2020
Martin County
Community Health Assessment

Conducted by: HCSEF Health Council of Southeast Florida

Martin County
Community Health Assessment

December 2020

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ACKNOWLEDGEMENTS

The Health Council of Southeast Florida would like to thank the Florida Department of Health in Martin County and for their assistance, guidance and funding support for this Community Health Assessment. Furthermore, we would like to express our appreciation and gratitude to all the community members who participated and contributed to this comprehensive body of work, as well as their compassion and dedication to improve the health and wellbeing of Martin County residents.

Participating Agencies:

211 Palm Beach/Treasure Coast
Christian Community Care Center Dental and Medical Clinic
Children's Services Council of Martin County
City of Stuart
City of Stuart
City of Stuart Police
Cleveland Clinic Martin Health
Communities Connected for Kids
Community Foundation of Palm Beach & Martin Counties
Coral Shores Behavioral Health
Florida Community Health Center
Florida Department of Health in Martin County
Florida Rural Legal Services
Floridians Fighting Falls
Healthy Start of Martin County
Hobe Sound Advocate
House of Hope/Golden Gate Center
Indian River State College
Jensen Beach Christian Church Food Pantry
Light of the World Charities
Martin County Pre-K Programs/Head Start
Martin County Public Transit
Martin County School Board
Martin County Sheriff's Department
Martin County Veterans Services
Martin NAACP
Mary's Home
New Horizons Mental Health of the Treasure Coast
Pentecostal Church of God in Stuart/ Hands of Hope
Project Lift
Quit Doc/Tobacco Free Partner
The Council on Aging of Martin County
The Healing Center of Martin County
The Salvation Army
Town of Sewall's Point
Treasure Coast Food Bank and Florida KidCare Coalition
Treasure Coast Hospice
Tykes & Teens, Inc.
UF/IFAS Family Nutrition Program
United Way of Martin County

Love and Hope in Action (LAHIA)
Martin County Board of County Commissioners
Martin County Fire Rescue
Martin County Health and Human Services
Village of Indiantown
Volunteers in Medicine
YMCA

EXECUTIVE SUMMARY

OVERVIEW

In 2019, the Florida Department of Health in Martin County engaged the Health Council of Southeast Florida (HCSEF) to facilitate a comprehensive, county-wide health assessment for Martin County. A community health assessment is a systematic method of identifying unmet health care and human service needs of a population and identifying possible interventions to meet those needs. Conducted with the collaboration of a wide range of community partners, the overall aim of this community health assessment was to identify key areas where action can be taken to enhance health and reduce inequities in Martin County's communities. The assessment also satisfies the Public Health Accreditation Board (PHAB) health care regulatory requirements for the Local Health Department in Martin County.

This community health assessment provided the opportunity to:

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

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

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

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

METHODOLOGY

At the request of the Florida Department of Health in Martin County, the Health Council of Southeast Florida (HCSEF) facilitated this community health assessment process using the Mobilizing for Action through Planning and Partnerships (MAPP) model. This model was developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) to provide a strategic approach to community health improvement.

MAPP is an interactive process that can improve the efficiency, effectiveness and performance of local public health systems. It was designed to help communities achieve optimal health and high quality of life for all residents. By using MAPP, the Health Council of Southeast Florida and the Florida Department of Health in Martin County were able to thoroughly explore the inequities and disparities in the community. This provided sufficient information to strategically identify strengths and opportunities for improvement within the community.

This model uses a solution-oriented, community participation approach, which fosters a strong public health system that is focused on improving the most pressing issues. The six key elements of the MAPP process include:

1. Build on previous experiences and lessons learned
2. Use of traditional strategic planning concepts
3. Focus on the creation and strengthening of the local public health system
4. Create governmental public health leadership
5. Use of the 10 Essential Public Health Services to define public health activities and assess these actives in the community
6. Use of the following four MAPP assessments to provide an understanding of the strengths and weakness in the community and promote the development of a strategic plan:
    - Community Health Status Assessment
    - Community Themes and Strengths Assessment
    - Local Public Health System Assessment
    - Forces of Change Assessment

This report includes quantitative secondary data from national, state and local database systems and primary qualitative data. Quantitative data were obtained from secondary sources, including but not limited to the: U.S. Census Bureau, Florida Agency for Health Care Administration (AHCA), Florida Department of Health (FDOH), Florida Department of Children and Families (DCF), Centers for Disease Control and Prevention (CDC), Florida's Bureau of Vital Statistics, Florida Department of Juvenile Justice and Florida Department of Education. The qualitative data are a result of primary data collection efforts through community surveys, community meetings, focus groups and key informant interviews. Data was collected, analyzed and compiled for this assessment to enable and guide Martin County service providers, educators, planners, funders and community leaders in identifying indicators within the community that are areas of concern, gaps in services and opportunities for improvement related to the well-being of community residents.

Quantitative data tables and figures in this report are formatted to facilitate review, examination and utilization by the community. In many cases, the data, as it was gathered from the source, contained confidence intervals or margins of error, which are statistical calculations that refer to the potential variation in the numbers shown when the data is gathered from a subset of the population. These have been omitted from this assessment in an effort to make the data more approachable to the community.

COMMUNITY HEALTH STATUS ASSESSMENT

INTRODUCTION

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

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

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

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

Demographic and Socioeconomic Profile

- In 2018, Martin County had a population of 157,581, representing .8% of Florida's population.
- Thirty-four percent of Martin County residents were 62 years and over.
- Thirteen percent of the population in the county identified as Hispanic or Latino.
- Thirteen percent of Martin County residents reported speaking a language other than English at home; 43.2% of those individuals were reported to speak English less than "very well."
- In 2018, 11% of the population in Martin County was living below the poverty level.
- In 2018, the percentage of individuals living below the poverty level that identified as Some other race was more than triple that of individuals that identified as White, followed by two and a half times higher among those who identified as Black or African American.
- Similarly, individuals identifying as Hispanic or Latino origin saw rates that were over two and a half times higher than individuals identifying as Non-Hispanic or Latino, 23.0% and 8.5% respectively.
- In 2018, there was a high school graduate rate of nearly 88% in the county compared to 86.1% in the state.
- In 2018, there was an unemployment rate of 5.3% in the county.
- In January 2019, there were 219 homeless adults and 86 homeless children for a total of 305 homeless individuals, which is similar to the count from 2018.

Health Status Profile

- In 2019, one quarter of mothers in the county had less than adequate prenatal care, which was similar to the state. For this rate a higher percentage of Black mothers in the county had less than adequate prenatal care compared to White mothers, (39.2% and 21.5% respectively).
- In 2019, the suicide age-adjusted death rate in Martin County was 16.0 per 100,000 population with a total of 32 suicides. In 2019, the suicide rate among the White population was 3 times higher than the Black population, 16.8 and 5.8 per 100,000 respectively.
- In 2019, the rate of coronary heart disease hospitalization was 203.6 per 100,000, which was lower than the state (274.1 per 100,000). This rate was higher among the Black population in the county compared to the White population these rates were 286.2 and 195.1 per 100,000 –nearly 1.5 times higher
- In 2019, the diabetes hospitalization rate in the county was 1,380 per 100,000, which was lower than the state (2,350.4 per 100,000). This rate was 3.6 times higher among the Black population compared to the White population (4,249.2 compared to 1,175.9 per 100,000 respectively).
- In 2019, the hospitalization rate due to stroke in the county was 227.5 per 100,000 which was lower than the state (236.9 per 100,000). Among the Black population, this rate was higher than among the White population rates were 269.5 and 217.4 per 100,000, respectively
- In 2019 the CLRD hospitalization rate was 307.5 per 100,000, which was higher than the state 257.6 per 100,000. Within the county, the rate among residents who identified as Black & Other was much higher rate than the White population, 546.1 compared to 275.5 per 100,000 respectively.
- In 2017, the cancer incidence rate in the county was higher than the state rate, 455.4 and 441.9 per 100,000 respectively.
- In 2019, the hospitalization rate due to non-fatal unintentional falls in the county was higher than the state, 546.8 and 353.8 per 100,000 respectively. This rate was 4 times higher among the Black population compared to the White population, 571.6 and 132.1 per 100,000 respectively.
- In 2019, the rate of preventable hospitalizations under 65 from dental conditions was 10.1 per 100,000, which was lower than the state (11.9 per 100,000)
- In 2016, the percentage of adults who reported being overweight or obese in the county was slightly lower than the state 56% and 63% respectively
- In 2018, the percentage of middle school students that reported being overweight or obese was lower than the state, 21% and 30.3% respectively. Similarly, the percentage of high school students who are overweight or obese was lower than the state, 26.9% and 30.5% respectively
- The leading cause of death in the county was heart disease, which accounted for 22.7% of total deaths and had an age-adjusted death rate of 111 per 100,0000.
- The second leading cause of death in the county was cancer, which accounted for 22.6% of all deaths and had an age-adjusted death rate of 129.1 per 100,000.
- Other notable findings include the age-adjusted death rate due to unintentional injury in the county was higher than in the state (63.7 compared to 55.5) and the age-adjusted suicide death rate in the county was higher than the state (16 compared to 14.5).

Health Resources Availability and Access

- As of 2020, the two primary care health professional shortage areas/populations in Martin are Indiantown and the Martin Correctional Institution. These are also mental health professional shortage areas.
- As of 2020, two dental health professional shortage areas/populations are low-income population and the Martin Correctional Institution.
- As of 2020, Martin County has one medically underserved area, which is Indiantown.
- In 2019, 11.5% of the population in Martin County was uninsured.
- In 2019, 40% of residents who identified as Some other race were uninsured, followed by American Indian (27%) and Black (23%).
- In 2019, over a quarter of the Hispanic population were uninsured.
- In 2019, 29% of adults ages 26 to 34 years old were uninsured.

METHODOLOGY

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

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

Analysis of five years of trend data and existing data sources contributed to the compilation of the Community Health Status Assessment. The purpose of this assessment is to identify health indicators within the community that present areas of concern, gaps in care or services and opportunities for improvement. Specifically, the Community Health Assessment includes information and data on the following areas:

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

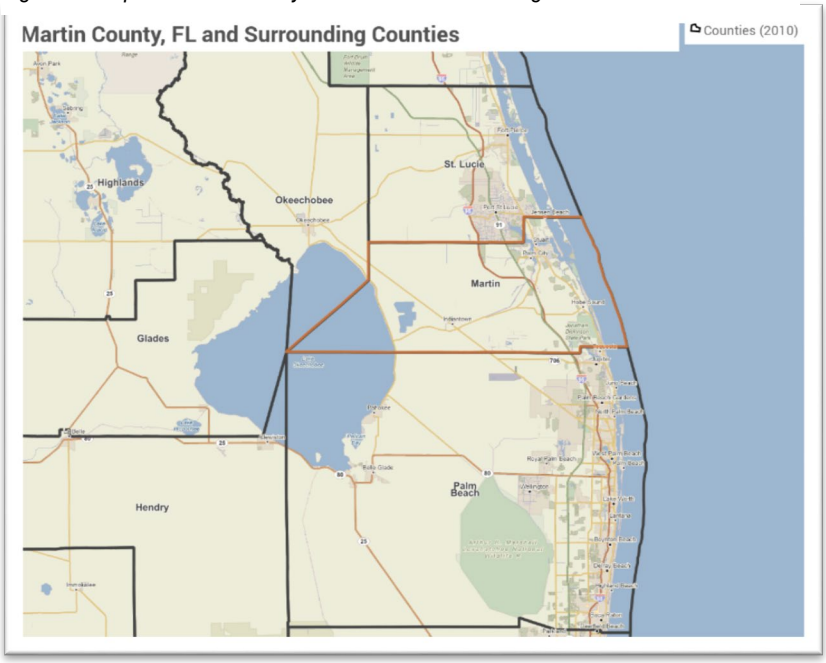
HCSEF conducted a comprehensive review of secondary data sources to obtain the most reliable and current data for the Community Health Assessment. Secondary data sources include but are not limited to the US Census Bureau – American Community Survey, Florida Department of Health, Florida Department of Education, Florida Department of Law Enforcement, Florida Youth Substance Abuse Survey (FYSAS), Behavior Risk Factor Survey and Surveillance (BRFSS), and Agency for Health Care Administration (AHCA). Some sources are rotated and asked in alternate years; therefore, results from those sources may be presented in varying years or multi-year estimates. In addition, geographic data are present in the format in which they are available (i.e., zip code and census county division). The information within this report may be used to identify health needs in the community and guide future health planning initiatives.

DEMOGRAPHIC AND SOCIOECONOMIC PROFILE

Martin County is located in the Treasure Coast region of Florida and was established August 5, 1925 by an Act of the Florida legislation. The county was named for John W. Martin who was the Governor of Florida from 1925 to 1929.[1] Martin County is the fifth largest county by land area with has a total area of 543 square miles (1,410 km2) of land. It is bordered by St. Lucie County to the north, Palm Beach County to the south, Hendry County to the west, Glades County to the southwest and Okeechobee County to the northwest.

Martin County is comprised of various charming small towns and five municipalities: Stuart, Indiantown, Jupiter Inlet, Ocean Breeze, and Sewall's Point. Stuart is the county seat and by the authority of the Constitution of the State of Florida, the Martin County Board of County Commissioners shared the functions of government with Martin County's Constitutional Officers. [2]

Figure 1: Map of Martin County Florida and Surrounding Counties



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

Data in this assessment is presented for Martin County and in many cases, for comparison purposes, data for the state of Florida is provided. Throughout the assessment, for certain health indicators there are references to the Healthy People 2030 target; these are provided to provide a benchmark for data and to aid in goal-setting and planning activities.

[1] https://www.martin.fl.us/about-martin-county
[2] https://www.martin.fl.us/about-martin-county

DEMOGRAPHIC CHARACTERISTICS

POPULATION

This table shows the population in Martin County and Florida in 2018. Martin County's population was 157,581, which represents close to 1% of the State's overall population.

Table 1: Total Population, Martin County and Florida, 2018

Martin County		Florida	
Population	**Percent**	**Population**	**Percent**
157,581	0.8%	20,598,139	100.0%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

POPULATION BY SEX

According to the National Institutes of Health, sex can have a significant influence on the health outcomes of an individual, so it is important to consider this factor when developing a comprehensive health assessment.[3] Table 2 highlights the sex distribution in Martin County as it compares to the state of Florida in 2018. There were slightly more female residents in Martin County compared to males (49.5% and 50.5%, respectively). A similar pattern is observed statewide.

Table 2: Population by Sex, Martin County and Florida, 2018

	Martin County		Florida	
	Count	**Percent**	**Count**	**Percent**
Male	78,002	49.5%	10,071,925	48.9%
Female	79,579	50.5%	10,526,214	51.1%
Total population	157,581	100.0%	20,598,139	100.0%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

[3] National Institutes of Health (2016). Sex and gender. Retrieved from https://newsinhealth.nih.gov/2016/05/sex-gender

POPULATION BY AGE

Shown in the table below is the population by age in 2018 for Martin County and the state. Population estimates for Martin County indicate that the majority of its population encompassed residents 65 and older which made up just over 30% of its total population, compared to close to 20% at the state-level. Consequently, the median age in Martin County is higher than the statewide median age with 51.9 and 41.9, respectively. Reports predict that by the year 2050, the number of older adults over the age of 80 will triple globally.[4] As such, there will be an increasing need for services in the home, the community, and institutional settings.

Table 3: Population by Age, Martin County and Florida, 2018

	Martin County		Florida
	Count	Percent	Percent
Total Population	157,581	100%	100%
Under 5 years	6,439	4.1%	5.4%
5 to 9 years	6,168	3.9%	5.5%
10 to 14 years	8,600	5.5%	5.7%
15 to 19 years	8,009	5.1%	5.8%
20 to 24 years	7,055	4.5%	6.2%
25 to 34 years	14,248	9.0%	12.9%
35 to 44 years	14,823	9.4%	12.1%
45 to 54 years	20,515	13.0%	13.3%
55 to 59 years	11,861	7.5%	6.8%
60 to 64 years	12,452	7.9%	6.4%
65 to 74 years	23,548	14.9%	10.9%
75 to 84 years	15,957	10.1%	6.2%
85 years and over	7,906	5.0%	2.6%
Median age (years)	-	51.9	41.9
18 years and over	131,354	83.4%	79.9%
21 years and over	126,833	80.5%	76.2%
62 years and over	54,851	34.8%	23.5%
65 years and over	47,411	30.1%	19.7%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

[4] Barron J., Jaul E. Age-Related Diseases and Clinical and Public Health Implications for the 85 years old and Over Population. Front Public Health [Internet]. 2017 [cited 2020 Apr 10]; 5:335. Accessed from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5732407/

This table shows the population change by age group between 2014 and 2018 for individuals living in Martin County. Between 2014 and 2018, Martin County's population increased by 4%, at a .8% annual growth rate. The largest percent growth change was among the population 60-64 years (15%), 65-74 years (10%), 75-84 years (8%), and 85 years and over (7%). Therefore, the median age in the county slightly increased from 50.7 to 51.9. Other significant points to note are the population 5-9 years has an annual growth rate of -1.1%, the population 45-54 years has an annual growth rate of -0.7%, and the population 60-64 years has an annual growth rate of 3%.

Table 4: Population Change by Age Group, Martin County, 2014 and 2018

	2014	2018	Percent Growth	Annual Growth Rate
Total population	151,586	157,581	4.0%	0.8%
AGE				
Under 5 years	6,254	6,439	3.0%	0.6%
5 to 9 years	6,523	6,168	-5.4%	-1.1%
10 to 14 years	8,021	8,600	7.2%	1.4%
15 to 19 years	7,950	8,009	0.7%	0.1%
20 to 24 years	7,024	7,055	0.4%	0.1%
25 to 34 years	13,595	14,248	4.8%	1.0%
35 to 44 years	14,742	14,823	0.5%	0.1%
45 to 54 years	21,237	20,515	-3.4%	-0.7%
55 to 59 years	11,783	11,861	0.7%	0.1%
60 to 64 years	10,846	12,452	14.8%	3.0%
65 to 74 years	21,504	23,548	9.5%	1.9%
75 to 84 years	14,726	15,957	8.4%	1.7%
85 years and over	7,381	7,906	7.1%	1.4%
Median age (years)	50.7	51.9	2.4%	0.5%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

POPULATION BY RACE AND ETHNICITY

Systemic racism and discrimination can affect an individual's health status, thus making race and ethnicity important factors to consider when implementing strategies for health improvement. Close to 88% of Martin County residents identified as White, followed by 5.8% of residents who identified as Black or African American. It is important to note that even though a similar pattern is observed at the county- and state-level, a significantly higher percentage of Martin County residents identified as White compared to the state overall (87.8% compared to 75.4%). Conversely, a substantially higher percentage of residents, at the state-level, identified as Black or African American compared to Martin County (16.1% compared to 5.8%).

Table 5: Population by Race and Ethnicity, Martin County and Florida, 2018

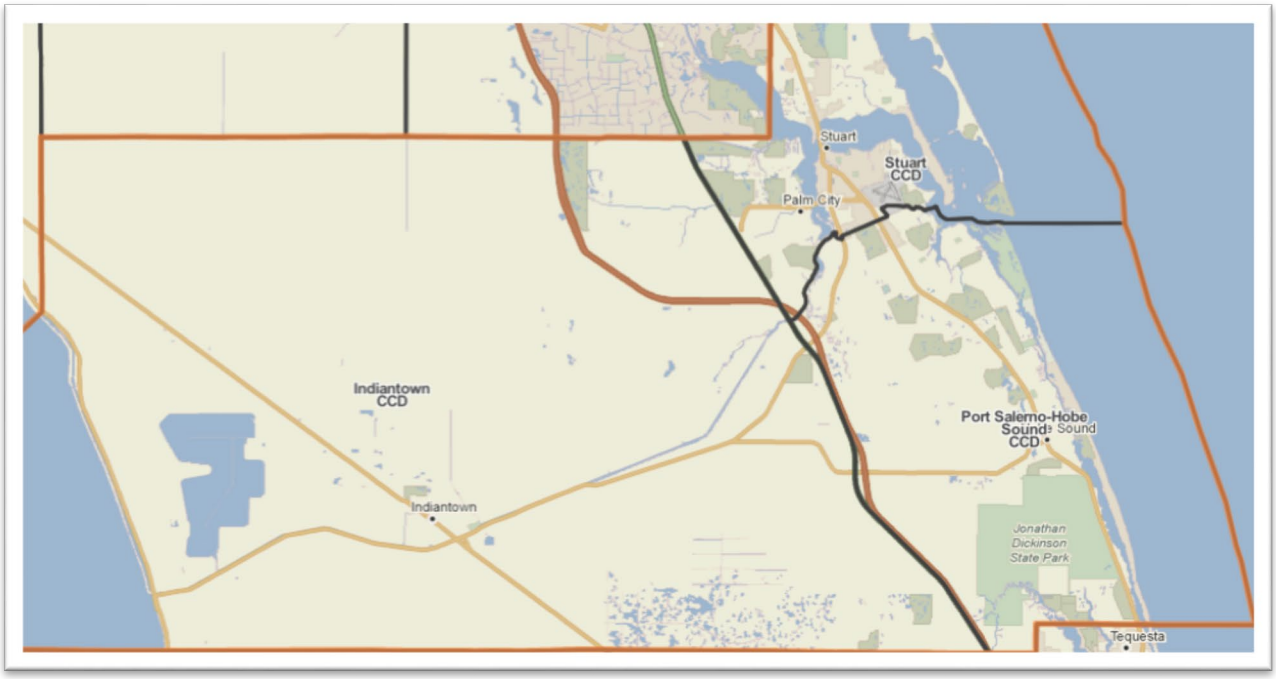
	Martin County		Florida
	Count	Percent	Percent
Total population	157,581	100.0%	20,598,139
Race			
One race	155,196	98.5%	97.4%
Two or more races	2,385	1.5%	2.6%
One race			
White	138,394	87.8%	75.4%
Black or African American	9,082	5.8%	16.1%
American Indian and Alaska Native	826	0.5%	0.3%
Asian	2,133	1.4%	2.7%
Native Hawaiian and Other Pacific Islander	130	0.1%	0.1%
Some other race	4,631	2.9%	2.8%
Ethnicity			
Hispanic or Latino (of any race)	21,094	13.4%	25.2%
Mexican	6,425	4.1%	3.5%
Puerto Rican	3,408	2.2%	5.4%
Cuban	1,872	1.2%	7.2%
Other Hispanic or Latino	9,389	6.0%	9.1%
Not Hispanic or Latino	136,487	86.6%	74.8%
White alone	123,852	78.6%	54.4%
Black or African American alone	8,564	5.4%	15.4%
American Indian and Alaska Native alone	308	0.2%	0.2%
Asian alone	2,067	1.3%	2.7%
Native Hawaiian and Other Pacific Islander alone	92	0.1%	0.1%
Some other race alone	291	0.2%	0.3%
Two or more races	1,313	0.8%	1.8%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

POPULATION BY SUB-COUNTY DIVISIONS

Where you live can impact your health; therefore, it is important to present data at the sub-county level. Census County Division (CCD) is a subdivision of a county established by the cooperative efforts of the Census Bureau and local and state governments in 21 states, Florida being one of these states. CCDs have visible, permanent or stable boundaries that are referred to for the collection, presentation, and analysis of census statistics.[5] Martin County has three CCDs: Stuart, Port Salerno-Hobe Sound and Indiantown.

