

2013 Community Health Assessment
For St. Lucie County, Florida

June 2013

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Introduction

In this project a combination of at least 5 assessments will be used to better determine and understand the challenges and effectiveness of the County of St. Lucie in relation to the citizens in an attempt to improve the quality of care and living.

Background and Objectives

SRA Research Group, Inc. (SRA) and Performance Evaluation and Improvement (PEI) partnered to assist a task force led by the United Way of St. Lucie County to develop “A Progress Report on the State of the Social, Health, and Public Safety Services in St. Lucie County for 2012.” This

follows and updates the original needs assessment prepared in 2007. Wherever possible and appropriate, comparisons between the 2007 and 2012 reports have been included.

The project began with a discovery session meeting on October 17, 2011 with the task force, which included funders, community leaders, and service providers. During the meeting, the project process, methodology, indicators to be included, peer counties, and timeline were discussed. For the most part, the 2012 project closely followed all aspects of the 2007 project. The differences between the two projects are indicated in this background and objectives section where processes are discussed.

The overall objective for the project was to identify the social, health, and public safety needs of St. Lucie County which can be used to improve availability and delivery of social, health, and public safety services in the future. Specific project objectives for 2012 mirrored the 2007 study and included:

- Describing the existing environment by compiling data relating to social, health, and public safety services.
- Collecting community input from surveys and focus groups concerning needed services.
- Identifying gaps in services and underserved areas.

This needs assessment has an overview of St. Lucie County including:

- This Executive Summary Chapter 1
- Methodology Chapter 2
- Environmental Scan Chapter 3

The environmental scan includes local population trends, the communities within the county, and the general characteristics of the county in terms of education, employment, income, and housing. The remaining chapters of the needs assessment focused on roughly 90 indicators. Indicators are data, which are available in the public domain that are identified as important at the federal, state, or county level. In 2007, there were approximately 80 indicators. In the 2012 study, SRA and PEI worked with the task force and it was determined that additional indicators should be added based on changes in the county since the 2007 effort. The indicators are grouped into five major categories as follows:

- Family Life (including economic status and family stability) Chapter 4
- Child Health and Education Chapter 5
- Adult Health and Functioning Chapter 6
- Elderly and Disabled Adults Chapter 7
- Safety and Security Chapter 8

In order to provide an understanding of where St. Lucie County stands on each indicator, the indicator data are compared to the Florida state rate and to three peer counties. At the October 17 meeting, the counties were reviewed and discussed. Based on input from the task force, it was decided to use the same counties employed in the 2007 study since they are also the counties used by the school district and other agencies for comparative purposes. The peer counties include:

- Lake
- Manatee
- Marion

As was the case in 2007, the voice of the residents, community leaders, and service providers were an integral part of the needs assessment process in 2012. The Community Response sections of the assessment include findings based on two research projects – a series of two focus groups and a community-wide telephone survey. The focus groups included one group of St. Lucie County community leaders and a second group of St. Lucie County service providers.

In 2007, input from the Hispanic and Haitian communities was provided by focus groups among St. Lucie County residents from these two communities which were conducted in Spanish and Creole, respectively. In 2012, the voices of the Hispanic and Haitian populations were included via representatives who participated in the community leader focus group. These leaders were the St. Lucie County Haitian and Spanish Advisory Council Chairwomen. Some of the service providers also serve these communities and provided input on Hispanic and Haitian issues as well.

As was the case in 2007, the telephone survey consisted of 400 telephone interviews among adult residents of St. Lucie County. The survey was representative of residents of St. Lucie County. The questionnaire was designed to complement the indicator data. SRA and PEI worked with the task force to identify questions, which were most important to the community. Wherever appropriate and available, comparisons were made between the 2007 and 2012 surveys. More detail on how this project was completed is included in Chapter 2, which contains the detailed methodology.

The highlights of the needs assessment are presented in the following pages. This is followed by the individual chapters, which explore the indicators and community response for the environmental scan and each of the five major categories in more detail.

As was the case in 2007, this executive summary consists of the following sections:

- General Overview:
 - Key findings and issues which impact St. Lucie County
- Environmental Scan
 - Geography
 - Population
 - Education
 - Employment
 - Income
 - Housing
- Family Life
 - Overview
 - Economic Status of Families (including Hunger)
 - Family Stability
 - Child Care
 - Public Transportation
 - Hispanic and Haitian communities
 - Challenges Identified
 - Indicator Summary
- Child Health and Education
 - Overview
 - Infant and Child Health
 - Teen Substance Abuse
 - Elementary and Secondary Education

- Child Welfare and Mental Health
- Challenges Identified
- Indicator Summary
- Adult Health and Functioning
 - Overview
 - Access to Health Care
 - Behavioral Risk Factors
 - Death Rates
 - Communicable and Infectious Diseases
 - Chronic Illness
 - Adult Mental Health
 - Challenges Identified
 - Indicator Summary
- Elderly and Disabled Adults
 - Overview
 - Financial Status
 - Living Situation
 - Health Status
 - Disabled Adults
 - Challenges Identified
 - Indicator Summary
- Safety and Security
 - Overview
 - Crime Rates
 - Juvenile Delinquency
 - Safety for Children and Families
 - Challenges Identified
 - Indicator Summary

The most up to date sources available were used for the indicator data. In a few instances, a different source may have been used in the 2012 report than were used in the 2007 report. In these cases, the 2012 trend data may not match the original 2007 data due to the difference in sources.

General Overview

This section provides an overview of some of the key findings and issues affecting St. Lucie County in the needs assessment across all of the areas studied. Additional detail is covered in the specific sections of the executive summary and in the individual chapters of the report, including the environmental scan and the five major categories of:

- Family Life
- Child Health and Education
- Adult Health and Functioning
- Elderly and Disabled Adults
- Safety and Security

Note that the order of the commentary in this overview does not necessarily indicate priorities of the issues mentioned.

Too many residents don't have enough to eat.

The number of residents who are food insecure has doubled from the 2007 study to the 2012 study. In addition, many children are uncertain of having enough food in spite of programs designed to feed children. Many of these hungry people do not qualify for government assistance and are having to choose between paying their housing bills and buying food. In addition, many are new to the safety net system and don't know how to obtain services or where to find assistance.

Too many children and families are homeless in St. Lucie County.

The number of homeless residents in St. Lucie County has varied between 600 and 1,000 from 2007 to 2011. In addition, this count includes roughly 100 children who are homeless. This issue was also identified in the 2007 study and may lead to negative outcomes for these children in terms of health, education, and employment later in life. Not all these residents are homeless by choice, as roughly half are employed, but cannot make enough money to afford housing and other necessities such as food.

The problem of access to health care continues to grow for county residents.

In 2004 for St. Lucie County, the indicator data show that one-quarter (25 percent) of adults under age 65 do not have health insurance. The 2010 U.S. Census American Community Survey data shows that 33 percent of adults in St. Lucie County do not have health insurance. Further, the phone survey suggests that many residents are struggling to pay for health insurance, and are having a major problem affording medical and dental services. These issues were also identified in the 2007 needs assessment and are greatest for residents with incomes under \$25,000 and those who are less educated. In order to keep emergency rooms from becoming overburdened, there is a need to evaluate ways to expand community health clinics to serve the health care needs of residents.

Despite the drop in housing prices, affordable housing remains an issue.

From the peak in 2005, the average cost of a single-family home has dropped from \$234,000 to \$107,900. Even with this drop, many St. Lucie County families spend more than 30 percent of their income on housing costs. This housing cost burden prevents them from being able to afford other necessities such as food, childcare, and medical care. Further, low incomes keep many families from qualifying for a mortgage, particularly given the new, more restrictive lending guidelines, which are being used by financial institutions. This may increase the need for services in St. Lucie County. This is an issue, which was identified in the 2007 needs assessment and persists in 2012.

While education is improving, more work needs to be done.

While the ratings of St. Lucie County schools have improved, FCAT scores and telephone survey respondents indicate that more work needs to be done. Without a strong education system and an educated, trainable workforce, it will be difficult for St. Lucie County to attract businesses with high wage jobs to the county to improve the economic climate. This is still an issue, which was identified in 2007.

The county needs to be prepared for continued population growth.

By 2020, St. Lucie County is expected to add over 75,000 residents to the population. It can be anticipated that many of these new residents will represent minority and ethnic groups as the percentage of black and Hispanic populations increased from 2000 to 2010, while the percentage

of white population declined. As was suggested in 2007, this growth in population may mean the need for more schools, more housing, more jobs, and more services.

St. Lucie County needs to ensure more moms get prenatal care.

In order to be successful later in life, babies need to be healthy. For them to be healthy, their mothers need proper prenatal care. More new mothers in the county are under-educated which may be a reason that three in ten mothers in St. Lucie County do not receive adequate prenatal care. There needs to be additional education efforts to increase the number of new mothers who receive proper prenatal care.

More children need to have their immunizations prior to Kindergarten.

Immunizations prevent the transmission of infectious diseases. While most children in St. Lucie County receive the proper immunizations, roughly one in ten do not. The health consequences of infectious diseases can be devastating to children's development.

There is a need for more quality affordable childcare in St. Lucie County.

Though the population in the county has been steadily increasing, the number of locations offering childcare has remained the same since 2007. Many parents are having issues finding childcare. Further, the quality of care needs to improve as St. Lucie County has fewer Gold Seal child care locations than peer counties.

