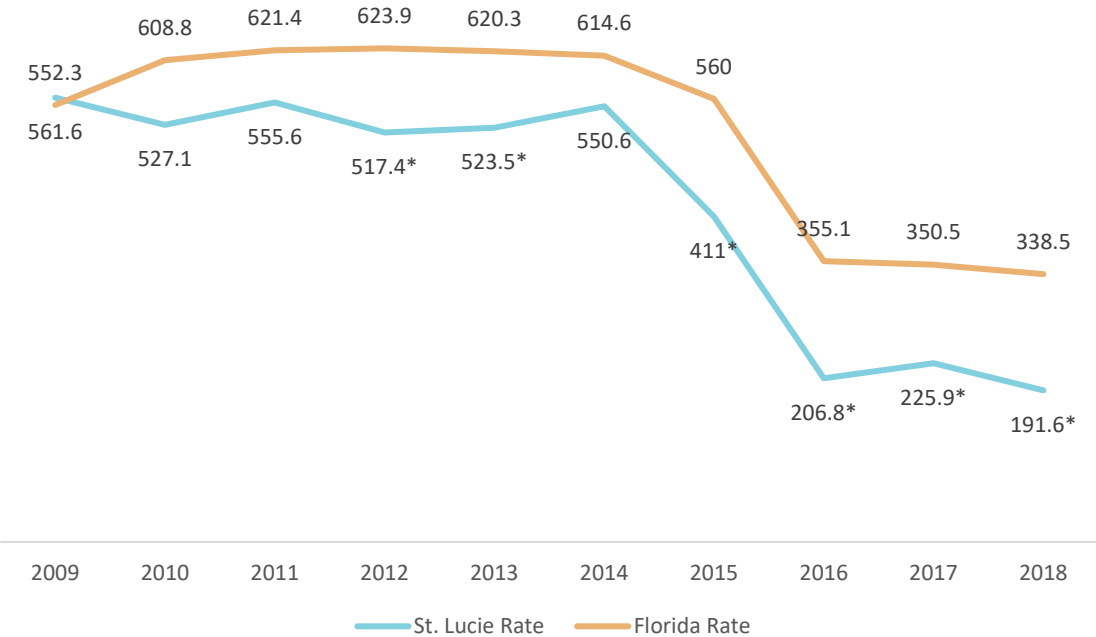


Figure 175. Hospitalizations for mental disorders age 75 or older, Rate per 100,000 population, St. Lucie County 2009 - 2018



\*Rate was statistically significantly lower than the state rate

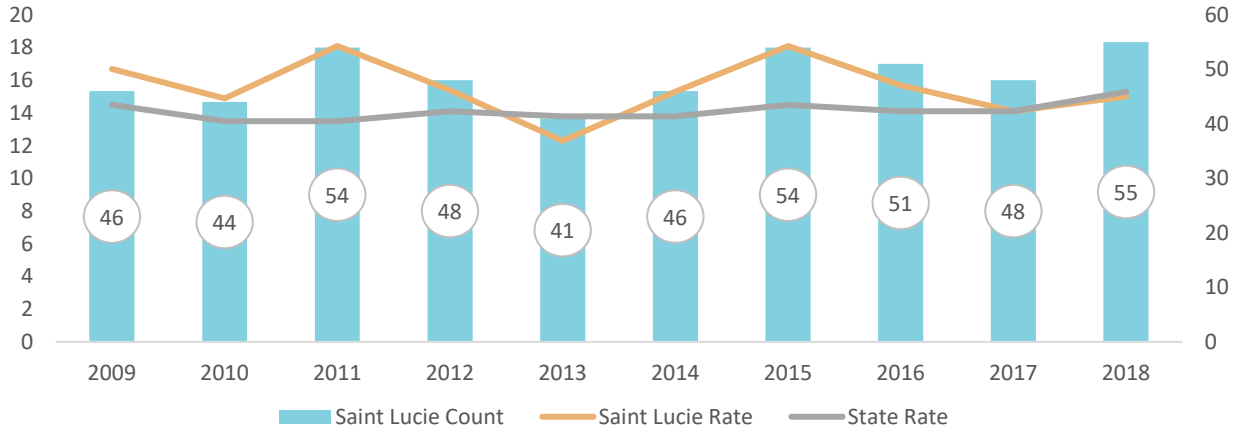
### *Suicide and Self-Inflicted Injury*

One of the nation’s leading causes of death, death by suicide or self-inflicted injury is described as *when people direct violence at themselves with the intent to end their lives*. Individuals of all ages and backgrounds may be susceptible to suicide. Risk factors include depression and other mental health disorders, substance abuse, and family history of mental illness and substance use. Other risks include the presence of firearms in the home, violence and abuse, and spending time in prison. The Suicide Age-Adjusted Death Rate in St. Lucie County is similar to Florida. The highest number of cases of suicide were recorded in 2018 (55), 26 (47.3%) of which can be attributed to firearms as the mechanism.

*Table 75. Suicide Count and Rate by Mechanism and Age, St. Lucie County - 2018*

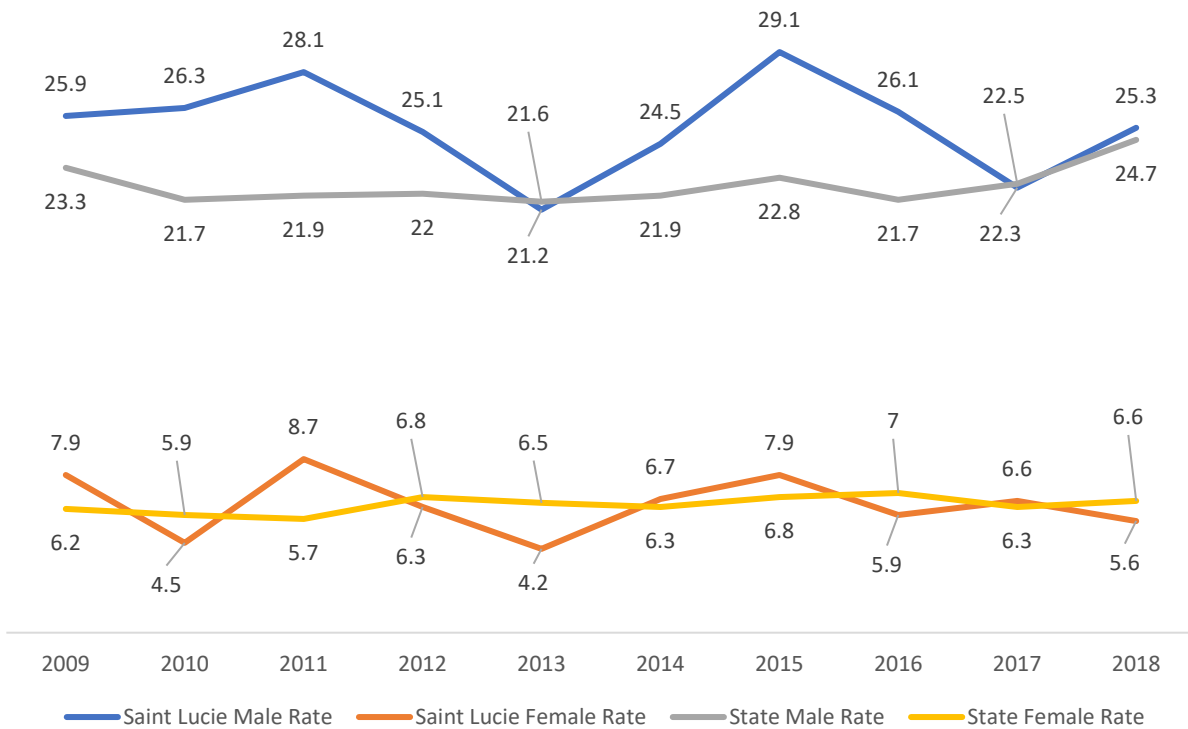
<b>Mechanism</b>	<b>15-19</b>	<b>20-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85+</b>	<b>Total Count</b>	<b>County Age Adj Rate</b>	<b>Florida Age Adj Rate</b>
<b>Cut, Pierce</b>	0	0	0	0	0	0	2	0	0	2	0.33	0.3
<b>Drowning, Submersion</b>	0	0	1	0	0	0	0	0	0	1	0.39	0.28
<b>Fall</b>	0	0	0	0	0	0	0	0	0	0	0	0.46
<b>Fire, Flame</b>	0	0	0	0	0	0	1	0	0	1	0.17	0.08
<b>Firearm</b>	0	2	2	3	2	5	3	7	2	26	6.99	7.71
<b>Poisoning</b>	0	1	0	0	1	4	2	2	0	10	2.3	2.1
<b>Suffocation</b>	0	0	2	2	6	4	0	1	0	15	4.86	4.11
<b>Total</b>	0	3	5	5	9	13	8	10	2	55	15.04	15.32

Figure 176. Suicide Age-Adjusted Death Rate per 100,000 Population, St. Lucie County 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

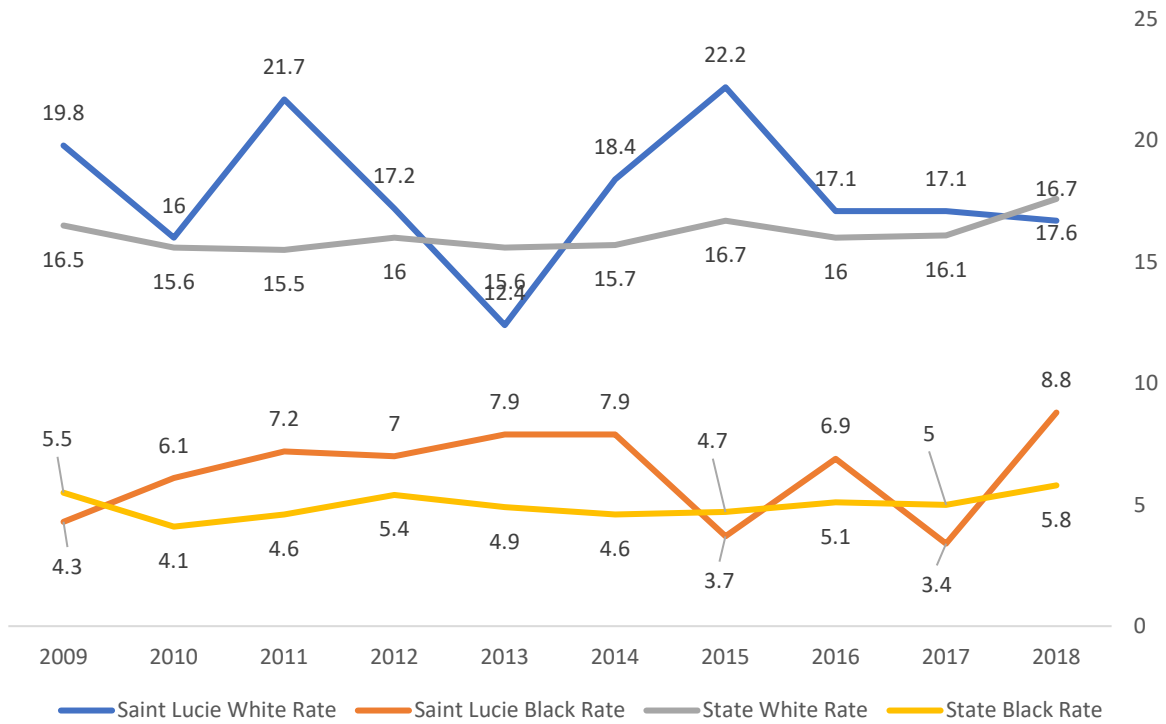
Figure 177. Suicide by Sex, St. Lucie County 2009 - 2018



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Source: Florida Health Charts, 2009 - 2018

Figure 178. Suicide by Race, St. Lucie County 2009 - 2018



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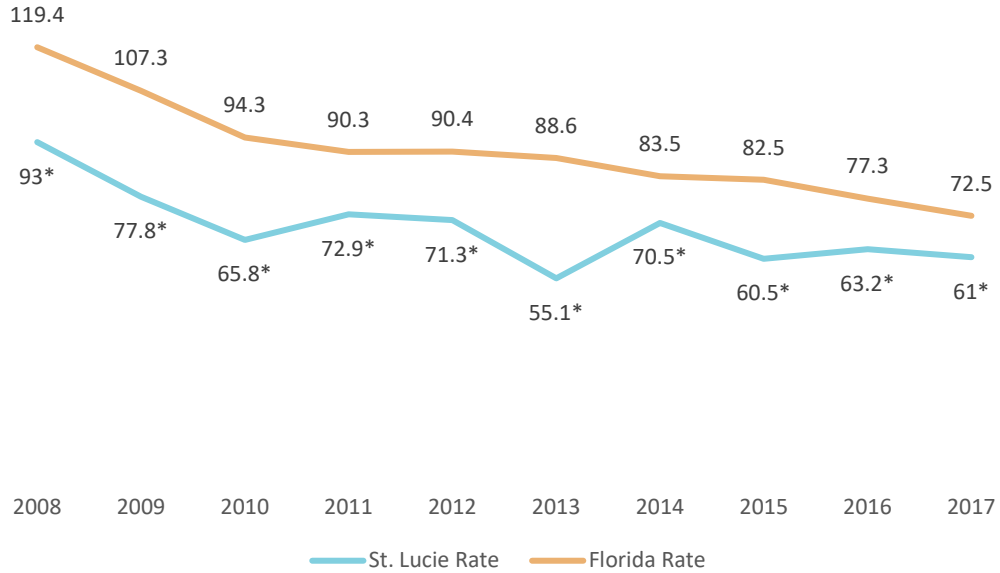
Table 76. Unintentional Fatal Injuries, By Mechanism and Age Group, St. Lucie County 2018

Mechanism	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count	County Age Adj Rate	Florida Age Adj Rate
<b>Drowning, Submersion</b>	0	3	0	0	0	0	1	1	0	0	1	0	1	7	2.52	2.02
<b>Fall</b>	0	0	0	0	0	0	0	1	0	4	3	8	28	44	8.14	9.97
<b>MV Traffic - Motorcyclist</b>	0	0	0	1	1	0	1	0	1	1	0	1	0	6	1.98	2.61
<b>MV Traffic - Occupant</b>	0	0	1	0	5	9	1	2	4	2	1	1	2	28	10.12	7.08
<b>MV Traffic - Other, Unspecified</b>	0	0	0	0	0	1	0	0	1	2	0	0	0	4	1.18	1.15
<b>MV Traffic - Pedal Cyclist</b>	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0.35	0.52
<b>MV Traffic - Pedestrian</b>	0	0	0	0	0	2	1	1	1	2	0	1	0	8	2.66	3.02
<b>Other Specified &amp; Classifiable</b>	0	0	0	0	0	0	1	1	0	0	0	0	0	2	0.88	0.63
<b>Poisoning</b>	0	0	0	0	2	1	21	15	11	14	2	0	0	66	23.8	21.79
<b>Suffocation</b>	2	0	0	0	0	0	0	0	0	1	0	1	4	8	1.98	1.75
<b>Transport, Other</b>	0	0	0	0	0	0	0	0	1	0	0	1	0	2	0.54	0.44
<b>Unspecified</b>	0	0	0	0	0	0	0	0	0	1	1	1	1	4	0.74	1.01
<b>Total</b>	2	3	1	1	8	13	26	21	20	27	8	14	36	180	54.88	53.81

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

*Alcohol Use*

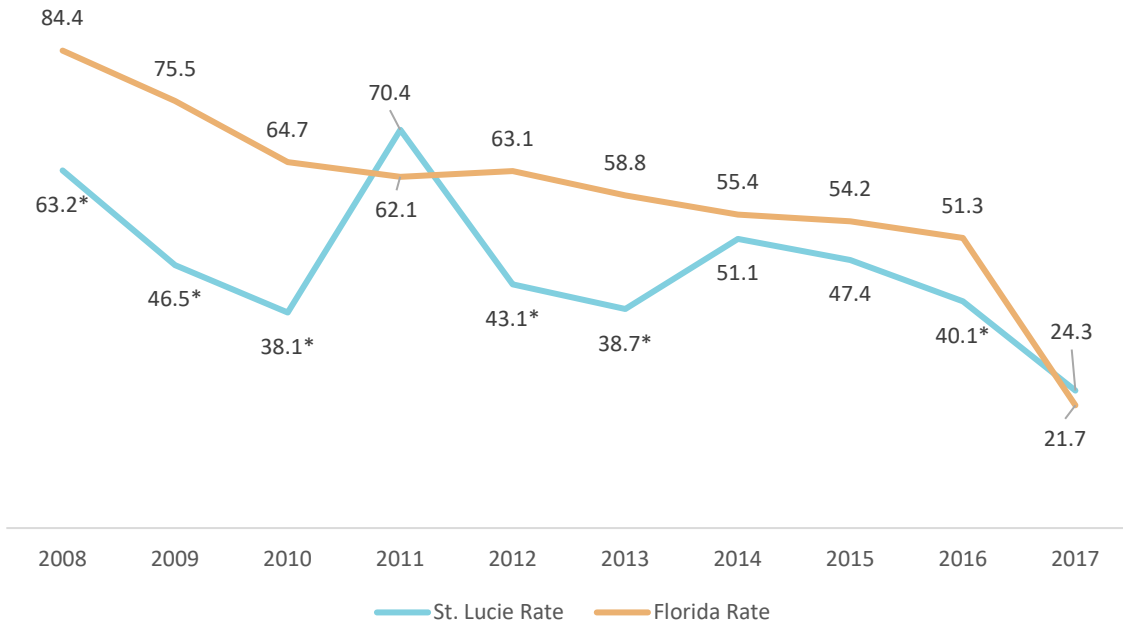
Figure 179. Alcohol-suspected Motor Vehicle Traffic Crashes, St. Lucie County 2008 - 2017



\*\*Rate is statistically significantly lower than the state rate

Source: Florida Health Charts, Florida Department of Highway Safety and Motor Vehicles

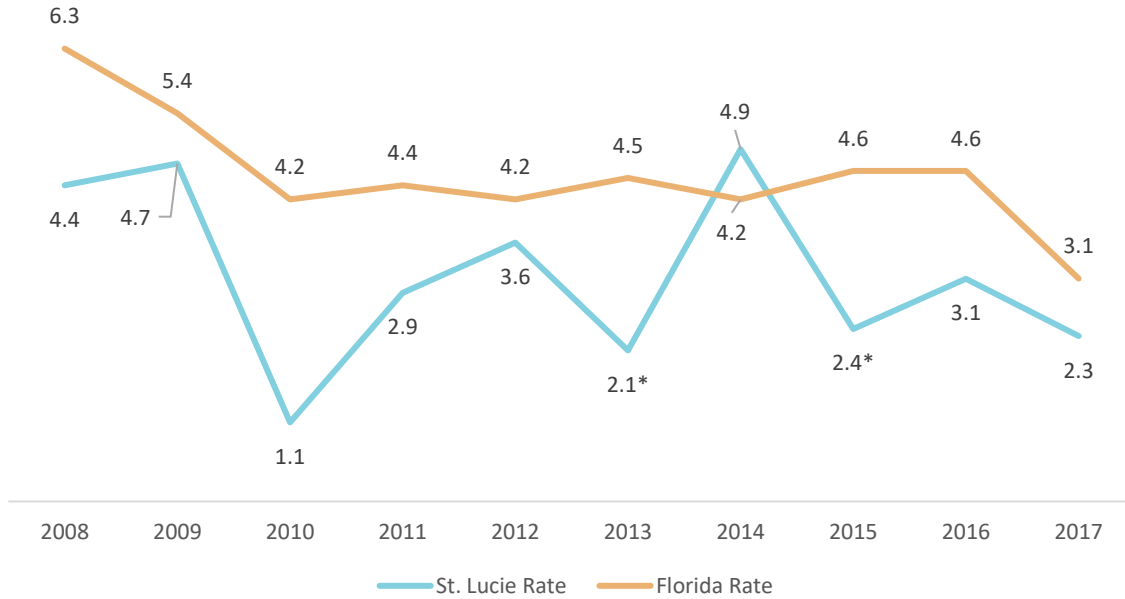
Figure 180. Alcohol-suspected Motor Vehicle Traffic Crash Injuries, St. Lucie County 2008 - 2017



\*\*Rate is statistically significantly lower than the state rate

Source: Florida Health Charts, Florida Department of Highway Safety and Motor Vehicles

Figure 181. Alcohol-suspected Motor Vehicle Traffic Crash Deaths, St. Lucie County 2008 - 2017



\*\*Rate is statistically significantly lower than the state rate

Source: Florida Health Charts, Florida Department of Highway Safety and Motor Vehicles

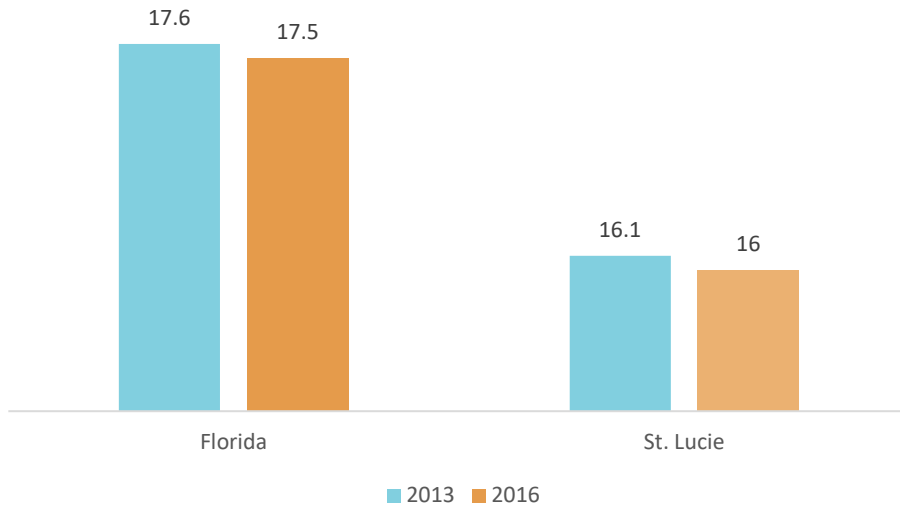
### Binge Drinking

The measurement of binge drinking is important for monitoring priority health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems. It also provides data for assessing changes in behavior and planning health messaging.

Note: Data in this section provided by the Behavioral Risk Factor Surveillance System. (BRFSS) is a random survey and all estimates of prevalence are subject to random sample errors. Confidence intervals (CI) of 95% are used with each prevalence, however they are not included in the charts. Caution should be used then when comparing this data.

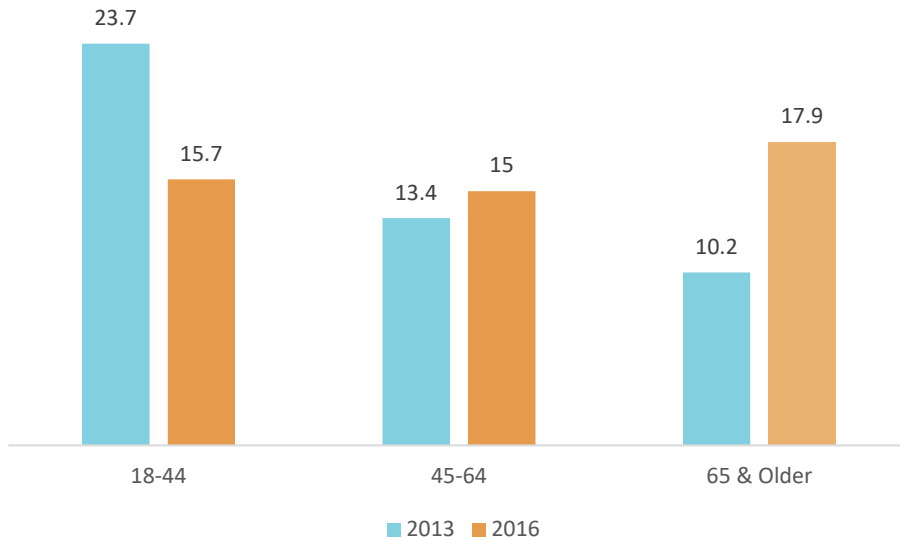


Figure 182. Adults who Engage in Heavy or Binge Drinking, St. Lucie County 2013 - 2016



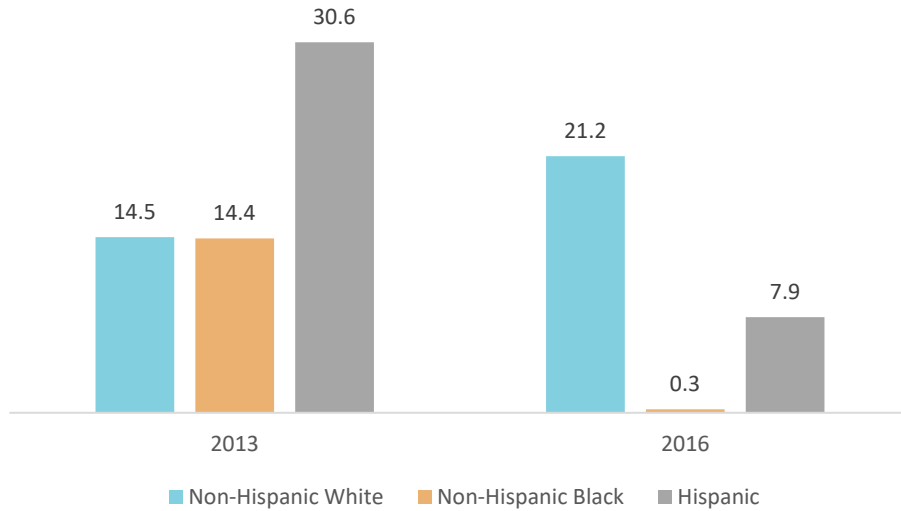
Source: Florida Health Charts, 2002-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 183. Adults who Engage in Heavy or Binge Drinking by Age Group, St. Lucie County 2013 - 2016



Source: Florida Health Charts, 2002-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 184. Adults who Engage in Heavy or Binge Drinking by Race/Ethnicity, St. Lucie County 2013 - 2016



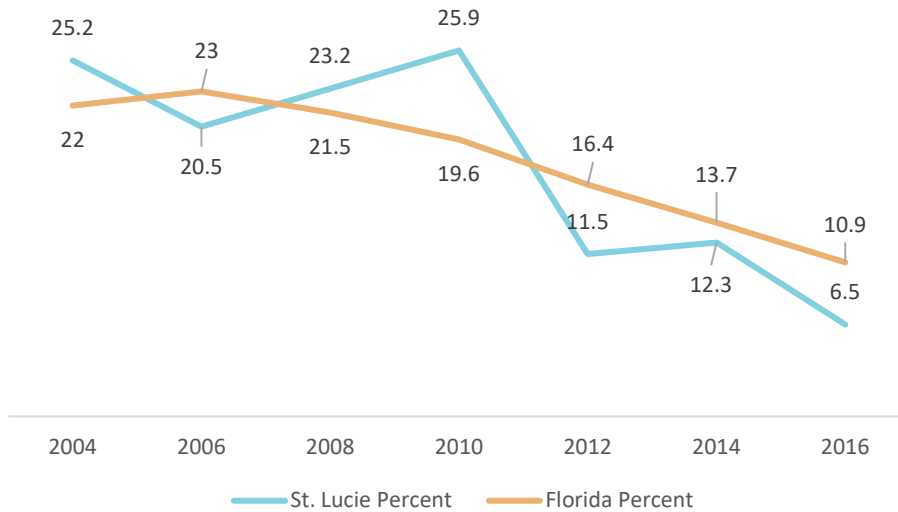
Source: Florida Health Charts, 2002-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 185. Adults who Engage in Heavy or Binge Drinking by Sex, St. Lucie County 2013 - 2016



Source: Florida Health Charts, 2002-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

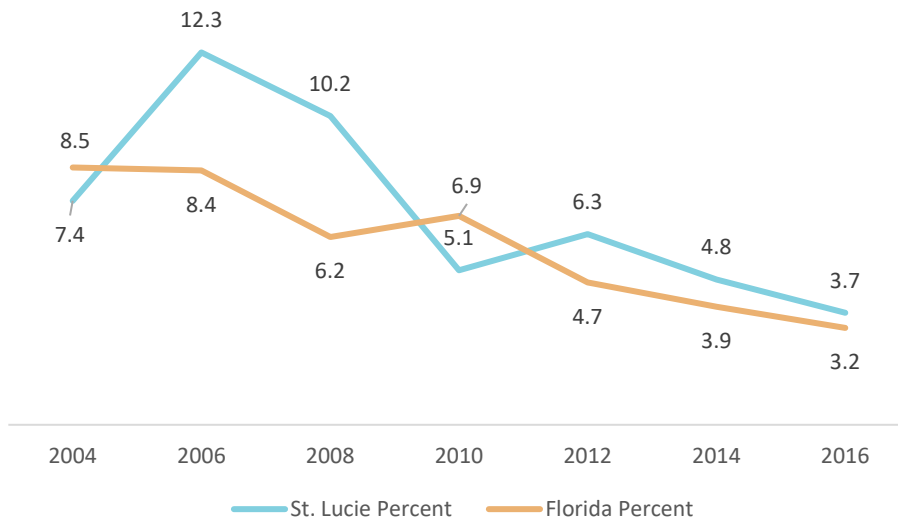
Figure 186. High school students reporting Binge Drinking, Percent of High School Students, St. Lucie County 2004 - 2016



Source: Florida Health Charts, 2004 - 2016, Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS)

Note: This is the percent of students reporting having 5 or more drinks in a row in the past 2 weeks.

Figure 187. Middle school students reporting Binge Drinking, Percent of Middle School Students, St. Lucie County 2004 - 2016

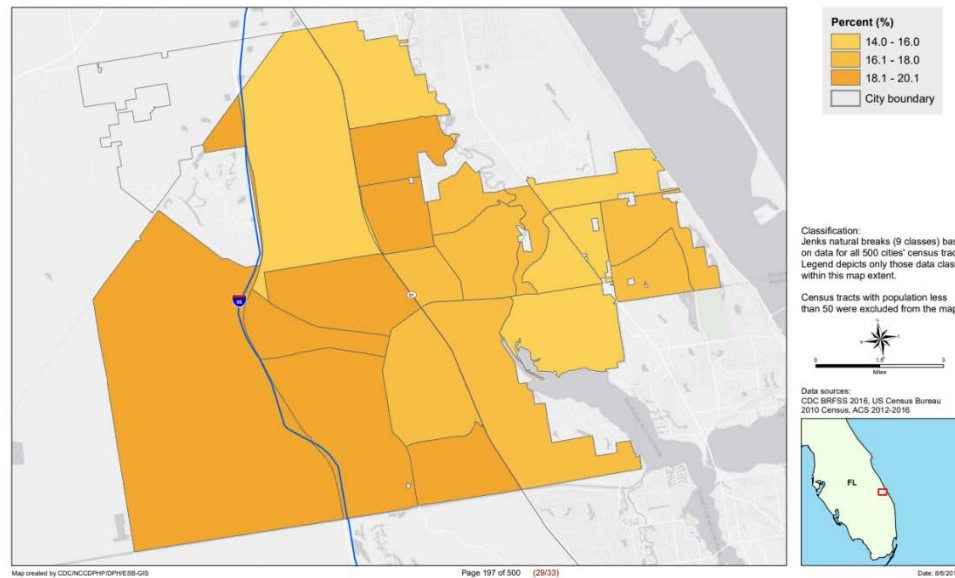


Source: Florida Health Charts, 2004 - 2016, Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS)

Note: This is the percent of students reporting having 5 or more drinks in a row in the past 2 weeks.

Figure 188. Binge drinking prevalence among adults  $\geq 18$  years by census tract, Port St. Lucie city 2016

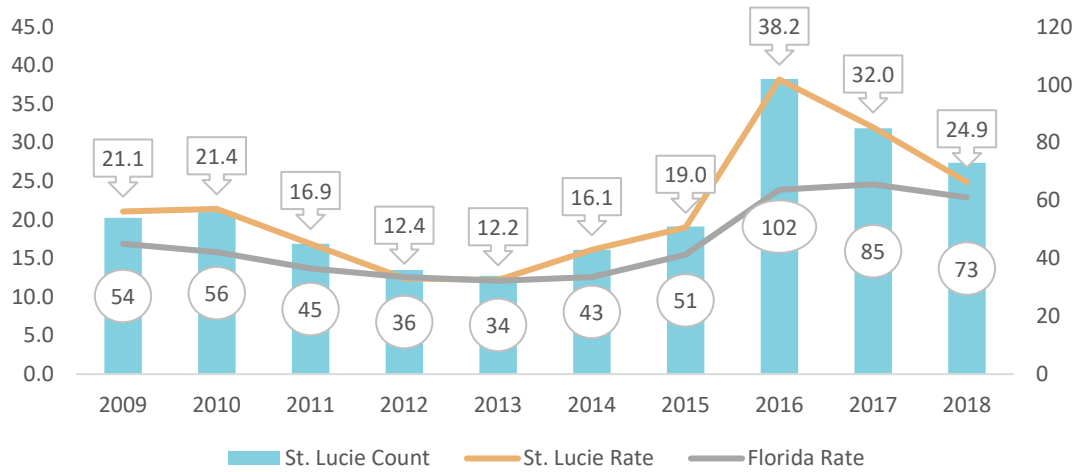
**Binge drinking prevalence among adults aged  $\geq 18$  years  
by census tract, Port St. Lucie, FL, 2016**



### Drug-Poisoning Mortality

While considered preventable, poisoning is the leading cause of injury death in the nation and are mostly attributable to drugs overdose from either pharmaceutical or illicit drug. Florida Health Charts definition: *Deaths resulting from unintentional or intentional overdose of a drug, being given the wrong drug, taking a drug in error, or taking a drug inadvertently.* In 2016, the drug-poisoning death rates in St. Lucie County reached a significant peak (38.2). Since then the rates have decreased but remain high compared to ten years prior and higher than the state or Florida.

Figure 189. Age-adjusted Drug Poisoning Deaths, Rate Per 100,000 Population, St. Lucie County - 2009-2018



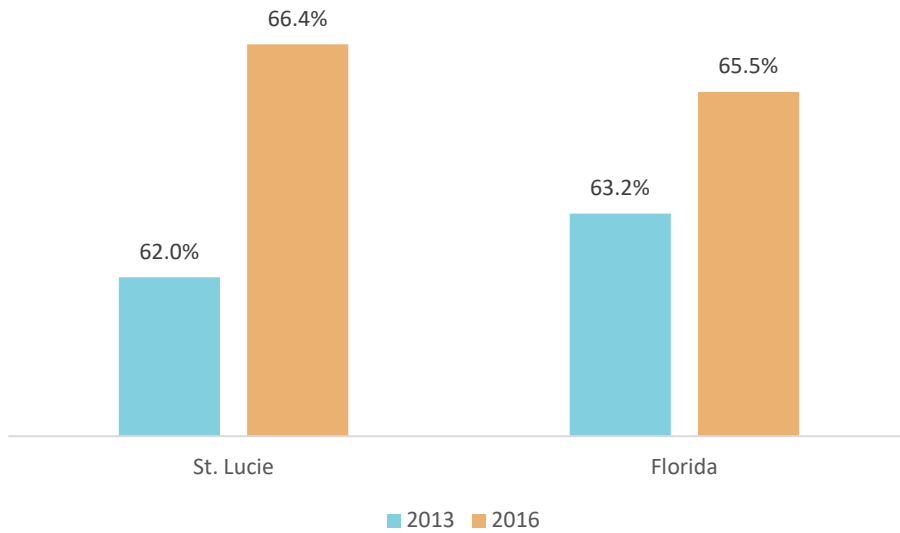
Source: Florida Health Charts, Florida Department of Health, 2009-2018

Table 77. Opioid Profile, St. Lucie County 2018

Indicator	Measure	Year-to-Date (Provisional)
<b>Health Status and Quality of Life</b>		
Opioid Overdose deaths	Count	45
Drug Overdose deaths	Count	62
Opioid Overdose Annual Age-Adjusted Death Rate	Per 100,000 persons	16.4
Drug Overdose Annual Age-Adjusted Death Rate	Per 100,000 persons	21.9
Suspected Non-fatal Opioid-involved Overdose	Count	118
Suspected Non-fatal All Drug Overdose	Count	576
All drug non-fatal overdose emergency department visits	Count	447
Opioid-involved non-fatal overdose emergency department visits	Count	157
All drug non-fatal overdose hospitalizations	Count	418
Opioid-involved non-fatal overdose hospitalizations	Count	104
Neonatal Abstinence Syndrome Birth Defect	Count	23
Neonatal Abstinence Syndrome Birth Defect Annual Rate	Per 10,000 live births	73.7
Early Steps Clients Experiencing Neonatal Abstinence Syndrome	Count	1
Florida Poison Information Network - calls related to opioids	Count	35
<b>Drug-related Consequences</b>		
Drug confirmed traffic crash fatalities	Count	2
Drug confirmed traffic crash injuries	Count	0
Drug suspected traffic crash fatalities	Count	2
Drug suspected traffic crash injuries	Count	8
Annual Drug arrests	Count	1716
Annual Adult Drug Arrests	Count	1639
Annual Juvenile Drug Arrests	Count	77

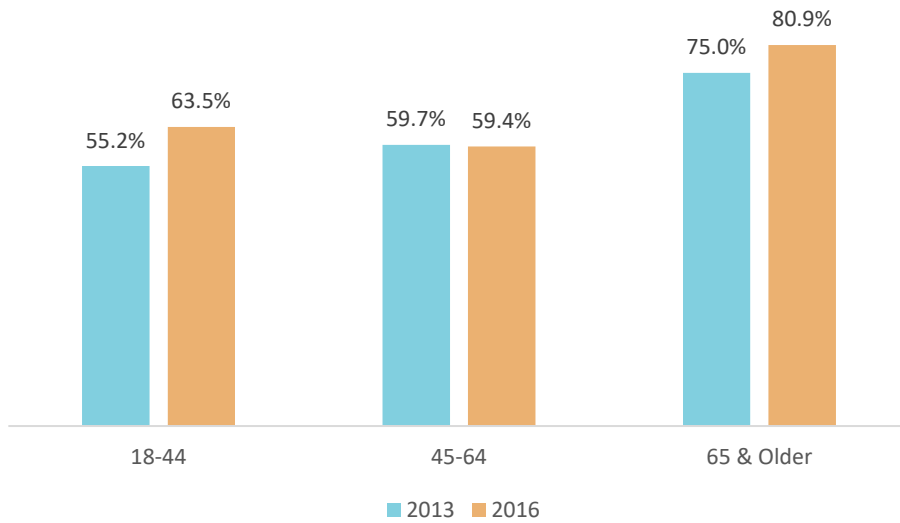
Source: Florida Health Charts, Opioid Profile, 2018

Figure 190. Adults who Sleep at least 7 hours Each Night, St. Lucie County 2013 - 2016



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

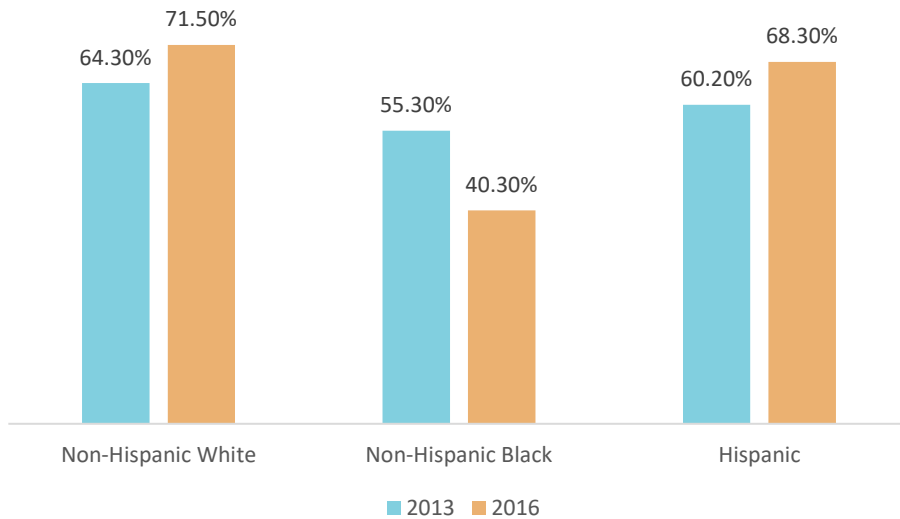
Figure 191. Adults who Sleep at least 7 hours Per Night, by Age Group, St. Lucie County 2013 - 2016



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion



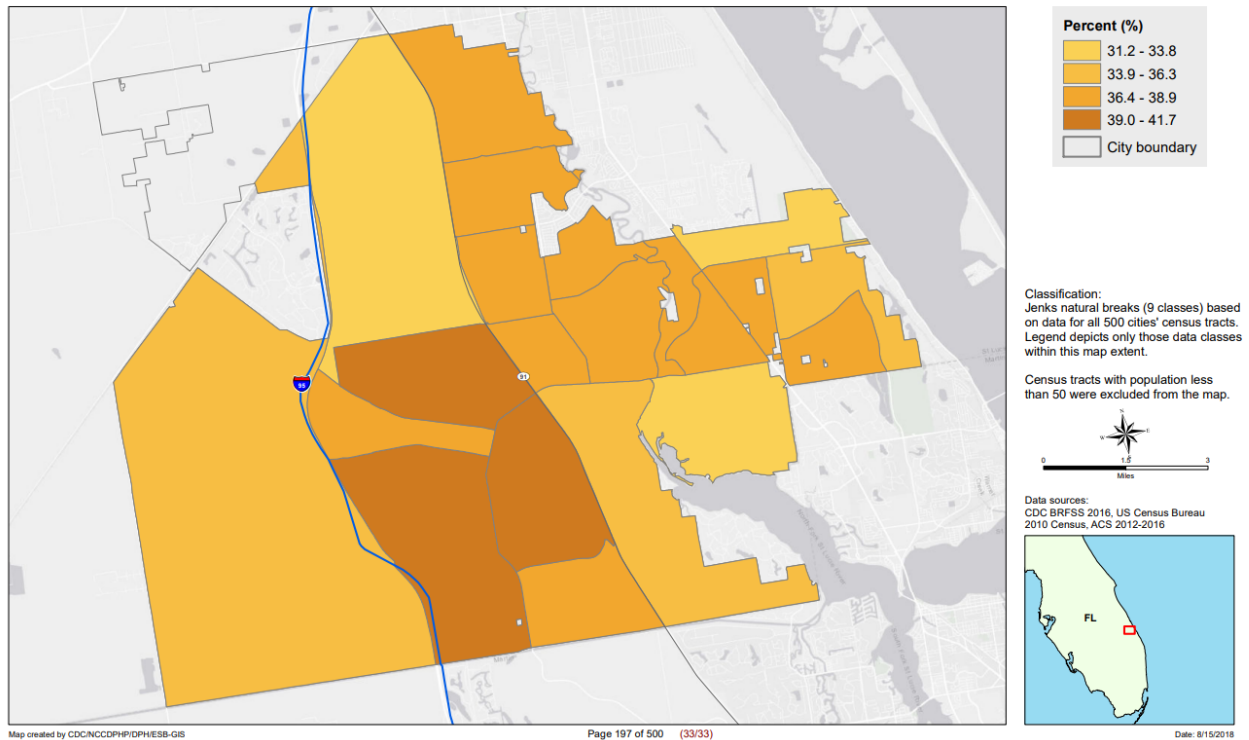
Figure 192. Adults who Sleep at least 7 hours Each Night, by Race/Ethnicity, St. Lucie County 2013 - 2016



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 193. Sleeping less than 7 hours among Adults aged 18 years and Older by census tract, Port St. Lucie city 2016

**Sleeping less than 7 hours among adults aged 18 years and older by census tract, Port St. Lucie, FL, 2016**



### *Behavioral Risk Factor Surveillance System*

The Behavioral Risk Factor Surveillance System (BRFSS) county-level survey was conducted among adults in Florida in 2007, 2010, 2013 and 2016. The purpose of this survey is to obtain estimates of the prevalence of personal health behaviors that contribute to morbidity and mortality. The table below outlines the following topics: Health Care Access & Coverage, Health Status & Quality of Life.

*Table 78. Behavioral Risk Factor Surveillance System, St. Lucie 2013 - 2016*

<b>Indicator</b>	<b>2013 Percent</b>	<b>2016 Percent</b>
<b>Health Care Access &amp; Coverage</b>		
<b>Adults who have a personal doctor</b>	74.1	70.0 (64.4-75.7)
<b>Adults who had a medical checkup in the past year</b>	72.5	79.4 (74.3-84.5)
<b>Adults who could not see a doctor in the past year due to cost</b>	23.1	18.8 (13.8-23.7)
<b>Health Status &amp; Quality of Life</b>		
<b>Adults who said their overall health was "good" to "excellent"</b>	79.0	83.1 (78.9-87.3)
<b>Adults who said their overall health was "fair" or "poor"</b>	21.0	16.9 (12.7-21.1)
<b>Adults with good physical health</b>	85.6	86.0 (81.8-90.1)
<b>Average number of unhealthy physical days in the past 30 days</b>	4.5	4.3 (3.2-5.4)
<b>Adults with good mental health</b>	86.2	91.4 (88.1-94.7)
<b>Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Among adults who have had at least one day of poor mental or physical health)</b>	21.7	18.3 (11.0-25.7)
<b>Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had at least one day of poor mental or physical health)</b>	6.2	5.8 (4.0-7.7)
<b>Adults who had poor physical health on 14 or more of the past 30 days</b>	14.4	14.0 (9.9-18.2)
<b>Adults who had poor mental health on 14 or more of the past 30 days</b>	13.8	8.6 (5.3-11.9)

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Indicator	2013 Percent	2016 Percent
<b>Average number of unhealthy mental days in the past 30 days</b>	4.4	2.7 (1.9-3.5)
<b>Adults who have ever been told they had a depressive disorder</b>	16.0	7.6 (4.8-10.3)

Source: Florida Health Charts, Florida Department of Health, 2007-2016

*Behavioral Health Services*

The Southeast Florida Behavioral Health Network operates to develop, support, and manage an integrated network of behavioral health services to promote the emotional well-being and drug-free living of children and adults in Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties. The table below outlines Behavioral Health Services provided in St. Lucie County during the FY 2018-2019.

*Table 79. Behavioral Health Services, St. Lucie County FY 2018 - 2019*

<b>SERVICE</b> AMH = Adult Mental Health ASA = Adult Substance Abuse CMH = Children's Mental Health CSA = Children's Substance Abuse	<b>Available Within this County? (Yes/No)</b>	<b>If Not Available Within this County, Identify the Nearest County Where it is Available</b>	<b>Number Served Within this County (FY 18-19)</b>
<b>Case Management (AMH)</b>	Yes		1,257
<b>Case Management (ASA)</b>	Yes		987
<b>Case Management (CMH)</b>	Yes		684
<b>Case Management (CSA)</b>	Yes		-
<b>Intensive Case Management (AMH)</b>	Yes		128
<b>Intensive Case Management (CMH)</b>	Yes		-
<b>Crisis Stabilization (AMH)</b>	Yes		1,224
<b>Crisis Stabilization (CMH)</b>	Yes		179
<b>Mobile Crisis Support (AMH)</b>	Yes		-
<b>Mobile Crisis Support (ASA)</b>	Yes		-
<b>Mobile Crisis Support (CMH)</b>	Yes		-
<b>Mobile Crisis Support (CSA)</b>	Yes		-
<b>Walk-in Crisis Support (AMH)</b>	Yes		1,733
<b>Walk-in Crisis Support (ASA)</b>	Yes		833
<b>Walk-in Crisis Support (CMH)</b>	Yes		989
<b>Walk-in Crisis Support (CSA)</b>	Yes		5
<b>FACT Team (AMH)</b>	Yes		218
<b>FACT Team (ASA) - FACT Teams are AMH only</b>	No		-
<b>Inpatient (AMH)</b>	Yes		-
<b>Inpatient (ASA)</b>	Yes		-
<b>Inpatient (CMH)</b>	Yes		-
<b>Inpatient (CSA)</b>	Yes		-
<b>Medical Services (AMH)</b>	Yes		5,486
<b>Medical Services (ASA)</b>	Yes		1,016
<b>Medical Services (CMH)</b>	Yes		535
<b>Medical Services (CSA)</b>	Yes		55
<b>Medication-Assisted Treatment (ASA)</b>	Yes		238

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<b>SERVICE</b> AMH = Adult Mental Health ASA = Adult Substance Abuse CMH = Children's Mental Health CSA = Children's Substance Abuse	<b>Available                      Within this                      County?                      (Yes/No)</b>	<b>If Not Available                      Within this                      County, Identify                      the Nearest                      County Where it                      is Available</b>	<b>Number                      Served                      Within                      this                      County                      (FY 18-19)</b>
<b>Medication-Assisted Treatment (CSA)</b>	No	Broward	-
<b>Outpatient (AMH)</b>	Yes		5,108
<b>Outpatient (ASA)</b>	Yes		1,782
<b>Outpatient (CMH)</b>	Yes		2,229
<b>Outpatient (CSA)</b>	Yes		527
<b>Recovery Support Provided by Certified Peer Recovery Specialists (AMH)</b>	Yes		181
<b>Recovery Support Provided by Certified Peer Recovery Specialists (ASA)</b>	Yes		90
<b>Recovery Support Provided by Certified Peer Recovery Specialists (CMH)</b>	Yes		-
<b>Recovery Support Provided by Certified Peer Recovery Specialists (CSA)</b>	Yes		-
<b>Recovery Support Provided by Paraprofessionals (ASA)</b>	Yes		-
<b>Recovery Support Provided by Paraprofessionals (CSA)</b>	Yes		-
<b>Residential Treatment Levels I-IV and Room &amp; Board with Supervision Levels I-III (AMH)</b>	Yes		146
<b>Residential Treatment Levels I-IV and Room &amp; Board with Supervision Levels I-III (ASA)</b>	Yes		214
<b>Residential Treatment Levels I-IV and Room &amp; Board with Supervision Levels I-III (CMH)</b>	No	Martin	-
<b>Residential Treatment Levels I-IV and Room &amp; Board with Supervision Levels I-III (CSA)</b>	Yes		69
<b>Short-Term Residential Treatment (AMH)</b>	No	Broward	-
<b>Inpatient Detoxification (ASA)</b>	Yes		1,388
<b>Inpatient Detoxification (CSA)</b>	No	Palm Beach	-
<b>Outpatient Detoxification (ASA)</b>	No	Broward	-
<b>Outpatient Detoxification (CSA)</b>	No	Broward	-

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<b>SERVICE</b> <b>AMH = Adult Mental Health</b> <b>ASA = Adult Substance Abuse</b> <b>CMH = Children's Mental Health</b> <b>CSA = Children's Substance Abuse</b>	<b>Available                  Within this                  County?                  (Yes/No)</b>	<b>If Not Available                  Within this                  County, Identify                  the Nearest                  County Where it                  is Available</b>	<b>Number                  Served                  Within                  this                  County                  (FY 18-19)</b>
<b>Supportive Housing/Living (AMH)</b>	Yes		664
<b>Supportive Housing/Living (ASA)</b>	Yes		-
<b>Supportive Housing/Living (CMH)</b>	Yes		1
<b>Supportive Housing/Living (CSA)</b>	No	Broward	-
<b>Addiction Receiving Facility (ASA)</b>	No	Broward	664
<b>Addiction Receiving Facility (CSA)</b>	No	Broward	-

Source: Southeast Florida Behavioral Health Network

## Aging in St. Lucie County

As St. Lucie County continues to increase in the 60 and over group, it is necessary to pay particular attention to the needs of this special population. In addition to collecting qualitative data in focus groups and interviews with older adults, an analysis was also conducted of quantitative data. While this analysis may not be exhaustive, it represents a snapshot of data impacting older adults in St. Lucie County. The use of data may serve to identify needed resources and services. This data is provided in addition to previously reported information in the Community Health Status Assessment section of the report. Awareness of the issues identified in this report is needed to ensure that older adults continue to be vital participants in their communities.

Key areas of concern that were highlighted throughout the assessment process include: social isolation; insufficient funding for services, which leads to long waiting lists; rising rates of dementia with limited treatment options; lack of support for caregivers; increased exploitation, access to affordable housing, and the resources to live independently in the home of their choice.

## Demographics

Table 80. Profile of 60+ St. Lucie residents

Population by Age Category		
All Ages	304,822	100.0%
Under 18	64,157	21.0%
Under 60	217,305	71.3%
18-59	153,148	50.2%
60+	87,517	28.7%
65+	66,281	21.7%
70+	46,615	15.3%
75+	29,973	9.8%
80+	17,441	5.7%
85+	8,803	2.9%

Source: Office of Economic and Demographic Research (EDR), 2017

Population by Gender		
Male	40,410	46.2%
Female	47,107	53.8%

Source: EDR, 2017

English Proficiency	
With Limited English Proficiency <sup>1</sup>	3,337

Source: DOEA calculations based on EDR and 2011-2015 American Community Survey (ACS) Special Tabulation on Aging tabulated for AoA

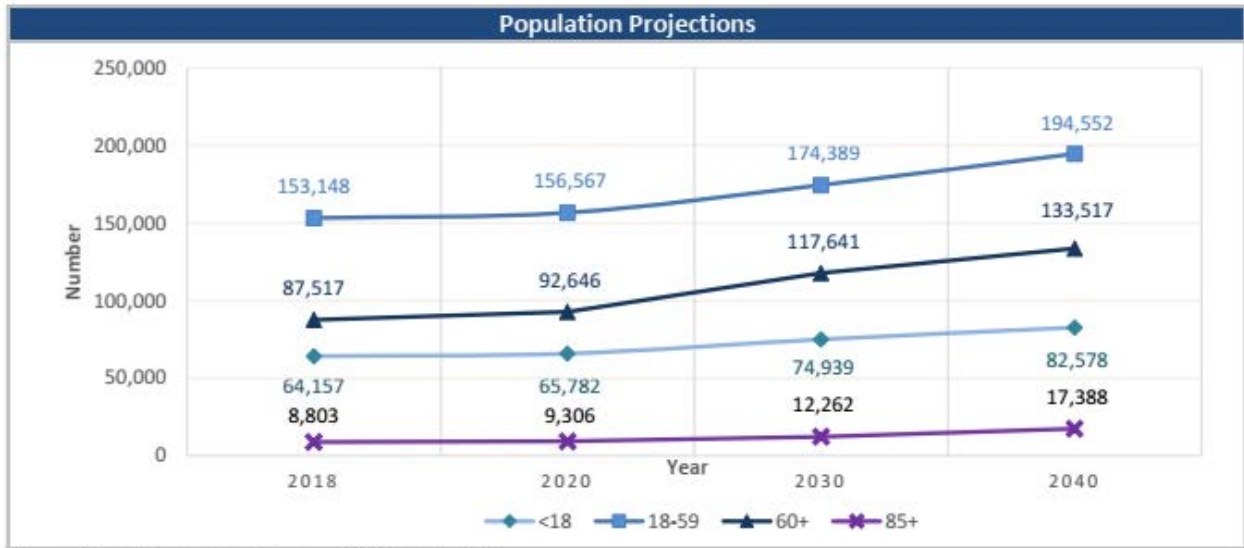
Population by Race and Ethnicity		
White	74,412	85.0%
Black	11,691	13.4%
Other Minorities	1,414	1.6%
Total Hispanic	7,072	8.1%
White	6,445	7.4%
Non-White	627	0.7%
Total Non-Hispanic	80,445	91.9%
Total Racial and Hispanic Minorities <sup>2</sup>	19,550	22.3%

Source: EDR, 2017

Financial Status		%
Below Poverty Guideline	8,336	9.5%
Below 125% of Poverty Guideline	12,844	14.7%
Minority Below Poverty Guideline	3,294	3.8%
Minority Below 125% of Poverty Guideline	4,882	5.6%

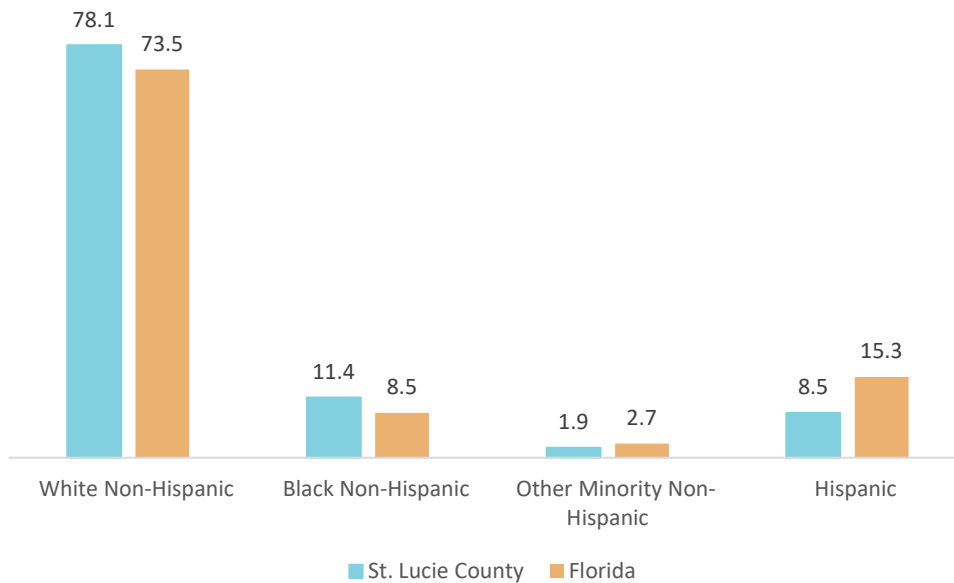
Source: DOEA calculations based on EDR and 2011-15 ACS data

Figure 194. Population Projections



Source: Office of Economic and Demographic Research, 2018

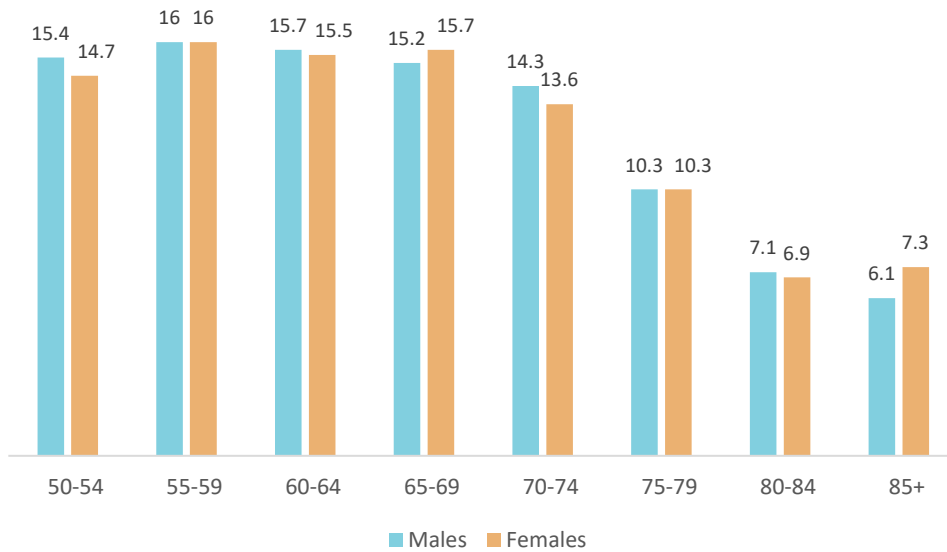
Figure 195. 65 years and older population by Race and Ethnicity, St. Lucie County 2018



Source: Florida Legislature, Office of Economic and Demographic Research (EDR). Population estimates from EDR have been allocated by race based on information from the US Bureau of the Census.