Figure 2: Martin County Census County Divisions



The table below depicts the population by sex, age, race and ethnicity in 2018 for Martin County's three CCDs. Stuart CCD was the most populous and represented approximately 45% of the total population in Martin County – while Indiantown CCD was the least populated, representing 13.3% of the total. When all three CCDs are compared, residents who identified as Black or African American are represented the most in Indiantown CCD with 11.1% and are represented the least in Stuart CCD (4.8%). By comparison, close to 91% of residents in Stuart CCD identified as White compared to 74.8% of residents in Indiantown CCD who identified with this racial group. Indiantown CCD also had the highest percentage of residents who identified as Hispanic (30.2%), while only 8.2% of residents in Stuart identified as Hispanic.

[5] Federal Register. Census County Divisions (CCDs) and Equivalent Entities for the 2020 Census-Final Criteria; 2020 [Internet]. Accessed: https://www.federalregister.gov/documents/2018/11/13/2018-24566/census-county-divisions-ccds-and-equivalent-entities-for-the-2020-census-final-criteria

Table 6: Population by Census County Division, Martin County, 2018

	Martin County		Indiantown CCD		Port Salerno-Hobe Sound CCD		Stuart CCD	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total population	157,581	100.0%	20,991	100.0%	65,997	100.0%	70,593	100.0%
SEX								
Male	78,002	49.5%	10,843	51.7%	32,714	49.6%	34,445	48.8%
Female	79,579	50.5%	10,148	48.3%	33,283	50.4%	36,148	51.2%
AGE								
Median age (years)	51.9	(X)	46.5	(X)	52.9	(X)	52.8	(X)
RACE								
White	138,394	87.8%	15,701	74.8%	58,770	89.0%	63,923	90.6%
Black or African American	9,082	5.8%	2,324	11.1%	3,369	5.1%	3,389	4.8%
American Indian and Alaska Native	826	0.5%	492	2.3%	167	0.3%	167	0.2%
Asian	2,133	1.4%	148	0.7%	669	1.0%	1316	1.9%
Native Hawaiian and Other Pacific Islander	130	0.1%	38	0.2%	92	0.1%	0	0.0%
Some other race	4631	2.9%	1,775	8.5%	2,048	3.1%	808	1.1%
Two or more races	2,385	1.5%	513	2.4%	882	1.3%	990	1.4%
ETHNICITY								
Hispanic or Latino (of any race)	21,094	13.4%	6,349	30.2%	8,928	13.5%	5,817	8.2%
Not Hispanic or Latino	136,487	86.6%	14,642	69.8%	57,069	86.5%	64,776	91.8%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018

Compiled by: Health Council of Southeast Florida, 2020

PLACE OF BIRTH

It is important to understand the ancestry of the population in Martin County because factors such as language and culture may affect the health of those populations. The table below shows the population by place of birth in Martin County and Florida in 2018. One-fifth of the population in Martin County was born outside of the country, which is half that of the state. Nearly 4% of the population is from Central America, which is slightly higher than the state.

Table 7: Population by Place of Birth, Martin County and Florida, 2018

	Martin County		Florida	
	Count	Percent	Count	Percent
Total Population	157,581	100.0%	20,598,139	100.0%
Total Foreign-Born Population	15,943	10.1%	4,227,052	20.5%
Europe	3,149	2.0%	401,985	2.0%
Northern Europe	1,289	0.8%	101,209	0.5%
Western Europe	831	0.5%	92,297	0.4%
Southern Europe	388	0.2%	71,528	0.3%
Eastern Europe	641	0.4%	136,137	0.7%
Asia	1,689	1.1%	450,187	2.2%
Eastern Asia	506	0.3%	100,198	0.5%
China	399	0.3%	66,016	0.3%
South Central Asia	485	0.3%	128,544	0.6%
South Eastern Asia	477	0.3%	162,897	0.8%
Western Asia	221	0.1%	55,348	0.3%
Africa	418	0.3%	71,913	0.3%
Eastern Africa	33	0.0%	13,946	0.1%
Middle Africa	0	0.0%	2,850	0.0%
Northern Africa	142	0.1%	24752	0.1%
Southern Africa	150	0.1%	11,485	0.1%
Western Africa	93	0.1%	16,337	0.1%
Oceania	98	0.1%	8,444	0.0%
Americas	10,589	6.7%	3,294,523	16.0%
Latin America	9,180	5.8%	3,181,595	15.4%
Caribbean	1,930	1.2%	1,741,484	8.5%
Central America	5,876	3.7%	644,760	3.1%
South America	1,374	0.9%	795,351	3.9%
Northern America	1,409	0.9%	112,928	0.5%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

As mentioned above, it is important to know where individuals living in Martin County were born as they may have different cultural characteristics, which can affect their health outcomes. This table shows the population who was born in the Americas in Martin County and Florida in 2018 by country. Nearly 2% of the population in Martin County is from Guatemala, which is almost four times as much as the state.

Table 8: Population by Place of Birth in the Americas, Martin County and Florida, 2018

	Martin County		Florida	
	Count	**Percent**	**Count**	**Percent**
Total Population	157,581	100.0%	20,598,139	100.0%
Guatemala	3,045	1.9%	80,751	0.4%
Mexico	2,353	1.5%	268,587	1.3%
Cuba	693	0.4%	970,958	4.7%
Haiti	471	0.3%	325,644	1.6%
Colombia	453	0.3%	262,304	1.3%
Jamaica	409	0.3%	215,622	1.0%
Honduras	305	0.2%	101,324	0.5%
Venezuela	292	0.2%	160,217	0.8%
Argentina	162	0.1%	55,745	0.3%
Brazil	154	0.1%	88,398	0.4%
Dominican Republic	151	0.1%	125,356	0.6%
Peru	122	0.1%	91,623	0.4%
Other Caribbean	80	0.1%	17,347	0.1%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

LANGUAGES SPOKEN AT HOME

Language can play a significant influence on health as it can be a barrier to accessing health and human services. The table below shows languages spoken at home in Martin County and Florida in 2018. In Martin County, 13% of the population spoke a language other than English at home, which was lower than the state. Of this population that speaks a language other than English at home in Martin County, over 40% report speaking English "less than very well." Nearly 10% of the population in Martin County speak Spanish at home and of this population, almost 48% reported speaking English "less than very well."

Table 9: Languages Spoken at Home, Martin County and Florida, 2018

	Martin County			Florida		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English "very well"	Speak English less than "very well"		Speak English "very well"	Speak English less than "very well"
Population 5 years and over	151,142	94.3%	5.7%	20,163,933	88.1%	11.9%
Speak only English	86.8%	(X)	(X)	70.3%	(X)	(X)
Speak a language other than English	13.2%	56.8%	43.2%	29.7%	60.0%	40.0%
Spanish or Spanish Creole	9.5%	52.4%	47.6%	22.2%	58.0%	42.0%
Other Indo-European languages	2.5%	69.4%	30.6%	5.2%	66.8%	33.2%
Asian and Pacific Island languages	0.8%	67.5%	32.5%	1.6%	58.5%	41.5%
Other languages	0.4%	61.3%	38.7%	0.7%	74.3%	25.7%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the population with a disability in Martin County and Florida in 2018. Approximately 15% of Martin County's population was living with a disability, which is slightly higher than in the state. Additionally, 6% of the population is 75 years and over and living with a disability. Almost 14% of the population was White alone and living with a disability, which is 3% more than the state.

Table 10: Population with a Disability, Martin County and Florida, 2018

	Martin County			Florida		
	Total	**With a disability**	**Percent with a disability**	**Total**	**With a disability**	**Percent with a Disability**
Total civilian noninstitutionalized population	154,467	23,501	15.2%	20,288,268	2,720,957	13.4%
SEX						
Male	75,820	12,114	7.8%	9,838,027	1,322,132	6.5%
Female	78,647	11,387	7.4%	10,450,241	1,398,825	6.9%
AGE						
Under 5 years	6,437	53	0.0%	1,117,227	7,742	0.0%
5 to 17 years	19,774	939	0.6%	3,022,429	173,112	0.9%
18 to 34 years	23,323	1,573	1.0%	4,311,019	254,356	1.3%
35 to 64 years	58,358	7,069	4.6%	7,841,463	962,715	4.7%
65 to 74 years	23,372	4,483	2.9%	2,228,971	506,958	2.5%
75 years and over	23,203	9,384	6.1%	1,767,159	816,074	4.0%
RACE						
White alone	136,318	21,214	13.7%	15,333,858	2,173,282	10.7%
Black or African American alone	8,104	1,399	0.9%	3,218,610	384,629	1.9%
American Indian and Alaska Native alone	808	117	0.1%	56,537	11,378	0.1%
Asian alone	2,133	119	0.1%	556,895	40,024	0.2%
Native Hawaiian and Other Pacific Islander alone	130	6	0.0%	12,738	1,253	0.0%
Some other race alone	4,623	372	0.2%	575,150	53,079	0.3%
Two or more races	2,351	274	0.2%	534,480	57,312	0.3%
ETHNICITY						
Not Hispanic or Latino	133,604	22,006	14.2%	15,154,023	2,208,752	10.9%
Hispanic or Latino (of any race)	20,863	1,495	1.0%	5,134,245	512,205	2.5%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

VETERAN POPULATION

It is important to determine the veteran population within a community as veterans may require additional or specific services. The table below shows the veteran population in Martin County and Florida in 2018. Martin County has a slightly higher veteran population than the state (11% and 9%, respectively).

Table 11: Total Veteran Population, Martin County and Florida, 2018

	Martin County		Florida	
	Count	**Percent**	**Count**	**Percent**
Total population 18 years and over	130,980	100.0%	16,394,740	100.0%
Total Veteran population	14,743	11.3%	1,452,967	8.9%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

HOUSEHOLDS

According to the United States Census Bureau, a household consists of all the people who occupy a housing unit. The householder refers to the person (or one of the people) in whose name the housing unit is owned or rented (maintained) or if there is no such person, any adult member, excluding roomers, boarders, or paid employees. A household includes the related family members and all the unrelated people. A family is a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together. A family household is a household maintained by a householder who is in a family and includes any unrelated who may be residing there. A nonfamily household consists of a householder living alone (a one-person household) or where the householder shares the home exclusively with people to whom he/she is not related.[6]

This table shows households in Martin County and Florida in 2018. Of the 63,865 households in Martin County, 61% were family households and 31% were nonfamily households. Almost half of the households in the county were married-couple families, 3% were male householders with no wife present and 8% were female householders with no husband present. A third of households in Martin County were those where the householder was living alone and a fifth of householders are those who live alone and are 65 years and over, which is more than 7% higher than the state.

Table 12: Households, Martin County and Florida, 2018

	Martin County		Florida	
	Count	Percent	Count	Percent
Total households	63,865	100.0%	7,621,760	100.0%
Family households (families)	38,818	60.8%	4,917,841	64.5%
With own children under 18 years	11,357	17.8%	1,820,936	23.9%
Married-couple family	31,555	49.4%	3,560,518	46.7%
With own children under 18 years	8,304	13.0%	1,167,715	15.3%
Male householder, no wife present, family	1,988	3.1%	370,231	4.9%
With own children under 18 years	886	1.4%	162,086	2.1%
Female householder, no husband present, family	5,275	8.3%	987,092	13.0%
With own children under 18 years	2,167	3.4%	491,135	6.4%
Nonfamily households	25,047	39.2%	2,703,919	35.5%
Householder living alone	21,240	33.3%	2,187,470	28.7%
65 years and over	12,824	20.1%	973,411	12.8%
Households with one or more people under 18 years	12,709	19.9%	2,073,119	27.2%
Households with one or more people 65 years and over	12,837	20.1%	975,585	12.8%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

[6] United States Census Bureau (2019). Subject definitions. Retrieved from: www.census.gov

This table shows the average household size in Martin County and Florida in 2018. The average household size among all households in Martin County was 2.41, slightly lower than the state.

Table 13: Average Household Size, Martin County and Florida, 2018

	Martin County		Florida	
	Total households	**Average household size**	**Total households**	**Average household size**
Total households	63,865	2.41	7,621,760	2.65
Married-couple family household	31,555	2.95	3,560,518	3.21
Male householder, no wife present, family household	1,988	3.93	370,231	3.78
Female householder, no husband present, family household	5,275	4.12	987,092	3.83
Nonfamily household	25,047	1.24	2,703,919	1.32

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

GRANDPARENTS

Children may live with and be the financial responsibility of their grandparents due to a number of reasons including the parents may be in the household but cannot work or are not working or the parents may not be present in the household.[7] Nationally, the number of grandparents and other older relatives who are caring for children is significant and growing, in part due to the opioid crisis. [8] Being financially responsible for a grandchild can be difficult financially for grandparents, especially if they are living on a fixed income. Additionally, children of grandparents who have not been made legal guardians of the child or children may be unable to receive benefits such as SNAP or Medicaid for which they would otherwise qualify. This table shows grandparents living with and responsible for grandchildren in Martin County and Florida in 2018. Almost 35% of grandparents in the county that live with their grandchildren under 18 years are responsible for their grandchildren, which is 5% more than the state. Additionally, 15% of grandparents that live with their grandchildren have been responsible for their grandchildren for five or more years.

Table 14: Grandparents Living with and Responsible for Grandchildren, Martin County and Florida, 2018

	Martin		Florida	
	Count	Percent	Count	Percent
Number of grandparents living with own grandchildren under 18 years:	2,350	100.0%	492,913	100.0%
Responsible for grandchildren	815	34.7%	149,817	30.4%
Years responsible for grandchildren				
Less than 1 year	90	3.8%	13,900	2.8%
1 or 2 years	158	6.7%	33,115	6.7%
3 or 4 years	119	5.1%	22,592	4.6%
5 or more years	357	15.2%	64,318	13.0%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

[7] Kids Count Data Center (2019). Grandparents living with and responsible for their own grandchildren. Retrieved from https://datacenter.kidscount.org/data/tables/8482-grandparents-living-with-and-responsible-for-their-own-grandchildren#detailed/2/any/false/871,870,573,869,36,868,867,133/any/17152,18244

[8] Supporting Grandparents Raising Grandchildren Act of 2018, S. 1091, (testimony of 115th Congress of the United States of America). Retrieved May 18, 2020, from https://acl.gov/sites/default/files/about-acl/2018-10/BILLS-115s1091enr - SGRG.pdf

SOCIOECONOMIC CHARACTERISTICS

POVERTY

Poverty is an important factor to include in a comprehensive health assessment as individuals in poverty are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy.[9]

The table below shows the Federal Poverty Level income numbers for 2020 by the United States Department of Health and Human Services.

Table 15: Poverty Guidelines, 2020

Family Size	Percent of Poverty Guideline							
	100%	133%	138%	150%	200%	250%	300%	400%
1	$12,760	$16,971	$17,609	$19,140	$25,520	$31,900	$38,280	$51,040
2	$17,240	$22,929	$23,791	$25,860	$34,480	$43,100	$51,720	$68,960
3	$21,720	$28,888	$29,974	$32,580	$43,440	$54,300	$65,160	$86,880
4	$26,200	34,846	$36,156	$39,300	$52,400	$65,500	$78,600	$104,800
5	$30,680	$40,804	$42,338	$46,020	$61,360	$76,700	$92,040	$122,720
6	$35,160	$46,763	$48,521	$52,740	$70,320	$87,900	$105,480	$140,640
7	$39,640	$52,721	$54,703	$59,460	$79,280	$99,100	$118,920	$158,560
8	$44,120	$58,680	$60,886	$66,180	$88,240	$110,300	$132,360	$176,480

Source: United States Department of Health and Human Services, 2020
Notes: For family units of more than 8 members, add $4,480 for each additional member.
Compiled by: Health Council of Southeast Florida, 2020

[9] Office of Disease Prevention and Health Promotion (n.d.) Poverty. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/poverty

This table shows individuals in poverty in the past 12 months by age and sex in Martin County and Florida in 2018. Almost 11% of the population in the county was in poverty, which is lower than in the state.

Table 16: Poverty Status in the Past 12 Month by Age and Sex, Martin County and Florida, 2018

	Martin County			Florida		
	Total	**Below poverty level**	**% below poverty level**	**Total**	**Below poverty level**	**% below poverty level**
Population for whom poverty status is determined	154,551	16,212	10.5%	20,178,544	2,983,851	14.8%
AGE						
Under 18 years	26,006	4,176	16.1%	4,083,160	870,505	21.3%
Related children of householder under 18 years	25,950	4,150	16.0%	4,064,360	853,378	21.0%
18 to 64 years	81,970	9,015	11.0%	12,099,254	1,700,420	14.1%
65 years and over	46,575	3,021	6.5%	3,996,130	412,926	10.3%
SEX						
Male	75,904	7,225	9.5%	9,802,428	1,340,525	13.7%
Female	78,647	8,987	11.4%	10,376,116	1,643,326	15.8%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

It is important to look at individuals in poverty by race and ethnicity to identify if there are populations more affected than others. The tables below shows that over a quarter (29.4%) of residents who identified as Some other race were living in poverty, followed by 23.5% of the Black or African American population. Among residents of Hispanic or Latino origin, 23% were living in poverty which was higher than the state.

Table 17: Poverty Status in the Past 12 Months by Race and Ethnicity, Martin County and Florida, 2018

	Martin County			Florida		
	Total	**Below poverty level**	**% below poverty level**	**Total**	**Below poverty level**	**% below poverty level**
Population for whom poverty status is determined	154,551	16,212	10.5%	20,178,544	2,983,851	14.8%
RACE						
White alone	136,443	12,016	8.8%	15,258,206	1,943,450	12.7%
Black or African American alone	8,116	1,907	23.5%	3,196,776	750,616	23.5%
American Indian and Alaska Native alone	808	155	19.2%	56,236	10,177	18.1%
Asian alone	2,126	241	11.3%	552,340	69,002	12.5%
Native Hawaiian and Other Pacific Islander alone	130	0	0.0%	12,654	2,957	23.4%
Some other race alone	4,623	1,361	29.4%	572,443	118,943	20.8%
Two or more races	2,305	532	23.1%	529,889	88,706	16.7%
ETHNICITY						
Hispanic or Latino origin (of any race)	20,776	4,787	23.0%	5,113,554	965,888	18.9%
Not Hispanic or Latino	133,775	11,425	8.5%	15,064,990	2,017,963	13.4%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

The table below shows poverty status by County Census Division (CCD) in Martin County by age and sex in 2018. It is important to look at the poverty status at the sub-county level to determine if there are populations more affected by poverty. In this table, it is clear the population in Indiantown CCD is more affected by poverty than the rest of the county. Fifteen percent of the population in Indiantown CCD live in poverty, which is 5% more than the county. Fourteen percent of the population ages 18-64 years in Indiantown CCD were living in poverty. Fifteen percent of the female population and 15% of the male population were living in poverty in the Indiantown CCD.

Table 18: Poverty Status by County Census Division, by Age and Sex, Martin County, 2018

	Indiantown CCD			Port Salerno-Hobe Sound CCD			Stuart CCD		
	Total	Below poverty level	Percent below poverty level	Total	Below poverty level	Percent below poverty level	Total	Below poverty level	Percent below poverty level
Population for whom poverty status is determined	19,504	2,988	15.3%	65,476	6,890	10.5%	69,571	6,334	9.1%
AGE									
Under 18 years	4,116	1,140	27.7%	10,349	1,658	16.0%	11,541	1,378	11.9%
Related children of householder under 18 years	4,116	1,140	27.7%	10,309	1,633	15.8%	11,525	1,377	11.9%
18 to 64 years	11,105	1,603	14.4%	34,526	3,909	11.3%	36,339	3,503	9.6%
35 to 64 years	7,753	917	11.8%	24,507	2,476	10.1%	26,236	2,419	9.2%
65 years and over	4,283	245	5.7%	20,601	1,323	6.4%	21,691	1,453	6.7%
SEX									
Male	9,396	1,418	15.1%	32,522	3,062	9.4%	33,986	2,745	8.1%
Female	10,108	1,570	15.5%	32,954	3,828	11.6%	35,585	3,589	10.1%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

The table below shows poverty status by County Census Division in Martin County by race and ethnicity in 2018. In the Indiantown CCD, almost half of residents who identified as Some other race (43.9%) and over a quarter who identified as American Indian and Alaska Native (32.7%) were living in poverty. Across all three CCDs, almost a quarter of the Black or African American population was living in poverty. Among residents of Hispanic or Latino origin, 32% in the Indiantown CCD was living in poverty, followed by 22% in Port Salerno Hobe Sound and 14.9% in Stuart.

Table 19: Poverty Status by County Census Division, by Race and Ethnicity, Martin County, 2018

	Indiantown CCD			Port Salerno-Hobe Sound CCD			Stuart CCD		
	Total	Below poverty level	Percent below poverty level	Total	Below poverty level	Percent below poverty level	Total	Below poverty level	Percent below poverty level
Population for whom poverty status is determined	19,504	2,988	15.3%	65,476	6,890	10.5%	69,571	6,334	9.1%
RACE									
White	15,002	1,510	10.1%	58,352	5,415	9.3%	63,089	5,091	8.1%
Black or African American	1,594	376	23.6%	3,319	706	21.3%	3,203	825	25.8%
American Indian and Alaska Native	474	155	32.7%	167	0	0	167	0	0
Asian	148	6	4.1%	662	79	11.9%	1,316	156	11.9%
Native Hawaiian and Other Pacific Islander	38	0	0	92	0	0	0	0	0
Some other race	1,769	777	43.9%	2,048	512	25.0%	806	72	8.9%
Two or more races	479	164	34.2%	836	178	21.3%	990	190	19.2%
ETHNICITY									
Hispanic or Latino origin (of any race)	6,124	1,979	32.3%	8,880	1,950	22.0%	5,772	858	14.9%
Not Hispanic or Latino	13,380	1,009	7.5%	56,596	4,940	8.7%	63,799	5,476	8.6%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

This table shows families in poverty in the last 12 months in Martin County and Florida in 2018. Almost 7% of families in the county experienced poverty in the last 12 months, which was lower than the state. Nearly 13% of families with related children of householder under 18 years lived in poverty in Martin County.