The county needs high wage job growth to improve the quality of life for many residents.

With an unemployment rate of over 10 percent, it is obvious that St. Lucie County needs more jobs. However, when you consider resident income levels are below average in the state and more than 48,000 residents live below the poverty threshold, it is clear that higher wage jobs are needed.

Despite the difficulties, St. Lucie County is working hard to improve the quality of life.

St. Lucie County has made progress in a number of areas. Among some notable accomplishments are attracting a number of high wage businesses to the county including the beginnings of a biotech cluster. In addition, the county launched the HANDS medical clinic to provide dental and medical care to people who earn less than 200 percent of the federal poverty level. Indian River State College continues to expand the number of degree and training programs offered to residents. In addition, a number of public-private partnerships are also helping the quality of life for residents. And, downtown Ft. Pierce continues to be revitalized. Further, gangs were cited as an issue less frequently than in 2007, and progress has occurred in a number of other areas including births to teenage mothers. As was the case in 2007, business, government, community organizations, and service providers work closely together to make the community a better place for all residents.

Environmental Scan

The environmental scan section of the executive summary covers the following:

- Geography
- Population
- Education
- Employment
- Income
- Housing

Geography

St. Lucie County, covering an area of 572 square miles, is north of Martin County, south of Indian River County, and east of Okeechobee County. The land mass includes a 20 mile stretch of beachfront on the Atlantic Ocean and waterfront real estate along the north fork of the St. Lucie River, and a stretch of the Indian River which separates Hutchinson Island, a barrier island, from the mainland.

The county has five major communities, including Ft. Pierce, Port St. Lucie, St. Lucie Village, St. Lucie West, and Tradition. In addition, there is a large unincorporated area of the county west of Interstate 95 to the Okeechobee County line which is largely agricultural and farm land.

Population

In 2010, St. Lucie County had a population of 277,789 up from 260,590 residents in 2007. The population is expected to increase to over 350,000 in 2020.

The population included 16,418 infants and toddlers which is up from 4.1 percent in 2000 to 5.9 percent in 2010 (children under age 5), 68,795 children under age 19 up from 16.9 percent in 2000 to 24.8 percent in 2010, and 55,378 elders age 65 and older down from 22.6 percent in 2000 to 19.9 percent in 2010.

Compared to the 2000 census, the number of whites is down from 79 percent to 72 percent in 2010, while blacks have increased from 15 percent to 19 percent during the same period. In addition, the Hispanic population has increased from 8 percent in 2000 to 16.6 percent in 2010.

Education

St. Lucie County has 41 schools, including 20 elementary, 4 middle/junior schools, 6 high schools, and 11 schools classified as "other". For the 2010-2011 school year, St. Lucie County earned a B district grade, which has been the case since 2007-2008. In 2010-2011, just over half (21) were A schools, with no school receiving an F.

For 2010-2011, the district reported a graduation rate of 78.7 percent (up from 2005-2006 rate of 72.7 percent) and a dropout rate of 2.2 percent (identical to the 2005-2006 rate). However, there are differences in educational levels across the county. For example, in Ft. Pierce, 30 percent of the population age 25 and over has not graduated from high school or received an equivalent degree, compared to only 22 percent of those in the remainder of the county (also identical to 2005-2006).

Employment

In 2011, St. Lucie County had 108,178 workers employed and 16,151 workers unemployed for an unemployment rate of 13 percent. This compares to 2006 when there were 110,140 workers employed and 4,840 workers unemployed for an unemployment rate of 4.2 percent. However, occupational employment projections for Region 20 which includes St. Lucie County (along with Martin, Okeechobee, and Indian River) predict annual job growth rates of 2.16 percent over the next 8 years, which will add almost 34,000 jobs in the region.

The health care and social assistance sector, along with the retail trade, employ many workers in St. Lucie County accounting for 31 percent. In addition, educational services, accommodations, and food services represent another 30 percent of employment (roughly 10 percent each). This is very different from 2006 when trade, transportation or utilities, and government employed many workers and reflects the lack of housing construction.

Income

St. Lucie County's per capita income in 2009 was \$29,526 compared with \$22,664 in 2000. However, per capita income is still well below the state level of \$37,387 at only 79 percent of the state level. As a whole, 39 percent of households in the county are classified as low income. Ft. Pierce has the highest proportion of low-income households, at 50 percent.

Over 48,000 residents live below the poverty threshold, with poverty being the greatest issue in Ft. Pierce. The overall poverty in the 2010 Census was 17.6 percent, compared to 13.4 percent in 2000.

Housing

Based on the most recently available data (2009), 78 percent of county residents are homeowners, which is identical to the rate in 2005. However, this does not take into account changes in the last two years, which have seen a large number of short sales (selling a home for less than is owed on the mortgage) and foreclosures. In 2010, the median sale price of a single family home was \$107,900 down from a high in 2006 of \$234,000, while condominiums sold for \$116,750 down from \$212,000 in 2006 on average.

Since the “peak” in 2006, the real estate market has seen dramatic price declines. However, prices have begun to stabilize and the inventory of available houses is shrinking. It is unlikely rapid home building seen during 2000-2006 will return to the area in the near future.

Despite the drop in home prices, affordable housing is an issue for many residents, with 27 percent of household cost burdened by spending more than 30 percent of their income for housing. This is actually up from the 24 percent level in 2006.

Note to Reader

There are no indicator data related specifically to the environmental scan data. Many of the issues outlined herein are covered in subsequent sections of this executive summary. The full text of the environmental scan is located in Chapter 3 of this report.

Family Life

The family life section of the executive summary covers the following:

- Overview
- Economic Status of Families
- Family Stability
- Child Care
- Public Transportation
- Challenges Identified
- Indicator Summary

Overview

There are some family life issues, which are impacting St. Lucie County residents based on the indicator data, the telephone survey of residents, and focus groups. While not in any particular order, some of these issues include lower incomes, higher unemployment rates, higher poverty rates, hunger, homelessness, lack of affordable housing, and the availability of affordable childcare.

Economic Status of Families

St. Lucie County had an average per capita income of \$29,526 in 2009 compared to \$22,664 in 2000. Per capita income is below the state average of \$37,387. Adjusted gross income is similar, with St. Lucie County at \$43,777 and the state rate at \$50,755. Dividend and interest income are both below the state average. Since many retirees live on their investments, this may be affecting the quality of life for elders in the community.

Further, telephone survey data indicate that 25 percent of families are at “high” financial risk, with another 16 percent at “medium” risk. This suggests that roughly 40 percent of households are struggling in St. Lucie County. Evidence of this was also reported in the focus groups, with

service providers reporting that many people are coming to them for services who are new to the safety net system.

St. Lucie County has made progress in attracting companies that offer better jobs, which pay higher wages. However, much more work is needed given the below average income figures for the county and the high rate of unemployment. Further, poverty levels are high, and hunger is a problem in St. Lucie County, with one in five families (19.3 percent) classified as food insecure. This is up from one in ten (10.8 percent) in 2005.

Family Stability

In terms of family stability, the divorce rate in St. Lucie County is lower than the state rate, and has held steady since 2005. However, the proportion of female-headed households, which can lead to less favorable outcomes for children, is higher than all three peer counties at 12.9 percent, up from 11 percent in 2000. Currently, 29 percent of female-headed households are living below the poverty level.

In addition, 54 percent of these female-headed households are where children under 5 reside are in poverty.

Housing prices have fallen dramatically in St. Lucie County, with a median home price of \$107,900 down from \$234,000 in 2005. Foreclosures and short sales (selling a home for less than is owed on the mortgage) continue to be an issue in St. Lucie County, with foreclosure rates in June 2011 at 16.09 percent. In addition, the housing cost burden, which represents the proportion of income spent on housing above the desired 30 percent level, is 27 percent which suggests that affordable housing is still an issue for some St. Lucie County residents despite the drop in real estate prices. Further, there are 683 homeless people counted in the county on January 27, 2012. Of additional concern is that around 100 of the homeless are children, which can only lead to less than desirable outcomes for their futures.

Child Care

The indicator data suggest that while the population of St. Lucie County is increasing, the number of childcare slots has not increased and affordable childcare is an issue for many residents. Among the programs that exist, only 28.8 percent are Gold Seal programs that leave much room for improvement in the available programs.

Respondents in the telephone survey agree, with 40 percent indicating there is not enough affordable childcare and 47 percent agreeing there is a need for more subsidized childcare. Further, 36 percent of parents surveyed have had an issue finding affordable, quality childcare in the past 12 months, and three in ten parents (30 percent) are having difficulty finding care for their children before and after school.

Public Transportation

There have been some improvements in the public transportation system. However, half (51 percent) of residents in the phone survey do not find the system adequate. A respondent in the focus groups did indicate federal money has helped build a new transit facility in Ft. Pierce, but indicated residents don't know enough about the system.

Haitian and Hispanic Residents

With inclusion of respondents in both focus groups being people who serve the Haitian and Hispanic populations, data was obtained that pointed to both the successes that have occurred for these populations, as well as where issues still are occurring. It is perceived that both Hispanic and Haitian residents in the county have become better acclimated and achieved higher education attainments compared to five years ago. Further, it was noted that the Hispanic population in St.

Lucie County in particular has become more integrated in the county, with more Hispanic cultural celebrations made available to the whole community.