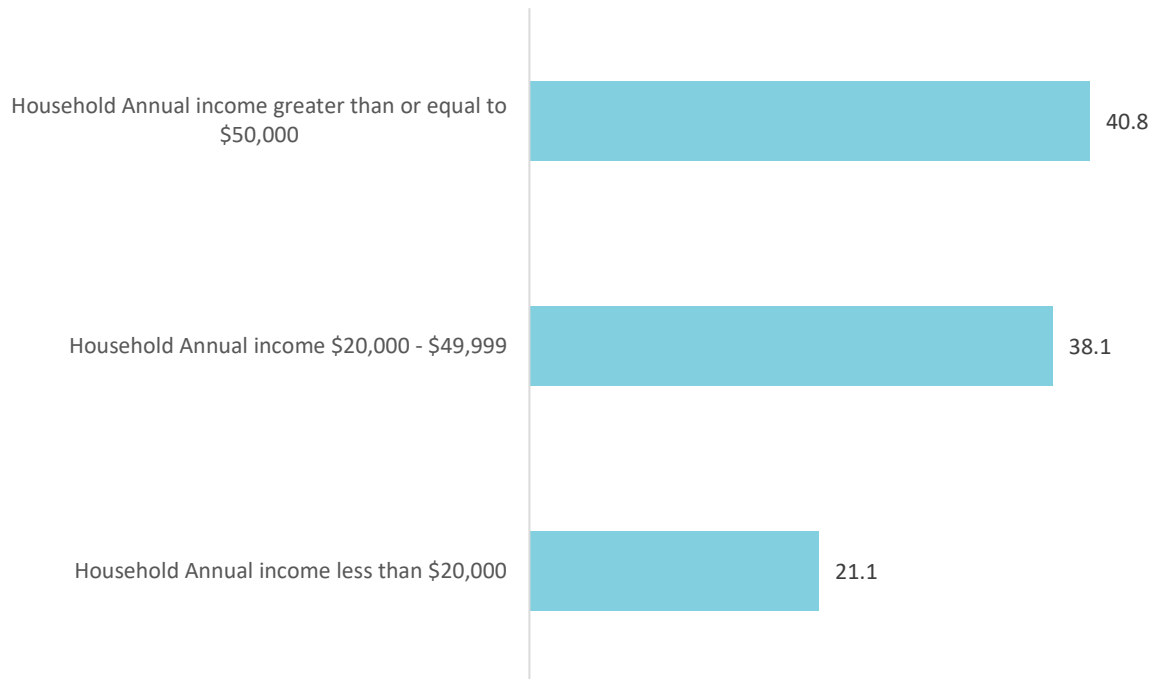


Figure 196. Population over 50 by Sex, St. Lucie County 2018



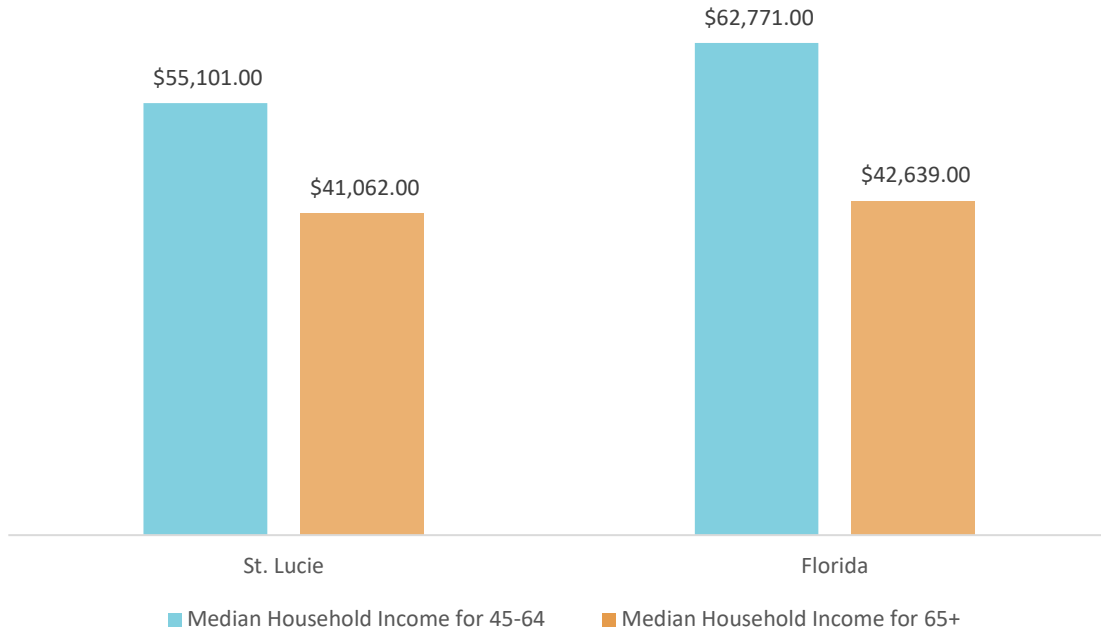
## Financial

Figure 197. Household Annual Income for Household Member 65+, St. Lucie County



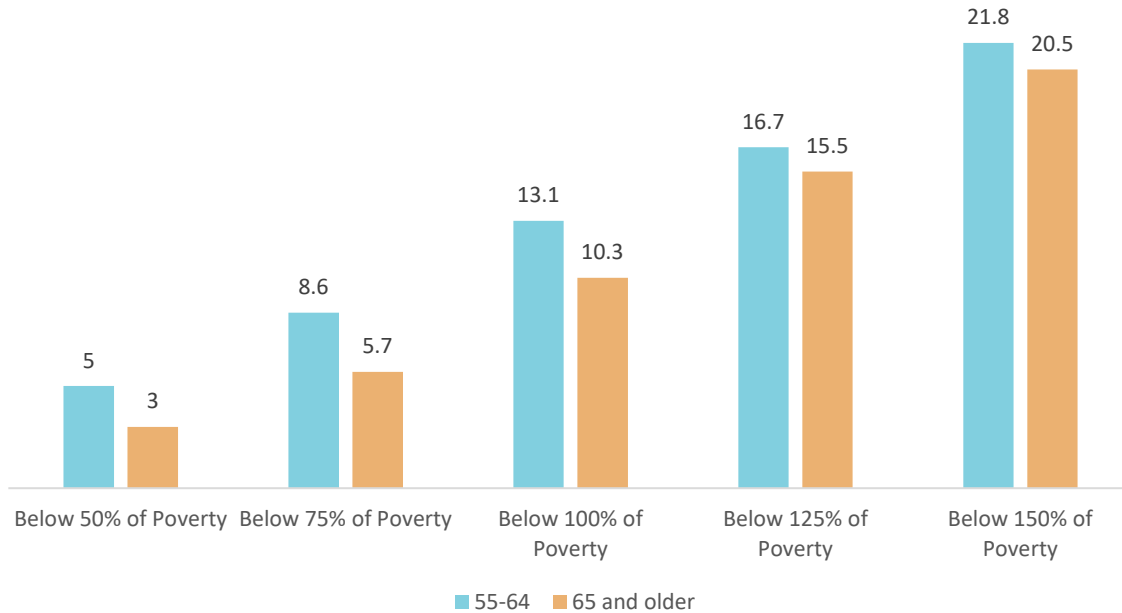
Source: US Bureau of the Census, American Community Survey, Table B19037

Figure 198. Median Household Income 45-64 Year Olds and 65+, St. Lucie County 2018



Source: US Bureau of the Census, American Community Survey, Table B19049

Figure 199. Older Adults at Poverty Level by Age Group, St. Lucie County 2018



Source: US Bureau of the Census, American Community Survey, Table B17024

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Table 81. Social Security Beneficiaries, St. Lucie County 2018

Indicator	St. Lucie	Florida
<b>Social Security Beneficiaries</b>	63,280	3,588,191
<b>Monthly Social Security Income (average)</b>	\$1,469.00	\$ 1,437.00

Source: Social Security Administration, OASDI Beneficiaries by State and County, Table 4.  
 Social Security Administration, OASDI Beneficiaries by State and County, Table 5

The Elder Index™ is a measure of the cost of living for older adults in the United States. It is calculated for every county in the United States and provides a realistic benchmark of living expenditure that includes housing, food, transportation, health care, and basic household items for older adults.

Table 82. Elder Index™ for St. Lucie County

Florida, Saint Lucie County						
Expenses/Monthly and Yearly Totals	Single Elder			Elder Couple		
	Renter	Owner w/ Mortgage	Owner w/o Mortgage	Renter	Owner w/ Mortgage	Owner w/o Mortgage
Housing	\$873	\$1,326	\$507	\$873	\$1,326	\$507
Food	\$257	\$257	\$257	\$471	\$471	\$471
Transportation	\$227	\$227	\$227	\$349	\$349	\$349
Miscellaneous	\$265	\$265	\$265	\$399	\$399	\$399
Health Care (Poor)	\$533	\$533	\$533	\$1,066	\$1,066	\$1,066
Health Care (Good)	\$333	\$333	\$333	\$666	\$666	\$666
Health Care (Excellent)	\$249	\$249	\$249	\$498	\$498	\$498
Index Per Month (Poor Health)	\$2,155	\$2,608	\$1,789	\$3,158	\$3,611	\$2,792
Index Per Month (Good Health)	\$1,955	\$2,408	\$1,589	\$2,758	\$3,211	\$2,392
Index Per Month (Excellent Health)	\$1,871	\$2,324	\$1,505	\$2,590	\$3,043	\$2,224
Index Per Year (Poor Health)	\$25,860	\$31,296	\$21,468	\$37,896	\$43,332	\$33,504
Index Per Year (Good Health)	\$23,460	\$28,896	\$19,068	\$33,096	\$38,532	\$28,704
Index Per Year (Excellent Health)	\$22,452	\$27,888	\$18,060	\$31,080	\$36,516	\$26,688
% of National Average (Poor Health)	94%	91%	92%	93%	92%	92%
% of National Average (Good Health)	92%	90%	91%	91%	90%	90%
% of National Average (Excellent Health)	92%	90%	90%	91%	90%	90%
% of HHS Poverty Level (Poor Health)	207%	251%	172%	224%	256%	198%
% of HHS Poverty Level (Good Health)	188%	231%	153%	196%	228%	170%
% of HHS Poverty Level (Excellent Health)	180%	223%	145%	184%	216%	158%

Source: Elder Index. (2019). The Elder Index™ [Public Dataset]. Boston, MA: Gerontology Institute, University of Massachusetts Boston.  
 Percentage of HHS Poverty Level was calculated using the 2019 Federal Poverty Level and the Index Per Year

Table 83. Income Required to Meet Basic Needs for 65+ with Excellent Health, St. Lucie County 2017

	St. Lucie	Florida
<b>Single 65+ - Home owner without mortgage</b>	17,616.00	\$17,604.00
<b>Single 65+ - Home owner with mortgage</b>	28,560.00	\$27,888.00
<b>Single 65+ - Renter, one bedroom</b>	\$21,204.00	\$21,552.00
<b>65+ Couple - Home owner without mortgage</b>	25,944.00	\$26,028.00
<b>65+ Couple - Home owner with mortgage</b>	36,888.00	\$36,312.00
<b>65+ Couple - Renter, one bedroom</b>	29,532.00	\$29,976.00

Source: University of Massachusetts, Elder Index 2017

Table 84. Income Required to Meet Basic Needs for 65+ with Poor Health, St. Lucie County 2017

	St. Lucie	Florida
<b>Single 65+ - Home owner without mortgage</b>	21,276.00	\$20,580.00
<b>Single 65+ - Renter, one bedroom</b>	24,864.00	\$24,528.00
<b>Single 65+ - Home owner with mortgage</b>	32,220.00	\$30,864.00
<b>65+ Couple - Home owner without mortgage</b>	33,264.00	\$31,980.00
<b>65+ Couple - Renter, one bedroom</b>	36,852.00	\$35,928.00
<b>65+ Couple - Home owner with mortgage</b>	4,208.00	\$42,264.00

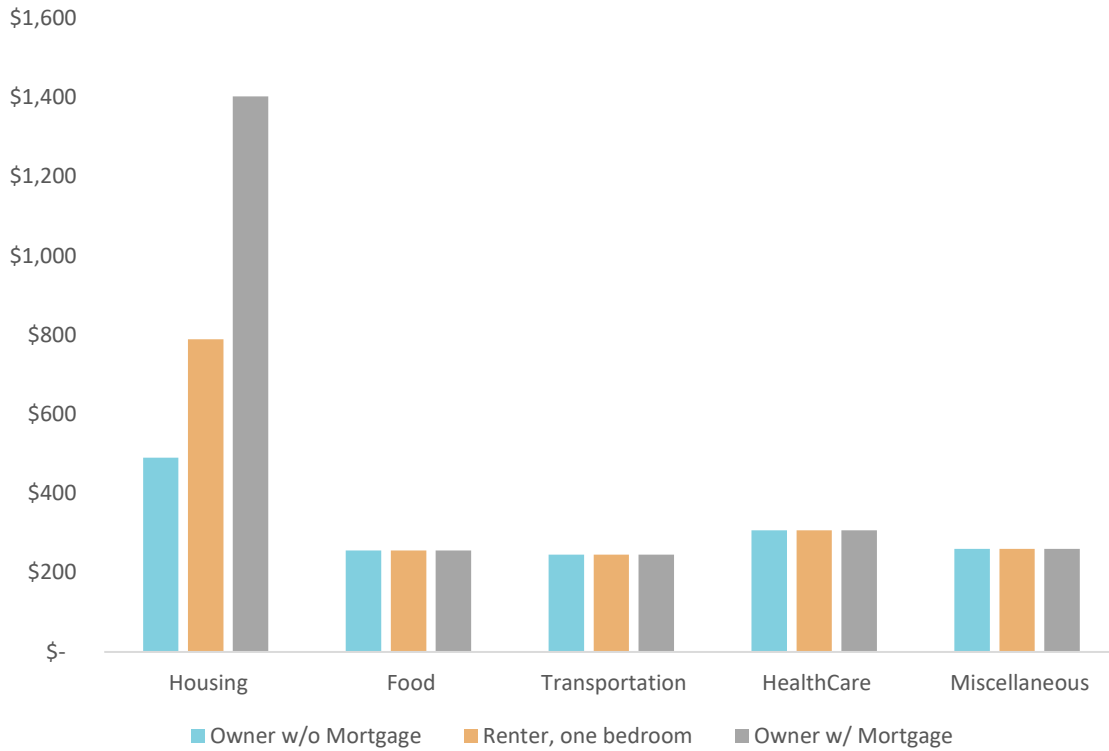
Source: University of Massachusetts, Elder Index 2017

Figure 200. Monthly Expenses, Single Elder in Excellent Health, St. Lucie County 2017



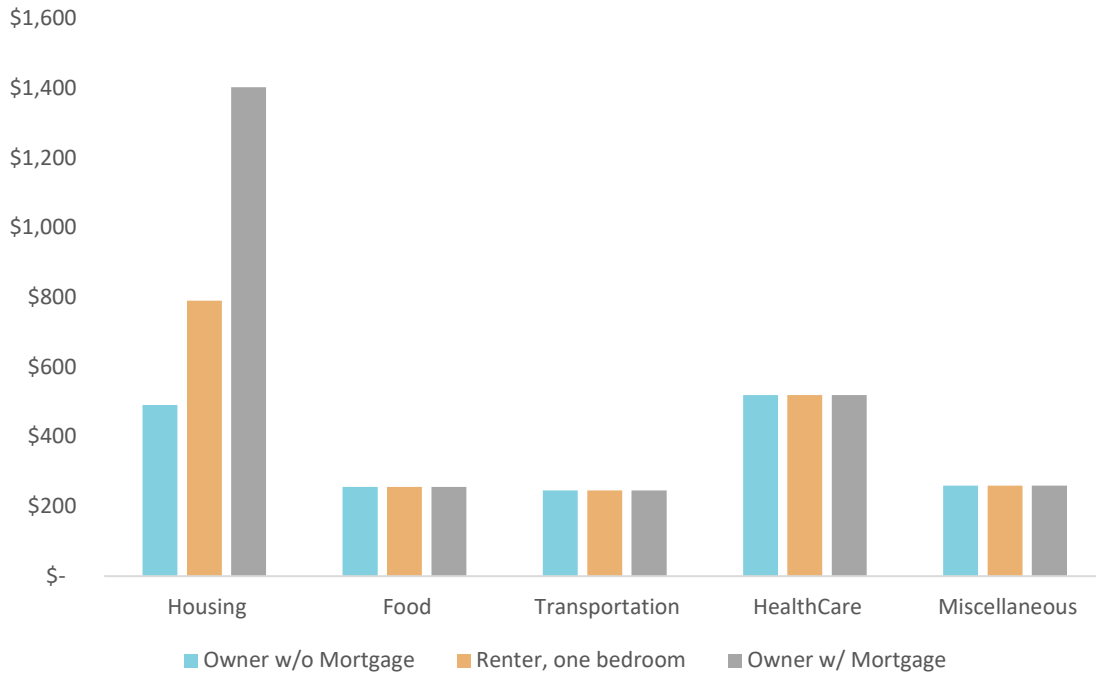
Source: University of Massachusetts, Elder Index 2017

Figure 201. Monthly Expenses, Single Elder in Good Health, St. Lucie County 2017



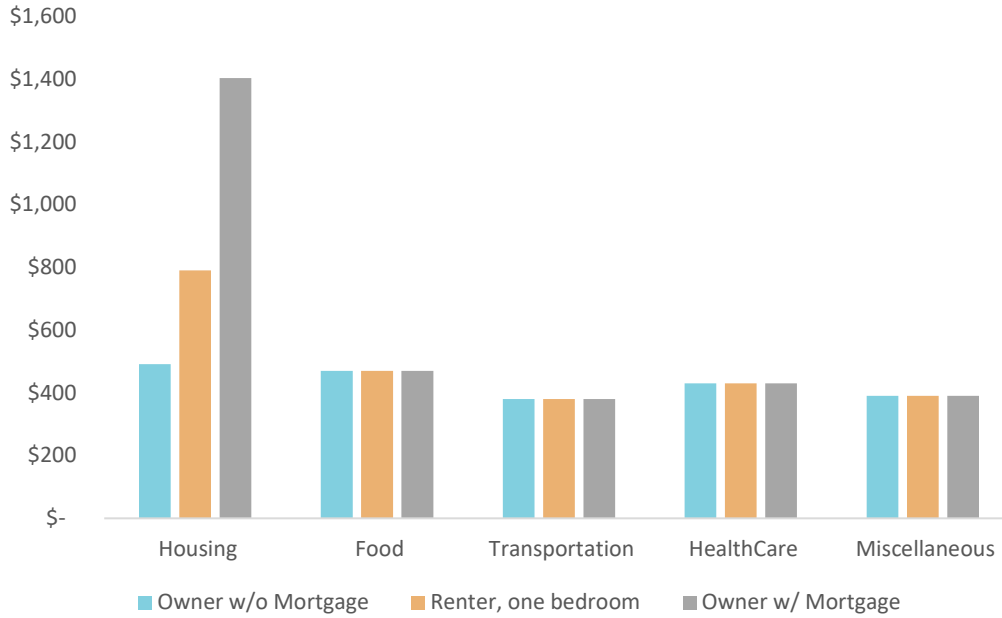
Source: University of Massachusetts, Elder Index 2017

Figure 202. Monthly Expenses, Single Elder in Poor Health, St. Lucie County 2017



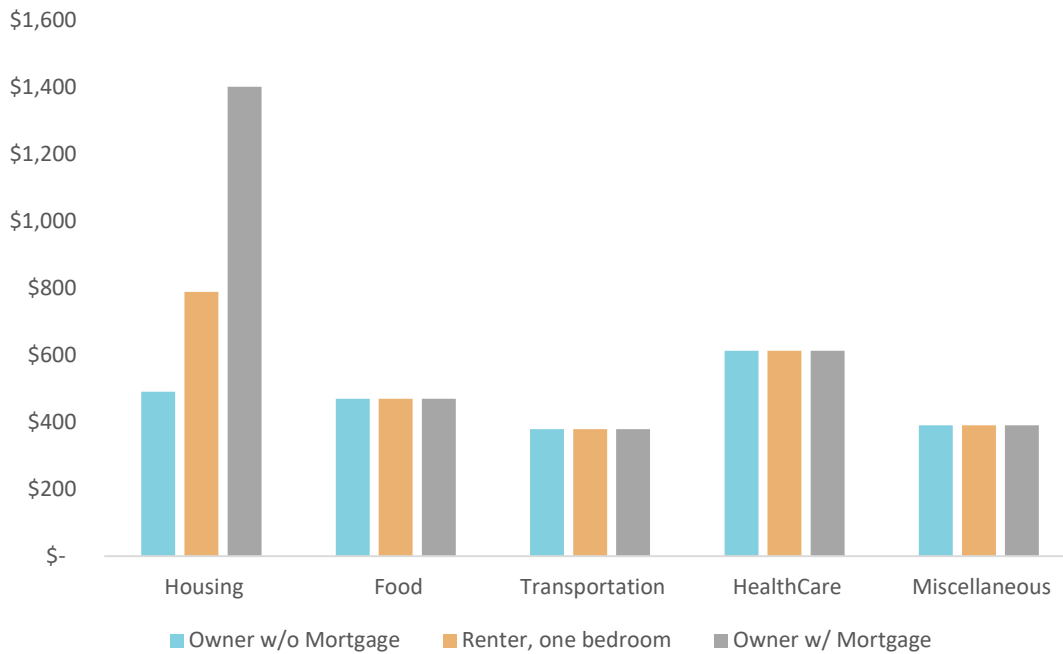
Source: University of Massachusetts, Elder Index 2017

Figure 203. Monthly Expenses, Elder Couple in Excellent Health, St. Lucie County 2017



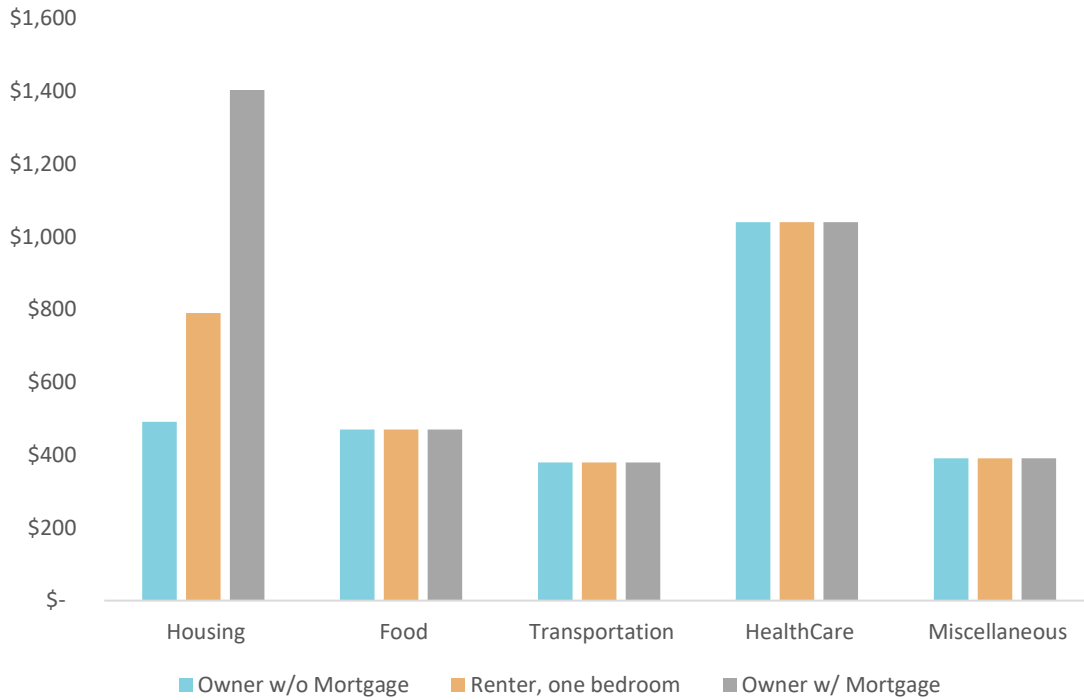
Source: University of Massachusetts, Elder Index 2017

Figure 204. Monthly Expenses, Elder Couple in Good Health, St. Lucie County 2017



Source: University of Massachusetts, Elder Index 2017

Figure 205. Monthly Expenses, Elder Couple in Poor Health, St. Lucie County 2017



Source: University of Massachusetts, Elder Index 2017

Table 85. Index per Month & Year, by Housing & Health Status, Single & Elder Couples, St. Lucie County 2017

Household	Housing Status	Health Status	Index Per Month	Index Per Year
<b>Single Elder</b>	Owner w/o Mortgage	Poor	\$ 1,773	\$ 21,276
<b>Single Elder</b>	Renter, one bedroom	Poor	\$ 2,072	\$ 24,864
<b>Single Elder</b>	Owner w/ Mortgage	Poor	\$ 2,685	\$ 32,220
<b>Single Elder</b>	Owner w/o Mortgage	Good	\$ 1,560	\$ 18,720
<b>Single Elder</b>	Renter, one bedroom	Good	\$ 1,859	\$ 22,308
<b>Single Elder</b>	Owner w/ Mortgage	Good	\$ 2,472	\$ 29,664
<b>Single Elder</b>	Owner w/o Mortgage	Excellent	\$ 1,468	\$ 17,616
<b>Single Elder</b>	Renter, one bedroom	Excellent	\$ 1,767	\$ 21,204
<b>Single Elder</b>	Owner w/ Mortgage	Excellent	\$ 2,380	\$ 28,560
<b>Elder Couple</b>	Owner w/o Mortgage	Excellent	\$ 2,162	\$ 25,944
<b>Elder Couple</b>	Renter, one bedroom	Excellent	\$ 2,461	\$ 29,532
<b>Elder Couple</b>	Owner w/ Mortgage	Excellent	\$ 3,074	\$ 36,888
<b>Elder Couple</b>	Owner w/o Mortgage	Good	\$ 2,346	\$ 28,152
<b>Elder Couple</b>	Renter, one bedroom	Good	\$ 2,645	\$ 31,740
<b>Elder Couple</b>	Owner w/ Mortgage	Good	\$ 3,258	\$ 39,096
<b>Elder Couple</b>	Owner w/o Mortgage	Poor	\$ 2,772	\$ 33,264
<b>Elder Couple</b>	Renter, one bedroom	Poor	\$ 3,071	\$ 36,852
<b>Elder Couple</b>	Owner w/ Mortgage	Poor	\$ 3,684	\$ 44,208

Source: University of Massachusetts, Elder Index 2017

Table 86. Elder Households, Cost Burden and Food Stamps/SNAP, St. Lucie County

	Year(s)	County		State	
		Count	Percent/Rate	Count	Percent/Rate
<b>Households with cost burden above 30% and Income at or below 50% Area Median Income 65+</b>	2017	39,052	14.7	2,412,571	19.7
<b>Households receiving food stamps/SNAP that have 1 or more persons 60+</b>	2014-18	5,728	5.1	425,627	5.6

Source: Shimberg Center for Housing Studies, University of Florida, "Households with Householder Age 65 and Older, Cost Burden by Tenure and Income"

Source: US Bureau of the Census, American Community Survey, Table S2201.

Table 87. SNAP Utilization

SNAP or Food Stamps	
Participants	7,281
Potentially Eligible	12,844
Participation Rate	56.7%

Source: Florida Department of Children and Families, 2017

Table 88. Owner-Occupied Housing Units by Age Group, St. Lucie County 2014 - 2018, 5-year Average

	St. Lucie	
	Count	Percent/Rate
<b>Owner-occupied housing units owned by householder 55-59</b>	3167	33.8
<b>Owner-occupied housing units owned by householder 60-64</b>	4225	45.1
<b>Owner-occupied housing units owned by householder 65+</b>	23502	64.9
<b>Owner-occupied housing units with mortgage and householder 55-59</b>	6205	66.2
<b>Owner-occupied housing units with mortgage and householder 60-64</b>	5137	54.9
<b>Owner-occupied housing units with mortgage and householder 65+</b>	12704	35.1

Source: US Bureau of the Census, American Community Survey, Table B25027



*Table 89. Drivers over age 50, St. Lucie County 2018*

Over 30% of drivers over the age of 50 were over the age of 70 in 2018. Florida’s State Silver Alert was established through an Executive Order signed in 2008 and codified into statute in 2011. The State Silver Alert is issued when a person with dementia goes missing in a vehicle with an identified tag.

	County	State
<b>Drivers 50+</b>	126,074	7,747,671
<b>50-59</b>	42,927	2,853,706
<b>Drivers 60+</b>	83,147	4,893,965
<b>60-64</b>	21,035	1,308,793
<b>Drivers 65+</b>	62,112	3,585,172
<b>65-69</b>	19,623	1,166,116
<b>70-79</b>	29,353	1,659,140
<b>80-89</b>	11,448	659,150
<b>90+</b>	1,688	100,766
<b>Silver Alerts</b>	3	253
<b>&lt;70</b>	0	29
<b>70-79</b>	1	85
<b>80-84</b>	2	66
<b>85+</b>	0	73

Source: Florida Department of Highway Safety and Motor Vehicles, "Licensed Drivers by Age, Sex and County".  
 Source: Florida Department of Law Enforcement, "Silver Alert Monthly Reports".

*Table 90. Veterans age 45 and older, St. Lucie County 2018*

	St. Lucie	Florida
<b>Veterans</b>	24,181	1,491,072
<b>45-64</b>	6,636	471,083
<b>65-84</b>	10,769	616,814
<b>85+</b>	3,223	153,731
<b>Male Veterans</b>	22,181	1,346,091
<b>45-64</b>	5,819	406,104
<b>65-84</b>	10,388	592,942
<b>85+</b>	3,114	148,422
<b>Female Veterans</b>	2,000	144,975
<b>45-64</b>	817	64,975
<b>65-84</b>	381	23,873
<b>85+</b>	108	5,310

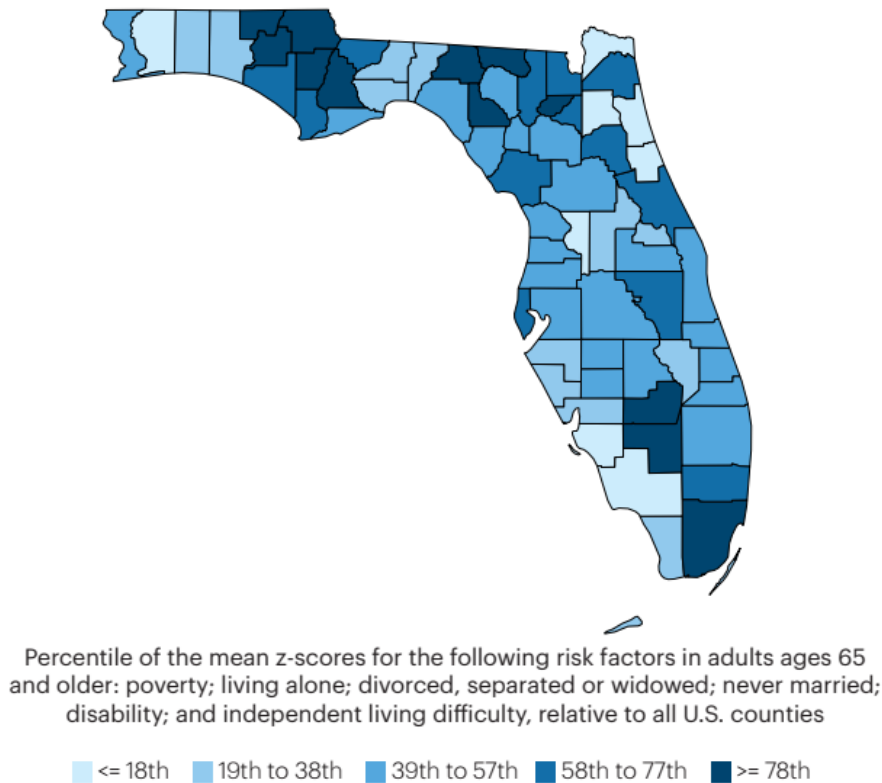
Source: US Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, "Table 9L

## Social Isolation

America's Health Rankings indicates "Meaningful social relationships are essential to good health and well-being, especially during one's senior years. Social isolation, or the lack of these relationships, can have negative consequences for a person's physical health and mental well-being. Life events such as retirement, loss of a spouse and friends, and age-related health conditions may make it difficult for seniors to maintain the same level of social interactions or the breadth of a support network they once had. Without these important connections to friends, family and the community, seniors grappling with loneliness and social isolation are more likely to experience poorer health, including health conditions such as high blood pressure, inflammation and even a greater risk of death."

Those who are socially isolated not only have poorer health, and increased rates of mortality (including suicide), they also show a greater use of healthcare resources. The greater risk of severe complications from the virus that causes COVID-19 in older adults and those with underlying medical conditions has further underscored the importance of addressing the needs of our older residents. The United Health Foundation released America's Health Rankings Senior Data updates for 2020 with a focus on the underlying conditions and risk factors for them.

Figure 206. Risk of social isolation by county.



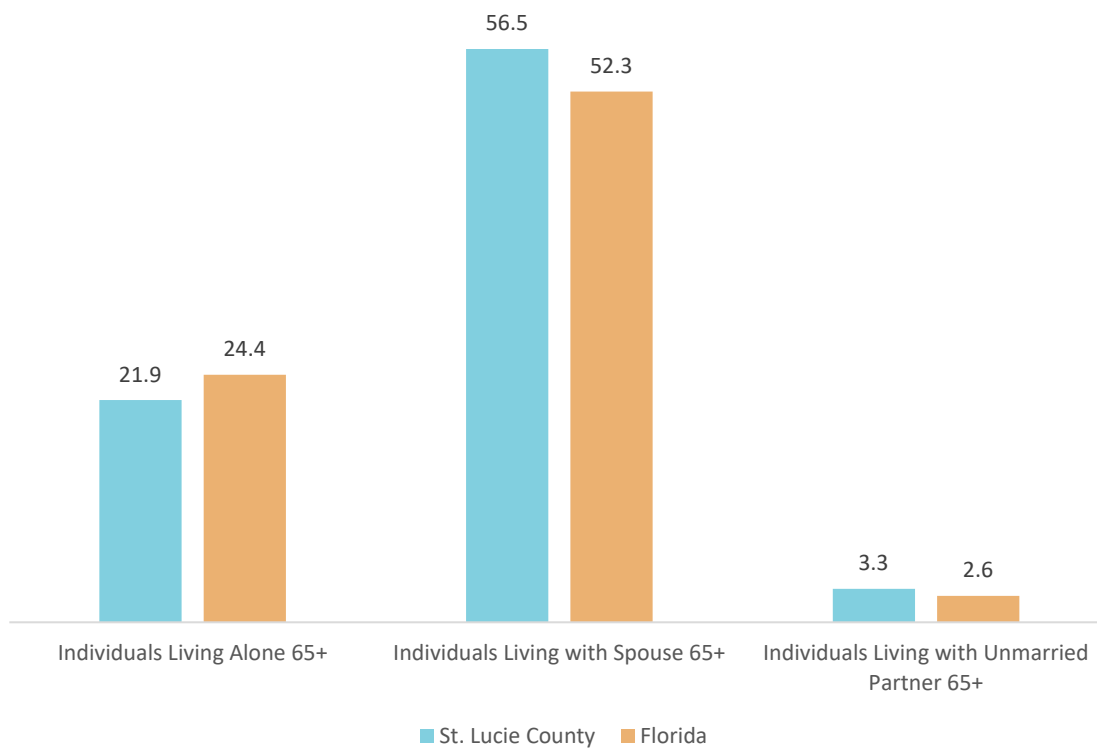
Source: U.S. Census Bureau, American Community Survey, 2014-2018

Source: [Senior Risk of Social Isolation by County](#)

Florida ranks 22<sup>nd</sup> out of the 50 states based on the six key factors identified that point to an older adult being at increased risk for social isolation. St. Lucie County falls in the 39<sup>th</sup>-57<sup>th</sup> percentile for risk of social isolation.

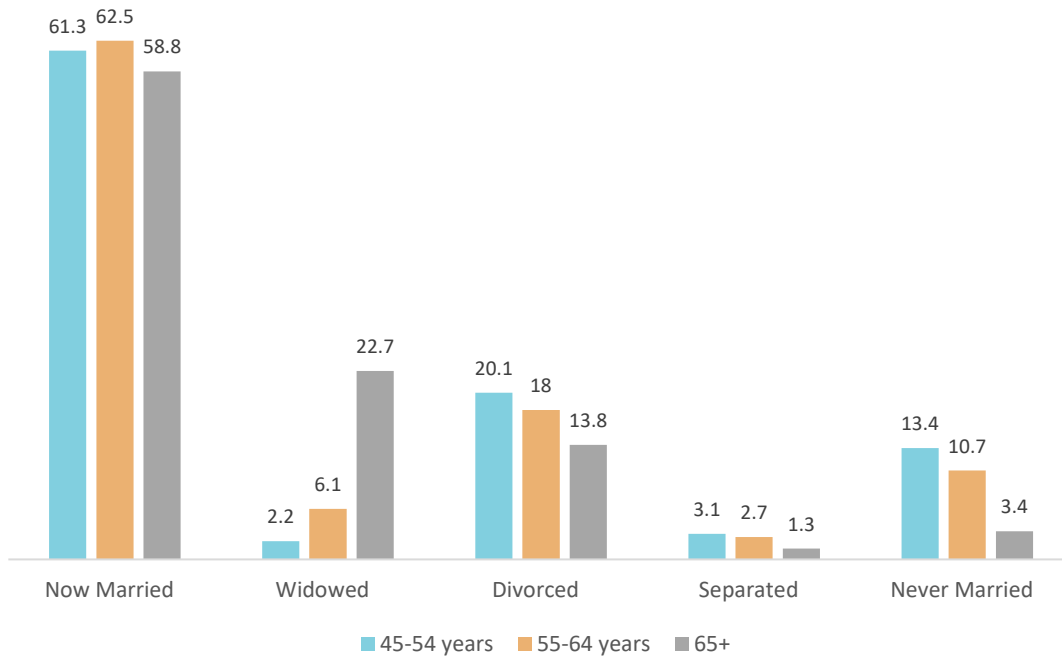
- Poverty
- Marital status - never married, divorced, separated, widowed
- Have a disability
- Struggle with living independently
- Living alone

Figure 207. Living Arrangements Individuals 65+ St. Lucie County 2018



Source: US Bureau of the Census, American Community Survey, Table B09021

Figure 208. Marital Status by Age Group, St. Lucie County 2018



The necessity of physical distancing and other health safety measures have exacerbated the issue of social isolation in older adults. Increased isolation has made some more susceptible to elder abuse and exploitation. Mitigating isolation and promoting engagement will be critical in addressing the health outcomes of our residents.

## Health

Table 91. Disabilities by Type, 65 years and older, St. Lucie County, 2014 - 2018, 5-Year Estimates

	St. Lucie		Florida	
	Count	Percent/Rate	Count	Percent/Rate
<b>Hearing Disability 65+</b>	11,011	15.6	541,718	13.6
<b>65-74</b>	2,785	7.2	175,721	7.9
<b>75+</b>	8,226	25.9	365,997	20.7
<b>Vision Disability 65+</b>	4,523	6.4	245,065	6.1
<b>65-74</b>	1,283	3.3	86,073	3.9
<b>75+</b>	3,240	10.2	158,992	9
<b>Cognitive Disability 65+</b>	5,905	8.4	338,648	8.5
<b>65-74</b>	1,960	5.1	106,194	4.8
<b>75+</b>	3,945	12.4	232,454	13.2
<b>Ambulatory Disability 65+</b>	16,683	23.7	836,737	20.9
<b>65-74</b>	5,727	14.8	304,044	13.6
<b>75+</b>	10,956	34.5	532,693	30.1
<b>Self-care Disability 65+</b>	6,137	8.7	293,598	7.3
<b>65-74</b>	1,364	3.5	77,695	3.5
<b>75+</b>	4,773	15	215,903	12.2
<b>Independent Living Disability 65+</b>	9,630	13.7	527,188	13.2
<b>65-74</b>	2,082	5.4	138,255	6.2
<b>75+</b>	7,548	23.7	388,933	22

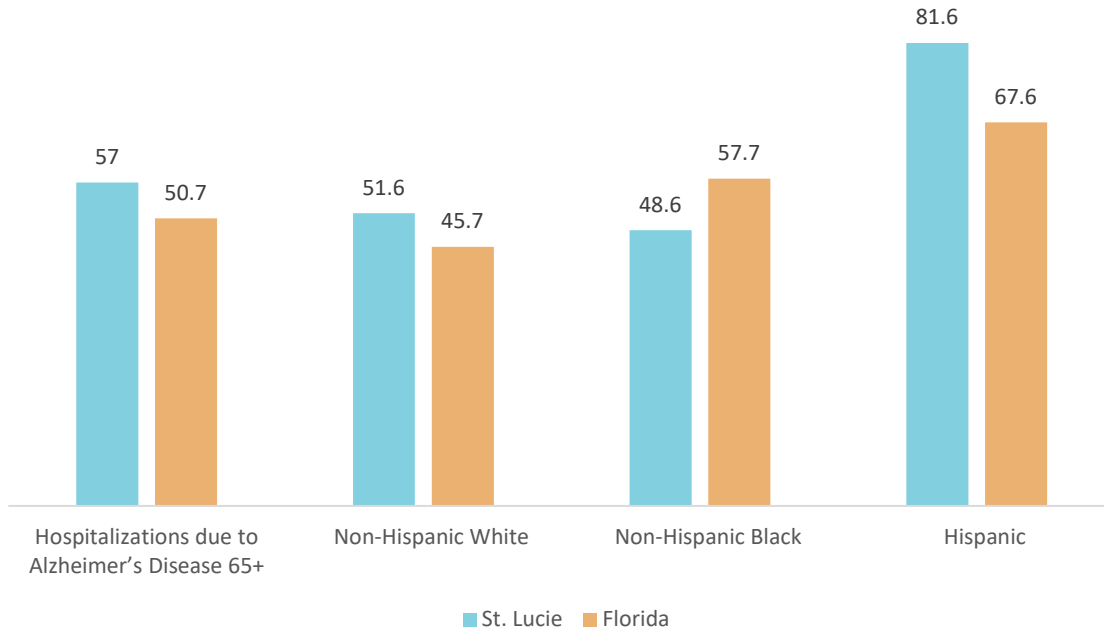
Source: US Bureau of the Census, American Community Survey, Table S1810

Table 92. Probable Alzheimer's Cases 65+, St. Lucie County 2018

	St. Lucie		Florida	
	Count	Percent/Rate	Count	Percent/Rate
<b>Probable Alzheimer's Cases 65+</b>	9,442	13.1	553,734	13.2

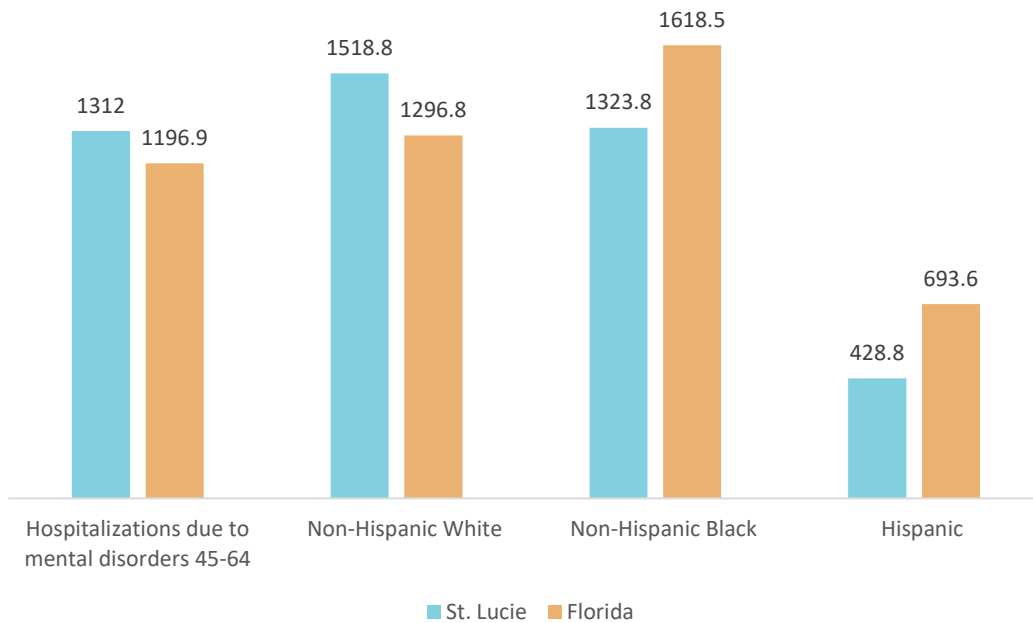
Source: Florida Health Charts, based on FL Dept of Elder Affairs Profile of Older Floridians

Figure 209. Hospitalizations due to Alzheimer's Disease 65+, St. Lucie County 2018



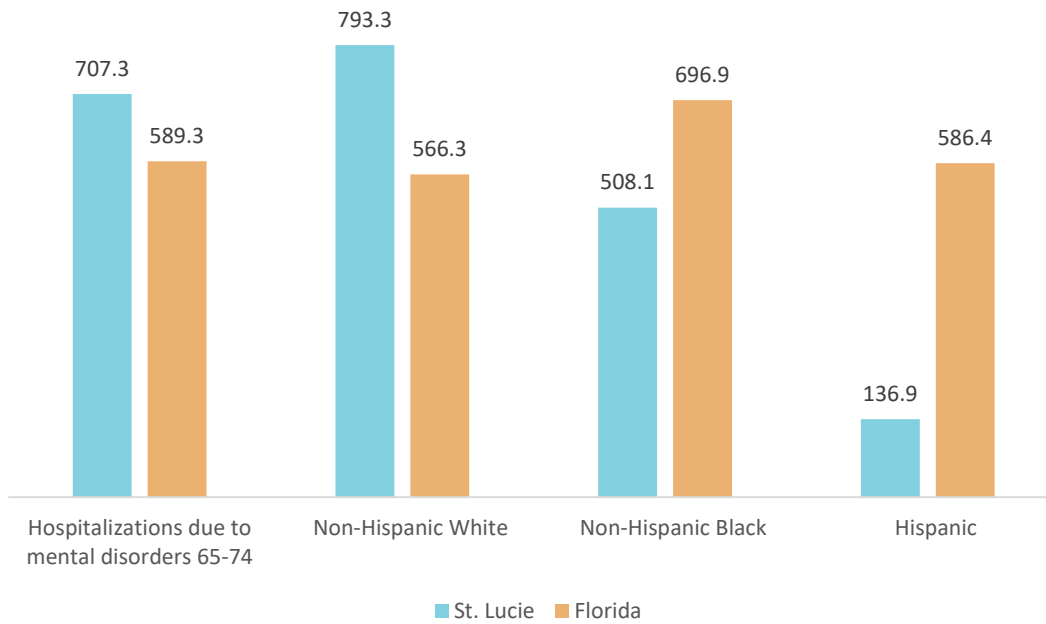
Source: Florida Health Charts, Florida Agency for Healthcare Administration, Hospitalization Data

Figure 210. Hospitalizations due to mental disorders 45-65, St. Lucie County 2018



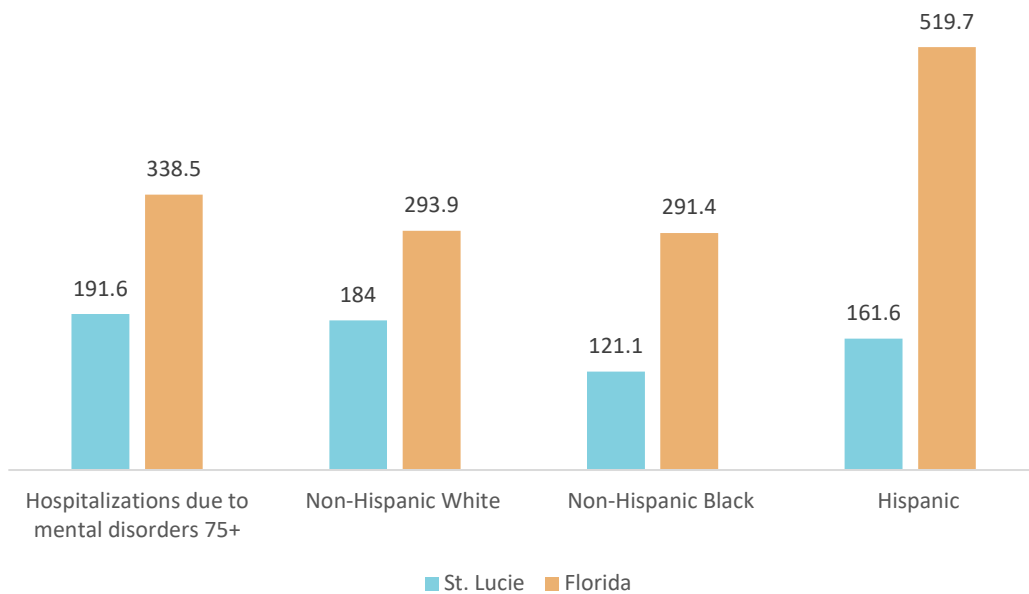
Source: Florida Health Charts, Florida Agency for Healthcare Administration, Hospitalization Data

Figure 211. Hospitalizations due to mental disorders 65-74, St. Lucie County 2018



Source: Florida Health Charts, Florida Agency for Healthcare Administration, Hospitalization Data

Figure 212. Hospitalizations due to mental disorders 75+, St. Lucie County 2018



Source: Florida Health Charts, Florida Agency for Healthcare Administration, Hospitalization Data

Figure 213. Medical Care Availability

Skilled Nursing Facility (SNF) Utilization	
<b>SNF Beds</b>	1,050
Community Beds	1,050
Sheltered Beds	-
Veterans' Affairs Administration Beds	-
Other Beds	-
<b>SNFs With Beds</b>	9
Community Beds	9
Sheltered Beds	-
Veterans' Affairs Administration Beds	-
Other Beds	-
<b>SNFs With Community Beds</b>	9
Community Bed Days	383,250
Community Patient Days	321,569
Medicaid Patient Days	199,240
Occupancy Rate	83.9%
Percent Medicaid	62.0%

Assisted Living Facility	
<b>Total Beds</b>	1,352
OSS Beds <sup>9</sup>	71
Non-OSS Beds	1,281
<b>Total Facilities</b>	68
Facilities with ECC License <sup>10</sup>	5
Facilities with LMH License <sup>11</sup>	13
Facilities with LNS License <sup>12</sup>	19

Adult Family Care Homes	
<b>Homes</b>	13
<b>Beds</b>	58

Ambulatory Surgical Centers	
<b>Facilities</b>	8
<b>Operating Rooms</b>	18
<b>Recovery Beds</b>	59

Home Health Agencies	
<b>Agencies</b>	30
Medicaid Certified Agencies	3
Medicare Certified Agencies	21

Homemaker & Companion Service Companies	
<b>Companies</b>	32

Adult Day Care	
<b>Facilities</b>	4
<b>Capacity</b>	161

Hospitals	
<b>Hospitals</b>	4
Hospitals with Skilled Nursing Units	0
<b>Hospital Beds</b>	861
Skilled Nursing Unit Beds	0

Medicaid & Medicare Eligibility	
<b>Medicaid Eligible - All Ages</b>	64,817
60+ Medicaid Eligible	8,804
<b>Dual Eligible - All Ages</b>	11,465
60+ Dual Eligible	7,812

Source for Page: AHCA, 2017

Source: Profile of Older Floridians (St. Lucie County) Department of Elder Affairs

OSS Beds: Optional State Supplementation Beds. Optional State Supplementation (OSS) is a cash assistance program. Its purpose is to supplement a person's income to help pay for costs in an assisted living facility, mental health residential treatment facility, and adult family care home. It is NOT a Medicaid program

ECC License: Extended Congregate Care License. The ECC license is a specialty license that enables a facility to provide, directly or through contract, services beyond those permissible under the standard license, including acts performed by licensed nurses, and supportive services defined by rule to persons who otherwise would be disqualified from continued residence in a facility licensed under this part.

LMH License: Limited Mental Health License. Any facility intending to admit three or more mental health residents must apply for and obtain a limited mental health license from AHCA's Assisted Living Unit before accepting the third mental health resident.

LNS License: Limited Nursing Services License. The LNS license is a specialty license that enables a facility to provide a select number of nursing services.