Table 20: Poverty Status in the Last 12 Months, Families, Martin County and Florida, 2018

	Martin County		Florida	
	Total	% below poverty level	Total	% below poverty level
Families	38,818	6.9%	4,917,841	10.6%
With related children of householder under 18 years	12,566	12.8%	2,046,252	17.3%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

The table below shows poverty status in the past 12 months of grandparents living with their own grandchildren under 18 years in Martin County and Florida in 2018. Of the 2,530 grandparents living with their grandchildren, 6.9% lived below the poverty level. Just over 3% of all grandparents living with grandchildren under 18 years, were responsible for their grandchildren and had an income below the poverty level in the past 12 months.

Table 21: Poverty Status in the Past 12 Months of Grandparents Living with Own Grandchildren Under 18 Years by Responsibility for Own Grandchildren and Age of Grandparent, Martin County and Florida, 2018

	Martin County		Florida	
	Count	Percent	Count	Percent
Total grandparents living with own grandchildren under 18 years	2,350	100.0%	492,910	100.0%
Income in the past 12 months below poverty level:	162	6.9%	71,572	14.5%
Grandparent responsible for own grandchildren under 18 years:	73	3.1%	27,132	5.5%
Grandparent not responsible for own grandchildren under 18 years	89	3.8%	44,440	9.0%
Income in the past 12 months at or above poverty level:	2,188	93.1%	421,338	85.5%
Grandparent responsible for own grandchildren under 18 years:	742	31.6%	122,682	24.9%
Grandparent not responsible for own grandchildren under 18 years	1,446	61.5%	298,656	60.6%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

Poverty status in 2018 among grandparents living with their own grandchildren under 18 years old is shown for each Martin County CCD in the table below. Across all CCDs, Indiantown had the highest percentage (12.4%) of grandparents living with their grandchildren with an income below the poverty level, compared to Port Salerno-Hobe Sound CCD (.5%) and Stuart CCD (9.4%). However, Stuart had the highest percentage of grandparents below poverty who were responsible for their grandchild (5%), compared to Indiantown CCD (4.2%) and Port-Salerno Hobe Sound CCD (0%).

Table 22: Poverty Status in the Past 12 Months of Grandparents Living With Own Grandchildren Under 18 Years by Responsibility for Own Grandchildren and Age of Grandparent, Census County Divisions in Martin County, 2018

	Indiantown CCD		Port Salerno-Hobe Sound CCD		Stuart CCD	
	Count	Percent	Count	Percent	Count	Percent
Total	476	100.0%	816	100.0%	1,058	100.0%
Income in the past 12 months below poverty level:	59	12.4%	4	0.5%	99	9.4%
Grandparent responsible for own grandchildren under 18 years:	20	4.2%	0	0.0%	53	5.0%
Grandparent not responsible for own grandchildren under 18 years	39	8.2%	4	0.5%	46	4.3%
Income in the past 12 months at or above poverty level:	417	87.6%	812	99.5%	959	90.6%
Grandparent responsible for own grandchildren under 18 years:	110	23.1%	390	47.8%	242	22.9%
Grandparent not responsible for own grandchildren under 18 years	307	64.5%	422	51.7%	717	67.8%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

INCOME

Income is associated with morbidity and mortality rates.[10] Those with a higher income may be able to afford health insurance and health care and can potentially spend more on healthy foods such as fruits and vegetables, which can also play a significant role in health outcomes.

Per capita income is the average income computed for every man, woman, and child in a particular group.[4]

This table shows per capita income and earnings in Martin County and Florida in 2018. Martin County's per capita income in 2018 was $40,389, which was higher than the state. The median earnings for workers in the county were also higher than the state. The difference in median earnings for male full-time, year round workers versus females in Martin County was higher than the state.

Table 23: Per Capita Income and Earnings, Martin County and Florida, 2018

	Martin County	Florida
Per capita income (dollars)	$40,389	$30,197
Median earnings for workers (dollars)	$31,432	$30,462
Median earnings for male full-time, year-round workers (dollars)	$48,007	$43,305
Median earnings for female full-time, year-round workers (dollars)	$41,819	$37,273

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

[10] Health Affairs (2018). Health, income, & poverty: Where we are & what could help. Retrieved from https://www.healthaffairs.org/do/10.1377/hpb20180817.901935/full/

As mentioned above, income can be linked to health outcomes. The table below shows household income and benefits in Martin County and Florida in 2018. Households in the county had a higher median and mean income than those in the state. Half of the households in the county receive Social Security income, which is more than 10% higher than the state. Over a quarter of households in the county receive retirement income, which is also more than 5% higher than the state. Almost 2% of households in the county received cash public assistance and nearly 7% received food stamps/SNAP.

Table 24: Household Income and Benefits, Martin County and Florida, 2018

	Martin County		Florida	
	Count	Percent	Count	Percent
Total Households	63,865	100.0%	7,621,760	100.0%
Less than $10,000	3,380	5.3%	520,876	6.8%
$10,000 to $14,999	2,425	3.8%	360,160	4.7%
$15,000 to $24,999	7,002	11.0%	800,015	10.5%
$25,000 to $34,999	5,956	9.3%	813,777	10.7%
$35,000 to $49,999	8,682	13.6%	1,091,976	14.3%
$50,000 to $74,999	11,698	18.3%	1,401,435	18.4%
$75,000 to $99,999	7,391	11.6%	907,315	11.9%
$100,000 to $149,999	8,357	13.1%	948,979	12.5%
$150,000 to $199,999	3,557	5.6%	368,189	4.8%
$200,000 or more	5,417	8.5%	409,038	5.4%
Median income (dollars)	57,959	(X)	53,267	(X)
Mean income (dollars)	93,768	(X)	76,652	(X)
With earnings	39,485	61.8%	5,513,055	72.3%
Mean earning (dollars)	94,646	(X)	77,011	(X)
With Social Security income	32,103	50.3%	2,832,859	37.2%
Mean Social Security income (dollars)	22,137	(X)	19,861	(X)
With retirement income	16,933	26.5%	1,517,014	19.9%
Mean retirement income (dollars)	34,658	(X)	28,018	(X)
With Supplemental Security Income (SSI)	1,966	3.1%	385,084	5.1%
Mean Supplemental Security Income (dollars)	11,265	(X)	9,931	(X)
With cash public assistance	963	1.5%	160,020	2.1%
Mean cash public assistance income (dollars)	2,610	(X)	2,594	(X)
With Food Stamps/SNAP	4,408	6.9%	1,080,766	14.2%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

This table shows family income in Martin County and Florida in 2018. The median and mean income for families in Martin County was much higher than the state.

Table 25: Family Income, Martin County and Florida, 2018

	Martin County		Florida	
	Count	Percent	Count	Percent
Total Families	38,818	100.0%	4,917,841	100.0%
Less than $10,000	1,164	3.0%	206,223	4.2%
$10,000 to $14,999	725	1.9%	137,663	2.8%
$15,000 to $24,999	2,196	5.7%	380,908	7.7%
$25,000 to $34,999	2,738	7.1%	461,755	9.4%
$35,000 to $49,999	4,620	11.9%	688,416	14.0%
$50,000 to $74,999	7,726	19.9%	956,040	19.4%
$75,000 to $99,999	5,538	14.3%	678,947	13.8%
$100,000 to $149,999	6,423	16.5%	757,180	15.4%
$150,000 to $199,999	2,991	7.7%	307,279	6.2%
$200,000 or more	4,697	12.1%	343,430	7.0%
Median income (dollars)	76,010	(X)	64,312	(X)
Mean income (dollars)	116,514	(X)	89,399	(X)

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

The Gini Index is a summary measure of income inequality. The Gini coefficient ranges from 0, indicating perfect equality (where everyone receives an equal share), to 1, perfect inequality (where only one recipient or group of recipients receives all the income).[4]

The table below shows the Gini Index for Florida, Martin County, and surrounding counties in 2018. The Gini Index in Martin County at 0.5273, was higher than the state. The index for Martin County indicates there is some inequity with regard to income disparity.

Table 26: Gini Index, Martin County and Florida, 2018

	Gini Index
Florida	0.4868
Martin County	0.5273
Surrounding Counties:	
Glades County	0.4324
Hendry County	0.4736
Okeechobee County	0.4429
Palm Beach County	0.5221
St. Lucie County	0.4475

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

ALICE refers to the population in a community who are Asset Limited, Income Constrained, and Employed. The ALICE population represents those who are working whose salaries do not match Martin County's cost of living.[11]

The table below shows the percent of ALICE and Poverty households in Martin County and its three Census County Divisions (CCD) in 2018. The percent of households that live in poverty and are ALICE was 37.9% in 2018. Within the three CCDs 40.6% of households in the Indiantown CCD, 41.4% of households in Port Salerno-Hobe Sound CCD and 40.5% of households in Stuart CCD were ALICE or living in poverty.

Table 27: ALICE Population, Martin County, 2018

	Total Households	% ALICE and Poverty
Martin County	62,976	37.9%
Indiantown CCD	6,177	40.6%
Port Salerno-Hobe Sound CCD	27,032	41.4%
Stuart CCD	29,771	40.5%

Source: United Way ALICE Report, 2018
Compiled by: Health Council of Southeast Florida, 2020

[11] United Way of Martin County (n.d.). ALICE. Retrieved from https://www.unitedwaymartin.org/alice

PUBLIC ASSISTANCE BENEFITS

Public assistance refers to assistance programs that provide either cash assistance or in-kind benefits to individuals and families from any governmental entity.[12] There are two major types of public assistance programs; social welfare programs and social insurance programs. Benefits received from social welfare programs are usually based on a low-income means-tested eligibility criteria. For this reason, presenting data on public assistance benefits may further illustrate the needs of low-income populations in Martin County.

This table shows students eligible for free and reduced lunch in Martin County and Florida in the school year 2016-17. Approximately 44% of students in Martin County were eligible for free and reduced lunch, which is 14% less than the state.

Table 28: Free and Reduced Lunch Status, Martin County and Florida, SY2016-2017

	Martin County	Florida
Total Students	19,026	2,816,813
Number Free/Reduced Price Lunch Eligible	8,427	1,633,226
Percent Free/Reduced Price Lunch Eligible	44.3%	58.0%

Source: National Center for Education Statistics, NCES - Common Core of Data, 2016-17
Compiled by: Health Council of Southeast Florida, 2020

WIC provides nutritious foods, nutrition education, breastfeeding support, and referrals to health care and social services to low-income families with nutritional risk.[13] The percent of WIC eligibles served is the number served divided by the estimated number in need, expressed as a percentage.

The table below shows WIC eligibles served in Martin County and Florida between 2014 and 2018. Almost 71% of those eligible for WIC were served in Martin County in 2018, which was slightly higher than the state. There is a similar trend for other years as well.

Table 29: WIC Eligibles Served, Martin County and Florida, 2014-2018

Year	Martin County			Florida		
	Count	Denominator	Percent	Count	Denominator	Percent
2014	2,968	3,197	92.8%	489,383	587,787	83.3%
2015	2,985	3,951	75.6%	492,039	658,247	74.7%
2016	2,960	3,830	77.3%	479,129	663,786	72.2%
2017	2,797	3,901	71.7%	462,116	666,473	69.3%
2018	2,761	3,901	70.8%	451,935	666,473	67.8%

Source: FloridaCHARTS, Florida Department of Health, WIC & Nutrition Services, FLWiSE, 2018
Complied by: Health Council of Southeast Florida, 2020

[12] United States Census Bureau (n.d.). Public assistance. Retrieved from https://www.census.gov/topics/income-poverty/public-assistance/about.html

[13] Florida Department of Health (2020). Women, infants and children. Retrieved from http://www.floridahealth.gov/programs-and-services/wic/index.html

HOMELESS

Homeless populations are at an increased risk for acute and chronic illnesses.[14] For this reason, it is important to understand the homeless population in Martin County when developing community health improvement strategies.

The table below shows the homeless population in Martin County in January 2018 and January 2019. In January 2019, there were 219 homeless adults and 86 homeless children for a total of 305 homeless individuals, which is similar to the count from 2018.

Table 30: Homeless Population, Martin County, January 2018 and January 2019

	January 2018		January 2019	
	Count	Percent	Count	Percent
Adults	209	67.2%	219	71.8%
Children	102	32.8%	86	28.2%
Total	311	100.0%	305	100.0%

Source: Treasure Coast Homeless Services Council, Inc., 2019
Compiled by: Health Council of Southeast Florida, 2020

EDUCATION

The table below shows school enrollment for the population three years and over enrolled in school in Martin County and Florida in 2018. This information provides some additional information as to the age distribution of individuals in the county and their education needs. Martin County has a higher percentage of the population in high school than the state but a lower population in college or graduate school than the state.

Table 31: School Enrollment, Martin County and Florida, 2018

	Martin County		Florida	
	Count	Percent	Count	Percent
Population 3 years and over enrolled in school	28,528	(X)	4,737,877	(X)
Nursery school, preschool	1,860	6.5%	293,193	6.2%
Kindergarten	1,265	4.4%	229,047	4.8%
Elementary school (grades 1-8)	12,077	42.3%	1,858,125	39.3%
High school: grade 9 to grade 12	7,338	25.7%	986,453	20.8%
College of graduate school	5,988	21.0%	1,371,059	28.9%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

[14] Institute of Medicine (US) Committee on Health Care for Homeless People. Homelessness, Health, and Human Needs. Washington (DC): National Academies Press (US); 1988. 3, Health Problems of Homeless People. Available from: https://www.ncbi.nlm.nih.gov/books/NBK218236/

Education can increase a person's life expectancy and that quality of life.[15] This is because those with higher educational attainment have access to higher-paying jobs, which can increase their income level. As mentioned above, income is tied to a higher quality of life.

The table below shows the highest level of educational attainment by sex for the population 25 years and over in Martin County and Florida in 2018. This population in Martin County has a higher percentage of individuals with a high school graduate degree or higher (91% and 88% respectively) and a bachelor's degree or higher than the state (33% and 29% respectively). In Martin County, more females than males had a high school graduate degree or higher, but fewer females than males had a bachelor's degree or higher.

Table 32: Highest Level of Educational Attainment by Sex, Martin County and Florida, 2018

	Martin County			Florida		
	Total	**Male**	**Female**	**Total**	**Male**	**Female**
Population 25 years and over	121,310	59,213	62,097	14,686,727	7,047,844	7,638,883
Less than 9th grade	4.1%	5.6%	2.8%	4.9%	5.1%	4.8%
9th to 12th grade, no diploma	5.3%	5.6%	5.0%	7.1%	7.8%	6.5%
High school graduate (includes equivalency)	25.2%	24.8%	25.5%	28.8%	29.1%	28.5%
Some college, no degree	22.3%	21.5%	23.1%	20.2%	19.9%	20.4%
Associate's degree	10.0%	8.3%	11.7%	9.8%	8.7%	10.8%
Bachelor's degree	20.7%	20.8%	20.7%	18.5%	18.4%	18.6%
Graduate or professional degree	12.3%	13.5%	11.2%	10.6%	11.0%	10.3%
High school graduate or higher	90.5%	88.8%	92.2%	88.0%	87.2%	88.7%
Bachelor's degree or higher	33.0%	34.3%	31.9%	29.2%	29.4%	28.9%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

[15] American Academy of Family Physicians (2015). Learning matters: How education affects health. Retrieved from https://www.aafp.org/news/blogs/leadervoices/entry/learning_matters_how_education_affects.html

Not completing high school is linked to limited employment prospects, low wages, and poverty, which all affect health status.[16]

This table shows the percent of high school graduates in Martin County and Florida for the years 2014-2018. Martin County consistently had a higher percentage of high school graduates than the state. In 2018, there was a high school graduate rate of nearly 88% in the county.

Table 33: Percent of High School Graduates, Martin County and Florida, 2014 - 2018

Year	Martin County	Florida
2014	88.8%	76.1%
2015	88.9%	77.9%
2016	88.7%	80.7%
2017	83.9%	82.3%
2018	87.9%	86.1%

Source: Florida Department of Education, 2019
Compiled by: Health Council of Southeast Florida, 2020

[16] Office of Disease Prevention and Health Promotion (n.d.). High school graduation. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/high-school-graduation

It is important to identify the performance of schools in the area to determine the quality of education students receive as this can influence their success later in life. Research shows that students' reading skill level by 3rd grade can affect their long-term academic achievement, including the likelihood they will graduate high school.[14] The table below shows school grades by year in Martin County for the years 2015-2019. The 'C' schools include Hobe Sound Elementary School, J.D. Parker School of Technology, and Port Salerno Elementary School.

Table 34: School Grades by Year, Martin County, 2015 - 2019

School Name	School Type	2016	2017	2018	2019
Bessey Creek Elementary School	1	A	A	A	A
Citrus Grove Elementary	1	A	A	A	A
Clark Advanced Learning Center	3	A	A	A	A
Crystal Lake Elementary School	1	C	A	B	A
Dr. David L. Anderson Middle School	2	B	B	A	B
Felix A Williams Elementary School	1	B	A	B	B
Hidden Oaks Middle School	2	A	A	A	A
Hobe Sound Elementary School	1	C	B	C	C
Indiantown Middle School	4	C	C	C	B
J. D. Parker School Of Technology	1	C	C	C	C
Jensen Beach Elementary School	1	B	B	A	B
Jensen Beach High School	3	B	A	A	A
Martin County High School	3	C	B	B	A
Murray Middle School	2	B	B	B	B
Palm City Elementary School	1	A	A	A	A
Pinewood Elementary School	1	B	B	B	B
Port Salerno Elementary School	1	C	C	C	C
Sea Wind Elementary School	1	C	B	C	A
South Fork High School	3	C	B	B	B
Stuart Middle School	2	A	A	A	A
Warfield Elementary School	1	C	B	C	A

Source: Florida Department of Education, 2019
Compiled by: Health Council of Southeast Florida, 2020

BUSINESS AND EMPLOYMENT

Not only does unemployment mean a loss of income, but it also means an individual may no longer have access to affordable health insurance. Additionally, laid-off workers are more likely than those continuously employed to have fair or poor health and develop stress-related conditions.[17]

The table below shows the population 16 years and over by employment status in Martin County and Florida in 2018. The unemployment rate in Martin County was 5.3%, which was slightly lower than the state.

Table 35: Employment Status, Martin County and Florida, 2018

	Martin County		Florida	
	Count	**Percent**	**Count**	**Percent**
Population 16 years and over	134,443	100.0%	16,932,309	100.0%
In labor force	69,625	51.8%	9,931,799	58.7%
Civilian labor force	69,251	51.5%	9,876,910	58.3%
Employed	65,578	48.8%	9,253,932	54.7%
Unemployed	3,673	2.7%	622,978	3.7%
Armed Forces	374	0.3%	54,889	0.3%
Not in labor force	64,818	48.2%	7,000,510	41.3%
Civilian labor force	69,251	69,251	9,876,910	9,876,910
Percent Unemployed	(X)	5.3%	(X)	6.3%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

[17] Robert Wood Johnson Foundation (2013). How does employment, or unemployment, affect health? Retrieved from https://www.rwjf.org/en/library/research/2012/12/how-does-employment--or-unemployment--affect-health-.html

This table shows the civilian employed population 16 years and over by occupation in Martin County and Florida in 2018. Approximately 37% of this population in Martin County worked in management, business, science, and arts occupation, which was slightly higher than the state.

Table 36: Employment by Occupation, Martin County and Florida, 2018

	Martin County		Florida	
	Count	Percent	Count	Percent
Civilian employed population 16 years and over	65,578	100.0%	9,253,932	100.0%
Management, business, science, and arts occupations	24,534	37.4%	3,247,478	35.1%
Service occupations	13,814	21.1%	1,864,640	20.1%
Sales and office occupations	15,545	23.7%	2,316,975	25.0%
Natural resources, construction, and maintenance occupations	6,496	9.9%	859,156	9.3%
Production, transportation, and material moving occupations	5,189	7.9%	965,683	10.4%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

This table shows the civilian employed population 16 years and over by the industry of employment in Martin County and Florida in 2018. Over a fifth of the population in the county are employed in educational services, and health care and social assistance, which is similar to the state.

Table 37: Employment by Industry, Martin County and Florida, 2018

	Martin County		Florida	
	Count	**Percent**	**Count**	**Percent**
Civilian employed population 16 years and over	65,578	100.0%	9,253,932	100.0%
Agriculture, forestry, fishing and hunting, and mining	1,328	2.0%	94,058	1.0%
Construction	5,881	9.0%	677,886	7.3%
Manufacturing	3,825	5.8%	470,883	5.1%
Wholesale trade	1,717	2.6%	248,949	2.7%
Retail trade	7,130	10.9%	1,194,414	12.9%
Transportation and warehousing, and utilities	3,290	5.0%	502,921	5.4%
Information	1,156	1.8%	171,201	1.9%
Finance and insurance, and real estate and rental and leasing	5,014	7.6%	715,483	7.7%
Professional, scientific, and management, and administrative and waste management services	8,762	13.4%	1,211,027	13.1%
Educational services, and health care and social assistance	14,024	21.4%	1,945,214	21.0%
Arts, entertainment, and recreation, and accommodation and food services	7,272	11.1%	1,132,844	12.2%
Other services, except public administration	3,738	5.7%	491,801	5.3%
Public administration	2,441	3.7%	397,251	4.3%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the civilian employed population 16 years and over by class of worker in Martin County and Florida in 2018. In the county, 82% of this population were private wage and salary workers, which was similar to the state.

Table 38: Class of Worker, Martin County and Florida, 2018

	Martin County		Florida	
	Count	Percent	Count	Percent
Civilian employed population 16 years and over	65,578	100.0%	9,253,932	100.0%
Private wage and salary workers	53,920	82.2%	7,609,666	82.2%
Government workers	6,971	10.6%	1,079,061	11.7%
Self-employed in own not incorporated business workers	4,519	6.9%	548,717	5.9%
Unpaid family workers	168	0.3%	16,488	0.2%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

HOUSING

Quality, stable, and affordable housing is foundational for health and economic security. The lack of affordable housing affects families' ability to meet other essential expenses, placing many under tremendous financial strain. High housing-related costs place a particular economic burden on low-income families, forcing trade-offs between food, heating and other basic needs.[18]

The table below shows occupied and vacant housing units in Martin County and Florida in 2018. In the county, 7% of housing units were occupied and 22% were vacant.

Table 39: Housing Occupancy, Martin County and Florida, 2018

	Martin County		Florida	
	Count	Percent	Count	Percent
Total housing units	80,394	100.0%	9,547,762	100.0%
Occupied housing units	63,070	78.5%	7,809,358	81.8%
Vacant housing units	17,324	21.5%	1,738,404	18.2%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

[18] Braveman, P., Dekker, M., Egerter, S., Sadegh-Nobari, T., & Pollack, C. (2011). Housing affordability and children's well-being: Evidence from the National Survey of America's Families. In Housing Policy Debate (Vol. 16, Issue 2). Fannie Mae Foundation. https://doi.org/10.1080/10511482.2005.9521542

This table shows the housing value of owner-occupied units in Martin County and Florida in 2018. The median housing value in the county was $297,700, which was $67,100 more than the state.

