Florida HEALTH
St. Lucie County






ST. LUCIE COUNTY
COMMUNITY HEALTH IMPROVEMENT PLAN
2021-2026

Released January 2021

Contents

Executive Summary

The Florida Department of Health in St. Lucie County (FDOH-SLC) initiated a new community health improvement process in 2019. Local public health system partners joined forces to develop the 2021-2025 St. Lucie County Health Improvement Plan (CHIP). A CHIP is a strategic plan to address public health priorities in a community and defines how the system partners will work together to improve the health of St. Lucie County. Critical system partners invited to participate in the development of St. Lucie County's CHIP included local hospitals and healthcare organizations, local government, community-based organizations, faith-based organizations, social service organizations, and educational institutions.

Utilizing the National Association of City and County Health Official's (NACCHO) Mobilizing for Action Through Planning and Partnerships (MAPP) framework, partners engaged in a comprehensive community health assessment (CHA). The findings from the CHA were reviewed, analyzed, and synthesized to inform the development of St. Lucie County's CHIP. Strategic health priorities were selected based on their impact on health outcomes and reduction in disparities. Through this process, the following strategic priority areas were selected for the St. Lucie County CHIP:

- Chronic Diseases and Conditions
- Access to Care
- Mental Health and Substance Abuse
- Health Equity

Following the selection of strategic health priorities, steering committee partners developed goals, objectives, strategies, and key activities that will be crucial for improving health in St. Lucie County. St. Lucie County's CHIP is reviewed and revised regularly with input by both community partners and residents, as well as, FDOH-St. Lucie's Performance Management Council (PMC). Monitoring the implementation of the CHIP occurs in monthly Healthy St. Lucie Coalition meetings and quarterly meetings with FDOH-St. Lucie's PMC. In addition to the regularly scheduled review meetings, stakeholders also meet annually to review and revise the CHIP and discuss next steps for the upcoming year.

The CHA and the CHIP are community-driven processes. As a member of the community, we welcome your feedback and collaboration to achieve the goals established in St. Lucie County's CHIP. For more information or to become involved, visit the Florida Department of Health in St. Lucie County at http://stlucie.floridahealth.gov/.

Acknowledgements

The Florida Department of Health in St. Lucie County (FDOH-SLC) would like to extend our sincere appreciation and gratitude to the diverse community members who contributed to this comprehensive body of work. Community collaboration and partnership are essential to both the Community Health Assessment and the Community Health Improvement Plan. Participation from a broad spectrum of community partners is paramount when identifying health priorities and developing a comprehensive, community-wide plan to address them.

Participating Organizations

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

St. Lucie County Health Improvement Plan Steering Committee Members

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Bridget Lane	UF IFAS Extension, Family Nutrition Program
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Catherin Register	Florida Department of Health - Children's Medical Service
Clint Sperber	Florida Department of Health - St. Lucie
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Emily Hahn	Florida Department of Health - St. Lucie
Esteban Mendez	Florida Department of Health - St. Lucie
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Nancy Yarnell	Area Agency on Aging of Palm Beach/Treasure Coast, Inc.
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Rashiemah Birks	Whole Family Whole Child
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Stefanie Myers	Florida Department of Health - St. Lucie
Teresa Bishop	Roundtable of St. Lucie County
Tonya Andreacchio	Children's Service Council

Methods – MAPP Process Overview

St. Lucie County selected the Mobilizing for Action through Planning and Partnerships (MAPP) process for community planning. MAPP is a nationally recognized model and best practice for completing needs assessments and improvement plans. The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office at the 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."

The MAPP process consists of 6 phases outlined below:

Phase 1: Organize for Success/Partnership Development

- Lead organizations begin planning the MAPP process and enlisting other community organizations to participate in the process.

Phase 2: Visioning

- The community develops a shared vision for St. Lucie County and common values to determine an ideal end point for the MAPP process.

Phase 3: The Four MAPP Assessment

1. *Forces of Change Assessment*: The impact of forces, such as legislation and technology, that affect the context of the community are evaluated.
2. *Local Public Health System Assessment*: Comprehensively examines organizations from across multiple sectors and their contribution to the public's health.
3. *Community Themes and Strengths Assessment*: Examines health issues St. Lucie County residents feel are important and the assets the community possesses to address those issues.
4. *Community Health Status Assessment*: Investigates health outcomes and quality of life at a detailed level. Health issues are identified and highlighted by gathering data for a variety of indicators and analyzing differences across time periods, among population subgroups, or with peer, state, or national data.

Phase 4: Identify Strategic Issues

- This phase takes data from all four assessments and identifies the most critical issues that must be addressed for St. Lucie County to achieve its vision.

Phase 5: Formulating Goals and Strategies

- After identifying a list of strategic issues, broader goals addressing these issues are created and specific strategies to meet these goals are developed.

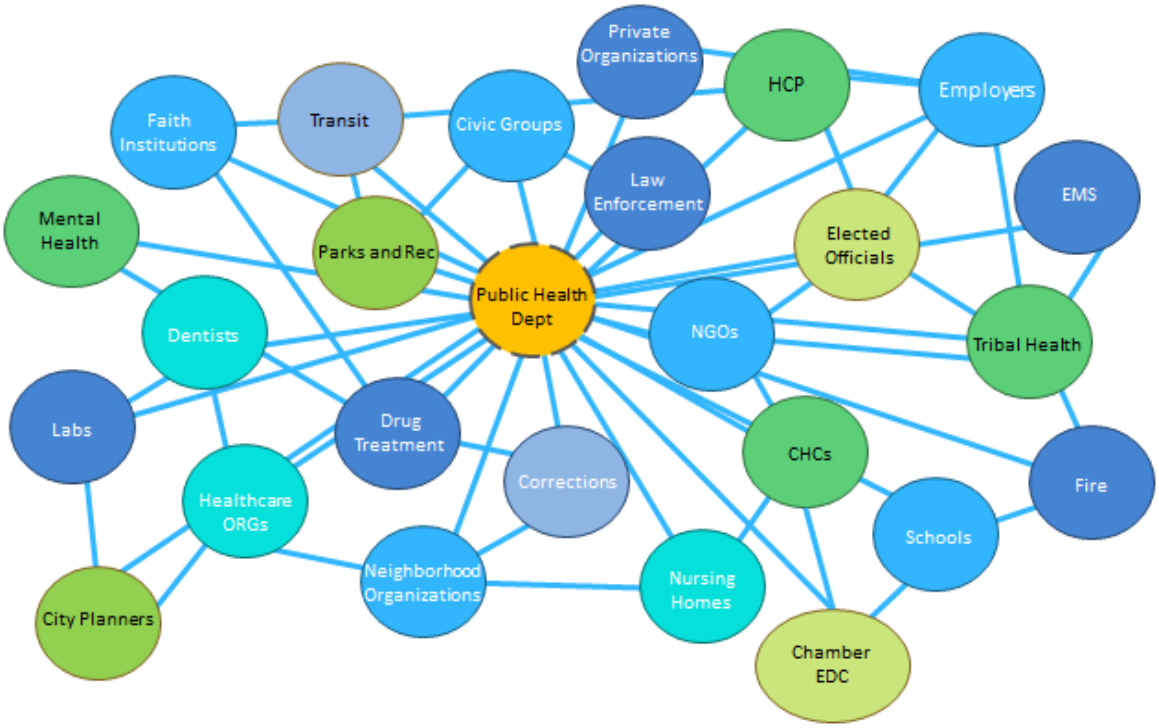
Phase 6: Action Cycle

- Strategies are planned, implemented, and evaluated in a continuous cycle which celebrates successes and adapts to new challenges.

Phase 1: Organize for Success/Partnership Development

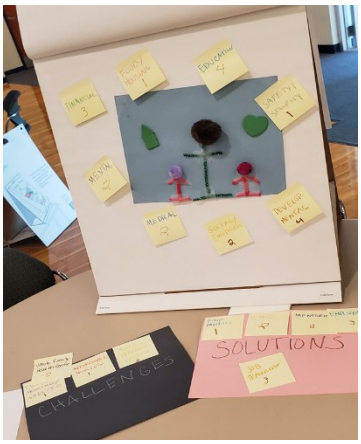
The first phase of the MAPP process involves building commitment among partners, engaging and educating participant, setting the stage for sustained commitment, and planning for success. Creating an effective CHIP requires participation and commitment from local public health system partners. Sectors invited to participate in the development of St. Lucie County's CHIP included local hospitals and healthcare organizations, local government, community-based organizations, faith-based organizations, social service organizations, and educational institutions. For a complete list of organizations involved in the planning process, please refer to the "Acknowledgements" section on page of this document.

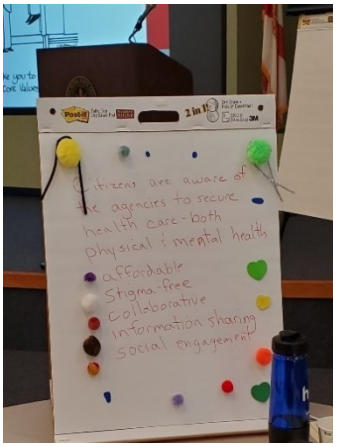
Local Public Health System



Phase 2: Visioning

One of the first steps in this collaborative process was the development of a shared vision for a healthier St. Lucie County. A community's vision statement provides direction and focus for the community health improvement planning process. In a July 2019 meeting, 85 attendees representing 44 unique organizations and 3 community members met to establish a vision and core values for the MAPP process. The kick-off event was promoted during Healthy St. Lucie Coalition meetings, on social media sites, and FDOH-SLC sent out a press release.