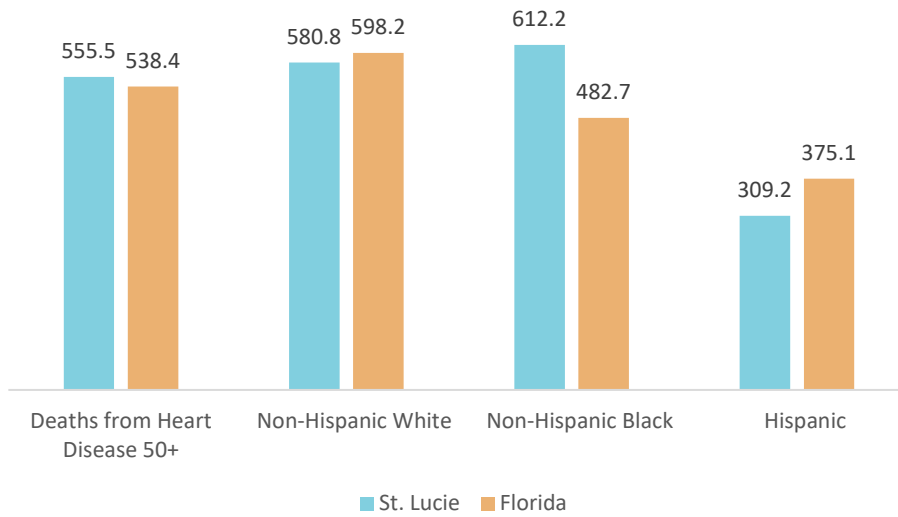


Table 93. Total Deaths 50+ and specific causes, Counts and Rates, St. Lucie County 2018

Indicator	St. Lucie		Florida	
	Count	Percent/Rate	Count	Percent/Rate
<b>Total Deaths 50+</b>	3,062	2274	188,143	2237.8
<b>Non-Hispanic White</b>	2,402	2473.4	140,946	2498.6
<b>Non-Hispanic Black</b>	392	2051.3	18,588	2005.4
<b>Hispanic</b>	201	1351.3	24,044	1536.4
<b>Deaths from Heart Disease 50+</b>	748	555.5	45,270	538.4
<b>Non-Hispanic White</b>	564	580.8	33,744	598.2
<b>Non-Hispanic Black</b>	117	612.2	4,474	482.7
<b>Hispanic</b>	46	309.2	5,870	375.1
<b>Deaths from Cancer 50+</b>	743	551.8	43,267	514.6
<b>Non-Hispanic White</b>	602	619.9	32,361	573.7
<b>Non-Hispanic Black</b>	83	434.3	4,306	464.5
<b>Hispanic</b>	50	336.1	5,582	356.7
<b>Deaths from Chronic Lower Respiratory Disease 50+</b>	215	159.7	12,201	145.1
<b>Non-Hispanic White</b>	190	195.6	10,192	180.7
<b>Non-Hispanic Black</b>	15	78.5	675	72.8
<b>Hispanic</b>	6	40.3	1,116	71.3
<b>Deaths from Stroke 50+</b>	197	146.3	12,892	153.3
<b>Non-Hispanic White</b>	145	149.3	9,042	160.3
<b>Non-Hispanic Black</b>	31	162.2	1,498	161.6
<b>Hispanic</b>	17	114.3	2,022	129.2
<b>Deaths from Alzheimer's Disease 50+</b>	115	85.4	6,709	79.8
<b>Non-Hispanic White</b>	92	94.7	4,900	86.9
<b>Non-Hispanic Black</b>	6	31.4	400	43.2
<b>Hispanic</b>	14	94.1	1,307	83.5

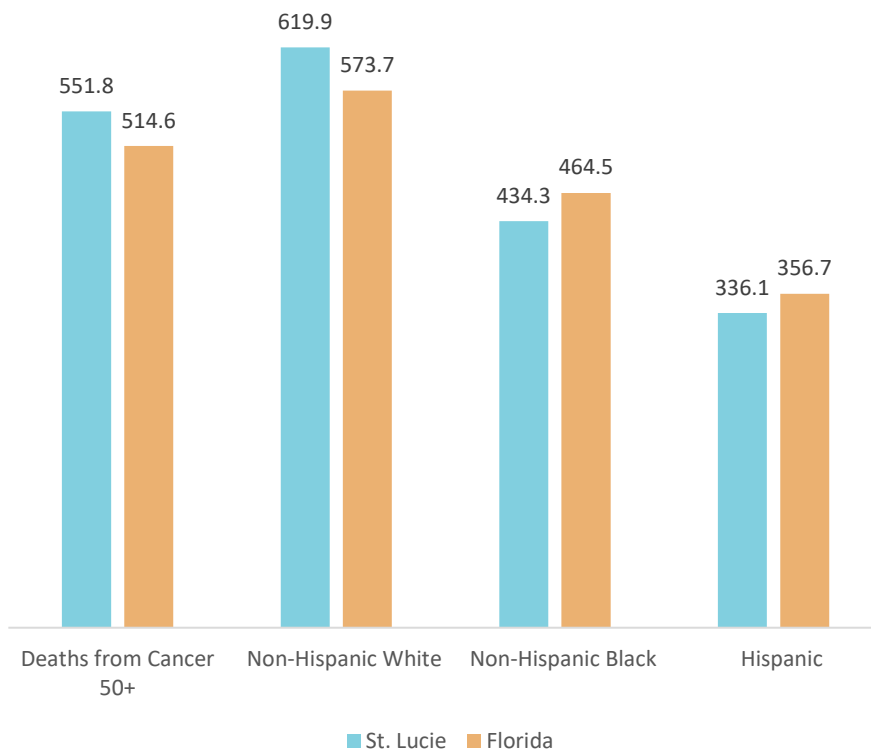
Source: Florida Bureau of Vital Statistics, Death Data

Figure 214. Deaths from Heart Disease 50+, Rates per 100,000, St. Lucie County, 2018



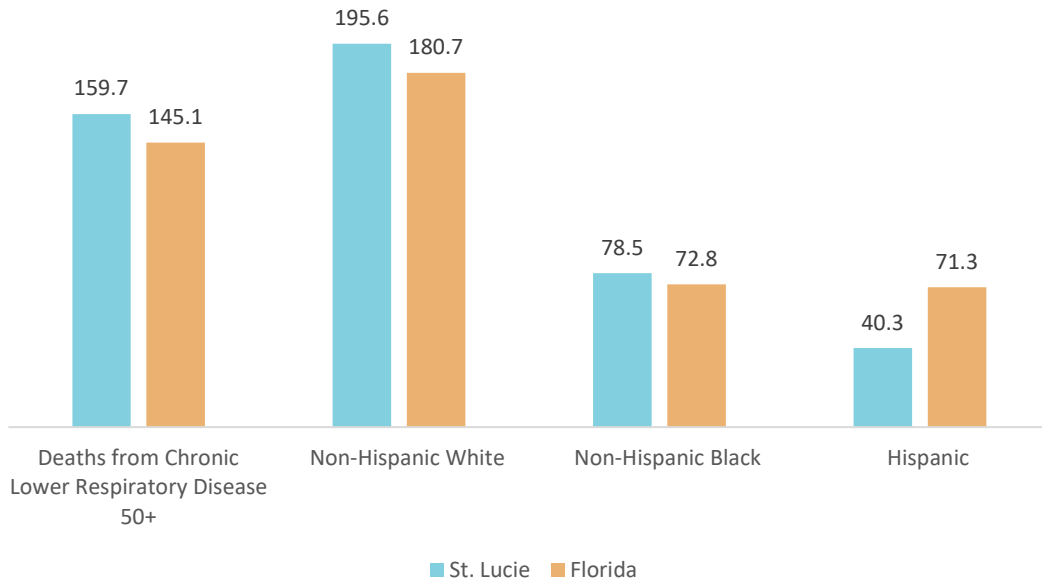
Source: Florida Bureau of Vital Statistics, Death Data

Figure 215. Deaths from Cancer 50+, Rates per 100,000, St. Lucie County, 2018



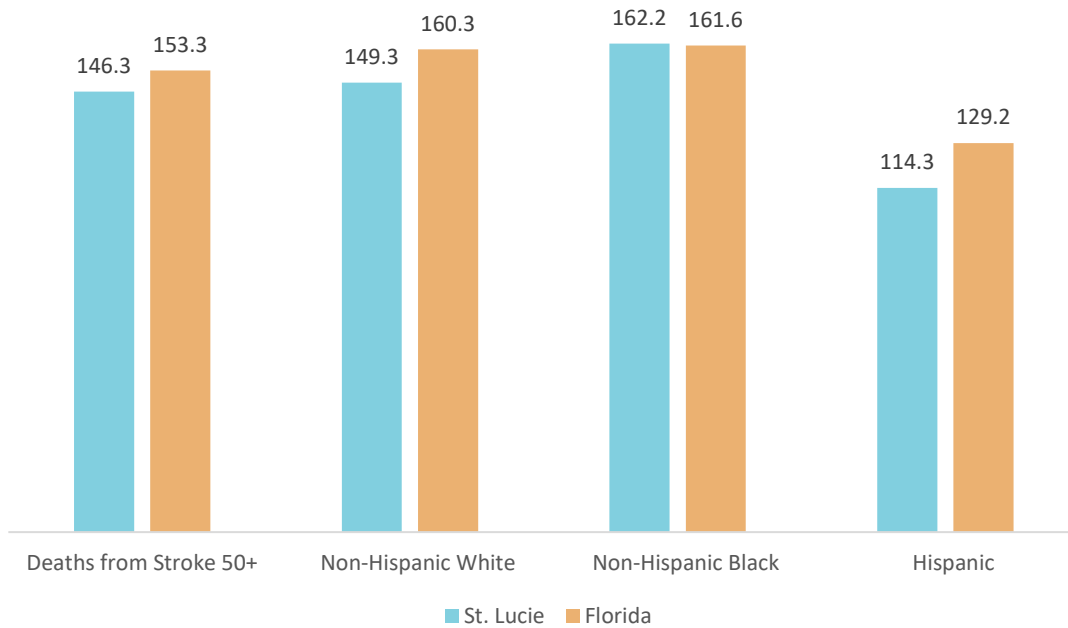
Source: Florida Bureau of Vital Statistics, Death Data

Figure 216. Deaths from Chronic Lower Respiratory Disease 50+, Rates per 100,000, St. Lucie County, 2018



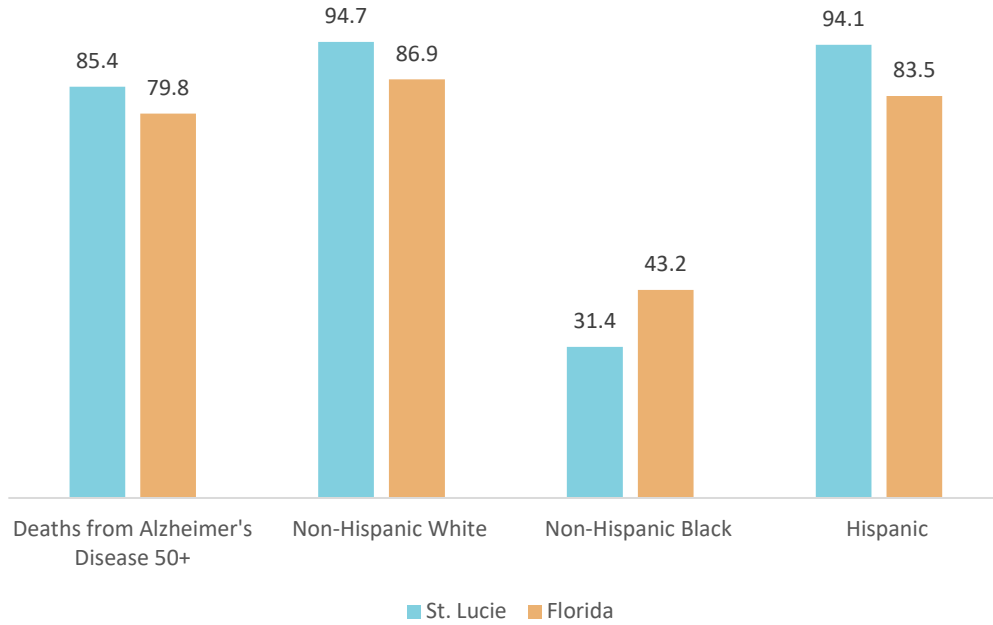
Source: Florida Bureau of Vital Statistics, Death Data

Figure 217. Deaths from Stroke 50+, Rates per 100,000, St. Lucie County, 2018



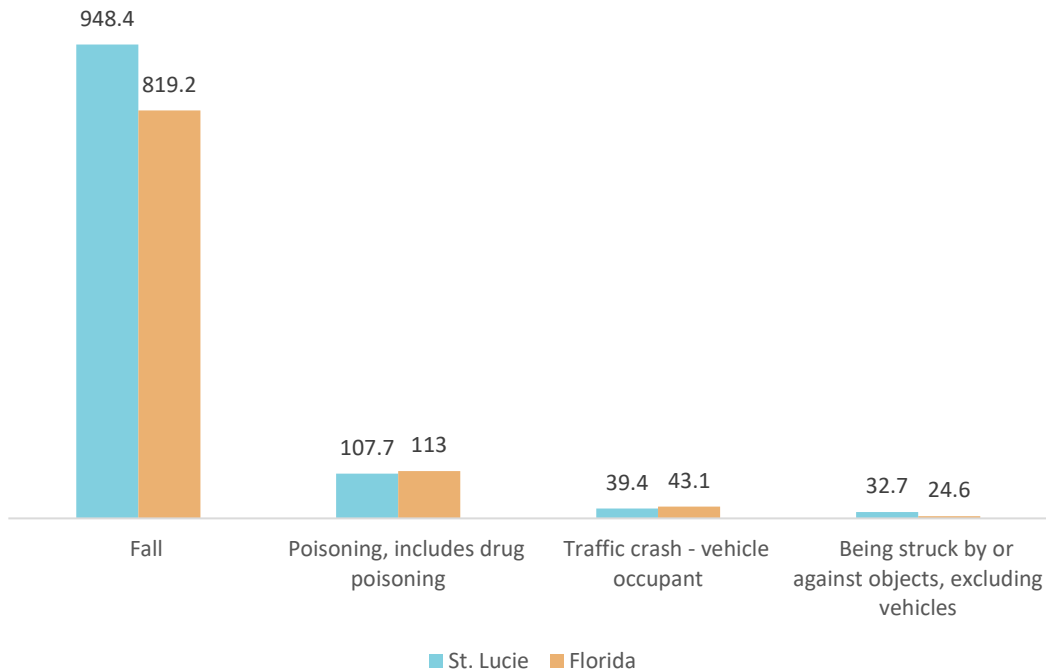
Source: Florida Bureau of Vital Statistics, Death Data

Figure 218. Deaths from Alzheimer's Disease 50+, Rates per 100,000, St. Lucie County, 2018



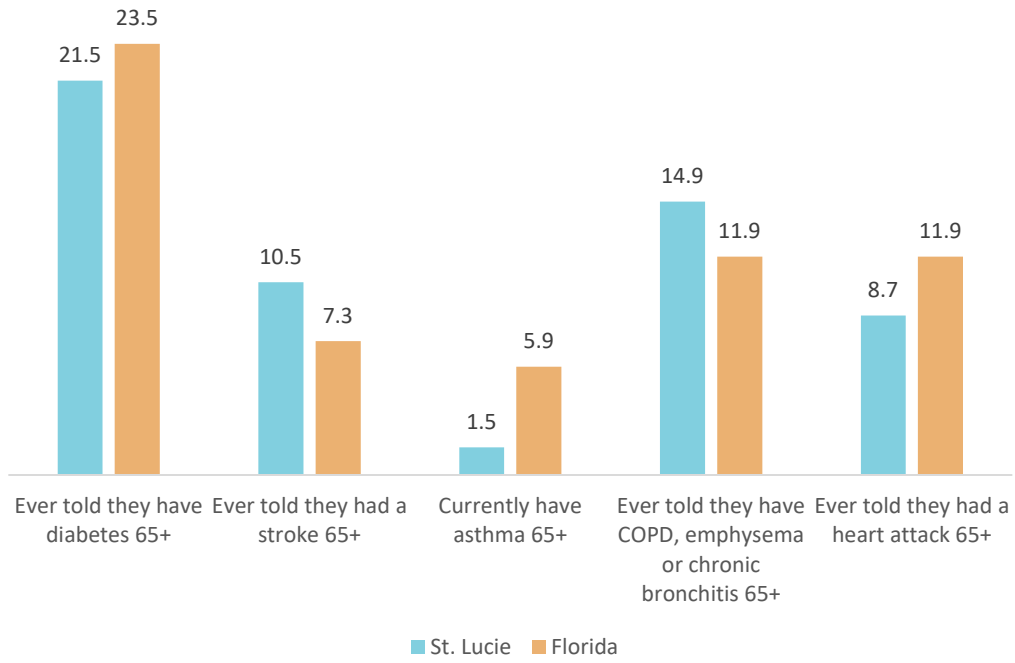
Source: Florida Bureau of Vital Statistics, Death Data

Figure 219. Non-fatal injuries resulting in hospitalization 50+, Rates per 100,000, St. Lucie County, 2018



Source: Florida Agency for Healthcare Administration, Hospitalization Data

Figure 220. Chronic Health Conditions, 65+, St. Lucie County 2016

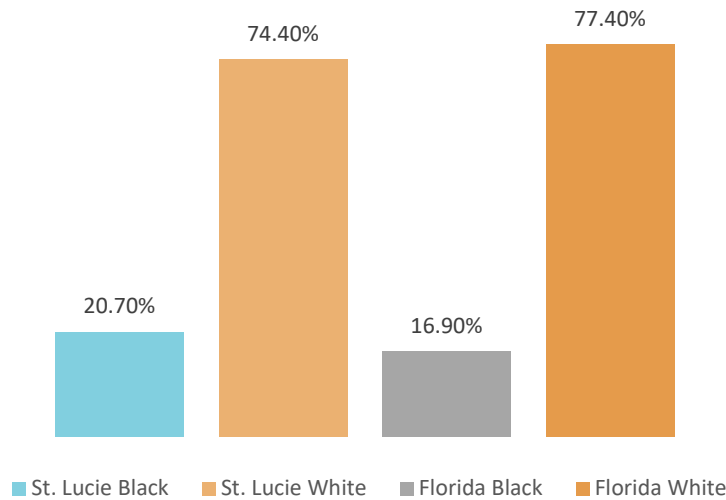


Source: Florida Department of Health, Behavioral Risk Factor Surveillance System 2016

## Health Equity Profile

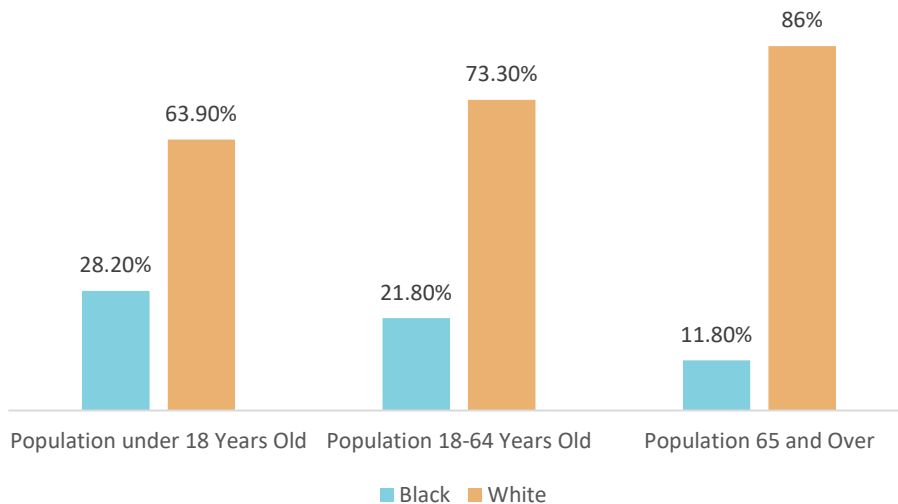
This section provides an overview of the differences in socio-economic demographics and health that negatively impact groups of people who may have systematically experienced greater social or economic obstacles to health. Health equity occurs when all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this this potential because of social position or other socially determined circumstances (Robert Wood Johnson Foundation, June 2015).

Figure 221. Black and White Population, Percent of Total Population, St. Lucie County 2018



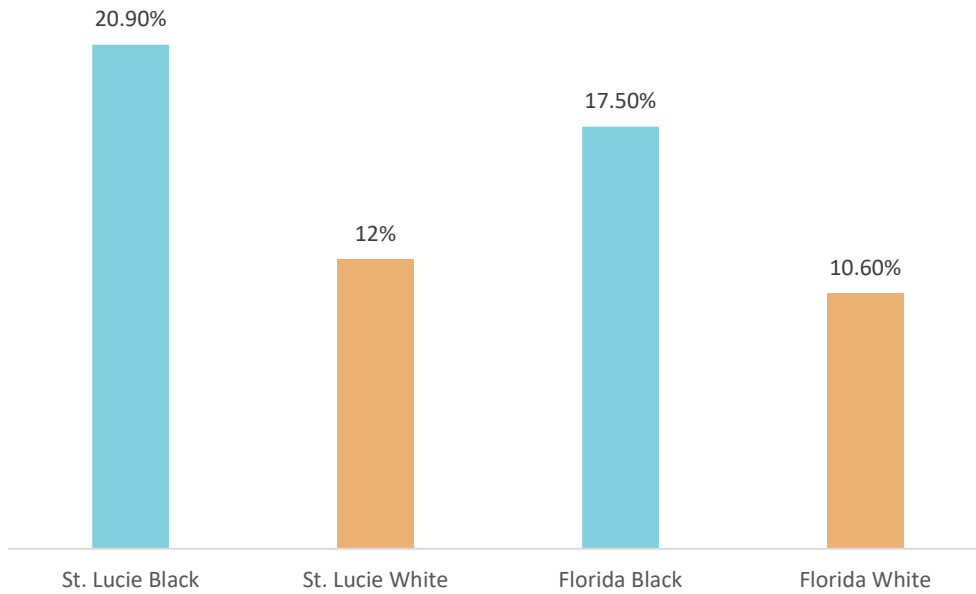
Source: Florida Legislature, Office of Economic and Demographic Research

Figure 222. Population by Age Group and Race, St. Lucie County, 2018



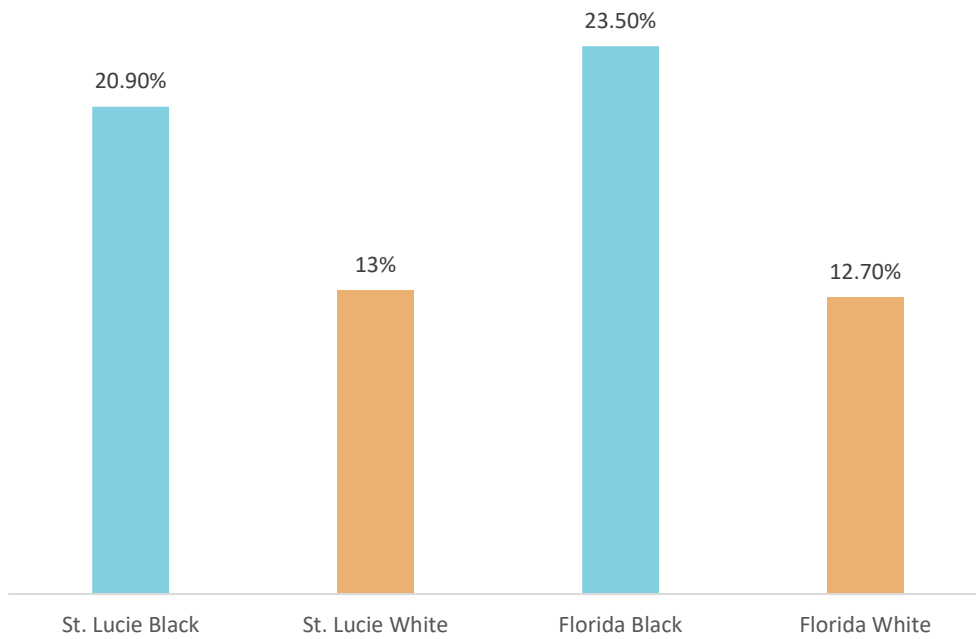
Source: Florida Legislature, Office of Economic and Demographic Research

Figure 223. Individuals 25 years and over with no high school diploma by Race, St. Lucie County 5-year Estimates



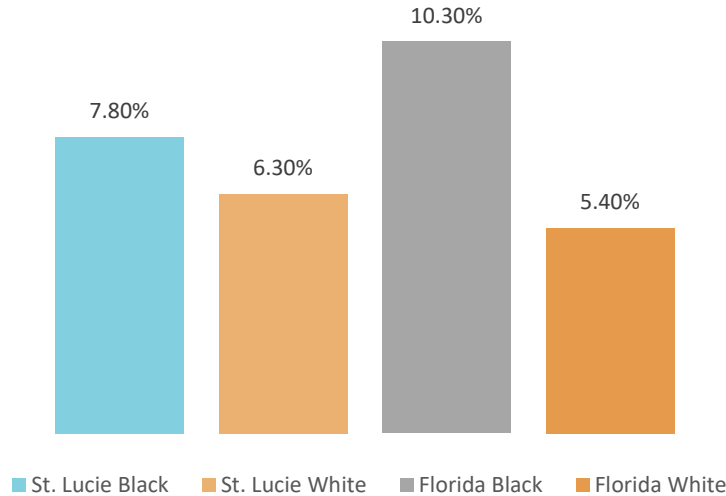
Source: U.S. Census Bureau, American Community Survey, 2014 - 2018 5-year estimates

Figure 224. Individuals below the poverty level by Race, St. Lucie County, 5-year Estimates



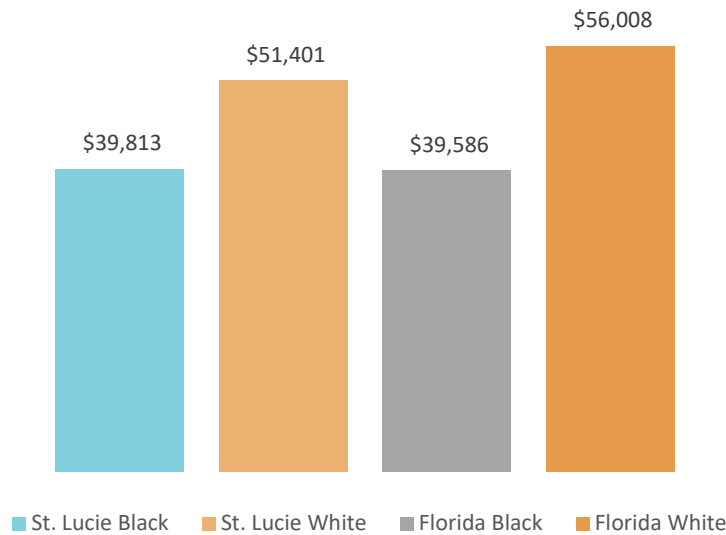
Source: U.S. Census Bureau, American Community Survey, 2014 - 2018 5-year estimates

Figure 225. Civilian Labor Force, which is Unemployed by Race, St. Lucie County 5-Year Estimates



Source: U.S. Census Bureau, American Community Survey, 2014 - 2018 5-year estimates

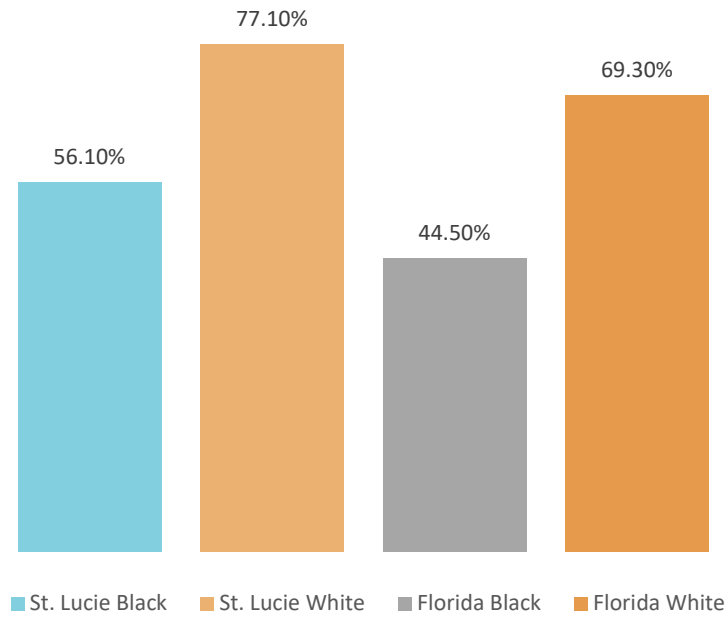
Figure 226. Median Household Income by Race, St. Lucie County, 5-year Estimates



Source: U.S. Census Bureau, American Community Survey, 2014 - 2018 5-year estimates

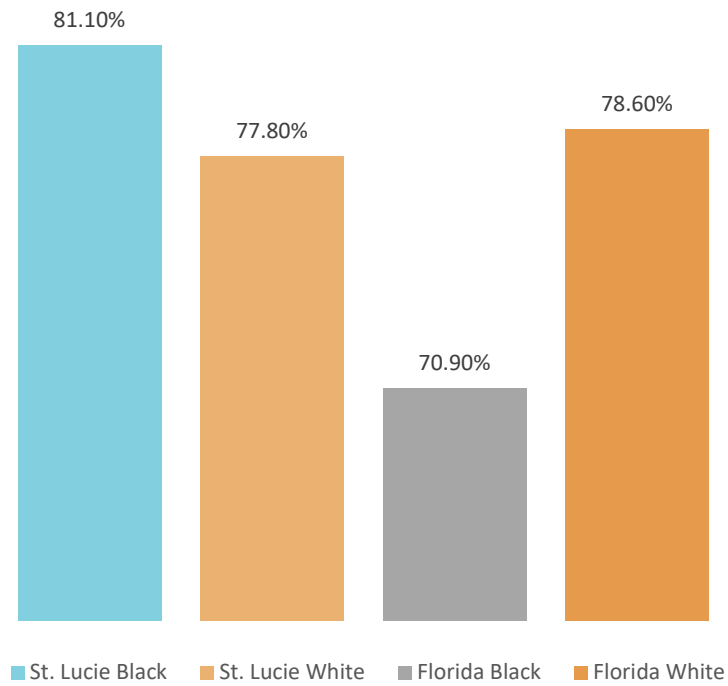


Figure 227. Owner-occupied Housing Units by Race, St. Lucie County 5-year Estimates



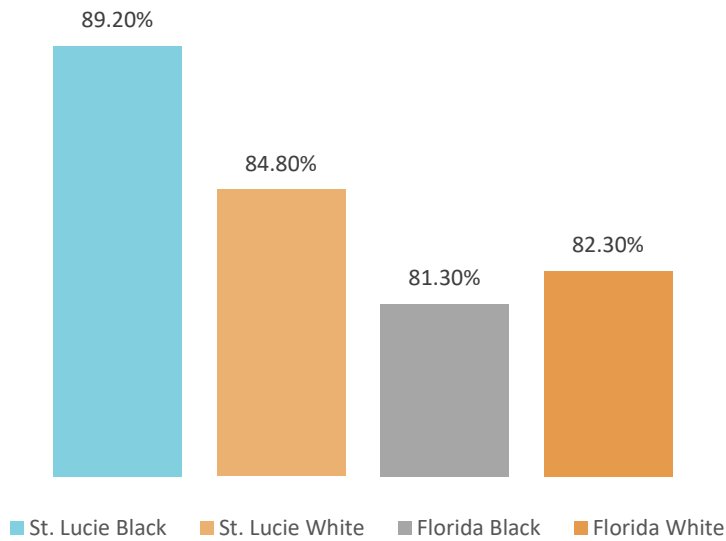
Source: U.S. Census Bureau, American Community Survey, 2014 - 2018 5-year estimates

Figure 228. Adults who have a personal doctor by Race, St. Lucie County 2016



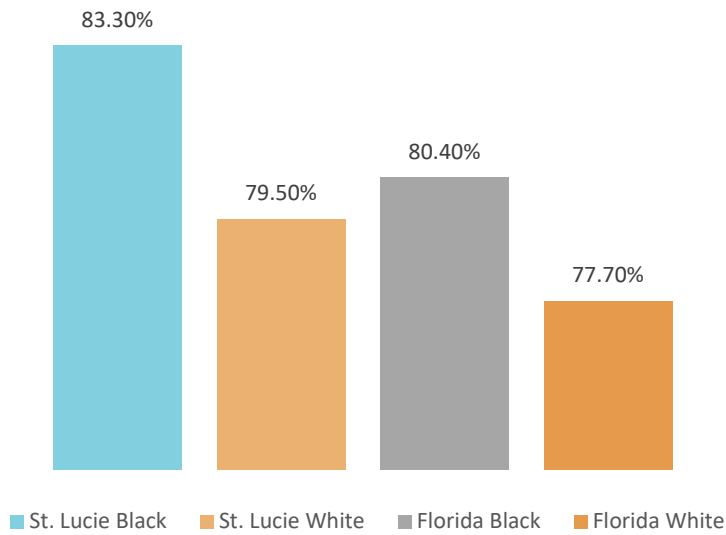
Source: Florida Department of Health, Behavioral Risk Factor Surveillance System

Figure 229. Adults who said their Overall Health was Good to Excellent by Race, St. Lucie County 2016



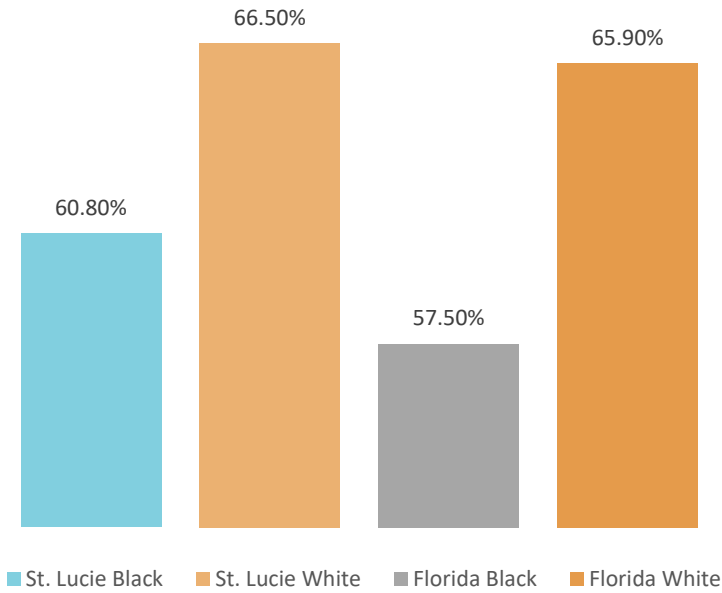
Source: Florida Department of Health Behavioral Risk Factor Surveillance System

Figure 230. Adults who had a Medical Checkup in the Last Year by Race, St. Lucie County 2016



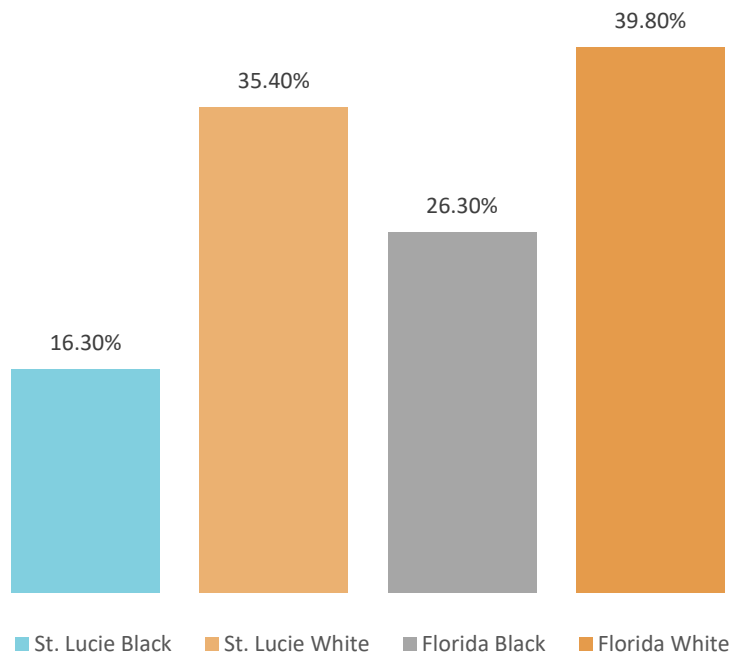
Source: Florida Department of Health Behavioral Risk Factor Surveillance System

Figure 231. Adults who Visited a Dentist or a Dental Clinic in the Past Year by Race, St. Lucie County 2016



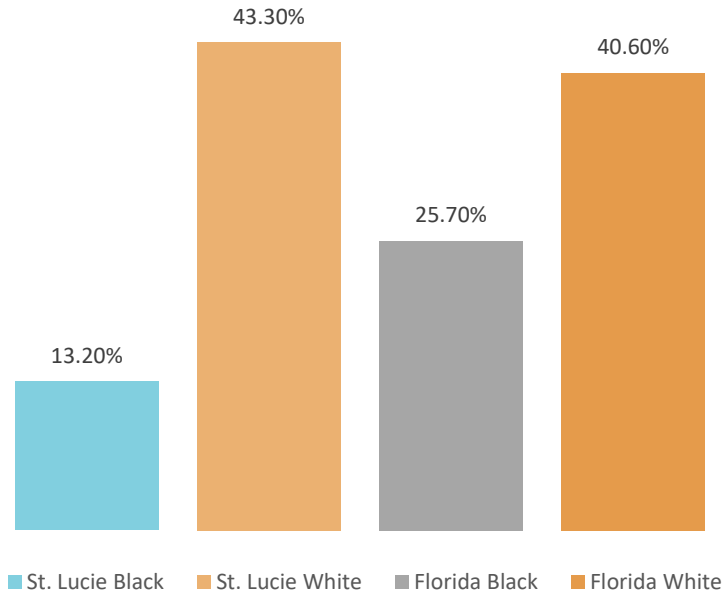
Source: Florida Department of Health Behavioral Risk Factor Surveillance System

Figure 232. Adults who Received a Flu Shot in the Past Year by Race, St. Lucie County 2016



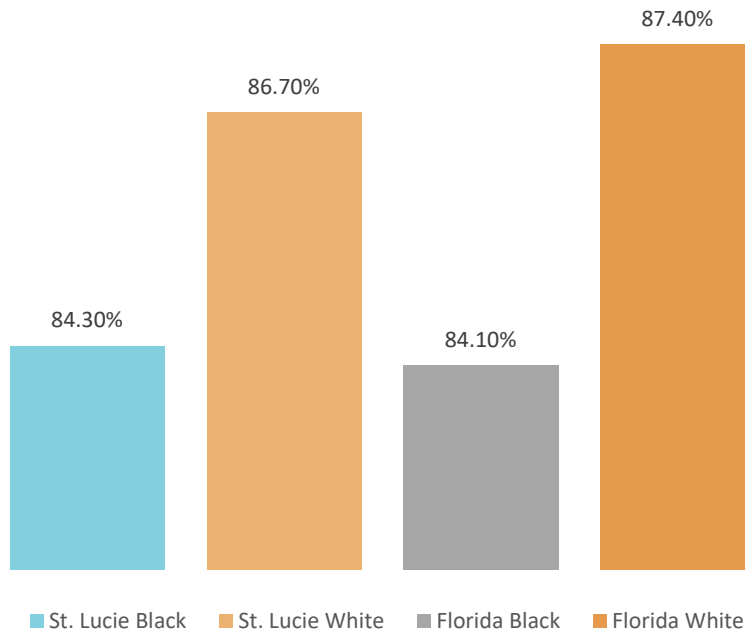
Source: Florida Department of Health Behavioral Risk Factor Surveillance System

Figure 233. Adults who have Ever Received a Pneumonia Vaccination by Race, St. Lucie County 2016



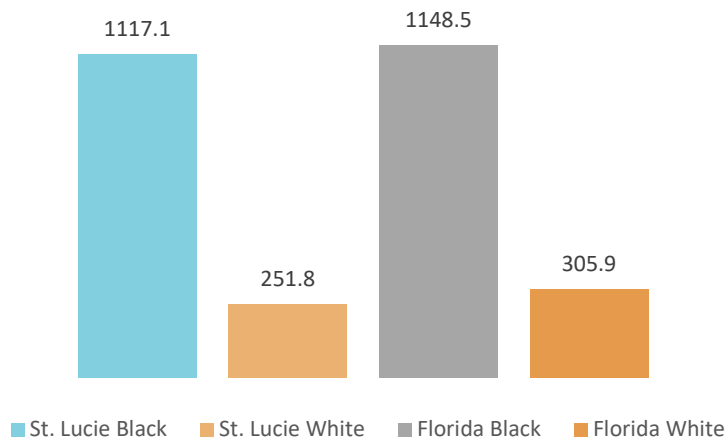
Source: Florida Department of Health Behavioral Risk Factor Surveillance System

Figure 234. Adults with Any Type of Health Insurance Coverage by Race, St. Lucie County 2016



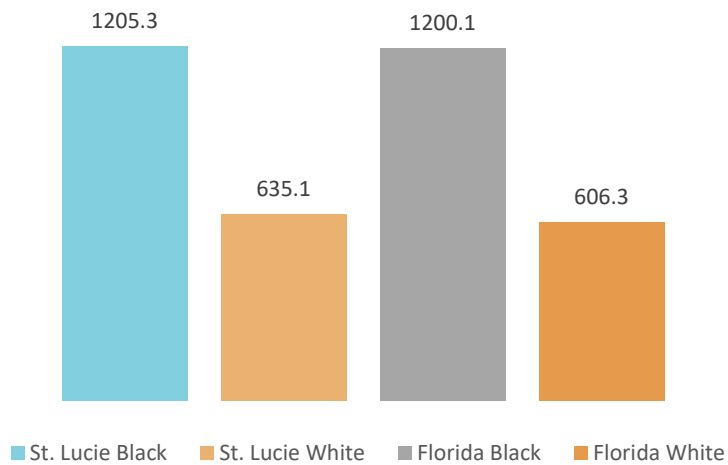
Source: Florida Department of Health Behavioral Risk Factor Surveillance System

Figure 235. Emergency Room Visits Due to Asthma by Race, St. Lucie County 3-Year Average



Source: Florida Agency for Health Care Administration 2016 - 2018

Figure 236. Age-adjusted Asthma Hospitalization Rate by Race, St. Lucie County 3-Year Estimate



Source: Florida Agency for Health Care Administration 2016 - 2018

Table 94. Injuries and Injury-Related Deaths by Race, St. Lucie County 3-Year Estimates

	Black Rate	White Rate	Black:White Ratio
<b>Age-adjusted unintentional drowning death rate<sup>1</sup></b>	3.7	3	1.2:1
<b>Hospitalizations for non-fatal firearm injuries<sup>2</sup></b>	28.8	4.5	6.4:1
<b>Age-adjusted firearms-related death rate<sup>1</sup></b>	18.2	11	1.7:1
<b>Hospitalizations for non-fatal motor vehicle related injuries<sup>2</sup></b>	110.2	85.9	1.3:1
<b>Hospitalizations for non-fatal unintentional fire injuries<sup>2</sup></b>	17.4	2.5	6.9:1
<b>Age-adjusted homicide death rate<sup>1</sup></b>	15.7	3.4	4.6:1
<b>Age-adjusted drug poisoning death rate<sup>1</sup></b>	9.9	39.4	0.3:1
<b>Age-adjusted suicide death rate<sup>1</sup></b>	6.4	17	0.4:1

Source: <sup>1</sup>Florida Department of Health, Bureau of Vital Statistics, <sup>2</sup>Florida Agency for Health Care Administration 2016 -2018

Table 95. Leading Causes of Death by Race, St. Lucie County

	Year(s)	Rate Type	Black Number	Black Rate	White Number	White Rate	Black/White Rate Ratio
<b>Coronary Heart Disease</b>							
<b>Age-adjusted hospitalization rate</b>	2016-18	Per 100,000 Population	712	366.2	3,493	294.5	1.2:1
<b>Age-adjusted death rate</b>	2016-18	Per 100,000 Population	195	106.9	1,259	93.3	1.1:1
<b>Stroke</b>							
<b>Adults who have ever been told they had a stroke</b>	2016	Percent		8.6%		4.4%	2:1
<b>Age-adjusted hospitalization rate</b>	2016-18	Per 100,000 Population	773	402.4	2,603	215.2	1.9:1
<b>Age-adjusted death rate</b>	2016-18	Per 100,000 Population	94	50.6	476	34.5	1.5:1
<b>Congestive Heart Failure</b>							
<b>Age-adjusted hospitalization rate</b>	2016-18	Per 100,000 Population	4,385	2323.5	13,817	1079.6	2.2:1
<b>Age-adjusted death rate</b>	2016-18	Per 100,000 Population	10	5.9	75	5.3	1.1:1
<b>Cancer</b>							
<b>Cancer cases diagnosed at advanced stage</b>	2015-17	Percent	298	46.9%	2,038	45.2%	1:1
<b>Age-adjusted cancer death rate</b>	2016-18	Per 100,000 Population	253	131.3	2,004	159.9	0.8:1
<b>Lung Cancer</b>							
<b>Age-adjusted incidence rate</b>	2015-17	Per 100,000 Population	51	26.4	752	60.6	0.4:1
<b>Age-adjusted death rate</b>	2016-18	Per 100,000 Population	44	22	583	45.1	0.5:1
<b>Colorectal Cancer</b>							
<b>Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years</b>	2016	Percent				56.8%	n/a

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	Year(s)	Rate Type	Black Number	Black Rate	White Number	White Rate	Black/White Rate Ratio
<b>Adults 50 years of age and older who received a blood stool test in the past year</b>	2016	Percent				21.4%	n/a
<b>Age-adjusted incidence rate</b>	2015-17	Per 100,000 Population	62	32.8	349	31.8	1:1
<b>Age-adjusted death rate</b>	2016-18	Per 100,000 Population	29	14.6	171	14.3	1:1
<b>Breast Cancer</b>							
<b>Age-adjusted incidence rate</b>	2015-17	Per 100,000 Females	91	94.3	595	115	0.8:1
<b>Age-adjusted death rate</b>	2016-18	Per 100,000 Females	16	16.6	110	17.5	0.9:1
<b>Women 40 years of age and older who received a mammogram in the past year</b>	2016	Percent				52.1%	n/a
<b>Prostate Cancer</b>							
<b>Age-adjusted incidence rate</b>	2015-17	Per 100,000 Males	123	134.4	429	73.2	1.8:1
<b>Age-adjusted death rate</b>	2016-18	Per 100,000 Males	29	35.2	92	14.2	2.5:1
<b>Men 50 years of age and older who received a PSA test in the past two years</b>	2016	Percent				64.2%	n/a
<b>Cervical Cancer</b>							
<b>Women 18 years of age and older who received a Pap test in the past year</b>	2016	Percent				50.5%	n/a
<b>Age-adjusted incidence rate</b>	2015-17	Per 100,000 Females	<10	6.4	38	8.4	0.8:1
<b>Age-adjusted death rate</b>	2016-18	Per 100,000 Females	6	5.6	15	3.1	1.8:1
<b>Diabetes</b>							
<b>Adults who have ever been told they had diabetes</b>	2016	Percent		17.9%		11.5%	1.6:1
<b>Emergency room visits due to diabetes</b>	2016-18	Per 100,000 Population	1,045	567.5	1,137	169.2	3.4:1
<b>Age-adjusted hospitalization rate</b>	2016-18	Per 100,000 Population	8,664	4568	22,284	1980.8	2.3:1
<b>Age-adjusted death rate</b>	2016-18	Per 100,000 Population	91	49.2	219	17.9	2.7:1



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	Year(s)	Rate Type	Black Number	Black Rate	White Number	White Rate	Black/White Rate Ratio
<b>HIV/AIDS</b>							
<b>HIV Infection Cases</b>	2016-18	Per 100,000 Population	89	51	41	7.8	6.5:1
<b>Reported AIDS Cases</b>	2016-18	Per 100,000 Population	35	20.1	16	3.1	6.5:1
<b>Age-adjusted HIV/AIDS death rate</b>	2016-18	Per 100,000 Population	32	16.6	5	0.5	33.2:1
<b>Adults who had ever been tested for HIV</b>	2016	Percent		73.3%		37.4%	2:1

Sources: Florida Department of Health, Behavioral Risk Factor Surveillance System; Florida Agency for Health Care Administration; Florida Department of Health, Bureau of Vital Statistics; University of Miami, Florida Cancer Data System; Florida Department of Health, Bureau of HIV/AIDS

NOTE: The rate ratios in this report compare the black rate to the white rate. A ratio of 2:1 would mean that the black rate is two times the white rate. A ratio of 0.5:1 would mean that the black rate is half of the white rate. Ratios are not calculated when either the white or black rate is zero (n/a indicated in the county ratio column). Blanks are shown if there is no white or black count available for the indicator.

Table 96. Modifiable Behaviors Leading to Premature Deaths by Race, St. Lucie County 2016

	<b>Black Rate</b>	<b>White Rate</b>	<b>Black/White Rate Ratio</b>
<b>Adults who are current smokers</b>	10.3%	20.7%	0.5:1
<b>Adults who are obese</b>	35.4%	33.0%	1.1:1
<b>Adults who are overweight</b>	30.6%	39.3%	0.8:1
<b>Adults who are sedentary</b>	31.2%	25.9%	1.2:1
<b>Adults who are inactive or insufficiently active</b>	68.9%	45.8%	1.5:1
<b>Adults who meet aerobic recommendations</b>	31.1%	57.3%	0.5:1
<b>Adults who meet muscle strengthening recommendations</b>	58.7%	27.8%	2.1:1

Source: Florida Department of Health, Behavioral Risk Factor Surveillance System, 2016

## Section Four: Community Themes and Strengths Assessment

The Community Health Assessment collected qualitative data in the form of focus groups ([Appendix B](#)), key stakeholder interviews ([Appendix C](#)), a community leader survey ([Appendix D](#)), and a community resident survey ([Appendix E](#)). The data was collected to include strengths, challenges barriers and solutions. This information was analyzed to identify strengths and common themes.

### Focus Groups

Opportunities to learn from individuals with lived experience, community members, professionals and other stakeholders were provided through focus groups. Nine (9) focus groups reached a total of ninety-eight (98) participants and represented youth, older adults, community representatives and community leadership in St. Lucie County. All focus groups were scheduled between January 25, 2020 and March 6, 2020. Participants included individuals from throughout St. Lucie County. The questions asked during the focus groups are provided in [Appendix B](#).

Groups were conducted with the following constituents:

*Table 97. Focus Groups and Numbers of Participants*

Name of Group	# of Participants
<b>St. Lucie Roundtable</b>	15
<b>Youth Leadership Group</b>	9
<b>Age Friendly Collaborative</b>	7
<b>Port St. Lucie office - Council on Aging</b>	9
<b>Parenting Group CASTLE</b>	15
<b>Creole Speaking community members</b>	8
<b>Fort Pierce office - Council on Aging</b>	8
<b>UP Center</b>	7
<b>Lincoln Park Advisory Council</b>	20
<b>Total</b>	<b>98</b>

*Focus Group Results*

Strengths, challenges, and solutions have separated the following focus group results. Themes in each of these categories are represented below. The top three listed in each category were prioritized through the focus groups. See Appendix B: Focus Group Tool and Results for details.

*Table 98. Focus Group Strengths, Challenges, Solutions*

STRENGTHS	CHALLENGES	SOLUTIONS
Collaboration between systems and organizations Community activities help people feel connected Faith based support community supports Community Leadership Community growth Faith partnerships Mental health therapy and treatment services Nice beaches and outdoor spaces Prevention focus Support services like Boys and Girls Club Gardening Lincoln Park Advisory 211 and community resources Support for Lincoln Park area	Transportation Stigma of mental health conditions Social Determinants of Health Housing and affordable housing/homelessness Access to medical care and specialty medical care Poverty Food insecurity Violence Outdoor space/road construction Safety Stress Need more community-based services Long waitlist for psychiatrists Increased pay No job pipelines	More fun activities Holistic care and social support Free treatment for mental health needs Mental health coverage Services for elderly Open more business Translations services Case management and navigation services Mentoring Faith based supports Volunteerism Access to medical care Providing transportation Fixing the roads and lights Delivery food and provide access to healthy food in communities Community activities Free transportation or home-based services Prevention services and support Services provided in the schools

### Key Stakeholder Interviews

To identify the health strengths, challenges, barriers, and solutions of St. Lucie County, ten (10) key stakeholder interviews were conducted. The purpose of these interviews was to gather relevant information from subject matter experts. Interviewees were identified by the leadership of St. Lucie County Department of Health. Participants were informed that their responses would be confidential with aggregate responses compiled. All interviews were conducted between February 4, 2020 and March 20, 2020. Information from the interviews was analyzed to identify strengths, challenges, barriers, and solutions and compiled into common themes. The questions asked during the interviews are included in [Appendix C](#). The following reflects the stakeholders interviewed and the organizations or constituency they represented.

Table 99. Stakeholder Participants

INDIVIDUAL	ORGANIZATION OR CONSTITUENTS
<b>Angela Aulisio</b>	Cleveland Clinic
<b>Linda Bartz</b>	St. Lucie County Commissioner
<b>Theresa Bishop</b>	St. Lucie Roundtable
<b>Sean Boyle</b>	Children’s Services Council
<b>Patti Corey-Souza</b>	Indian River State College
<b>Deb Dreher</b>	New Horizons
<b>Canieria Gardner</b>	United Against Poverty
<b>Kathryn Hensley</b>	St. Lucie School Board
<b>Clorisse Stephens</b>	Helping People Succeed
<b>Nancy Yarnall</b>	Area Agency on Aging

The following provides an overview of the data collected during the stakeholder interviews, including strengths, challenges/barriers, and ideas about strategies that may support the health needs in St. Lucie County. Common themes were identified to include strengths such as collaboration, community relationships, funding partnerships and equity across communities. Common themes around challenges and barriers include mental health prioritization, social determinants of health, access to services and services for specialized populations. Identified solutions are specific to individual challenges and barriers.

*Key Stakeholder Interviews Results*

*Table 100. Key Stakeholder Interviews Strengths and Challenges/Barriers*

STRENGTHS		CHALLENGES/BARRIERS	
<b>Collaboration</b> <b>St. Lucie Roundtable</b> <b>Relationships</b> <b>Connections in the community</b> <b>Children’s Service Council</b> <b>Leverage funding</b> <b>Lincoln Park mobilized</b> <b>Workforce training</b> <b>School prepping for the future</b> <b>Lincoln Park advisory</b> <b>Collective impact approach</b> <b>Community workgroups</b> <b>Roundtable strategic plan</b> <b>Social services communicate</b> <b>Department of Health involved</b> <b>Trauma focused</b> <b>People help each other</b> <b>Outdoor space and lighting</b> <b>Sidewalks</b>	Increased population People are our assets Faith based involvement Focus on mental health Equal access in St. Lucie Forward thinking Working together Intact families Longevity in the community Leadership in faith Systems collaborating together Systems holding each other accountable Business helping the community Mentorship Mobilization	Transportation Mental Health Violence Food insecurity Poverty Affordable housing Uninsured Psychiatrist shortage Teen pregnancy School drop out Duplication in services Not pooling resources Opioid crisis Foster care due to substance use No medical specialists Lack of pre-natal care Only 10% in high school will graduate Stigma with mental health Mental health in school Parenting skills Gangs Trauma	Trauma Need focus on Social Determinants of Health Reimbursement rates Waiting list for hospital Need more therapists Respite and counseling Provider training in Evidence Based Practices More services for moms COVID Hours of service No inpatient for mental health and substance use Jail is biggest provider of mental health services Family stress Obesity Funding Disaster planning No shelters Healthcare costs

STRENGTHS		CHALLENGES/BARRIERS	
<b>Unlikely partners (Chamber)</b> <b>School address nutrition</b> <b>Gardening programs</b> <b>Volunteers</b> <b>New jobs in the community</b>		Homelessness Social isolation Waitlist for seniors Meal delivery for seniors Difference between Ft. Pierce and Port St. Lucie Suicide	51% ALICE Water/algae issues Economic growth

Table 101. Key Stakeholder Interviews Solutions

SOLUTIONS		
<b>Medical professionals</b>	Family Support and preservation	Primary health/Behavioral Health integration
<b>Health clinic</b>	Addressing generation poverty	Respite
<b>Focus on changing generational cycles</b>	Education	Talk about healthy lifestyles
<b>Resident voice</b>	Financial literacy	Telehealth
<b>Collaboration between systems</b>	Talk about family planning	Employee wellness programs
<b>Adverse Childhood Experiences-trauma informed</b>	Services provided everywhere	Community education
<b>Access to psychiatry</b>	Affordable housing	Free cooking classes
<b>Case Management/navigators</b>	In-home services-expand	Uber health
<b>Child Welfare/Behavioral Health integration</b>	Church bring citizens to the table	Increased salaries
<b>Not traditional lending</b>	Strategies for seniors	School to home connection
<b>Community Engagement</b>	Supportive housing	Mobile showers
<b>Cross-system training</b>	Universal healthcare	Food pantries
<b>Focus on racial equity</b>	Transportation maps for seniors	Grassroots programs
<b>Prevention</b>	Backpack buddies	Mental health court
<b>Money to adapt housing so seniors can stay home</b>	Transportation to doctors	Veterans court
<b>Job preparation</b>	Local stores having healthy foods	Drug court
<b>Faith talking about mental health</b>	Access to 211	Diversion programs
	Education about 211	
	Mental health education door to door	
	Health fairs	



**Individuals who returned the survey represented the following entities (16 people responded to this question):**

- Social Service Organization (7 respondents or 43.8%)
- Private Physical Healthcare Provider (1 respondent or 6.3%)
- Non-profit Physical Healthcare Provider (2 respondents or 12.5%)
- Private Behavioral Healthcare Provider (2 respondents or 12.5%)
- Non-profit Behavioral Healthcare Provider (1 respondent or 6.3%)
- Law Enforcement (1 respondent or 6.3%)
- Non-profit provider, unspecified (1 respondent or 6.3%)
- Unspecified (1 respondent or 6.3%)

**Top ten general health challenges to address in the next 3-5 years:**

- Mental Health (16/21 respondents or 76.2%)
- Obesity (15/21 respondents or 71.4%)
- Depression (13/21 respondents or 61.9%)
- Heart Disease (12/21 respondents or 57.1%)
- Tobacco Use and Exposure (10/21 respondents or 47.6%)
- Prescription Drug Misuse (e.g., opioids, benzodiazepines, etc.) (9/21 respondents or 42.9%)
- Housing (9/21 respondents or 42.9%)
- Illegal Drug Use (8/21 respondents or 38.1%)
- Cancer (8/21 respondents or 38.1%)
- E-cigs/Vaping (8/21 respondents or 38.1%)

**Of the top ten general health issues, which are the three top priorities?**

- Mental Health/Suicide/Depression (21/63 or 33.3% of responses)
- Obesity/Physical Activity/Nutrition/Food Insecurity (9/63 or 14% of responses)
- Prescription Drug Use/Illegal Drug Use (6/63 or 23.8% of responses)
- Housing/Homelessness (5/63 or 7.9% of responses)

### **Contributing factors to the most urgent priorities:**

- Too much focus on fast food; less on healthy preparation; food choices; no exercise (9)
- Lack of options, resources/funding for services/insurance (8)
- Stigma (7)
- Access to drugs/Dr. prescribing/unchecked and unarrested drug lords and crime (6)
- Lack of knowledge/education/impacting specific age groups (5)
- Mental Health challenges; thoughts of hopelessness (4)
- Poverty/economic depression (4)
- Provider challenges (lack of access, bias, racism) (4)
- Lack of low-income housing/affordable housing (3)
- Lack of family involvement
- Social media pressure

### **Health Care Access:**

- The majority of residents in St. Lucie County have the ability to pay for dental services (17/21 respondents or **81%** strongly disagree or disagree with this statement)
- Most residents in St. Lucie County can access a behavioral health (mental health/substance abuse) provider when needed (16/21 respondents or **76.2%** strongly disagree or disagree with this statement)
- The majority of residents in St. Lucie County have the ability to pay for healthcare services (14/21 respondents or **66.7%** strongly disagree or disagree with this statement)
- Most residents in St. Lucie County have access to local medical specialists (13/21 respondents or **61.9%** strongly disagree or disagree with this statement)
- The majority of residents in St. Lucie County can access a local dentist when needed (13/21 or **61.9%** strongly disagree or disagree with this statement)
- Transportation for medical appointments is available and easy to access for most residents (13/21 respondents or **61.9%** strongly disagree or disagree with this statement)
- The majority of residents in St. Lucie County have access to a local primary care provider (12/21 or **57.1%** strongly disagree or disagree with this statement)
- Healthcare resources are available and accessible (examples: weight loss classes, gym memberships, health education) (12/21 respondents or **57.1%** strongly disagree or disagree with this statement)

Comments related to this question include:

- "The ability to access medical and dental is related to poverty"
- "Health care access is poor for north county residents"

**Top five social determinants of health to address in the next 3-5 years: (3 individuals skipped this question)**

- Employment Opportunities (living wage employment, employment close to home) (12/18 respondents or 66.7%)
- Housing Conditions (ventilation, plumbing, mold, lead, asbestos) (11/18 respondents or 61.1%)
- Economic Stability (limited assets, lack of/under insurance, lack of household savings) (11/18 respondents or 61.1%)
- Public Transportation (9/18 respondents or 50%)
- Neighborhood Conditions (noise; proximity to fresh produce, grocery stores, highways; fear of crime; poverty; access to safe drinking water) (7/18 respondents or 38.9%)

**Of the top five social determinants of health, which are the two top priorities?**

- Economic Stability
- Affordable Housing

**Why are these the most important social issues to address?**

- "Economic stability, especially regarding healthcare, is crucial to every other issue"
- "Economic stability will allow more people to access healthcare"
- "Safe, sanitary, and decent shelter is a basic need"
- "Affordable housing would help with concerns of safety, family cohesiveness, and neighborhood conditions"
- "People with jobs will be able to afford insurance and seek out healthcare"

**Programs or services that should be developed and offered to those who live in St. Lucie County:**

16 people responded to this question.