Table 40: Housing Value, Owner-Occupied Units, Martin County and Florida, 2018

	Martin County		Florida	
	Count	Percent	Count	Percent
Owner-occupied units	50,315	100.0%	5,148,242	100.0%
Less than $50,000	3,260	6.5%	335,575	6.5%
$50,000 to $99,999	2,827	5.6%	493,007	9.6%
$100,000 to $149,999	4,876	9.7%	564,194	11.0%
$150,000 to $199,999	4,608	9.2%	758,914	14.7%
$200,000 to $299,999	9,801	19.5%	1,284,745	25.0%
$300,000 to $499,999	14,564	28.9%	1,117,595	21.7%
$500,000 to $999,999	8,157	16.2%	455,184	8.8%
$1,000,000 or more	2,222	4.4%	139,028	2.7%
Median (dollars)	$297,700	(X)	$230,600	(X)

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

The table below shows gross rent for occupied units paying rent in Martin County and Florida in 2018. The median rent in the county was $1,107, which was lower than the state.

Table 41: Gross Rent, Martin County and Florida, 2018

	Martin County		Florida	
	Count	Percent	Count	Percent
Occupied units paying rent	12,863	100.0%	2,549,701	100.0%
Less than $500	534	4.2%	139,774	5.5%
$500 to $999	4,323	33.6%	836,249	32.8%
$1,000 to $1,499	5,180	40.3%	981,723	38.5%
$1,500 to $1,999	1,604	12.5%	396,974	15.6%
$2,000 to $2,499	670	5.2%	119,838	4.7%
$2,500 to $2,999	163	1.3%	40,785	1.6%
$3,000 or more	389	3.0%	34,358	1.3%
Median (dollars)	$1,107	(X)	$1,128	(X)
No rent paid	1,099	(X)	117,458	(X)

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

TRANSPORTATION

Evidence supports that transportation barriers are an important barrier to healthcare access, particularly for those with lower incomes or the under/uninsured. This is significant because when patients cannot get to their health care provider, they miss the opportunity for evaluation and treatment of chronic illnesses, and as a result, may delay interventions that reduce or prevent disease complications. In addition, certain populations face unique circumstances that create transportation barriers, these populations include the elderly, children and veterans. This is important to keep in consideration since Martin County has a significant elderly and veteran population.[19]

The table below shows vehicles available in occupied housing units in Martin County and Florida in 2018. Almost 7% of housing units in the county had no vehicles available, which was similar to the state.

Table 42: Vehicles Available in Occupied Housing Units, Martin County and Florida, 2018

	Martin County		Florida	
	Count	**Percent**	**Count**	**Percent**
Occupied housing units	63,070	100.0%	7,809,358	100.0%
No vehicles available	4,224	6.7%	483,844	6.2%
1 vehicle available	25,878	41.0%	3,082,218	39.5%
2 vehicles available	23,664	37.5%	2,974,749	38.1%
3 or more vehicles available	9,304	14.8%	1,268,547	16.2%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Years Estimates, 2018
Compiled by: Health Council of Southeast Florida, 2020

[19] Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). Traveling towards disease: Transportation barriers to health care access. In Journal of Community Health (Vol. 38, Issue 5, pp. 976–993). NIH Public Access. https://doi.org/10.1007/s10900-013-9681-1

CRIME

Crime and violence experienced by individuals living in a community is an important public health issue. Violence can lead to premature death or cause non-fatal injuries, and people who survive violent crimes may experience mental distress and reduced quality of life. In communities where violence frequently occurs, residents may be less likely to exercise and to use community resources like parks and playgrounds that would otherwise promote both healthy behaviors and social interaction. The communities most at risk of exposure to violence are those with socioeconomically disadvantaged populations, such as those living below the poverty level, experiencing unemployment or with low educational attainment.[20]

This table shows arrests in Martin County by the arresting agency in 2018. The arrest rate per 100,000 population increased from 3,963 to 4,016 in 2018. The arrest rate from the Stuart Police Department was the highest of all agencies.

Table 43: Arrests by Agency, Rate Per 100,000 Population, Martin County, 2018

Agency/County	Year	Population	Total Arrests	Arrest Rate	Total Adult Arrests	Total Juvenile Arrests
Martin County	2017	153,022	6,065	3,963.5	5,693	372
	2018	155,556	6,248	4,016.6	5,924	324
Martin County Sheriff's Office	2018	136,227	4,968	3,646.9	4,700	268
Stuart Police Department	2018	16,425	884	5,382.0	833	51
Jupiter Island Public Safety Department	2018	826	28	3,389.8	28	0
Sewall's Point Police Department	2018	2,078	18	866.2	18	0
DOC Inspector General - Martin	2018	0	0	(x)	0	0
DABT - Martin	2018	0	9	(x)	9	0
FWC - Martin	2018	0	158	(x)	154	4
FHP - Martin Co	2018	0	183	(x)	182	1

Source: Florida Department of Law Enforcement, 2018

Compiled by: Health Council of Southeast Florida, 2020

[20] Egerter, S., Barclay, C., Grossman-Kahn, R., & Braveman, P. (2011). How Social Factors Shape Health: Violence, Social Disadvantage and Health. www.rwjf.org/vulnerablepopulations.

HEALTH STATUS

MATERNAL AND CHILD HEALTH

PRENATAL CARE ACCESS

Prenatal care is the health care women get when they are pregnant. Women who see a health care provider regularly during pregnancy have healthier babies and are less likely to have pregnancy complications.[21] Mothers with unknown prenatal care are excluded from the denominator in calculating the percentage.

Prenatal care (PNC) visits provide benefits to both the mother and baby and are used to monitor the progress of a pregnancy. To achieve the greatest benefit for both the mother and baby, it is recommended that women begin PNC visits in the first trimester of pregnancy or as soon as pregnancy is suspected or confirmed. Early PNC allows health care providers to identify potential problems as early as possible so they can be prevented or treated before they become serious. Ensuring that all women receive early and adequate PNC is a top maternal and child health priority. Public health programs emphasize access to early PNC services for teens, women with less than high school education, and Black and Hispanic women.

The table below shows births to mothers with first-trimester prenatal care in Martin County and Florida from 2015 to 2019. The percentage of births in the county with first-trimester prenatal care has fluctuated but has remained consistently lower than the state. In 2019, almost 75% of births had first-trimester prenatal care, which was lower than the state.

Table 44: Births to Mothers With 1st Trimester Prenatal Care, Martin County and Florida, 2015-2019

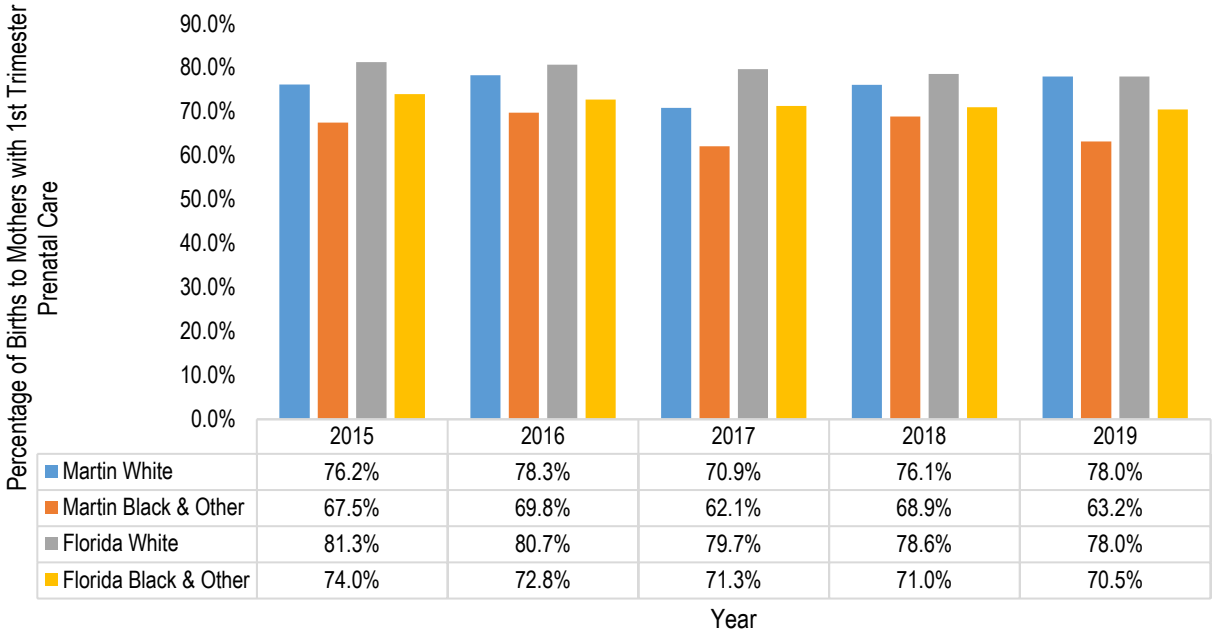
Year	Martin County			Florida		
	Count	Denominator	Percent	Count	Denominator	Percent
2015	910	1,215	74.9%	161,643	203,862	79.3%
2016	908	1,210	75.0%	157,084	200,296	78.4%
2017	827	1,198	69.0%	153,842	199,076	77.3%
2018	893	1,194	74.8%	152,514	199,490	76.5%
2019	854	1,147	74.5%	150,090	197,866	75.9%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

[21] March of Dimes (2020). Prenatal care. Retrieved from https://www.marchofdimes.org/pregnancy/prenatal-care.aspx#

The graph below shows the percentage of births with first-trimester prenatal care in Martin County and Florida by race between 2015 and 2019. The percentage of births to mothers who identified as White and mothers who identified as Black and Other with first-trimester prenatal care in the county has been consistently lower than in the state. The trend for this indicator in the county has been fluctuated among both racial groups, and has been lower than the state. In 2019, 78%of births to mothers who identified as White and 63.2% of births to mothers who identified as Black and Other in the county had first-trimester prenatal care. This indicates there is also a racial disparity for this indicator within the county.

Figure 3: Percentage of Births to Mothers with 1st Trimester Prenatal Care by Mother's Race, Martin County and Florida, 2015-2019

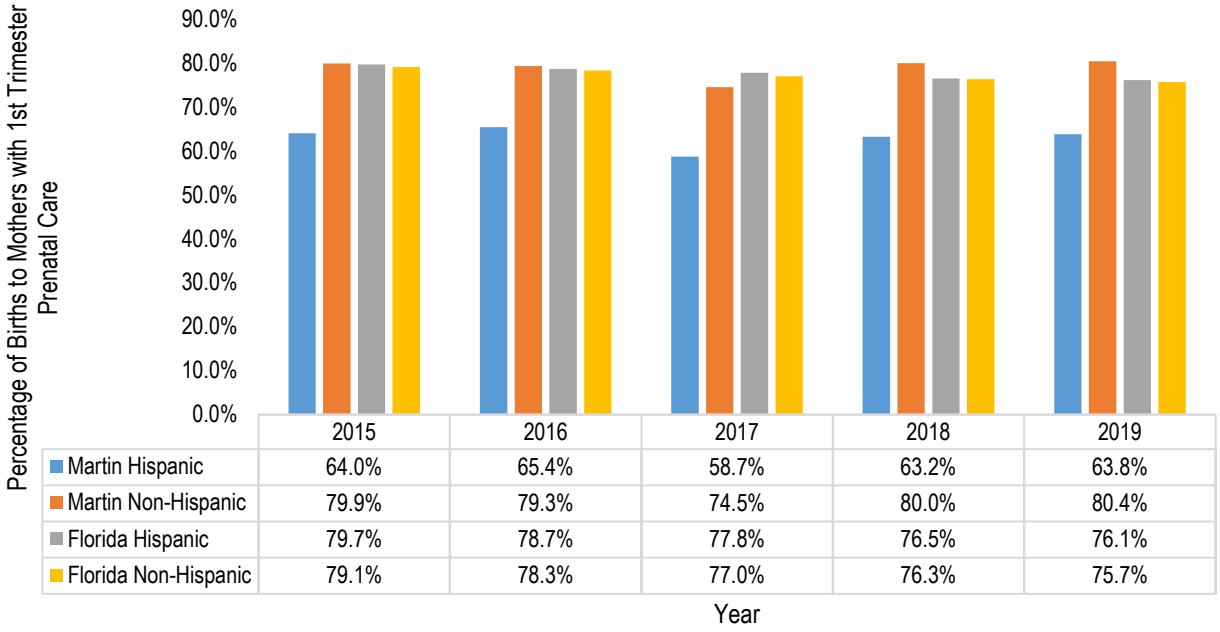


	2015	2016	2017	2018	2019
Martin White	76.2%	78.3%	70.9%	76.1%	78.0%
Martin Black & Other	67.5%	69.8%	62.1%	68.9%	63.2%
Florida White	81.3%	80.7%	79.7%	78.6%	78.0%
Florida Black & Other	74.0%	72.8%	71.3%	71.0%	70.5%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

This figure shows the percentage of births to mothers with first-trimester prenatal care in Martin County and Florida by ethnicity between 2015 and 2019. The percentage of births with first-trimester prenatal care was 12.3% to 19.1% lower than in the state among mothers who identified as Hispanic in the county. Additionally, there is an ethnic disparity that exists for this indicator within the county, as Hispanic mothers had a consistently lower percentage of births with first-trimester prenatal care than non-Hispanic women. In 2019, only 63.8% of births to women who identified as Hispanic were births to mothers with first-trimester prenatal care compared to 80.4% among non-Hispanic women.

Figure 4: Percentage of Births to Mothers with 1st Trimester Prenatal Care by Mother's Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	64.0%	65.4%	58.7%	63.2%	63.8%
Martin Non-Hispanic	79.9%	79.3%	74.5%	80.0%	80.4%
Florida Hispanic	79.7%	78.7%	77.8%	76.5%	76.1%
Florida Non-Hispanic	79.1%	78.3%	77.0%	76.3%	75.7%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The table below shows births to mothers with third trimester or no prenatal care in Martin County and Florida between 2015 and 2019. In the county, the percentage of births to mothers with third trimester or no prenatal care has fluctuated, while it has continued to increase in the state. In 2019, 6.5% of births in the county were to mothers with third trimester or no prenatal care.

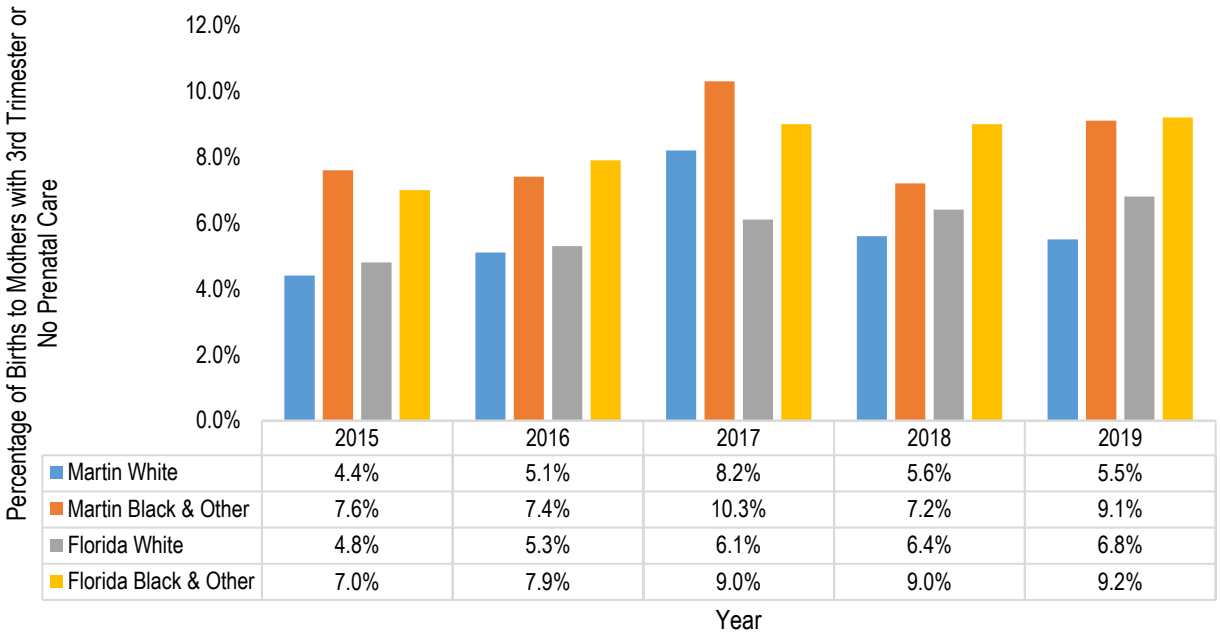
Table 45: Births to Mothers With 3rd Trimester or No Prenatal Care, Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denominator	Percent	Count	Denominator	Percent
2015	61	1,215	5.0%	11,127	203,862	5.5%
2016	70	1,210	5.8%	12,126	200,296	6.1%
2017	102	1,198	8.5%	13,784	199,076	6.9%
2018	71	1,194	5.9%	14,176	199,490	7.1%
2019	75	1,147	6.5%	14,824	197,866	7.5%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

This figure shows the percentage of births to mothers with third trimester or no prenatal care in Martin County and Florida by race between 2015 and 2019. The percentage of births to mothers who identified as Black and Other with third trimester or no prenatal care in the county was higher than the percentage of births to mothers who identified as White with third trimester or no prenatal care in the county. The prevalence for both racial groups within the county was similar to that of the state and the trend shows a fluctuation in these numbers. In 2019, 5.5% of births to mothers who identified as White in the county and 9.1% of births to mothers who identified as Black and Other in the county were births to mothers with third trimester or no prenatal care.

Figure 5: Percentage of Births to Mothers With 3rd Trimester or No Prenatal Care, by Race, Martin County and Florida 2015-2019

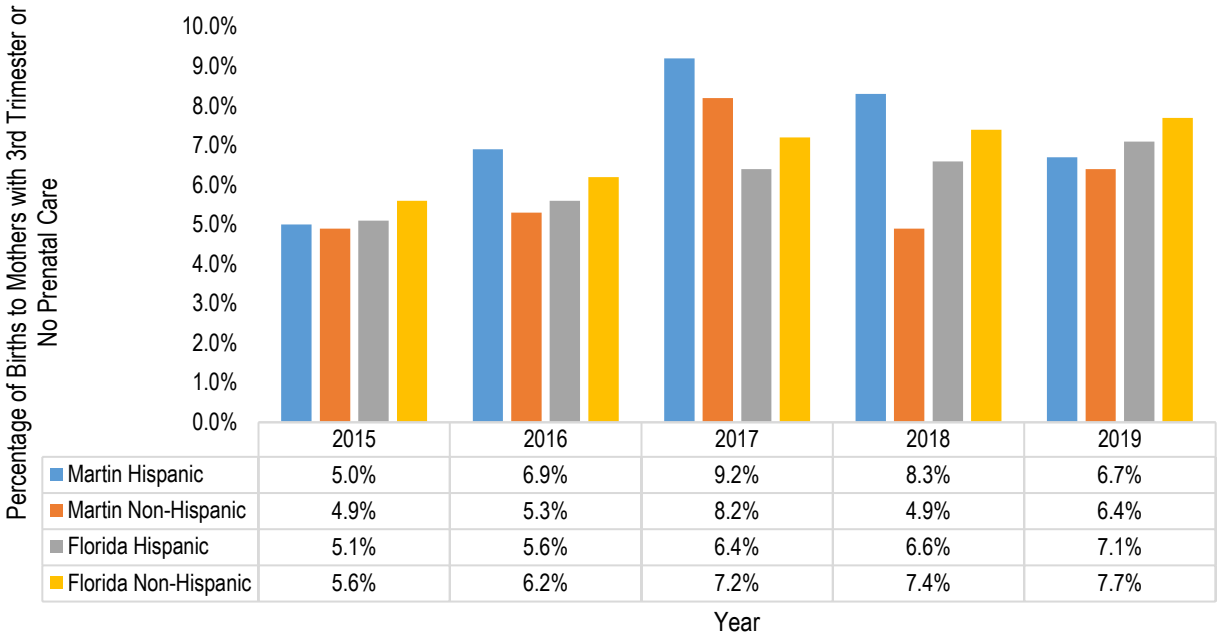


	2015	2016	2017	2018	2019
Martin White	4.4%	5.1%	8.2%	5.6%	5.5%
Martin Black & Other	7.6%	7.4%	10.3%	7.2%	9.1%
Florida White	4.8%	5.3%	6.1%	6.4%	6.8%
Florida Black & Other	7.0%	7.9%	9.0%	9.0%	9.2%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

This figure shows the percentage of births to mothers with third trimester or no prenatal care in Martin County and Florida by ethnicity between 2015 and 2019. In the county, the percentage of births to mothers with third trimester or no prenatal care among women who identified as Hispanic has fluctuated during this timeframe, and was higher than the state from 2016 to 2018. Additionally, there is an ethnic disparity that exists within the county as Hispanic women typically have higher prevalence of third trimester or no prenatal care compared to non-Hispanic women. In 2019, 6.7% of births to mothers who identified as Hispanic has third trimester or no prenatal care compared to 6.4% of non-Hispanic mothers.

Figure 6: Percentage of Births to Mothers With 3rd Trimester or No Prenatal Care, by Ethnicity, Martin County and Florida 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	5.0%	6.9%	9.2%	8.3%	6.7%
Martin Non-Hispanic	4.9%	5.3%	8.2%	4.9%	6.4%
Florida Hispanic	5.1%	5.6%	6.4%	6.6%	7.1%
Florida Non-Hispanic	5.6%	6.2%	7.2%	7.4%	7.7%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The Kotelchuck Index also called the Adequacy of Prenatal Care Utilization (APNCU) Index, classifies the adequacy of initiation as follows: pregnancy months 1 and 2, months 3 and 4, months 5 and 6, and months 7 to 9. A ratio of observed visits to expected visits is calculated and grouped into four categories: Inadequate (received less than 50% of expected visits), Intermediate (received 50%-79% of expected visits), Adequate (received 80%-109% of expected visits), and Adequate Plus (received 110% or more of expected visits). Mothers with unknown prenatal care are excluded from the denominator in calculating the percentage.[22]

This indicator is a measure of the adequacy of prenatal care provided to a woman by health care providers during the prenatal period. The adequacy of prenatal care utilization index provides a more comprehensive measure of prenatal care utilization than the timing of prenatal care. High-risk pregnant women are likely to have high rates for adequate plus care due to the many visits they receive.