Phase 3: The Four MAPP Assessments

Community Health Status Assessment

The Community Health Status Assessment (CHSA) provides quantitative data on health status, quality of life, and risk factors. This assessment answers the following questions:

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

The results of the CHSA provided the MAPP Steering Committee with a comprehensive view of the County's health status and was used to identify challenges and opportunities for improvement. The CHSA examined core indicators, including demographic and socioeconomic characteristics, health resource availability, behavioral risk factors, behavioral health, maternal and child health, and communicable diseases. The CHSA identified the following top health priorities for St. Lucie County: 1) Weight, physical activity, and diet; 2) Behavioral health; 3) Substance Abuse; 4) Poverty; 5) Chronic Diseases/Conditions; 6) Access to Healthcare; and 6) Housing. CHSA indicators are updated and reviewed regularly and used to inform health improvement planning.

Forces of Change Assessment (FOCA)

The FOCA is a tool that assists a community in identifying trends, factors, and events that could affect the health of residents in the next two to three years.

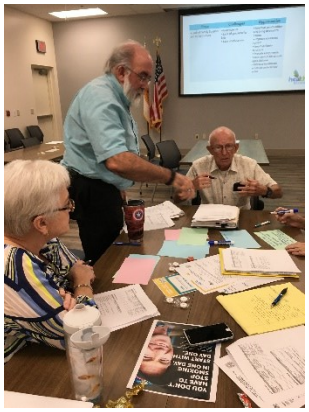
- Trends are patterns over time such as migration in and out of a community or a growing disillusionment with government.
- Factors are discrete elements such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- Events are one-time occurrences such as a hospital closure, a natural disaster, or the passage of new legislation.

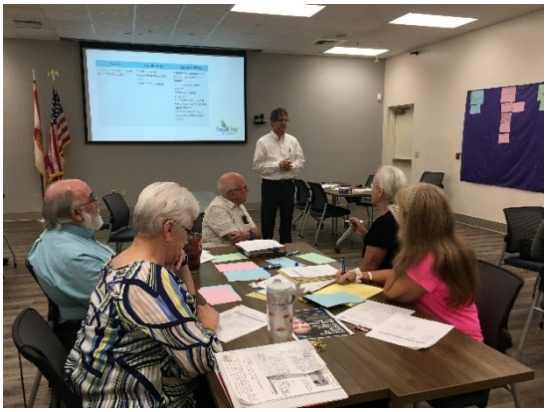
NACCHO's MAPP planning manual was used to design the FOCA. Gathering input for the FOCA was completed in a series of regular meetings with the Healthy St. Lucie Coalition, a group of over 30 community leaders and partners who collaborate with the Florida Department of Health in St. Lucie County (FDOH-SLC) to implement the Community Health Improvement Plan. The meetings were facilitated and sponsored by FDOH-SLC.

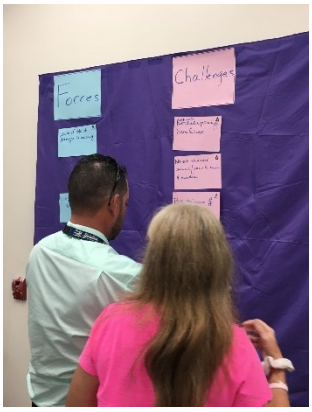
A kickoff meeting was held on October 10th, 2019. Members were oriented to the FOCA and introduced to a brainstorming worksheet. Members completed the worksheet individually and then discussed their ideas in small groups. A small group spokesperson then shared the combined ideas with the larger group. A summary of the findings was compiled and presented during the next meeting.

At November 14th, 2019 and the January 9th, 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.







Community Themes and Strengths Assessment

The purpose of the Community Themes and Strengths Assessment (CTSA) was to gather community thoughts, opinions, and concerns that provide insight into the issues of greatest importance to the community. St. Lucie collected qualitative data in the form of focus groups, key stakeholder interviews, a community leader survey, and a community resident survey. 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.

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. 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.

Community Leader Survey

A Community Leader Survey was conducted in February 2020. The survey was designed in Survey Monkey. A link to the survey as well as an email providing information about completion of the survey and its purpose was sent by Jennifer Harris, Director of Health Promotion, Florida Department of Health-St. Lucie County (FDOH-SLC). A total of 21 surveys were returned.

Community Resident Survey

A Community Survey 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 FDOH-SLC 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.

Local Public Health System Assessment

St. Lucie County used a proven national assessment instrument, called the National Public Health Performance Standards Program (NPHPSP), to perform the Local Public Health System Assessment (LPHSA). The LPHSA can help identify strengths and weaknesses and determine opportunities for improvement. This assessment sought to answer the following questions:

- What are the activities and capacities of our public health system?
- How well are we providing the 10 Essential Public Health Services in our jurisdiction?

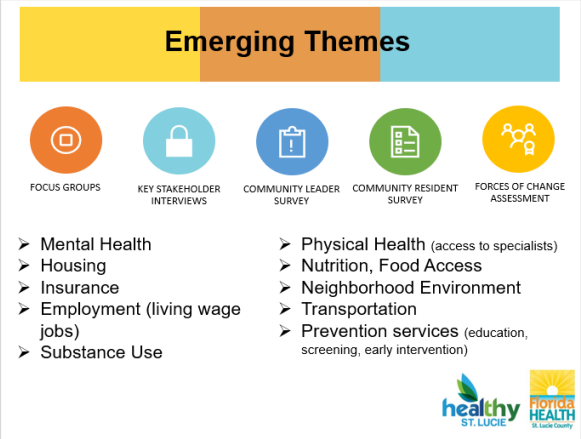
In April of 2020, FDOH-SLC planned to administer the LPHSA with system partners during a 2-day face-to-face meeting. However, due the SARS-CoV-2 virus that causes COVID-19 disease, community meetings were cancelled and DOH personnel and resources were redirected to emergency response. When it became clear that the pandemic would have long-term impact on the ability to hold community meetings, a decision was made to conduct this assessment virtually.

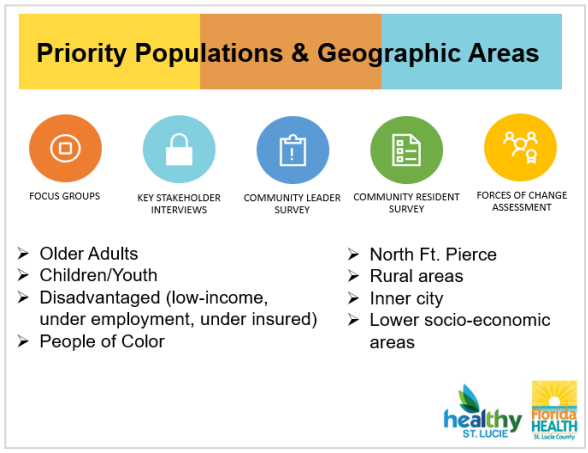
The online survey was open from October 10-23, 2020. Stakeholders were asked to score each essential service from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels). Responses were received from 39 individuals representing 20 organizations. The lowest ranked services were 10, 9, and 3. The highest ranked services were 2, 8, and 5.

Summary of Essential Public Health Services		Score	Activity Rating
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
	Overall Performance Score	**4.00**	**Significant**

Phase 4: Identifying Strategic Health Issues

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 three MAPP assessments (CHSA, CTSA, and FOCA) was conducted by the Ronik-Radlauer Consulting Group. 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 *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

1. **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.

2. **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.

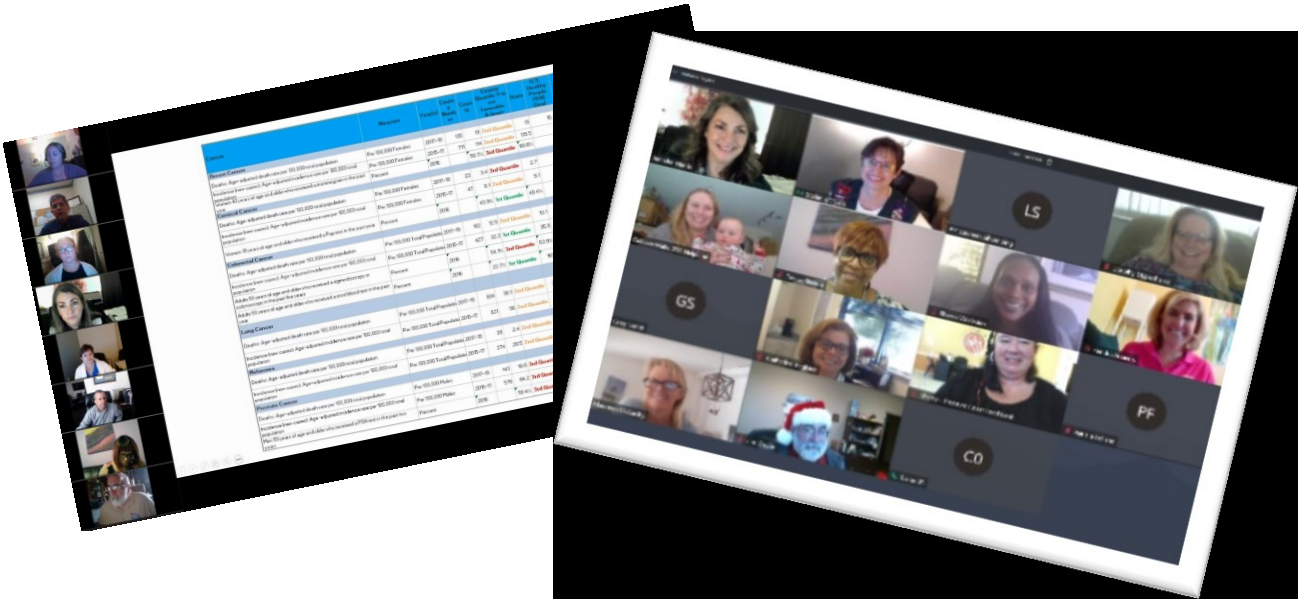
3. **Mental Health and Substance Abuse**
   Increased hospitalizations for mental health issues and deaths due to opioids were identified as two areas that need to be addressed. Potential priority populations for hospital rates due to mental disorders show disparity between Black and Whites. CHSA data 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.