Issues still remain with undocumented and documented Haitian and Hispanic residents being unable to access the health care they need for themselves and family members due to fear or lack of ability to communicate. This fear also precludes them from accessing other services needed. Lack of adequate transportation remains an issue for many Haitian residents in particular.

Challenges Identified

Some of the challenges identified in the family life section, many of which persist from the 2007 analysis, include:

- More jobs and higher paying jobs
- Affordable housing
- Homelessness
- Hunger
- Available and affordable child care
- Public transportation

Indicator Summary

To meet their basic needs, families need jobs which pay a decent wage. Almost one in five families live below the poverty line and similar numbers are food insecure. Lack of money will lead to poor nutrition and health problems, which will negatively impact an already overburdened safety network. The impact of poverty is particularly great on children as it affects their ability to grow, learn, and make a better life for themselves.

In addition to these factors, affordable housing and affordable childcare affect many families ability to obtain other necessities including health care. Family Life Chapter 4 presents indicator data relating to the economic status of families and family stability. The community response to issues of family life is presented at the end of the chapter.

Following is a summary of the family life indicator data:

Child Health and Education

The child health and education section of the executive summary covers the following:

- Overview
- Infant and Child Health
- Teen Substance Abuse
- Elementary and Secondary Education
- Child Welfare and Mental Health
- Challenges Identified
- Indicator Summary

Overview

Several issues exist in terms of child health and education based on the indicator data, as well as input from the telephone survey and the focus groups. While not in rank order, these include, but are not limited to, lack of prenatal care, low immunization rates among children entering school, substance abuse for middle school students, and issues with school attendance.

Infant and Child Health

Proper prenatal care impacts healthy birth outcomes and the success for children later in life. While most women in St. Lucie County receive prenatal care, roughly three in ten women receive inadequate prenatal care.

St. Lucie County also has a higher rate of under-educated mothers than the state rate, which also impacts functioning of children in later life, with one in six new mothers having less than a high school education.

While most children in St. Lucie County start Kindergarten with up to date immunizations, almost one in ten are not properly immunized. This can lead to the transmission of infectious diseases.

Teen Substance Abuse

Substance abuse impacts teens in many ways including poorer school performance, and a greater likelihood to get into trouble. While there has been a decline in St. Lucie County, teens, and particularly middle school students, have issues with substance abuse. Younger teens are above the state rate and two peer counties for tobacco, alcohol, and marijuana use. Middle school students are also higher than the state rate for illicit drug use. Note that rates for each of the four indicators are shown in the detailed chapter report.

Parents in the telephone survey concur, with one in five saying they have had an issue with teenage alcohol or drug abuse in their household during the past 12 months.

Elementary and Secondary Education

While they have fallen to their lowest rate in four years, absentee rates in St. Lucie County (14 percent) far exceed the state (9.5 percent) and peer counties rates (11.6 percent or less). Students cannot succeed in school unless they attend school regularly.

The lack of attendance is reflected in reading and math proficiency. St. Lucie County third and tenth graders are rated lower than the state rate in terms of both math and reading proficiency. Specifically, 67 percent of third grade students (versus 72 percent for the state) and 35 percent of 10th grade students (versus 39 percent for the state) are proficient in reading for 2010-2011. For math, the 2010-2011 figures are 76 percent versus 78 percent for third grade students and 68 percent versus 73 percent for 10th grade students.

Parents in the telephone survey echo these findings, with only 15 percent saying they agree that St. Lucie County public school students are well prepared for college. However, community leaders and service providers in the focus groups indicated new programs and partnerships have made progress towards improving education in St. Lucie County.

While most St. Lucie County children start school ready to learn based on the Early Screening Inventory-Kindergarten (ESI-K), fewer children in the county are properly prepared than the state rate and peer counties.

Child Welfare and Mental Health

Children are negatively impacted by child abuse, neglect, and emotional disturbances. Child abuse rates in St. Lucie County at 16.03 per 1,000 are above the state rate (12.51 per 1,000), but are decreasing, while the state rate is increasing.

Of all the abused or neglected children who are removed from their homes in the Department of Children and Families Central Region (including St. Lucie County), almost 70 percent were reunited with their families within 12 months. There has been improvement in the rate since the fiscal year end in June 2010.

In the telephone survey among residents, three in ten (30 percent) parents say children with behavioral and emotional problems have been an issue in their household during the past 12 months.

Challenges Identified

Some of the challenges identified in the child health and education section include:

- Lower levels of proper prenatal care
- Births to mothers with less than a high school education
- High rate of substance abuse, particularly among middle school students
- High rate of absenteeism for students
- Lower rates of math and reading proficiency for 3rd and 10th grade students
- Parental concerns about the quality of education
- Child abuse rates

Indicator Summary

The quality of life which children are afforded in a community is a reflection of the well being of the entire community. A healthy birth and healthy development, free from disease and injury, help to ensure that children grow to be productive, independent adults. Conversely, problems at birth and in early development such as very low birth weight, poor nutrition, limited intellectual and sensory stimulation, illness affecting development, or other health problems may follow a child into adulthood, manifesting as learning problems, social maladjustment, chronic health problems, or other issues. Chapter 5 presents data on indicators relating to child health and education.

Adult Health And Functioning

The adult health and functioning section of the executive summary covers the following:

- Overview
- Access to Health Care
- Behavioral Risk Factors
- Death Rates
- Communicable and Infectious Diseases
- Chronic Illness
- Adult Mental Health
- Challenges Identified
- Indicator Summary

Overview

Adult residents who are age 20 or over represent 75 percent of the population in St. Lucie County. Indicators of adult health include access to and availability of health care, behaviors which can lead to poor health and quality of life outcomes, death and disease rates, and mental health issues. All of these impact the individual's quality of life, as well as having a negative impact on the community as a whole.

Access to Health Care

An important indicator of overall health in a community is the ability of residents to access health care. Access is usually impacted by whether or not adults have health insurance. The 2010 U.S. Census American Community Survey shows 33 percent of St. Lucie County adults who are under age 65 do not have health insurance. This is much higher than the 26.4 percent reported in the 2004 Agency for Health Care Administration Florida Insurance Study.

Based on the telephone survey, roughly six in ten households have difficulty affording health insurance, health care, and dental care. The data show this problem has the greatest impact on households which earn under \$25,000. Lack of proper preventative health care and dental care

can lead to more serious medical conditions including heart disease, stroke, and other chronic illnesses which are also the leading causes of death in the county.

However, participants in the focus groups pointed out that many improvements have been made in the health care system and that the HANDS clinic is helping some residents who do not have insurance.

Behavioral Risk Factors

Risk factors for adults include health status, as well as lifestyle behavioral choices which can impact health.

As was reported in the 2007 study, about one in five St. Lucie County adults report they are in poor health (20.7 percent). However, the percentage of adults considered obese has increased from 21.9 percent in 2002 to 31.4 percent in 2010.

The obesity numbers are supported by the resident telephone survey, where over half indicated a weight problem with adults in their household during the past 12 months.

Among the lifestyle factors, most adults (24 percent) consume less than five fruits and vegetables a day, while over half (61 percent) have no regular moderate physical activity, and 11 percent engage in heavy or binge drinking.

On a positive note, the number of adult smokers is down from 28 percent in 2002 to 19 percent in 2010. However, with one in five St. Lucie County residents smoking, there is more work needed in this area. In addition, the telephone survey data indicate that fewer (5 percent down from 10 percent in 2007) households have a major issue with substance abuse.

Death Rates

After reaching a low in 2008, the death rate for adults in St. Lucie County has been increasing. Heart disease and cancer are the leading causes of death among adults in St. Lucie County.

Communicable and Infectious Diseases

Vaccine preventable illnesses and sexually transmitted disease rates are relatively high. However, St. Lucie County has the highest rate of HIV/AIDS in the state (42.5 per 100,000 versus 18.4 per 100,000).

Chronic Illness

Based on age adjusted death rates, residents in St. Lucie County die from the four classic categories of chronic disease including:

- Heart disease
- Cancer
- Chronic obstructive pulmonary disease
- Stroke

In terms of the behavioral risk factors that are associated with morbidity and mortality, St. Lucie County compares unfavorably to the state as a whole for:

- Diagnosed hypertension
- Diagnosed high cholesterol
- Do not meet physical activity recommendations
- Do not engage in leisure time physical activities
- Do not consume five fruits and vegetables per day
- Being overweight
- Being obese

The county also compares poorly to the state on death rates for skin cancer, hospitalization rates for heart disease, and stroke.

Adult Mental Health

The treatment of adult mental illness has a direct impact on the ability of adults to support them financially.

Adults with severe and persistent mental illness in the Central Region, which includes St. Lucie County, spend more days in the community (which is positive since they spend fewer days institutionalized) compared to the state and Suncoast Region. In addition, adults who complete treatment are somewhat more likely to find work, though the average days worked is declining.

In the telephone survey of residents, just over one in five households (22 percent compared to 23 percent in the 2007 survey) report a major problem with feelings of anxiety, stress, and depression.

Community leaders and service providers in the focus groups indicated that St. Lucie County probably has more issues with mental illness than are diagnosed and treated. In addition, one focus group respondent mentioned that a large portion of the homeless population in the county suffers from mental illness.