The table below shows births to mothers with adequate prenatal care per the Kotelchuck Index in Martin County and Florida between 2015 and 2019. The percentage of births to mothers with adequate prenatal care in the county has fluctuated over the years shown and in 2019, 73.4% of births in the county were to mothers with adequate prenatal care, which was higher than the state but below the Healthy People 2030 target of 80.5% of pregnant females receiving early and adequate prenatal care.

Table 46: Births to Mothers with Adequate Prenatal Care (Kotelchuck Index), Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denominator	Percent	Count	Denominator	Percent
2015	892	1,213	73.5%	142,913	202,754	70.5%
2016	856	1,208	70.9%	139,433	198,869	70.1%
2017	740	1,197	61.8%	137,986	194,945	70.8%
2018	920	1,192	77.2%	136,908	193,983	70.6%
2019	841	1,145	73.4%	134,853	191,637	70.4%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 20189
Complied by: Health Council of Southeast Florida, 2020

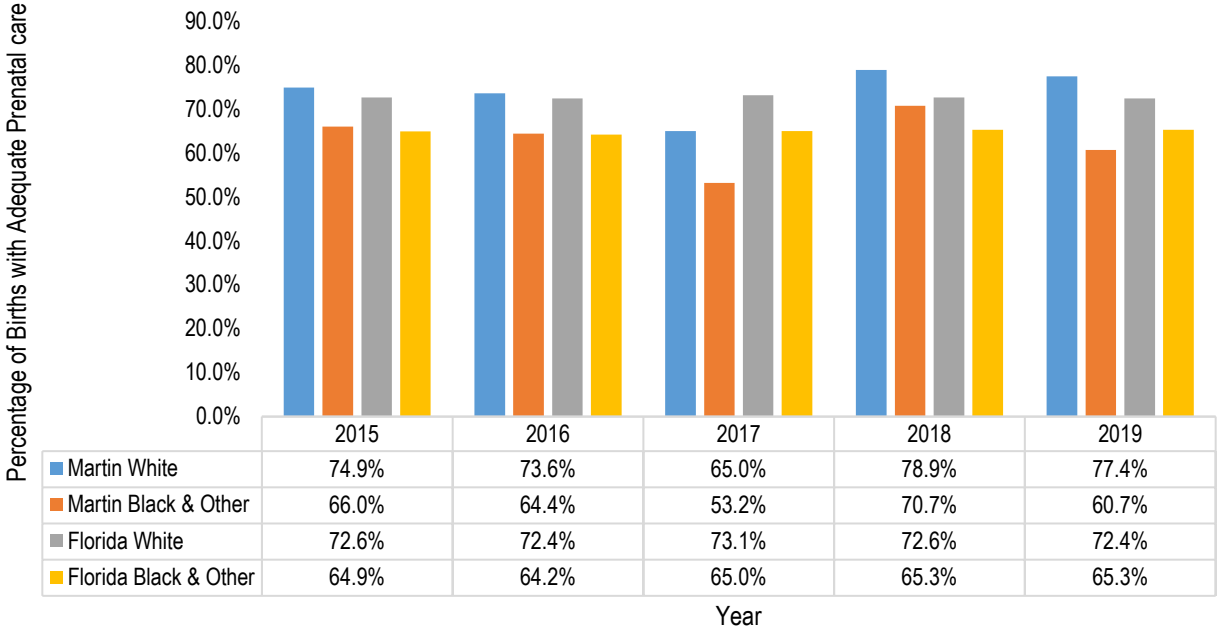
Healthy People 2030 Target

80.5% receiving early and adequate prenatal care

[22] Kotelchuck M. (1994). The Adequacy of Prenatal Care Utilization Index: its US distribution and association with low birthweight. American journal of public health, 84(9), 1486–1489. https://doi.org/10.2105/ajph.84.9.1486

The figure below shows the percentage of births to mothers with adequate prenatal care in Martin County and Florida by the mother's race between 2015 and 2019. During this timeframe, there was a fluctuating trend for both racial groups in the county. There is a disparity that exists within the county, as the percentage of births to mothers with adequate prenatal care is higher among women who identified as White than women who identified as Black & Other. In 2019, there was a 16% disparity between the percentages of births with adequate prenatal care among mothers who identified as White (77%) compared to mothers who identified as Black & Other (61%).

Figure 7: Percentage of Births to Mothers with Adequate Prenatal Care (Kotelchuck index) by Mother's Race, Martin County and Florida, 2015-2019

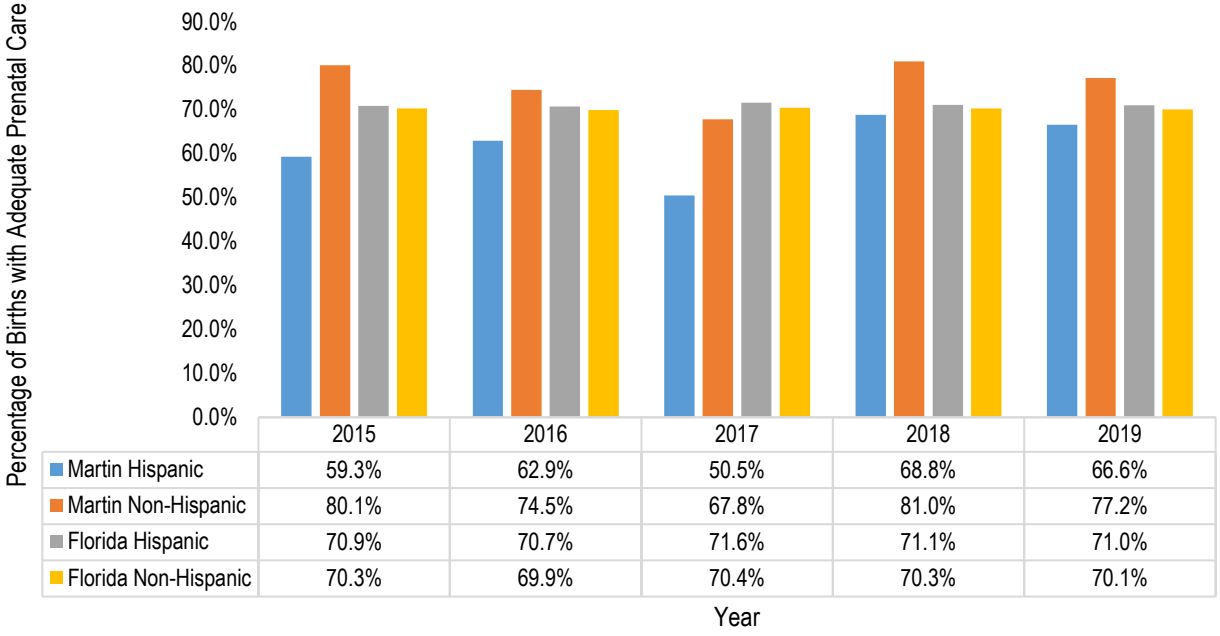


	2015	2016	2017	2018	2019
Martin White	74.9%	73.6%	65.0%	78.9%	77.4%
Martin Black & Other	66.0%	64.4%	53.2%	70.7%	60.7%
Florida White	72.6%	72.4%	73.1%	72.6%	72.4%
Florida Black & Other	64.9%	64.2%	65.0%	65.3%	65.3%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

This figure shows the percentage of births to mothers with adequate prenatal care in Martin County and Florida by mother's ethnicity between 2015 and 2019. The percentage of births to mothers with adequate prenatal care in the county among Hispanic mothers has been lower than in non-Hispanic mothers. In 2019, this disparity was 11%, with Hispanic women having 67% of their births with adequate prenatal care and non-Hispanic women with 77% of their births with adequate prenatal care. Additionally, the percentage of births to mothers with adequate prenatal care among Hispanic women in the county was lower than the state. However, the trend seems to be mostly increasing for Hispanic women in the county.

Figure 8: Percentage of Births to Mothers with Adequate Prenatal Care (Kotelchuck index) by Mother's Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	59.3%	62.9%	50.5%	68.8%	66.6%
Martin Non-Hispanic	80.1%	74.5%	67.8%	81.0%	77.2%
Florida Hispanic	70.9%	70.7%	71.6%	71.1%	71.0%
Florida Non-Hispanic	70.3%	69.9%	70.4%	70.3%	70.1%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The table below shows births to mothers with less than adequate prenatal care in Martin County and Florida between 2015 and 2019. This indicator was mostly lower in the county than in the state and showed a fluctuation in the county. In 2019, over a quarter of births were to mothers with less than adequate prenatal care in the county, which was lower than the state (29.6%)

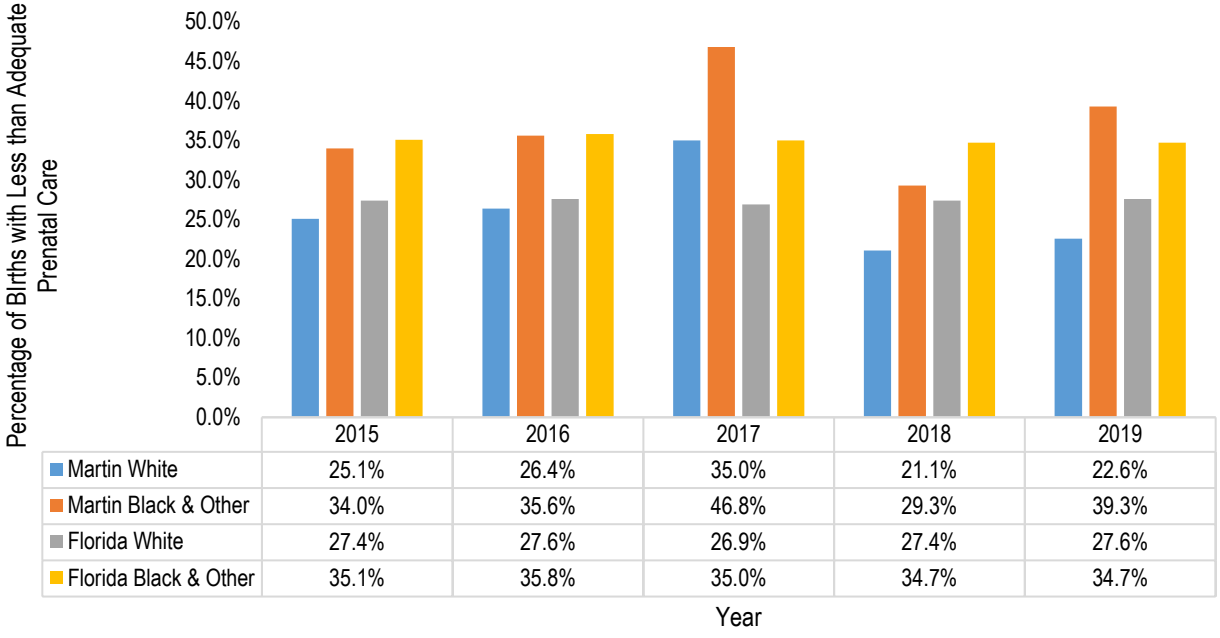
Table 47: Births to Mothers with Less Than Adequate Prenatal Care (Kotelchuck Index), Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denominator	Percent	Count	Denominator	Percent
2015	321	1,213	26.5%	59,841	202,754	29.5%
2016	352	1,208	29.1%	59,436	198,869	29.9%
2017	187	1,197	38.2%	56,959	194,945	29.2%
2018	272	1,192	22.8%	57,075	193,983	29.4%
2019	304	1,145	26.6%	56,784	191,637	29.6%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The chart below shows the percentage of births to mothers with less than adequate prenatal care in Martin County and Florida by the mother's race between 2014 and 2019. The rates were mostly lower in the county than in the state but in 2019 the percent of those who identified as Black & Other jumped from 29% in 2018 to 39%. This shows a disparity that exists within the county. Mothers who identified as Black & Other had higher rates of less than adequate prenatal care. The trends in the county show a fluctuation in these numbers but in 2019 the percentages stayed relatively the same than those of 2018 with the exception of those who identified as Black & Other in Martin County in 2019, which experienced an increase.

Figure 9: Percentage of Births to Mothers with Less Than Adequate Prenatal Care (Kotelchuck index) by Mother's Race, Martin County and Florida, 2015-2019

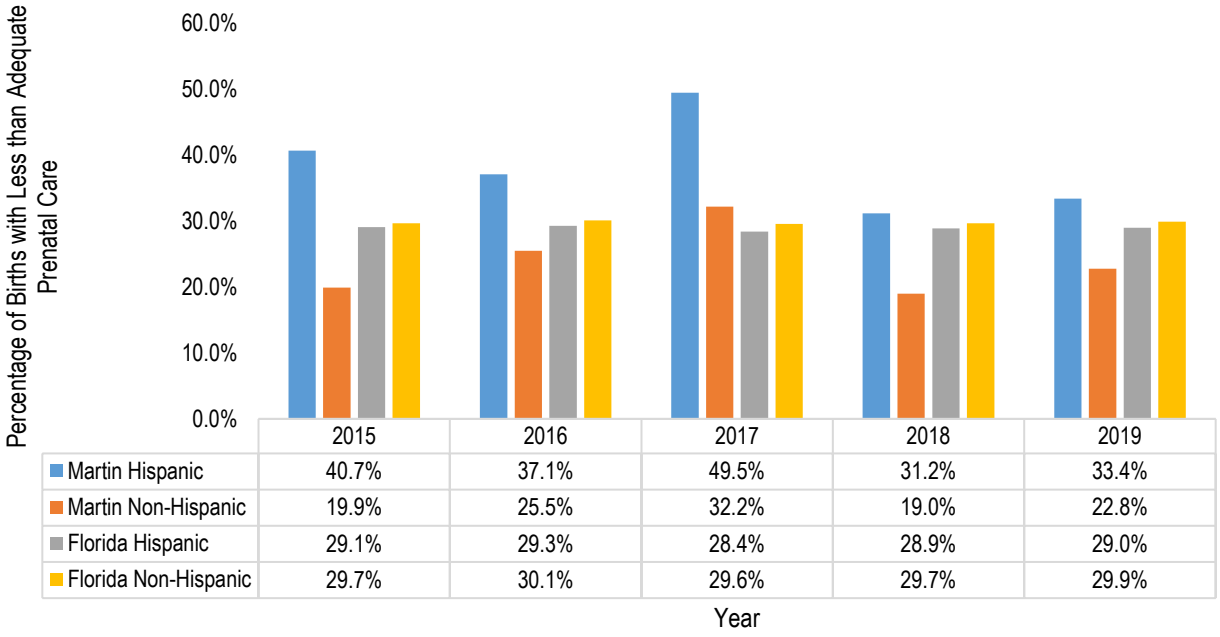


	2015	2016	2017	2018	2019
Martin White	25.1%	26.4%	35.0%	21.1%	22.6%
Martin Black & Other	34.0%	35.6%	46.8%	29.3%	39.3%
Florida White	27.4%	27.6%	26.9%	27.4%	27.6%
Florida Black & Other	35.1%	35.8%	35.0%	34.7%	34.7%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The figure below shows the percentage of births to mothers with less than adequate prenatal care in Martin County and Florida by the mother's ethnicity between 2014 and 2019. The rates among Hispanic women in the county have been consistently higher than in the state but show a decreasing trend with the exception of about a 2% increase from 2018 to 2019. There is a disparity that exists within the county, as Hispanic women have higher rates of births with less than adequate prenatal care than non-Hispanic women. In 2019, these rates were 33% and 23%, respectively.

Figure 10: Percentage of Births to Mothers with Less Than Adequate Prenatal Care (Kotelchuck index) by Mother's Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	40.7%	37.1%	49.5%	31.2%	33.4%
Martin Non-Hispanic	19.9%	25.5%	32.2%	19.0%	22.8%
Florida Hispanic	29.1%	29.3%	28.4%	28.9%	29.0%
Florida Non-Hispanic	29.7%	30.1%	29.6%	29.7%	29.9%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

PRETERM BIRTHS

Reaching 37 weeks of gestational age is a measure of success in achieving a full-term pregnancy. Births that occur before 37 weeks gestation (preterm births) have lower chances of survival and higher chances of short- and long-term health problems when compared to term births.[23]

This table shows preterm births in Martin County and Florida between 2014 and 2019. The percentage of preterm births in the county has been consistently lower than in the state but shows a fluctuating trend. In 2019, 9% of births in the county were preterm.

Table 48: Preterm Births (<37 weeks gestation), Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denominator	Percent	Count	Denominator	Percent
2015	86	1,262	6.8%	22,396	224,273	10.0%
2016	114	1,273	9.0%	22,812	225,018	10.1%
2017	94	1,272	7.4%	22,836	223,579	10.2%
2018	117	1,251	9.4%	22,680	221,508	10.2%
2019	104	1,205	8.6%	23,345	220,010	10.6%

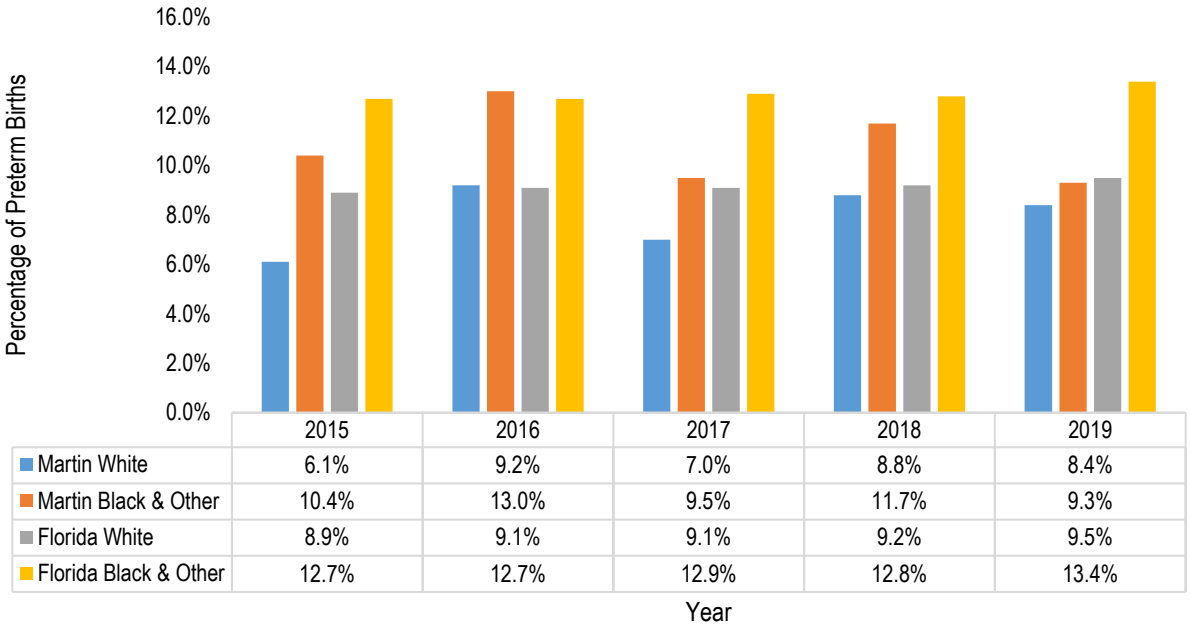
Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

Healthy People 2030 Target
9.4% of births are pre-term

[23] National Institutes of Health (n.d.). Premature babies. Retrieved from https://medlineplus.gov/prematurebabies.html

The figure below shows the percentage of preterm births in Martin County and Florida by the mother's race between 2015 and 2019. The preterm birth rates for both racial groups in the county have been consistently lower than the state. However, there is a racial disparity within the county, as the percentage of preterm births among babies who are Black & Other has been consistently higher than among babies who are White. Yet the gap did decrease from 2018 to 2019 as there was an almost 3% decrease amongst those who identified as Black & Other in Martin County. The trend of preterm births among White babies in the county has fluctuated in the county whereas it has largely remained consistent in the state.

Table 49: Percentage of Preterm Births (<37 weeks gestation), by Race, Martin County and Florida, 2015-2019

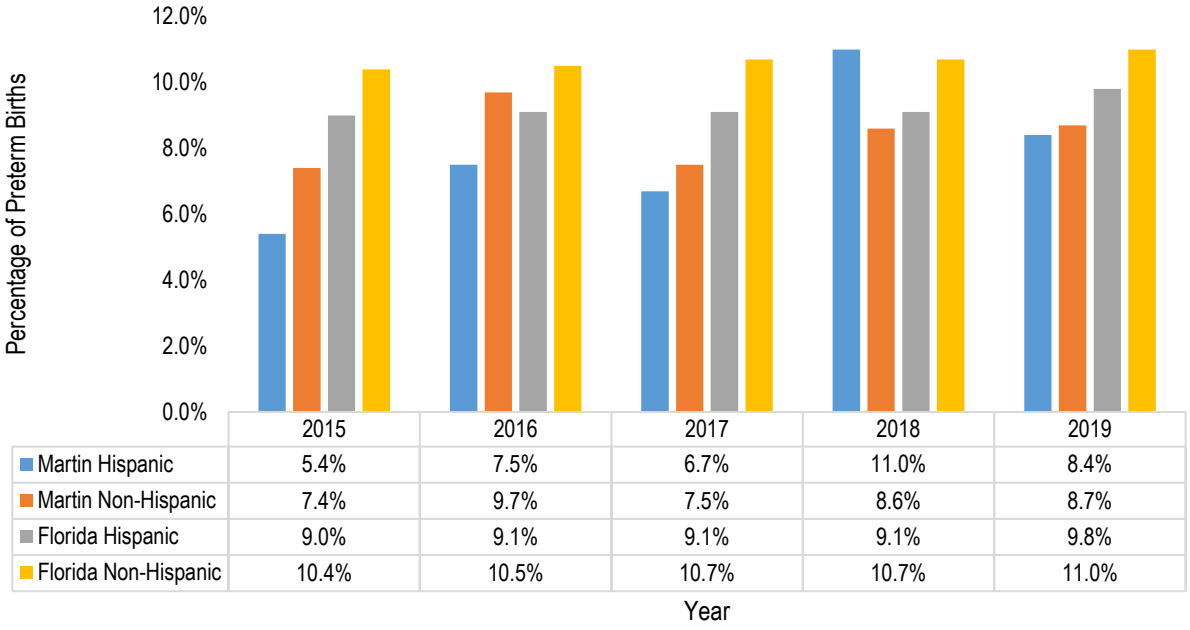


	2015	2016	2017	2018	2019
Martin White	6.1%	9.2%	7.0%	8.8%	8.4%
Martin Black & Other	10.4%	13.0%	9.5%	11.7%	9.3%
Florida White	8.9%	9.1%	9.1%	9.2%	9.5%
Florida Black & Other	12.7%	12.7%	12.9%	12.8%	13.4%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The chart below shows the percentage of preterm births in Martin County and Florida by the mother's ethnicity between 2015 and 2019. The percentage of preterm births among Hispanic women in the county was mostly lower than the state. The trend also shows a fluctuation in rates of preterm births among Hispanic women in the county. Interestingly, there is a disparity in the state as the percentage of preterm births among Non-Hispanic women has been consistently higher than their Hispanic counterparts. In 2019, Hispanic women had a preterm birth rate of 8.4%, which was lower than the rate for non-Hispanic women (8.7%).