4. **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.

Phase 5: Formulating Goals

During this phase, the HIP Steering Committee participated in virtual meetings to develop goals, objectives, strategies, and action steps. The process to formulate goals began with a review of the selected health priority areas. Please refer to the Health Priority Areas, Goals, and Objectives on the next page of this document for a summary of CHIP goals and objectives.

The final CHIP was reviewed and adopted during the Healthy St. Lucie Coalition Meeting on December 10, 2020. The priority areas, goals, and objectives will be reviewed and revised annually based on the ongoing assessment of the availability of resources and data, community readiness, current progress, and unique nee ds of St. Lucie County residents.



Health Priority Areas, Goals, and Objectives

HEALTH PRIORITY AREA	GOALS	OBJECTIVES
CHRONIC DISEASES AND CONDITIONS	**HW 1**: increase the proportion of adults and children who are at a healthy weight.	**HW 1.1**: By January 1, 2026 increase the percentage of adults who have a healthy weight (BMI 18.5 – 24.9) from 31.2% (2016) to at or above the state level of 34.5%.
		HW 1.2: By January 1, 2026, decrease the percentage of adults who are inactive or insufficiently active from 50.7% (2016) to 45.7% (5%).
		HW 1.3: By January 1, 2026, increase the percentage of adults who consumed five or more servings of fruits or vegetables per day from 16.9% (2013) to at or above the state level of 18.3%
		HW 1.4: By January 1, 2026 reduce the proportion of children aged 6 to 11 years who are obese by 3%, from 24% in 2019 to 21%.
		HW 1.5a: By January 1, 2026, increase breastfeeding initiate rates from 87.4% in 2019 to 90.0%.
		HW 1.5b: By January 1, 2026, increase breastfeeding initiation rates among black mothers from 83.5% in 2019 to 89.0%*.
		HW 1.5c: By January 1, 2026, increase overall SLC WIC breastfeeding duration rates at 26 weeks (6 months) in St. Lucie County from 33.23% in 2020 to 38.23%.
		HW 1.5d: By January 1, 2026, increase the SLC WIC breastfeeding duration rates at 26 weeks (6 months) among black mothers from 36.18% in 2020 to 41.18%.
	PD 1: Increase prevention and early detection.	**PD 1.1:** By January 1, 2026 decrease the age-adjusted death rates of prostate cancer among black males by 5% from 35.2 to 33.5.
		PD 1.2: By January 1, 2026 increase percentage of women 40 years of age and older who received a mammogram in the last year from 58.7% to at or above the state level of 60.8%.
		PD 1.3: By January 1, 2026, decrease the age-adjusted hospital rates of stroke among black adults by 5% from 402.4 to 383.2.
		PD 1.4: By January 1, 2022, increase the number of community partners receiving information about the increased risk of severe illness from COVID 19 for those with underlying medical conditions from 300 (Jan 2021) to 600.
	TP 1: Reduce illness, disability, and premature death related to tobacco use, including electronic nicotine delivery systems (ENDS).	**TP 1.1**: By January 1, 2026, increase referrals of tobacco cessation services from 6% in 2019 to 40%.
		TP 1.2: By January 1, 2026, decrease the percentage of youth ages 11-17 who used any form of tobacco on one or more of the past 30 days from 13.0% in 2020 to 10.0%.
		TP 1.3: By January 1, 2026, increase the number of smoke free multi-unit housing properties from 12 in 2020 to 15.
		TP 1.4: By January 1, 2026, increase the number of worksites and organizations with tobacco free grounds policies from 8 to 12.
	HL 1: Increase the dissemination of health information that is accurate, accessible, and actionable.	**HL 1.1**: By December 31, 2025, create a website providing the community with links to culturally and linguistically appropriate health information, training and tools. Baseline: 0
ACCESS TO CARE	**AC 1**: Increase health insurance coverage in St. Lucie County.	**AC 1.1**: By January 1, 2026, increase the civilian non-institutionalized population that has health insurance in St. Lucie County by December 2025, from 86% to 91%.
	AC 2: Increase the number of medical providers in St. Lucie County.	**AC 2.1**: Increase the rate of family practice physicians from 9.7 per 100,000 to 10.7 per 100,000 by January 1, 2026.
	AC 3: Increase home and community-based care Services	**AC 3.1**: Increase the number of calls and services provided by 20% by January 1, 2026. (Baseline to be provided by AAA)
MENTAL HEALTH AND SUBSTANCE ABUSE	**MHSA 1**: Reduce Hospitalizations for mental health disorders	**MHSA 1.1:** By January 1, 2026, decrease by 5% the age-adjusted hospitalization rate for mental health disorders per 100,000 for mental health disorders from 1089.70 to 1037.80.
	MHSA 2: Reduce the number of opioid overdose deaths.	**MHSA 2.1:** By January 1, 2026, reduce the rate of age-adjusted unintentional injury deaths by drug poisoning from 25.5 per 100,000 to 20 per 100,000.
HEALTH EQUITY	**HE 1**: Increase community capacity to effectively reduce health disparities.	**HE 1.1**: By January 1, 2026, host 30 trainings with community organizations and leaders on best practices in participatory engagement.
		HE 1.2: By January 1, 2026, recruit, train, and maintain a minimum of 20 health champions that can engage neighbors on various health topics and disparities in their community.
		HE 1.3: By January 1, 2026, engage 10 grassroot organizations to advance work to improve health and reduce health disparities.
		HE 1.4: By January 1, 2026, recruit and maintain 10 social media champions that can reach targeted audiences where health disparities exist.

Phase 6: Action Cycle

The 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.

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

Action plans will be further developed starting in 2021 and new sub-committees might be formed. The implementation of the CHIP will help strengthen the public health infrastructure, aide and guide in planning, foster collaboration, and promote the health and well-being of St. Lucie County residents. As a living document, St. Lucie County's CHIP will be reviewed and revised annually, based on ongoing assessment and availability of resources and data, community readiness, current progress, and alignment with goals.

Community Health Improvement Planning Process Timeline

July 24, 2019	Hosted a community kick-off to create a shared vision to guide the community in its assessment and planning. Over 85 attendees representing 44 unique organizations and 3 community members participated in the event.
October 2019-March 2020	Nearly 30 Healthy St. Lucie Coalition partners participated in 5 meetings to complete the for Forces of Change Assessment.
January – March 2020	Conducted nine (9) focus groups that reached a total of ninety-eight (98) participants, representing youth, older adults, community representatives and community leadership in St. Lucie County.
February – March 2020	Conducted ten (10) stakeholder interviews to identify strengths, challenges, barriers, and solutions and compiled into common themes.
February 2020	A Community Leader Survey was conducted via Survey Monkey. A total of 21 surveys were returned.
February – March 2020	Administered a community resident survey. 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.
May 2020	Presented quantitative and qualitative data from the CHSA to steering committee members during two virtual community meetings.
June 11, 2020	Presentation of emerging strategic themes and audiences from the CHSA during the monthly Healthy St. Lucie Coalition meeting.
June 30, 2020	Published new Community Health Assessment. CHA missing the LPHSA, selection of strategic priorities, and goals and objectives.
October 2020	Provided online orientation to the Local Public Health System Assessment to 31 representatives from health care institutions, government agencies, community groups, and service providers. LPHSA survey monkey open October 10-23, 2020. Received 39 individual responses, representing 20 unique organizations.
October-December 2020	Conducted a total of seven (7) steering committee meetings to select strategic health issues and formulate goals, objectives, strategies, and action steps.
December 10, 2020	Final 2021-2025 CHIP draft presented to steering committee during a Healthy St. Lucie Coalition meeting. 2021-2025 CHIP was adopted and will be launched in January 2021.
January 2021-December 2025	Action cycle begins. Plans to review of needed subcommittees and partners to implement the 2021-2025. Updates to the 2020 CHA reflecting completion of the LPHSA and Phases 4-5 will be made.

Appendix A: The Plan

Strategic Priority: Chronic Diseases and Conditions

GOAL	HW 1: INCREASE THE PROPORTION OF ADULTS AND CHILDREN WHO ARE AT A HEALTHY WEIGHT.
Strategy	HW 1.1: Implement evidence-based programs on nutrition and physical activity
Objective	HW 1.1: By January 1, 2026 increase the percentage of adults who have a healthy weight (BMI 18.5 – 24.9) from 31.2% (2016) to at or above the state level of 34.5%.
Data Source	Behavioral Risk Factor Surveillance System

Evidence Base: SNAP-Ed CDC National Diabetes Prevention Program U.S. Preventative Services Taskforce Recommendations
Policy Change: No
Health equity or disparity to be addressed: Disparities in chronic disease morbidity, mortality, and obesity rates.