All of this suggests that mental illness may be preventing some residents from finding and keeping jobs, which indicates the need for additional services and treatment for adults with mental illness.

Challenges Identified

Some of the challenges identified in the adult health and functioning section include:

- Lack of health insurance
- Access to affordable health care
- Access to affordable dental care
- Poor health status
- Obesity
- HIV/AIDS
- Climbing death rates
- Mental health issues

Indicator Summary

The 2012 St. Lucie County community needs assessment included the needs of the general adult population. Chapter 6 addresses the indicator data relating to health care access, behavioral risk factors, death rates, and communicable diseases using data from the Florida Department of Health, and adult mental health using data from the Department of Children and Families. The community response to issues of adult health and functioning is presented at the end of Chapter 6.

Elderly and Disabled Adults

The elderly and disabled adults section of the executive summary covers the following:

- Overview
- Financial Status
- Living Situations
- Health Status
- Disabled Adults

- Challenges Identified
- Indicator Summary

Overview

The approximately 72,951 people (60+) in St. Lucie County represent 26.3 percent of the population, including:

- 6.3 percent aged 60 to 64
- 17.6 percent aged 65 to 84
- 2.4 percent over 84 years of age

The population age 60 and over is expected to more than double to 166,403 by 2030. Service providers in the focus groups indicated this growth will make it even more difficult to serve seniors in need during the coming years. Further, service providers reported that seniors who moved here during the housing boom are increasingly in need of services as they age.

Financial Status

Compared to the state rate, fewer St. Lucie County elders live in poverty. The rate has dropped from a high of 8.5 percent in 2008 to 7.8 percent today.

Living Situation

Elder people who are living alone without a spouse or caregiver are more likely to require placement in a nursing home as they age and become frailer. In St. Lucie County, one in five elders (age 60+) live alone, which is slightly above the state rate and peer counties.

Some elders (14.75 per 1,000 in St. Lucie County) also face the increased responsibility of raising grandchildren. This is higher than the state rate and peer counties. Further, the county rate has been rising from 11.61 per 1,000 in 2009.

Loneliness is also an issue for many people age 60 and over. In the telephone survey among residents, over half (54 percent compared to 56 percent in 2007) of elders age 60 and over feel many seniors in St. Lucie County suffer from loneliness. Despite most (56 percent) of the elders in the telephone survey indicating that they know how to get information about services, this may suggest a need to do more to communicate the activities which are available to seniors.

There was some improvement in other concerns about living situations that were highlighted by the results of the resident telephone survey. Specifically, 30 percent (down from 46 percent in 2007) worry they will not be able to remain in their home if they become sick and need care. This decrease may be due to the increases in home health care providers available to elders today. In addition, 32 percent worry that they will not be able to find transportation (down from 44 percent in 2007).

Finally, 24 percent (down from 30 percent in 2007) indicate they have an issue with making their home handicap accessible.

Health Status

In order to maintain good health, it is critical to have access to medical care. One-fourth of the people age 65 or over in St. Lucie County is medically underserved, which is above the state level, but below one of three peer counties.

Elders who have more than two disabilities are considered significantly disabled. In St. Lucie County, fewer elders are considered significantly disabled (a positive) than in two of three peer counties or the state as a whole.

The findings are similar for Alzheimer's cases, with St. Lucie County below the state rate and two of the three peer counties. In addition, the rate has declined for St. Lucie County over the

past two years from 15.3 percent in 2009 to 13.2 percent in 2011. Note that if the population of elderly expands as projected, the number of elders with Alzheimer's disease will greatly increase, even if the percentage doesn't. This will strain caregivers, as well as day treatment and in-home care services.

The Department of Elder Affairs uses an Elder Needs Index to provide a picture of the adequacy with which the needs of the elderly are met in local communities. The Elder Needs Index shows that residents age 60 and older with the greatest needs are located in the city of Ft. Pierce and North Ft. Pierce.

Disabled Adults

The goal for a disabled adult under the Protective Services program at DCF is to stay in his or her own home and avoid being in a nursing home. In St. Lucie County, none of the adults with disabilities who received services through Elder Affairs were placed in a nursing home.

While Elder Affairs is very successful in keeping disabled adults out of nursing homes, 41 percent of residents in the telephone survey agree it is difficult to find affordable adult day care.

Challenges Identified

Some of the challenges identified for elderly and disabled adults include:

- Elders who are lonely
- Elders who are raising grandchildren
- Elders who are medically underserved
- Communication to elders about services and activities
- Pressures on elder service providers as this population grows

Indicator Summary

Given Florida's high population of elderly residents, a needs assessment would be incomplete without a focus on the needs of the elderly. Disabled adults of any age have similar needs and issues. Chapter 7 of this report presents indicator data relating to the needs of elderly and disabled adults using data from the Florida Department of Elder Affairs. Community response to the issues of the elderly and disabled adults is presented at the end of the chapter.

Safety and Security

The safety and security section of the executive summary includes the following:

- Overview
- Crime Rates
- Juvenile Delinquency
- Safety for Children and Families
- Challenges Identified
- Indicator Summary

Overview

Feeling safe and secure is critical for child development and helps reduce some life stresses for adults. A lack of criminal activity and juvenile delinquency are positives for everyone in a community. In addition, since domestic violence, child abuse, and parental neglect can have a permanent impact on a child's healthy development, low incidence of these problems is considered a positive as well. Some of the challenges for St. Lucie County, in no particular order, are index crimes, juvenile crime, child abuse, and violence in schools.

Crime Rates

Over the last 10 years, St. Lucie County has seen a downward trend in crime. St. Lucie County has a crime rate of 3,397 per 100,000 populations for index crimes, including murder, rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft. This is lower than the state rate and one Peer County. While they have generally trended down, index crimes are up from 2010 (3,109.8) to 2011 (3,397.3). Further, jail populations are much higher than state rates and those for two of three peer counties, which could be, interpreted as more aggressive law enforcement. According to the telephone survey, 58 percent of residents (compared to 66 percent in 2007) feel safe in their neighborhoods.

All of this suggests that law enforcement efforts are being effective. However, Ft. Pierce remains a problem. The index crime rate for Ft. Pierce is 2.2 times higher than the county as a whole and 1.8 times higher than the state rate.

Juvenile Delinquency

The juvenile crime indicators are at or above state levels, but are trending down.

In 2007, the comments from community leaders, service providers, and faith-based participants in the focus groups identified gangs as one of the biggest problems in safety and security in St. Lucie County. In addition, residents in the 2007 telephone survey indicated that gangs are a major problem.

Despite difficult economic conditions, gangs were not mentioned in focus groups and less than two in ten (17 percent) telephone survey respondents agreed gangs are a serious issue in my neighborhood and fewer telephone respondents indicated criminal activity by teens is an issue (down from 34 percent to 20 percent). Respondents in the focus groups indicated that reduced juvenile crime may be the result of law enforcement community outreach and better collaboration between agencies.

Safety for Children and Families

Death rates due to unintentional injuries are above the state rate, but lower than all three-peer counties. Death rates are relatively consistent since 2005.

Violence in the home and community has a strong impact on outcomes for children, as well as their families. In 2007, domestic violence was much higher in St. Lucie County than the state rate and all three-peer counties. For 2011, domestic violence in St. Lucie County is much lower than the state rate and all three-peer counties.

Child abuse, neglect, or threatened harm rates were higher than state levels, but lower than two of the three peer counties. At the same time, crime and violence in schools was more than double the state rate and that for all three-peer counties.

More parents in the telephone survey agree that their children feel safe in school (60 percent up from 53 percent). However, just over one-third (35 percent) of respondents in the phone survey indicated their children faced issues with bullying.

Challenges Identified

Some of the challenges identified in the safety and security section include:

- Index crime rate in Ft. Pierce
- Crime and violence in high schools
- Bullying

Indicator Summary

For the community at large, safety and security are generally defined in terms of a low crime rate, particularly for the crimes defined as index crimes, i.e., murder, rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft. Lower rates relative to the statewide rate or

rates for peer counties encourage a feeling of safety. For children, the safety and security of their environment significantly impacts their growth and development. Violence experienced by children may include domestic violence and child abuse or threatened harm, as well as crime and violence in school. Parental neglect also undermines a child's security and healthy development. Chapter 8 presents data relating to indicators of safety and security for the general public, for children and families, and related to juvenile delinquency.

St. Lucie County Community Themes & Strengths Assessment July 2012
Community Themes and Strengths Survey Summary Report

“It's All for a Better Community...”

The IRSC Capstone Research Team prepared a survey to be delivered to the citizens of St. Lucie County. A total of 319 responses were received. This survey was placed online; the public was informed through emails distributed to IRSC students, professors and faculty, as well as St. Lucie County health system professionals and their closest and most important relationships such as; the directors of various departments in the St. Lucie County Health Department. Online survey results were also obtained from references and postings of the link to social media websites like LinkedIn, Facebook, Twitter, MyLife, and such.

Moreover, there were also paper surveys distributed to the public at key places in the community such as parks, schools, banks, privately owned medical practices and households targeting every rank in the social status, such as neighborhoods in downtown and rural areas in Ft. Pierce, as well as St. Lucie downtown, St. Lucie West, and rural areas of Port St. Lucie.