- Better access to QUALITY mental healthcare, affordable insurance
- Medicare for all
- Free and affordable childcare
- Access to dental, medical, and emotional healthcare
- Workforce training
- Increased educational and physical activity assistance for young people
- Trade school
- Neighborhood recreation programs
- Early Childhood programs
- Employment for adults with disabilities
- Education about living skills
- Assistance for transitional age youth
- Health services offered at reduced rate or free

- Mental health services
- OB/GYN services
- Free/Affordable Mental Health services
- Low-income housing programs
- Affordable housing
- Programs that provide job skills and continuing education, college

**How should health and wellness be promoted in St. Lucie County?**

14 people responded to this question.

- In-home visits for mothers and babies
- Workplace events
- Community Outreach
- Medical/Dental/Behavioral Health “Days”
- Classroom education
- Workplace education
- Outreach through churches

**How do you describe existing services, outreach, and promotion related to health and well-being in St. Lucie County?**

16 people responded to this question.

- Fair (12/16 respondents or 75%)
- Good (2/16 respondents or 12.5%)
- Poor (2/16 respondents or 12.5%)
- Excellent (0/16 respondents or 0%)

**Specific populations that are not being served:**

- Women
- Families
- Children/Youth (2)
- People of color (2)
- Low-income population (7)
- Neighborhoods who do not have “programmed” recreation
- Homeless (3)
- LGBTQ+
- Hispanic and Haitian communities
- Elderly

**Areas of St. Lucie County that are not being adequately served:**

16 people responded to this question.

- Lower income areas

- Ft. Pierce (6), particularly North Ft. Pierce, where infant mortality is highest and women who are at risk for maternal-infant death and who have late or no prenatal care
- Inner city
- Rural areas

**Areas of community health and wellness not identified in the survey that need to be addressed:**

5 people responded to this question.

- Mental health (2)
- Homeless
- Grocery stores in underserved communities
- Minority health

**Two key elements important to the success of achieving a better quality of life by those who live in St. Lucie County:**

- Employment opportunities at a decent salary and job skills training
- (increase minimum wage to \$15/hour) (8)
- Affordable healthcare and services (4)
- Transportation (3)
- Safe, stable, affordable housing (3)
- Information and Education (2)
- Sidewalks, bike lanes and streetlights
- Primary and specialty care access in north St. Lucie County (2)
- Free, affordable mental health services (2)
- Affordable childcare
- Dental service
- Diabetes prevention programs
- Healthy nutritional food

### Community Resident Survey

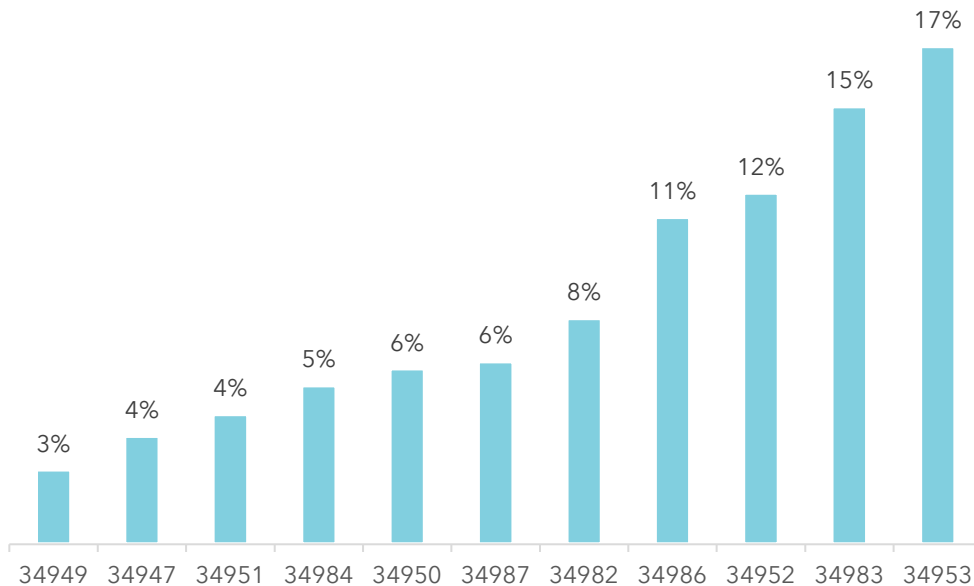
A Community Resident Survey ([Appendix E](#)) was conducted February through mid-March 2020. The survey was designed in Survey Monkey and was available in both English and Spanish. In addition to the online version, a pen and paper version was created and distributed by FLDOH-SL staff to various community organizations. The following represents the results of the surveys. While a Spanish version of the survey was provided, the results may not be used as most surveys were completed by hand and were not thoroughly or accurately completed.

A total of 1,245 St. Lucie County residents or people who work in St. Lucie County returned the survey. 1,112 were completed online and 133 were completed through pen and paper and entered manually into Survey Monkey.

### Demographics

Most respondents lived in zip code (207 or 17%) live in zip code 34953. This was followed by zip code 34983 (15%).

Figure 237. Zip Codes of Survey Respondents, Community Resident Survey



Over seventy percent of respondents were older than 45. Most respondents (89%) were not Hispanic or Latino/Latina and 76% identified as White or Caucasian. 11.8% identified as Black or African American. 75% of respondents were female and 91% identified as heterosexual. 97% of respondents indicated their primary language was English. Over half of the respondents stated they had completed college or had a graduate level degree, with an additional 34% either having some college, but no degree or a 2-year college degree. Almost 60% of respondents have a household income greater than \$50,000. Most households consist of 2 members, the majority (72%) with no children under the age of 18 and 61% with no adults 65 years and

older. 60% of respondents indicated they were married and working full-time. 93% of respondents drive their own car with a commute time between 15 and 30 minutes. 39% of respondents eat at a fast food restaurant less than a few times a month and 42% eat at a sit-down restaurant a few times a month. The majority of respondents (94%) stated they prepare meals at home either every day or a few times a week.

### *Healthcare and Financial Needs*

For those individuals who needed medical care in the past 12 months but did not get the care they needed, 26% said they cannot afford it, or it cost too much. An additional 17% said they could not get an appointment, or it was hard to get an appointment. For those individuals who needed dental care in the past 12 months but did not get the care they needed, 31% stated they could not afford it, or it cost too much and an additional 12% said they did not have insurance. Most respondents (58%) said they had commercial health insurance for their medical care, while 24% said they pay cash for their dental visits as they do not have dental insurance. The greatest barrier to not having health insurance is that they cannot afford the insurance. When asked about their worries regarding finances, 28% of respondents were worried about not being able to pay their mortgage, rent, or other housing costs, and 27% worry about not being able to make the minimum payments on their credit cards. 19% of respondents were also worried that their food would run out before they got money to buy more and that they have eaten less because there was not enough money for food.

### *Social-Emotional Health*

In terms of social connectedness, 72% of respondents meet socially with friends, family, or work colleagues and 54% spend leisure time away from home in the community, while 38% of respondents never or almost never get involved in work for voluntary or charitable organizations. 71% of respondents stated their religious or spiritual beliefs influence the way they live and 83% feel that what they do in their life is worthwhile. 84% have a positive view about the future and 85% have people with whom they can share problems or get help when needed. The majority of respondents (76%) stated it does not take a long time to get back to normal when things go wrong in their life, and 83% agreed they have a responsibility to improve the health of their community. In terms of their mental health, the majority of respondents (83%) feel tired or had little energy at least sometimes to often, frequently, or every day. Most (62%) said they did not have a poor appetite and 50% said they had little interest or pleasure in doing things they normally enjoy doing. Finally, 87% stated they felt stressed sometimes, often, frequently, or every day or almost daily.

### *Community Health*

Sixty-five percent (65%) of respondents rated their community as healthy or somewhat healthy, while 13% rated it as not healthy. In terms of community conditions, most respondents indicated that beaches, lakes, and rivers are clean,

there are good sidewalks for walking safely, and that the quality of healthcare in their neighborhood is good. Concerns about neighborhood conditions include the lack of affordable housing, the amount of air pollution, the amount of crime, and the lack of jobs and public transportation. Most respondents (77%) stated that drug abuse is a problem in the community.

### *Quality of Life Factors*

When asked about the factors that most defined the quality of life in the community, respondents stated low crime/safe neighborhoods, clean environment, good jobs and a healthy economy, access to healthcare, good schools, a good place to raise children, affordable housing, affordable health insurance, and healthy behaviors and lifestyles. In terms of the most important health risks to be addressed, respondents identified illegal drug use, poor eating habits, mental health issues, lack of exercise, alcohol abuse, tobacco use/vaping, prescription drug use, neighborhood crime, gun violence, and domestic violence.

When asked about retail stores, respondents indicated they sometimes or always see advertisements for sugary drinks and see sugary drinks at or near the check-out counter, while they never or hardly ever see fresh fruits or vegetables at or near the check-out counter.

Most respondents (86%) agree mothers have the right to breastfeed in public places, and 89% believe that breastmilk is best for babies. Fifty-six (56%) of respondents strongly agree they are comfortable when mothers breastfeed their babies near them in a public place, such as a restaurant or shopping center.

In terms of mental health, respondents indicated they would not be embarrassed to tell anyone they had a mental health problem and that someone with a mental health problem should have the same right to a job as anyone else. Respondents were mixed regarding living next door to someone with a mental health problem (27% agreed they would not want to, while 61% disagreed). Finally, most respondents (78%) said they knew how to get help if they thought they had a mental health problem.

The overwhelming majority of respondents indicated they did not believe they experienced discrimination because of their race, ethnicity, or skin color.

Related to age, most respondents agreed they worried about how aging might affect the things they can do, that people get wiser as they get older, and that people continue to grow as a person as they get older. They did not agree that poor health was inevitable in older age, that aging is an obstacle to a good life, and that they cannot control developing chronic conditions as they age. Most indicated that a person's attitude toward aging has an influence on their health. Sixty-nine (69%) of respondents stated they thought older workers faced discrimination in the workplace based on age, and that older workers begin to face age discrimination in their 50s and 60s. In terms of their own experience of discrimination at work after the age of



40, the only area that was a concern was not getting hired for a job or being passed up for a promotion or a chance to get ahead.

Figure 238. Age of Respondents, Community Resident Survey

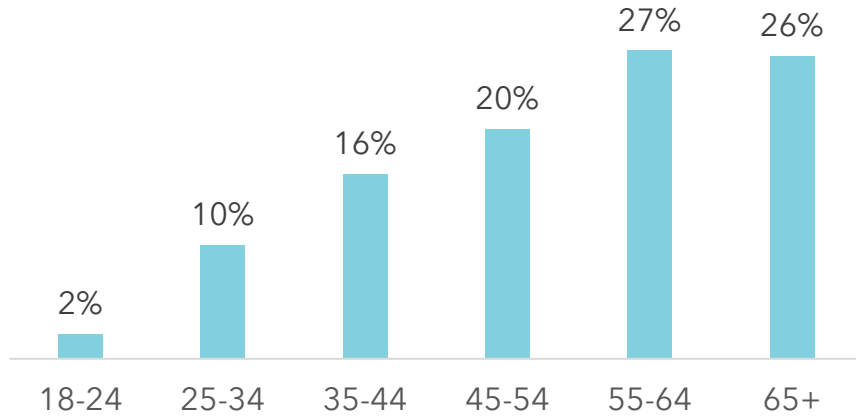


Figure 239. Hispanic Origin or Descent, Community Resident Survey

Are you of HISPANIC or LATINO/LATINA origin or descent?

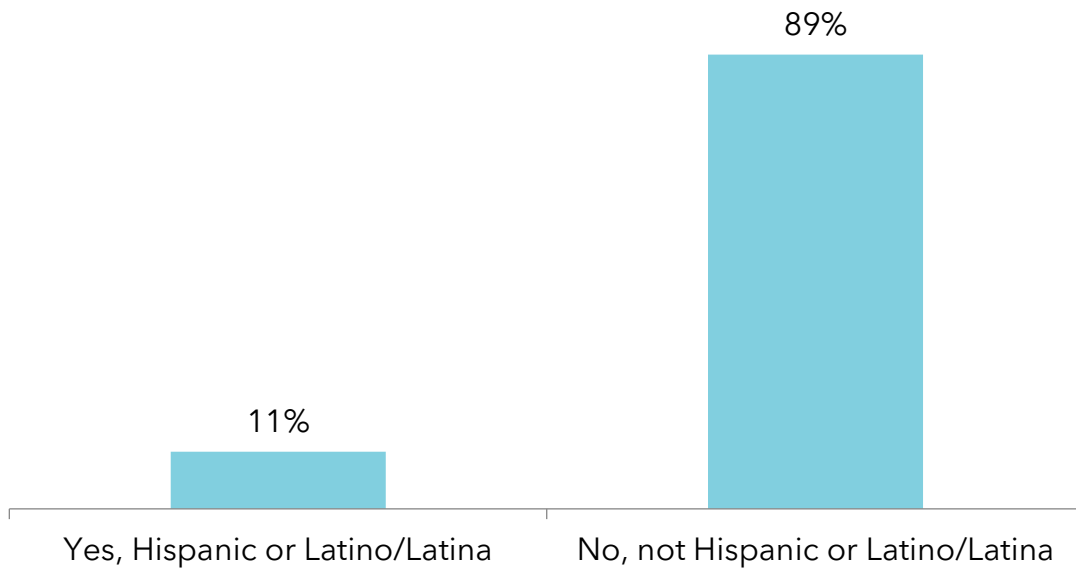


Figure 240. Race of Respondents, Community Resident Survey

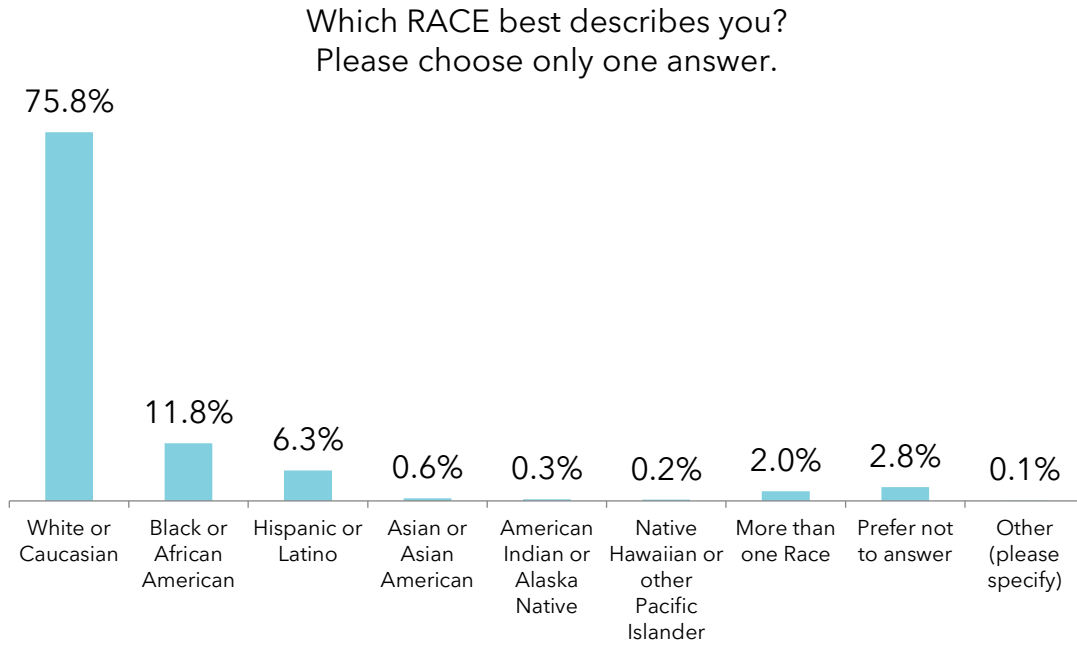


Figure 241. Gender Identity, Community Resident Survey

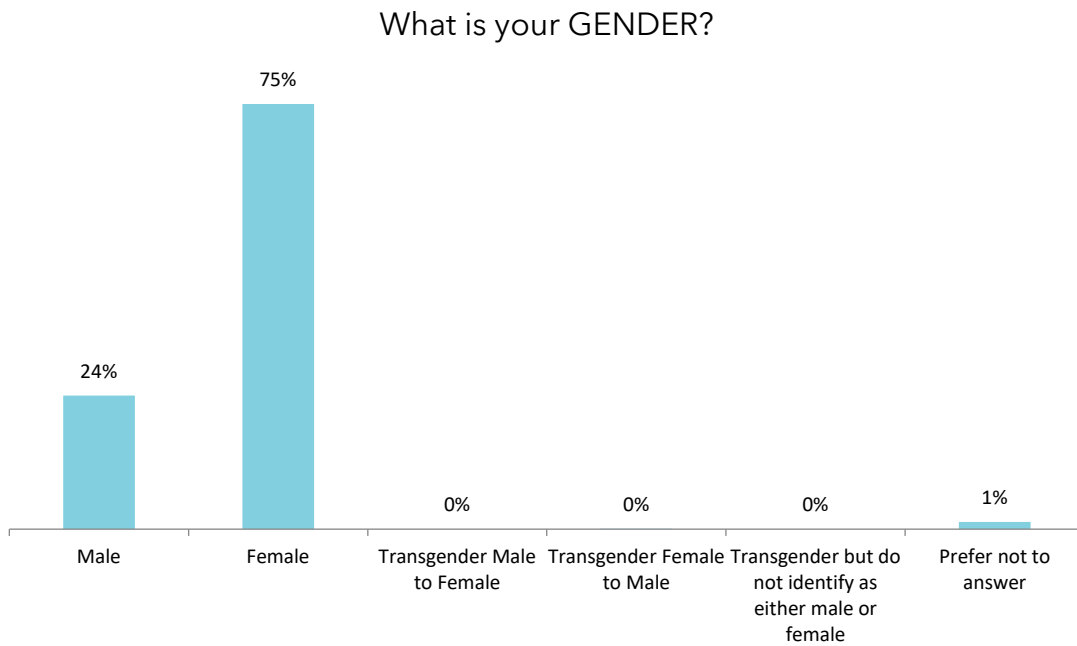


Figure 242. Sexual Orientation, Community Resident Survey

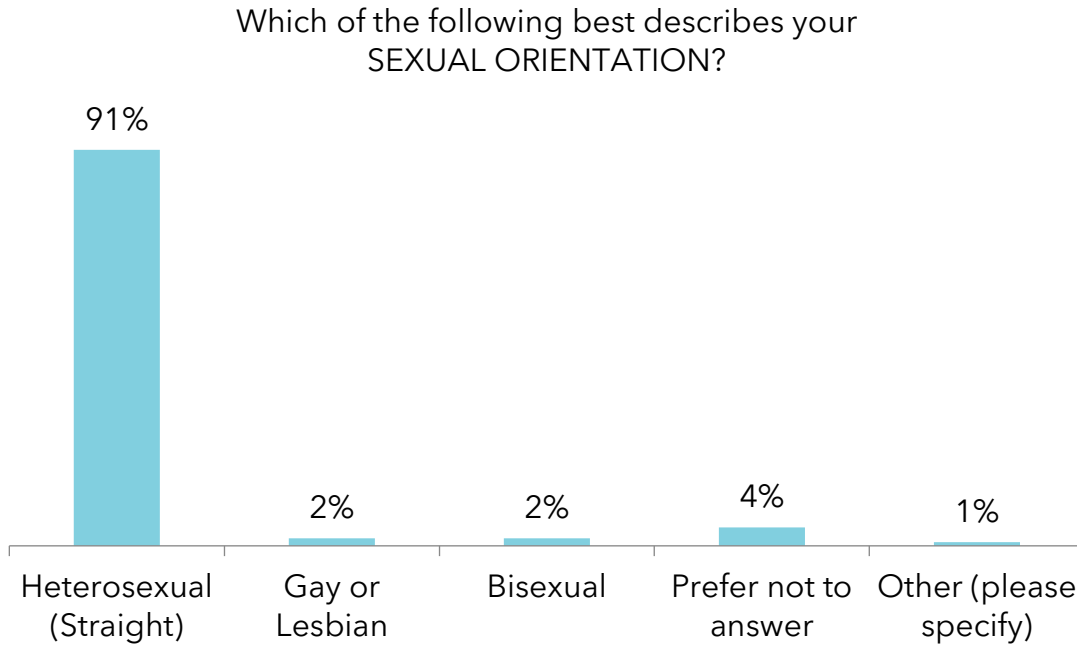


Figure 243. Primary Language, Community Resident Survey

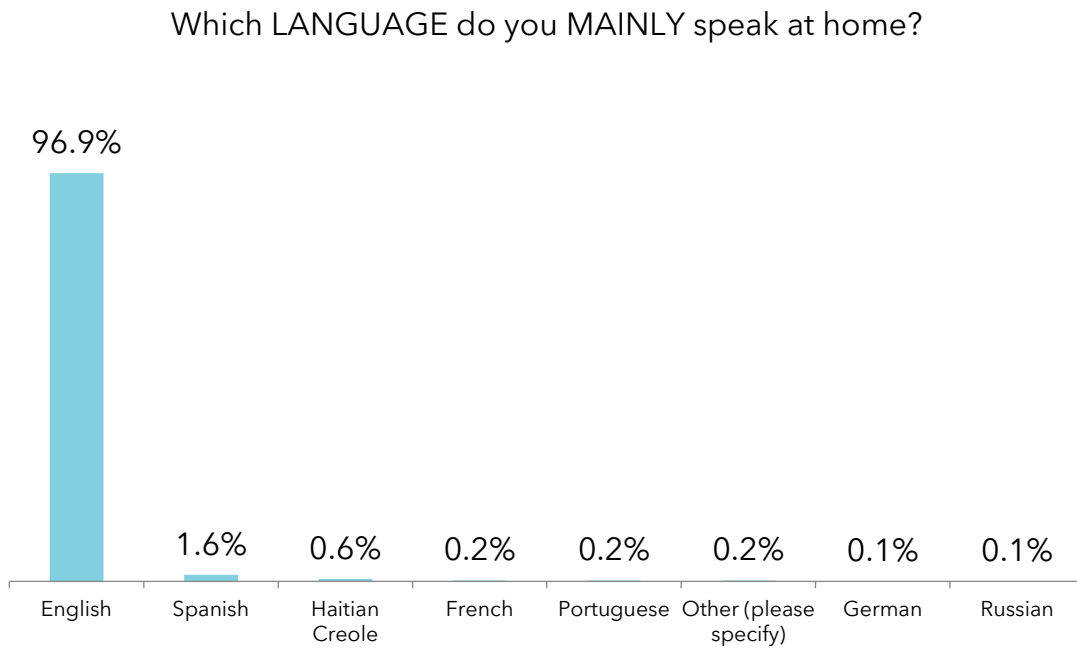


Figure 244. Highest Level of School Completed, Community Resident Survey

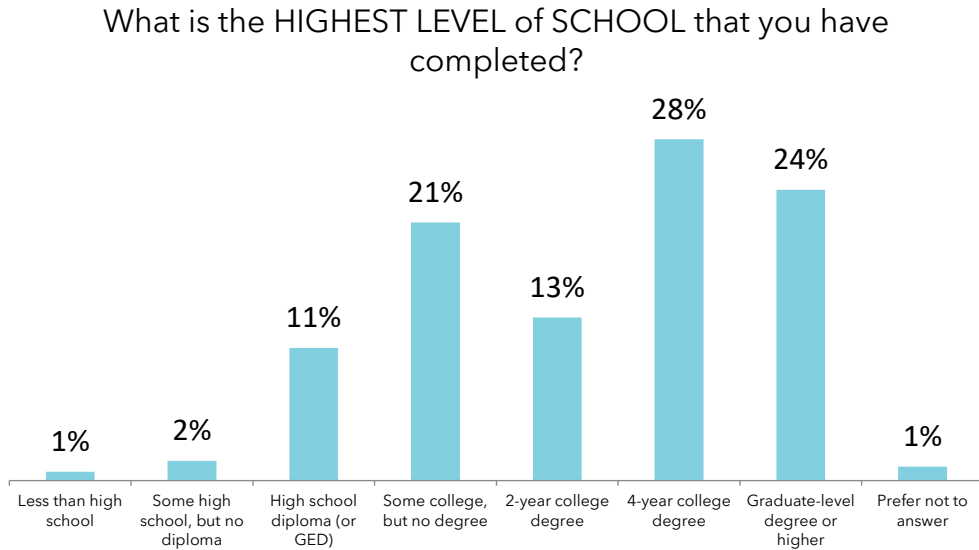


Figure 245. Total Combined Household Income, Community Resident Survey

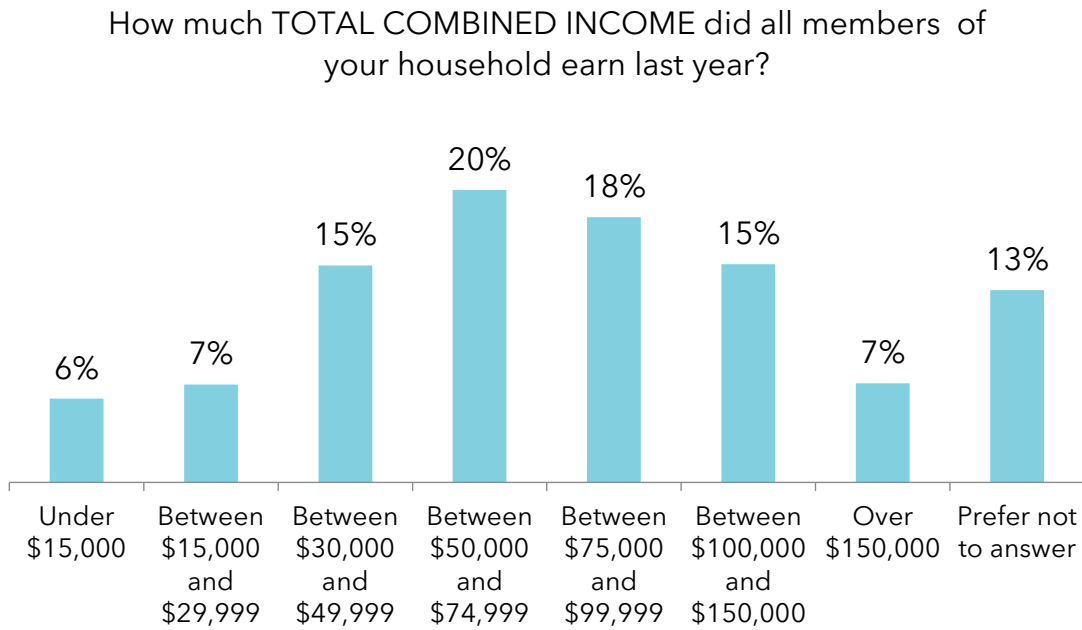


Figure 246. Household Members (Total), Community Resident Survey

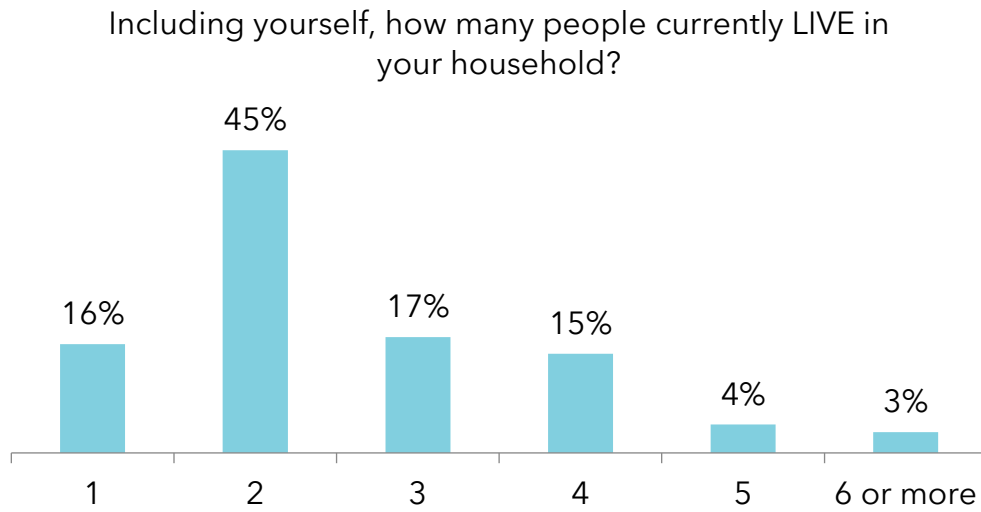


Figure 247. Household Members (under age 18), Community Resident Survey

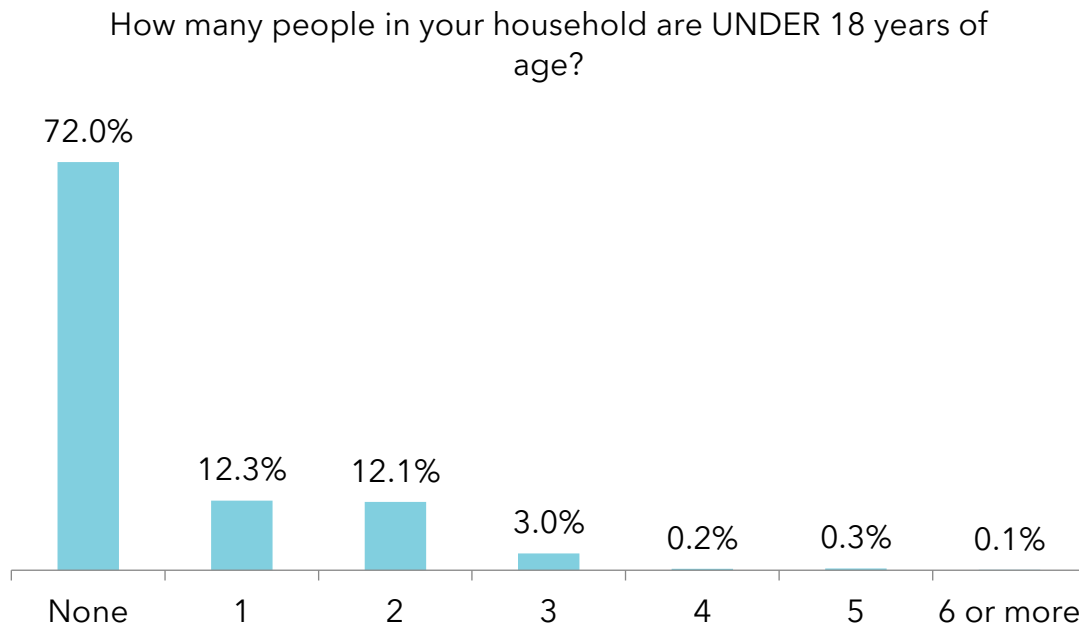


Figure 248. Household Members (over the age of 65), Community Resident Survey

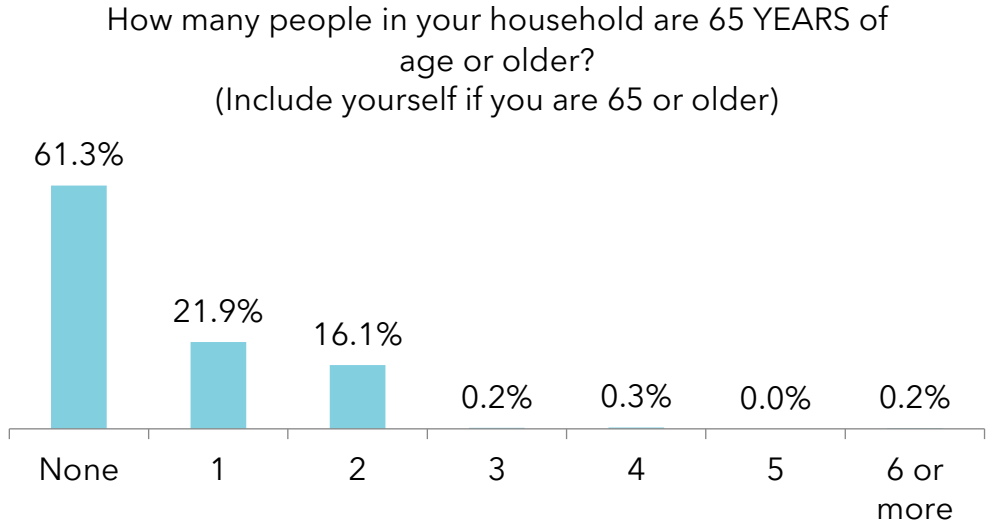


Figure 249. Relationship Status, Community Resident Survey

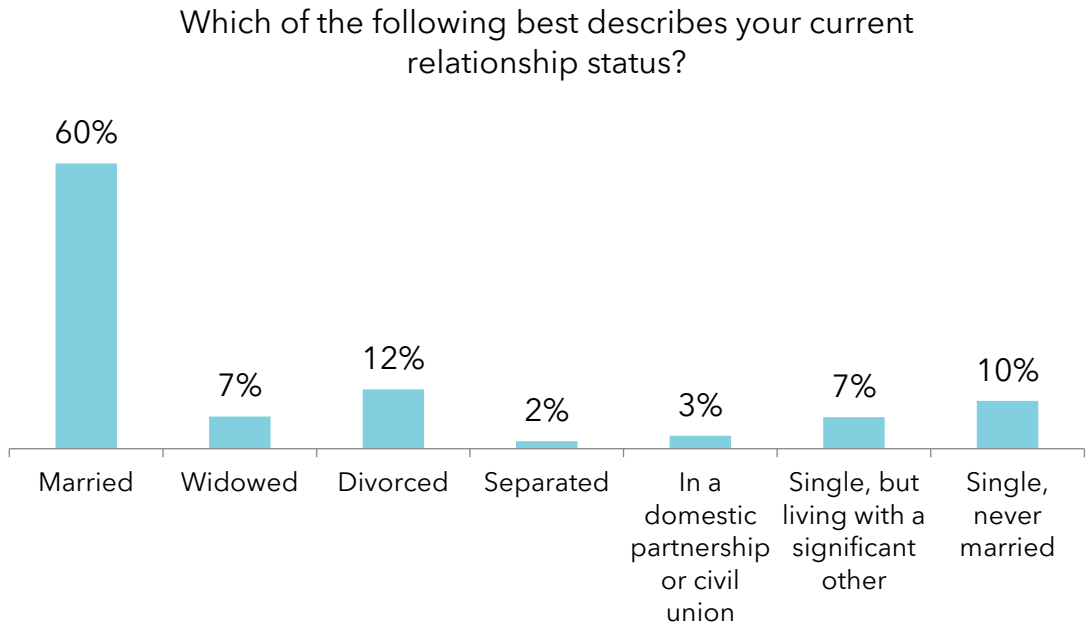


Figure 250. Employment Status, Community Resident Survey

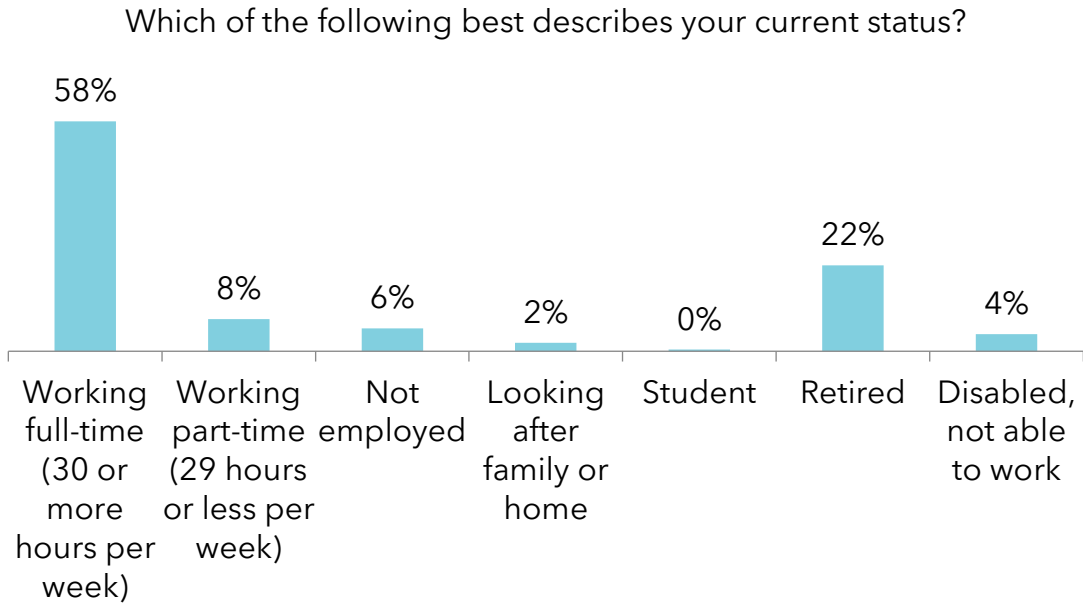


Figure 251. Transportation, Community Resident Survey

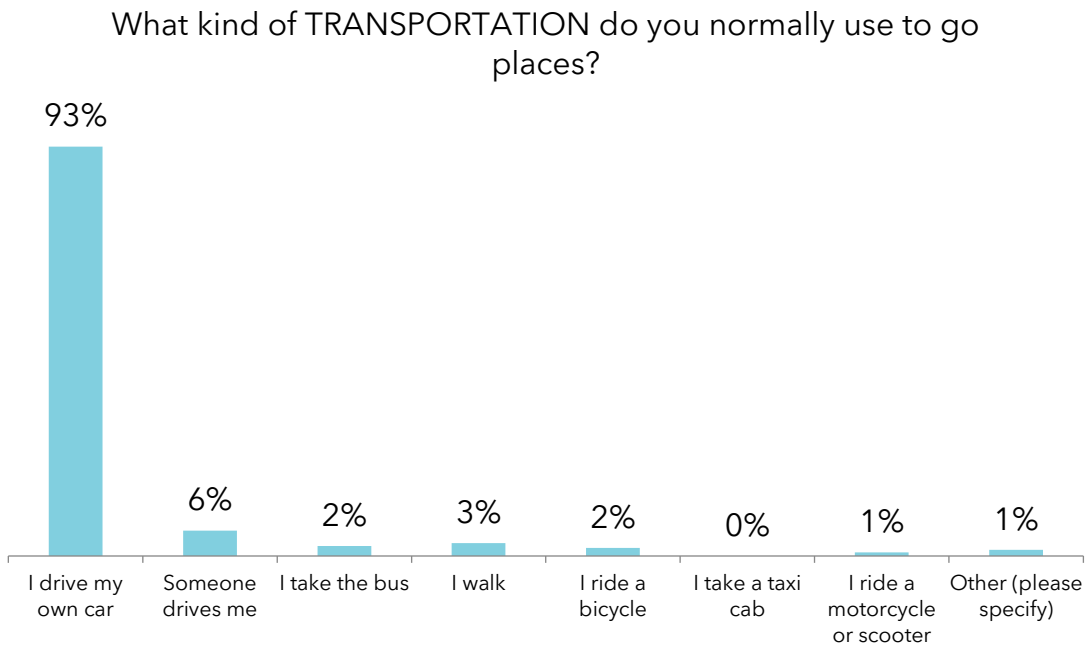


Figure 252. Length of Commute, Community Resident Survey

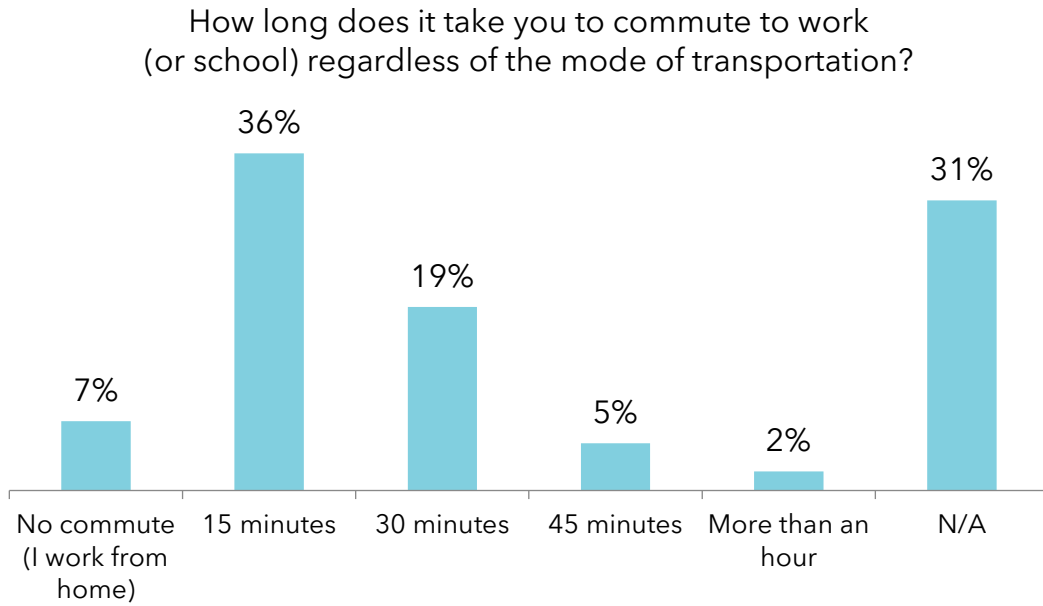


Figure 253. Frequency of Dining at Fast Food Restaurants, Community Resident Survey





Figure 254. Frequency of Dining at Sit Down Restaurants, Community Resident Survey

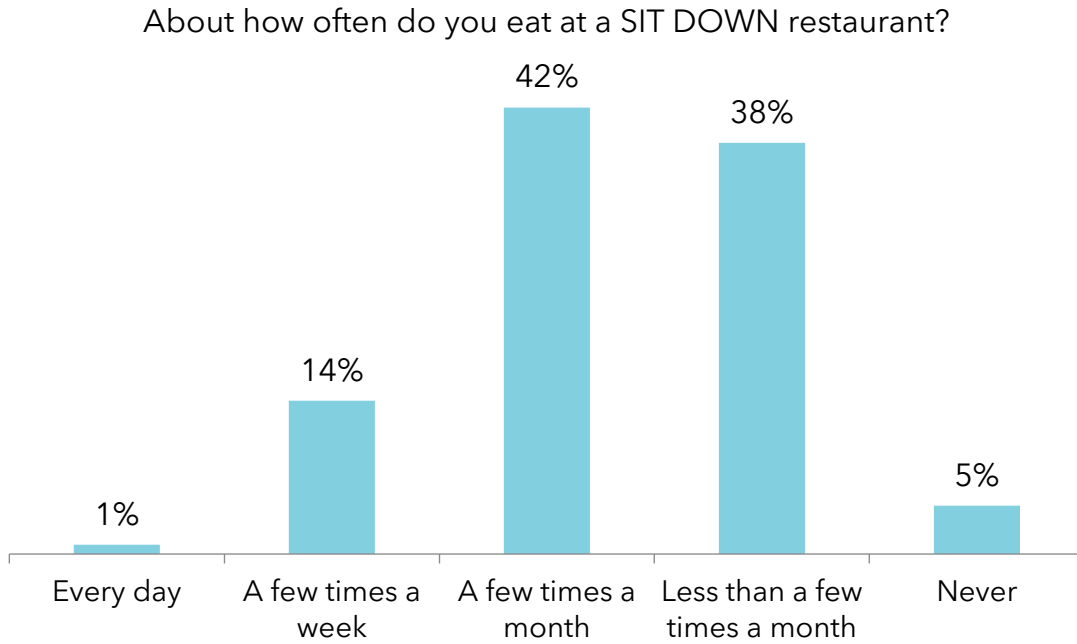


Figure 255. Frequency of Preparing Meals at Home, Community Resident Survey

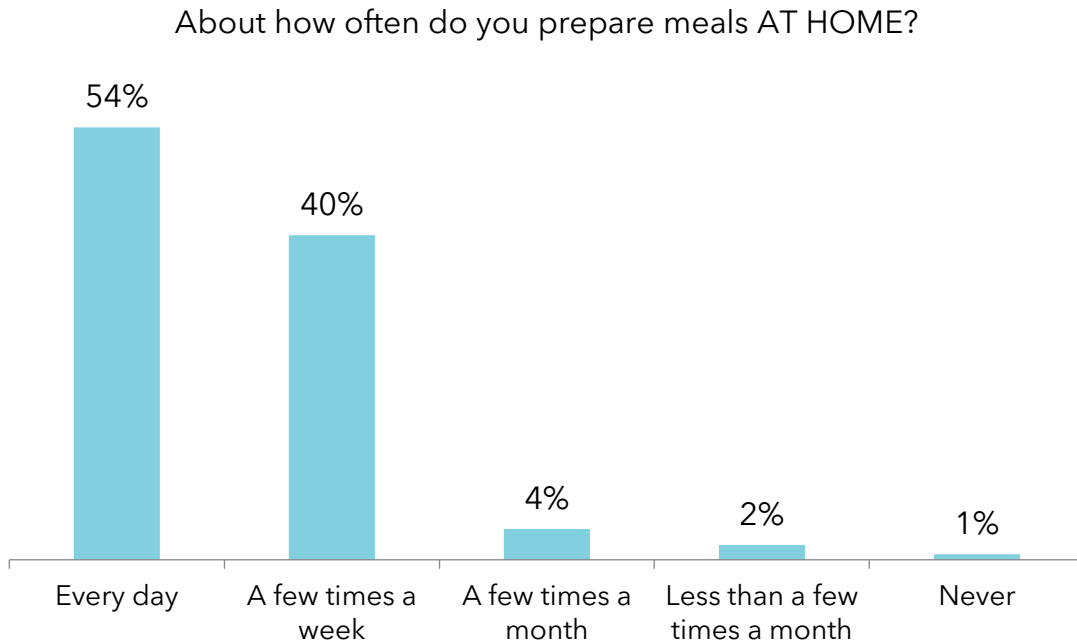


Figure 256. Needed Medical Care in the last 12 months but did not receive, Community Resident Survey

If there was a time in the PAST 12 MONTHS when you needed MEDICAL care but DID NOT get the care you needed, what were the BARRIERS? (CHECK ALL THAT APPLY).

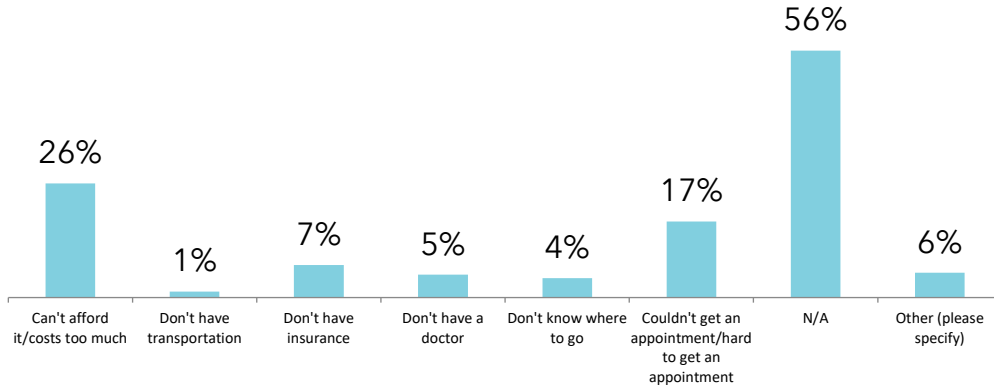


Figure 257. Needed Dental Care in the last 12 months but did not receive, Community Resident Survey

If there was a time in the PAST 12 MONTHS when you needed DENTAL care but DID NOT get the care you needed, what were the BARRIERS? (CHECK ALL THAT APPLY).

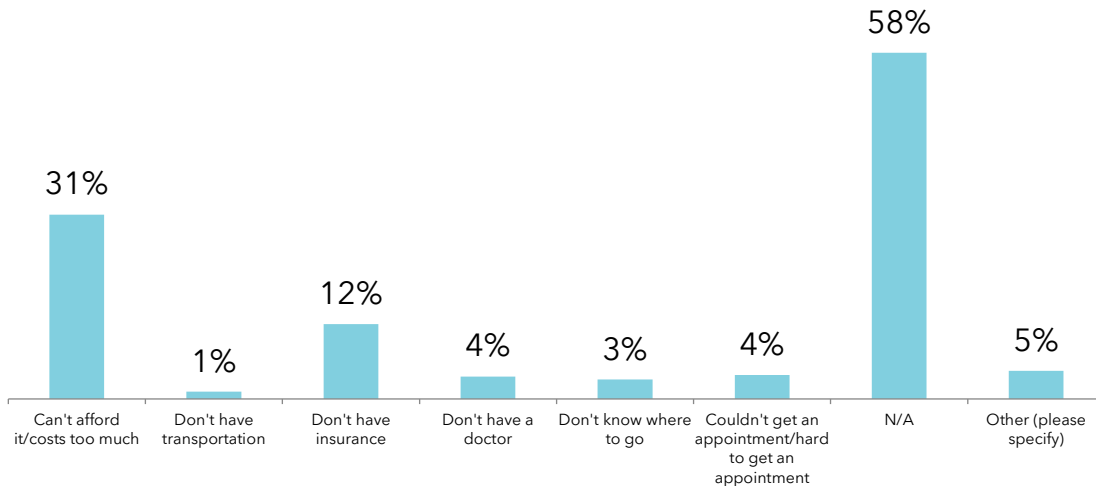


Figure 258. Payment for Medical Care, Community Resident Survey

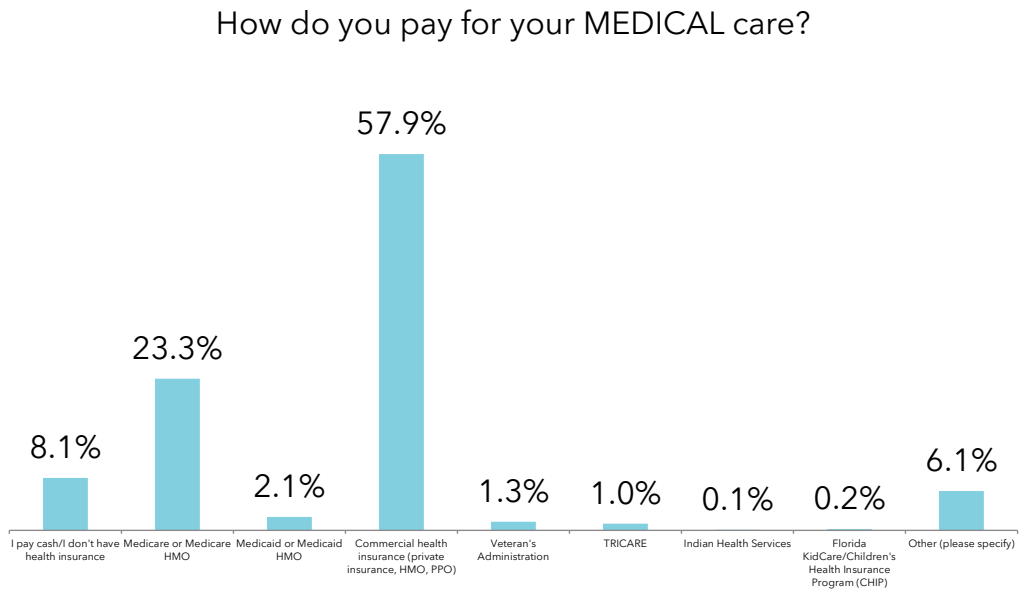


Figure 259. Payment for Dental Care, Community Resident Survey

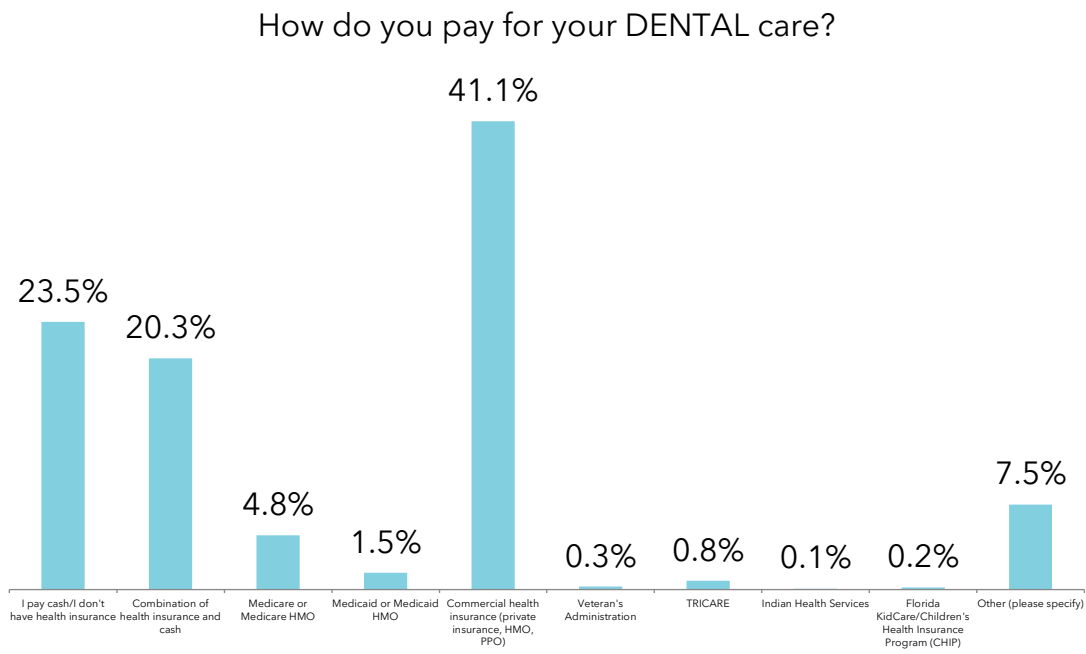


Figure 260. Health Insurance Barriers, Community Resident Survey

If you do not have health insurance, what is the barrier?