Activity 1.1.1: Implement the SNAP-Ed evidence-based obesity prevention programs and activities in communities with high rates morbidity and mortality from chronic diseases.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.1.1.1	Increase engagement and participation of stakeholders representing communities of color, low income residents, and older adults in planning and implementation.	FDOH-SLC, Local Churches and Community Organizations	12/31/25	
1.1.1.2	Recruit host sites and participants through outreach and promotion.	FDOH-SLC	12/31/25	
1.1.1.3	Conduct nutritional educational programs two times a month in in low income areas and communities of color.	FDOH-SLC	12/31/25	

Activity 1.1.2: Implement the CDC National Diabetes Prevention Program (NDPP) in areas with high obesity rates and at greater risk for developing Type 2 Diabetes.				
Action	**Activity Description**	**Lead Org/Partners**	**Target Date**	**Current Status**
1.1.2.4	Develop relationships with physicians and local hospitals in the community to identify and streamline a secure referral process for participants.	FDOH-SLC	12/31/25	
1.1.2.5	Participate in monthly meetings of the St. Lucie County Diabetes Coalition.	FDOH-SLC	12/31/25	
1.1.2.6	Conduct community screening events to identify potential program participants and raise overall awareness of risk factors.	FDOH-SLC, Diabetes Coalition, Healthy St. Lucie	12/31/25	
1.1.2.7	Develop culturally relative materials to market program.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.2.8	Train community members and professionals to become lifestyle coaches.	FDOH-SLC	12/31/25	
1.1.2.9	Participate in National Diabetes events such as, Diabetes Alert Day and National Diabetes Awareness Month.	FDOH-SLC, Diabetes Coalition, Healthy St. Lucie	12/31/25	
1.1.2.10	Become a CDC Recognized Program.	FDOH-SLC, HANDS Clinic	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	**HW 1: INCREASE THE PROPORTION OF ADULTS AND CHILDREN WHO ARE AT A HEALTHY WEIGHT.**
Strategy	HW 1.2: Increase physical activity among adults in St. Lucie County
Objective	HW 1.2: By January 1, 2026, decrease the percentage of adults who are inactive or insufficiently active from 50.7% (2016) to 45.7% (5%).
Data Source	BRFSS

Evidence Base: The Community Guide
Policy Change: Healthcare systems policies for physical activity through EMR, workplace wellness and faith-based policies supporting increased physical activity.
Health equity or disparity to be addressed: Equitable access to safe and affordable opportunities for participation in physical activity.

Activity 1.2.1: Build, strengthen, and maintain social networks that provide support for behavior change through walking groups or other community-based interventions.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.2.1.1	Increase engagement and participation of stakeholders representing communities of color, low income residents, and older adults in planning and implementation.	FDOH-SLC, Healthy St. Lucie, Local Food Local Places	12/31/25	
1.2.1.2	Assure availability of platform for tracking activity levels and forming social networks.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.2.1.3	Recruit worksites and faith-based institutions to use activity tracking platform.	FDOH-SLC, Healthy St. Lucie, Worksite Wellbeing Council	12/31/25	

1.2.1.4	Increase the availability of evidence-based in-person and virtual physical activity programs for older adults and those limited to home.	FDOH-SLC, Healthy St. Lucie, Age Friendly Collaborative	12/31/25	
1.2.1.5	Form social network groups in communities of color, low income area, and among older adults to offer additional supports for behavior change.	FDOH-SLC, Healthy St. Lucie, Local Food Local Places	12/31/25	
1.2.1.6	Participate in and support community events, encouraging residents to move more.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.2.1.7	Increase use of educational fitness trails, including Moore's Creek. (LFLP)	FDOH-SLC, Healthy St. Lucie, Local Food Local Places	12/31/25	
1.2.1.8	Create and publish an inventory of physical activity programs in the community. (LFLP)	FDOH-SLC, City of Fort Pierce, Local Food Local Places	12/31/25	
1.2.1.9	Provide outreach and increase awareness of local health and fitness activities. (LFLP)	FDOH-SLC, City of Fort Pierce, Local Food Local Places	12/31/25	
1.2.1.10	Identify data needed to improve use of local parks and recreational facilities and to address the needs of home-bound residents.	FDOH-SLC, Healthy St. Lucie, Age Friendly Collaborative	12/31/21	
1.2.1.11	Promote and help implement worksite and faith-based policies around physical activity.	FDOH-SLC, Worksite Wellbeing Council, Healthy St. Lucie	12/31/25	

Activity 1.2.2: Provide patients with prescriptions for exercise plans and follow up on progress.				
Action	**Activity Description**	**Lead Org/Partners**	**Target Date**	**Current Status**
1.2.2.1	Recruit physicians and healthcare systems to participate.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.2.2.2	Design prescription pads and referral system.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.2.2.3	Identify ways to support patients in implementing the prescription.	FDOH-SLC, Healthy St. Lucie	12/31/25	
Activity 1.2.3: Increase use of evidence-based fall prevention programs serving older adults.				
Action	**Activity Description**	**Lead Org/Partners**	**Target Date**	**Current Status**
1.2.3.1	Identify and promote existing programs offered in the community (Matter of Balance, Tai Chi, Walk with Ease, Stepping On).	FDOH-SLC, Healthy St. Lucie, Age Friendly Collaborative	12/31/25	
1.2.3.2	Identify partners that can recognize those at risk for falls to increase referrals and program utilization.	FDOH-SLC, Healthy St. Lucie, Age Friendly Collaborative	12/31/25	
1.2.3.3	Identify/develop programs within the community that help improve balance.	FDOH-SLC, Healthy St. Lucie, Age Friendly Collaborative	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	**HW 1: INCREASE THE PROPORTION OF ADULTS AND CHILDREN WHO ARE AT A HEALTHY WEIGHT.**
Strategy	HW 1.3: Increase access to healthy food.
Objective	HW 1.3: By January 1, 2026, increase the percentage of adults who consumed five or more servings of fruits or vegetables per day from 16.9% (2013) to at or above the state level of 18.3%.
Data Source	BRFSS

Evidence Base: The Community Guide
Policy Change: Worksite policies and system changes to increase fruit/vegetable consumption.
Health equity or disparity to be addressed: Equitable access to healthy foods.

Activity 1.3.1: Increase worksite and community organization policies that support increase fruit/vegetable consumption.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.3.1.1	Review available evidence-based worksite programs with healthy eating policy/system interventions.	FDOH-SLC, Worksite Wellbeing Council, Healthy St. Lucie	12/31/25	
1.3.1.2	Select program and develop implementation plan.	FDOH-SLC, Worksite Wellbeing Council, Healthy St. Lucie	12/31/25	
1.3.1.3	Promote program through social media, email, and presentations.	FDOH-SLC, Worksite Wellbeing Council, Healthy St. Lucie	12/31/25	
1.3.1.4	Explore use of incentives and recognition programs to increase worksite participation.	FDOH-SLC, Worksite Wellbeing Council, Healthy	12/31/25	

		St. Lucie, SHRM, Chamber of Commerce		
1.3.1.5	Track progress and identify challenges/barriers and success stories.	FDOH-SLC, Worksite Wellbeing Council, Healthy St. Lucie	12/31/25	
1.3.1.6	Increase healthy food donation requests for pantries accepting donations. (“Healthy Food Drives”)	FDOH-SLC, Worksite Wellbeing Council, Healthy St. Lucie, SLC Food Council, Local Food Local Places	12/31/25	
Activity 1.3.2: Increase access to fruits and vegetables in underserved communities.				
Action	**Activity Description**	**Lead Org/Partners**	**Target Date**	**Current Status**
1.3.2.1	Partner with local food banks, faith institutions, organizations, Meals on Wheels programs to increase distribution fruits and vegetables and promote healthiest options to participants.	SCL Food Council, Local Food Local Places	12/31/25	
1.3.2.2	Review opportunities to do gleaning projects to help supplement fresh produce supplies locally.	SCL Food Council, Local Food Local Places, UF/IFAS	12/31/25	
1.3.2.3	Inventory and increase awareness of nutrition education programs in the community. (LFLP)	SCL Food Council, Local Food Local Places, UF/IFAS	12/31/25	
1.3.2.4	Promote creation of new community gardens. (LFLP)	SCL Food Council, Local Food Local Places	12/31/25	

1.3.2.5	Increase healthy food access through healthy corner stores initiative. (signage, increase healthy product, etc.).	SCL Food Council, Local Food Local Places, Drug Free St. Lucie, Tobacco Free Partnership of SLC	12/31/25	
1.3.2.6	Increase the number of affordable Food Resource Centers to reduce food insecurity in older adults and other disadvantaged residents (i.e., Fresh Access Bucks, Farmer's Markets, Congregate Meal Sites, SNAP Access Sites, Food Distribution, and SNAP retailers).	FDOH-SLC, Healthy St. Lucie, Age Friendly Collaborative	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	**HW 1: INCREASE THE PROPORTION OF ADULTS AND CHILDREN WHO ARE AT A HEALTHY WEIGHT.**
Strategy	HW 1.4: Reduce the proportion of children aged 6-11 years who are obese.
Objective	HW 1.4: By January 1, 2026 reduce the proportion of children aged 6 to 11 years who are obese by 3%, from 24% in 2019 to 21%. Data Source: School Health Nurse BMI Assessments.
Data Source	School Health Nurse BMI Assessments

Evidence Base: County Health Rankings
Policy Change: Strengthening of school district wellness policy and adoption of HEPA standards among early learning and afterschool programs.
Health equity or disparity to be addressed: Equitable access to healthy foods and participation in physical activity.