Results-

Summary of demographic respondents is as follows:

- 180 from Port Saint Lucie and 131 from Ft. Pierce
- 60% of respondents were female
- 51% were Caucasian
- 26% were African American/Black
- 19% were Hispanic/Latino
- 4% were other races

In relation to the ages the results showed:

- 4% of respondents were ages 0-15
- 19% were 16-25
- 37% were 26-40
- 26% were 41-60
- 14% were 60+.

In relation to education the results showed:

- 6% of the respondents had completed less than high school
- 16% had a high school diploma or GED
- 29% had some college completed
- 37% had a college degree
- 12% had a master or higher

In relation to income the results showed:

- 18% of the respondents listed their income to be \$0-15k
- 15% listed \$15k-25k
- 24% listed \$25k-40k
- 27% listed \$40k-75k
- 15% listed \$75k and above

In relation to health care the results showed:

- 18% of respondents had NO insurance coverage
- 62% had private health insurance
- 11% had Medicare
- 4% had Medicaid
- 5% had other

In relation to how many children each participant had:

- 35% of respondents had NONE
- 18% one
- 26% two
- 12% three
- 9% four or more

In response to questions more specific to the perception of safety in the community the following was indicated:

- 42% of respondents are dissatisfied with the sense of safety in St. Lucie County.
- 47% of respondents are dissatisfied with the well-being in St. Lucie County.
- 61% of respondents do not feel like neighbors trust nor look out for one another.

In response to questions regarding the well being of children and the elderly the following was indicated:

- 67% of respondents feel that St. Lucie County is not where they would want to grow old due to lack of transportation to medical services.
- 69% feel there is lack in elderly care.
- 69% of respondents would NOT want to raise their children in St. Lucie county due to lack in school quality, day care and after school programs.

In response for the perception of the health care system in the community the responses showed:

- 57% of respondents feel dissatisfied with the access to health care.
- 76% of respondents feel dissatisfied with the cost of health care.
- 61% of respondents feel dissatisfied with the availability of health care.
- 67% of respondents feel dissatisfied with the options in health care.

In response to the perception of economic opportunity and support for individuals in times of stress and need in the community the results showed:

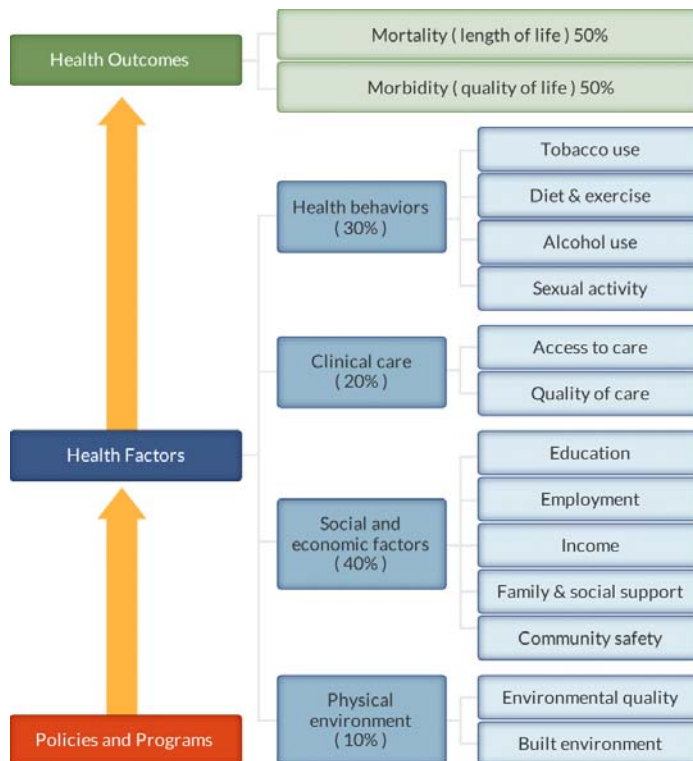
- 31% of respondents disagree that there is opportunity in locally owned and operated businesses
- 34% of respondents disagree that there are jobs and career growth opportunities
- 30% of respondents feel like there is little to no help from support groups and agencies and organizations.

County Health Rankings and Roadmaps

The St. Lucie County Health Department (SLCHD) is on a remarkable path to becoming a healthier County. In 2013, the theme is Return On Investment, a great source of pride and great joy to those who work very hard and especially the beneficiary residents. According to the Robert Wood Johnson Foundation, St. Lucie's overall health among Florida's 67 Counties has improved from 30th in 2011 to 22nd in 2012. (<http://www.healthrankings.gov>).

However, the challenges do remain especially in the socio-economic realm. Children are living in poverty and unemployment is relatively high. As a result of the work of the SLCHD there are continuous health improvements not to be totally eclipsed by the challenges. Realizing that the challenges must be met in a cooperative and collaborative manner, an aggressive effort has been made to reach out to the community to develop, design and implement programs that aid in the goal of making the county healthier, recognizing that healthcare is everybody's business.

As a result of the facts that emerge from the rankings, some very critical and important information has surfaced. The information will be presented in an unbiased way and documented with as much precision as possible. Figure 1 shows the Model that is used to achieve the Health Rankings.



County Health Rankings model ©2012 UWPHI

Figure 1: The County Health Rankings Model

As is illustrated in Figure 1, Policies and Programs influence Health Factors that ultimately drive Health Outcomes. It is therefore very critical the types of Policies and Programs put in place to influence or enhance the factors and outcomes. A simple explanation of the main categories can be summarized below as:

- Health Factors: This is the main area that determines Health Outcomes. There are four major areas of significance within this category. The areas are Physical Environment (10%), Social and Economic (40%), Clinical Care (20%) and Health Behaviors (30%).
- Health Outcomes: The bottom-line to the health of any county is determined by the health outcomes. Mortality and Morbidity are the measuring stick spread equally at 50% each. Mortality is generally defined as the length of life while Morbidity is determined by the quality of life.

County Health Rankings for St. Lucie County

The state of Florida comprises 67 counties. The rankings specific to St. Lucie County are presented in the tables below.

Table 1: Port St. Lucie County Health Ranking by Category		
Category	2012 Ranking of 67 Counties	2013 Ranking of 67 Counties
Health Outcomes	30	22
Health Factors	35	36
Source: www.CountyHealthRankings.com		

From the analysis of the table above, there is a remarkable improvement in Health Outcomes and a less buoyant improvement in Health Factors. This shows that with limited improvement, health factors can be maximized and St. Lucie can become a healthier County.

Table 2: Port St. Lucie County Health Ranking by Sub-Category			
Sub-Category Overall Ranking	2012 Ranking of 67 Counties	2013 Ranking of 67 Counties	Trend
Health Outcomes-Mortality	29	19	+
Health Outcomes-Morbidity	30	27	+
Health Factors-Health Behaviors	17	14	+
Health Factors-Clinical Care	33	34	-
Health Factors-Social & Economic Factors	54	57	-
Health Factors-Physical Environment	32	22	+
Source: www.CountyHealthRankings.com			

The Health Factors derived from the County Health Rankings can be viewed above. It is clear that of the 6 areas measured, 2 have declined but not significantly.

In order to understand the data presented and to determine improvement strategies used and future plans, some detailed interviews were conducted. The areas of focus will be on the Health Factors and the sub-categories of significance.

The first area of focus is Health Behavior and more specifically within the scope of adult smoking. I interviewed Marcella Bianco, Tobacco Prevention Specialist with the Florida Department of Health for St. Lucie County Health Department. The key areas of immense

significance are that of Legislation and Taxation that will enhance the attention, prevention and control of smoking. As a state funded entity they have been successful in lobbying the political representatives to enact legislation that will curb the rise of smoking. A very important vote in the Legislature on July 23, 2013 will change the policy to enact a smoke free work environment and allow smoking only in designated areas outside. In an attempt to use the loopholes in the system, the litter law will also be used to enforce this desire to eliminate smoking in public. Some places like the Mets Stadium, hospitals and most schools are already implementing this program. There are also plans in place to improve community relations through incentive programs.

Adult obesity is another factor of Health Behavior. This measure represents the percent of the adult population (age 20 and older) that has a body mass index (BMI) greater than or equal to 30 kg/m². Obesity is considered by many to be the result of poor diet and limited physical activity. This is one area that in order for further improvements to take place, multiple entities must work together. The trend is on the way up since 2004 as is seen in Figure 2.