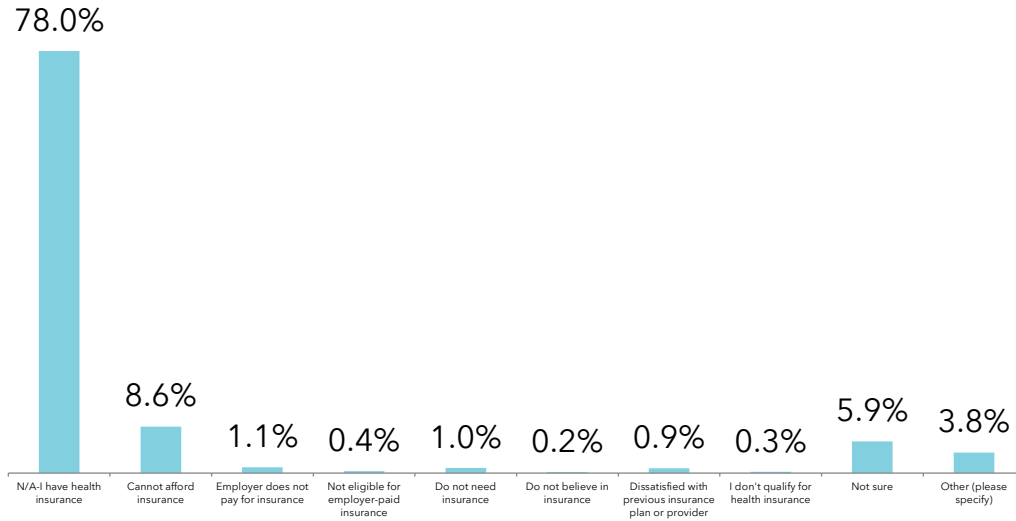


Figure 261. Challenges related to Finances, Community Resident Survey

Worry About Funds

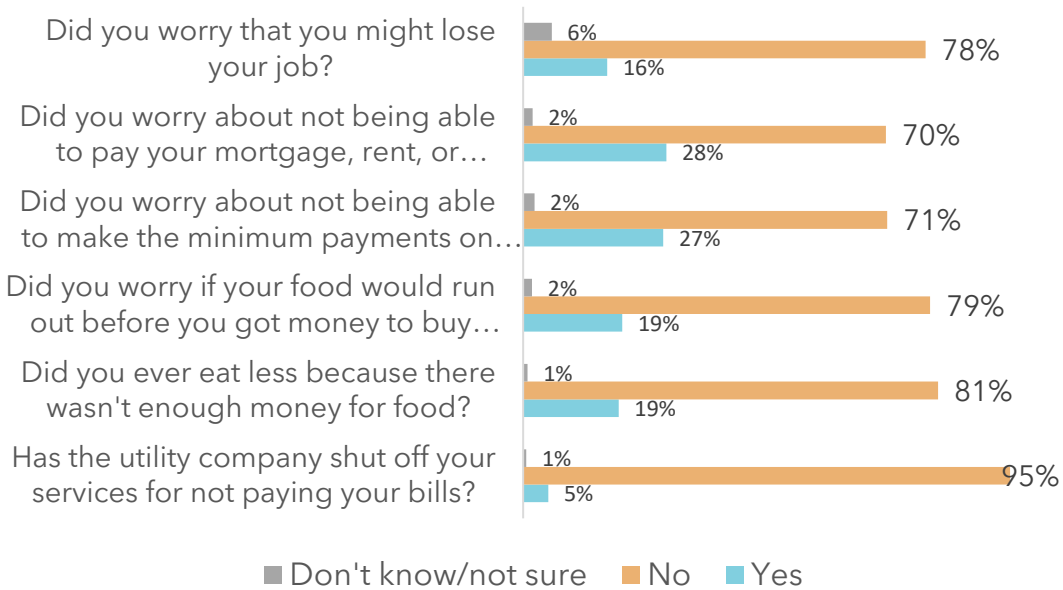


Figure 262. Social Connectedness and Social-Emotional Health, Community Resident Survey

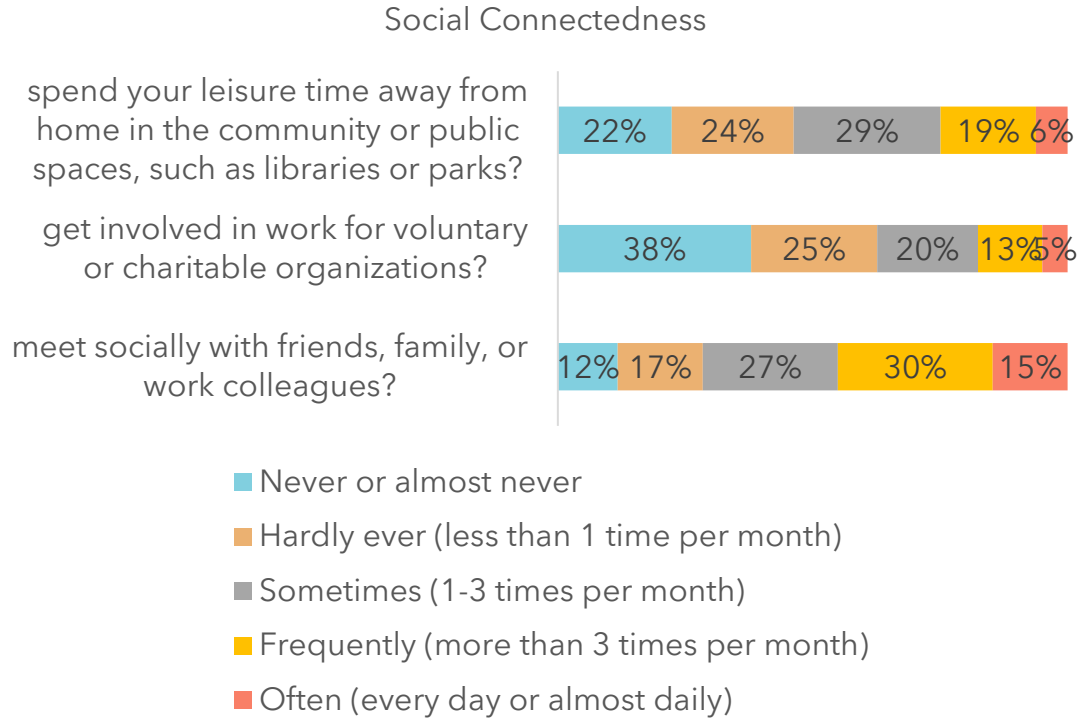


Figure 263. Social-Emotional Health, Community Resident Survey

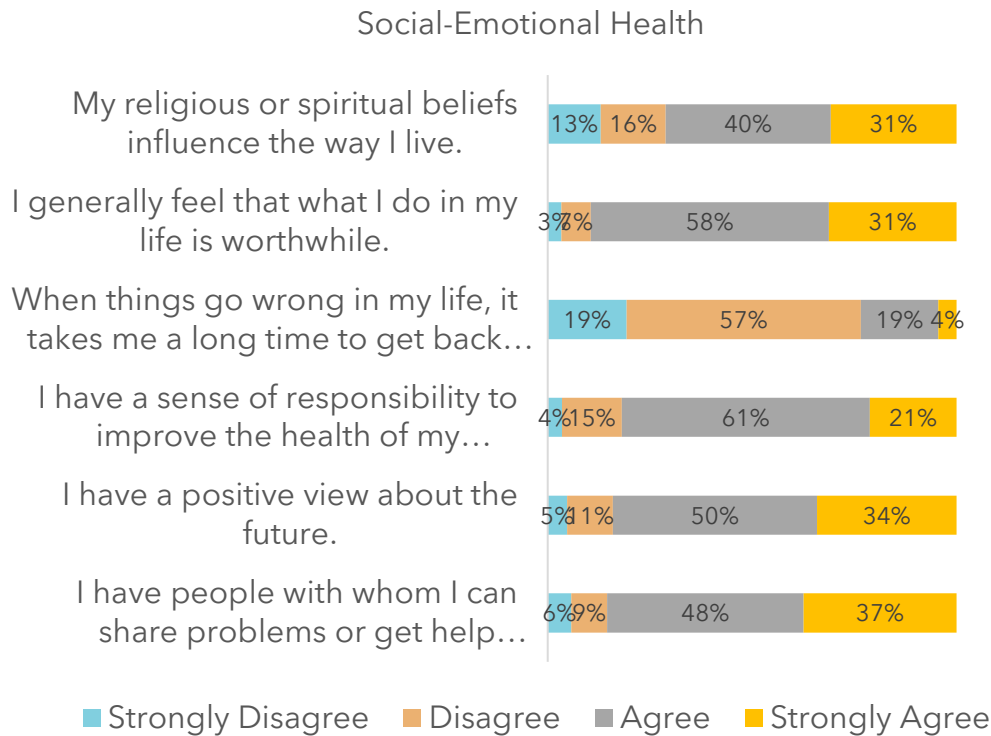


Figure 264. Mental Health, Community Resident Survey

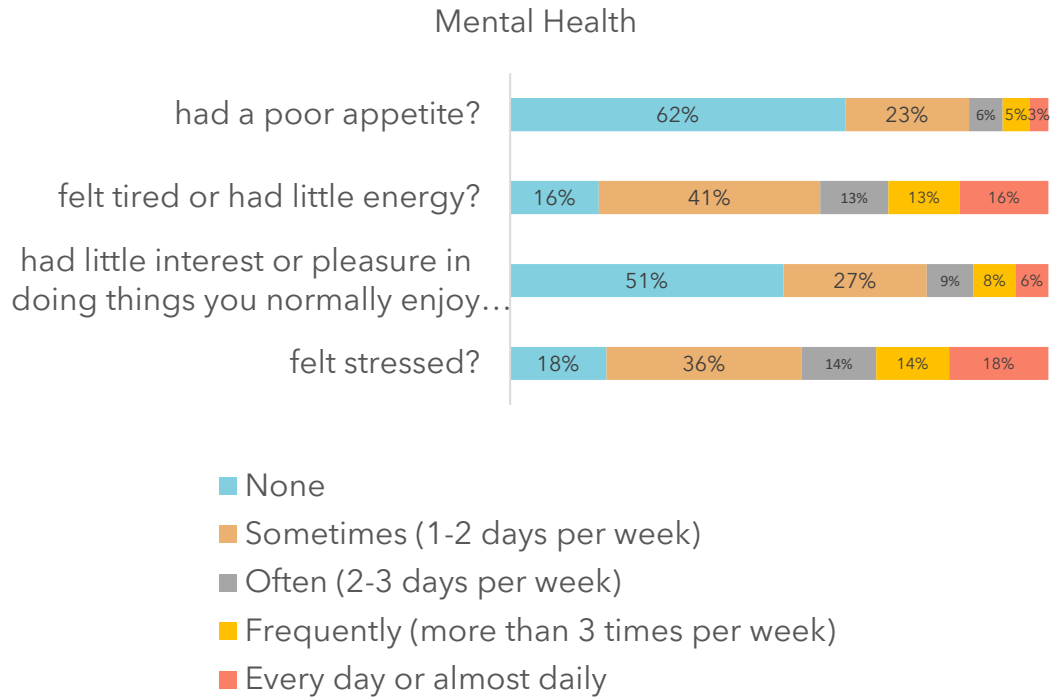


Figure 265. Rating of Overall Community Health, Community Resident Survey

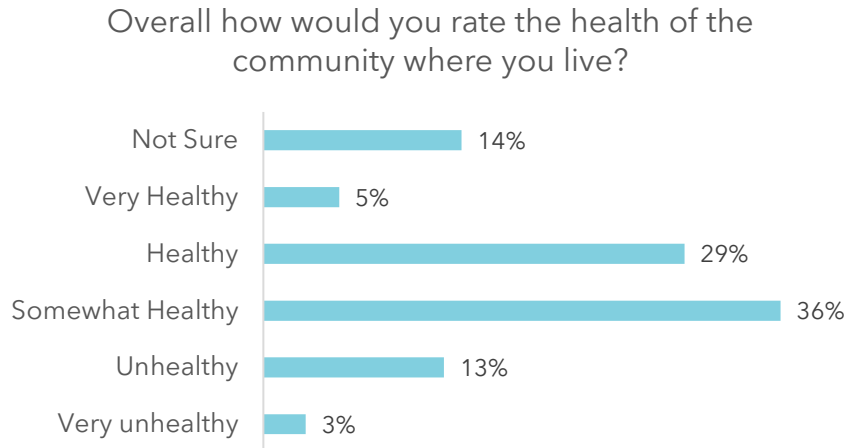


Figure 266. Community Sentiment, Community Resident Survey

Below are some statements about your local community. You may agree with some and disagree with others. Please tell us how much you agree or disagree with each statement.



Figure 267. Quality of Life Factors, Community Resident Survey

In the following list what do you think are the FIVE MOST IMPORTANT factors that define the quality of life in a community?

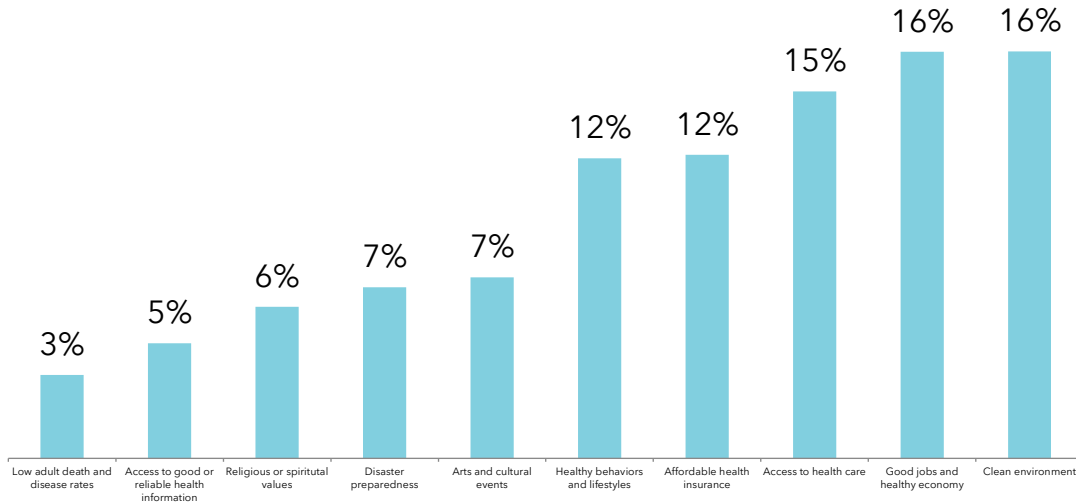


Figure 268. Quality of Life Factors Part 2, Community Resident Survey

In the following list what do you think are the FIVE MOST IMPORTANT factors that define the quality of life in a community?

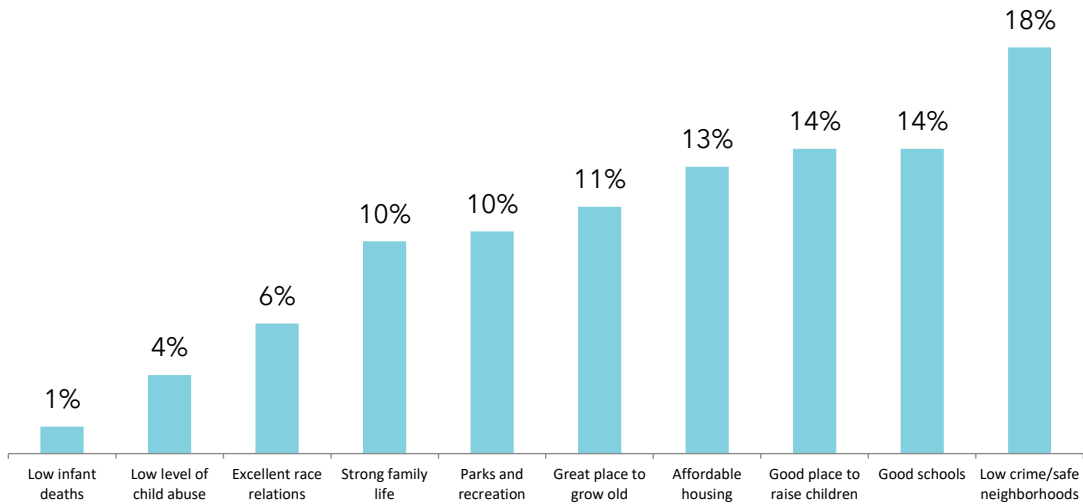




Figure 269. Health Risk Factors, Community Resident Survey

In the following list, what do you think are the FIVE MOST IMPORTANT "health risks" in your community?

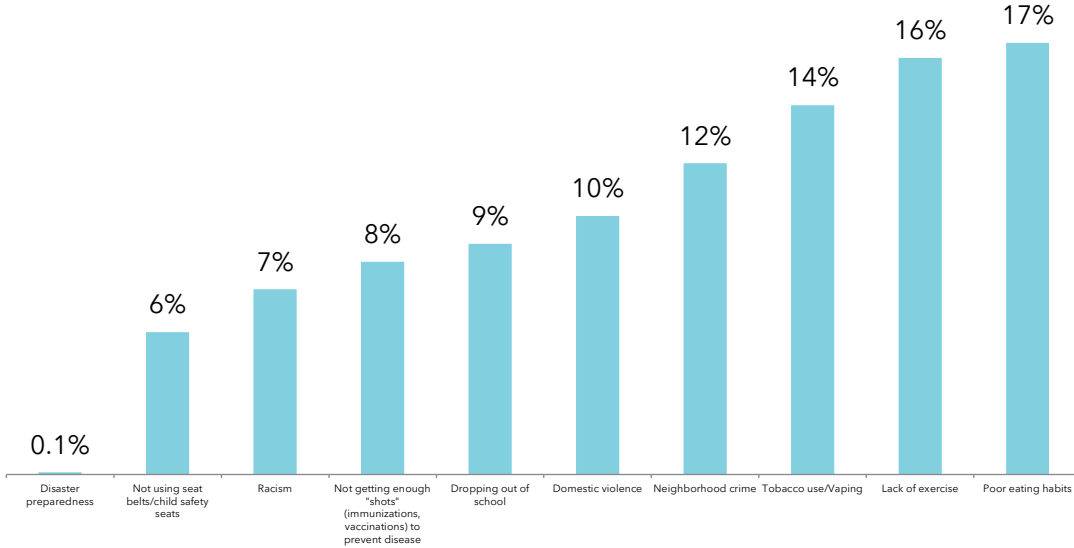


Figure 270. Most Important Health Risks, Community Resident Survey

In the following list, what do you think are the FIVE MOST IMPORTANT "health risks" in your community?

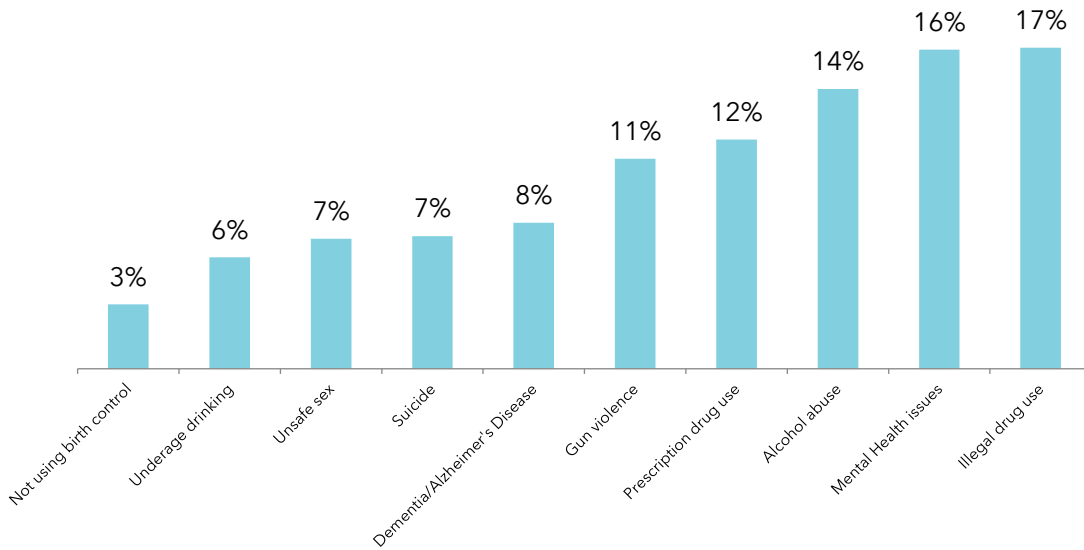


Figure 271. Advertisements, Promotions in Retail Stores, Community Resident Survey

When thinking about retail stores (local convenience stores, gasoline service stations, grocery stores, or pharmacies) you visit, how often do you:

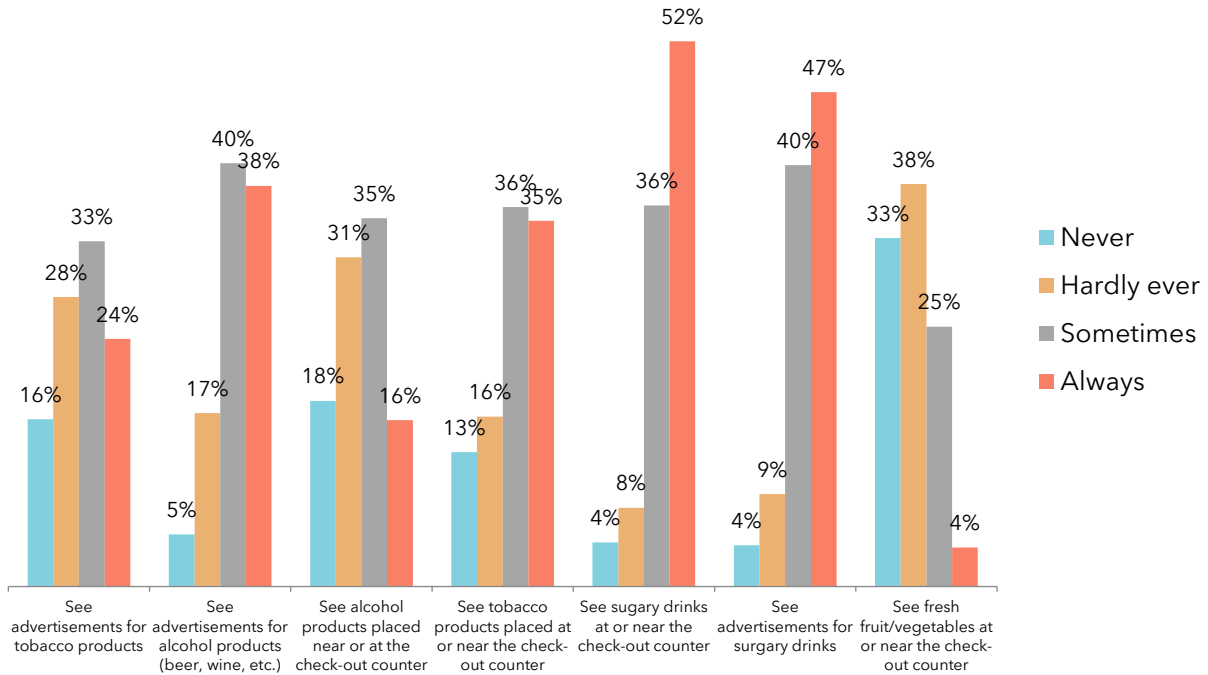


Figure 272. Attitudes toward Breastfeeding, Community Resident Survey

Please provide your opinion on the following statements when thinking about breastfeeding in your community. Please tell us how much you agree or disagree with each statement.

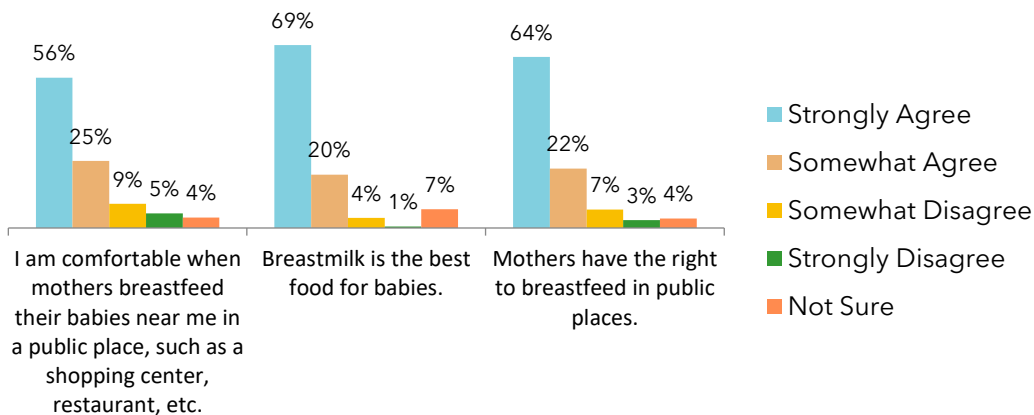


Figure 273. Attitudes toward Mental Health

Please provide your opinion on the following statements when thinking about mental health in your community. Please tell us how much you agree or disagree with each statement.

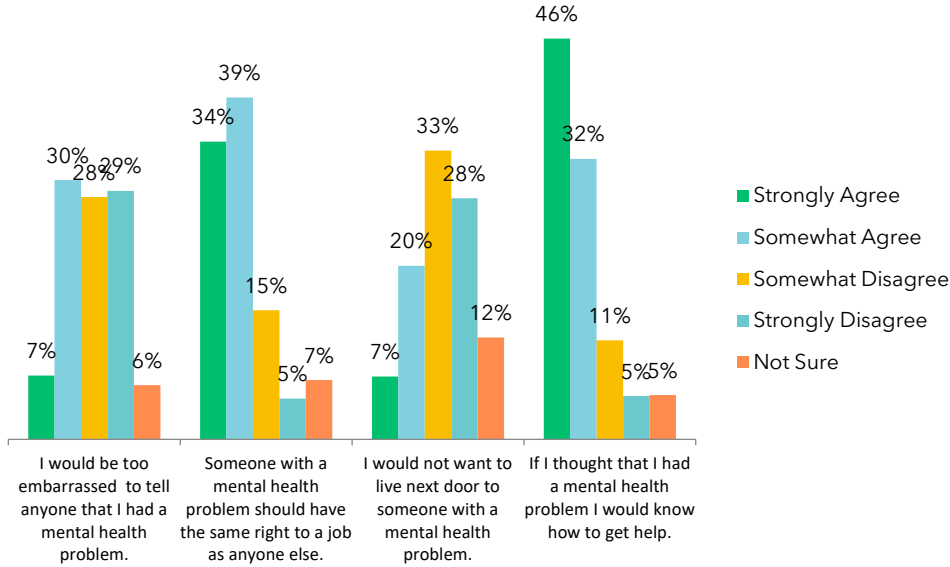


Figure 274. Discrimination, Community Resident Survey

In the last 5 years, do you believe you have experienced discrimination (been prevented from doing something, been hassled, or made to feel inferior) in any of the following situations because of your race, ethnicity, or skin color?

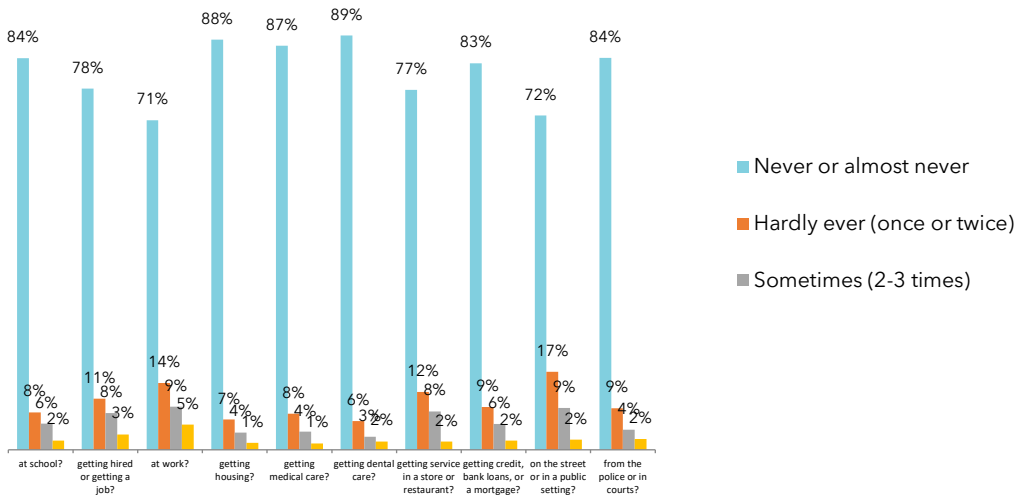


Figure 275. Ageism, Community Resident Survey

Below are some statements about your local community. You may agree with some and disagree with others. Please tell us how much you agree or disagree with each statement.

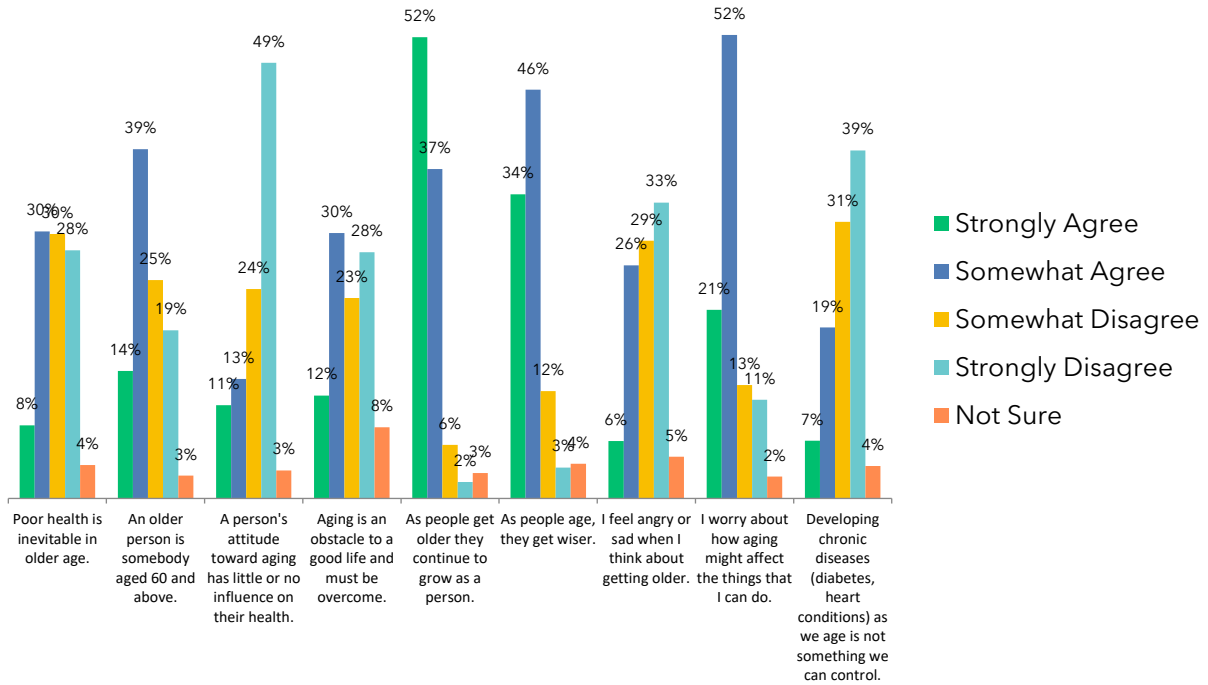


Figure 276. Ageism Part 2, Community Resident Survey

Based on what you have seen or experienced, do you think older workers face discrimination in the workplace based on AGE?

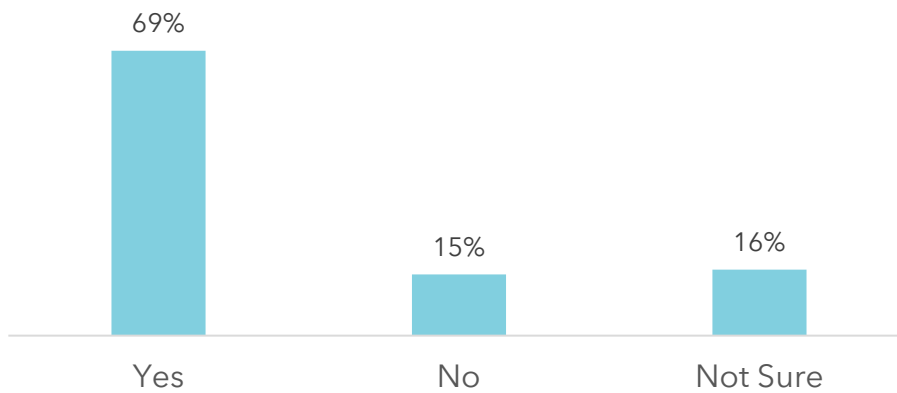


Figure 277. Ageism Part 3, Community Resident Survey

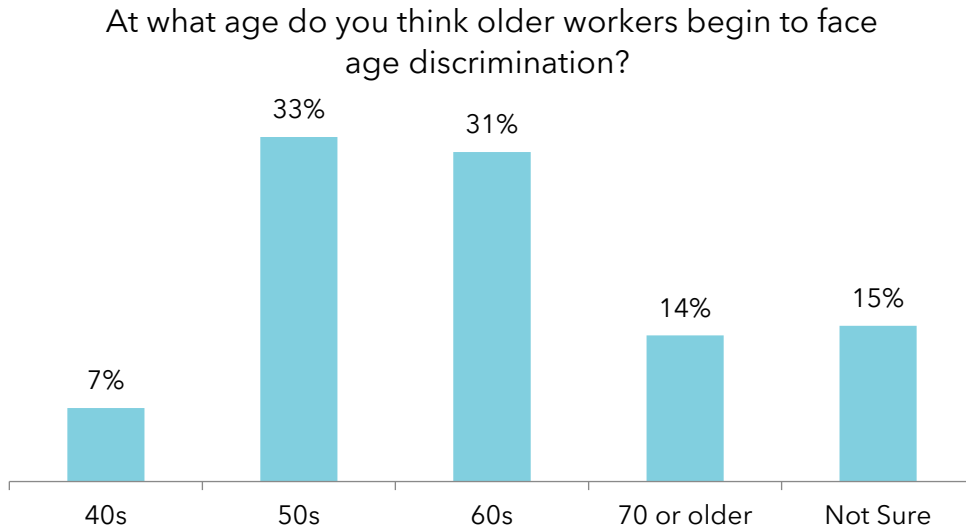
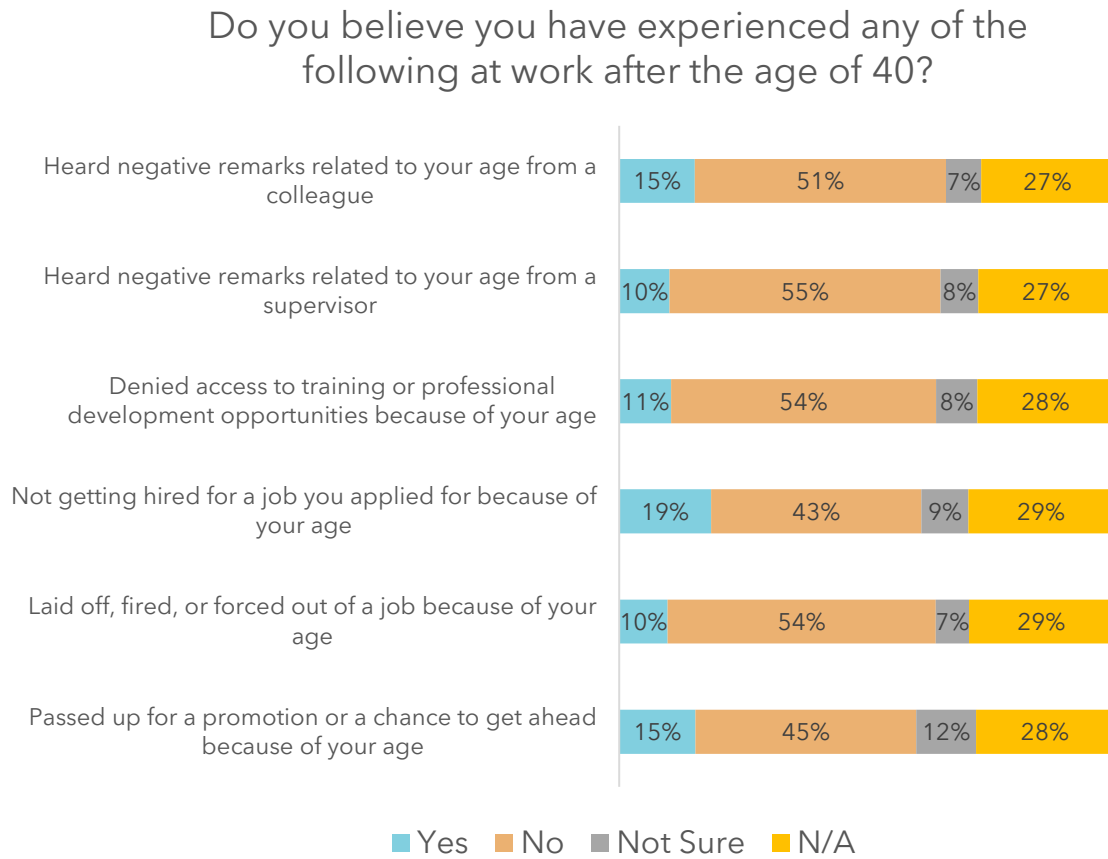


Figure 278. Ageism Part 4, Community Resident Survey



## Section Four: Forces of Change Assessment (FOCA)

Forces of Change Assessment (FOCA) is one of four assessments that are part of Mobilizing for Action through Planning and Partnership process (MAPP), a public health planning tool. Information contained in FOCA includes those areas that are outside of the control of a community, such as trends, events, and factors that are present in time or may be in the foreseeable future. Identifying these forces of change will help communities during their community health improvement planning process know what areas of change are needed for building a better quality of life and a better future for residents and visitors. Details are provided in [Appendix F](#).

### Methodology

Gathering input for the FOCA was completed in a series of regular meetings with the Healthy St. Lucie Coalition, a group of over 30 community leaders and partners who collaborate with the Florida Department of Health in St. Lucie County (FDOHSL) to implement the Community Health Improvement Plan. The meetings were facilitated and sponsored by FDOH-SLC.

A kickoff meeting was held on October 10<sup>th</sup>, 2019. Members were oriented to the FOCA and introduced to a brainstorming worksheet. Members completed the worksheet individually and then discussed their ideas in small groups. A small group spokesperson then shared the combined ideas with the larger group. A summary of the findings was compiled and presented during the next meeting.

At November 14<sup>th</sup>, 2019 and the January 9<sup>th</sup>, 2020 meetings, the group used the summary of the work completed at the October meeting, and was asked to assign forces of change findings into five different categories; economic, environmental, legal/political/ethical, social, and technological/scientific categories.

On February 13, 2020, the coalition group met to review all the forces of changes and discuss challenges facing the county, and they were asked to identify opportunities that could be used to meet those challenges. Finally, on March 12, 2020, the group was provided a summary report on the opportunities and challenges gathered throughout the process.

### **Healthy St. Lucie Coalition - Forces of Change Participating Members**

- 211 Helpline
- Area Agency on Aging (Aging and Disability Resource Center of Palm Beach and the Treasure Coast)
- Catholic Charities
- Children Medical Services
- Children's Services Council
- Cleveland Clinic Martin Health
- Communities Connected for Kids
- Council on Aging of St. Lucie
- Crosstown Running Club
- Drug Free St Lucie
- Florida Community Health Center
- Florida Department of Health in St. Lucie
- Fort Pierce Police Department
- Allegany Franciscan Ministries
- Health Council of Southeast Florida
- Mustard Seed Ministries
- Roundtable of St. Lucie County
- Safe Kids Coalition
- St Lucie County Public Schools
- St. Lucie Medical Center
- Treasure Food Bank
- United Way of St. Lucie County
- University of Florida/Institute of Food and Agricultural Sciences - Family Nutrition Program

Table 102. Forces of Change Assessment Challenges and Opportunities

Forces of Change	Challenges	Opportunities
<p><b>Lack of living wage jobs</b></p>	<ul style="list-style-type: none"> <li>• Service industry frequently has lower wage positions, resulting in employees having limited access to resources.</li> <li>• Residents lack the training, education, and experience for higher level positions.</li> <li>• Residents may not have access to reach better paying positions.</li> <li>• Challenge to attract new businesses due to lack of qualified employees, perceived high crime rate, etc.</li> <li>• Minimum wage is insufficient to maintain minimum survival budget for most households.</li> <li>• Students leave post-secondary education burdened with student loans.</li> </ul>	<ul style="list-style-type: none"> <li>• Economic Development Council, Chamber of Commerce and local governments are recruiting new employers and helping others to expand.</li> <li>• Expanding public transportation to offer higher wage job access.</li> <li>• Local colleges, high schools, workforce development board are working with employers to offer additional career exploration, technical training, apprenticeship, and internship opportunities.</li> <li>• Partner with large companies that offer remote job/work arrangement</li> <li>• Crime is decreasing and tax incentives are being offered for businesses to come to the area</li> </ul>
<p><b>High cost of medical care, health insurance and deductibles</b></p>	<ul style="list-style-type: none"> <li>• Not using medical treatment or addressing preventive care.</li> <li>• Incurring high medical bills which can affect credit and funds available for basic needs.</li> <li>• Many providers do not accept certain insurance, will not see patients without pre-payment.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase awareness of available resources and use of existing sliding scale and free services.</li> <li>• Increase regulation of medical costs</li> <li>• Lobbying for programs that can offset/reduce medical costs</li> </ul>



Forces of Change	Challenges	Opportunities
<p><b>Access to health care</b></p>	<ul style="list-style-type: none"> <li>• Limited specialists available locally.</li> <li>• Limited transportation to travel to specialist care.</li> <li>• Need to work during normal office hours limits ability to access care. (No paid leave available).</li> </ul>	<ul style="list-style-type: none"> <li>• Recruit specialty care services to the County.</li> <li>• Expansion of specialty care with recent acquisition of hospitals by Cleveland Clinic.</li> <li>• Extend healthcare clinic hours for those who work &amp; have no paid leave.</li> </ul>
<p><b>Access to mental health services and substance abuse treatment</b></p>	<ul style="list-style-type: none"> <li>• Loss of funding for mental health services reduced affordability and increased delay to access</li> <li>• Unethical drug treatment providers led to reduced funding and abuse of those seeking services.</li> <li>• Increase in opioid addiction and deaths due to overdose</li> <li>• Stigma associated with seeking treatment</li> <li>• Increase in suicide rates</li> <li>• Mental health patients overly represented in jail population.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase use of Peer Counseling and Support</li> <li>• Increase awareness of available resources</li> <li>• Support task force efforts to educate about identifying those at risk, providing Narcan to the general public.</li> <li>• Continued access to Narcan for Emergency Medical Services and Law to reduce loss of life due to overdose</li> <li>• Community education to decrease perceived stigma</li> <li>• Promotion of trauma informed care and supports for children.</li> </ul>

Forces of Change	Challenges	Opportunities
<b>Housing</b>	<ul style="list-style-type: none"> <li>• Lack of affordable housing.</li> <li>• Rising housing costs and cost of living.</li> <li>• Residents living in substandard housing that can lead to health issues (e.g., mold, pests, high crime areas).</li> <li>• Benefit cliff - loss of benefits when recipients increase income incrementally.</li> </ul>	<ul style="list-style-type: none"> <li>• Stop the State of Florida sweep of Sadowski Housing Trust Fund to increase funds given to communities to fund repair and creation of new affordable housing opportunities.</li> <li>• Appeals to state legislature for funding to assist veterans and families.</li> <li>• Gap filling programs to gradually reduce benefits to allow families to become self-sufficient.</li> </ul>
<b>Increase in use of e-cigarettes</b>	<ul style="list-style-type: none"> <li>• Misinformation on dangers of vaping (e.g., peers and social media).</li> <li>• Limited data to show negative impacts</li> <li>• Unregulated and driven by those seeking high profits, make it difficult to curtail use.</li> </ul>	<ul style="list-style-type: none"> <li>• Use recent fatalities and lung damage cases to increase factual awareness and informed choices.</li> <li>• Changes in policy to limit use</li> <li>• Empowerment of youth to be a force for change</li> <li>• Increase awareness and use of programs to reduce use or encourage quitting.</li> </ul>
<b>Natural Disasters (hurricanes, sea level rise)</b>	<ul style="list-style-type: none"> <li>• Can lead to loss of jobs, personal property, life, infrastructure, power, etc.</li> <li>• Those in poverty are at greater risk to loss.</li> <li>• Increase in temperature</li> <li>• Migration of wildlife, human population away from inundated areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Enforcing code compliance</li> <li>• Improve infrastructure</li> <li>• Education and resources to improve emergency preparedness</li> <li>• Planning for businesses to return them to work quickly</li> <li>• Provide quick access to services and resources</li> </ul>

Forces of Change	Challenges	Opportunities
<b>Water Quality</b>	<ul style="list-style-type: none"> <li>• Pollution (e.g., septic systems, plastics, litter, excess fertilizer) impacts drinking water and ability to enjoy local waters</li> <li>• Algae blooms result in loss of tourism</li> </ul>	<ul style="list-style-type: none"> <li>• Identifying funding to convert septic systems</li> <li>• Increase awareness of causes and preventive measures for reducing pollution (e.g., ecofriendly products)</li> <li>• Funding to change reservoir releases and preserve access to quality water for residents.</li> </ul>
<b>Rising cost of food and the number of food deserts</b>	<ul style="list-style-type: none"> <li>• No access to healthy foods</li> <li>• Funding cuts to programs</li> <li>• Limited income</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce food waste (e.g. gleaning)</li> <li>• Diversion of useable from restaurants</li> <li>• Community sharing “donate a row” produce</li> <li>• Construction of community gardens</li> <li>• Education on alternatives such as urban gardening</li> <li>• Increase access to local produce</li> <li>• Nutrition and meal prep education and awareness of budget friendly options for healthy food access</li> </ul>
<b>Decline in vaccinations</b>	<ul style="list-style-type: none"> <li>• Parents and guardians questioning the potential harm and lack of benefit of immunizations</li> <li>• Vaccinating adults and the elderly for Hepatitis A</li> </ul>	<ul style="list-style-type: none"> <li>• Education about the value of vaccines and ramifications of a reduction in their use through hospitals, medical offices, schools.</li> <li>• Community education to correct misinformation, including social media</li> </ul>

Forces of Change	Challenges	Opportunities
<b>Immigration</b>	<ul style="list-style-type: none"> <li>• Many undocumented residents without an avenue to approved immigration status.</li> <li>• Fear of deportation reduces use of available services, including medical care.</li> <li>• Politics divide about immigrants and undocumented residents.</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural sensitivity training needed in our institutions, hospitals, workplaces.</li> <li>• Increase of available legal services to navigate the immigration process</li> </ul>
<b>Human Trafficking</b>	<ul style="list-style-type: none"> <li>• Events last year have affected the reputation of neighboring counties</li> </ul>	<ul style="list-style-type: none"> <li>• Education and awareness on how to identify and prevent human trafficking.</li> <li>• Support existing organizations that provide education and training (i.e., The Inner Truth Project, Catholic Charities, Catch the Wave of Hope.</li> </ul>

Forces of Change	Challenges	Opportunities
<p><b>Growing older adult population</b></p>	<ul style="list-style-type: none"> <li>• Without supports can be challenging to age in place.</li> <li>• Increasing rates of dementia and Alzheimer’s disease</li> <li>• Limited incomes result in food and housing insecurity</li> <li>• Loss of ability to drive can lead to social isolation, inability to access medical care, food, wellness opportunities.</li> <li>• Coronavirus epidemic has higher fatality rate among older adults with underlying chronic disease</li> <li>• Assistive medical devices are often not covered under insurance and are not affordable (e.g., hearing aids, dentures, assistive devices).</li> </ul>	<ul style="list-style-type: none"> <li>• Increase awareness about programs for the elderly through the Dept. of Elders Affairs and other organizations (e.g., SNAP, home health, day programs, etc.).</li> <li>• Create age-friendly initiatives to:</li> <li>• Improve community support for transportation alternatives, more accessible built environments</li> <li>• Increase community awareness of signs and symptoms of dementia to enhance early detection and treatment; offer supportive environments and opportunities for older adult engagement with others and independence.</li> <li>• Increase awareness of wellness activities to ensure quality of life.</li> </ul>

Table 103. Identified Economic Events, Factors, and Trends: Employment/Unemployment

Events	Factors	Trends
<b>Theme: Employment/Unemployment</b>		
Citrus industry- Support federal efforts to benefit the citrus industry given its large importance to the economy of St. Lucie County.	Job loss	Workers being replaced with technology Families under 100% of poverty with children under 5 years is 75.2% (State 39.1%), 2017
Treasure Coast International Airport- Runway Extension Funding for increase capacity and capability for surge in commercial service	Living wage job availability	Civilian force unemployed is 7.6% (State 7.2%), 2017
Port of Fort Pierce- Inlet and Port Development	Living wage job availability	
New employers, Amazon,	Living wage job availability	
Tourism growth in St. Lucie County increasing tourist tax revenues by 38% since 2012	Support for Visit Florida	
FAU putting CNA program and post master's certificate for ARNP	Living wage job availability	High School graduate or higher is 86.2% (State 87.6%), 2017

Table 104. Identified Economic Events, Factors, and Trends: Housing

Events	Factors	Trends
<b>Theme: Housing</b>		
The State of Florida established the Sadowski Housing Trust Fund to create a source of funding for affordable housing.	Housing availability and affordability for young families and the elderly	Rising housing costs Increase in cost of living
St. Lucie County's Veterans Services Department is requesting funding to assist in establishing a Veteran's Housing Assistance Center,	Not having enough to live on after retirement, gaps in services	The county supports developing a dedicated state funding source for homeless programs.
St. Lucie County is requesting funding to assist with a Local Government Contribution (LGC), for the construction of multifamily housing.	Inflation Personal debt Wealth inequality	

Table 105. Identified Medical Events, Factors, and Trends

Events	Factors	Trends
Merger of Martin Health System to the Cleveland Clinic	Access to healthcare	
People from other states or other countries moving here without health insurance, i.e. Bahamas	Affordable insurance	Rising health insurance costs
	County share of cost for Medicaid services	St. Lucie County supports establishing a cap on growth in the individual county Medicaid costs under F.S. 409.915, to address the cost shifts that result from the transition to a Medicaid enrollee-based cost-sharing system. The county opposes efforts to further shift state Medicaid costs to counties.
		Changes in medicine, social security, welfare
	Lack of medical care	Increase ER use, medical needs,
		People living longer with HIV, heart, and other diseases, increasing costs long term
	Physicians for women moving to St. Lucie	The county supports a continuation of funding for the Florida Healthy Families and Healthy Start programs.



Table 106. Identified Mental Health Events, Factors, and Trends

Events	Factors	Trends
	Mental health issues- lack of facilities, lack of care, supervision, long term chronic mental health, untreated mental illnesses	The county supports efforts to increase supportive housing, jail diversion, and employment and education initiatives for people with mental health or substance abuse issues. Supports diverting, medically assisting, or treating mentally ill outside of the criminal justice process through alternative programs, such as Crisis Intervention Teams.
	Funding for mental health Loss of mental health/substance abuse services and funding across Florida	In the last two years, over \$30 million in mental health funding has been lost to Florida’s communities.

Table 107. Identified Social Events, Factors, and Trends

Events	Factors	Trends
Changes to Medicaid and Medicare	Treasure Coast Early Steps Program, within Children’s Medical Services, serves families with infants and toddlers, birth to 36 months of age, who have developmental delays or an established condition likely to result in a developmental delay.	The County strongly supports the continuation or increase of funding for all Community Healthcare Clinics, such as the HANDS Clinic in Fort Pierce.
	Critical support funding for social services for elder persons	Aging population
Outbreaks of Diseases preventable by vaccines	Vaccination rates in charter schools, private schools, no accountability, perceptions around safety of immunization	Increases in parents opting out by filling religious exemptions
	Educate about vaccination and access to services	Increases in measles in children
E-Cigarettes advertising and consumption	Vaping popular among adults	Teen vaping starting in middle school children
	JUUL fatalities, illnesses may provide opportunities to pass policies to protect children and adults	Vaping causing lung disease
Opioid Addiction	Funding needs to opioid addiction	Opioid crisis
	Needed funding for mental health services for substance abusers and other offenders	Unfair sentencing - 50% of jails are filled with substance abuse issues
	Mental health breakdown	

Table 108. Identified Legal/Political/Ethical Events, Factors, and Trends

Events	Factors	Trends
Politics around Immigration Laws	Influx of more immigrants, language barriers, poor initial health	Increase in population
	Discrimination by age, ethnic, lifestyle	Community migration
	In-flow of immigrants expands job skills and the understanding of health	
	Legal concerns of requesting services by migrants	
	Immigration and migration issues have caused some to be fearful to get services	
Human Trafficking: Martin County in 2019 had a number of cases of Human Trafficking, related to SPAs and sex workers who were arrested.	Knowing HT indicators by medical professionals and govt staff, and others	HT is growing in this country, especially in FL
CBD legalization of marijuana led to increased arrest for impaired driving	Marijuana clinics	Legal medical marijuana
Marjory Stoneman Douglas Shooting, Feb 14, 2018	Gun laws, gun violence	Mass shootings in schools and public places

Table 109. Identified Environmental Events, Factors, and Trends

Events	Factors	Trends
St. Lucie County Federal Beach Nourishment projects	Hurricanes	Climate change
C23 and C24 Reservoirs for the Indian River Lagoon -South Project	Algal blooms, quality of the St. Lucie River and the Indian River Lagoon	Climate change, control of the waterways by South Water Management
Lake Okeechobee impacts on pollution to St. Lucie River and Indian River Lagoon's water quality	Contaminated food and water	Climate change, control of the waterways by South Water Management
Coronavirus, Zika virus, Hep A virus outbreaks, and other emerging disease threats	Flu and other communicable diseases getting worse	

Table 110. Identified Technological/Scientific Events, Factors, and Trends

Events	Factors	Trends
Cyber security, scams, phishing, medical records privacy	Dangers of technology, live-in room, no communication	Technology influencing teens, glamorizing suicide
Dentures being printed with 3D printers improve quality, reduce time and cost	Tele-health, tele-dentistry- reaching more people with same services	
	Better mobility devices- motorized wheelchairs, ortho implants are better and cheaper	

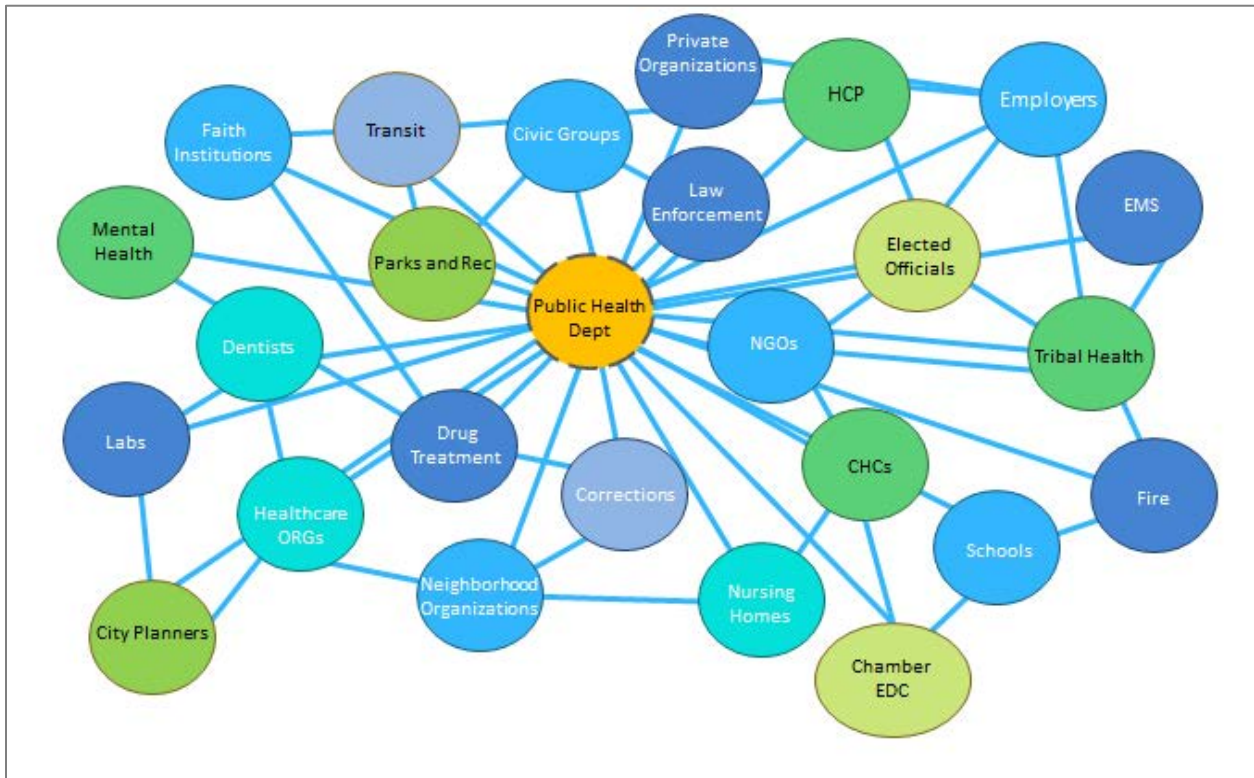
## Section Five: Local Public Health Status Assessment (LPHSA)

### What is a Local Public Health System?

According to National Public Health Performance Standards Program user guide, a local public health system is comprised of a broad spectrum of organizations and sectors. It is more than the Department of Public Health in St. Lucie County and includes different institutions and organizations, such as:

- Public health agencies
- Recreation and arts
- Human services and charities
- Economic & philanthropic organizations
- Healthcare providers
- Education and youth development
- Environmental agencies
- Public safety agencies

Figure 279. Local Public Health System



## St. Lucie County Local Public Health System Assessment

Local public health systems are a network of entities with differing roles, relationships, and interactions whose activities combine to contribute to the health and well-being of the community. The Local Public Health System Assessment (LPHSA), a part of the Mobilizing for Action through Planning and Partnerships (MAPP) framework, focuses on all of the organizations and entities that contribute to the public health, answering the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How well are the Essential Services being provided to our community?" The LPHSA is completed using the National Public Health Performance Standards Program which provides performance standards and measures for assessing how well a public health system performs the essential public health services. Focused partner discussion can enhance understanding of the LPHS, strengthen relationships, and increase engagement in setting strategic priorities that enhance performance.