ACTIVITY 1.4.1: Incorporate fruit and vegetable activities/access into schools to increase consumption.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.4.1.1	Promote the Family Nutrition Program provided by University of Florida	UF/IFAS, Food Council	12/31/25	
1.4.1.2	Promote the Farm to School Program	SLCPS, Healthy St. Lucie	12/31/25	
1.4.1.3	Implement 5-2-1-0 in elementary schools	FDOH-SLC School Health Nurses	12/31/25	
1.4.1.4	Participate in School Health Advisory Committee (SHAC)	FDOH-SLC	12/31/25	
1.4.1.5	Review School District Wellness Policy annually	FDOH-SLC, SHAC, SLCPS	12/31/25	

ACTIVITY 1.4.2: Promote Healthy Eating and Physical Activity (HEPA) Standards in Early Learning and After School Settings.				
Action	**Activity Description**	**Lead Org/Partners**	**Target Date**	**Current Status**
1.4.2.1	Educate parents and staff on HEPA Standards and 5-2-1-0.	FDOH-SLC	12/31/25	
1.4.2.2	Implement 5-2-1-0 with children in Early Learning Centers, childcare centers, and after school programs.	FDOH-SLC School Health Nurses	12/31/25	
1.4.2.3	Encourage organizational policy adoption in alignment with HEPA standards through written policy or pledges.	FDOH-SLC, Healthy St. Lucie Coalition Partners	12/31/25	
ACTIVITY 1.4.3: Increase number of pediatricians that promote 5-2-1-0 with parents and preschool and elementary aged children during annual check-ups.				
Action	**Activity Description**	**Lead Org/Partners**	**Target Date**	**Current Status**
1.4.3.1	Educate providers on obesity issues in community and among children.	FDOH-SLC, Cleveland Clinic Martin Health	12/31/25	
1.4.3.2	Develop and distribute 5-2-1-0 materials for providers can use to educate parents and children.	FDOH-SLC, Cleveland Clinic Martin Health	12/31/25	
1.4.3.3	Track the number of providers and healthcare systems educating parents.	FDOH-SLC, HealthCare Systems and Providers, Healthy St. Lucie Coalition Partners	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	HW 1: INCREASE THE PROPORTION OF ADULTS AND CHILDREN WHO ARE AT A HEALTHY WEIGHT.
Strategy:	HW 1.5: Increase breastfeeding initiation and duration rates.
Objectives	HW 1.5a: By January 1, 2026, increase breastfeeding initiate rates from 87.4% in 2019 to 90.0%. HW 1.5b: By January 1, 2026, increase breastfeeding initiation rates among black mothers from 83.5% in 2019 to 89.0%*. HW 1.5c: By January 1, 2026, increase overall SLC WIC breastfeeding duration rates at 26 weeks (6 months) in St. Lucie County from 33.23% in 2020 to 38.23%. HW 1.5d: By January 1, 2026, increase the SLC WIC breastfeeding duration rates at 26 weeks (6 months) among black mothers from 36.18% in 2020 to 41.18%.
Data Source	BRFSS, FDOH-SLC WIC Data SharePoint

Evidence Base: Ten Steps to Successful Breastfeeding Program, County Health Rankings Breastfeeding and Black Mothers Breastfeeding
Policy Change: Adoption of Breastfeeding Friendly Childcare standards.
Health equity or disparity to be addressed: Disparities in breastfeeding initiation and duration rates among SLC White and Black mothers.

Activity 1.5.1: Provide professional education on breastfeeding practices.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.5.1.1	Confirm obstetric and pediatric hospital providers are completing breastfeeding trainings.	Healthy St. Lucie Breastfeeding Workgroup	12/31/25	
1.5.1.2	Survey obstetric and pediatric providers on their beliefs, practices, and training needs.	Healthy St. Lucie Breastfeeding Workgroup	12/31/25	
1.5.1.3	Disseminate ACOG Position Statement on Lactation Support with OB offices, as part of provider trainings.	Healthy St. Lucie Breastfeeding Workgroup	12/31/25	

Activity 1.5.2: Promote breastfeeding in early care and education.				
Action	**Activity Description**	**Lead Org/Partners**	**Target Date**	**Current Status**
1.5.2.1	Present breastfeeding information at the Early Learning Conference.	FDOH-SLC	12/31/25	
1.5.2.2	Educate local centers on the Florida Breastfeeding Friendly Childcare Award and encourage application.	FDOH-SLC, Healthy St. Lucie Breastfeeding Workgroup	12/31/25	
1.5.2.3	Send Early Childhood Education providers information on supporting breastfeeding mothers.	FDOH-SLC, Healthy St. Lucie Breastfeeding Workgroup	12/31/25	
Activity 1.5.3: Promote breastfeeding initiation and duration among black women.				
Action	**Activity Description**	**Lead Org/Partners**	**Target Date**	**Current Status**
1.5.3.1	Develop a social marketing campaign to increase breastfeeding initiation and duration rates among black women.	FDOH-SLC, Healthy St. Lucie Breastfeeding Workgroup	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	PD 1: INCREASE PREVENTION AND EARLY DETECTION
Strategy	PD 1.1: Increase Prostate-Specific Antigen (PSA) screening among black males in St. Lucie County.
Objective	PD 1.1: By January 1, 2026 decrease the age-adjusted death rates of prostate cancer among black males by 5% from 35.2 to 33.5.
Data Source	Florida Charts

Evidence Base: The Community Guide County Health Rankings
Policy Change: No
Health equity or disparity to be addressed: Disparities in age-adjusted death rates among SLC White and Black males.

Activity PD 1.1.1: Implement a promotional campaign to increase PSA screenings among black males in St. Lucie County.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.1.1.1	Identify partners to assist in developing activities for increasing PSA screenings.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.2	Assess barriers and challenges for black males obtaining annual screenings.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.3	Identify best practice promotion programs for increasing PSA screenings.	FDOH-SLC, Healthy St. Lucie	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	PD 1: INCREASE PREVENTION AND EARLY DETECTION
Strategy	PD 1.2: Increase mammography screening for women in St. Lucie County.
Objective	PD 1.2: By January 1, 2026 increase percentage of women 40 years of age and older who received a mammogram in the last year from 58.7% to at or above the state level of 60.8%.
Data Source	Florida Charts

Evidence Base: County Health Rankings
Policy Change: No
Health equity or disparity to be addressed: None

Activity PD 1.2.1: Implement a promotional campaign to increase mammography screenings.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.2.1.1	Identify partners to assist in developing activities for increasing mammogram screenings.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.2.1.2	Assess barriers and challenges for women obtaining annual screenings.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.2.1.3	Identify best practice promotion programs for increasing mammogram screenings.	FDOH-SLC, Healthy St. Lucie	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	PD 1: INCREASE PREVENTION AND EARLY DETECTION
Strategy	PD 1.3: Promote screening interventions and participation in chronic disease self-management programs for stroke prevention.
Objective	PD 1.3: By January 1, 2026, decrease the age-adjusted hospital rates of stroke among black adults by 5% from 402.4 to 383.2.
Data Source	FLHealthCharts.com

Evidence Base: Cochrane Library American Heart Association
Policy Change: No
Health equity or disparity to be addressed: Disparities in age-adjusted hospital rates for stroke among White and Black males in SLC.

Activity PD 1.3.1: Implement an educational campaign in the black community on symptoms of stroke, screenings, and local chronic disease self-management programs for stroke prevention.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.3.1.1	Increase engagement and participation of stakeholders representing communities of color, low income residents, and older adults in planning and implementation.	FDOH-SLC, Healthy St. Lucie, American Heart Association	12/31/25	
1.3.1.2	Increase the number of providers and volunteers delivering chronic disease self-management programs.	FDOH-SLC, Healthy St. Lucie, American Heart Association	12/31/25	
1.3.1.3	Increase the number of older adults of color in evidence-based chronic disease self-management programs	FDOH-SLC, Healthy St. Lucie, American Heart Association	12/31/25	
1.3.1.4	Identify partners to assist in developing activities to increase stroke prevention screenings.	FDOH-SLC, Healthy St. Lucie, American Heart Association	12/31/25	

1.3.1.5	Decrease the barriers for access to black adults obtaining annual screenings.	FDOH-SLC, Healthy St. Lucie, American Heart Association	12/31/25	
1.3.1.6	Identify best practice promotion programs for increasing annual screenings.	FDOH-SLC, Healthy St. Lucie, American Heart Association	12/31/25	
1.3.1.7	Increase education and awareness in communities of color to identify symptoms of stroke and the action to be taken to reduce long term consequences and death. (e.g., Community Based Chronic disease management systems (such as barbershops or faith institutions) that include both opportunities for monitoring and a clinical care connection	FDOH-SLC, Healthy St. Lucie, American Heart Association	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	PD 1: INCREASE PREVENTION AND EARLY DETECTION
Strategy	PD 1.4: Educate the community and health care providers about the increased risk of severe illness from COVID 19 for those with underlying medical conditions.
Objective	PD 1.4: By January 1, 2022, increase the number of community partners receiving information about the increased risk of severe illness from COVID 19 for those with underlying medical conditions from 300 (Jan 2021) to 600.
Data Source	FDOH-SLC Communications Team

Evidence Base: Centers for Disease Control and Prevention
Policy Change: No
Health equity or disparity to be addressed: Disparities in chronic disease morbidity among Whites and Blacks in SLC.