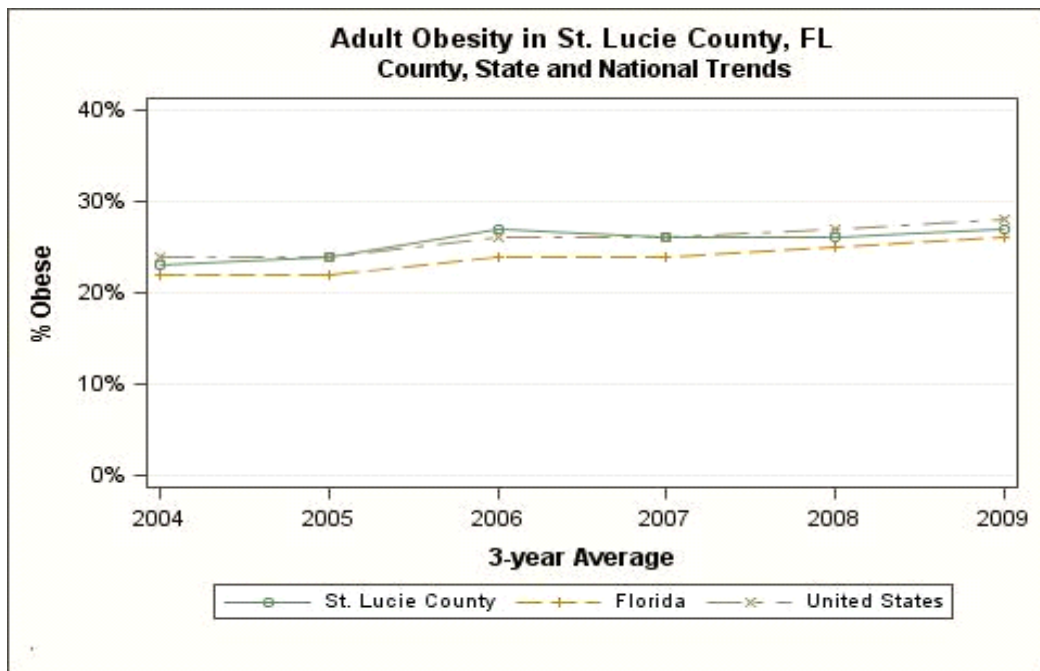


Figure 2: Adult Obesity Trend

Obesity is a dreaded factor that affects both mortality and morbidity. There are increases and risk for health conditions such as heart disease, diabetes, cancer, hypertension, and other critical diseases. Figure 3 underscores the need for solid care in this area to lessen obese adults overall.

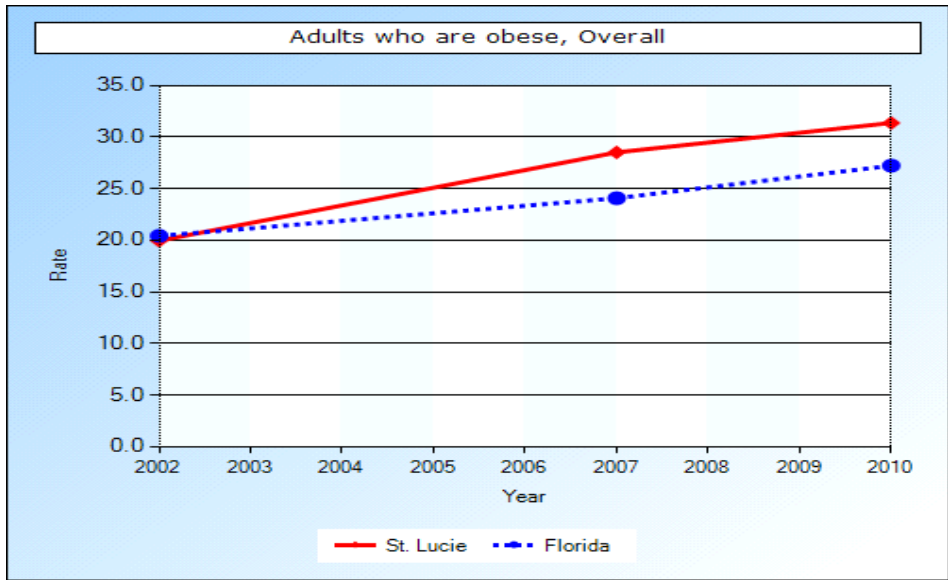


Figure 3: Obesity Overall

St. Lucie County has a 27% rate while Florida is at 26%. While the overall Health Behavior of the County has improved, it is still slightly above the National Benchmark of 25%. In that case, as Figure 3 shows, the work of the SLCHD has been fruitful but not complete. For drastic change to occur, one key area of focus should be Education. As is obvious from Figure 4, the higher education that one attains, the less obese they become. If attention is placed in this area at earlier educational levels and at home, it could be transformational.

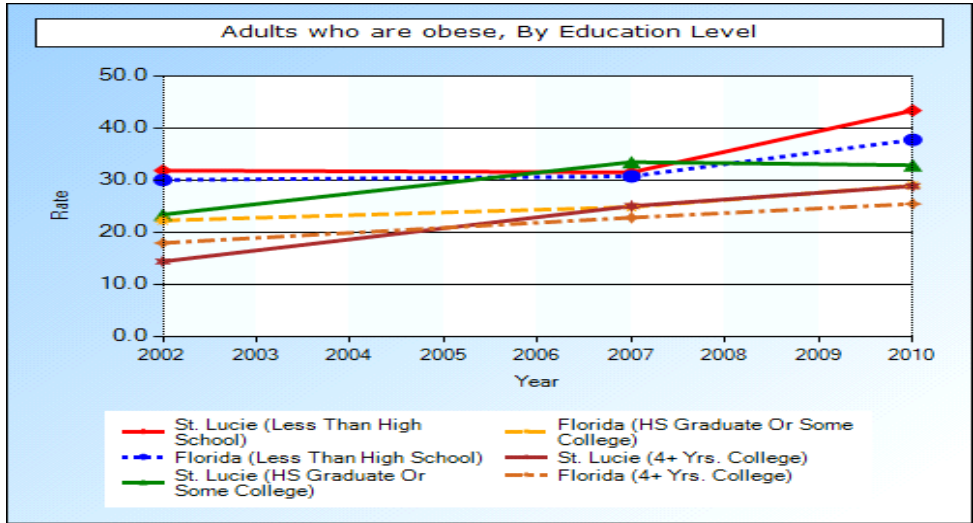


Figure 4: Obesity by Educational Level

Source: www.floridacharts.com

The second area explored was within the area of Physical Environment with regards to limited access to healthy foods. The Health Education Specialist Donna Harris with Florida

Health in St. Lucie County provided information that shows a grave disparity in Florida and Port Saint Lucie in comparison to the United States. As a Liaison, she focuses on the uninsured Children, Teen Pregnancy, Injury among Children and works closely with task force entities. The Children services council funds them. Her position is that the poverty and uninsured children struggle to eat unhealthy as a result of these factors. Her goal is to start very early with children ages 5 and older to increase the availability of after School care programs to include breakfast and lunch services funded by the Government. If this is accomplished, the ranking will definitely increase in the Physical Environment and the education of those in poverty will be enhanced especially in the area of food choice.

A third area of note is Clinical Care with a ranking of 34 out of 67 Counties. Due to the extent of this area as it relates to a diminishing trend, the impact of the Uninsured is long term and could be devastating if not maintained and improved. The Uninsured is classified as the percent of population under age 65 without health insurance. St. Lucie County ranks 27% while Florida is at 25%. However, the national benchmark is 11%. The budget cuts from the Government have had a major impact on the improvement of the uninsured as there is less reimbursement from areas like Medicaid and coupled with low income, insurance is very low on the priorities of the citizens.

Over the recent years births to uninsured women have been on the decline as is shown in Figure 5. If this trend continues, the practice could be replicated and as such it will not be the norm but an anomaly.

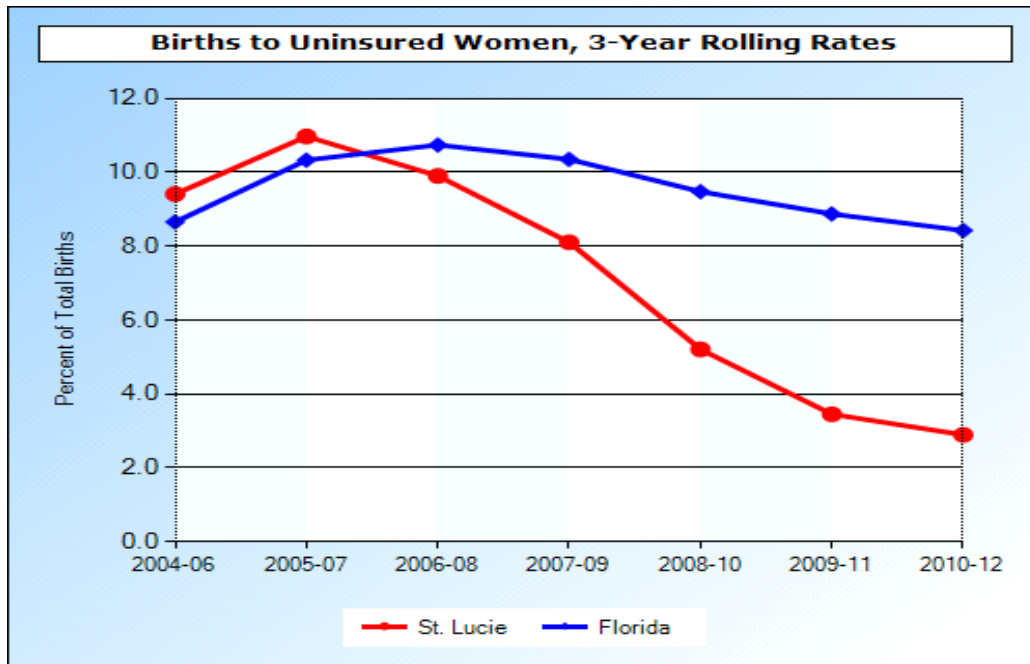


Figure 5: Births to Uninsured Women

A fourth area of concern relates to the Social & Economic Factors. St. Lucie ranks 57 out of 67 Counties. There are three main areas that influence the factor:

- High School Graduation— Percent of ninth grade cohort that graduates in 4 years. Florida graduates 71% while St. Lucie is a mere 65%.