The purpose of the Local Public Health System Assessment (LPHSA) is to promote the opportunity for continuous improvement in system performance. This report can be used as a tool for system improvement by providing:

- A better understanding of the current systems functioning and performance
- Identifying and prioritizing areas of strength, weakness, and opportunities for improvement
- Identifying those system standards of greatest importance
- A shared frame of reference from which to build a foundation for an improvement plan
- A tool for re-assessment to discern progress

The LPHSA serves to identify the strengths and weaknesses of St. Lucie County's public health system, as well as short and long-term improvement opportunities. Assessment questions are centered around the 10 Essential Public Health Services (EPHS) and the public health system partners that provide them. EPHS represent a broad spectrum of public health activities that contribute to healthy, vibrant communities. Each essential service is associated with a model standard that represents the major component or practice area for that service.

In April of 2020, the Florida Department of Health in St. Lucie plans to complete the Local Public Health System Assessment

Figure 274 Essential Public Health Services



(LPHSA) had to be postponed. The SARS-CoV-2 virus that causes COVID-19 disease became a worldwide pandemic, and personnel and resources were directed to emergency response. When it became clear that the pandemic would have a long-term impact on the ability to hold community meetings, the decision was made to complete the assessment virtually.

Key findings from the LPHSA will be integrated with three other MAPP assessments to identify strategic issues to complete a community health assessment and development of a community health improvement plan. The entire community health improvement process will inform policy and program planning efforts and will aid in application for public health accreditation.

The highest ranked services were:

- 2 - Diagnosing and investigating health problems and health hazards
- 8 - Assures a competent public and personal health care workforce
- 5 - Develop policies and plans that support individual and community health efforts

The results identified the three lowest ranking services to be:

- 10 - Research for new insights and innovative solutions to health problems
- 9 - Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- 3 - Inform, educate, and empower individuals and communities about health issues

On October 8, 2020, 31 representatives from health care institutions, government agencies, community groups, and service providers attended an online orientation that included an introduction to the essential services, model standards, and assessment tool for the LPHSA. This presentation was recorded and distributed to identified community members along with an online survey link of questions to assess system performance. There were 19 views of the recorded orientation.

The online survey was open from October 10-23, 2020. Stakeholders were asked to score each essential service from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels). Participants were also asked to provide comments for rankings where activity was marked as none or minimal. Responses were received from 39 individuals representing 20 organizations.

In November 2020, staff from the Florida Department of Health in St. Lucie County analyzed survey data, prepared the table of performance scores, summarized individual comments, and developed the results presentation. On December 3, 2020 LPHSA survey results were presented to 21 members of the Health Improvement Planning Steering Committee during an online public meeting to solicit feedback on comments and scores. Scores were not adjusted as a result of this meeting, however



comments were documented and included in the [Rankings and Comments section](#) of this report.

### Survey Design

An online survey tool was created based on questions contained in the instrument by the National Public Health Performance Standards Program (NPHPSP). As partners and stakeholders strive to address health inequities in St. Lucie County, an additional 11 questions were added to the survey instrument. These questions are noted in the report by the letters **HE**.

Finally, as this survey is generally conducted in-person with conversations adding valuable context to the scores, a comment box was placed after each ES and participants were encouraged to provide feedback and suggestions on ES.

### Scoring Methodology

Each of the 10 EPHS involves two to four model standards supported by several actions. (For example, three model standards and eight actions comprise EPHS 1.) Please see [Table 3](#) for a list of all EPHS, model standards, and actions. The number of model standards and related actions vary across the EPHS.

LPHSA stakeholders were asked to identify the extent to which actions are performed in St. Lucie County by using a specified rating scale ranging from a minimum value of 0% (absolutely no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels). For purposes of calculating a score for each action, a numerical value (using a scale of 1 to 5) was assigned to each level of LPHSA’s rating system and corresponds to the percentage scores. It is important to note that an option was provided for the respondent to select “don’t know/not aware” for questions they did not feel they could evaluate. These responses were not included in the performance score calculation.

*Table 111. Summary of Assessment Response Options*

<b>Options</b>	<b>Percentage Scores</b>	<b>Rating</b>
Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.	5
Significant Activity (51-75%)	<i>Greater than 50%, but no more than 75% of the activity described within the question is met.</i>	4
Moderate Activity (26-50%)	<i>Greater than 25%, but no more than 50% of the activity described within the question is met.</i>	3
Minimal Activity (1-25%)	Greater than 0%, but no more than 25% of the activity described within the question is met.	2
No Activity (0%)	0% or absolutely no activity	1

All performance scores are an average; Model Standard scores are an average of the question scores within that Model Standard, Essential Service scores are an average of



the Model Standard scores within that Essential Services and the overall assessment score is the average of the Essential Service scores.

For each question, an average score was calculated based on the number of votes and the ratings provided by the group of stakeholders. The scores for a set of actions relating to the same EPHS were averaged together to calculate a composite, average score for each EPHS.

Following is a summary table identifying the composite scores and ratings for the 10 EPHS.

*Table 112. Summary of Performance Scores by Essential Public Health Service*

<b>Essential Public Health Services</b>		<b>Score</b>	<b>Activity Rating</b>
1	Monitor health status to identify community health problems	4.10	Significant
2	Diagnose and investigate health problems and health hazards	4.27	Significant
3	Inform, educate, and empower individuals and communities about health issues	3.93	Moderate
4	Mobilize community partnerships to identify and solve health problems	4.06	Significant
5	Develop policies and plans that support individual and community health efforts	4.15	Significant
6	Enforce laws and regulations that protect health and ensure safety	4.11	Significant
7	Link people to needed personal and health services and assure provision of health care when otherwise unavailable	3.98	Moderate
8	Assures a competent public and personal health care workforce	4.23	Significant
9	Evaluate effectiveness, accessibility, and quality of personal and population-based health services	3.90	Moderate
10	Research for new insights and innovative solutions to health problems	3.35	Moderate
<b>Overall Performance Score</b>		<b>4.00</b>	<b>Significant</b>

### Data Limitations

The framework for the LPHSA has several limitations due to self-reporting, wide variations in the breadth and depth of knowledge amongst participants, the variety of assessment methods used, and difference in how questions may have been interpreted. Each respondent’s rankings reflect his or her own experiences and perspectives, and the responses to the questions involve an element of subjectivity.

The assessment results should not be used to reflect the capacity or performance of any single agency or organization within the system or used to compare across jurisdictions. The data and associated recommendations may be used to guide an overall public health system performance improvement process as determined by the organizations involved in the assessment.

### Essential Public Health Services - Rankings and Comments

During the December 3, 2020, Steering Committee Members expressed surprise by some of the high scores and indicated that if this survey was given to community members, they might look very different. Additional feedback expressed frustration of not being able to better understand the context of the survey respondent comments, concluding that a face-to-face assessment would have been preferable.

Below is a summary of the rankings for each of the 10 Essential Public Health Services and the participants’ comments from the survey and group discussion from December 3, 2020.

*Table 113. EPHS 1 - Monitor Health Status to Identify Community Health Problems - Significant Activity*

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
					<b>4.10</b>

#### EPHS 1 - Survey Comments:

- 1.1 Constantly providing outreach events and education to the community
- 1.1 We could do more to update the CHA with new data and promote it out to partners.
- 1.1 that information is not shared with internal staff
- 1.2 Resources including access to systems, training in systems, and personnel hours available are all areas that can be improved upon.
- 1.2 COVID 19 response data has been uneven

**ESPH 1 - Committee Meeting Comments:**

With regards to COVID-19, discussion focused on the challenges of doing research in real time, when it often takes months and years to really analyze and interpret the data. Additional comments included how the pandemic has raised awareness about how important technology is to maintain the public health system, which will hopefully move us towards utilizing technology more.

*Table 114. EPHS 2 - Diagnose and Investigate Health Problems and Health Hazards - Significant Activity*

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
					<b>4.27</b>

**EPHS 2 - Survey Comments:**

- 2.1 Access to information, communication with partners involved, and improvement in systems (ELR, EMR, etc.) are constantly improving but typically the process of improvement is slow.
- 2.1 Information out of the HD during COVID 19 has been a bit opaque.

**ESPH 2 - Committee Meeting Comments:**

None

*Table 115. EPHS 3 - Inform, Educate, and Empower People about Health Issues - Moderate Activity*

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
				<b>3.93</b>	

**EPHS 3 - Survey Comments:**

- 3.1 Our Department is constantly sharing info providing services throughout community events.
- 3.1 Think we could increase communications regarding health inequities.

**ESPH 3 - Committee Meeting Comments:**

Conversation in ESPH 3 focused primarily on the need to improve our efforts to educate policy makers so they are better equipped to advocate for community needs. To do this, we need to pay attention to how we frame issues, using infographics and other tools to keep the information brief and concise for the policy maker to act on.

*Table 116. EPHS 4 - Mobilize Community Partnerships to Identify and Solve Health Problems - Moderate Activity*

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
					<b>4.06</b>

**EPHS 4 - Survey Comments:**

- 4.1 Our Department constantly communicating with our CBOs and nonprofit organizations
- 4.2 Constant communication with our local nonprofit org and CBS takes place thru video conf meetings
- 4.2 Seen significant efforts by DOH staff to establish strategic community partnerships to improve public health.

**ESPH 4 - Committee Meeting Comments:**

Committee members felt that we were not getting out into the community enough, and that we needed to host more public health forums with the community. These forums not only help the community understand some of the health outcomes that need to be improved, but more importantly help us better understand the local context and conditions of the communities impacted and how best to address the issues. An additional recommendation included getting as much of our data down to the zip code so we could really get to where people live and get people from those communities to assist with the best solutions.

*Table 117. EPHS 5 - Develop Policies and Plans that Support Individual and Community Health Efforts - Significant Activity*

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
					<b>4.15</b>

**EPHS 5 - Survey Comments:**

5.1 The EOC and the DOH worked together very closely throughout the COVID 19 pandemic to ensure the community had adequate resources.

**ESPH 5 - Committee Meeting Comments:**

None

*Table 118. EPHS 6 - Enforce Laws and Regulations that Protect Health and Ensure Safety - Significant Activity*

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
					<b>4.11</b>

**EPHS 6 - Survey Comments:**

6.1.5 Creating added duties for EH position to address built-environment and environmental health improvements that impact public health in the local community.

**ESPH 6 - Committee Meeting Comments:**

None

*Table 119. EPHS 7 - Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable - Moderate Activity*

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
				<b>3.98</b>	

**EPHS 7 - Survey Comments:** None

**ESPH 7 - Committee Meeting Comments:**

Comments in section focused in on the lack of clarity and definition in the survey instrument with regards to personal healthcare services, and whether this was just health care, or other healthcare service needs, such as those related to assistance with activities of daily living, which are important.

*Table 120. EPHS 8 - Assure a Competent Public and Personal Health Care Workforce - Significant Activity*

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
					<b>4.23</b>

**EPHS 8 - Survey Comments:**

8.1 Staff development and training manager handles the workforce assessment plan.

**ESPH 8 - Committee Meeting Comments:**

Suggestions for this area included a focus on training people from the community to conduct outreach and education in the community, as many community members have said that agencies come in to work with them, but they often don't see people that look like them. Additionally, it was felt that some local job positions focused more on four-year degree, that some of this work does not necessarily require a degree, and in the end excludes a bunch of people from applying for a position. A Community Health Worker program model was suggested to be reviewed, as it was brought up in the Local Food Local Places workplan and would also provide local job opportunities. Another member suggested we include the different health ministries around the churches.

*Table 121. EPHS 9 - Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services - Moderate Activity*

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
				<b>3.90</b>	

**EPHS 9 - Survey Comments:**

9.1 I am not directly involved in many of the broader, community based, public health efforts in St. Lucie county thus my knowledge of the amount of activity occurring related to those efforts is limited.

9.2 Ratings are regarding response to reportable diseases.

9.3 In regard to reportable diseases.

**ESPH 9 - Committee Meeting Comments:**

None

*Table 122. EPHS 10 - Research for New Insights and Innovative Solutions to Health Problems - Moderate Activity*

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
				<b>3.35</b>	

**EPHS 10 - Survey Comments:**

- 10.1 Specific duties of my department are primarily reactionary especially in times of emergency response (epidemics/pandemics/outbreaks). Time for research is extremely limited. I rely on broader public health and health equity research that should be representative of our population to make local decisions related to communicable disease control activities.
- 10.2 We have a good partnership with the local college. Activity ratings are based on the time available to spend working on projects with the local college.
- 10.3 Activity rating based on the time available to put towards these activities. Given more time, there would be more activity.

**ESPH 10 - Committee Meeting Comments:**

It was suggested that we ask local hospital and different clinics around the county to Share the innovations they have been working on. The mission of our local college is teaching and learning, not research, however there is still a lot of integration between the college and the Florida Department of Health. Committee members are interested in finding out if there are more opportunities to participate in research with other organizations.

*Table 123. Cumulative Performance Along All EPHS*

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
					<b>4.00</b>

Table 124. Summary of Performance Scores by Model Standard

<b>Essential Public health Service (EPHS) and Model Standard</b>	<b>Score</b>
<b>EPHS 1. Monitor Health Status to Identify Community Health Problems</b>	<b>4.10</b>
<b>1.1 Model Standard: Population-Based Community Health Assessment (CHA)</b>	
1.1.1 Conduct regular community health assessments?	4.23
1.1.2 Continuously update the community health assessment with current information?	4.24
1.1.3 Promote the use of the community health assessment among community members and partners?	4.29
1.1.4 <b>HE-1</b> Conduct a community health assessment that includes indicators intended to monitor differences in health and wellness across populations, according to race, ethnicity, age, income, immigration status, sexual identity, education, gender, and neighborhood.	4.33
<b>1.2 Model Standard: Current Technology to Manage and Communicate Population Health Data</b>	
1.2.1 Use the best available technology and methods to display data on the public's health?	3.76
1.2.2 Analyze health data, including geographic information, to see where health problems exist?	4.09
1.2.3 Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	3.77

<b>EPHS 2. Diagnose and Investigate Health Problems and Health Hazards</b>	<b>4.27</b>
<b>2.1 Model Standard: Identification and Surveillance of Health Threats</b>	
2.1.1 Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, share information, and understand emerging health problems and threats?	4.14
2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)?	4.43
2.1.3 Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	3.95



<b>2.2 Model Standard: Investigation and Response to Public Health Threats and Emergencies</b>	
2.2.1 Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	4.15
2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	4.16
2.2.3 Designate a jurisdictional Emergency Response Coordinator?	4.38
2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	4.40
2.2.5 Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	4.20
2.2.6 Evaluate incidents for effectiveness and opportunities for improvement?	4.19
<b>2.3 Model Standard: Laboratory Support for Investigation of Health Threats</b>	
2.3.1 Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	4.38
2.3.2 Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	4.23
2.3.3 Use only licensed or credentialed laboratories?	4.57
2.3.4 Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	4.30

<b>EPHS 3. Inform, Educate, And Empower People about Health Issues</b>	<b>3.93</b>
<b>3.1 Model Standard: Health Education and Promotion</b>	
3.1.1 Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	4.13
3.1.2 Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	4.11
3.1.3 Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities?	4.18

3.1.4 <b>HE-2</b> Provide the general public, policymakers, and the public and private stakeholders with information about health inequities and the impact of government and private sector decision -making on historically marginalized communities?	3.79
<b>3.2 Model Standard: Health Communication</b>	
3.2.1 Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	3.75
3.2.2 Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	3.73
3.2.3 Identify and train spokespersons on public health issues?	3.71
3.2.4 <b>HE-3</b> Provide information about community health status (e.g., heart disease rates, cancer rates, and environmental risks) and community health needs in the context of health equity and social justice?	3.88
<b>3.3 Model Standard: Risk Communication</b>	
3.3.1 Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	4.15
3.3.2 Make sure resources are available for a rapid emergency communication response?	4.00
3.3.3 Provide risk communication training for employees and volunteers?	3.80

<b>EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems</b>	<b>4.06</b>
<b>4.1 Model Standard: Constituency Development</b>	
4.1.1 Maintain a complete and current directory of community organizations?	4.19
4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	4.00
4.1.3 Encourage constituents to participate in activities to improve community health?	4.31
4.1.4 Create forums for communication of public health issues?	3.67
4.1.5 <b>HE-4</b> Provide institutional means for community-based organizations and individual members to participate fully in decision-making	3.75
<b>4.2 Model Standard: Community Partnerships</b>	
4.2.1 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	4.32

4.2.2 Establish a broad-based community health improvement committee?	4.12
4.2.3 Assess how well community partnerships and strategic alliances are working to improve community health?	4.06
4.2.4 Provide community members with access to community health data?	4.13

<b>EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts</b>	<b>4.15</b>
<b>5.1 Model Standard: governmental Presence at the Local Level</b>	
5.1.1 Support the work of a local health department dedicated to public health and ensuring the essential public health services are provided?	4.39
5.1.2 See that the local health department is accredited through the national voluntary accreditation program?	4.33
5.1.3 Assure that the local health department has enough resources to do its part in providing essential public health services?	4.13
<b>5.2 Model Standard: Public Health Policy Development</b>	
5.2.1 Contribute to public health policies by engaging in activities that inform the policy development process?	3.93
5.2.2 Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	4.14
5.2.3 Review existing policies at least every three to five years?	4.00
5.2.4 <b>HE-5</b> Ensure that community-based organizations and individual community members have substantive role in deciding what policies, procedures, rules, and practices govern community health efforts?	4.21
<b>5.3 Model Standard: Community Health Improvement Process and Strategic Planning</b>	
5.3.1 Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	4.06
5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	4.14
5.3.3 Connect organizational strategic plans with the Community Health Improvement Plan?	4.21
<b>5.4 Model Standard: Plan for Public Health Emergencies</b>	
5.4.1 Support a workgroup to develop and maintain preparedness and response plans?	4.40

5.4.2 Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	4.20
5.4.3 Test the plan through regular drills and revise the plan as needed, at least every two years?	3.80

<b>EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety</b>	<b>4.11</b>
<b>6.1 Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances</b>	
6.1.1 Identify public health issues that can be addressed through laws, regulations, or ordinances?	4.07
6.1.2 Stay up to date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	4.57
6.1.3 Review existing public health laws, regulations, and ordinances at least once every five years?	4.44
6.1.4 Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	4.18
6.1.5 <b>HE-6</b> Identify local public health issues that have a disproportionate impact on historically marginalized communities (that are not adequately addressed through existing laws, regulations, and ordinances)?	3.94
<b>6.2 Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances</b>	
6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	3.80
6.2.2 Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	3.75
6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	3.20
<b>6.3 Model Standard: Enforcement of Laws, Regulations, and Ordinances</b>	
6.3.1 Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	4.53
6.3.2 Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	4.59
6.3.3 Assure that all enforcement activities related to public health codes are done within the law?	4.64

6.3.4 Educate individuals and organizations about relevant laws, regulations, and ordinances?	3.94
6.3.5 Evaluate how well local organizations comply with public health laws?	4.25
6.3.6 <b>HE-7</b> Identify local public health issues that have a disproportionate impact on historically marginalized communities (that are not adequately addressed through existing laws, regulations, and ordinances).	3.60

<b>EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable</b>	<b>3.98</b>
<b>7.1 Model Standard: Identification of Personal Health Service Needs of Populations</b>	
7.1.1 <b>HE-8</b> Identify groups of people in the community who have trouble accessing or connecting to personal health services based on factors such as age, education level, income, language barriers, race or ethnicity, disability, mental illness, access to insurance, sexual orientation and gender identity?	4.19
7.1.2 Identify all personal health service needs and unmet needs throughout the community?	3.75
7.1.3 Defines partner roles and responsibilities to respond to the unmet needs of the community?	3.86
7.1.4 Understand the reasons that people do not get the care they need?	4.07
<b>7.2 Model Standard: Assuring the Linkage of People to Personal Health Services</b>	
7.2.1 Connect (or link) people to organizations that can provide the personal health services they may need?	4.06
7.2.2 Help people access personal health services, in a way that takes into account the unique needs of different populations?	3.93
7.2.3 Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	4.20
7.2.4 Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	3.81

<b>EPHS 8. Assure a Competent Public and Personal Health Care Workforce</b>	<b>4.23</b>
<b>8.1 Model Standard: Workforce Assessment, Planning, and Development</b>	
8.1.1 Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	4.13

8.1.2 Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	4.13
8.1.3 Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	3.88
<b>8.2 Model Standard: Public Health Workforce Standards</b>	
8.2.1 Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	4.78
8.2.2 Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	4.89
8.2.3 Base the hiring and performance review of members of the public health workforce in public health competencies?	4.67
8.2.4 <b>HE-9</b> Recruit and train staff members from multidisciplinary backgrounds that are committed to achieving health equity.	4.59
<b>8.3 Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring</b>	
8.3.1 Identify education and training needs and encourage the workforce to participate in available education and training?	4.10
8.3.2 Provide ways for workers to develop core skills related to essential public health services?	4.30
8.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	4.20
8.3.4 Create and support collaborations between organizations within the public health system for training and education?	4.08
8.3.5 Continually train the public health workforce to deliver services in a culturally competent manner and understand social determinants of health?	4.00
<b>8.4 Model Standard: Public Health Leadership Development</b>	
8.4.1 Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	3.90
8.4.2 Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	4.08
8.4.3 Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	4.00
8.4.4 Provide opportunities for the development of leaders representative of the diversity within the community?	3.91

<b>EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services</b>	<b>3.90</b>
<b>9.1 Model Standard: Evaluation of Population-Based Health Services</b>	
9.1.1 Evaluate how well population-based health services are working, including whether the goals set for programs were achieved?	3.92
9.1.2 Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	3.73
9.1.3 Identify gaps in the provision of population-based health services?	3.92
9.1.4 Use evaluation findings to improve plans and services?	3.79
9.1.5 Monitor the delivery of the Essential Public Health Services to ensure that they are equitably distributed?	3.92
<b>9.2 Model Standard: Evaluation of Personal Health Services</b>	
9.2.1 Evaluate the accessibility, quality, and effectiveness of personal health services?	3.83
9.2.2 Compare the quality of personal health services to established guidelines?	3.83
9.2.3 Measure satisfaction with personal health services?	3.64
9.2.4 Use technology, like the internet or electronic health records, to improve quality of care?	3.92
9.2.5 Use evaluation findings to improve services and program delivery?	3.92
<b>9.3 Model Standard: Evaluation of the Local Public Health System</b>	
9.3.1 Identify all public, private, and voluntary organizations that provide essential public health services?	4.14
9.3.2 Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	4.08
9.3.3 Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	4.00
9.3.4 Use results from the evaluation process to improve the LPHS?	4.00

<b>EPHS 10. Research for New Insights and Innovative Solutions to Health Problems</b>	<b>3.35</b>
<b>10.1 Model Standard: Fostering Innovation</b>	
10.1.1 Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they work?	3.00
10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that do research?	3.20
10.1.3 Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	3.62
10.1.4 Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	3.18
10.1.5 <b>HE-10</b> Encourage staff, research organizations, and community members to explore the root causes of health inequity, including solutions based on research identifying the health impact of structural racism, gender and class inequity, social exclusion, and power differentials?	3.54
10.1.6 <b>HE-11</b> Share information and strategize with other organizations invested in eliminating health inequity?	3.75
<b>10.2 Model Standard: Linkage with Institutions of Higher Learning and/or Research</b>	
10.2.1 Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	3.54
10.2.2 Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	3.33
10.2.3 Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	3.42
<b>10.3 Model Standard: Capacity to Initiate or Participate in Research</b>	
10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	3.13
10.3.2 Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	3.22
10.3.3 Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc.?	3.50
10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	3.09



## Health Equity

To better visualize performance ratings related to health equity, questions and scores were summarized below. Scores from the 11 questions were averaged resulting in an overall rating of 3.96 in health equity. This table was reviewed by steering committee members on December 3, 2020.

While many of these items were discussed in previous sections, this chart did elicit a few more comments, including the need for additional research of the root causes of health inequity in our community. It was also recommended that we train people in the communities where inequities exist on how to present the inequities to others. Finally, using a culture humility approach to address these inequities was recommended.

*Table 125. Summary of Health Equity Questions and Ratings*

Health Equity Focused Essential Service Ratings	Score	Activity Rating
1.1.4 HE-1 Conduct a community health assessment that includes indicators intended to monitor differences in health and wellness across populations, according to race, ethnicity, age, income, immigration status, sexual identity, education, gender, and neighborhood.	4.33	Significant
3.1.4 HE-2 Provide the general public, policymakers, and the public and private stakeholders with information about health inequities and the impact of government and private sector decision –making on historically marginalized communities?	3.79	Moderate
3.2.4 HE-3 Provide information about community health status (e.g., heart disease rates, cancer rates, and environmental risks) and community health needs in the context of health equity and social justice?	3.88	Moderate
4.1.5 HE-4 Provide institutional means for community-based organizations and individual members to participate fully in decision-making	3.75	Moderate
5.2.4 HE-5 Ensure that community-based organizations and individual community members have substantive role in deciding what policies, procedures, rules, and practices govern community health efforts?	4.21	Significant
6.1.5 HE-6 Identify local public health issues that have a disproportionate impact on historically marginalized communities (that are not adequately addressed through existing laws, regulations, and ordinances)?	3.94	Moderate
6.3.6 HE-7 Identify local public health issues that have a disproportionate impact on historically marginalized communities (that are not adequately addressed through existing laws, regulations, and ordinances).	3.60	Moderate
7.1.1 HE-8 Identify groups of people in the community who have trouble accessing or connecting to personal health services based on factors such as age, education level, income, language barriers, race or ethnicity, disability, mental illness, access to insurance, sexual orientation and gender identity?	4.19	Significant
8.2.4 HE-9 Recruit and train staff members from multidisciplinary backgrounds that are committed to achieving health equity.	4.59	Significant
10.1.5 HE-10 Encourage staff, research organizations, and community members to explore the root causes of health inequity, including solutions based on research identifying the health impact of structural racism, gender and class inequity, social exclusion, and power differentials?	3.54	Moderate
10.1.6 HE-11 Share information and strategize with other organizations invested in eliminating health inequity?	3.75	Moderate
<b>Health Equity Score</b>	<b>3.96</b>	<b>Moderate</b>

## Stakeholder Meetings

Two stakeholder meetings were convened in May 2020 to present quantitative and qualitative data collected and analyzed through the Needs Assessment process.

### Presentation of Quantitative Data

The first focus group took place on May 14, 2020 from 3:00 p.m. – 4:30 p.m. and consisted of a presentation of quantitative data. As the meeting was scheduled during the COVID-19 pandemic and in-person meetings were not taking place, this session took place via zoom. The session was recorded and is available on YouTube at: <https://youtu.be/k0V9HQ0QEM8>.

*Table 126. Stakeholder Meeting Attendees May 14, 2020*

Attendee	Affiliation
<b>Dr. Juliette Lomax-Homier</b>	Florida State University, College of Medicine Dean
<b>Lorrene Egan</b>	Communities Connected for Kids
<b>Jessica Parrish</b>	United Way of St. Lucie, Executive Director
<b>Carol Rodriguez</b>	Catholic Charities Respite Care Program
<b>Mell Bello</b>	Healthy Start of St. Lucie County
<b>Carly Pye</b>	Whole Family Life Center, Director of Administration
<b>Ronda Cerulli</b>	Safe Kids of the Treasure Coast
<b>George King</b>	Arc of St. Lucie
<b>Nancy Yarnall</b>	Area Agency on Aging
<b>Carlita Fiestas-Nunez</b>	UF/IFAS Ext. FNP for the Southeast Region, Food Systems Specialist
<b>Serena DeFrank</b>	FDOH-SLC, Tobacco Prevention Specialist
<b>Jennifer Gamache</b>	UF FNP Ext. St. Lucie and Martin Counties
<b>Edgar Morales</b>	FDOH-SLC, Planning and Performance
<b>Colleen Phillips</b>	211 Helpline, Community Relations Specialist
<b>Marie Remy</b>	Chair, Haitian American Council, SLC, Family and Psychiatric Nurse Practitioner
<b>Caleta Scott</b>	City of Fort Pierce, Grants Administrator
<b>Cathy Townsend</b>	St. Lucie County Commissioner
<b>Sue Ellen Sanders</b>	Early Learning Coalition, Community Relations Director
<b>Colleen Phillips</b>	Community Liaison, 211 Help Line
<b>Deana Shatley</b>	Director of Community Impact, United Way of St. Lucie
<b>Jennifer Harris</b>	FDOH-SLC, Director of Health Promotion
<b>Stefanie Myers</b>	FDOH-SLC, Health Promotion Coordinator
<b>Marci Ronik</b>	The Ronik-Radlauer Group, Consultant
<b>Julie Radlauer-Doerfler</b>	The Ronik-Radlauer Group, Consultant

## **Agenda:**

- Welcome
  - Roll Call in the Chat Box
- Community Health Improvement Planning Process
- Community Health Status Assessment Findings
- Question and Answer
- Items from the Floor
- Upcoming Meetings
- Adjourn

## **Consultant Minutes**

Jennifer Harris, Director of Health Promotion, FLDOH-SLC opened the meeting by welcoming everyone and providing an overview of the Community Health Improvement process, including the (Mobilizing for Action through Planning and Partnerships) MAPP framework. It includes the completion of a Community Health Assessment (CHA) as well as the Community Health Improvement Plan (CHA). The CHA will be completed by June 30, 2020. There are four (4) assessments include in the MAPP process:

1. Forces of Change Assessment (FOCA)-completed
2. Community Health Status Assessment-completed
3. Community Themes/Strengths Assessment-completed
4. Local Public Health Assessment-postponed due to COVID-19

Ms. Harris indicated that following today's presentation, a second session would be held in two weeks to review the quantitative data. Following the presentation of all data, another group will be held to discuss the strategic priorities to move forward with the strategic planning process for the CHIP.

Ms. Harris then introduced Marci Ronik and Julie Radlauer-Doerfler of the Ronik-Radlauer Group, consultants for the CHA to present the quantitative data.

Ms. Ronik explained the approach to the CHA process which included a mixed methods approach using quantitative and qualitative data. The quantitative data, presented at this session, consisted of the collection and analysis of data from a number of data sources, including Florida Health Charts, BRFSS, County Health Rankings, United Way ALICE report, the U.S. Census American Community Survey, and others.

The presentation consisted of an overview of demographics, the Social Determinants of Health (SDoH), healthcare access, mortality and morbidity, maternal child health, and behavioral health. The PowerPoint for this presentation with the data is included in the full report. The group was informed that disparities were not included in this presentation, however, will be included in the full report. Dates for this comparison analysis were from prior CHAs (2010, 2015).

**Questions/comments during the presentation included the following:**

- Would like to see disparities in poverty levels across race and ethnicity
- The new ALICE report was just released. The location for the report was shared: [www.unitedwayslc.org/alice](http://www.unitedwayslc.org/alice)
- The increase of physicians is great, but the numbers are increased in south county and far less in north county
- Pre-term birth is a risk factor for SIDS and SUID
- North County needs more obstetricians/gynecologists. LRMC takes care of greater than 200 patients a month with no doctor. Your great work is going to see a shift in numbers
- Binge drinking is also a risk factor for SIDS
- Would like to see the number of persons living alone by age
- Some of the north county residents end up going to Vero Beach/Stuart and south county
- More telemedicine
- The number of nursing home beds jumped out at me
- The number of ICU beds jumped out at me
- Catholic Charities provides behavioral healthcare/counseling through telehealth
- Would like to know the number of infection control specialists
- As long as billing is favorable, many providers will continue to use telehealth
- Catholic Charities hotline to refer for telehealth is 1-844-848-6777
- Area Agency on Aging is offering evidence-based workshops for Tai Chi and chronic disease self-management virtually
- In the emergency preparedness area, small businesses should learn how to create Continuity of Operations Planning; that could be a pie in the sky perhaps
- There is an issue for clients that receive in-home services that are afraid to have home health workers in their homes due to COVID-19
- For Safe Kids Treasure Coast we are in the process of moving all our program education to virtual education. We have already moved bicycle, pedestrian, medication, and sports safety to virtual lessons. We have been doing virtual car seat education, next week we will begin social distance car seat distribution and education. We are also considering a bike helmet drive through give away
- The link between poisonings/opioid use is important to consider for further development of a strategy
- Would like to find out how many people of Haitian descent or Haitians born of Haitian parents live in St. Lucie County
- I am so proud of your work, and keeping us all healthy
- Thank you for the hard work!
- Thank you! Great information. I am looking forward to the qualitative analysis.
- Great job! Thank you

Additional data that will attempt to be included in the full report based on feedback from today's meeting:

- Updated ALICE data by area of county
- FIMR report info regarding adequate or no prenatal care
- OB/GYN desert
- Births delivered by Medicaid
- Numbers of physicians in north county vs. south county, particularly OB/GYNs
- Poverty rates by zip codes
- Need to talk about how COVID is impacting moving forward
- Native American community inclusion

## Presentation of Qualitative Data

The second focus group took place on May 28, 2020 from 10:00 a.m. – 11:30 a.m. and consisted of a presentation of qualitative data. As the meeting was scheduled during the COVID-19 pandemic and in-person meetings were not taking place, this session took place via zoom. The session was recorded and is available on YouTube at: <https://youtu.be/owQYVBgT0PQ>

*Table 127. Stakeholder Meeting Attendees, May 28, 2020*

<b>Attendee</b>	<b>Affiliation</b>
<b>Cathy Townsend</b>	St Lucie County, Board of County Commissioners
<b>Lorrene Egan</b>	Communities Connected for Kids, St. Lucie County Director
<b>Edgar Morales</b>	Florida Department of Health in St. Lucie, Planning and Performance
<b>Cathy Register</b>	Children’s Medical Services, Regional Nursing Director
<b>Kylie Fink</b>	Chrysalis Health, Community Relations
<b>Patricia Follano</b>	Children’s Medical Services, Title V Program Specialist
<b>Sheree Wolliston</b>	American Heart Association Southeast Region, Director of Community Impact
<b>Shery Siegfried</b>	Treasure Coast Food Bank, Director of Client Services
<b>Angela Aulio</b>	Cleveland Clinic Martin Health, Community Benefit Coordinator
<b>Carly Pye</b>	Whole Family Life Center, Director of Administration
<b>Deana Shatley</b>	United Way of St. Lucie County, Director of Collaborative Impact
<b>Mary Sirmons</b>	Gleaning for Hidden Treasures, Inc., President
<b>Sue Ellen Sanders</b>	Early Learning Coalition of St. Lucie County, Community Development Manager
<b>Stefanie Myers</b>	Florida Department of Health in St. Lucie, Health Promotion Coordinator
<b>Marci Ronik</b>	The Ronik-Radlauer Group, Consultant
<b>Julie Radlauer-Doerfler</b>	The Ronik-Radlauer Group, Consultant

**Agenda:**

- Welcome
  - Roll Call in the Chat Box
- Community Health Improvement Planning Process
- Community Health Status Assessment Qualitative Findings
- Question and Answer
- Items from the Floor
- Upcoming Meetings-Setting Priorities
- Adjourn

**Consultant Minutes:**

Stefanie Myers, Health Promotion Coordinator, FLDOH-SLC opened the meeting by welcoming everyone and providing an overview of the Community Health Improvement process, including the (Mobilizing for Action through Planning and Partnerships) MAPP framework. It includes the completion of a Community Health Assessment (CHA) as well as the Community Health Improvement Plan (CHA). The CHA will be completed by June 30, 2020. There are four (4) assessments include in the MAPP process:

1. Forces of Change Assessment (FOCA)-completed
2. Community Health Status Assessment-completed
3. Community Themes/Strengths Assessment-completed
4. Local Public Health Assessment-postponed due to COVID-19

Ms. Myers indicated that following today's presentation, a third session would be held on June 11, 2020 to set strategic priorities for the strategic planning process for the CHIP.

Ms. Myers then introduced Marci Ronik and Julie Radlauer-Doerfler of the Ronik-Radlauer Group, consultants for the CHA to present the quantitative data.

Ms. Ronik presented an overview of the collection of data for the qualitative methods of this process. This included focus groups, surveys, interviews (conducted by the Ronik-Radlauer Group) and the Forces of Change Assessment which was facilitated by FLDOH-SLC. The following represents the number of people who participated in the qualitative data collection process.

Table 128. Qualitative Data Collection Process

Type of Data Collection Process	# of people involved
<b>Focus Groups</b>	9 focus groups, 98 participants
<b>Key Stakeholder Interviews</b>	10
<b>Community Leader Surveys</b>	21
<b>Community Resident Surveys</b>	1,245
<b>Forces of Change Assessment</b>	Over 30 participants representing 23 organizations/groups

For each type of process, strengths, challenges, and solutions were presented, followed by an identification of emerging themes that will be prioritized during the next session, as well as priority populations and geographic areas. The PowerPoint will be included in the full report.

Comments/questions raised during this session included the following:

- The County has received a bid from an international bus company that will focus on getting people where they need to go at low/no cost
- Will be looking at bus routes
- Buses will help with food deserts
- Drill down the community survey by zip code (most came from PSL)
- Sadowski Trust will be available for housing
- Veterans homeless shelter
- Veterans nursing home
- Emerging themes to be prioritized during the strategic planning session include:
  - Mental Health
  - Housing
  - Insurance and Access to Medical Care, Physical Health
  - Employment (living wage jobs) and Poverty
  - Substance Use
  - Nutrition, Food Access
  - Neighborhood Environment
  - Transportation
  - Prevention services (education, screening, early intervention)
- The following represent priority populations identified during this process:
  - Older adults
  - Children/youth
  - Disadvantaged (low-income, under employment, under insured)
  - People of color

The following geographic areas were identified as priority areas during this process:

- North Ft. Pierce



- Rural areas
- Inner city
- Lower socio-economic areas

## Identification of Emergent Themes

### Community Health Assessment Identification of Strategic Priorities

The following tables include the strategic priorities identified during the need’s assessment process. This includes areas in which the quantitative data supports the qualitative data and areas that were frequently identified by residents of St. Lucie County.

### Priorities Identified from Assessments and Data Points

Table 129. Theme: Mental Health

Data Source	Data Points
<p><b>Focus Groups</b>  <b>N=9 groups; N=98 participants</b></p>	<ul style="list-style-type: none"> <li>• Stigma</li> <li>• Stress</li> <li>• Long waitlist for psychiatrists</li> <li>• Mental health is taboo in Creole speaking culture-need education about MH/SA</li> <li>• Need to treat mental health/physical health/substance abuse</li> <li>• Mental health issues due to chronic illness, dementia in the older adult population</li> <li>• Need earlier intervention (before it becomes a crisis, Baker Act)</li> <li>• Focus on mental health issues (anxiety, pressures, suicidal ideations, drug use, depression) in parents of young children</li> <li>• Reduce stigma about mental health</li> <li>• Need housing for people with mental health issues</li> <li>• Veterans services and professional agencies to deliver mental health services</li> <li>• Mental health/substance abuse-no respite for them to get healthy</li> <li>• Nothing to address childhood trauma</li> <li>• Generation of parents/grandparents who have experienced trauma</li> <li>• Mental health services in the school system are not adequate</li> <li>• Need more Boys/Girls Clubs and Tykes and Teens programs</li> <li>• Primary care doctors need education about behavioral health</li> </ul>

Data Source	Data Points
<p><b>Stakeholder Interviews</b>  <b>N=10</b></p>	<ul style="list-style-type: none"> <li>• Need respite services</li> <li>• Shortage of therapists and psychiatrists</li> <li>• Waiting list for psychiatric services</li> <li>• Need provider training in evidence-based practices</li> <li>• Stigma</li> <li>• Trauma</li> <li>• Suicide</li> <li>• Moms with mental health issues statistically have daughters with early pregnancies and boys who get arrested</li> <li>• Need to focus on mental wellness</li> <li>• People using opioids have children who go into foster care</li> <li>• Kids experience trauma</li> <li>• Cannot find providers for inpatient mental health, adolescent mental health providers</li> <li>• Jail is largest provider of mental health and substance use services</li> <li>• Need funding for more providers</li> <li>• Increase salary so people will want to come work in SLC</li> </ul>
<p><b>Community Leader Survey</b>  <b>N=21</b></p>	<ul style="list-style-type: none"> <li>• Lack of options</li> <li>• Lack of resources/funding for services</li> <li>• Lack of insurance</li> <li>• Stigma</li> </ul>
<p><b>Community Resident Survey</b>  <b>N=1,245</b></p>	<ul style="list-style-type: none"> <li>• Over 80% of respondents feel tired or had little energy at least sometimes too often, frequently, or every day</li> <li>• Over 80% of respondents stated they feel stressed sometimes, often, frequently, or every day</li> <li>• Almost 30% of respondents said they would be uncomfortable living next door to a person with a mental health problem</li> </ul>
<p><b>Community Health Status Assessment</b></p>	<ul style="list-style-type: none"> <li>• Suicide is a leading cause of death in SLC.</li> <li>• SLC ranks in the 4<sup>th</sup> Quartile for psychiatric hospitalizations for ages 25-74 and in the 3<sup>rd</sup> Quartile for ages 18-24</li> <li>• The rate of suicide deaths is increasing</li> </ul>

Data Source	Data Points
	<ul style="list-style-type: none"> <li>• There are 502 mental health care providers (psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care)</li> <li>• There are currently no state funded FACT teams for adults in SLC</li> <li>• There is currently no state funded residential treatment (Levels I-IV and Room and Board with Supervision Levels I-III) for children’s mental health in SLC</li> <li>• There are currently no state funded short-term residential treatment facilities for adults with mental health issues in SLC</li> </ul>
<p><b>Forces of Change Assessment</b></p>	<ul style="list-style-type: none"> <li>• Loss of funding for mental health services</li> <li>• Reduced affordability of services</li> <li>• Increased delay to access</li> <li>• Stigma associated with seeking treatment</li> <li>• Increase in suicide rates</li> <li>• Mental health patients are overly represented in the jail population</li> </ul>

Table 130. Theme: Housing

Data Source	Data Points
<p><b>Focus Groups</b>  <b>N=9 groups;</b>  <b>N=98</b>  <b>participants</b></p>	<ul style="list-style-type: none"> <li>• Housing is a challenge</li> <li>• Need affordable housing for singles with children</li> <li>• Homelessness</li> <li>• Need housing for people with mental health issues</li> <li>• Affordable senior living-need one stop shop under one roof in a normal living environment</li> <li>• Older veterans are homeless</li> <li>• Housing is not available; rents are high; cost of living is higher for elders (Elder Needs Index); need affordable rents</li> <li>• Assisted living is not cheap</li> <li>• Need more resources for men/women/transitional living</li> <li>• Need affordable housing for singles with children</li> <li>• Need housing for people with mental health issues</li> <li>• Affordable, safe housing is an issue</li> </ul>
<p><b>Stakeholder Interviews</b>  <b>N=10</b></p>	<ul style="list-style-type: none"> <li>• Affordable housing</li> <li>• Need to address the challenge of youth who are homeless (trauma)</li> <li>• There is a hidden homeless population</li> <li>• There are differences between Fort Pierce and PSL (segregation, redlining, city infrastructure)</li> <li>• Florida does not get its fair share of federal funds based on population</li> <li>• Hard to find a decent place to live for less than \$1,000/month</li> <li>• Affordable housing is a huge need</li> <li>• 51% of the population is ALICE who struggle the most</li> <li>• 115,000 homes in SLC and only 13,000 get government assistance</li> </ul>
<p><b>Community Leader Survey</b>  <b>N=21</b></p>	<ul style="list-style-type: none"> <li>• Affordable housing</li> <li>• Safe, sanitary, and decent shelter is a basic need.</li> <li>• Affordable housing would help with concerns of safety, family cohesiveness, and neighborhood conditions</li> <li>• Need low-income housing programs</li> </ul>
<p><b>Community Resident Survey</b>  <b>N=1,245</b></p>	<ul style="list-style-type: none"> <li>• Affordable housing is a factor that defines the quality of life of a community</li> </ul>
<p><b>Community Health Status Assessment</b></p>	<ul style="list-style-type: none"> <li>• The rate of severe housing problems is an area to explore in the County Health Rankings</li> </ul>

<b>Forces of Change Assessment</b>	<ul style="list-style-type: none"><li>• Lack of affordable housing</li><li>• Rising housing costs and cost of living</li><li>• Residents live in substandard housing that can lead to health issues (e.g., mold, pests, high crime areas)</li><li>• Benefit cliff-loss of benefits when recipients increase income incrementally</li></ul>
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Table 131. Theme: Insurance and Access to Medical Care, Physical Health

Data Source	Data Points
<b>Focus Groups</b> <b>N=9 groups;</b> <b>N=98</b> <b>participants</b>	<ul style="list-style-type: none"> <li>• Access to medical care</li> <li>• There is a lack of OB/GYNs in the north county</li> <li>• Provide prevention services</li> <li>• Need to treat mental health/physical health/substance abuse</li> <li>• Creole speaking medical providers are needed</li> <li>• Florida has the least number of CNAs</li> <li>• Exploitation in nursing homes due to no resources</li> <li>• Healthcare for the uninsured-no access to health insurance</li> <li>• Medication costs</li> <li>• Mental health services (local agency will not take people who do not have insurance)</li> <li>• Healthcare-unable to afford health insurance</li> <li>• Money for health insurance-not affordable</li> </ul>
<b>Stakeholder Interviews</b> <b>N=</b>	<ul style="list-style-type: none"> <li>• Lack of insurance or under-insurance</li> <li>• Lack of medical specialists</li> <li>• COVID-19</li> <li>• Reimbursement rates for healthcare providers</li> <li>• Lincoln Park residents do not have transportation so they cannot get to medical appointments</li> <li>• Need to have specialists come to Lincoln Park</li> <li>• Moms without transportation cannot get to OB appointments so they forego prenatal care and there is an increase in infant mortality</li> <li>• Need Alzheimer’s disease awareness</li> <li>• Need money for support so seniors can stay in their homes</li> <li>• PSL has the largest number of people 65+ with Alzheimer’s</li> <li>• Need more caregiver support</li> <li>• Too many uninsured; need access for uninsured</li> <li>• There is a high need for access to appropriate health care; there are 70,000 working without health insurance</li> <li>• Co-pays are too high</li> <li>• Increase home health</li> <li>• Increase community meetings</li> <li>• Make sure people know how to access 211 and that the information is accurate</li> </ul>
<b>Community Leader Survey</b> <b>N=21</b>	<ul style="list-style-type: none"> <li>• Need better access to quality physical and dental insurance</li> <li>• Need affordable healthcare and affordable insurance</li> </ul>

	<ul style="list-style-type: none"> <li>• Most respondents (81%; 17/21) strongly disagreed or disagreed with the statement, “The majority of residents in St. Lucie County have the ability to pay for dental services)</li> <li>• Of 16 individuals who responded to the question “How do you describe existing services, outreach, and promotion related health and well-being in SLC?” 12.5% (2) said poor 75% (12) said fair, and 12.5% (2) said good</li> </ul>
<p><b>Community Resident Survey</b></p>	<ul style="list-style-type: none"> <li>• Residents who did not receive medical care when they needed it (in the last 12 months) said it was because they could not afford it, it cost too much, or they could not get an appointment</li> <li>• Residents who did not receive dental care when they needed it (in the last twelve months) was because they could not afford it, or it cost too much, or they did not have dental insurance</li> <li>• Almost ¼ of residents pay cash for their dental visits as they do not have dental insurance</li> <li>• The greatest barrier to not having dental insurance is cost</li> <li>• Access to healthcare and affordable health insurance are two factors that most define the quality of life of a community</li> </ul>
<p><b>Community Health Status Assessment</b></p>	<ul style="list-style-type: none"> <li>• In 2018, 86% of the entire population of SLC was insured; in the most recent American Community Survey (2014-2018), SLC ranks in the 3<sup>rd</sup> quartile in the state of Florida for the percentage of adults with health insurance coverage</li> <li>• Of the population under 65 years of age, 14% did not have health insurance compared to 13.5% of all Floridians</li> <li>• For children/youth under the age of 19, 9.1% did not have health insurance compared to 7.6% of all Floridians</li> <li>• The rate of dentists, physicians, OB/GYNs, and pediatricians has increased</li> <li>• The rate of family practice physicians and internists has decreased</li> <li>• The number of nursing home beds has decreased</li> <li>• Adult smoking and adult obesity are areas to explore in the County Health Rankings</li> <li>• The percent of uninsured, the ratio of primary care physicians, and the number of preventable hospital days are areas to explore in the County Health Rankings</li> </ul>
<p><b>Forces of Change Assessment</b></p>	<ul style="list-style-type: none"> <li>• Access to healthcare and the lack of affordable insurance (including the high cost of deductibles) are challenges</li> <li>• Residents incur high medical bills which can affect credit and funds available for basic needs</li> </ul>



- Many providers do not accept certain insurance, will not see patients without pre-payment
- There are limited specialists available locally
- There is limited transportation to travel to specialist care
- The need to work during normal office hours limits ability to access care (no paid leave available)

Table 132. Theme: Employment (living wage jobs) and Poverty

Data Source	Data Points
<p><b>Focus Groups</b>  <b>N=9 groups; N=98 participants</b></p>	<ul style="list-style-type: none"> <li>• Need for living wage</li> <li>• No job pipelines</li> <li>• Increased pay</li> <li>• Poverty</li> <li>• Give discounts to seniors and vets at Publix</li> <li>• Need better paying jobs</li> <li>• Need to address poverty</li> <li>• Need to teach financial literacy</li> <li>• Provide more relevant classes about finances in high school</li> <li>• Reduce “classism”</li> <li>• Train people-bring people up out of poverty to self-sufficiency</li> <li>• Increase graduation to career rates</li> <li>• Not learning work skills</li> <li>• PSL better than FP for job opportunities</li> <li>• Financial aspect to programs that may be unaffordable</li> <li>• Poverty level not realistic to make ends meet (food stamps)</li> <li>• Parents working 2 jobs, language barriers</li> <li>• Neighborhood stores are too expensive</li> <li>• Hard to support extracurricular activities for kids</li> <li>• Pay rates are not good</li> </ul>
<p><b>Stakeholder Interviews</b>  <b>N=10</b></p>	<ul style="list-style-type: none"> <li>• Need more job preparation</li> <li>• Poverty</li> <li>• 87% on free or reduced lunch</li> <li>• One paycheck away from poverty</li> <li>• Parents in poverty are stressed (children feel that stress; maybe there is no food)</li> <li>• Need to address multigenerational poverty</li> <li>• Need to work with people differently around poverty (building relationships)</li> <li>• Education (financial literacy) is the key to success</li> <li>• Need to have honest conversations about poverty</li> <li>• Need to increase educational opportunities for youth to break the generational cycle</li> </ul>

Data Source	Data Points
<p><b>Community Leader Survey</b>  <b>N=21</b></p>	<ul style="list-style-type: none"> <li>• Need employment opportunities at a decent salary and job training</li> <li>• Need employment for adults with disabilities</li> <li>• Need workforce training</li> </ul>
<p><b>Community Resident Survey</b></p>	<ul style="list-style-type: none"> <li>• More than ¼ of respondents were worried about not being able to pay their rent, mortgage, or other housing costs</li> <li>• More than ¼ of respondents worry about not being able to make the minimum payments on their credit cards</li> <li>• Almost 1/5 of respondents worry their food will run out before they get money to buy more and that they have eaten less because there was not enough money to buy food</li> <li>• Good jobs are a factor that most defines the quality of life of a community</li> <li>• Economic stability, especially regarding healthcare, is crucial to every other issue</li> <li>• Economic stability will allow more people to afford insurance and access healthcare</li> </ul>
<p><b>Community Health Status Assessment</b></p>	<ul style="list-style-type: none"> <li>• The median household income in 2018 SLC was \$49,079</li> <li>• The unemployment rate is 5.7% in 2018 compared to 5.2% for the state of Florida</li> <li>• The percent of ALICE households in 2018 was 34% compared to 33% for the state of Florida</li> <li>• The percent of households living in poverty in 2018 was 12% compared to 13% for the state of Florida</li> <li>• The category with the highest rate of those living in poverty in 2018 were families with children (21%), followed by those 65 and over (11%), followed by households of single and cohabitating individuals (7%)</li> <li>• The category with the highest rate of ALICE in 2018 were those 65 and over (43%), single and cohabitating individuals (31%), followed by families with children (24%)</li> <li>• The cities with the highest rates of ALICE and poverty (over 50% combined) include:</li> <li>• Fort Pierce North CDP (73%), # of households: 2,321</li> </ul>

Data Source	Data Points
	<ul style="list-style-type: none"> <li>• River Park CDP (70%), # of households: 2,557</li> <li>• Fort Pierce (68%), # of households: 16,499</li> <li>• Fort Pierce CCD (61%), 43,373</li> <li>• West St. Lucie CCD (60%), # of households: 2,912</li> <li>• Fort Pierce South CDP (60%), # of households: 1,515</li> <li>• Indian River Estates CDP (57%), # of households: 2,932</li> </ul>
<p><b>Forces of Change Assessment</b></p>	<ul style="list-style-type: none"> <li>• Service industry-lower wage positions</li> <li>• Lack of training, education, experience for higher level positions</li> <li>• Lack of access to higher paying positions</li> <li>• Challenge to attract new businesses (lack of qualified employees, perceived high crime rate, etc.)</li> <li>• Minimum wage insufficient to maintain minimum survival budget</li> <li>• Students leave post-secondary education with student loans</li> </ul>

Table 133. Theme: Substance Use

Data Source	Data Points
<b>Focus Groups</b> <b>N=9 groups; N=98 participants</b>	<ul style="list-style-type: none"> <li>• Need to address substance use in older adults (alcohol, opiates)</li> <li>• Lincoln Park area: trim trees to stop drug deals</li> <li>• Mental health/substance use-no respite for them to get healthy</li> <li>• Certain neighborhoods are full of poverty/drugs (Fort Pierce)</li> <li>• Need to treat mental health/physical health/substance abuse</li> <li>• Post-discharge follow-up from substance abuse facilities (need longer-term programs/housing; longer term than 28 days)</li> <li>• Port St. Lucie Hospital: senior unit-majority come in due to alcohol abuse; relapse numbers are increasing</li> </ul>
<b>Stakeholder Interviews</b> <b>N=10</b>	<ul style="list-style-type: none"> <li>• Increase in foster care due to substance use</li> <li>• Opioid crisis</li> <li>• Continue education in schools about smoking and vaping</li> <li>• Only one nonprofit in SLC that provides substance abuse treatment for indigent patients</li> <li>• Jail is the largest provider of mental health and substance abuse services</li> </ul>
<b>Community Leader Survey</b> <b>N=21</b>	<ul style="list-style-type: none"> <li>• Access to drugs</li> <li>• Drs. prescribing/unchecked and not arrested</li> <li>• Drug lords and crime</li> </ul>
<b>Community Resident Survey</b>	<ul style="list-style-type: none"> <li>• 77% of respondents stated that drug abuse is a problem in their community</li> <li>• Alcohol abuse, tobacco use/vaping, and prescription drug use are among the most important health risks to be addressed</li> </ul>
<b>Community Health Status Assessment</b>	<ul style="list-style-type: none"> <li>• The rate of age-adjusted drug poisoning deaths has decreased since its peak in 2016, however is still higher than the state of Florida</li> <li>• There is currently no state funded medication-assisted treatment for children/youth in SLC</li> <li>• There is currently no state funded inpatient detoxification for children or youth in SLC</li> <li>• There is currently no state funded outpatient detoxification for children, youth, or adults in SLC</li> </ul>