Activity PD 1.4.1: Utilize social media outlets, email distribution lists, and community presentations to raise awareness about increased risk of severe illness from COVID 19 for those with underlying medical conditions.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.4.1.1	Provide outreach and education regarding personal protective measures to stop the spread of COVID-19 through social media, email, and presentations.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.4.1.2	Promote annual FLU and COVID-19 vaccinations through social media, email, and presentations.	FDOH-SLC, Healthy St. Lucie	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	**TP 1: Reduce illness, disability, and premature death related to tobacco use, including electronic nicotine delivery systems (ENDS).**
Strategy	TP 1.1: Increase health care provider use of medical record system reminders to screen patients for tobacco use and make referrals for tobacco cessations at every visit.
Objective	TP 1.1: By January 1, 2026, increase referrals of tobacco cessation services from 6% in 2019 to 40%.
Data Source	FDOH-SLC and Bureau Tobacco Free Florida

Evidence Base: Centers for Disease Control and Prevention
Policy Change: Healthcare systems changes for electronic referrals for tobacco cessation.
Health equity or disparity to be addressed: None

Activity TP 1.1.1: Promote the use of reminder systems for tobacco use screening and referral to tobacco cessation.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.1.1.1	Partner with state office to establish comprehensive baseline data.	FDOH-SLC, Tobacco Free Florida	12/31/25	
1.1.1.2	Partner with Everglades Area Health Education Center (AHEC) to identify health care providers currently using reminder system and e-referral or fax referral to Tobacco Free Florida Quit Your Way services.	FDOH-SLC, AHEC	12/31/25	
1.1.1.3	FDOH-St. Lucie to finalize pilot screening and referral reminder project and share results with local providers.	FDOH-SLC, Tobacco Free Florida	12/31/25	

1.1.1.4	Promote and encourage use of reminder system to screen for tobacco use and refer to tobacco cessation services.	FDOH-SLC, AHEC	12/31/25	
1.1.1.5	Provide technical assistance for providers adopting use of reminder system for tobacco use and cessation.	FDOH-SLC, AHEC	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	**TP 1: Reduce illness, disability, and premature death related to tobacco use, including electronic nicotine delivery systems (ENDS).**
Strategy	TP 1.2: Prevent Initiation of Tobacco and Electronic Nicotine Device Use Among Florida's Youth and Young Adults
Objective	TP 1.2: By January 1, 2026, decrease the percentage of youth ages 11-17 who used any form of tobacco on one or more of the past 30 days from 13.0% in 2020 to 10.0%.
Data Source	Florida Youth Tobacco Survey (FYTS)

Evidence Base: Centers for Disease Control and Prevention
Policy Change: Tobacco retail license and increase in excise tax.
Health equity or disparity to be addressed: Disparity in age of initiation rates between youth and adults in St. Lucie County.

Action TP 1.2.1: Maintain a Students Working Against Tobacco Chapter.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.2.1.1	Host events/activities to recruit new student members for county and school-based chapters.	FDOH-SLC	12/31/25	
1.2.1.2	Provide training and development opportunities for SWAT members to learn the knowledge and skills necessary for educating their peers and community members, creating plans for policy change, and advocacy.	FDOH-SLC	12/31/25	
1.2.1.3	Implement counter marketing campaigns throughout the community to raise awareness of industry tactics.	FDOH-SLC	12/31/25	

Activity TP 1.2.2: Counteract Tobacco Industry influences at the Retail Point of Sale.				
Action	**Activity Description**	**Lead Org/Partners**	**Target Date**	**Current Status**
1.2.2.1	Educate community members and decision makers on point of sale tobacco industry influence, their impact on youth initiation, and the value of licensure standards for retailers.	FDOH-SLC, SWAT, Tobacco Free Partnership	12/31/25	
1.2.2.2	Conduct surveillance of retail locations for compliance with federal state and local laws.	FDOH-SLC, SWAT, Tobacco Free Partnership	12/31/25	
1.2.2.3	Provide licensure standards for retailers of tobacco products and electronic cigarettes to ensure compliance with state laws regulating the sale of tobacco products and taxes are belong collected.	SWAT, Tobacco Free Partnership, Drug Free St. Lucie	12/31/25	
1.2.2.4	Raise Tobacco Excise Taxes including e-cigarettes and combustible tobacco products	SWAT, Tobacco Free Partnership, Drug Free St. Lucie	12/31/25	
Activity TP 1.2.3: Update school district tobacco and vaping policy to align with best practice guidance.				
Action	**Activity Description**	**Lead Org/Partners**	**Target Date**	**Current Status**
1.2.3.1	Present best practice guidance and rationale for school district tobacco and vaping policy to district staff.	FDOH-SLC, Tobacco Free Partnership	12/31/25	
1.2.3.2	Identify internal steps to amend policy.	FDOH-SLC, Tobacco Free Partnership	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	**TP 1: Reduce illness, disability, and premature death related to tobacco use, including electronic nicotine delivery systems (ENDS).**
Strategy	TP 1.3 Decrease St. Lucie County residents' exposure to secondhand smoke
Objective	TP 1.3: By January 1, 2026, increase the number of smoke free multi-unit housing properties from 12 in 2020 to 15.
Data Source	FDOH-SLC Tobacco Prevention Program Tracking Log
Evidence Base: American Lung Association **Policy Change:** Tobacco free grounds policies and smoke free multi-unit housing. **Health equity or disparity to be addressed:** None	

Activity TP 1.3.1: Increase the number of smoke free multi-unit housing properties.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.3.1.1	Educate 30 local multi-unit housing properties about the impact of secondhand smoke and benefits of smoke free housing policies and encourage adoption.	FDOH-SLC, Tobacco Free Partnership	12/31/25	
1.3.1.2	Provide technical assistance to properties seeking to adopt or adopting new smoke-free policies.	FDOH-SLC, Tobacco Free Partnership	12/31/25	

GOAL	TP 1: Reduce illness, disability, and premature death related to tobacco use, including electronic nicotine delivery systems (ENDS).
Strategy	TP 1.4 Increase the number of St. Lucie County worksites that adopt tobacco free grounds policies.
Objective	TP 1.4: By January 1, 2026, increase the number of worksites and organizations with tobacco free grounds policies from 8 to 12.
Data Source	FDOH-SLC Tobacco Prevention Program Tracking Log

Evidence Base: The Community Guide
Policy Change: Tobacco free grounds policies
Health equity or disparity to be addressed:

Activity TP 1.4.1: Educate worksites on benefits of tobacco free campuses and need for comprehensive tobacco cessation resources for employees.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.4.1.1	Complete tobacco worksite assessments with workplaces and organizations.	FDOH-SLC	12/31/25	
1.4.1.2	Provide education to organizations and worksites around current laws regarding clean air and the inclusion of electronic cigarettes.	FDOH-SLC	12/31/25	
1.4.1.3	Enact comprehensive smoke-free workplace laws that include electronic cigarettes.	FDOH-SLC	12/31/25	
1.4.1.4	Drive adoption of smoke free policies in workplaces, universities, churches, hospitals, casinos, festival/fair grounds, parks, preserves, and other locations.	FDOH-SLC, Worksite Wellbeing Council, Tobacco Free Partnership	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	HL 1: INCREASE THE DISSEMINATION OF HEALTH INFORMATION THAT IS ACCURATE, ACCESSIBLE, AND ACTIONABLE
Strategy	HL 1.1: Ensure that culturally and linguistically appropriate health information is available for the community.
Objective	By December 31, 2025, create a website providing the community with links to culturally and linguistically appropriate health information, training and tools. Baseline: 0
Data Source	Indian River State College

Evidence Base: HRSA.gov County Health Rankings
Policy Change: Informal organizational changes regarding the selection of culturally and linguistically appropriate health information.
Health equity or disparity to be addressed: None

Activity HL 1.1.1: Create a health literacy website of culturally and linguistically appropriate health information for the community.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.1.1.1	Build partnerships with physicians as part of a multidisciplinary team that works to improve health literacy skills of the care team and consumer.	Indian River State College, FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.2	Create a checklist for community organizations to vet health communications materials before sharing.	IRSC, FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.3	Provide training, tools, and resources for residents to improve their health information-seeking and decision-making skills.	IRSC, FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.4	Promote health literacy improvement efforts through professional and advocacy organizations.	IRSC, FDOH-SLC, Healthy St. Lucie	12/31/25	

1.1.1.5	Support and participate in media literacy and information literacy projects	IRSC, FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.6	Explore new mechanisms to pull together and share data and research findings as they become available.	IRSC, FDOH-SLC, Healthy St. Lucie	12/31/25	

Strategic Priority: Access to Care

GOAL	AC 1: Increase health insurance coverage in St. Lucie County.
Strategy	AC 1.1: Inform and educate people in St. Lucie County on how to apply for medical insurance.
Objective	AC 1.1: By January 1, 2026, increase the civilian non-institutionalized population that has health insurance in St. Lucie County by December 2025, from 86% to 91%.
Data Source	Florida Charts

Evidence Base: County Health Rankings Health Insurance and Policies
Policy Change: No
Health equity or disparity to be addressed: Equitable access to healthcare services.

Activity AC 1.1.1: Assess barriers for obtaining medical insurance and educate people how to apply.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.1.1.1	Increase engagement and participation of stakeholders representing communities of color, low income residents, and older adults in planning and implementation.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.2	Identify the barriers people face for obtaining medical insurance.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.3	Develop and implement a plan to address and mitigate barriers.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.4	Increase health literacy in the area of insurance to increase understanding of process and terminology.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.5	Identify the number of medical insurance navigators and those organizations that are charged to educate	FDOH-SLC, Healthy St. Lucie	12/31/25	

	the public, especially the vulnerable populations in the county (i.e. low-income, those with disabilities and chronic illness, etc.).			
1.1.1.6	Educate policy makers about the need for expanding Medicaid.	Healthy St. Lucie, Other Partners	12/31/25	
1.1.1.7	Educate parents about Florida KidCare.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.8	Increase awareness and use of SHINE (Serving Health Insurance Needs of Elders) Medicare Counseling.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.9	Increase awareness and use of Medicare cost saving program benefits for low-income older adults and those with disabilities.	FDOH-SLC, Healthy St. Lucie	12/31/25	

Strategic Priority: Access to Care

GOAL	**AC 2: Increase the number of medical providers in St. Lucie County.**
Strategy	AC 2.1: Establish a medical professional task force with the task of growing the clinical workforce, expanding the number of available graduate medical education residency slots, providing incentives to medical graduates to practice locally.
Objective	AC 2.1: Increase the rate of family practice physicians from 9.7 per 100,000 to 10.7 per 100,000 by January 1, 2026.
Data Source	Florida Charts

Evidence Base: County Health Rankings
Policy Change: No
Health equity or disparity to be addressed: Equitable access to healthcare services.