Table 50: Percentage of Preterm Births (<37 weeks gestation), by Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	5.4%	7.5%	6.7%	11.0%	8.4%
Martin Non-Hispanic	7.4%	9.7%	7.5%	8.6%	8.7%
Florida Hispanic	9.0%	9.1%	9.1%	9.1%	9.8%
Florida Non-Hispanic	10.4%	10.5%	10.7%	10.7%	11.0%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

BIRTH COUNTS AND RATES

TOTAL BIRTHS

The table below shows total resident live births for Martin County and Florida between 2015 and 2019. The birth rate in the county has been consistently lower than in the state and has remained around 8 per 1,000 population. In 2019, the birth rate for Martin County was 8 per 1,000 population.

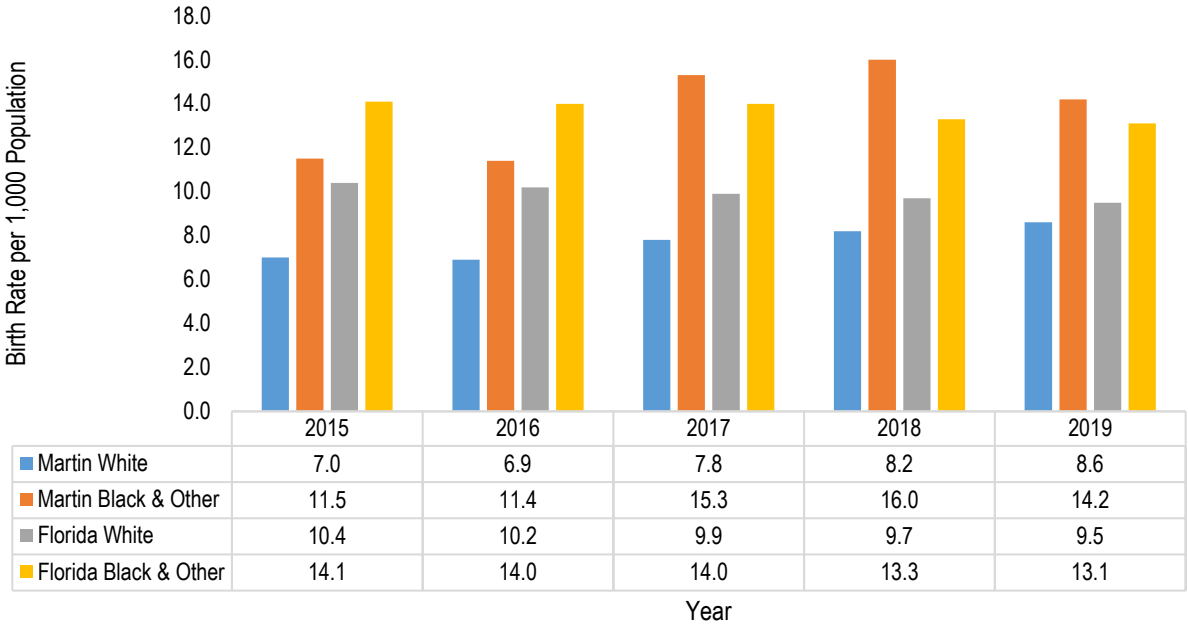
Table 51: Total Resident Live Births, Rate Per 1,000 Population, Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denominator	Rate	Count	Denominator	Rate
2015	1,262	150,331	8.4	224,273	19,897,762	11.3
2016	1,273	151,081	8.4	225,018	20,231,092	11.1
2017	1,272	152,333	8.4	223,579	20,555,733	10.9
2018	1,251	155,705	8.0	221,508	20,957,705	10.6
2019	1,205	158,006	7.6	22,010	21,268,553	10.3

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The figure below shows the birth rate per 1,000 population in Martin County and Florida by the mother's race between 2015 and 2019. The birth rate among both racial groups in the county has been mostly lower than in the state. Mother's identifying as Black & Other have had a higher birth rate than mothers identifying as White in the county. The trend of births to White babies in the county has been mostly consistent while it has been increasing for birth to Black babies since 2015 although there was a slight decrease from 2018 to 2019. In 2019, the birth rate among these groups was 14 per 1,000 and 9 per 1,000, respectively.

Figure 11: Birth Rate per 1,000 Population, by Mother's Race, Martin County and Florida, 2015-2019

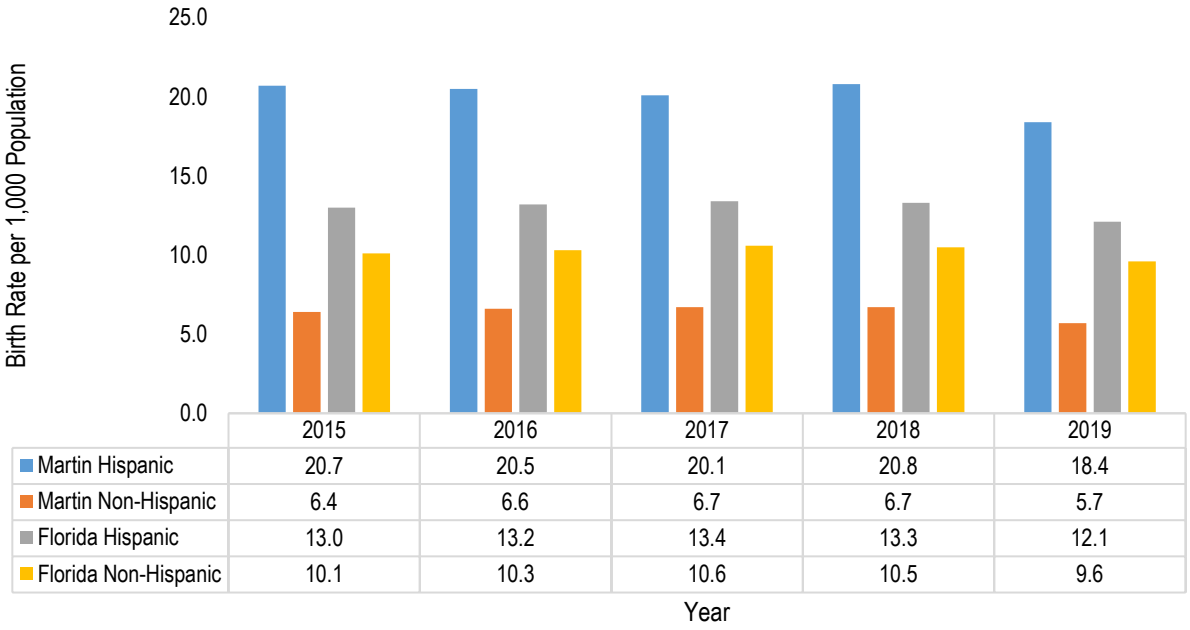


	2015	2016	2017	2018	2019
Martin White	7.0	6.9	7.8	8.2	8.6
Martin Black & Other	11.5	11.4	15.3	16.0	14.2
Florida White	10.4	10.2	9.9	9.7	9.5
Florida Black & Other	14.1	14.0	14.0	13.3	13.1

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The figure below shows the birth rate per 1,000 population in Martin County and Florida by the mother's ethnicity between 2015 and 2019. The birth rate for Hispanic women in the county has been higher than in the state. Additionally, the birth rate for Hispanic women in the county has been considerably higher than among non-Hispanic women. In 2019, these rates were 18 per 1,000 and 6 per 1,000, respectively, a rate for the Hispanic population that is three times that of their non-Hispanic counterpart.

Figure 12: Birth Rate per 1,000 Population, by Mother's Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	20.7	20.5	20.1	20.8	18.4
Martin Non-Hispanic	6.4	6.6	6.7	6.7	5.7
Florida Hispanic	13.0	13.2	13.4	13.3	12.1
Florida Non-Hispanic	10.1	10.3	10.6	10.5	9.6

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

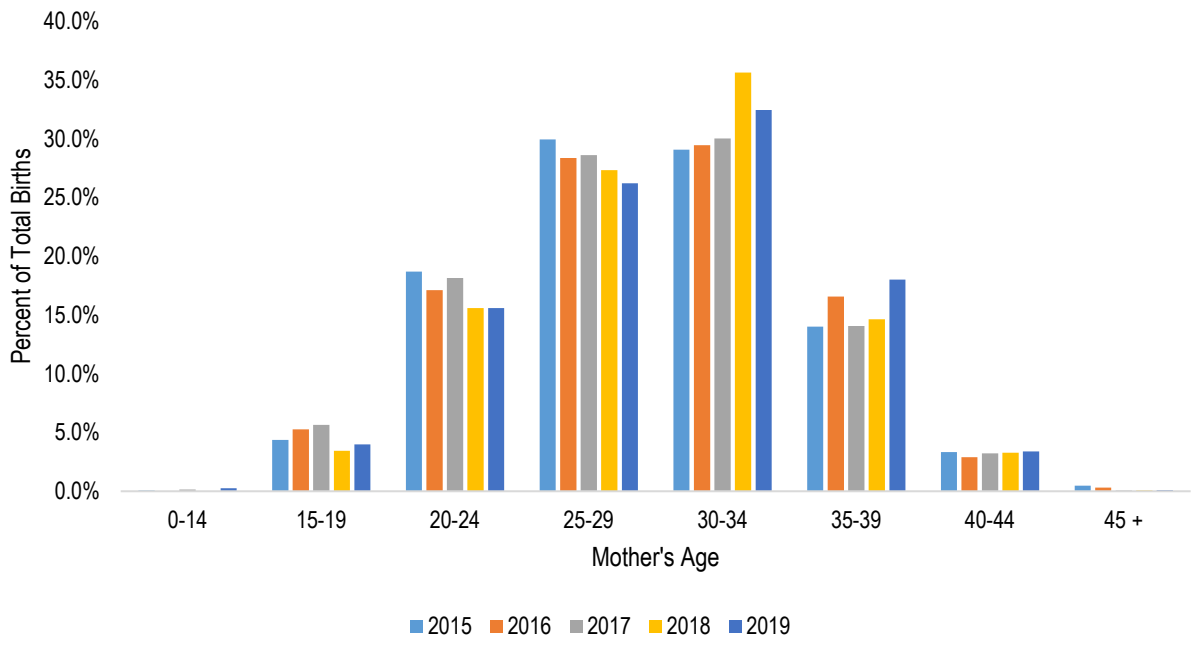
The table and figure below show births by mother's age in Martin County between 2015 and 2019. In 2019, there was a total of 1,205 births in the county. Almost 32% of births were to women ages 30-34, followed by 27% of births to women ages 25-29. Almost 16% of births were to mothers ages 20-24.

Table 52: Births by Mother's Age, Martin County, 2015- 2019

Mother's Age	2015		2016		2017		2018		2019	
	Count	Percent of Total Births	Count	Percent of Total Births	Count	Percent of Total Births	Count	Percent of Total Births	Count	Percent of Total Births
0-14	1	0.1%	0	0.0%	2	0.2%	0	0.0%	3	0.2%
15-19	55	4.4%	67	5.3%	72	5.7%	43	3.4%	48	4.0%
20-24	236	18.7%	218	17.1%	231	18.2%	195	15.6%	188	15.6%
25-29	378	30.0%	361	28.4%	364	28.6%	342	27.3%	316	26.2%
30-34	367	29.1%	375	29.5%	382	30.0%	446	35.7%	391	32.4%
35-39	177	14.0%	211	16.6%	179	14.1%	183	14.6%	217	18.0%
40-44	42	3.3%	37	2.9%	41	3.2%	41	3.3%	41	3.4%
45 +	6	0.5%	4	0.3%	1	0.1%	1	0.1%	1	0.1%
Total	**1,262**	**100.0%**	**1,273**	**100.0%**	**1,272**	**100.0%**	**1,251**	**100.0%**	**1,205**	**100%**

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

Figure 13: Percentage of Births by Mother's Age, Martin County, 2015- 2019



Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

TEENAGE BIRTHS

Teen pregnancy is a critical public health issue that affects the health, educational, social and economic future of the mother and child.[24] Teen pregnancy is closely linked to a host of other critical social issues as well: welfare dependency, out-of-wedlock births, responsible fatherhood, and workforce development in particular. Adolescents are less likely to seek out prenatal care because they are afraid or embarrassed. This phenomenon and the immature physical nature of the adolescent body results in higher rates of low birth weight babies than in other age groups. As the offspring of adolescent mothers grow, they are more apt than children born to older women to have health and cognitive problems and to be the victims of neglect or abuse.

This table shows births to mothers ages 17 years and younger in Martin County and Florida between 2015 and 2019.

Table 53: Births to Mothers Ages 17 Years and Younger, Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denominator	Rate	Count	Denominator	Rate
2015	16	12,483	1.3	3,233	1,983,187	1.6
2016	25	12,407	2.0	2,975	2,001,403	1.5
2017	22	12,440	1.8	2,666	2,020,722	1.3
2018	11	12,612	0.9	2,458	2,050,627	1.2
2019	14	12,643	1.1	2,263	2,076,193	1.1

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

[24] Centers for Disease Control and Prevention (2020). Teen pregnancy. Retrieved from https://www.cdc.gov/teenpregnancy/about/index.htm

Healthy People 2030Target
31.4 pregnancies in adolescents per 1,000 females

The figure below shows the count of births to mothers ages 15-17 by race in Martin County between 2014 and 2019. Women who identified as White had the highest count of births in the years shown but they had lower rates than their Black & Other counterparts. From 2018 to 2019 there was an increase in the rate of White women while there was a decrease in the rate for Black & Other women in Martin County.

Table 54: Births to Mothers Ages 17 Years and Younger, by Mother's Race, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	White		Black & Other		White		Black & Other	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	13	1.2	3	1.5	2,008	1.5	1,211	2.0
2016	13	1.2	2	1.0	1,855	1.3	1,089	1.8
2017	11	1.1	7	3.5	1,651	1.2	999	1.6
2018	7	0.7	3	1.4	1,512	1.1	940	1.5
2019	10	1.0	2	0.9	1,416	1.0	837	1.3

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

This figure shows births to mothers ages 15-17 in Martin County by ethnicity between 2015 and 2019. Women who identified as Hispanic accounted for the highest count of births to mothers ages 15-17 in the years shown. Hispanic women also had birth rates much larger than their White counterparts.

Figure 14: Births to Mothers Ages 17 Years and Younger, by Mother's Ethnicity, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	11	3.4	5	0.5	1,001	1.7	2,226	1.6
2016	19	5.8	5	0.5	990	1.6	1,968	1.4
2017	13	3.9	8	0.9	953	1.5	1,695	1.2
2018	9	2.6	2	0.2	855	1.3	1,581	1.1
2019	12	3.3	2	0.2	877	1.3	1,372	1.0

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2018
Complied by: Health Council of Southeast Florida, 2020

This table shows births to mothers ages 18-19 in Martin County and Florida between 2015 and 2019. The trend of teenage births in the county slightly increased from 2015 to 2016, continued to increase into 2017, and began decreasing in 2018 and was similar in 2019. There was about a 5% increase from 2018 to 2019 in Martin County. The rate in the county was higher than the state in 2017.

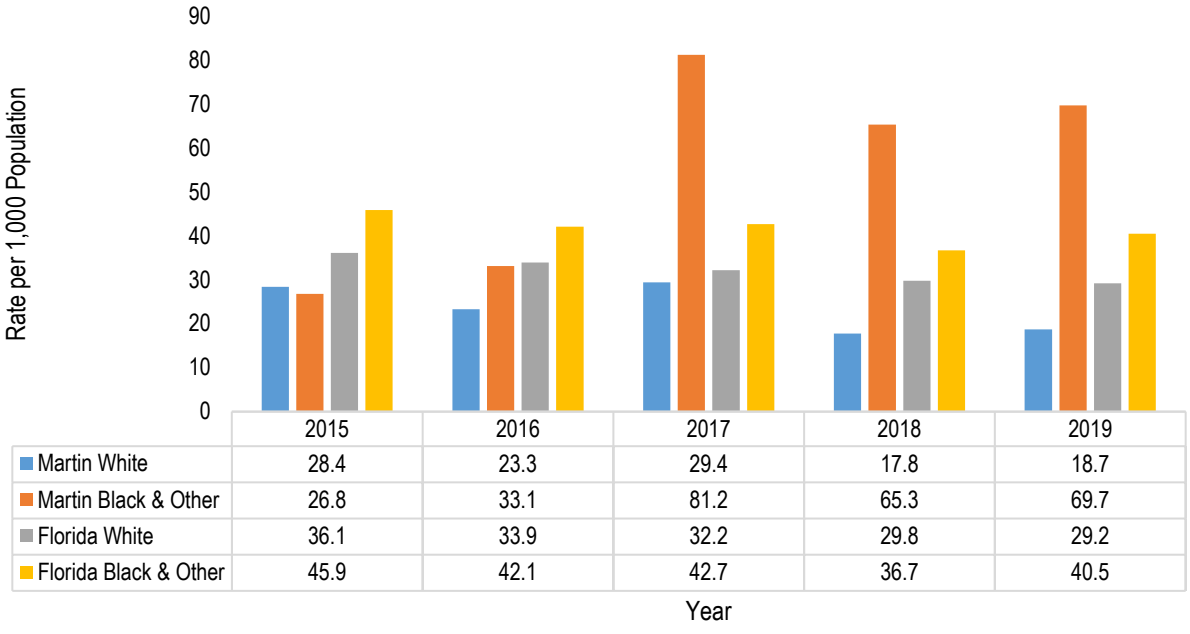
Table 55: Births to Mothers Ages 18-19, Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denominator	Rate	Count	Denominator	Rate
2015	40	1,262	32.2	8,853	224,273	39.2
2016	42	1,273	33.5	8,327	225,018	36.5
2017	52	1,272	41.9	8,149	223,579	35.4
2018	32	1,251	25.3	7,468	221,508	31.9
2019	37	1,377	26.9	7,384	226,647	32.6

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

This figure shows births to mothers ages 18-19 in Martin County by the mother's race between 2015 and 2019. From 2018 to 2019 there was an increase of about 5 per 1,000 in Martin County for those who identified as Black & Other while there was an increase of about 3 per 1,000 in the state of Florida for those who identified as Black & Other.

Figure 15: Births to Mothers Ages 18-19 per 1,000 Population by Race, Martin County, 2015-2019

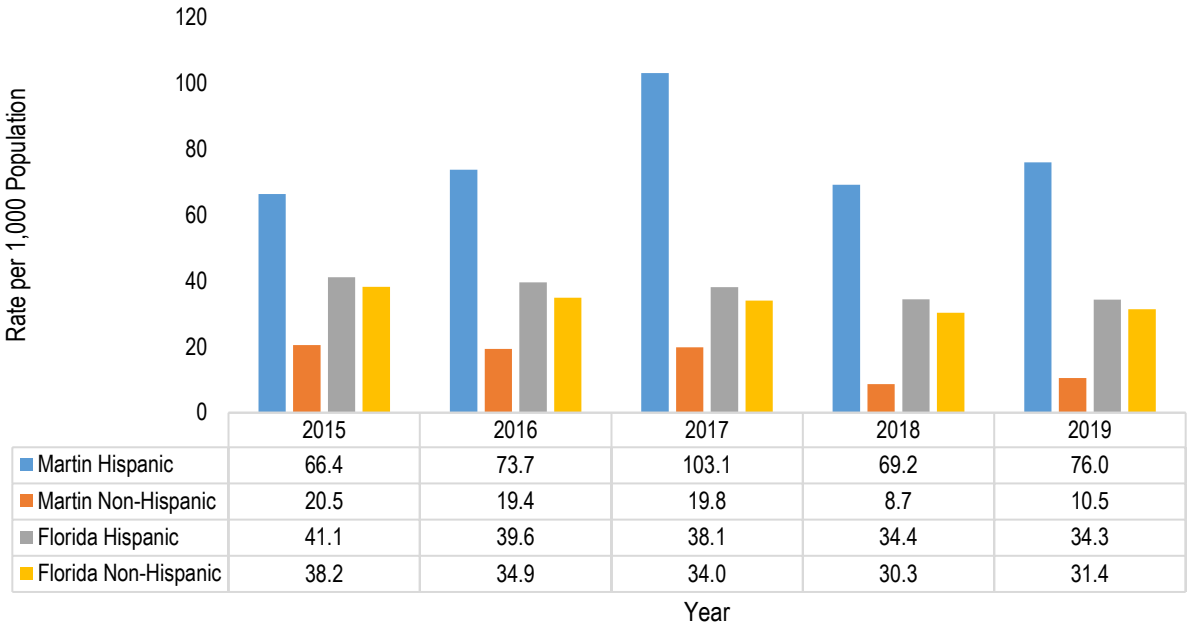


	2015	2016	2017	2018	2019
Martin White	28.4	23.3	29.4	17.8	18.7
Martin Black & Other	26.8	33.1	81.2	65.3	69.7
Florida White	36.1	33.9	32.2	29.8	29.2
Florida Black & Other	45.9	42.1	42.7	36.7	40.5

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

This figure shows births to mothers ages 18-19 in Martin County by the mother's ethnicity between 2015 and 2019. In most years, women who identified as Hispanic accounted for the highest count of births to mothers ages 18-19. The rate among Hispanic women in Martin County was higher than the rates for Hispanic women in the state of Florida from 2015 to 2019.

Figure 16: Births to Mothers Ages 18-19, by Ethnicity, Martin County, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	66.4	73.7	103.1	69.2	76.0
Martin Non-Hispanic	20.5	19.4	19.8	8.7	10.5
Florida Hispanic	41.1	39.6	38.1	34.4	34.3
Florida Non-Hispanic	38.2	34.9	34.0	30.3	31.4

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

Having more than one child as a teen can limit the teen mother's ability to finish her education or get a job. Infants born from a repeat teen birth are often born too small or too soon, which can lead to more health problems for the baby.[25] The table below shows repeat births to mothers ages 15-17 in Martin County and Florida between 2015 and 2019. The percentage in the county has been consistently lower than in the state. The trend in the county has fluctuated. In 2018 and 2019, there were no repeat births to mothers ages 15-17 in the county.