Data Source	Data Points
	<ul style="list-style-type: none"> <li>• There are currently no state funded addiction receiving facilities for children, youth, or adults in SLC</li> <li>• There are currently no state funded supportive housing/living facilities for children/youth with substance use issues in SLC</li> </ul>
<b>Forces of Change Assessment</b>	<ul style="list-style-type: none"> <li>• Unethical drug treatment providers led to reduced funding and abuse of those seeking services</li> <li>• Increase in opioid addiction and deaths due to overdose</li> <li>• Misinformation on dangers of vaping (e.g., peers and social media)</li> <li>• Limited data to show negative impacts of vaping</li> <li>• Unregulated and driven by those seeking high profits make it difficult to curtail use of vaping products</li> </ul>

Table 134. Theme: Nutrition, Food Access

Data Source	Data Points
<b>Focus Groups</b> <b>N=9 groups;</b> <b>N=98</b> <b>participants</b>	<ul style="list-style-type: none"> <li>• Food insecurity</li> <li>• Far to get food</li> <li>• Need community gardens</li> <li>• Need education about how to eat healthy foods (it takes planning)</li> <li>• Fast food restaurants are all over</li> <li>• Only have access to fast food</li> </ul>
<b>Stakeholder Interviews</b> <b>N=10</b>	<ul style="list-style-type: none"> <li>• Access to healthy foods</li> <li>• Need more foodbanks</li> <li>• Need to address health/diet/obesity</li> <li>• There is food insecurity in parts of SLC</li> <li>• 2008 depression caused food deserts</li> <li>• Need more nutrition outreach and education</li> <li>• Increase backpack buddy program for weekend food</li> <li>• Need to work with local stores to bring in more healthy foods</li> <li>• Need to create community challenges around health and wellness</li> </ul>
<b>Community Leader Survey</b> <b>N=21</b>	<ul style="list-style-type: none"> <li>• Too much focus on fast food</li> <li>• Not enough focus on healthy preparation</li> <li>• Lack of healthy food options</li> </ul>
<b>Community Resident Survey</b>	<ul style="list-style-type: none"> <li>• 61% of respondents eat at fast food restaurants more than a few times per month</li> <li>• Poor eating habits is one of the most important health risks to be addressed</li> <li>• There are too many advertisements for sugary drinks and selling of sugary drinks at or near the checkout counter</li> <li>• There are no fresh fruits or vegetables at or near the checkout counter</li> </ul>
<b>Community Health Status Assessment</b>	<ul style="list-style-type: none"> <li>• Leading causes of death in SLC in 2018 include heart disease and hypertension</li> <li>• SLC remains in the 3<sup>rd</sup> quartile in the state for adults who are overweight or obese</li> </ul>
<b>Forces of Change Assessment</b>	<ul style="list-style-type: none"> <li>• No access to healthy foods</li> <li>• Funding cuts to programs</li> <li>• Limited income to buy healthy foods</li> <li>• Pollution (e.g., septic systems, plastics, litter, excess fertilizer) impacts drinking water</li> </ul>

Table 135. Theme: Neighborhood Environment

Data Source	Data Points
<p><b>Focus Groups</b>  <b>N=9 groups; N=98</b>  <b>participants</b></p>	<ul style="list-style-type: none"> <li>• Violence</li> <li>• Need improved roads for outdoor space and recreation (Fort Pierce)</li> <li>• Not enough parks for older adults</li> <li>• Not enough sidewalks (Fort Pierce)</li> <li>• Need more lighting (Fort Pierce)</li> <li>• Need better sidewalks, parks (Fort Pierce)</li> <li>• Older adults feel less safe</li> <li>• Nothing for kids to do</li> <li>• Need shaded playgrounds</li> <li>• Community not safe (Fort Pierce)</li> <li>• Children’s libraries-need better programs/spaces</li> <li>• Too many used car lots (Orange Avenue)-eyesore</li> <li>• Potholes, bumpy roads (Fort Pierce)</li> <li>• Empty lots near schools, lots of vacant lots</li> <li>• Need street paving</li> <li>• Crime-stores-potential to be mugged (near grocery stores)</li> <li>• No investment in Fort Pierce</li> <li>• Crime is an issue</li> </ul>
<p><b>Stakeholder Interviews</b>  <b>N=10</b></p>	<ul style="list-style-type: none"> <li>• Crime: violence and gangs</li> <li>• There are differences between Fort Pierce and PSL that need to be acknowledged</li> <li>• Fort Pierce is battling history; everybody must be involved</li> <li>• Continue to encourage churches to bring residents to the table</li> <li>• Need to address institutional racism</li> </ul>
<p><b>Community Leader Survey</b>  <b>N=21</b></p>	<ul style="list-style-type: none"> <li>• Need neighborhood recreation programs</li> </ul>
<p><b>Community Resident Survey</b></p>	<ul style="list-style-type: none"> <li>• Respondents are concerned about the amount of crime in their neighborhoods</li> <li>• Respondents said that low crime/safe neighborhoods is a factor that most defines the quality of life of a community</li> <li>• Respondents said that neighborhood crime, gun violence, and domestic violence are among the most important health risks to be addressed</li> </ul>



Data Source	Data Points
<b>Community Health Status Assessment</b>	<ul style="list-style-type: none"><li>• There has been a consistent decrease in the overall crime rate in SLC and is lower than the state of Florida</li><li>• Several block groups in SLC are considered neighborhoods with high deprivation indices (10 on a scale of 1-10); primarily in north SLC</li></ul>
<b>Forces of Change Assessment</b>	<ul style="list-style-type: none"><li>• Not addressed during FOCA</li></ul>

Table 136. Theme: Transportation

Data Source	Data Points
<b>Focus Groups</b> <b>N=9 groups; N=98</b> <b>participants</b>	<ul style="list-style-type: none"> <li>• Transportation (need to increase countywide public transportation)</li> <li>• Transportation (cannot compare Port St. Lucie to New York’s transportation system)</li> <li>• No Sunday service for transportation (older adults)</li> <li>• Buses do not run often enough (older adults)</li> <li>• Older adults cannot drive, do not have a car, cannot get their meds</li> <li>• Transportation is an issue for parents with young children</li> </ul>
<b>Stakeholder Interviews</b> <b>N=10</b>	<ul style="list-style-type: none"> <li>• Transportation is an issue</li> <li>• Lincoln Park residents do not have transportation so they cannot get to medical appointments</li> <li>• Moms without transportation cannot get to OB appointments so they forego prenatal care and there is a high infant mortality rate</li> <li>• There is some free transportation but limited routes</li> <li>• Have a transportation system but need more buses and stops; should not take so long to get from point A to point B</li> <li>• Increase availability of Uber Health vouchers so people can get to their appointments</li> </ul>
<b>Community Leader Survey</b> <b>N=21</b>	<ul style="list-style-type: none"> <li>• Transportation is a key element for success to achieve a better quality of life</li> </ul>
<b>Community Resident Survey</b>	<ul style="list-style-type: none"> <li>• Most (93%) of respondents stated they drive their own car, with a commute time of between 15 and 30 minutes</li> </ul>
<b>Community Health Status Assessment</b>	<ul style="list-style-type: none"> <li>• SLC had a higher rate of alcohol-impaired driving deaths (27%) than the state of Florida (23%) in the 2020 County Health Rankings</li> <li>• 79% of SLC residents drive alone to work compared to 72% in the state of Florida according to the 2019 County Health Rankings and 39% have a long commute while driving alone, compared to 16% of the state of Florida</li> </ul>
<b>Forces of Change Assessment</b>	<ul style="list-style-type: none"> <li>• Not addressed during FOCA</li> </ul>

Table 137. Theme: Prevention Services (Education, Screening, Early Intervention)

Data Source	Data Points
<p><b>Focus Groups</b>  <b>N=9 groups;</b>  <b>N=98 participants</b></p>	<ul style="list-style-type: none"> <li>• Need more community-based services</li> <li>• Need mentoring for young adults</li> <li>• Need more services for older adults to age in place</li> <li>• Need to engage the faith-based community more</li> <li>• Increase volunteerism (including students)</li> <li>• Increase prevention services</li> <li>• Need education to destigmatize older adults</li> <li>• Need prosocial activities</li> <li>• Need earlier intervention for mental health (not until it becomes a crisis and Baker Act)</li> <li>• Engage and connect communities</li> <li>• Use tv/radio to relay information</li> <li>• Nothing really for kids to do (Fort Pierce); more activities for kids-have to go to Vero or PSL to get quality classes</li> <li>• More leadership activities for kids</li> <li>• Engage builders (construction)</li> <li>• Need to teach parenting skills</li> <li>• Focus on wellness</li> <li>• Juvenile delinquency program-need more prevention</li> <li>• Need to vote-voter registration drives</li> <li>• Community outreach groups</li> <li>• Need programs for kids to keep them busy</li> <li>• Need more extracurricular activities in Fort Pierce</li> <li>• There is no investment in Fort Pierce</li> <li>• Use education as empowerment</li> <li>• Need to learn how to advocate, challenge</li> <li>• Break down barriers</li> <li>• Address language gaps</li> <li>• Increase literacy level, including financial literacy</li> <li>• Need to have more community involvement</li> </ul>
<p><b>Stakeholder Interviews</b>  <b>N=10</b></p>	<ul style="list-style-type: none"> <li>• Need to intervene to increase the percentage of young adults graduating with a Bachelor’s degree</li> <li>• Need to advocate; increase awareness</li> <li>• Need advanced training in evidence-based practices for mental health providers</li> <li>• Need to increase the amount of services for moms to help with first years of life</li> <li>• Need to “teach people how to fish”</li> <li>• Need to shift from programmatic approach to community and public health approach</li> </ul>

Data Source	Data Points
	<ul style="list-style-type: none"> <li>• Teach about birth control to teenagers</li> <li>• Have a neighborhood development center to help small businesses</li> <li>• Work with local stores to bring in more healthy foods</li> <li>• Increase health fairs</li> <li>• Employee wellness programs</li> <li>• Community education</li> <li>• Use electronics like apps</li> <li>• Educate people about mental health (destigmatize)</li> <li>• Do not incarcerate over minor infractions</li> </ul>
<p><b>Community Leader Survey N=21</b></p>	<ul style="list-style-type: none"> <li>• Need to continue forward thinking efforts</li> <li>• There is community collaboration (need to continue)</li> <li>• Need to prevent teen pregnancy, school dropout rates</li> <li>• Increase access to prenatal care in north Fort Pierce and more services for moms</li> <li>• Need to decrease social isolation for older adults</li> <li>• Look at the differences between Fort Pierce and PSL</li> <li>• Need more health fairs and employee wellness programs</li> <li>• Need more prevention services</li> <li>• Need respite services for families</li> <li>• Need to provide financial literacy programs</li> <li>• Need funding to help seniors stay at home</li> <li>• Focus on changing generational cycles</li> <li>• Provide family support, preservation, and planning</li> <li>• Need workforce training</li> </ul>
<p><b>Community Resident Survey</b></p>	<ul style="list-style-type: none"> <li>• While 83% of respondents agree they have a responsibility to improve the health of their community, 38% never or almost never get involved in work for voluntary or charitable organizations</li> <li>• Healthy behaviors and lifestyles are factors that most define the quality of life of a community</li> </ul>
<p><b>Community Health Stat Assessment</b></p>	<ul style="list-style-type: none"> <li>• SLC has a higher rate (30%) of physical inactivity than the state of Florida (26%) according to the County Health Rankings 2020</li> <li>• 78% of SLC residents have access to exercise opportunities compared to the state of Florida (89%)</li> <li>• 35% of SLC residents get insufficient sleep compared to 34% of Florida residents</li> <li>• 42% of SLC residents had mammography screenings compared to 43% of Florida residents</li> </ul>

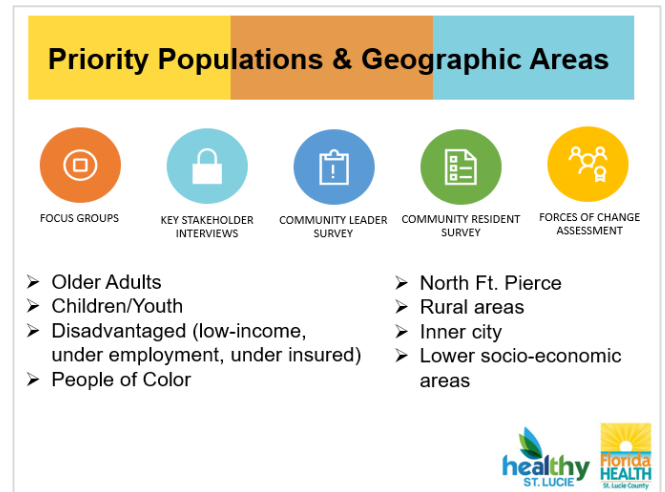
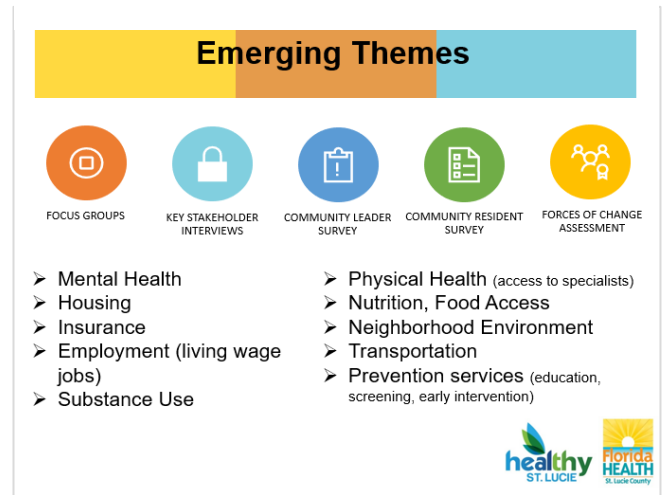
Data Source	Data Points
	<ul style="list-style-type: none"><li>• 42% of SLC residents had flu vaccinations compared to 43% of Florida residents</li></ul>
<b>Forces of Change Assessment</b>	<ul style="list-style-type: none"><li>• Need to address preventive care</li><li>• Parents/guardians question the potential harm and lack of benefit of immunizations</li><li>• Need to vaccinate adults and older adults for Hepatitis A</li><li>• Need to increase awareness about available resources</li><li>• Need to continue access to Narcan for first responders</li><li>• Need to increase community education about stigma</li></ul>

## Strategic Prioritization

Strategic issues are challenges that must be addressed in order to achieve the community's vision for a healthier St. Lucie County. A synthesis of completed MAPP assessments was conducted by the Ronik-Radlauer Consulting Group and in June of 2020, the resulting emerging themes and priority populations were presented to stakeholders during a virtual Healthy St. Lucie Coalition meeting. As a rise in local COVID-19 case was impacting community attention and ability to meet, it was decided to postpone the administration of the Local Public Health System Assessment, as well as prioritization of strategic health issues, until a later date.

In October 2020, the LPHSA was launched in October and the Health Improvement Planning (HIP) Steering Committee was reconvened. Between October-November 2020, five (5) steering committee meetings were held virtually to review data in CHA and select strategic health priorities to be included in the 2021-2025 CHIP. On November 30, 2020, FDOH-SLC provided a historical review of the St. Lucie County CHIP focus areas since 2013. Following this presentation, steering committee members recommended voting on strategic priorities based on the list of emerging themes. Steering committee members were requested to consider relevance, appropriateness, impact, and feasibility when selecting health priorities. Using the drawing feature in GoToMeeting, Steering Committee members were asked to make a mark next to their top three health priorities for the next 5 years. *Mental Health, Physical Health, and*

Figure 280. Emerging Themes and Targets



*Prevention Services* were selected as the top three health priorities.

On December 3, 2020, the committee reviewed the strategic health priorities that were selected during the previous meeting and decided to modify them to better communicate the overall focus of the area. Mental Health was expanded to include substance abuse, physical health was revised to Access to Care, and prevention was renamed Chronic Diseases and Conditions. While health disparities will be addressed under each strategic health priority area, the committee felt it was important to add an additional strategic priority, Health Equity, to elevate the need for participatory engagement practices needed to move the needle on health disparities in our community.

## **Strategic Health Priorities for 2021-2025 CHIP**

### *Chronic Diseases and Conditions*

This health priority area will focus on strategies to address the contributing causes to the development of chronic diseases and cancers through modification of behavioral risk factors in diet, physical activity, early prevention and cancer screenings, healthy weight maintenance, and tobacco prevention and cessation. Implementation will focus on increasing health literacy, participatory engagement, and reducing health disparities. Priority populations for this health issue include Black males (prostate screening, stroke prevention, healthy weight, physical activity), Black females (breastfeeding initiation/duration, healthy weight, physical activity) and seniors.

### *Access to Care*

Access to primary health care and senior personal health services was identified in the community health status assessment and echoed during HIP Steering Committee Meetings. To address increasing access to primary health care, strategies to increase health insurance coverage and primary care providers will be employed. To address and increased home and community-based care services for seniors. Priority populations for this health issue will include the underinsured and seniors.

### *Mental Health and Substance Abuse*

Increased hospitalizations for mental health issues and deaths due to opioids were identified as two areas that need to be addressed. Potential priority populations for hospital rates due to mental disorders show disparity between Black and Whites. CHSA data also revealed disparity in age-adjusted hospital rates for schizophrenic disorders between Blacks and Whites. Selection of priority audiences in the action plan for this strategic area will be the first task of the newly formed Behavioral Taskforce.

### *Health Equity*

Identifying the need for a unified community approach to eliminate health disparities, this priority area will focus on increase our community capacity for participatory engagement of stakeholders in the assessment, planning, implementation, and

evaluation of programs to address health issues that impact them. Priority populations include community leaders in areas with high health disparities, and organizational leaders that serve these communities.

## Conclusion & Next Steps

This report reflects the collaboration and demanding work of many community partners, including members of the St. Lucie community, representatives from local hospitals, local government, nonprofit organizations, community leaders, community clinics, and schools to name a few. The Community Health Assessment provided an opportunity for stakeholders to collaborate in a strategic planning process to better understand complex health issues and participate in dialogue on priorities and proposed solutions.

At the time of the June 2020 publish date, data from the CHA had been shared with community partners and key stakeholders during two virtual meetings in May 2020. However, due to a rise in local COVID-19 cases, two key elements of the CHA had to be postponed: 1) the Local Public Health System Assessment, and 2) the prioritization of strategic health issues. The Local Public Health System Assessment was completed in October 2020 and findings from that assessment have been incorporated into the December 2020 Revised CHA. Additionally, the Health Improvement Steering Committee reconvened for seven virtual meetings in the final three months of 2020 to review CHA data, select strategic health priorities and formulate goals and objectives for the 2021-2026 Community Health Improvement Plan. The results from these two processes have been added to the 2020 CHA revision.

Next steps include making the CHA available to members of the community through press releases, posting on the FDOH-SLC website, links on Healthy St. Lucie website, and posts on social media sites. Additional actions to share CHA findings will include community meetings where participatory engagement practices will support residents and community leaders to identify best practices for sharing data in their respective communities. Efforts will be made to keep partners and the public engaged in the Community Health Improvement Plan and related activities. St. Lucie County's CHA will be reviewed and revised at least annually with input by both community partners and residents, as well as FDOH-SLC's Performance Management Council (PMC). Revised versions of the CHA will be announced through social media, the Healthy St. Lucie Coalition network and community meetings. Updated documents will be added to the [FDOH-SLC](#) and [Healthy St. Lucie](#) websites.

## December 2020 Revisions

At the time of the June 2020 publish date, data from the CHA was shared with community partners and key stakeholders during two virtual meetings in May 2020. However, with the further restrictions needed to slow the spread of the virus that causes COVID-19, completion of two key elements of the CHA had to be delayed:



1) the Local Public Health System Assessment, and 2) the prioritization of strategic health issues. These items were completed, and processes and findings have been added to this revised document, including related appendices. An appendix was also added to reflect community assets and resources for addressing improved health for residents.

- [Local Public Health System Assessment](#)
- [Strategic Health Priorities](#)

Minor formatting and narrative reference changes were also made to ensure continuity and improve ease of use of the document by readers.

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## Appendix A: Data Sources

- 2020 Area Plan Program Module Draft  
<https://trustedpartner.azureedge.net/docs/library/AreaAgingOnAgency2012/Centers%20of%20Excellence/Planning%20and%20Consumer%20Care/2020-2022%20Draft%20Area%20Plan%20-%20Sent%20to%20DOEA%209-13-19.pdf>
- Aging Integrated Database (AGID) <https://agid.acl.gov/>
- American Health Rankings - <https://www.americashealthrankings.org/health-topics>
- American Health Resource Files <https://data.hrsa.gov/topics/health-workforce/ahrf>
- Baker Act Reporting Center, University of South Florida  
<https://www.usf.edu/cbcs/baker-act/>
- Bureau of Economic and Business Research (BEBR) [BEBR Home | www.bibr.ufl.edu](http://www.bibr.ufl.edu)
- Centers for Disease Control (CDC) <http://www.cdc.gov/>
- Citizen Survey Dashboard <https://dashboards.mysidewalk.com/port-st-lucie-livability-dashboard-draft/major-findings>
- City of Ft. Pierce [CITY OF FORT PIERCE LEGISLATIVE PRIORITIES](#) (2019)
- City of Port St Lucie Strategic Plan 2019-2020  
<https://www.cityofpsl.com/home/showdocument?id=7940> See the Strategic Plan 2015-2020-2030
- County Health Rankings & Roadmaps <https://www.countyhealthrankings.org/>
- Courageous kids program <http://www.fppd.org/671/Courageous-Kids-program>
- CPSL National Citizen Survey- National Survey conducted by City of Port St. Lucie
- Economic Development Council Skills Gap Survey  
[https://youredc.com/files/studies\\_reports/SkillsGap\\_Report-2017-02-07.pdf](https://youredc.com/files/studies_reports/SkillsGap_Report-2017-02-07.pdf)
- Elder index: <https://elderindex.org/>
- Feeding America, Map the Meal Gap <https://map.feedingamerica.org/>
- First Step Park information <http://www.vanduzerfoundation.org/the-first-step/>
- Florida Agency for Health Care Administration [www.ahca.myflorida.com](http://www.ahca.myflorida.com)
- Florida Department of Children and Families [www.myflfamilies.com](http://www.myflfamilies.com)  
<http://centerforchildwelfare.fmhi.usf.edu> Florida Safe Families Network Data Mart/Data Registry Florida Youth Substance Abuse Survey  
<https://www.myflfamilies.com/service-programs/samh/prevention/fysas>
- Florida Department of Education [www.fl DOE.org](http://www.fl DOE.org) Education Information & Accountability Services; Office of Early Learning; Office of Safe Schools
- Florida Department of Elder Affairs - [Strategic Plans](#)
- Florida Department of Elder Affairs <http://elderaffairs.state.fl.us>
- Florida Department of Health [www.floridahealth.gov](http://www.floridahealth.gov)  
<http://www.flhealthcharts.com> Bureau of Epidemiology; Bureau of HIV/AIDS; Bureau of Immunization; Bureau of STD Prevention and Control; Bureau of TB & Refugee Health; Bureau of Vital Statistics; Division of Medical Quality Assurance;



Florida Behavioral Risk Factor Surveillance System; Florida Department of Health Physician Workforce Surveys; Florida Youth Tobacco Survey; Office of Injury Prevention; WIC and Nutritional Services

- Florida Department of Highway Safety and Motor Vehicles [www.flhsmv.gov](http://www.flhsmv.gov)
- Florida Department of Juvenile Justice [www.djj.state.fl.us](http://www.djj.state.fl.us)
- Florida Department of Law Enforcement [www.fdle.state.fl.us](http://www.fdle.state.fl.us)
- Florida Division of Emergency Management
- Healthy People 2020 [Healthy People 2020](http://www.hhs.gov/healthypeople)
- How to Become an Age Friendly Community
- Lincoln Park Mainstreet <http://lincolnparkmainstreet.org/>
- Martin County Data report  
[https://www.martinhealth.org/stuff/contentmgr/files/0/da8030c76ea5a8ec6dd7a1adf056af8e/misc/mhs\\_final\\_chna\\_report\\_16\\_3\\_9.pdf](https://www.martinhealth.org/stuff/contentmgr/files/0/da8030c76ea5a8ec6dd7a1adf056af8e/misc/mhs_final_chna_report_16_3_9.pdf)
- Merlin, Florida's Web-Based Reportable Disease Surveillance System  
<http://www.floridahealth.gov>
- National Council on Aging (NCOA) Elder Index  
<https://trustedpartner.azureedge.net/docs/library/AreaAgingOnAgency2012/Centers%20of%20Excellence/Planning%20and%20Consumer%20Care/Elder%20Index.pdf>
- [NCS Community Livability Report 2019](http://www.ncs.org)
- [NCS Dashboard Summary 2019](http://www.ncs.org)
- [Neighborhood Services](http://www.nice.org) & [NICE](http://www.nice.org)
- Port St. Lucie [Legislative Program 2020](http://www.portstlucie.com)
- Public housing information <https://miaseniorliving.com/>
- Shimberg Center for Housing Studies, Florida Housing Data Clearinghouse  
<http://flhousingdata.shimberg.ufl.edu/>
- SMA Healthcare <https://smahealthcare.org>
- St Lucie County [GIS Mapping - Interactive Maps for Parks, transit](http://www.stluciecounty.com)
- St. Lucie County Legislative priorities [2020 State Legislative Program](http://www.stluciecounty.com)
- State Health Improvement Plan, Assessment,  
<http://www.floridahealth.gov/about/state-and-community-health-assessment/ship-process/index.html>
- U.S. Bureau of the Census <http://www.census.gov> American Community Survey, American Community Survey 1-year estimates, American Community Survey 5-year estimates; County Business Patterns
- U.S. Department of Labor, Bureau of Labor Statistics <http://www.bls.gov>
- United Way ALICE report - <https://www.unitedwayslc.org/alice>
- University of Florida, Drug-Related Outcomes Surveillance and Tracking System (FROST) <https://frost.med.ufl.edu>
- University of Miami (FL) Medical School, Florida Cancer Data System  
<https://fcds.med.miami.edu/inc/welcome.shtml>



- University of South Florida, Baker Act Reporting Center  
<https://www.usf.edu/cbcs/baker-act>

## Appendix B: Focus Group Tool and Results

### Focus Group Questions

Note that some questions were not answered by all groups due to time or language constraints.

Let's begin by going around the room and introducing ourselves.

Please tell us your first name, how long you have lived in St. Lucie County, which city or neighborhood you live in, and one thing you like to do to stay healthy and why.

For the following questions, please think about the community or neighborhood where you live.

- What makes you most proud of the community or neighborhood where you live?
- How satisfied are you with the quality of life in your community or neighborhood?
- What are some strengths in your community or neighborhood that can be used to help improve the health and quality of life in your community?
- Is your community or neighborhood a good one to **raise children** and **grow old in**? Is there a difference between the two and if so, what is the difference?
- What are three things that you think are the main challenges or problems in your community?
- What do you think are the main reasons why these challenges or problems exist?
- Of these challenges or problems, which **one** do you think is the most important to address to improve the quality of life in your community?
- What difficulties might there be to implementing change to address this challenge or problem in your community?
- How would you suggest overcoming these difficulties?

For the following questions, please think about people who are **parenting young children or growing older**.

- If you were able to make any change to improve the quality of life for people who are **parenting young children or growing older**, what would it be?

## **Focus Group: Parenting Group at CASTLE: Teaching Safe Parenting**

Location: Ft. Pierce

Date: January 25, 2020

Time: 1:00 - 2:30 p.m.

Facilitated by Marci Ronik, M.S., the Ronik-Radlauer Group

Number of participants: 15 (7 men and 8 women)

Most participants lived in Ft. Pierce (9), followed by Port St. Lucie (4), and Vero (2)

Range of residence in St. Lucie County: 1 year to 41 years. Several participants were born and raised in St. Lucie County.

As an introductory activity, participants were asked what they did to stay healthy. The answers are as follows:

- Watch diet; eat protein and vegetables
- Take long walks
- Workout
- Yoga
- Kayak, fish
- Cardio
- Play soccer
- Drink water
- Work outdoors

What makes you most proud of the community or neighborhood where you live?

- Block parties
- Communication
- Water-beaches
- Get help when you need it
- The air is better

How satisfied are you with the quality of life in your community or neighborhood on a scale of 1 to 10, with 1 being not at all satisfied and 10 being very satisfied?

- Range: 2-10
- Average: 6.9

Is your community or neighborhood a good one to raise children?

- Most say yes
- Transportation is an issue
- \$ neighborhood stores (too expensive)
- Full of poverty/drugs
- Hard to support extracurricular activities for kids

- Pay rates not good
- Affordable, safe housing is an issue

Problems or challenges in the community:

- Only have access to fast food
- Need more support
- Worried all the time
- Crime
- Low pay rate
- Special needs children (difficult to raise)

Of these challenges, which is the most important to address to improve the quality of life in your community?

- Pay rates
- Access to healthcare services
- Affordable rents
- Better/more services
- \$ for health insurance; not affordable
- Housing
- Treating mental health/physical health/substance abuse

Ideas to address these challenges:

- Become more involved
- Lead by example
- Have more role models in the community
- Big brother/Big sister
- Community involvement
- \$ for good jobs
- Raise minimum wage
- More good paying jobs
- Expand work from home jobs
- Make food stamps more accessible
- Affordable rent
- Help incarcerated parents
- Help single parents
- More help for convicted felons

How would you suggest implementing changes?

- Advocacy

If you were able to make any change to improve the life for people who are parenting young children, what would it be?

- "don't have them"

- Make sure partner is good
- Spend quality time with children
- Quality daycare
- Extracurricular activities
- Do the best you can
- Instill great values
- Lead by example
- Be a good role model
- Deprogram bad behaviors
- Plan before you have children
- Listen to kids (they are people too)
- Teach them to respect one another, valuing life
- Invest in education
- Plan a future
- Value time-engage in valuable activities

Finally, let's think about the future. It is the year 2030 and you have just awakened from a deep sleep. As you look around your community, you see it as you always wished and dreamed it would be. How is your community different from what it looks like now? Who is involved in making this difference and what are they doing?

Is there anything else you would like to share before we end our discussion?

**Focus Group: Council on Aging (older adults)**

Location: 2501 SW Bayshore Blvd., Port St. Lucie

Date: February 4, 2020

Time: 9:00 - 10:30 a.m.

Facilitated by Marci Ronik, M.S., the Ronik-Radlauer Group

Number of participants: 9 (4 men and 5 women)

All participants lived in Port St. Lucie; most had moved from other locations, including North Carolina, West Palm Beach, Massachusetts, Puerto Rico, Broward, Dominican Republic, Brooklyn, Santo Domingo and the Bronx, Queens

Range of residence in St. Lucie County: 8 months to 20 years

Several members of the focus group spoke only Spanish. An interpreter was available to help translate.

As an introductory activity, participants were asked what they did to stay healthy. The answers are as follows:

- Quit smoking
- Eat well
- Exercise
- Walk
- Dance
- Come to Senior Center
- Spend time with family
- Work around the house
- Garden
- Go to doctor regularly

What makes you most proud of the community or neighborhood where you live?

- Comfortable house
- Family is near
- "Center is my second home"
- Weather is great
- I own my home
- Port St. Lucie: plenty of buses to get where you need to go
- Open spaces
- Not a lot of people
- Easy to walk
- Can grow fruit here

How satisfied are you with the quality of life in your community or neighborhood on a scale of 1 to 10, with 1 being not at all satisfied and 10 being very satisfied?

Is your community or neighborhood a good one to raise children and grow old?

For children:

- Yes, they can play free outside
- They get a lot of love

For adults:

- Peaceful
- Buses (transportation is good)

Problems or challenges in the community:

- Not enough parks for older adults
- Hard to get to-if there is no transportation
- Transportation is an issue (wait times)
- Not enough sidewalks
- Can't go alone to the store
- Far to get food
- Limited time with transportation

Of these challenges, which is the most important to address to improve the quality of life in your community?

- Transportation (can't compare Port St. Lucie to New York's transportation system)
- No Sunday service for transportation
- Buses don't run often enough (schedule)
- Need more lighting (not enough streetlights); one participant created their own light to make more light through the state
- Need better sidewalks, parks, transportation

Ideas to address these challenges:

- Give discounts to seniors and vets at Publix
- Need more neighborhood stores
- Taxis
- Bring more educated people to live here
- Need to take community pride-people don't respect the environment (littering, crime)

How would you suggest implementing changes?

- Open more businesses

### **Focus Group: Age Friendly Collaborative**

Location: 2501 SW Bayshore Blvd., Port St. Lucie

Date: February 4, 2020

Time: 11:00 a.m. – 12:30 p.m.

Facilitated by Marci Ronik, M.S., the Ronik-Radlauer Group

Number of participants: 7 (2 men and 5 women)

All participants worked in St. Lucie County, some also worked in Stuart, Vero Beach, Martin County, and Indian River. Participants represented various organizations working with older adults. In terms of residence, most lived in Port St. Lucie

Range of residence in St. Lucie County: 6 years to 36 years

As an introductory activity, participants were asked what they did to stay healthy. The answers are as follows:

- Eat healthy, stay away from gluten, dairy
- Meditate
- Nutritional health
- Running
- Keep busy
- Read
- Focus on eating healthy foods
- Zumba
- Drink water

What makes you most proud of the community or neighborhood where you live?

- Very generous people
- Safe place to live
- Sense of collaboration/networking
- Partner to change lives (lots of “worker bees”)
- Work outside meetings to solve problems
- Unique place to live
- Small-town feeling
- Incredible generous people
- Community engagement
- Calm/Zenlike place to live
- Awards: best city to live



- Right size in terms of traffic

How satisfied are you with the quality of life in your community or neighborhood on a scale of 1 to 10, with 1 being not at all satisfied and 10 being very satisfied?

Range: 7-10; average: 7.7

Strengths of community (specific to older adults)

- Education around health
- Disease management
- Everyone has coverage focusing on prevention
- Healthcare at the local level; 2-5% practice for free (pro bono work)

Challenges (specific to older adults)

- Need more prevention
- Lack of resources to eat healthy for those who can't afford
- Safety in general; older adults feel less safe
- Transportation is an issue (older adults can't drive, don't have car, can't get their meds)
- Loneliness
- Fear of what will happen to me
- Not being able to be self-sufficient
- Need to have dignity
- Use Uber as alternative to cars
- Affordable senior living-one stop shop under one roof in a normal living environment
- Florida has the least number of CNAs
- Lack of knowledge of resources in the community
- Start with the media: destigmatize older adults
- Need training for families to cope with loved ones in their home
- Deal with senior abuse and senior bullying in nursing homes
- Address substance abuse in older adults (alcohol, opiates)
- Port St. Lucie Hospital-senior unit-majority come in due to alcohol abuse; relapse numbers are increasing
- Older veterans are homeless
- Post-discharge follow-up from substance abuse facilities (need longer-term programs/housing; longer term than 28 days)
- Need prosocial activities
- Continuum of care is not there
- Housing is not available; rents are high; cost of living is high for elders (Elder Needs Index)
- Assisted living is not cheap
- Exploitation due to no resources (nursing homes)
- Mental health due to chronic illness, dementia

- Not enough providers/info for loved ones
- Let it become a crisis until Baker Acted (need earlier intervention)
- Primary care doctors need education about behavioral health (need collaboration)
- Ageism-people are living longer
- "Language"-cultural sensitivity around employment, competency
- Ignorance about plight of people with dementia
- Dignity issues

Opportunities:

- HUD \$
- Build up capacity of CNAs
- Movies/music therapy
- Volunteers
- Activities need to be affordable
- Case management and care coordination—connections, information, home health
- Provide incentives to doctors instead of fee for service (if they perform prevention and diagnostic testing)
- Lots of resources to tap into
- Need to be in the community more
- Concierge services-direct primary care membership (sliding fee scale)
- Wraparound services for healthcare
- Community gardens
- Educate about how to eat healthy foods/takes planning
- Engage neighborhood businesses
- HUGS program-first responders to get trained about dementia
- Awareness of businesses to be trained
- AAA: Alzheimer's care-working to get this in SLC; energy assistance; low-income subsidies for Medicare Part B; private funding for short-term case management (linkage to services)

Is your community or neighborhood a good one to raise children and grow old?  
(Question not asked)

Main challenges in the community:

- Fast food restaurants all over
- Transportation
- Stress
- Places/circumstances where older adults live
- Lack of insurance/under insured

Strategies:

- Community housing village
- Be culturally and linguistically sensitive relaying information to other populations (use tv/radio)
- Literacy-engage on literacy level
- Haitian American Council-engage/connect communities
- Collaboration among organizations-combine skills, talents, ideas-networking; take action
- Offer Kane Center (Martin County)-services under one roof-social activities, one stop shop (replicate)
- Affordable housing-senior living (low-income housing with concierge services)

If you were able to make any change to improve the life for people who are parenting young children, what would it be?

- Focus on mental health issues (anxiety, pressures, suicidal ideations, drug use, depression)
- Kids-same peer group-need to diversify peer groups-expand group of friends
- Need medication management for youth; hard to find psychiatrists; need to renew meds-takes too long

**Focus Group: UP Center-Community Members**

**Location:** 2520 Orange Avenue, Fort Pierce

**Date:** February 6, 2020

**Time:** 9:30 - 11:00 a.m.

Facilitated by Marci Ronik, M.S., the Ronik-Radlauer Group

Number of participants: 7 (7 women)

Participants lived in Port St. Lucie (2), Fort Pierce (4) and Vero Beach (1)

Range of residence in St. Lucie County: less than one year to over 40 years; two participants were born and raised in Fort Pierce

As an introductory activity, participants were asked what they did to stay healthy. The answers are as follows:

- Drink lots of water
- Gym
- Housework
- Chasing kids
- Jogging
- Educating self
- Healthy eating
- Mindful eating

What makes you most proud of the community or neighborhood where you live?

- No crime
- Quiet
- Clean
- Nice
- Gated community
- Come together in time of need
- "in front of ALF"-help when they get lost
- Sense of community
- Doing things in the park
- People trying to improve the community

How satisfied are you with the quality of life in your community or neighborhood?

- Have to travel out of Port St. Lucie to get fresh food (Whole Foods, Fresh Market, Trader Joe's; no Apple store)
- Pretty satisfied (work/live)

Strengths of community

- Sidewalks

- Crosstown Bridge (need sidewalks; have to walk in street)

#### Challenges

- “kids not interested in certain activities”
- Need arts programs

#### Opportunities:

- Classes for kids

#### Is your community or neighborhood a good one to raise children and grow old?

- Nothing really for kids to do
- Closest playground is a 20-minute drive (have to drive to get there)
- Need community resources and information
- Need shaded playgrounds
- Not safe (bike stolen)
- Water parks; dog parks
- Closer libraries; children’s libraries-need better programs/spaces

#### Main challenges in the community:

- More activities for kids (educational, ballet, gymnastics); have to go to Vero or PSL to get quality classes
- More streetlights (darkly lit)-Fort Pierce
- Better VPK programs
- More museums/animal/science/shaded playgrounds
- Boys/Girls Club
- \$-not sure where it’s going
- Leadership-not pushing-no advocacy-not a priority
- “Who’s telling people in power what we need?”
- Programs cater to younger children-nothing for middle/high school children (don’t want to be with little kids)
- More leadership activities for kids
- Not aware of drowning prevention activities
- Not quality childcare programs

#### Strategies:

- “Was a great divide between older/younger residents”-increase communication between the two communities
- Need leadership from elders to youngers (telling stories, coming together)
- Volunteer programs
- Increase volunteerism in schools (middle and high school)
- More builders to be engaged
- More info about who is in government and resources and what is going on

If you were able to make any change to improve the life for people who are parenting young children, what would it be?

- Gun violence-enforce gun laws
- Provide info on protection and "Legal 101"
- Better paying jobs
- Reduce stigma about mental health
- Address poverty
- Advocacy skills
- Physical education
- Teach financial literacy
- Provide more relevant classes in high school

**Focus Group: Council on Aging (Older Adults)**

Location: 1505 Orange Avenue, Fort Pierce

Date: February 6, 2020

Time: 12:00 - 1:30 p.m.

Facilitated by Marci Ronik, M.S., the Ronik-Radlauer Group

Number of participants: 8 (8 women)

All participants lived in Fort Pierce

Range of residence in Fort Pierce: most participants had lived in Fort Pierce all of their lives (oldest member was 84 years old)

As an introductory activity, participants were asked what they did to stay healthy. The answers are as follows:

- Listen to medical professionals
- Hobbies
- Eat healthy
- Stay active
- Keep moving
- Community Center
- Fellowship
- Walk outside
- Proper amount of sleep
- Puppy
- Stay busy
- Church
- Exercise

What makes you most proud of the community or neighborhood where you live?

- Gate around community/building
- Police patrol (feel safe)
- Pleasant neighborhood
- Wildlife
- Church
- Public parks/waterways are great

How satisfied are you with the quality of life in your community or neighborhood?  
Question not asked.

Challenges:

- Concern about sinkholes
- Used car lots-too many-Orange Avenue-eyesore
- Healthcare for uninsured-no access to health insurance

- Medication costs
- Mental health services-local agency (New Horizons)-won't take people who don't have insurance
- Potholes, bumpy roads
- City Hall doesn't answer the phone
- Newspaper too expensive
- Empty lots near schools (needs landscaping/trimming) "who owns it?"
- Cut trees down (25<sup>th</sup> Street)-vacant lot
- Trim trees to stop drug deals-Lincoln Park area-15<sup>th</sup> to 16<sup>th</sup> Street (cabbage trees-make it safer)
- Vacant lots-dropping off unwanted furniture
- Too much focus on Port St. Lucie
- Oleander-streetlights-dangerous
- Service poor-power outages
- Need street paving (13<sup>th</sup> to 17<sup>th</sup> Streets, Avenue D)
- Speed signs (Avenue M 15<sup>th</sup> between M and O)
- Police need to monitor the speeding
- Need lifeguard-water aerobics
- Drainage system when weather gets bad-lot of flooding; clean drainage more often
- Crime-stores-potential to be mugged (near grocery stores)
- Need a red light at O and US1

#### Opportunities:

Is your community or neighborhood a good one to raise children and grow old?

- Need to teach parenting skills
- Children have no supervision/role models
- Change attitudes
- Some have drug problems
- Young moms working too many jobs (working poor)

#### Strategies:

- Mentor young people
- Improve communication
- Library is a resource/classes
- Teach listening skills
- Figure out ways to keep parents and kids together
- Integrity of leaders
- Coffee with the Mayor
- Focus on mental health/wellness
- Bring children into the church
- Mail solicitations to raise \$



- Need to help veterans more
- "Classism"-need to become more politically active
- Feel like voters are not being heard
- Have more love
- Go to church
- Be accepting of others
- Teach compassion in schools/churches
- Need to learn new behaviors/change old ways (have to want to change)
- Parents need to take time to plant the seed
- Meet people where they are

If you were able to make any change to improve the life for people who are parenting young children, what would it be?

- Tell parents how to train their kids to respect through teaching the Bible
- Children's behavior problems-lying-parents believe child
- Disrespect
- "pray for the school system"-children have too many rights/privileges
- Schools are dealing with issues that parents are not

**Focus Group: LPAC (Lincoln Park)**

Location: 714 Avenue C, Fort Pierce

Date: February 11, 2020

Time: 11:00 a.m. – 12:30 p.m.

Facilitated by Marci Ronik, M.S., the Ronik-Radlauer Group

Number of participants: 20 (19 women, 1 man)

Most participants lived in Fort Pierce (15); five (5) lived in Port St. Lucie

Range of residence in St. Lucie County: 3 years to over 60 years (some residents were born and raised in Fort Pierce)

As an introductory activity, participants were asked what they did to stay healthy. The answers are as follows:

- Positive attitude
- Faith
- In tune with body
- Prayer
- Playing Candy Crush
- Gym
- Bike
- Home Design
- Hang out with friends
- Working with kids
- Gardening
- Bubble Witch
- Being involved in the community
- Healthy foods
- Optimistic
- Playing with small grandbabies
- Educate self

What makes you most proud of the community or neighborhood where you live?

- Support from community
- Meeting with positive minds
- Sense of community
- Everybody knows everybody
- Hope is ever present

How satisfied are you with the quality of life in your community or neighborhood?

- It could be better

- Homelessness
- Need more resources for men/women/transitional living
- People could realize to give more financial support
- Train people-bring people up out of poverty to self-sufficiency
- PSL-growing to benefit from resources
- Need affordable housing for singles with children

Challenges:

- Need better opportunities-family choice for schools-citywide
- Elected officials need to be held accountable
- Should not be boundaries in SLC
- Speak the same language to bring finances in (politicians)
- Need advocacy
- Need housing for people with mental health issues
- Incarceration (recently returning)
- Veterans services and professional agencies to deliver mental health services
- Help people returning to their communities
- Mental health/substance abuse-no respite for them to get healthy
- Government not giving adequate finances
- Children have been traumatized; nothing to address childhood trauma (may have witnessed shootings and go to school next day)
- Generation of parents/grandparents who have experienced trauma
- Stigma
- Domestic terrorism-dealing in communities (incident that happened a month ago)
- School system-mental health services not adequate
- Boys/Girls Club-Tykes and Teens-spend afternoons with kids after traumatic events in community (missing that piece in school)
- Need more buy-in (the focus on homework is very small); no life skills teaching
- Need more programs like the Boys/Girls Club for teens (resume writing, interviewing skills)

Opportunities:

Is your community or neighborhood a good one to raise children and grow old?

- Breakdown in family
- Grandparents raising grandchildren
- Children are not learning (need integration between schools/communities)
- Need to teach grandparents how to teach grandchildren
- Some children are raising themselves
- Broken community; deprived of things

Strategies:

- Projects: avocado-takes a village
- Resources in neighborhoods
- Summer activities-social skills/interviewing skills
- Team building
- Increase funding for programs
- Financial burden (at risk of losing jobs)
- Juvenile delinquency program-revolving door-need more prevention
- School Board needs to be brought in
- Parents need to be held accountable to do something
- Volunteerism
- Need to vote-voter registration drives
- Prepare people to become politicians for every office
- Community outreach groups
- Pastors asking questions
- Needs to come from within
- "Kids want their parents to be taught" don't need drop off
- Family structure has changed-how do we engage to bring back
- Fort Pierce Housing Authority-resource
- Saving \$-help going to college
- Don't know how to access or that resources exist
- Need to teach people how to be welcoming
- We have trained our community members how to respond instead of asking
- Need to teach engagement-how to engage communities/parents
- Relationship building
- Need to get on the inside of the community
- Need to bring everybody together
- Positive things happening in Lincoln Park community; we don't know about them
- People don't know they have to register for the draft
- Entrepreneurship
- Need to be exposed to opportunities
- "sometimes need permission to be great"
- Need consistent male mentors
- Need opportunities for 2<sup>nd</sup> chances
- Need to hear from people who have been there
- 2-1-1 sheets not accurate; people not welcoming
- Need to have people who look like you
- Skills center
- Help the homeless-getting them prepared
- Build positive relationships with everybody
- Teach life skills to parents (teen moms/young grandmas)

- Consistency in resources
- Work with fathers
- Mentorship not just for children (“don’t know what they don’t know”)
- Education about life skills not just in school-teach about resources
- Transition foster care (LGBTQ)
- Savings-teaching how to save
- Financial literacy-resources
- Act-less talk, more action
- Increase in sales tax to gain resources (relax restrictions-federal government) to help those with desire to get it done
- One stop shop center (Vero Beach) centrally located (UP Center)
- Need system changes

If you were able to make any change to improve the life for people who are parenting young children, what would it be? (answered above)

### **Focus Group: Creole speaking community members**

Location: FDOH-SLC

Date: February 11, 2020

Time: 1:00 p.m. - 2:30 p.m.

Facilitated by Marci Ronik, M.S., the Ronik-Radlauer Group

Number of participants: 8 (3 men, 5 women)

Six (6) participants lived in PSL; one (1) lived in Fort Pierce, and one (1) lived in Jensen Beach

Range of residence in St. Lucie County: 3 months to over 30 years. Participants included a pediatrician, someone who works for Humana, someone who works for the Boys/Girls Club, someone who works with seniors, and someone who worked for the state.

As an introductory activity, participants were asked what they did to stay healthy. The answers are as follows:

- Gym memberships
- Eat healthy
- Exercise
- Biking
- Active in community
- Don't let stress bother you
- Walk
- Cook healthy foods
- Zumba
- Manage health challenges

What makes you most proud of the community or neighborhood where you live?

- Hardworking
- Sense of solidarity of Haitian community
- Sense of family
- See the need and try to adapt
- Voice is heard
- Safe place to live
- Sense of community even with traffic
- Churches engaged
- Enough parks and green spaces

How satisfied are you with the quality of life in your community or neighborhood?

Challenges:

- Lack of sidewalks

- Lack of streetlights (Lincoln Park)
- Lack of public transportation (infrequent)
- Lack of story time in libraries-based on interests (lack of programs for children)
- Graduation-no job pipeline
- Not learning skills to work
- Make programs fun for kids to learn
- They get into trouble-need to keep them busy
- Much different in PBC
- Older adults living alone with no help
- PSL better than FP for job opportunities
- No soccer clubs in FP/extracurricular
- No retail stores-no investment in FP; have to drive to find programs for kids; too much time on their hands
- Caretaking issues/language barriers; strain on family
- Have to spend their own \$ to take care of family members
- Home-based services may be lack of knowledge of resources
- No clubs/leagues for older gentlemen to play soccer and use playground areas
- Need for more parks for adults/older adults to exercise
- Disabled children-need things to do in the afternoon after school (like camp)
- Parents don't know what resources there are
- Financial aspect to programs that may be unaffordable (i.e., affordable competitive clubs)
- Parents working 2 jobs, language barriers
- Poverty level not realistic to make ends meet (food stamps)
- People not aware of resources
- 2-1-1 need to be able to vet resources for Creole speaking population
- Healthcare-unable to afford health insurance
- Creole speaking medical providers needed
- Post-traumatic stress after earthquake
- MH is taboo in culture-need education about MH/SA; arrests
- Challenges for people with disabilities

#### Opportunities:

Is your community or neighborhood a good one to raise children and grow old?

- IEP meetings-language very technical
- ESL-kids born here being put in ESL

#### Strategies:

- Center for Haitian Americans (neutral)-near UP Center; one stop shop (i.e., Haitian Coalition)
- Large concentration of Haitian population (34950/53)

- Healthcare doesn't have to be complicated; can be mobile
- Use media (tv, radio, print, podcasts)-communicate
- Everybody has skills/strengths/talents to bring to the table based on their passion
- Facebook-sharing on social media
- Education as empowerment (understanding not always G-d's will; MH)
- Food as part of culture-improve the way we cook
- Public transportation (improve routes)-subsidized, student discounts
- Workshops to educate community-Law enforcement, medical, school, community professionals-community conversations
- Need to learn how to advocate, challenge (will save the city/county money)
- Break down barriers
- Education gap-confusion about certificates (for graduation)

If you were able to make any change to improve the life for people who are parenting young children, what would it be?

- Educating parents about issues
- Haitian kids at alternative centers-influx
- Case managers/navigators
- One stop shop
- Literacy level
- For immigration-citizenship/voting
- Health issues-medication
- Need to know resources
- Gap between hospital/home follow-up (mental health)



## Appendix C: Key Stakeholder Interview Tool and Results

### Key Stakeholder Interview

Name of Interviewee: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Date of interview: \_\_\_\_\_

1. How long have you lived in St. Lucie County? In which part of the County do you live?
2. How long have you worked in St. Lucie County? In which part of the County do you work?
3. What is your role within your organization?
4. What do you consider to be the strengths and assets of St. Lucie County that can help to improve the health and quality of life of its residents?
5. What do you believe are the greatest health concerns in St. Lucie County?
6. What do you believe are other concerns that affect the health and quality of life of people living in St. Lucie County?
7. From your experience, what are the biggest barriers to addressing these health and quality of life concerns?
8. What are some strategies that can be implemented to address these health and quality of life concerns and to reduce the barriers you described?
9. Finally, let's think about the future. It is the year 2030 and you have just awakened from a deep sleep. As you look around St. Lucie County, you see it as you always wished and dreamed it would be. How is it different from what it looks like now? Who is involved in making this difference and what are they doing?
10. Is there anything else you would like to share before we end our discussion?
11. Additional questions:
12. What concerns you most about your community?
13. What do you think are the biggest health problems in your community?
14. What are your community strengths and assets?

**Canieria Gardner, Executive Director - United Against Poverty    March 10, 2020**

There are 4 core programs- grocery store membership, crisis stabilization, education; taking classes, workforce development; including EI for clients. All with a focus on economic self-sufficiency- pathway to home ownership- so far have lifted 70 households out of poverty

**Strengths:** community assessment, DOH likes feedback from the community, collaboration in the community, people work together to solve complex challenges, come together for a bigger cause, local food places, steering committee includes people with different scopes. School is looking to align education to preparation of workforce training.

**Challenges:** health concerns, Lincoln Park residents don't have transportation so they cannot get to medical appointments, solution is to have specialists come to Lincoln park. Mom's without transportation cannot get to OB appointments so they forego prenatal care and there is a high infant mortality rate. Looking to create a health clinic and bring Drs into Lincoln Park to the community. Also looking for non-traditional lending opportunities from banks. Education- only 10% of the school will graduate with a Bachelor's degree according to Kresge foundation. Unless we intervene.

**Solutions:** bring doctors into Lincoln Park; prep people for jobs that are available in the community; look at school and the graduation rates from college better than 10%; equal education for everyone, talk about MH at church and tell people about warning signs

Eco-system- re-think health coalition: have the right people in the coalition to make a change to the system- just be willing to try something different

Parent in poverty is stressed- child feels that stress (maybe there is no food) that is where the EI comes in to address the multi-generational approach -vs- situational poverty. We want to teach them how to fish so they have the tools to be successful.

How to deal with generational poverty: Talk to people about what they value (lower class values relationships; middle class values achievement; upper class values connections). When working with people in poverty we should work on building a good relationship. They need confidence in their own ability. Have an open conversation about generational poverty- many don't know that they are in "poverty." Education is the key to success. If you talk with them honestly about what poverty is and help them realize they grew up in it but can change the cycle for their family by working hard and education.

1. Build a relationship
2. Honest conversation about poverty
3. Ask them "what do you want for your children?"

One thing that works is a program about financial literacy "around the table series"

Have conversations about birth control with teenage women- help them understand they can have sex without having a baby. African American moms don't talk to their daughters about having safe sex.

Violence- the trauma of gun shots (ignite gangs in the community project). Boys and Girls Club- girl shot.

Mental Health: African Americans go to church with their problems rather than a therapist. Moms with mental health issues statistically have daughters with early pregnancies and boys that get arrested. Help people be aware of what MH looks like; if this is going on it is not normal, and you should go get help. Focus on mental wellness. People using opioids have children that go into foster care.

Neighborhood development center- help small businesses with a collective impact approach- come together to solve problems.

The best gift you can give a child is a motivated parent. 115,000 homes in SLC and only 13,000 get governmental assistance. 51% of the population is ALICE and they are struggling the most. High expenses and low wages is when people struggle.

**Sean Boyle, Executive Director - Children's Services Council**

**3-11-2020**

**Strengths:** SL roundtable- monthly basis meeting; issues to be brought up and develop relationships (can call and text anybody from other systems when a challenge comes up). Hold each other accountable/ support health, HIV, school system, MH- exploring how we can work together. CSC as a funding mechanism- we all leverage each other funding.

Roundtable- federal, local grant, membership dues \$45,000 from CSC, \$45,000 County, and others. Ready by 21 conference- need a children's cabinet.

Health concerns- Mental health is a big issue- always been but everyone is now willing to talk about it. Stigma. MH should be embedded into school and after school.

**Barriers-** funding is a puzzle, don't do a good job communicating as public. CSC- infant MH, trauma informed. Don't general wellbeing communicators in the community, isolation in neighborhood.