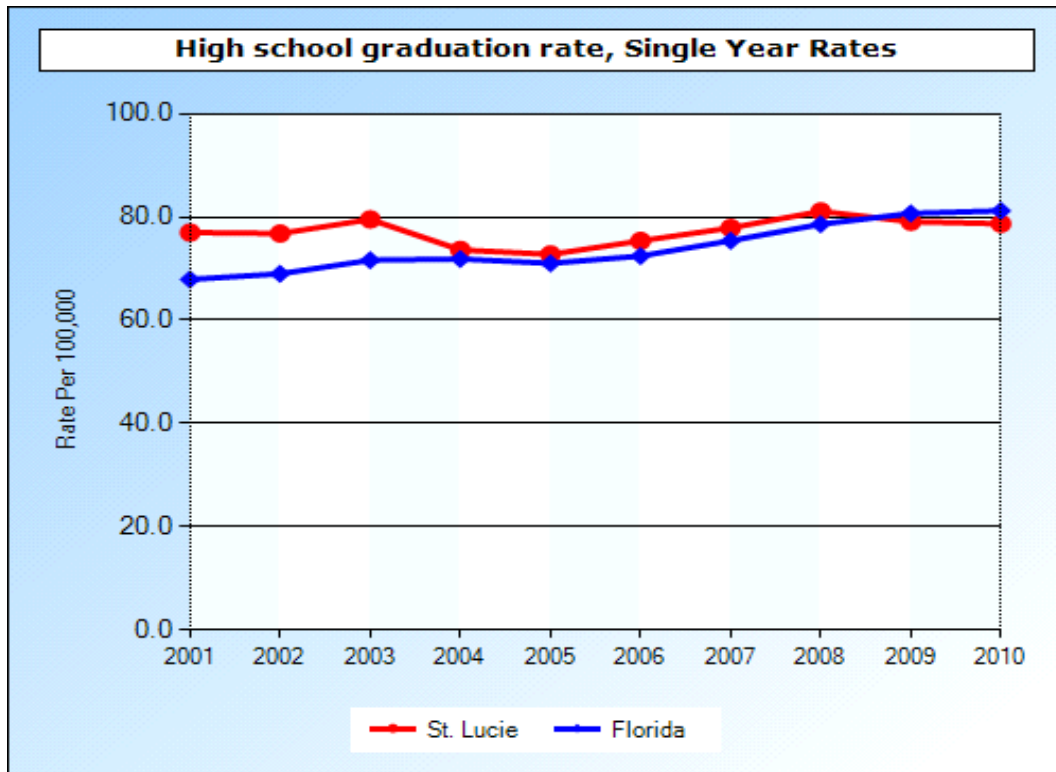


Figure 6: High School Graduation Rates

- Children in Poverty— Percent of children under age 18 in poverty. The national benchmark is 14%, St. Lucie is at 32% while Florida is at 25%.
- Violent Crime Rate— Violent crime rate per 100,000 populations. St. Lucie is a little better than Florida at 473 and 614 respectively. The benchmark nationally however is 66. Table 3 goes further in showing the breakdown of crime.

St. Lucie County Crime Statistics								
Type of Crime	2003	2004	2005	2006	2007	2008	2009	% + or - Prior Year
Murder	1	2	0	5	4	4	0	-100
Forcible Sexual Offenses	27	26	28	59	46	61	55	-10
Robbery	55	34	34	36	45	70	44	-37

Aggravated Assault/Battery	316	325	304	232	229	194	187	-4
Burglary	710	605	544	547	570	628	611	-3
Theft	1275	1103	1203	1210	1148	1155	1086	-6
Motor Vehicle Theft	204	195	251	182	135	118	82	-31
Total	2588	2290	2364	2271	2179	2230	2065	-7
Source: www.stluciesheriff.com/crime_statistics.php								

Table 3: St. Lucie County Crime Statistics

The three areas mentioned above are closely related and interconnected. If children live in poverty the chances of graduating or even attending high school diminishes and without an Education and few means of survival, criminal activity increases.

St. Lucie County Forces of Change Assessment July 2012





St. Lucie County Health Department Forces of Change Assessment

Purpose

The Forces of Change Assessment (FCA) is one of the four methods used in the Florida Mobilizing for Action through Planning and Partnerships model (MAPP). This portion of the model, the FCA, is designed to evaluate lack of or abundance of resources for community health assessment and improvement planning, through a series of collective thinking between St. Lucie County health system specialists. The outcome of FCA is gathered with the other assessment outcomes, and it is used to help communities seek alternatives or ways to achieve optimal health and quality of life, by using the community's resources wisely and commencing successful partnerships for a favorable strategic action and cause. Briefly, as a whole--this model is designed to help better and promote healthier Florida communities.

Background

The community health improvement planning process being implemented in St. Lucie County is a collaborative initiative of the St. Lucie County Health Department (SLCHD) and Indian River State College (IRSC) Capstone program.

SLCHD provided a list of participants for the FCA, as well as refreshments. IRSC provided the logistical and technical support, the space, the facilitator and the recorders.

The research team consisted of the following IRSC Capstone Students: Diana Castillo, who served as facilitator; Beth Brown, recorder; Zachary Farrell, recorder; Harrison Leeds, recorder; Kinsley Carey, technical support; Jeremy Cox, technical support.

The Forces of Change Assessment focus group was scheduled for Wednesday, July 11th, 1012 at 10 a.m., in room Y301 at the IRSC's Main Campus in Ft. Pierce, FL. IRSC research team members invited approximately 50 key community leaders, through telephone and/or email solicitation, using a list provided by Edgar Morales, Quality Improvement Director of the SLCHD.

The attendees are shown below in *Table One*.

The meeting began with an introductory statement by Edgar Morales, about the purpose of this focus group. He introduced the facilitator, Diana Castillo, who then continued by introducing the entire research team and consecutively leading the focus group.

The focus group began at 10:10 a.m. The discussion was enthusiastic and passionate with all participants engaged, which ended at 12:00 p.m.

The summary of the discussion is shown below in *Table Two*.

The focus group discussion included important subjects and topics that answered the main idea of these questions:

- 1. What is occurring or might occur that affects the health of our community or the local public health system?*
- 2. What specific threats or opportunities are generated by these occurrences?*
- 3. How is the quality of life perceived in this county?*
- 4. What is affecting the perception of a better quality of life?*

With the purpose of collecting information in a more organized and understandable manner for this assessment, the answers were consolidated into the following main forces categories:

- ***Social***- forces that aid in demographics, behaviors, norms, needs, social statuses.
- ***Economic***- forces that aid to income of households, employment, and business involvement.
- ***Political***- forces that aid the possible help from the government and consequences of campaign.
- ***Technological***- forces that aid in shifts in trends due to lack of or abundance of technological intelligence.
- ***Scientific***- forces that aid in shifts in trends due to lack of or abundance of scientific or health care.
- ***Educational***- forces that aid to the insight of what is happening in the school system and other organizations.
- ***Community***- forces that aid to the structural meaning or feeling about the county.

Table One: Attendees

Last Name	First Name	Organization
Raffensberger	Patti	Mustard Seed
Sanz	Christopher	Bank United
Pruitt	Ellen	CMS
Lee	Larry	Health Department Director
Griffin	Tangerla	Human Services Program Analyst, SLCHD
Harris	Donna	Health Education Specialist, SLCHD
Malinowski	Stacy	Mustard Seed
Knapp	Karen	United Way
Adams	Cris	United Way
Bianco	Marcella	SLCHD
Chambers	Anthony	WFLM Radio, Life Coach
Thomas	Kim	Project Coordinator, Roundtable SLC
Hall	Arleses	Community Relations Director, SLCHD

Table Two: Summary of Discussion

Forces	Threats	Opportunities
<p>Social</p>	<ul style="list-style-type: none"> * Unhealthy "Norms", e.g. fast food, soda, high fat and high sugar content. *Generational poverty. *Obesity along with other related diseases, i.e. diabetes and heart disease. *Cheaper and easier access to unhealthy food. * Media supporting unhealthy living, "Media is either propaganda or assistance." *Need to meet people where they are, need to find out what changes they are willing to make and start there. *People not interested in making changes due to low self-esteem. *Obese clinics nationwide are closing. 	<ul style="list-style-type: none"> * Conduct survey to see if people would eat healthier if there were more fresh fruit and vegetable stands nearby. *Educational outreach needed to change the "Norms", need to use media to support healthy living. *More access to family planning and education about healthy living. *Calorie and other health information listed on restaurant menus. *Vouchers for healthy food. *Education about healthy lifestyle has to include children and parents. *American Academy of Pediatrics – "5210". Five servings of fruits and vegetables, no more than 2 hours of electronics (TV, computer), 1 hour of physical activity, and zero sugar-sweetened drinks. (PER DAY). * Continue to spread by "word of mouth" to local medical professionals, churches and other organizations about the availability & practices that are beneficial and cost effective, such as the HANDS Clinic. *Currently an Obese Clinic through CMS for CMS patients and families.
<p>Economic</p>	<ul style="list-style-type: none"> * Limited income is reality for some residents. *Recent loss of jobs and lack of knowledge of where to turn for help. *Lower cost of snack foods versus higher cost of healthy foods has contributed to rise of obesity. *Budget cuts have put a strain on safety net. *The community is economically impacted globally. *Local businesses shutting down. *Root cause of health issues is poverty. 	<ul style="list-style-type: none"> * Use the Parent Academy to teach parents how to teach their children the importance of eating healthy. * Bring higher paying jobs to SLC. *Need more incentives for local businesses to thrive.
<p>Political</p>	<ul style="list-style-type: none"> * The national health care plan that is currently being held up by the supreme court. * Lack of funding from state government to assist local government health organizations. 	<ul style="list-style-type: none"> * SLC funding is coming mainly from grants, need taxes from everyone. *Be more cohesive as a community when making political decisions that affect the community. *Need to vote the right people into office. *Need government assistance to keep jobs locally.
<p>Technological</p>	<ul style="list-style-type: none"> *Lack of people trained in Biotech field. 	<ul style="list-style-type: none"> *Biotech is the future of SLC, schools need to start preparing students for Biotech careers.
<p>Scientific</p>	<ul style="list-style-type: none"> * Lack of pediatric specialists locally. *Lack of local physicians who accept 	<ul style="list-style-type: none"> * Open a pediatric unit at a local hospital to help draw pediatric specialists to our area and provide