Table 56: Repeat Births to Mothers Ages 15-17, Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denominator	Percent	Count	Denominator	Percent
2015	2	15	13.3%	248	3,103	8.0%
2016	1	25	4.0%	205	2,859	7.2%
2017	1	20	5.0%	197	2,560	7.7%
2018	0	11	0.0%	157	2,360	6.7%
2019	0	11	0.0%	135	2,157	6.3%

Source: FloridaCHARTS, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

This table shows repeat births to mothers ages 18-19 in Martin County and Florida between 2015 and 2019. The percentage of repeat births to mothers ages 18-19 was higher in the county than the state in every year except 2016. While the trend decreased from 2015 to 2016 in the county, it has continued to increase since then. In 2019, approximately a quarter of births to mothers 18-19 in the county were repeat births.

Table 57: Repeat Births to Mothers Ages 18-19, Martin County and Florida, 2015-2019

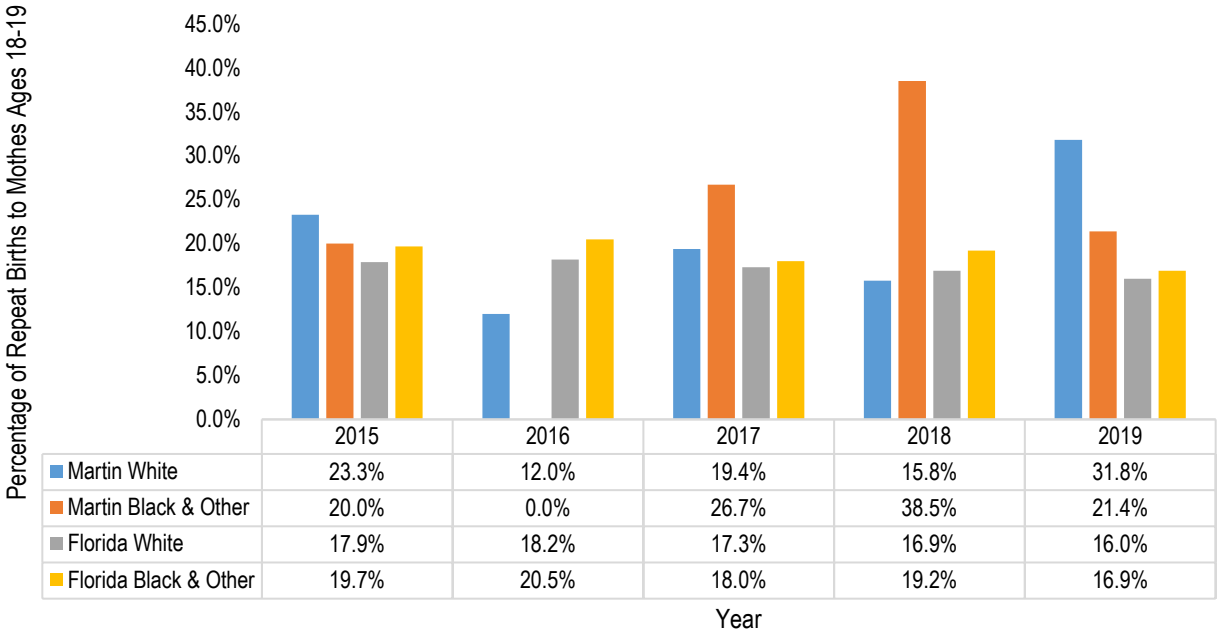
Year	Martin County			Florida		
	Count	Denominator	Percent	Count	Denominator	Percent
2015	8	40	20.0%	1,641	8,853	18.5%
2016	6	42	14.3%	1,579	8,327	19.0%
2017	12	52	23.1%	1,429	8,149	17.5%
2018	8	32	25.0%	1,321	7,468	17.7%
2019	10	37	27.0%	1,206	7,384	16.3%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

[25] National Center for Chronic Disease Prevention and Health Promotion Division of Reproductive Health. (2013, April 2). Preventing Repeat Teen Births. https://www.cdc.gov/vitalsigns/teenpregnancy/index.html

The graph below shows the percentage of repeat births to mothers ages 18-19 in Martin County and Florida by the mother's race between 2015 and 2019. Women who identified as White in Martin County had a higher percentage of repeat births than their counterparts in the state in every year except 2016 and 2018. Women who identified as Black & Other in Martin County had a higher percentage of repeat births than their counterparts in the state every year except 2016. Additionally, within Martin County, women who identified as Black & Other have had higher percentages of repeat births to mothers ages 18-19 than women who identified as White in 2017 and 2018. There was about an 18% decrease in the percentage of repeat births from 2018 to 2019 for those who identified as Black & Other in Martin County.

Figure 17: Percentage of Repeat Births to Mothers Ages 18-19, by Mother's Race, Martin County and Florida, 2015-2019

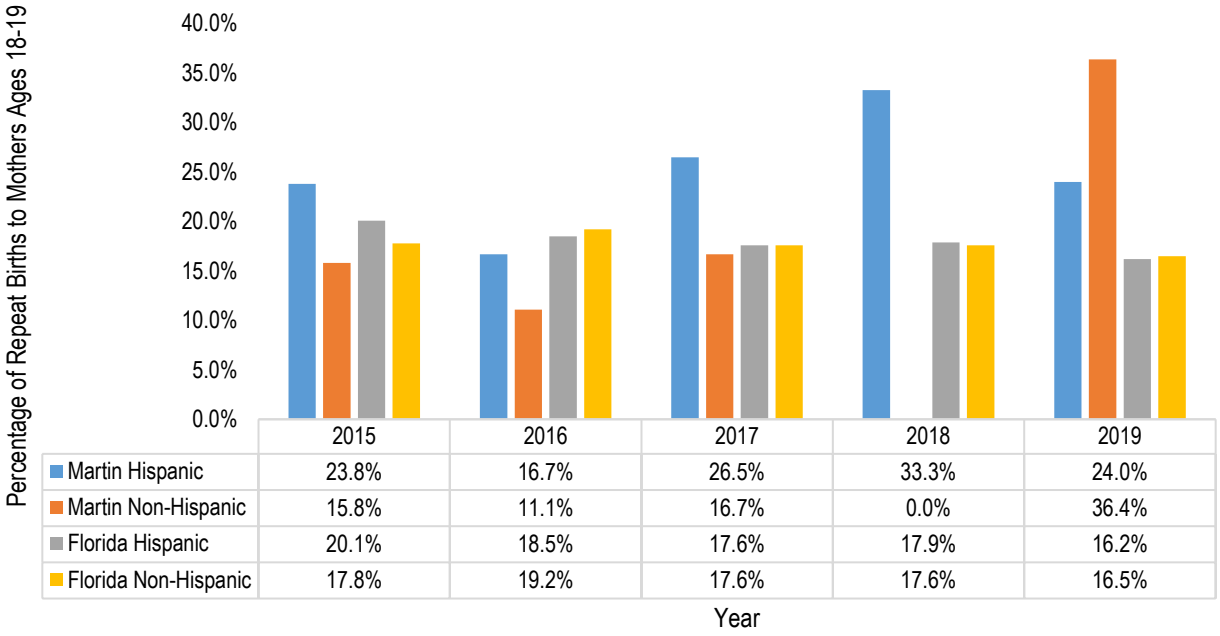


	2015	2016	2017	2018	2019
Martin White	23.3%	12.0%	19.4%	15.8%	31.8%
Martin Black & Other	20.0%	0.0%	26.7%	38.5%	21.4%
Florida White	17.9%	18.2%	17.3%	16.9%	16.0%
Florida Black & Other	19.7%	20.5%	18.0%	19.2%	16.9%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The graph below shows the percentage of repeat births to mothers ages 18-19 by Martin County and Florida by the mother's race between 2015 and 2019. Hispanic women in Martin County have had higher rates than their counterparts in the state in every year except 2016. Additionally, Hispanic women in the county had consistently higher rates than their non-Hispanic counterpart; in 2018, this disparity was 33% to 0%, respectively. The rate was lower for Hispanic women decreased from 2018 to 2019 .

Figure 18: Percentage of Repeat Births to Mothers Ages 18-19, by Mother's Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	23.8%	16.7%	26.5%	33.3%	24.0%
Martin Non-Hispanic	15.8%	11.1%	16.7%	0.0%	36.4%
Florida Hispanic	20.1%	18.5%	17.6%	17.9%	16.2%
Florida Non-Hispanic	17.8%	19.2%	17.6%	17.6%	16.5%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

BIRTH WEIGHT

Low-birthweight babies are more likely than babies with normal weight to have health problems as a newborn and may be more likely than babies born at a normal weight to have certain health conditions later in life.[26] Some of these conditions include diabetes, heart disease, high blood pressure, intellectual and development disability, metabolic syndrome, and obesity.

[26] March of Dimes (2018). Low birthweight. Retrieved from https://www.marchofdimes.org/complications/low-birthweight.aspx#

LOW AND VERY LOW BIRTH WEIGHT

This table shows low birth weight babies born in Martin County and Florida between 2014 and 2019. The percentage of low birth weight babies in the county has been consistently lower than in the state. The trend in the county has been consistent around 6-7%. In 2019, 6% of births in the county were low birth weight.

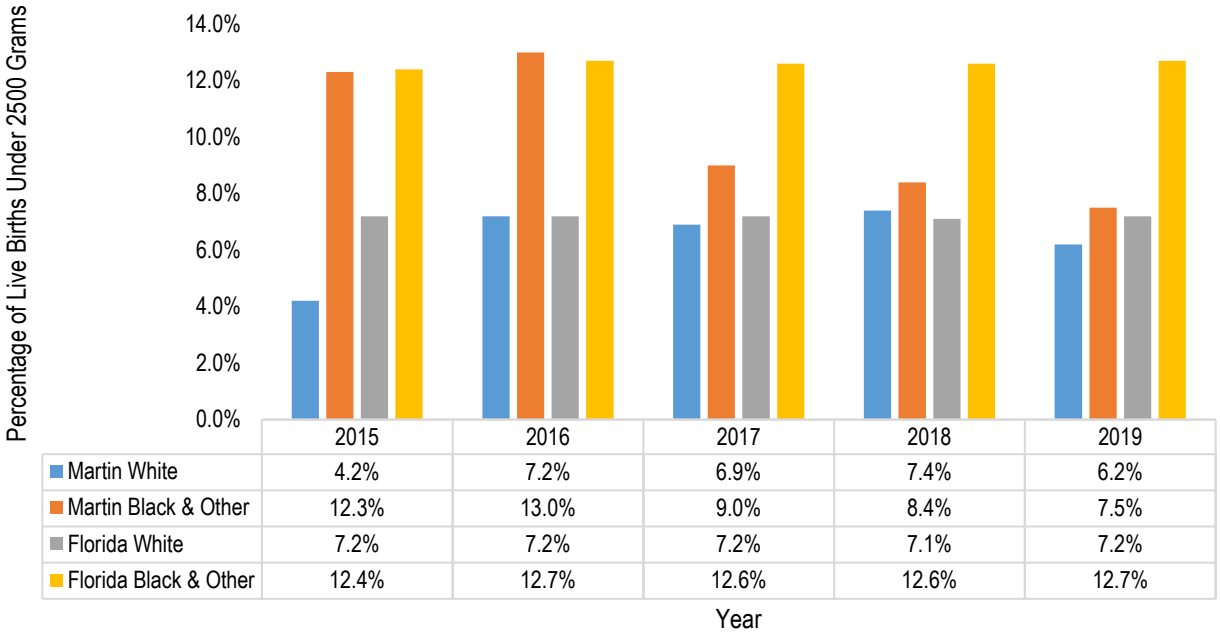
Table 58: Live Birth Under 2500 Grams (Low Birth Weight), Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denominator	Percent	Count	Denominator	Percent
2015	67	1,262	5.3%	19,367	224,273	8.6%
2016	96	1,273	7.5%	19,661	225,018	8.7%
2017	91	1,272	7.2%	19,699	223,579	8.8%
2018	95	1,251	7.6%	19,271	221,508	8.7%
2019	77	1,205	6.4%	19,292	220,010	8.8%

Source: FloridaCHARTS, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

This figure shows the percentage of low birth weight babies born by the mother's race in Martin County and Florida between 2015 and 2019. The percentage of low birth weight babies for mothers who identified as White and mothers who identified as Black & Other in the county was mostly lower than in the state. In Martin County, mothers who identified as Black & Other had slightly higher percentages of low birth weight babies than mothers who identified as White. In 2019, these percentages were 8% and 6%, respectively. The trend among White mothers has remained around 7% while it has been decreasing for Black & Other mothers since 2016.

Figure 19: Percentage of Live Birth Under 2500 Grams (Low Birth Weight) by Mother's Race, Martin County and Florida, 2015-2019

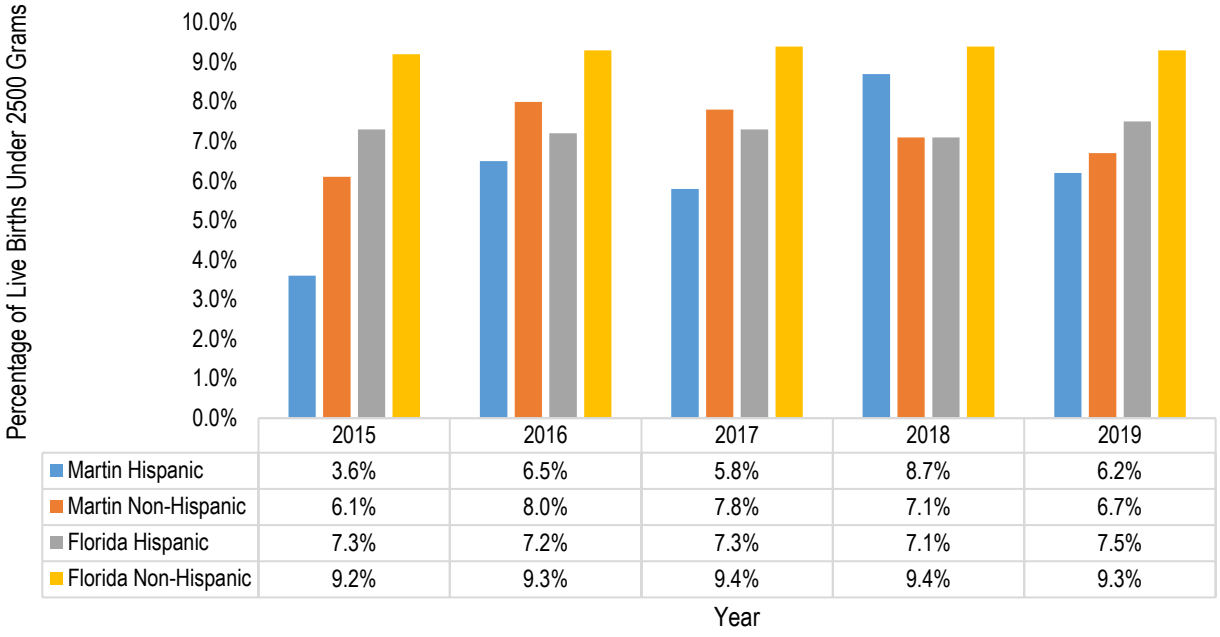


	2015	2016	2017	2018	2019
Martin White	4.2%	7.2%	6.9%	7.4%	6.2%
Martin Black & Other	12.3%	13.0%	9.0%	8.4%	7.5%
Florida White	7.2%	7.2%	7.2%	7.1%	7.2%
Florida Black & Other	12.4%	12.7%	12.6%	12.6%	12.7%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

This figure shows the percentage of low birth weight babies born by mother's ethnicity in Martin County and Florida between 2015 and 2019. The percentage of low birth weight babies among Hispanic mothers in the county was mostly lower than in the state, except for 2018, where these percentages were 8.7% and 7.1%, respectively. The trend for Hispanic women in Martin has trended downward since 2016.

Figure 20: Percentage of Live Birth Under 2500 Grams (Low Birth Weight) by Mother's Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	3.6%	6.5%	5.8%	8.7%	6.2%
Martin Non-Hispanic	6.1%	8.0%	7.8%	7.1%	6.7%
Florida Hispanic	7.3%	7.2%	7.3%	7.1%	7.5%
Florida Non-Hispanic	9.2%	9.3%	9.4%	9.4%	9.3%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The table below shows very low birth weight babies born in Martin County and Florida between 2015 and 2019. The percentage of very low birth weight babies in the county was consistently lower than in the state. In 2019, 0.5% of births in Martin County were very low birth weight (less than half of the very low weight births in 2018).

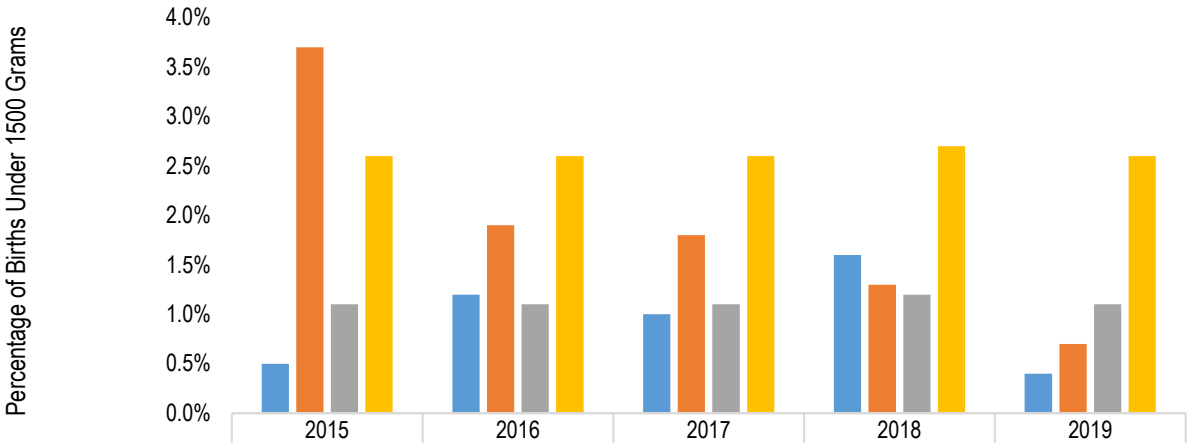
Table 59: Live Births Under 1500 Grams (Very Low Birth Weight), Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denominator	Percent	Count	Demoninator	Percent
2015	11	1,262	0.9%	3,497	224,273	1.6%
2016	16	1,273	1.3%	3,478	225,018	1.5%
2017	15	1,272	1.2%	3,485	223,579	1.6%
2018	19	1,251	1.5%	3,537	221,508	1.6%
2019	6	1,205	0.5%	3,497	224,273	1.6%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

This figure shows the percentage of very low birth weight births born by mother's race in Martin County and Florida between 2015 and 2019. The percentage of low birth weight babies born to mothers who identified as White and mothers who identified as Black & Other in Martin County has been similar to the state until 2018. From 2018 to 2019, the amount of very low birth weight births decreased across all populations in Martin County and the state.

Figure 21: Percentage of Live Births Under 1500 Grams (Very Low Birth Weight), by Mother's Race, Martin County and Florida, 2015-2019



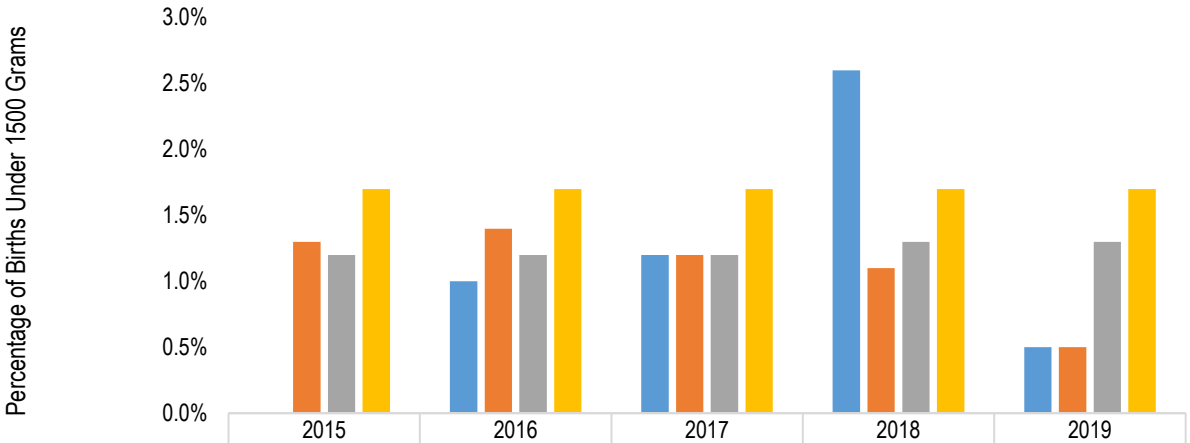
	2015	2016	2017	2018	2019
Martin White	0.5%	1.2%	1.0%	1.6%	0.4%
Martin Black & Other	3.7%	1.9%	1.8%	1.3%	0.7%
Florida White	1.1%	1.1%	1.1%	1.2%	1.1%
Florida Black & Other	2.6%	2.6%	2.6%	2.7%	2.6%

Year

Source: FloridaCHARTS, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The figure below shows the percentage of very low birth weight babies born by the mother's ethnicity in Martin County and Florida between 2015 and 2019. The trend had been increasing among Hispanic mothers from 2015 to 2018 but in 2019 the number of very low birth weight births decreased by about 1.5 percentage points. The number of very low birth weight births in the state stayed the same from 2018 to 2019.

Figure 22: Percentage of Live Births Under 1500 Grams (Very Low Birth Weight), by Mother's Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	0.0%	1.0%	1.2%	2.6%	0.5%
Martin Non-Hispanic	1.3%	1.4%	1.2%	1.1%	0.5%
Florida Hispanic	1.2%	1.2%	1.2%	1.3%	1.3%
Florida Non-Hispanic	1.7%	1.7%	1.7%	1.7%	1.7%

Year

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2018
Complied by: Health Council of Southeast Florida, 2020

FETAL AND INFANT MORTALITY

Fetal death, fetal mortality, or stillbirth is the death of a fetus after 20 weeks of gestation.[27] It results in a baby born without signs of life. The term is in contrast to miscarriage (less than 20 weeks of gestation) and live birth (where the baby is born alive, even if it dies shortly after birth). The fetal death rate is the number of fetal deaths per 1,000 live births plus fetal deaths. Fetal and infant mortality reflect the health and well-being of the population's women of reproductive age and their infants as well as the quality of the health care available.

The table below shows the fetal death rate per 1,000 deliveries in Martin County and Florida between 2015 and 2019. The fetal death rate in the county has fluctuated in the years shown but has remained below the state. The trend has been fairly consistent in the state. In 2019, the fetal death rate in Martin County was 3.3 per 1,000 deliveries. This rate was lower than it was in 2018 while the rate for the state slightly increased from 2018 to 2019.