Activity AC 2.1.1: Develop a community plan to mitigate the shortage of medical professionals in St. Lucie County.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
2.1.1.1	Find a medical professional to champion efforts to increase the number of medical professionals in St. Lucie County.	FDOH-SLC, Healthy St. Lucie	12/31/25	
2.1.1.2	Establish a medical professional shortage taskforce.	FDOH-SLC, Healthy St. Lucie	12/31/25	
2.1.1.3	Support the creation of a plan to mitigate the shortage of medical professional in St. Lucie County.	FDOH-SLC, Healthy St. Lucie	12/31/25	

Strategic Priority: Access to Care

GOAL	AC 3: Increase home and community-based care services
Strategy	AC 3.1 Increase awareness of and access to existing services for older adults.
Objective	AC 3.1 Increase the number of calls and services provided by 20% by January 1, 2026. (Baseline to be provided by AAA)
Data Source	Area Agency on Aging

Evidence Base: County Health Rankings
Policy Change: No
Health equity or disparity to be addressed: No

Activity AC 3.1.1: Promote availability of home and community-based care services for older adults.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
3.1.1.1	Increase engagement and participation of stakeholders representing communities of color, low income residents, and older adults in planning and implementation.	FDOH-SLC, Healthy St. Lucie, Age-Friendly Collaborative	12/31/25	
3.1.1.2	Increase awareness of the Area Agency on Aging Helpline.	FDOH-SLC, Healthy St. Lucie, Age-Friendly Collaborative	12/31/25	
3.1.1.3	Increase awareness of the 211 Crisis Helpline.	FDOH-SLC, Healthy St. Lucie, Age-Friendly Collaborative	12/31/25	
3.1.1.4	Promote existing home and community-based care services	FDOH-SLC, Healthy St. Lucie	12/31/25	

3.1.1.5	Increase the number of vulnerable adults receiving home and community-based services to avoid nursing home placement.	FDOH-SLC, Healthy St. Lucie, Age-Friendly Collaborative	12/31/25	
3.1.1.6	Educate about the need for additional funding.	FDOH-SLC, Healthy St. Lucie, Age-Friendly Collaborative	12/31/25	

Strategic Priority: Mental Health and Substance Abuse

GOAL	**MH 1: Reduce Hospitalizations for mental health disorders**
Strategy	MH 1.1 Expand local Adverse Childhood Experiences (ACE) initiatives. MH 1.2 Reduce the number of suicide attempts. MH 1.3 Increase older adult and caregiver access to mental health care.
Objective	MH 1.1 By January 1, 2026, decrease by 5% the age-adjusted hospitalization rate for mental health disorders per 100,000 for mental health disorders from 1089.70 to 1037.80.
Data Source	Florida Charts

Evidence Base: County Health Rankings
Policy Change: No
Health equity or disparity to be addressed: None

Activity MH 1.1.1: Provide ACE's training in St. Lucie County.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.1.1.1	Identify existing organizations that have been trained in ACE's and are providing trauma informed care services to residents.	FDOH-SLC, Healthy St. Lucie, Tykes and Teens, St. Lucie County Public Schools, Roundtable of St. Lucie	12/31/25	

		County, Children's Services Council, Sexual Assault Assistance Program of the Treasure Coast, Guardians for New Futures		
1.1.1.2	Identify additional entities and community members to target for training and technical assistance for implementation of trauma informed care strategies	FDOH-SLC, Healthy St. Lucie, Tykes and Teens, St. Lucie County Public Schools, Roundtable of St. Lucie County, Children's Services Council, Sexual Assault Assistance Program of the Treasure Coast, Guardians for New Futures	12/31/25	
Activity MH 1.2.1: Provide training in mental health first aid.				
Action	**Activity Description**	**Lead Org/Partners**	**Target Date**	**Current Status**
1.2.1.1	Provide training on the prevention of suicide and related behaviors to community and clinical service providers.	FDOH-SLC, Healthy St. Lucie, Tykes and Teens, St. Lucie County Public Schools, Sexual Assault Assistance Program of the Treasure Coast	12/31/25	
1.2.1.2	Increase the number of people trained in mental health first aid to identify, understand, and respond to signs of mental illness and substance use disorders in the community.	FDOH-SLC, Healthy St. Lucie, Tykes and Teens, St. Lucie County Public Schools, Sexual Assault Assistance Program of the Treasure Coast	12/31/25	

1.2.1.3	Increase suicide prevention efforts for high-risk populations.	FDOH-SLC, Healthy St. Lucie, 211, Sexual Assault Assistance Program of the Treasure Coast	12/31/25	
Activity MH 1.3.1: Promote free counseling services for seniors and caregivers.				
Action	**Activity Description**	**Lead Org/Partners**	**Target Date**	**Current Status**
1.3.1.1	Increase engagement and participation of stakeholders representing communities of color, low income residents, and older adults in planning and implementation.	FDOH-SLC, Healthy St. Lucie, Area Agency on Aging, Age Friendly Collaborative	12/31/25	
1.3.1.2	Increase awareness of the Area Agency on Aging Helpline.	FDOH-SLC, Healthy St. Lucie, Age Friendly Collaborative	12/31/25	
1.3.1.3	Increase awareness of the 211 Crisis Helpline.	FDOH-SLC, Healthy St. Lucie, Age Friendly Collaborative	12/31/25	
1.3.1.4	Increase awareness of free counseling services for seniors and caregivers that are offered through the Older American's Act.	FDOH-SLC, Healthy St. Lucie, Age Friendly Collaborative	12/31/25	

Strategic Priority: Mental Health and Substance Abuse

GOAL	**MHSA 2: Reduce the number of opioid overdose deaths.**
Strategy	MHSA 2.1: Increase awareness of the risks of opioid use and where and how to access naloxone to prevent death from overdose.
Objective	MHSA 2.1: By January 1, 2026, reduce the rate of age-adjusted unintentional injury deaths by drug poisoning from 25.5 per 100,000 to 20 per 100,000.
Data Source	Florida Charts

Evidence Base: County Health Rankings
Policy Change: No
Health equity or disparity to be addressed: None

Activity MHSA 2.1.1: Promote community awareness campaigns to reduce overdose.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
2.1.1.1	Participate in Treasure Coast Opioid Taskforce.	FDOH-SLC	12/31/25	
2.1.1.2	Conduct local promotion of the statewide marketing campaign.	FDOH-SLC, Healthy St. Lucie, Opioid Taskforce	12/31/25	

Strategic Priority: Health Equity

GOAL	HE 1: INCREASE COMMUNITY CAPACITY TO EFFECTIVELY REDUCE HEALTH DISPARITIES
Strategy	**HE 1.1: Increase community members affected by health disparities in the planning, implementation, and evaluation of programs impacting their community.**
Objective	HE 1.1: By January 1, 2026, host 30 trainings with community organizations and leaders on best practices in participatory engagement.
Data Source	FDOH-SLC and Healthy St. Lucie

Evidence Base: County Health Rankings
Policy Change: Informal organizational systems change to adopt participatory engagement.
Health equity or disparity to be addressed: Disparities in chronic disease morbidity and mortality among Whites and Blacks.

Activity HE 1.1.1: Train community organizations and leaders on participatory engagement practices.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.1.1.1	Host 30 community trainings on current health disparities, participatory engagement practices, and cultural humility and competency.	FDOH-SLC, Healthy St. Lucie, and other community partners as identified	12/31/25	
1.1.1.2	Track progress on engagement practice successes and challenges.	FDOH-SLC, Healthy St. Lucie	12/31/25	

Strategic Priority: Health Equity

GOAL	HE 1: INCREASE COMMUNITY CAPACITY TO EFFECTIVELY REDUCE HEALTH DISPARITIES
Strategy	**HE 1.2: Increase capacity of residents to present health issues impacting their community with other residents, local agencies, and community leaders.**
Objective	HE 1.2: By January 1, 2026, recruit, train, and maintain a minimum of 20 health champions that can engage neighbors on various health topics and disparities in their community.
Data Source	FDOH-SLC and Healthy St. Lucie

Evidence Base: Centers for Disease Control and Prevention
Policy Change: No
Health equity or disparity to be addressed: Disparities in chronic disease morbidity and mortality among Whites and Blacks.

Activity HE 1.2.1: Work with community members to present on health disparities.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.2.1.1	Identify 20 residents interested in increasing community awareness of health disparities.	FDOH-SLC, Healthy St. Lucie, and other community partners as identified	12/31/25	
1.2.1.2	Provide training on health data, impact on health, and evidence-based solutions.	FDOH-SLC, Healthy St. Lucie, and other community partners as identified	12/31/25	
1.2.1.3	Provide technical assistance and support as needed.	FDOH-SLC, Healthy St. Lucie, and other community partners as identified	12/31/25	

Strategic Priority: Health Equity

GOAL	**HE 1: INCREASE COMMUNITY CAPACITY TO EFFECTIVELY REDUCE HEALTH DISPARITIES**
Strategy	**HE 1.3: Leverage and support work being done by grassroots organizations serving communities of color.**
Objective	HE 1.3: By January 1, 2026, engage 10 grassroot organizations to advance work to improve health and reduce health disparities.
Data Source	FDOH-SLC and Healthy St. Lucie Resource Assessment

Evidence Base: County Health Rankings
Policy Change: No
Health equity or disparity to be addressed: Disparities in chronic disease morbidity and mortality among Whites and Blacks.