Health- diet/obesity

In the future 2030- transportation to get from home to work (robust) navigators of spiderweb of social services. Mental health services integrated into what we do fully functional families.

Poverty- less concentrated areas of poverty- integrated into various communities and social determinants.

Lincoln Park- huge concentration of poverty; no grocery store because not money. Have to go street by street- it costs \$8000 per street. We need to have a 10-20 year planned project (port St. Lucie like). Ft. Pierce is battling history. In a utopian world- services are provided everywhere, lawmakers, city, county, state everybody has to be

involved- residents and faith-based community. Faith-based at the roundtable-a lot of people use; not as powerful in Pt. St. Lucie- churches fight over \$. They "play a role" church brings citizens to the table.

**Theresa Bishop, Executive Director - St. Lucie Roundtable**

**3-10-2020**

Look at the strategic plan on round table website- 31 people on the board

**Strengths:** collaboration; this community is a gift- organized at the leadership level and meeting for 25 years. Everyone knows everyone by working together on grants; multi-layered collaboration; CSC forward thinking; continuity- people do not leave; CSC at every conversation- setting funding priorities. St. Lucie County- Lincoln Park (African American)-they mobilized, bringing their issues to leadership- real time information about neighborhood deprivation and infant mortality- help us understand their issues- they share info with their community (Lincoln Park Advisory- not represented in the by-laws). Collaboration is about getting a framework- infrastructure and developed priorities- roundtable- communities that are (catalano). Academic failure, teen pregnancy, violence, DJJ, school dropout, MH. Look at each issue and deal with it from a collective impact perspective. Have workgroups to address individual issues on the plan and how to implement the strategies. Theresa chairs or co-chairs each committee with a representative from the organization or system that represents the system or community. Steering committee with chairs/co-chairs to look at what is happening in each committee (strategic framework). Theresa pays attention to the politics.

**Challenges:** parenting skills is the tip of the iceberg but what is the root cause? What are the systems doing to make it easier with the families? Gangs- kids experienced trauma, homelessness. Roundtable has to advocate for kids. How are we working to serve the most vulnerable youth in our own community- seems like systems can't get out of our own way.

**Barriers:** the Roundtable cannot address poverty because some of the main people are not at the table. Look at SDOH and what we are going to do about it. Barrier is that most agencies are geared towards programmatic approach- we need to shift community to public health approach to include social conditions. Are people willing to do that? Systemic approach to address poverty. What we do is piece meal- each city is different. Differences between Ft. Pierce (segregation, red lining, city infrastructure) and Pt. St. Lucie (planned community) everything is mixed together so everyone has equal access to extra.

**Strategies:** Partnering with the right people, institutional racism, looking up children finding a plan that works in St. Lucie County data driven approach. Address racism - there is openness and some good ol' boys bubbling but not talking about it yet.

**Nancy Yarnall, Director - Aging and Disability Resource Center (Area Agency on Aging)**  
**2-28-2020**

Consumer care and planning PB and Treasure Coast- manages a \$25 million budget for state and federal dollars. Completes that area plan- profiles, services demographics, unmet needs, and strategies. Also, took over healthy living program. All of St. Lucie- Older adults and caregivers (18-over).

**Strengths:** involvement, cooperation, and coordinated services providers. Very connected- social services get together and communicate. Providers, DOH involved in RFP; DOH good at engaging.

**Concerns:** Alzheimer's disease awareness, money is intended for seniors to have support so they can stay in their home. Pt. St. Lucie has the largest number of people 65+ with Alzheimer's. Need more \$. Social isolation is a problem. Dementia care and serve; care and community waitlist for all services; delivered meals waitlist. Care and cure; caregiver support (need respite and counseling but need more). Affordable housing is an issue.

**Barriers:** some is awareness of resources available and community has awareness of needs. Funding is a barrier. Florida does not get its fair share of federal funds based on population. Housing can be adapted (home improvement- ADA accessible).

**Strategies:** adapting homes for housing; restaurants and businesses are sensitive to address people with needs. Add health aging and adult section to CDC caregivers need to be aware of resources. Prevention is a big push- DOH is having more awareness of aging and addressing the needs. Age-friendly- all of the sudden- old people matter; more attention but not more funding- workgroup did not get more money but workgroup participants did get more money. Strategies for seniors are included in planning and funding.

2030 question: it is different- elderly would be out and about; engaged- there would be benches that are accessible (seating, sidewalks, transportation) no wrong door- people know where to go. It is easy to get there. Good start in the Port St. Lucie community.

FYI- there is an EB wellness program that connects with DOH to make sure we collaborated create a continuum. We need more money and more volunteers.

Not enough psychiatrists in PSL (the entire community does not have access).

**Deb Dreher, Chief Clinical Officer - New Horizons**  
**2-21-2020**

All of St. Lucie with a focus on behavioral health and primary health

Strengths: collaborative relationships with DOH, primary health, MH and SA as well as law enforcement and the schools. There is a community focus on trauma and trauma informed care, lots of hospitals that try to work together.

Challenges: too many uninsured, HANDS Clinic- DOH- volunteers in health. Access for uninsured. MH access -severe shortage of psychiatrists and prescribers. Not enough licensed mental health professionals. Needs advanced training for EBP for providers. Healthy Start- not enough services for moms to help with first years of life- not enough nurse family partnership programs. Florida aging population- need to ramp up services for that age group.

Barriers: access to insurance and underinsured; co-pays are too high. Transportation is an issue; there is some free but limited routes.

Strategies: medical experience, universal healthcare, look at transportation and maps.

Housing issues- hidden homeless; St. Lucie Judge- hard to find a decent place to live for less than \$1000 affordable housing is a huge need.

Food insecurity-need more food banks

Disaster planning is good but could be better

No shelters for housing

**Kathryn Hensley - St. Lucie County School Board**

**3-20-2020**

Elected officer, chair of CSC, on lots of boards, Foster care- community leader

Population: represent entire population except for upper income group

Strengths: able to develop true collaboration with unlikely partners, chamber, county, local government collaboration, not changed demographic 87% on Free/ reduced lunch- one paycheck away from poverty. Ability to work together with a single focus.

Health concerns: past chair for free clinic- low unemployment, high need for access to appropriate health care- 70,000 working without insurance. How do we make sure we keep our population healthy?

COVID- people are calm, via phone calls we are putting together a plan of action to help health department, hospitals are involved with conversation. No confirmed cases yet- in school district 52 different languages. School is a 2-week spring break and students have devices.

Barrier to health issue: cost of healthcare, cost of insurance, not philanthropic hospitals, ability to get coverage the need to access healthcare. Free transportation provides access to specialists. Lack of awareness.

Are there barriers to healthy lifestyles- 2008 depression created food deserts, nutrition outreach and education. There are parks and rec. we need to take mom and pop places and get them to provide healthier foods. Backpack buddy get weekend backpack for food.

Strategies to reduce barriers- backpacks buddies, transportation to doctors, work with local stores to bring in more healthy foods.

2030- continue the path that we have started- creating good jobs, safety net and making sure we change the economic demographic, drive down MH, SA, poverty. Access to income with incremental steps will be beneficial. A family that is living on the edge of poverty have more stress than others. The situational poverty is harder than the generational.

**Patti Corey-Souza, Health Services Director - Indian River State College March 20, 2020**

Represents all of St Lucie County

**Strengths** of the community: willingness of people to make referrals, people help each other, have foodbanks, help with utilities and housing, college has resources and works with the treasure coast bank, have good parks, summer programs for children

**Challenges;** transportation but it is not convenient, food insecurity, mental health- few and far between for sliding scale and indigent. 90% of what I do is mental health treatment

**Barriers:** Poverty is the biggest issue. Ft. Pierce is really difficult. Lack of resources, information, education, and access. Organizations have long waiting lists for access to resources. People cannot afford services. Few people have health insurance. The college offers health insurance, but it is basic. Does not help routine Dr visits but will help for surgery.

**Strategies:** community education to explain resources or teaching how to access resources. 211 is a great resource but people do not know about it. Home health and town hall meetings would be helpful to bring people out. A walk is good but only a certain demographic will show up for that. A mental health program went door to door to bring brochures and talk about expanding programs. Health fairs are good- depending on the population and location.

2030- grassroots efforts- neighborhood level, reinforce what you are teaching, talk about goals and how you intend to reach those goals, as people understand what the community offers and wants to offer people become more invested. It takes time and persistence.

**Angela Aulisio- Cleveland Clinic**

**March 20, 2020**

Community benefit coordinator- tax exempt status for hospitals, represent at FHA and many committees and boards. Healthy St. Lucie and opioid taskforce, chamber relationships, event marketing, maintain non-profit relationships. Funding distribution to community- fund directly align with CHNA priorities. Looking to fund programmatic ideas. Product prescription program- diabetes management. Midway Road and south. (not north St. Lucie and ft. pierce). Target population is physical health. No behavioral health in St. Lucie.



### **Strengths:**

Impressed living in St. Lucie with outdoor spaces (Preserve and Oxbow, Crosstown). More sidewalks and better lighting so people can be outdoors. Martin county is smaller and tightknit. In St. Lucie, the people that come to the table provide good discussion and collaboration. Representing a larger population but people that do not come to the table representing diversity. All of the non-profits get together once a month- 60 people in a room, but it is not diverse. The chambers will host events, the city will host events...it is not as streamlined as much as it should be to make an impact and change. There is a duplication of services, not pooling our assets properly. Schools do a good job- working on nutrition and school wellness- pretty impressed. Students working against tobacco. Gardening programs. There is community collaboration- the positive of all of the meetings is working together.

### **Health concerns:**

Transportation is a huge issue and access to care. Hours of service is also an issue; the hours do not make sense for those families. Most services are 9-5 which is not feasible for people so they may go without. Mental health is a massive issue in the area due to lack of providers- can't find providers for inpatient MH, adolescent MH providers, a large area in overall health is a huge gap. One non-profit in Port St Lucie that SA treatment for indigent patients. Also, sedentary rates and food insecurity.

### **Biggest barriers to addressing these issues:**

Existing barriers- pace of society and our life does to lend itself to addressing the exercise and healthy eating. Push through mentality which is not beneficial for community members. Regarding access, part of it is the communication of people not knowing what is available. We need to make sure that people know how to access 211. Transportation is also a barrier- people need to be able to get to the services. Regarding mental health-we just need more providers and more people working on that issue. Especially for people working on adolescent issues. Tykes and Teens is at maximum capacity. Need to attract more providers. Schools are already involved, and Tykes and Teens goes into the schools. There is just an opportunity to do more about mental health. Suicide is an issue and the kids talk about it. It would be a great place to put more money.

### **Strategy to address:**

Exercise/healthy eating: employee wellness programs, not just workplace but also community challenges. More community education to they understand tiny steps and the value of that. Using electronics like apps. Healthy eating- like free cooking classes and crock pot meals for families.

Access and transportation: have a transit system but need more busses and more stops. It should not take so long to get from point a to point b. Availability of uber health vouchers so people could get to their doctor appointments.



Mental health: funding for more providers, increased salaries so people will come to Port St Lucie. Look at what is happening in the schools and making the community connection for a continuation of care. Access to service providers in a timely manner.

2030

Have even more sidewalks- city

Happy families, happy children- mental health (all non-profits)

Yards with individual gardens- community would take the lead

Walking groups- neighbors getting together in the community

**Linda Bartz, St. Lucie County Commissioner**

**March 11, 2020**

Commissioner Bartz has lived in St. Lucie County for over 40 years. She lives in Port St. Lucie. Her prior career included 30 years in banking. She also spent 4 years on the City Council. She has currently served on the County Commission for 4 years.

**Strengths** and Assets of St. Lucie County:

Population increased exponentially (from 14,000 to over 200,000)

Our asset is our people: people come together and work collaboratively with very little egos. They work hard not to duplicate services. In the area of social services, they work together to enhance services because one organization may not be able to do it all.

**Greatest health concerns in St. Lucie County:**

Mental health is a huge issue.

The opioid crisis is also an issue.

**Other concerns in St. Lucie County:**

The jail is the largest provider of mental health and substance use services. How do we change the culture?

Biggest barriers to addressing these health and quality of life concerns:

People must want to change.

What are some strategies that can be implemented to address these health and quality of life concerns and to reduce the barriers?

**Caring for people**

Happy, healthy environment

Water issues taken care of (discharges of algae)

Economic growth

Great place to work, play, live, and age

Continue to cut back on the homeless issue; St. Lucie County has started mobile showers and food pantries

2030 Utopia:

Bring the best of the best employees to be able to treat mental health/substance abuse.

Educate people regarding stigma (not a pariah); destigmatize behavioral health.

Not incarcerate over minor infractions

Quick Response Team (QRT) totally funded or not needed-make a bigger impact on people with addictions issues; get great stakeholders involved

Mental Health Court, Veterans Court, Drug Court, Diversion Programs are positive (continue)

Note: Interview was shortened due to the Commissioner not feeling well.

## Appendix D: Community Leader Survey

### St. Lucie County Community Leader Survey

#### About the St. Lucie County Community Leader Survey

**Thank you for taking the time to complete this Community Leader Survey for St. Lucie County. The purpose of this survey is to gather your thoughts about the health and quality of life in our community. Your feedback will be used to develop a plan to improve St. Lucie County's public health system and the health of St. Lucie County residents. This survey is for St. Lucie County community leaders.**

**Please read the questions carefully and answer to the best of your ability. Please keep in mind that your answers are confidential and cannot be linked to you in any way. This survey takes about 15 minutes to complete.**

**If you have already completed this survey, we thank you for your participation; you do not need to complete it a second time.**

### St. Lucie County Community Leader Survey

#### General Health

**\* 1. Please review the following general health challenges below and choose the **top ten (10)** you believe are the most important to address in our community in the next 3-5 years.**

- Alcohol Consumption
- Alcohol-related Motor Vehicle and Traffic Crashes (including motorcycles, bicycles, trains, and pedestrians)
- Non-alcohol related Motor Vehicle and Traffic Crashes (including motorcycles, bicycles, trains, and pedestrians)
- Alzheimer's Disease or Dementia
- Anemia
- Arthritis
- Asthma
- Birth Defects
- Cancer
- Carbon Monoxide
- Cardiovascular Disease
- Chronic Lower Respiratory Disease (CLRD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Dental Health

St. Lucie County Community Health Assessment  
Adopted June 2020 \* Revised December 2020

- Depression
- Diabetes
- Drowning/Water Safety
- Drug Poisoning/Overdoses
- Eating Disorders
- E-cigs/Vaping
- Facilities Inspections (biomedical waste facilities, group care facilities, tanning facilities, swimming pool and spa facilities, body piercing facilities)
- Fetal Deaths
- Firearms Discharge
- Fire-Related Deaths
- Food-borne illnesses
- Heart Disease
- HIV/AIDS
- Homicide
- Housing
- Illegal Drug Use
- Immunizations
- Infant Deaths
- Injuries due to Falls
- Late Entry to Prenatal Care
- Lead Poisoning
- Marijuana Use
- Maternal Deaths
- Mental Health
- Nutrition (healthy eating)
- Obesity
- Parkinson's Disease
- Physical Activity
- Pneumonia/Influenza
- Prescription Drug Misuse (e.g., opioids, benzodiazepines, etc.)
- Preterm Births
- Sexually Transmitted Diseases/Infections

St. Lucie County Community Health Assessment  
Adopted June 2020 \* Revised December 2020

- Stroke
- Suicide
- Tobacco Use and Exposure
- Tuberculosis
- Vaccine-Preventable Diseases
- Violent Crime
- Hepatitis
- Other (please specify)

\* 2. Of the ten general health issues you selected, which do you believe are the **THREE TOP** priorities?

1.
2.
3.

\* 3. Why do you believe that your choices are the **MOST URGENT** health problems to be addressed?

1.
2.
3.

\* 4. Regarding the **MOST URGENT** priorities you chose, what do you believe are some of the factors that contribute to these challenges?

1.
2.
3.

5. Additional comments regarding health issues in the community (optional)

St. Lucie County Community Health Assessment  
 Adopted June 2020 \* Revised December 2020

\* 6. On a scale of 1 (strongly disagree) through 4 (strongly agree), please rate each of the following statements about health care access in St. Lucie County.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Sure
The majority of residents in St. Lucie County have access to a local primary care provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The majority of residents in St. Lucie County have access to local medical specialists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The majority of residents in St. Lucie County are able to access a local dentist when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The majority of residents in St. Lucie County are able to access a behavioral health (mental health/substance use) provider when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation for medical appointments is available and easy to access for the majority of residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care resources are available and accessible (Examples: weight loss classes, gym memberships, health education).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The majority of residents in St. Lucie County have the ability to pay for health care services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The majority of residents in St. Lucie County have the ability to pay for dental services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments regarding health care access

**Social Determinants of Health**

**Social Determinants of Health are defined by the Centers for Disease Control and Prevention as the conditions in which people are born, grow, live, and age that affect a wide range of health risks, functioning, and quality-of-life outcomes.**

\* 7. Please review the following social determinants of health and choose the **FIVE (5)** you believe are the most important to address in St. Lucie County over the next 3-5 years.

- Affordable, Quality Childcare
- Early Childhood Education
- Primary Education (Elementary, Middle, and High School)
- Secondary Education (College, University)
- Education for people with special needs
- Job Skills Training
- Employment Opportunities (living wage employment, employment close to home)
- Food Security (access to affordable, healthy, nutritious foods)
- Affordable Housing
- Housing conditions (ventilation, plumbing, mold, lead, asbestos)
- Economic Stability (limited assets, lack of/under insurance, lack of household savings)
- Social and Natural Supports (extracurricular activities, faith-based organizations, libraries, social connectedness)
- Public Transportation
- Walkability (sidewalks and streetlights)
- Parks and Recreation Facilities
- Neighborhood Conditions (noise; proximity to fresh produce, grocery stores, highways; fear of crime; poverty; access to safe drinking water)
- Public Safety (availability and capacity of first responder organizations-law enforcement, EMS, fire rescue)
- Language/Literacy (limited English proficiency, reading/writing literacy, health literacy, financial literacy, etc.)
- Access to technology
- Other (please specify)

\* 8. Of the five social determinants of health you chose, which **TWO** do you believe would make the greatest impact to the health of St. Lucie County?

1.
2.

\* 9. Why do you believe that these determinants are the most important social issues to address?

1.

2.

10. Additional comments regarding social determinants of health (optional)

### St. Lucie County Community Leader Survey

#### Programs, Services, and Promotion

\* 11. Please describe any programs or services you believe should be developed and offered to those who live in St. Lucie County.

\* 12. How do you think health and wellness are best promoted in St. Lucie County? (Example: fairs, workplace, classroom education, outreach events, etc.)

\* 13. Related to health and well-being in St. Lucie County, how would you describe existing services, outreach, and promotion? (Poor, Fair, Good, Excellent)

- Poor
- Fair
- Good
- Excellent

14. Are there specific populations in St. Lucie County you believe are not being adequately served? If so, who? Be as specific as possible.

15. Are there any areas of St. Lucie County that you believe are not being adequately served? If so, which areas? Be as specific as possible.



\* 19. Please identify the entity you are representing in completing this survey (choose only one):

- Private Business Owner
- Social Service Organization
- Educational Organization (private)
- Educational Organization (public)
- Physical Healthcare Provider (private)
- Physical Healthcare Provider (non-profit)
- Civic Organization
- Behavioral Healthcare Provider (private)
- Behavioral Healthcare Provider (non-profit)
- Funding Organization (private)
- Funding Organization (public)
- Faith-based Organization
- Managed Care Organization
- Law Enforcement
- Fire Rescue
- Emergency Medical Services
- Hospital Provider (private)
- Hospital Provider (public)
- Elected Official
- Home Health Organization
- Nursing Home
- Other (specify)
- Other (please specify)

## Appendix E: Community Resident Survey

### 1. Instructions

Thank you for taking the time to complete this Community Wellbeing Survey for St. Lucie County. The purpose of this survey is to gather your thoughts about the health and quality of life in our community. Your feedback will be used to develop a plan to improve St. Lucie County's public health system and the health of residents like you. This survey is for St. Lucie County residents.

Please read the questions carefully and answer to the best of your ability. Please keep in mind that your answers are confidential and cannot be linked to you in any way. This survey takes about 15 minutes to complete.

If you have already completed this survey, we thank you for your participation; you do not need to complete it a second time.

1. In which ZIP CODE do you live?

2. What is your AGE?

- |                             |                             |
|-----------------------------|-----------------------------|
| <input type="radio"/> 18-24 | <input type="radio"/> 45-54 |
| <input type="radio"/> 25-34 | <input type="radio"/> 55-64 |
| <input type="radio"/> 35-44 | <input type="radio"/> 65+   |

3. Are you of HISPANIC or LATINO/LATINA origin or descent?

- Yes, Hispanic or Latino/Latina
- No, not Hispanic or Latino/Latina

4. Which RACE best describes you? Please choose only one answer.

- |   |   |
|---|---|
| <input type="radio"/> White or Caucasian        | <input type="radio"/> American Indian or Alaska Native          |
| <input type="radio"/> Black or African American | <input type="radio"/> Native Hawaiian or other Pacific Islander |
| <input type="radio"/> Hispanic or Latino        | <input type="radio"/> More than one Race                        |
| <input type="radio"/> Asian or Asian American   | <input type="radio"/> Prefer not to answer                      |

5. What is your GENDER?

- |  |  |
|--|--|
| <input type="radio"/> Male                       | <input type="radio"/> Transgender Female to Male                               |
| <input type="radio"/> Female                     | <input type="radio"/> Transgender but do not identify as either male or female |
| <input type="radio"/> Transgender Male to Female | <input type="radio"/> Prefer not to answer                                     |

**6. Which of the following best describes your SEXUAL ORIENTATION?**

- Heterosexual (Straight)
- Gay or Lesbian
- Bisexual
- Prefer not to answer
- Other (please specify)

**7. Which LANGUAGE do you MAINLY speak at home?**

- Arabic
- Chinese
- English
- French
- German
- Other (please specify)
- Haitian Creole
- Portuguese
- Russian
- Spanish
- Vietnamese

**8. What is the HIGHEST LEVEL of SCHOOL that you have completed?**

- Less than high school
- Some high school, but no diploma
- High school diploma (or GED)
- Some college, but no degree
- 2-year college degree
- 4-year college degree
- Graduate-level degree or higher
- Prefer not to answer

**9. How much TOTAL COMBINED INCOME did all members of your household earn last year?**

- Under \$15,000
- Between \$15,000 and \$29,999
- Between \$30,000 and \$49,999
- Between \$50,000 and \$74,999
- Between \$75,000 and \$99,999
- Between \$100,000 and \$150,000
- Over \$150,000
- Prefer not to answer

**10. Including yourself, how many people currently LIVE in your household?**

- 1
- 2
- 3
- 4
- 5
- 6 or more

**11. How many people in your household are UNDER 18 years of age?**

- |                            |                                 |
|----------------------------|---------------------------------|
| <input type="radio"/> None | <input type="radio"/> 4         |
| <input type="radio"/> 1    | <input type="radio"/> 5         |
| <input type="radio"/> 2    | <input type="radio"/> 6 or more |
| <input type="radio"/> 3    |                                 |

**12. How many people in your household are 65 YEARS of age or older? (Include yourself if you are 65 or older)**

- |                            |                                 |
|----------------------------|---------------------------------|
| <input type="radio"/> None | <input type="radio"/> 4         |
| <input type="radio"/> 1    | <input type="radio"/> 5         |
| <input type="radio"/> 2    | <input type="radio"/> 6 or more |
| <input type="radio"/> 3    |                                 |

**13. Which of the following best describes your current relationship status?**

- |                                 |   |
|---------------------------------|---|
| <input type="radio"/> Married   | <input type="radio"/> In a domestic partnership or civil union    |
| <input type="radio"/> Widowed   | <input type="radio"/> Single, but living with a significant other |
| <input type="radio"/> Divorced  | <input type="radio"/> Single, never married                       |
| <input type="radio"/> Separated |   |

**14. Which of the following best describes your current status?**

- |   |  |
|---|--|
| <input type="radio"/> Working full-time (30 or more hours per week) | <input type="radio"/> Student                    |
| <input type="radio"/> Working part-time (29 hours or less per week) | <input type="radio"/> Retired                    |
| <input type="radio"/> Not employed                                  | <input type="radio"/> Disabled, not able to work |
| <input type="radio"/> Looking after family or home                  |  |



## 2. YOUR PERSONAL HEALTH AND HEALTH CARE

The next questions ask you about your personal health and your opinions about the quality and availability of health care in the community where you live.

**17. About how often do you eat at a FAST FOOD restaurant?**

- Every day  Less than a few times a month  
 A few times a week  Never  
 A few times a month

**18. About how often do you eat at a SIT DOWN restaurant?**

- Every day  Less than a few times a month  
 A few times a week  Never  
 A few times a month

**19. About how often do you prepare meals AT HOME?**

- Every day  Less than a few times a month  
 A few times a week  Never  
 A few times a month

**20. If there was a time in the PAST 12 MONTHS when you needed MEDICAL care but DID NOT get the care you needed, what were the BARRIERS? (CHECK ALL THAT APPLY).**

- Can't afford it/costs too much  Don't know where to go  
 Don't have transportation  Couldn't get an appointment/hard to get an appointment  
 Don't have insurance  N/A  
 Don't have a doctor  
 Other (please specify)

21. If there was a time in the PAST 12 MONTHS when you needed DENTAL care but DID NOT get the care you needed, what were the BARRIERS? (CHECK ALL THAT APPLY).

- |   |   |
|---|---|
| <input type="checkbox"/> Can't afford it/costs too much | <input type="checkbox"/> Don't know where to go                                 |
| <input type="checkbox"/> Don't have transportation      | <input type="checkbox"/> Couldn't get an appointment/hard to get an appointment |
| <input type="checkbox"/> Don't have insurance           | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Don't have a doctor            |   |
| <input type="checkbox"/> Other (please specify)         |   |

22. How do you pay for your MEDICAL care?

- |   |  |
|---|--|
| <input type="radio"/> I pay cash/I don't have health insurance                  | <input type="radio"/> Veteran's Administration                                   |
| <input type="radio"/> Medicare or Medicare HMO                                  | <input type="radio"/> TRICARE  |
| <input type="radio"/> Medicaid or Medicaid HMO                                  | <input type="radio"/> Indian Health Services                                     |
| <input type="radio"/> Commercial health insurance (private insurance, HMO, PPO) | <input type="radio"/> Florida KidCare/Children's Health Insurance Program (CHIP) |
| <input type="radio"/> Other (please specify)                                    |  |

23. How do you pay for your DENTAL care?

- |   |  |
|---|--|
| <input type="radio"/> I pay cash/I don't have health insurance                  | <input type="radio"/> Veteran's Administration                                   |
| <input type="radio"/> Combination of health insurance and cash                  | <input type="radio"/> TRICARE  |
| <input type="radio"/> Medicare or Medicare HMO                                  | <input type="radio"/> Indian Health Services                                     |
| <input type="radio"/> Medicaid or Medicaid HMO                                  | <input type="radio"/> Florida KidCare/Children's Health Insurance Program (CHIP) |
| <input type="radio"/> Commercial health insurance (private insurance, HMO, PPO) |  |
| <input type="radio"/> Other (please specify)                                    |  |

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**24. If you do not have health insurance, what is the barrier?**

- N/A-I have health insurance
- Cannot afford insurance
- Employer does not pay for insurance
- Not eligible for employer-paid insurance
- Do not need insurance
- Other (please specify)
- Do not believe in insurance
- Dissatisfied with previous insurance plan or provider
- I don't qualify for health insurance
- Not sure

**25. Within the last 12 MONTHS:**

	Yes	No	Don't know/not sure
Has the utility company shut off your services for not paying your bills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you ever eat less because there wasn't enough money for food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you worry if your food would run out before you got money to buy more?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you worry about not being able to make the minimum payments on your credit cards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you worry about not being able to pay your mortgage, rent, or other housing costs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you worry that you might lose your job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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26. Thinking about your life at the moment, how often do you:

	Never or almost never	Hardly ever (less than 1 time per month)	Sometimes (1-3 times per month)	Frequently (more than 3 times per month)	Often (every day or almost daily)
meet socially with friends, family, or work colleagues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
get involved in work for voluntary or charitable organizations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
spend your leisure time away from home in the community or public spaces, such as libraries or parks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. To what extent do you agree or disagree with each of the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree
I have people with whom I can share problems or get help when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a positive view about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a sense of responsibility to improve the health of my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When things go wrong in my life, it takes me a long time to get back to normal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I generally feel that what I do in my life is worthwhile.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My religious or spiritual beliefs influence the way I live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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30. Below are some statements about your local community. You may agree with some and disagree with others. Please tell us how much you agree or disagree with each statement.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Not Sure
Drug abuse is a problem in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have no problem getting the health care services I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have great parks and recreational facilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transportation is readily available to me if I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are plenty of jobs available for those who want them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime in my area is a serious problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air pollution is a problem in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my own neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are affordable places to live in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of health care in my neighborhood is good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are good sidewalks for walking safely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to get healthy food easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The water that comes from my tap is safe to drink.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our lakes, beaches, and rivers are clean.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**\* 31. In the following list what do you think are the FIVE MOST IMPORTANT factors that define the quality of life in a community? (CHECK ONLY ONE CHOICE IN EACH COLUMN).**

	1	2	3	4	5
Access to health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arts and cultural events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good jobs and healthy economy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy behaviors and lifestyles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low adult death and disease rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious or spiritual values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to good or reliable health information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disaster preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 32. In the following list what do you think are the FIVE MOST IMPORTANT factors that define the quality of life in a community? (CHECK ONLY ONE CHOICE IN EACH COLUMN).**

	1	2	3	4	5
Good place to raise children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Great place to grow old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low crime/safe neighborhoods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low level of child abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excellent race relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low infant deaths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks and recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strong family life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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\* 33. In the following list, what do you think are the FIVE MOST IMPORTANT "health risks" in your community? (CHECK ONLY ONE CHOICE IN EACH COLUMN).

	1	2	3	4	5
Dropping out of school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor eating habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not getting enough "shots" (immunizations, vaccinations) to prevent disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco use/Vaping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not using seat belts/child safety seats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighborhood crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 34. In the following list, what do you think are the FIVE MOST IMPORTANT "health risks" in your community? (CHECK ONLY ONE CHOICE IN EACH COLUMN).

	1	2	3	4	5
Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illegal drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not using birth control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsafe sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gun violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Underage drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dementia/Alzheimer's Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**35. When thinking about retail stores (local convenience stores, gasoline service stations, grocery stores, or pharmacies) you visit, how often do you:**

	Never	Hardly ever	Sometimes	Always
See advertisements for tobacco products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See advertisements for alcohol products (beer, wine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See alcohol products placed near or at the check-out counter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See tobacco products placed at or near the check-out counter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See sugary drinks at or near the check-out counter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See advertisements for sugary drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See fresh fruit/vegetables at or near the check-out counter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**36. Please provide your opinion on the following statements when thinking about breastfeeding in your community. Please tell us how much you agree or disagree with each statement.**

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Not Sure
I am comfortable when mothers breastfeed their babies near me in a public place, such as a shopping center, restaurant, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breastmilk is the best food for babies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mothers have the right to breastfeed in public places.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**37. Please provide your opinion on the following statements when thinking about mental health in your community. Please tell us how much you agree or disagree with each statement.**

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Not Sure
Anyone can have a mental health problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be too embarrassed to tell anyone that I had a mental health problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone with a mental health problem should have the same right to a job as anyone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would not want to live next door to someone with a mental health problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I thought that I had a mental health problem I would know how to get help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**38. In the last 5 years, do you believe you have experienced discrimination (been prevented from doing something, been hassled, or made to feel inferior) in any of the following situations because of your race, ethnicity, or skin color?**

	Never or almost never	Hardly ever (once or twice)	Sometimes (2-3 times)	Frequently (more than 4 times)
at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
getting hired or getting a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
getting housing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
getting medical care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
getting dental care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
getting service in a store or restaurant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
getting credit, bank loans, or a mortgage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
on the street or in a public setting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
from the police or in courts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**39. Below are some statements about your local community. You may agree with some and disagree with others. Please tell us how much you agree or disagree with each statement.**

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Not Sure
Poor health is inevitable in older age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An older person is somebody aged 60 and above.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A person's attitude toward aging has little or no influence on their health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aging is an obstacle to a good life and must be overcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As people get older they continue to grow as a person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As people age, they get wiser.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel angry or sad when I think about getting older.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about how aging might affect the things that I can do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing chronic diseases (diabetes, heart conditions) as we age is not something we can control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**40. Based on what you have seen or experienced, do you think older workers face discrimination in the workplace based on AGE?**

- Yes
- No
- Not Sure

**41. At what age do you think older workers begin to face age discrimination?**

- 40s
- 50s
- 60s
- 70 or older
- Not Sure



**42. Do you believe you have experienced any of the following at work after the age of 40?**

	Yes	No	Not Sure
Passed up for a promotion or a chance to get ahead because of your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laid off, fired, or forced out of a job because of your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not getting hired for a job you applied for because of your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Denied access to training or professional development opportunities because of your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heard negative remarks related to your age from a supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heard negative remarks related to your age from a colleague	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Appendix F: Forces of Change Assessment

### Forces of Change Brainstorming Worksheet

The following two-page worksheet is designed for MAPP Committee members to use in preparing for the Forces of Change brainstorming session.

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

What Kind of Areas or Categories Are Included?

Be sure to consider any and all types of forces, including:

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

### How To Identify Forces of Change

Think about forces of change – outside of your control – that affect the local public health system or community.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

Also, consider whether forces identified were unearthed in previous discussions.

1. Was the MAPP process spurred by a specific event such as changes in funding or new trends in public health service delivery?
2. Did discussions during the Local Public Health System Assessment reveal changes in organizational activities that were the result of external trends?
3. Did brainstorming discussions during the Visioning or Community Themes and Strengths phases touch upon changes and trends occurring in the community?

**Forces of Change Brainstorming Worksheet**

Using the information from the previous page, list all brainstormed forces, including factors, events, and trends. Continue onto another page if needed. Bring the completed worksheet to the brainstorming session.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

## Appendix G: Local Public Health System Assessment Survey



2020 Local Public Health System Assessment  
*National Public Health Performance Standards*

### **ESSENTIAL SERVICE 1:**

#### **Monitor Health Status to Identify Community Health Problems**

\* 1. Name

\* 2. Please identify the type of agency you represent.

3. Title

\* 4. Email Address

**5. 1.1 Model Standard: Population-Based Community Health Assessment (CHA)**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
1.1.1 Conduct regular community health assessments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1.2 Continuously update the community health assessment with current information?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1.3 Promote the use of the community health assessment among community members and partners?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1.4 Conduct a community health assessment that includes indicators intended to monitor differences in health and wellness across populations, according to race, ethnicity, age, income, immigration status, sexual identity, education, gender, and neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

**6. 1.2 Model Standard: Current Technology to Manage and Communicate Population Health Data**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
1.2.1 Use the best available technology and methods to display data on the public's health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.2.2 Analyze health data, including geographic information, to see where health problems exist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.2.3 Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

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**ESSENTIAL SERVICE 2:**

**Diagnose and Investigate Health Problems and Health Hazards**

**7. 2.1 Model Standard: Identification and Surveillance of Health Threats**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
2.1.1 Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
2.1.3 Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

**8. 2.2 Model Standard: Investigation and Response to Public Health Threats and Emergencies**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
2.2.1 Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
2.2.3 Designate a jurisdictional Emergency Response Coordinator?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2.5 Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2.6 Evaluate incidents for effectiveness and opportunities for improvement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments on Standard	<input type="text"/>					

**9. 2.3 Model Standard: Laboratory Support for Investigation of Health Threats**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
2.3.1 Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.3.2 Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.3.3 Use only licensed or credentialed laboratories?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.3.4 Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments on Standard	<input type="text"/>					

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**ESSENTIAL SERVICE 3:**

**Inform, Educate, and Empower People about Health Issues**

**10. 3.1 Model Standard: Health Education and Promotion**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
3.1.1 Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.1.2 Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.1.3 Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
3.1.4 Provide the general public, policymakers, and the public and private stakeholders with information about health inequities and the impact of government and private sector decision – making on historically marginalized communities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

**11. 3.2 Model Standard: Health Communication**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
3.2.1 Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.2.2 Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
3.2.3 Identify and train spokespersons on public health issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.2.4 Provide information about community health status (e.g., heart disease rates, cancer rates, and environmental risks) and community health needs in the context of health equity and social justice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments on Standard	<input type="text"/>					

**12. 3.3 Model Standard: Risk Communication**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
3.3.1 Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.3.2 Make sure resources are available for a rapid emergency communication response?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.3.3 Provide risk communication training for employees and volunteers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments on Standard	<input type="text"/>					

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**ESSENTIAL SERVICE 4:**  
**Mobilize Community Partnerships to Identify and Solve Health Problems**

**13. 4.1 Model Standard: Constituency Development**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
4.1.1 Maintain a complete and current directory of community organizations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.1.3 Encourage constituents to participate in activities to improve community health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.1.4 Create forums for communication of public health issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
4.1.5 Provide institutional means for community-based organizations and individual members to participate fully in decision-making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

**14. 4.2 Model Standard: Community Partnerships**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
4.2.1 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.2.2 Establish a broad-based community health improvement committee?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.2.3 Assess how well community partnerships and strategic alliances are working to improve community health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.2.4 Provide community members with access to community health data?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

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**ESSENTIAL SERVICE 5:**

**Develop Policies and Plans that Support Individual and Community Health Efforts**

**15. 5.1 Model Standard: Governmental Presence at the Local Level**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
5.1.1 Support the work of a local health department dedicated to public health and ensuring the essential public health services are provided?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.1.2 See that the local health department is accredited through the national voluntary accreditation program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.1.3 Assure that the local health department has enough resources to do its part in providing essential public health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard



**16. 5.2 Model Standard: Public Health Policy Development**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
5.2.1 Contribute to public health policies by engaging in activities that inform the policy development process?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2.2 Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2.3 Review existing policies at least every three to five years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2.4 Ensure that community-based organizations and individual community members have substantive role in deciding what policies, procedures, rules and practices govern community health efforts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

**17. 5.3 Model Standard: Community Health Improvement Process and Strategic Planning**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
5.3.1 Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3.3 Connect organizational strategic plans with the Community Health Improvement Plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

**18. 5.4 Model Standard: Plan for Public Health Emergencies**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
5.4.1 Support a workgroup to develop and maintain preparedness and response plans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.4.2 Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.4.3 Test the plan through regular drills and revise the plan as needed, at least every two years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

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**ESSENTIAL SERVICE 6:**

**Enforce Laws and Regulations that Protect Health and Ensure Safety**

**19. 6.1 Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
6.1.1 Identify public health issues that can be addressed through laws, regulations, or ordinances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.1.2 Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
6.1.3 Review existing public health laws, regulations, and ordinances at least once every five years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.1.4 Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.1.5 Identify local public health issues that have a disproportionate impact on historically marginalized communities (that are not adequately addressed through existing laws, regulations, and ordinances)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

**20. 6.2 Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.2.2 Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

**21. 6.3 Model Standard: Enforcement of Laws, Regulations, and Ordinances**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
6.3.1 Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3.2 Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3.3 Assure that all enforcement activities related to public health codes are done within the law?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3.4 Educate individuals and organizations about relevant laws, regulations, and ordinances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3.5 Evaluate how well local organizations comply with public health laws?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
6.3.6 Identify local public health issues that have a disproportionate impact on historically marginalized communities (that are not adequately addressed through existing laws, regulations, and ordinances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

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**ESSENTIAL SERVICE 7:**

**Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable**

**22. 7.1 Model Standard: Identification of Personal Health Service Needs of Populations**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	N/A
7.1.1 Identify groups of people in the community who have trouble accessing or connecting to personal health services based on factors such as age, education level, income, language barriers, race or ethnicity, disability, mental illness, access to insurance, sexual orientation and gender identity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.1.2 Identify all personal health service needs and unmet needs throughout the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.1.3 Defines partner roles and responsibilities to respond to the unmet needs of the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.1.4 Understand the reasons that people do not get the care they need?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard



**23. 7.2 Model Standard: Assuring the Linkage of People to Personal Health Services**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
7.2.1 Connect (or link) people to organizations that can provide the personal health services they may need?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.2.2 Help people access personal health services, in a way that takes into account the unique needs of different populations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.2.3 Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.2.4 Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

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**ESSENTIAL SERVICE 8:**

**Assure a Competent Public and Personal Health Care Workforce**

**24. 8.1 Model Standard: Workforce Assessment, Planning, and Development**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
8.1.1 Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.1.2 Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.1.3 Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

**25. 8.2 Model Standard: Public Health Workforce Standards**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
B.2.1 Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.2.2 Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.2.3 Base the hiring and performance review of members of the public health workforce in public health competencies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.2.4 Recruit and train staff members from multidisciplinary backgrounds that are committed to achieving health equity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.2.5 Recruit and train staff members from multidisciplinary backgrounds that are committed to achieving health equity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

**26. 8.3 Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
B.3.1 Identify education and training needs and encourage the workforce to participate in available education and training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.3.2 Provide ways for workers to develop core skills related to essential public health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.3.4 Create and support collaborations between organizations within the public health system for training and education?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.3.5 Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

**27. 8.4 Model Standard: Public Health Leadership Development**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
B.4.1 Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.4.2 Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.4.3 Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.4.4 Provide opportunities for the development of leaders representative of the diversity within the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

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**ESSENTIAL SERVICE 9:**

**Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services**

**28. 9.1 Model Standard: Evaluation of Population-Based Health Services**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
9.1.1 Evaluate how well population-based health services are working, including whether the goals set for programs were achieved?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.1.2 Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.1.3 Identify gaps in the provision of population-based health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.1.4 Use evaluation findings to improve plans and services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.1.5 Monitor the delivery of the Essential Public Health Services to ensure that they are equitably distributed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

**29. 9.2 Model Standard: Evaluation of Personal Health Services**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
9.2.1 Evaluate the accessibility, quality, and effectiveness of personal health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.2.2 Compare the quality of personal health services to established guidelines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.2.3 Measure satisfaction with personal health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.2.4 Use technology, like the internet or electronic health records, to improve quality of care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.2.5 Use evaluation findings to improve services and program delivery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

**3D. 9.3 Model Standard: Evaluation of the Local Public Health System**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
9.3.1 Identify all public, private, and voluntary organizations that provide essential public health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.3.2 Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.3.3 Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.3.4 Use results from the evaluation process to improve the LPHS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard



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**ESSENTIAL SERVICE 10:**

**Research for New Insights and Innovative Solutions to Health Problems**

**31. 10.1 Model Standard: Fostering Innovation**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
10.1.1 Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that do research?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
10.1.3 Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.1.4 Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.1.5 Encourage staff, research organizations, and community members to explore the root causes of health inequity, including solutions based on research identifying the health impact of structural racism, gender and class inequity, social exclusion, and power differentials?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.1.6 Share information and strategize with other organizations invested in eliminating health inequity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

**32. 10.2 Model Standard: Linkage with Institutions of Higher Learning and/or Research**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
10.2.1 Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.2.2 Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.2.3 Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

Appendix

**33. 10.3 Model Standard: Capacity to Initiate or Participate in Research**

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.3.2 Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.3.3 Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

## Appendix H: Community Assets and Resources

St Lucie County is fortunate to have a collaborative view of coordination among the local service providers. This perspective was reiterated throughout the Community Health Assessment and provides the community with a solid foundation in addressing the complex needs faced by residents as they strive for health and wellness.

Below are assets and resources that provide support for community health in the areas of information and referral, education, training and employment; medical and behavior health care; substance abuse treatment and prevention; transportation, older adults; children; financial assistance; food insecurity; healthy eating; community organizing; advocacy; and more . The list is not inclusive of all organizations, programs and services available.

*Table 138. Community Assets and Resources*

Name	Link
<b>211 Treasure Coast</b>	<a href="https://211palmbeach.org/">https://211palmbeach.org/</a>
<b>AARP Senior Community Service Employment Program</b>	
<b>Advocates and Guardians for the Elderly and Disabled</b>	<a href="http://trustaged.org">Advocates &amp; Guardians for the Elderly &amp; Disabled (trustaged.org)</a>
<b>Aging and Disability Resource Center (Area Agency on Aging)</b>	<a href="https://www.youragingresourcecenter.org/elder-helpline">https://www.youragingresourcecenter.org/elder-helpline</a>
<b>ALPI</b>	<a href="http://www.alpi.org">www.alpi.org</a>
<b>Alzheimer and Parkinson's Association</b>	<a href="http://www.tcremembers.com">www.tcremembers.com</a>
<b>Alzheimer's Association</b>	<a href="https://www.alz.org/seflorida">https://www.alz.org/seflorida</a>
<b>Alzheimer's Community Care</b>	<a href="https://www.alzcare.org/">https://www.alzcare.org/</a>
<b>ARC of St. Lucie</b>	<a href="http://arcofstlucie.org/">http://arcofstlucie.org/</a>
<b>Big Brothers Big Sisters</b>	<a href="https://bbbsbig.org/">https://bbbsbig.org/</a>
<b>Boys and Girls Club</b>	<a href="https://bgcofslc.org/">https://bgcofslc.org/</a>
<b>Bureau of Consumer Protection   Federal Trade Commission (ftc.gov)</b>	<a href="https://www.ftc.gov/about-ftc/bureaus-offices/bureau-consumer-protection">https://www.ftc.gov/about-ftc/bureaus-offices/bureau-consumer-protection</a>
<b>Career Source Research Coast</b>	<a href="http://www.caresourcerc.org">www.caresourcerc.org</a>
<b>CareNet</b>	<a href="https://carenettc.com/">https://carenettc.com/</a>
<b>Children's Home Society</b>	<a href="https://www.chsfl.org/locations/treasure-coast/">https://www.chsfl.org/locations/treasure-coast/</a>
<b>Children's Medical Service</b>	<a href="http://www.cms-kids.com/">http://www.cms-kids.com/</a>
<b>Children's Service Council</b>	<a href="https://www.cscslc.org/">https://www.cscslc.org/</a>
<b>Chrysalis Health</b>	<a href="https://www.chrysalishealth.com/">https://www.chrysalishealth.com/</a>

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Name	Link
<b>Cleveland Clinic Martin Health</b>	<a href="https://www.martinhealth.org/">https://www.martinhealth.org/</a>
<b>Coalition for Independent Living Options</b>	<a href="http://www.cilo.org">www.cilo.org</a>
<b>Community Foundation Martin St. Lucie</b>	<a href="https://www.thecommunityfoundationmartinstlucie.org/">https://www.thecommunityfoundationmartinstlucie.org/</a>
<b>Community Transit</b>	<a href="http://www.Slcride.org">www.Slcride.org</a>
<b>Council of Social Agencies</b>	<a href="http://www.cosaslc.org">www.cosaslc.org</a>
<b>Council on Aging of St. Lucie</b>	<a href="http://www.coasl.com/">http://www.coasl.com/</a>
<b>Department of Children and Families</b>	<a href="http://www.myflfamilies.gov">www.myflfamilies.gov</a>
<b>Diabetes Coalition</b>	
<b>Drug Free St. Lucie Coalition</b>	<a href="http://www.facebook.com/drugfreestlucie">www.facebook.com/drugfreestlucie</a>
<b>Early Learning Coalition</b>	<a href="https://www.elcslc.org/">https://www.elcslc.org/</a>
<b>Families of the Treasure Coast</b>	<a href="https://www.familiesofthetreasurecoast.org/">https://www.familiesofthetreasurecoast.org/</a>
<b>Florida Atlantic University</b>	<a href="https://www.fau.edu/">https://www.fau.edu/</a>
<b>Florida Community Health Center</b>	<a href="https://www.fchcinc.org/">https://www.fchcinc.org/</a>
<b>Florida Department of Health in St Lucie</b>	<a href="http://stlucie.floridahealth.gov/">http://stlucie.floridahealth.gov/</a>
<b>Florida Rural Legal Services</b>	<a href="http://www.frls.org">www.frls.org</a>
<b>Floridians Fighting Falls</b>	<a href="http://www.fightingfalls.org">www.fightingfalls.org</a>
<b>Fort Pierce Housing Authority</b>	<a href="http://www.hacfp.org/">http://www.hacfp.org/</a>
<b>Fort Pierce Parks and Recreation</b>	<a href="https://cityoffortpierce.com/241/Recreational-Services">https://cityoffortpierce.com/241/Recreational-Services</a>
<b>Grace Way Village</b>	<a href="https://www.gracewayvillage.com/">https://www.gracewayvillage.com/</a>
<b>Guardians for New Futures</b>	<a href="https://www.gfnf4kids.org/">https://www.gfnf4kids.org/</a>
<b>Habitat for Humanity</b>	<a href="https://stluciehabitat.org/">https://stluciehabitat.org/</a>
<b>HANDS Clinic</b>	<a href="https://www.handsofslc.org/">https://www.handsofslc.org/</a>
<b>Healthy St Lucie</b>	<a href="http://healthystlucie.org/about-healthy-st-lucie/">http://healthystlucie.org/about-healthy-st-lucie/</a>
<b>Healthy Start</b>	<a href="https://www.kidsconnectedbydesign.org/healthy-start/">https://www.kidsconnectedbydesign.org/healthy-start/</a>
<b>Henderson Behavioral Health</b>	<a href="https://www.hendersonbh.org/">https://www.hendersonbh.org/</a>
<b>Ignite Youth Alliance</b>	<a href="http://www.roundtableslc.com/p/45/ignite-youth-alliance">www.roundtableslc.com/p/45/ignite-youth-alliance</a>
<b>Impact 100</b>	<a href="https://www.thecommunityfoundationmartinstlucie.org/impact100sl/">https://www.thecommunityfoundationmartinstlucie.org/impact100sl/</a>
<b>In the Image of Christ</b>	<a href="https://intheimageofchrist.org/">https://intheimageofchrist.org/</a>
<b>Indian River State College</b>	<a href="https://www.irsc.edu/">https://www.irsc.edu/</a>
<b>Inner Truth Project</b>	<a href="https://innertruthproject.org/">https://innertruthproject.org/</a>
<b>Keiser University</b>	<a href="https://www.keiseruniversity.edu/port-st-lucie/">https://www.keiseruniversity.edu/port-st-lucie/</a>

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Name	Link
<b>Lawnwood Regional Medical Center</b>	<a href="https://lawnwoodmed.com/">https://lawnwoodmed.com/</a>
<b>LifeBuilders of the Treasure Coast</b>	<a href="http://www.lifebuilderstc.com">www.lifebuilderstc.com</a>
<b>Lincoln Park Advisory Council</b>	<a href="https://afmfl.org/index.php/common-good-initiative/lincoln-park-council-for-the-common-good/">https://afmfl.org/index.php/common-good-initiative/lincoln-park-council-for-the-common-good/</a>
<b>Lincoln Park Common Good Initiative</b>	<a href="https://afmfl.org/index.php/common-good-initiative/">https://afmfl.org/index.php/common-good-initiative/</a>
<b>Mustard Seed Ministries</b>	<a href="https://www.mustardseedslc.org/">https://www.mustardseedslc.org/</a>
<b>Port St. Lucie Hospital</b>	<a href="https://www.portstluciehospitalinc.com/">https://www.portstluciehospitalinc.com/</a>
<b>Port St. Lucie Medical Center</b>	<a href="https://stluciemed.com/">https://stluciemed.com/</a>
<b>Port St. Lucie Parks and Recreation</b>	<a href="https://www.cityofpsl.com/government/departments/parks-recreation">https://www.cityofpsl.com/government/departments/parks-recreation</a>
<b>Public Defender Offender Re-Entry Program</b>	<a href="http://www.pd19.org/offender-re-entry-program.html">http://www.pd19.org/offender-re-entry-program.html</a>
<b>Roundtable</b>	<a href="http://www.roundtableslc.com/">http://www.roundtableslc.com/</a>
<b>Safe Space</b>	<a href="https://safespacefl.org/">https://safespacefl.org/</a>
<b>Salvation Army</b>	<a href="https://salvationarmyflorida.org/martincounty/">https://salvationarmyflorida.org/martincounty/</a>
<b>Sarah's Kitchen</b>	<a href="https://sarahskitchen.org/">https://sarahskitchen.org/</a>
<b>Southeast Florida Behavioral Health</b>	<a href="http://www.sebhn.org">www.sebhn.org</a>
<b>St Lucie Public Schools</b>	<a href="https://www.stlucie.k12.fl.us/">https://www.stlucie.k12.fl.us/</a>
<b>St. Lucie County Parks and Recreation</b>	<a href="https://www.stlucieco.gov/departments-services/a-z/parks-recreation-and-facilities-department">https://www.stlucieco.gov/departments-services/a-z/parks-recreation-and-facilities-department</a>
<b>State Attorney - Victim's Services Division</b>	<a href="http://www.sao19.org/index.php/victim-services/">http://www.sao19.org/index.php/victim-services/</a>
<b>Students Working Against Tobacco</b>	<a href="http://www.swatflorida.com/">http://www.swatflorida.com/</a>
<b>Suncoast Mental Health</b>	<a href="https://suncoastmentalhealth.org/">https://suncoastmentalhealth.org/</a>
<b>Teen Choices and Teen Zone</b>	<a href="http://stlucie.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/teen-zone/index.html">http://stlucie.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/teen-zone/index.html</a>
<b>Tobacco Free Partnership</b>	<a href="https://tobaccofreeflorida.com/county/st-lucie/">https://tobaccofreeflorida.com/county/st-lucie/</a>
<b>Transportation and Planning Organization</b>	<a href="http://www.stlucietpo.org/">http://www.stlucietpo.org/</a>
<b>Treasure Coast Advocates for Seniors</b>	<a href="http://www.tcadvocates.org">www.tcadvocates.org</a>
<b>Treasure Coast Food Bank</b>	<a href="https://stophunger.org/">https://stophunger.org/</a>
<b>Treasure Coast Homeless Services Council</b>	<a href="http://www.tchelpspot.org">www.tchelpspot.org</a>
<b>Tykes and Teens</b>	<a href="https://www.tykesandteens.org/">https://www.tykesandteens.org/</a>
<b>United Against Poverty</b>	<a href="https://upslc.org/">https://upslc.org/</a>
<b>United Way</b>	<a href="https://www.unitedwayslc.org/">https://www.unitedwayslc.org/</a>

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Name	Link
<b>University of Florida - Institute of Food and Agricultural Sciences - Extension</b>	<a href="https://sfyl.ifas.ufl.edu/">https://sfyl.ifas.ufl.edu/</a>
<b>Villa Seton</b>	<a href="http://www.villasetonapartments.com">www.villasetonapartments.com</a>
<b>Whole Family Health Center</b>	<a href="https://www.wfhcfl.org/">https://www.wfhcfl.org/</a>
<b>WIC</b>	<a href="http://stlucie.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/wic/index.html">http://stlucie.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/wic/index.html</a>
<b>Worksite Wellbeing Council</b>	<a href="https://www.facebook.com/wwtcpb">www.facebook.com/wwtcpb</a>



## Appendix I: Health Improvement Planning Steering Committee

Angela Aulisio	Cleveland Clinic Martin Health
Bridget Lane	UF IFAS Extension, Family Nutrition Program
Caleta Scott	City of Fort Pierce
Catherine Register	Florida Department of Health- Children's Medical Service
Clint Sperber	Florida Department of Health- St. Lucie
Colleen Walts	211 HelpLine
Dallas Spruill	Florida Department of Health - St. Lucie
Dorothy Oppenheiser	Tykes and Teens, Inc.
Edgar Morales	Florida Department of Health - St. Lucie
Emily Hahn	Florida Department of Health - St. Lucie
Esteban Mendez	Florida Department of Health - St. Lucie
Greg Smith	Mustard Seed Ministries
Jennifer Harris	Florida Department of Health - St. Lucie
Jenny Buntin	UF IFAS Extension, Family Nutrition Program
Jessica Parrish	United Way of St. Lucie County
Jim Dwyer	Children's Services Council
Juliana Langille	Roundtable of St. Lucie County
Kendra Auberry	Indian River State College
Kylie Fink	Chrysalis Health
Lauren Sihombing	Florida Department of Health - St. Lucie
Lorrene Egan	Communities Connected for Kids
Macresia Braziel	Delta Sigma Theta Sorority
Mally Chrulski	Florida Department of Health - St. Lucie
Maureen McCarthy	Area Agency on Aging of Palm Beach/Treasure Coast, Inc.
Nancy Yarnall	Area Agency on Aging of Palm Beach/Treasure Coast, Inc.
Patricia Follano	Florida Department of Health- Children's Medical Service
Rashiemah Birks	Whole Family Whole Child
Sheree Wolliston	American Heart Association
Sherry Siegfried	Treasure Coast Food Bank
Sonya Gabriel	Florida Department of Health - St. Lucie
Stefanie Myers	Florida Department of Health - St. Lucie
Teresa Bishop	Roundtable of St. Lucie County
Tonya Andracchio	Children's Services Council