	<p>Medicaid. Residents who have transportation issues cannot travel out of town, so they go without medical care or lose their jobs because of taking too much time off of work.</p> <p>*Dental care is not offered, dental issues lead to other health issues.</p> <p>*Lack of mental health care and availability of mental health medications.</p> <p>*Mental health affects inside and outside.</p>	<p>quality and timely health care for children.</p> <p>*Encourage more physicians to accept Medicaid.</p> <p>* Adopt more community forums online, but still meet occasionally as well.</p> <p>*Suggested to have a fitness center give away family or individual memberships to those in need.</p> <p>*Martin Memorial's new hospital in Tradition may be able to solve some of the deficiencies in the health care system in our area.</p> <p>*Digital Domain and the new IRSC "Y" building are examples of high tech opportunities that need to be utilized more to reduce poverty.</p>
Educational	<p>* Community lacks knowledge on healthy options.</p> <p>* Not everyone chooses or can afford college.</p>	<p>* Create a campaign, partnering with the media, to promote healthy lifestyle and well-being.</p> <p>*Spread the cost of funding any educational campaign between multiple companies, which has been done in the past with a tobacco tree campaign.</p> <p>* Schools need to teach survival and life skills.</p> <p>*"Pay it Forward Friday" local radio show can be used to help educate to change the "Norm".</p> <p>*In schools, promote water versus soda, diabetes education and management, education on how to eat and live better.</p> <p>*"Kids at Hope" has created school connectedness. Better grades leads to graduation, leads to income, leads to better health.</p> <p>*Peer groups, for example: high school athlete peer counsel younger kids about healthy living and eating.</p> <p>*Educational flyers at local food banks and pantries.</p>
Community	<p>* Infrastructure and transportation are severely lacking in SLC, poor sidewalk and bike path systems.</p> <p>* Many SLC residents do not consider SLC their home.</p> <p>* "Young kids having kids" impacts a family for generations.</p> <p>*People in the community are not aware of community activities.</p> <p>*Lack of awareness about healthy community activities, i.e. parks and recreation, fitness centers.</p>	<p>* Create a sidewalk or bike path system that could lead people to grocery stores, food banks, and fresh fruit and vegetable stands.</p> <p>* Day care and after school programs can be used to help educate parents and children.</p> <p>*Churches used for healthcare, build relationships with pastors/churches.</p> <p>*Offer benefits to younger works so they can help their families.</p> <p>*Bring back "on-the-job-training" programs.</p> <p>*Promote use of community transit bus system that stops at local health care facilities and other areas.</p> <p>*Give discount vouchers for cab rides to grocery stores and fruit and vegetable stands.</p>
Other		<p>* Treasure Coast Regional Planning Council is involved in a "Fifty-Year-Plan" being put together</p>

		by seven counties.
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-Sample of FCA questionnaire

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Sample of the Questionnaire for the FCA

Below you will find the actual questionnaire used in the FCA. These questions were solely generated by the IRSC Research Team conducting this project.

INTRO / GENERAL QUESTIONS

What are some trends, factors or events that are currently happening that are affecting or may affect the health and quality of life in our community and local public health system? You may think locally, nationwide or worldwide.

What do you think are specific “threats” generated by these occurrences?”

What do you think are specific “opportunities” generated by these occurrences?”

SOCIAL

How could more community involvement help the local public health system?

Would volunteers giving public speeches about environmental hazards and potential consequences help people to become more aware and get more involved in the community to solve problems facing our community?

In your opinion, has the community become more or less socially active when it comes to health issues in the past ten years?

What can we, as citizens, do to achieve a common community goal?

How do you say we go about advertising the importance of such issues in our community?

ECONOMIC

In your opinion, how could the formulation of jobs help improve our local public health system?

Currently, how would you rate the economic support coming from certain areas of our community? Such as; households, government entities, small businesses, corporations, etc. With one being the lowest and ten being the highest

Why do you think this community is economically challenged when it has many valuable resources like beautiful beaches, recreation areas and large amounts of land for building factories, more hospitals, etc.?

POLITICAL

Politically, what can be done to improve our local public health system?

What are some possible solutions, actions, laws or exceptions?

Why do you think that these possible solutions, laws or exceptions are not being carried out?

TECHNOLOGICAL

How do you think the lack of technological intelligence is affecting or will affect the quality of life in the community?

How can being technology savvy have any impact on the improvement of public health?

ENVIRONMENTAL

What do you think are some environmental factors that pose health threats to our community that need to be addressed? (examples: high humidity, mold growth, air and water pollution, etc.)

Can the consequences of these environmental factors be controlled in any way that would not affect the community?

SCIENTIFIC

Do you think that the lack of accessibility of more local laboratories and scientific-based institutions that help with the availability of health exam results, record history and such, affects the quality of life in the community?

How could this issue be resolved?

LEGAL

Do you feel there is something that can legally be done that can have a positive impact on our local public health system? If so, what?

ETHICAL

Do you feel that people in the community, as well as doctors, nurses and assistants need to be trained in important ethical related topics, in order to improve the way of living in this community?

What do you think can be done to enhance the level of ethical knowledge among these people in our community?

Do you think there is a problem with ethics in our community's health system?

If so, what can be done to decrease these events so that we may achieve a better health system and quality of life?

Local Public Health System Performance Assessment - Report of Results
St. Lucie County Health Department 11/4/2011

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The National Public Health Performance Standards Program

Local Public Health System Performance Assessment Report of Results

A. The NPHPSP Report of Results

I. INTRODUCTION

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief

- of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

Three assessment instruments have been designed to assist state and local partners in assessing and (NACCHO)

Improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

This report provides a summary of results from the NPHPSP Local Public Health System Assessment (OMB control number 0920-0555, expiration date: August 31, 2013). The report, including the charts, graphs, and scores, are intended to help sites gain a good understanding of their performance and move on to the next step in strengthening their public system.

II. ABOUT THE REPORT

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described

MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is

	met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at <http://www.cdc.gov/nphpsp/conducting.html>.

Understanding data limitations respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and sub question responses; model standard scores are a composite of the question scores within that area, and so on. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporate an element of subjectivity, which can be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random no sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of results

The NPHPSP has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes. Original responses to all questions are also available.

For ease of use, many figures in tables use short titles to refer to Essential Services, model standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments. Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving the model standard.

Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

III. TIPS FOR INTERPRETING AND USING NPHPSP ASSESSMENT RESULTS

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the local public health system and pinpoint areas of performance that need improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing public health system. Suggested steps in developing such improvement plans are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Refer to the User Guide section, "After We Complete the Assessment, What Next?" for details on the above steps. Assessment results represent the collective performance of all entities in the local public health system and not any one organization. Therefore, system partners should be involved in the discussion of results and improvement strategies to assure that this information is appropriately used. The assessment results can drive improvement planning within each organization as well as system-wide. In addition, coordinated use of the Local Instrument with the Governance Instrument or state-wide use of the Local Instrument can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

Examine performance scores

First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 1) and in ascending order (Figure 2). Additionally, Figure 3 uses color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses.

Review the range of scores within each Essential Service and model standard

The Essential Service score is an average of the model standard scores within that service, and, in turn, the model standard scores represent the average of stem question scores for that standard. If there is great range or difference in scores, focusing attention on the model standard(s) or questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4, provide "range bars" which indicate the variation in scores. Looking for long-range bars will help to easily identify these opportunities.

Also, refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the sub questions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

Consider the context

The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a local public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the community, and the needs and interests for all stakeholders should be considered.

Some sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to address their NPHPSP data within the context of other community issues. In the MAPP process, local users consider the NPHPSP results in addition to three other assessments - community health status, community themes and strengths, and forces of change - before determining strategic issues, setting priorities, and developing action plans. See "Resources for Next Steps" for more about MAPP

Use the optional priority rating and agency contribution questionnaire results

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores in relationship to their own system's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

The second questionnaire, which asks about the contribution of the public health agency to each model standard, can assist sites in considering the role of the agency in performance improvement efforts. Sites that use this component will see a list of questions to consider regarding the agency role and as it relates to the results for each model standard. These results may assist the local health department in its own strategic planning and quality improvement activities.

IV. FINAL REMARKS

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.