Activity 1.3.1: Engage with grassroots organizations serving communities of color.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.3.1.1	Complete a resource assessment to identify the focus areas of local groups that are already invested in addressing health issues.	FDOH-SLC, Healthy St. Lucie, and other community partners as identified	12/31/25	
1.3.1.2	Partner with faith institutions and grassroots organizations serving communities of color to address health disparities and promote health and well-being.	FDOH-SLC, Healthy St. Lucie, and other community partners as identified	12/31/25	

Strategic Priority: Health Equity

GOAL	HE 1: INCREASE COMMUNITY CAPACITY TO EFFECTIVELY REDUCE HEALTH DISPARITIES
Strategy	**HE 1.4: Engage social media champions/influencers in communities where health disparities exist.**
Objective	HE 1.4: By January 1, 2026, recruit and maintain 10 social media champions that can reach targeted audiences where health disparities exist.
Data Source	FDOH-SLC and Healthy St. Lucie

Evidence Base: Annual Review of Public Health: Addressing Health Equity in Public Health Practice
Policy Change: No
Health equity or disparity to be addressed: Disparities in chronic disease morbidity and mortality among Whites and Blacks.

Activity HE 1.4.1: Engage community social media champions/influencers to provide education on healthy eating, physical activity, wellness and screening events, and health disparities.

Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.4.1.1	Identify list of potential champions.	FDOH-SLC, Healthy St. Lucie, and other community partners as identified	12/31/25	
1.4.1.2	Meet with champions to review health disparities and CHIP strategies.	FDOH-SLC, Healthy St. Lucie, and other community partners as identified	12/31/25	
1.4.1.3	Agree on health literacy standards and credible sources of health information.	FDOH-SLC, Healthy St. Lucie, and other community partners as identified	12/31/25	

Appendix B: Alignment with Local, State, and National Plans

Strategic Priority Area 1: Chronic Diseases and Conditions				
St. Lucie County CHIP Objectives **HW**-Healthy Weight **PD**-Prevention/Detection **TP**-Tobacco Prevention **HL**-Health Literacy	**FDOH-St. Lucie Strategic Plan**	**Florida SHIP**	**Healthy People 2030**	**NSS Health Equity**
HW 1.1 By January 1, 2026 increase the percentage of adults who have a healthy weight (BMI 18.5 – 24.9) from 31.2% in 2016 to at or above the state level of 34.5%.	2.1	HW 1.1.5 CD 1.1.2	D-D01 NWS-03 D092	Goal 5, Strategy 17, Objective 5
HW 1.2 By January 1, 2026, decrease the percentage of adults who are inactive or insufficiently active from by 5% from 50.7% in 2016 to 45.7%.	2.1	HW 2.1	ECBP-D04 PA-02 HC/HIT-03	Goal 5, Strategy 17, Objective 5
HW 1.3 By January 1, 2026, increase the percentage of adults who consumed five or more servings of fruits or vegetables per day from 16.9% (2013) to at or above the state level of 18.3%	2.1	HW 1.1	NWS-01 NWS-04	Goal 3, Strategy 13, Objective 1 Goal 5, Strategy 17, Objective 5
HW 1.4 By January 1, 2026 reduce the proportion of children aged 6 to 11 years who are obese by 3%, from 24% in 2019 to 21%. Data Source: School Health Nurse BMI Assessments.	2.1	HW 1.1	NWS-04 NWS-06 NWS-07 PA-09	--
HW 1.5a By January 1, 2026, increase breastfeeding initiate rates from 87.4% in 2019 to 90.0%.	1.1	HW 1.2 HW 1.2.3	MICH-15	--
HW 1.5b By January 1, 2026, increase breastfeeding initiation rates among black mothers from 83.5% in 2019 to 89.0%*.	1.1	HW 1.2	HC/HIT-D01 MICH-15	Goal 1, Strategy 3, Objective 3 Goal 5, Strategy 17, Objective 5
HW 1.5c By January 1, 2026, increase overall SLC WIC breastfeeding duration rates at 26 weeks (6 months) in St. Lucie County from 33.23% in 2020 to 38.23%.	1.1	HW 1.2	MICH-15	--
HW 1.5d By January 1, 2026, increase the SLC WIC breastfeeding duration rates at 26 weeks (6 months) among black mothers from 36.18% in 2020 to 41.18%.	1.1	HW 1.2	--	Goal 1, Strategy 3, Objective 3 Goal 5, Strategy 17, Objective 5
PD 1.1 By January 1, 2026 decrease the age-adjusted death rates of prostate cancer among black males by 5% from 35.2 to 33.5.	2.1	HE 3.3	C-08	Goal 3, Strategy 8, Objective 3

				Goal 5, Strategy 17, Objective 5
PD 1.2 By January 1, 2026 increase percentage of women 40 years of age and older who received a mammogram in the last year from 58.7% to at or above the state level of 60.8%.	2.1	--	C-05	--
PD 1.3 By January 1, 2026, decrease the age-adjusted hospital rates of stroke among black adults by 5% from 402.4 to 383.2.	2.1	HE 3.3	HDS-03	Goal 3, Strategy 8, Objective 3 Goal 5, Strategy 17, Objective 5
PD 1.4 By January 1, 2022, increase the number of community partners receiving information about the increased risk of severe illness from COVID 19 for those with underlying medical conditions from 300 (Jan 2021) to 600.	3.6	--	HC/HIT-D04	--
TP 1.1 By January 1, 2026, increase utilization of tobacco cessation services from 6% in 2019 to 40%?	2.1	CD1 1.1.1	TU-12	--
TP 1.2 By January 1, 2026, decrease the percentage of youth ages 11-17 who used any form of tobacco on one or more of the past 30 days from 13.0% in 2020 to 10.0%.	2.1	--	TU-04 TU-22	--
TP 1.3 By January 1, 2026, increase the number of smoke free multi-unit housing properties from 12 in 2020 to 15.	2.1	--	TU-R01	--
TP 1.4 By January 1, 2026, increase the number of worksites and organizations with tobacco free grounds policies from 8 to 12.	2.1	--	TU-17	--
HL 1.1 By December 31, 2025, create a website providing the community with links to culturally and linguistically appropriate health information, training and tools. Baseline: 0	1.1 & 2.1	--	HC/HIT-04	Goal 3, Strategy 11, Objective 4 Goal 4, Strategy 14, Objective 3

Strategic Priority Area 2: Access to Care				
St. Lucie County CHIP Plan Objectives **AC**-Access to Care	**FDOH-St. Lucie Strategic Plan**	**Florida SHIP**	**Healthy People 2030**	**NSS Health Equity**
AC 1.1 By January 1, 2026, increase the civilian non-institutionalized population that has health insurance in St. Lucie County by December 2025, from 86% to 91%.	--	--	ASH-01	--
AC 2.1 Increase the rate of family practice physicians from 9.7 per 100,000 to 10.7 per 100,000 by January 1, 2026.	--	--	--	--
AC 3.1 Increase the number of calls and services provided by 20% by January 1, 2026. (Baseline to be provided by AAA)	--	--	--	--

Strategic Priority Area 3: Mental Health and Substance Abuse				
St. Lucie County CHIP Plan Objectives **MH**-Mental Health **SA**-Substance Abuse	**FDOH-St. Lucie Strategic Plan**	**Florida SHIP**	**Healthy People 2030**	**NSS Health Equity**
MH 1.1 By January 1, 2026, decrease by 5% the age-adjusted hospitalization rate for mental health disorders per 100,000 for mental health disorders from 1089.70 to 1037.80.	--	BH 1.2 BH 4.1	MHMD-01	--
SA 1.1 By January 1, 2026, reduce the rate of age-adjusted unintentional injury deaths by drug poisoning from 25.5 per 100,000 to 20 per 100,000.	--	BH 3.1	OPIOID-01	--

Strategic Priority Area 4: Health Equity				
St. Lucie County CHIP Plan Objectives **HE**-Health Equity	**FDOH-St. Lucie Strategic Plan**	**Florida SHIP**	**Healthy People 2030**	**NSS Health Equity**
HE 1.1 By January 1, 2026, host 30 trainings with community organizations and leaders on best practices in participatory engagement.	--	HE 1.2	--	Goal 1, Strategy 2, Objectives 1and 3 Goal 2, Strategy 5, Objective 1
HE 1.2 By January 1, 2026, recruit, train, and maintain a minimum of 20 health champions that can engage neighbors on various health topics and disparities in their community.	--	HE 1.2 CD 1.3	HC/HIT-04	Goal 1, Strategy 2, Objective 4
HE 1.3 By January 1, 2026, engage 10 grassroot organizations to advance work to improve health and reduce health disparities.	--	--	--	Goal 1, Strategy 2, Objectives 3 and 4
HE 1.4 By January 1, 2026, recruit and maintain 10 social media champions that can reach targeted audiences where health disparities exist.	--	CD 1.3	--	Goal 1, Strategy 4, Objectives 1 and 3

SHIP-State Health Improvement Plan
NSS-National Stakeholder Strategy for Achieving Health Equity, Office of Minority Health, U.S. Health and Human Services