Healthy People 2030Target

5.0 infant deaths per 1,000 live births

Table 60: Fetal Deaths, Rate Per 1,000 Deliveries, Martin County and Florida, 2015-2019

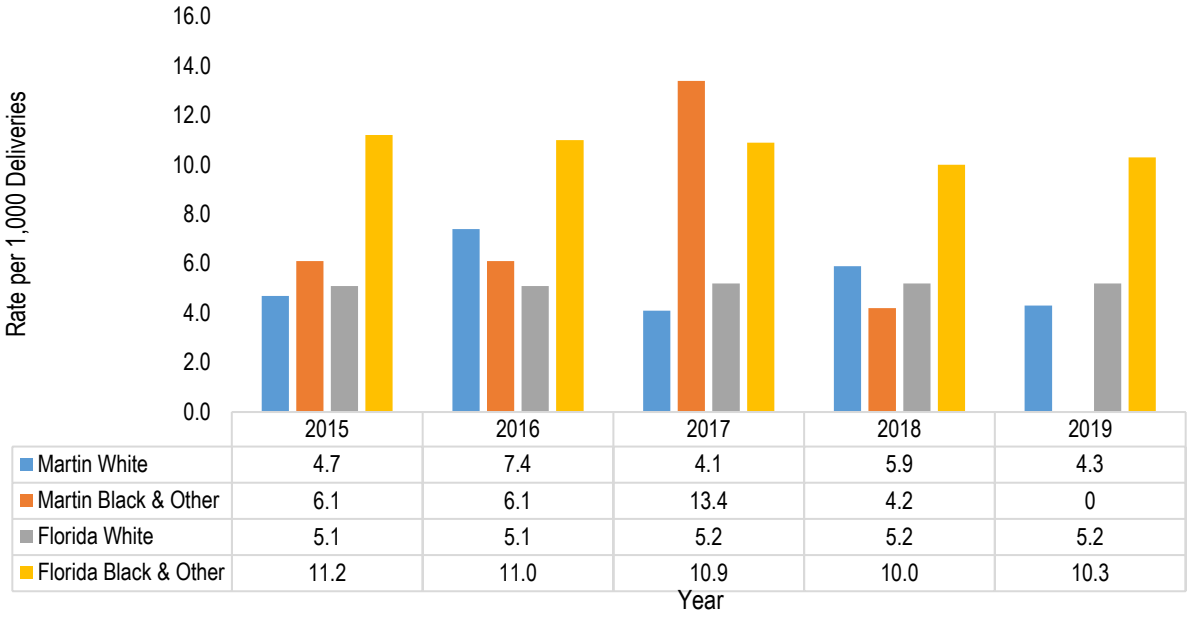
Year	Martin County			Florida		
	Count	Denominator	Rate	Count	Denominator	Rate
2015	6	1,268	4.7	1,541	225,814	6.8
2016	8	1,281	6.2	1,548	226,566	6.8
2017	7	1,279	5.5	1,553	225,132	6.9
2018	7	1,258	5.6	1,495	223,003	6.7
2019	4	1,209	3.3	1,515	221,525	6.8

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

[27] Centers for Disease Control and Prevention (2020). Fetal and infant deaths. Retrieved from https://www.cdc.gov/nchs/nvss/fetal_death.htm

This figure shows the fetal death rate per 1,000 deliveries in Martin County and Florida by the mother's race between 2015 and 2019. The fetal death rate among White babies delivered in Martin County was higher than the state in 2016 and 2018. The fetal death rate among Black babies delivered in the county has been mostly lower than the state. In 2015 and 2017, the fetal death rate among Black babies delivered was higher in the county than White babies. In 2019 the rate of women who identified as Black & Other in Martin County was 0. This is lower in comparison with the state rate, which saw a slight increase in its fetal death rate from 2018 to 2019.

Figure 23: Fetal Deaths, Rate Per 1,000 Deliveries, by Race, Martin County and Florida, 2015-2019

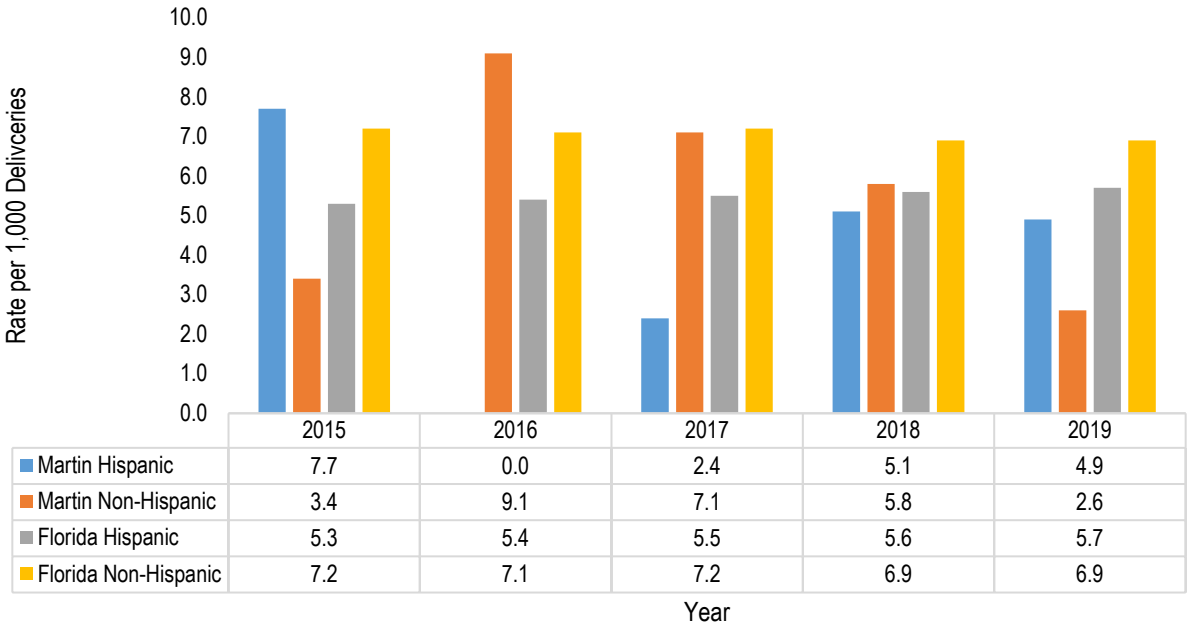


	2015	2016	2017	2018	2019
Martin White	4.7	7.4	4.1	5.9	4.3
Martin Black & Other	6.1	6.1	13.4	4.2	0
Florida White	5.1	5.1	5.2	5.2	5.2
Florida Black & Other	11.2	11.0	10.9	10.0	10.3

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The figure below shows the fetal death rate per 1,000 deliveries among babies in Martin County and Florida by ethnicity between 2015 and 2019. Hispanic babies delivered in the county had mostly lower fetal death rates than non-Hispanic babies delivered in the county and were lower than the rates for the state from 2016 to 2019. The fetal death rate for Hispanic babies delivered in 2019 was 4.9 per 1,000 deliveries, down from the rate of 5.1 in 2018. The aforementioned trend is in contrast to the increasing trend of fetal deaths among Hispanic babies in the county from 2016 to 2018.

Figure 24: Fetal Deaths, Rate Per 1,000 Deliveries, by Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	7.7	0.0	2.4	5.1	4.9
Martin Non-Hispanic	3.4	9.1	7.1	5.8	2.6
Florida Hispanic	5.3	5.4	5.5	5.6	5.7
Florida Non-Hispanic	7.2	7.1	7.2	6.9	6.9

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

Infant mortality is the death of a live-born baby during the first year of life. The rate is the number of infant deaths per 1,000 live births. Fetal and infant mortality reflect the health and well-being of the population's women of reproductive age and their infants as well as the quality of the health care available.

This table shows the infant mortality rate per 1,000 live births in Martin County and Florida between 2015 and 2019. The infant mortality rate in the county was higher than the state in 2014 and 2016 but had been decreasing since 2016. In 2018, the infant mortality rate in Martin County was 4 per 1,000 live births. In 2019, the rate increased by one but is still below the previous highest rate of 5.5 infant mortalities per 1,000 in 2017.

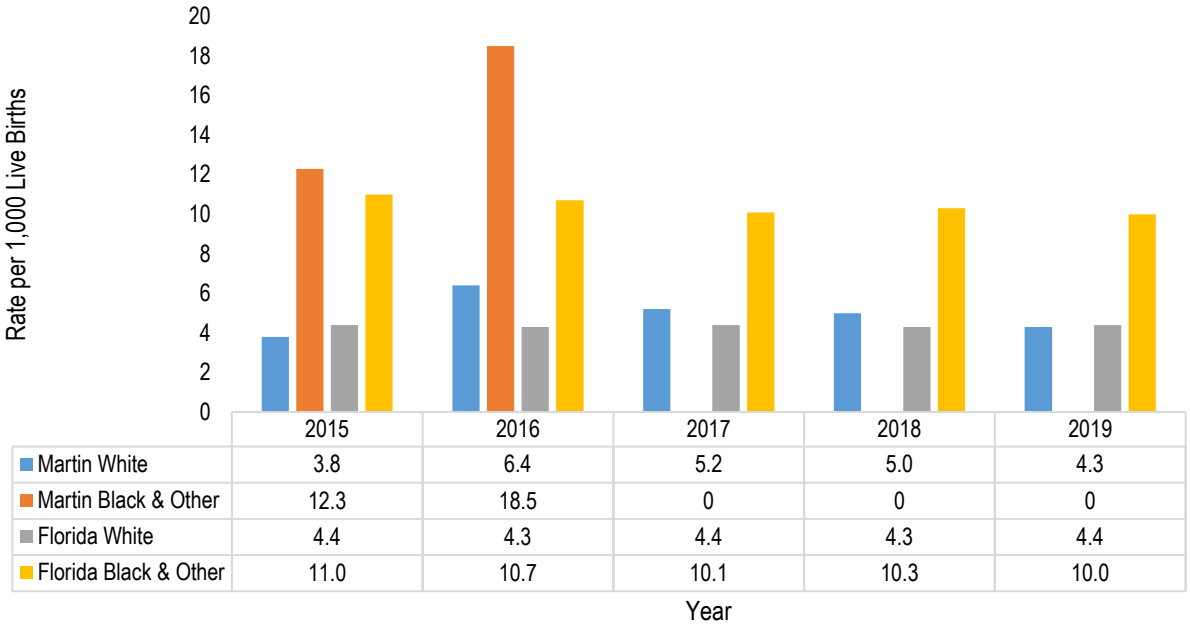
Table 61: Infant Mortality, Rate Per 1,000 Live Births, Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denominator	Rate	Count	Denominator	Rate
2015	6	1,262	4.8	1,400	224,273	6.2
2016	9	1,273	7.1	1,380	225,018	6.1
2017	7	1,272	5.5	1,355	223,579	6.1
2018	5	1,251	4.0	1,334	221,508	6.0
2019	6	1,205	5.0	22,010	21,268,553	6.0

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The figure below shows the infant death rate per 1,000 live births in Martin County and Florida by the mother's race between 2015 and 2019. The infant death rate among Black babies in the county has been decreasing since 2016 and in 2017 and 2018, the infant death rate was zero. The infant death rate among White babies in the county has been decreasing since 2016. The infant death rate among White babies in the county has been higher than the state since 2016 but dropped below the state rate in 2019. In 2019, the infant death rate among White babies in the county was 4 per 1,000 live births.

Figure 25: Infant Deaths, Rate Per 1,000 Live Births, by Race, Martin County and Florida, 2015-2019

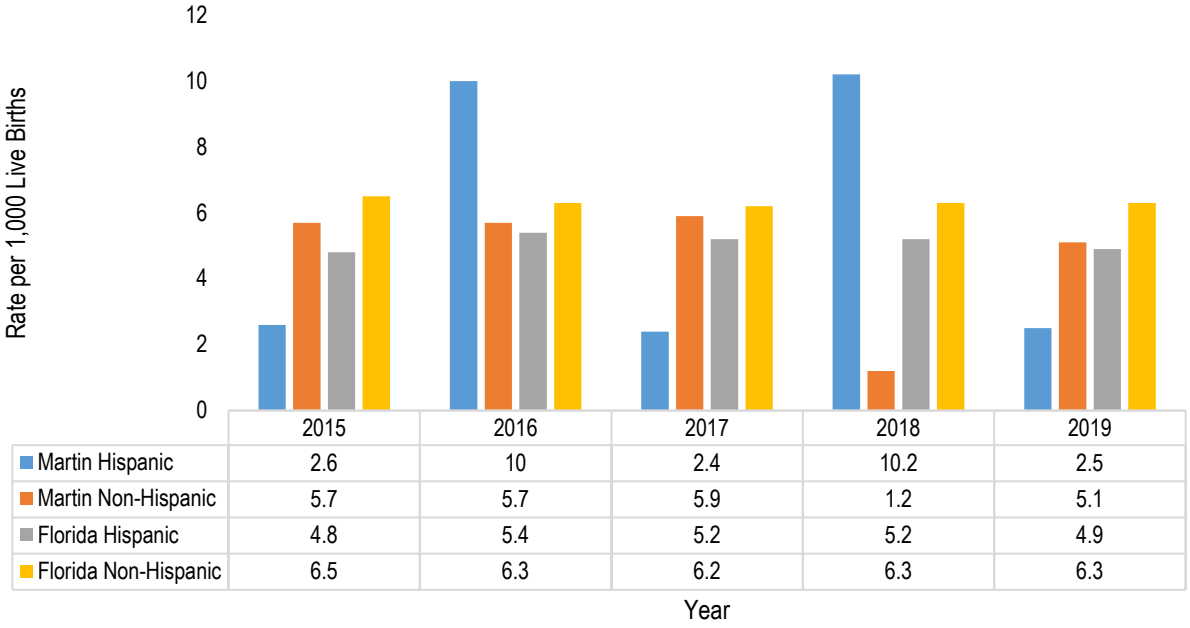


	2015	2016	2017	2018	2019
Martin White	3.8	6.4	5.2	5.0	4.3
Martin Black & Other	12.3	18.5	0	0	0
Florida White	4.4	4.3	4.4	4.3	4.4
Florida Black & Other	11.0	10.7	10.1	10.3	10.0

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The figure below shows the infant death rates for Martin County and Florida by ethnicity between 2015 and 2019. The infant death rate among Hispanic babies has fluctuated in recent years. Just as in 2015 and 2017, the rate was at or around 2.5 infant deaths per 1,000 live births. The rate in 2019 was 2.5 infant mortalities per 1,000 births. This rate was also below the state rate.

Figure 26: Infant Deaths, Rate Per 1,000 Live Births, by Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	2.6	10	2.4	10.2	2.5
Martin Non-Hispanic	5.7	5.7	5.9	1.2	5.1
Florida Hispanic	4.8	5.4	5.2	5.2	4.9
Florida Non-Hispanic	6.5	6.3	6.2	6.3	6.3

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2018
Complied by: Health Council of Southeast Florida, 2020

BIRTHS TO OVERWEIGHT MOTHERS AT TIME PREGNANCY OCCURRED

Women who are overweight or obese while pregnant are more likely to have premature births, babies with birth defects like neural tube defects, or babies who are large for gestational age.[28] These women are more likely to have complications during labor and birth, and their babies are at a higher risk of developing heart disease, diabetes, and obesity later in life.

This table shows births to overweight mothers at the time pregnancy occurred in Martin County and Florida between 2015 and 2019. The percentage of births to overweight mothers in the county is similar to the state and has remained around 25% in the years shown.

Table 62: Births to Overweight Mothers at time Pregnancy Occurred, Martin County and Florida, 2015-2019

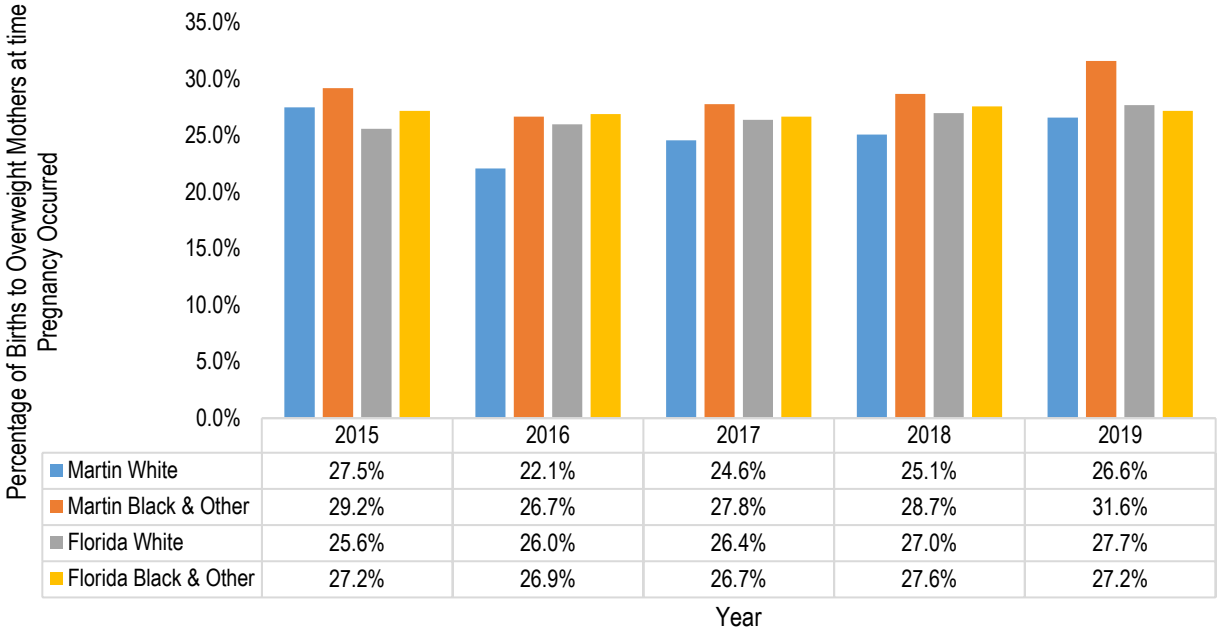
Year	Martin County			Florida		
	Count	Denominator	Percent	Count	Denominator	Percent
2015	346	1,244	27.8%	55,049	211,250	26.1%
2016	302	1,247	24.2%	55,478	211,314	26.3%
2017	321	1,239	25.9%	55,459	209,213	26.5%
2018	316	1,217	26.0%	56,786	208,867	27.2%
2019	334	1,191	28.0%	57,883	210,045	27.6%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

[28] Centers for Disease Control and Prevention (2020).Pregnancy complications. Retrieved from https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-complications.html

This figure shows the percentage of births to overweight mothers at time pregnancy occurred in Martin County and Florida by the mother's race between 2015 and 2019. The rates in the county for White mothers and Black mothers have increased since 2016, with Black mothers having slightly higher rates than White mothers. In 2019, these rates were 32% and 27%, respectively. The rates in the county were lower than the state in 2019.

Figure 27: Percentage of Births to Overweight Mothers at time Pregnancy Occurred, by Race, Martin County and Florida, 2015-2019

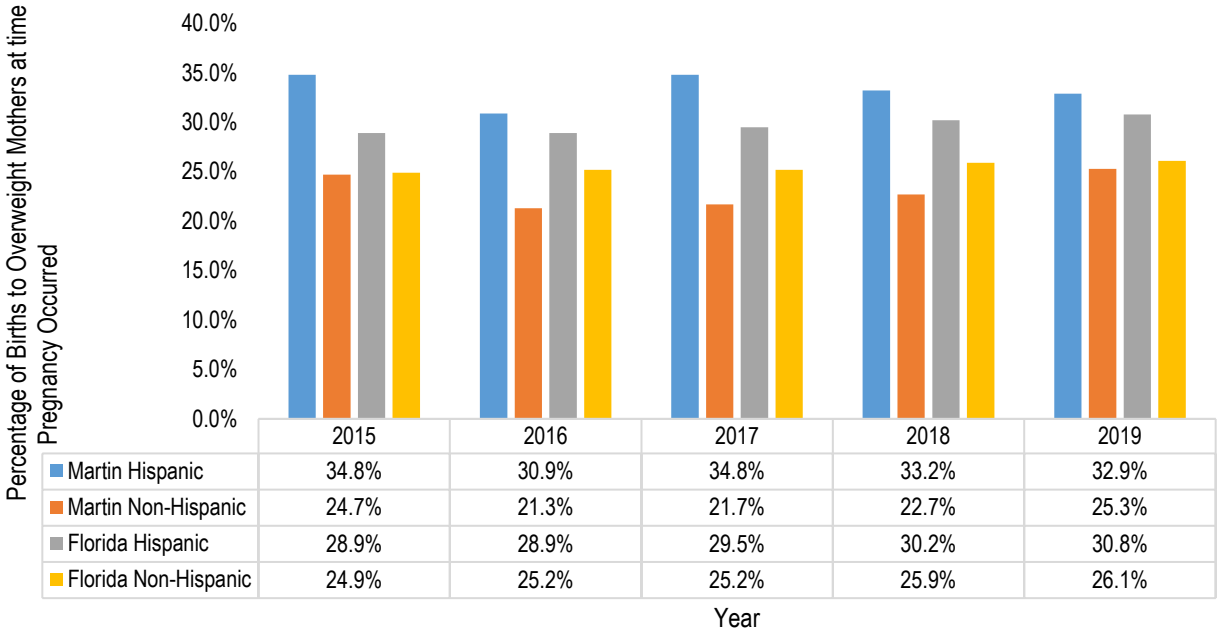


	2015	2016	2017	2018	2019
Martin White	27.5%	22.1%	24.6%	25.1%	26.6%
Martin Black & Other	29.2%	26.7%	27.8%	28.7%	31.6%
Florida White	25.6%	26.0%	26.4%	27.0%	27.7%
Florida Black & Other	27.2%	26.9%	26.7%	27.6%	27.2%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The figure below shows the percentage of births to overweight mothers at the time pregnancy occurred in Martin County and Florida by ethnicity between 2015 and 2019. Hispanic women in Martin County have higher rates of being overweight at time pregnancy occurred than their non-Hispanic counterparts in the county and their Hispanic counterparts at the state level. In 2019, the percentage of births to overweight mothers at the time pregnancy occurred for both ethnic groups were lower than their state level counterparts.

Figure 28: Percentage of Births to Overweight Mothers at time Pregnancy Occurred, by Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	34.8%	30.9%	34.8%	33.2%	32.9%
Martin Non-Hispanic	24.7%	21.3%	21.7%	22.7%	25.3%
Florida Hispanic	28.9%	28.9%	29.5%	30.2%	30.8%
Florida Non-Hispanic	24.9%	25.2%	25.2%	25.9%	26.1%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The table below shows birth to obese mothers at the time pregnancy occurred in Martin County and Florida between 2015 and 2019. The trend in Martin County has hovered at about a fifth of births were to mothers who were obese at the time of pregnancy until 2019, when the rate rose to 25% of the population. This rate continued to be lower than the state rate. In 2019 the state rate continued to rise as well as the rate in Martin County since 2015.

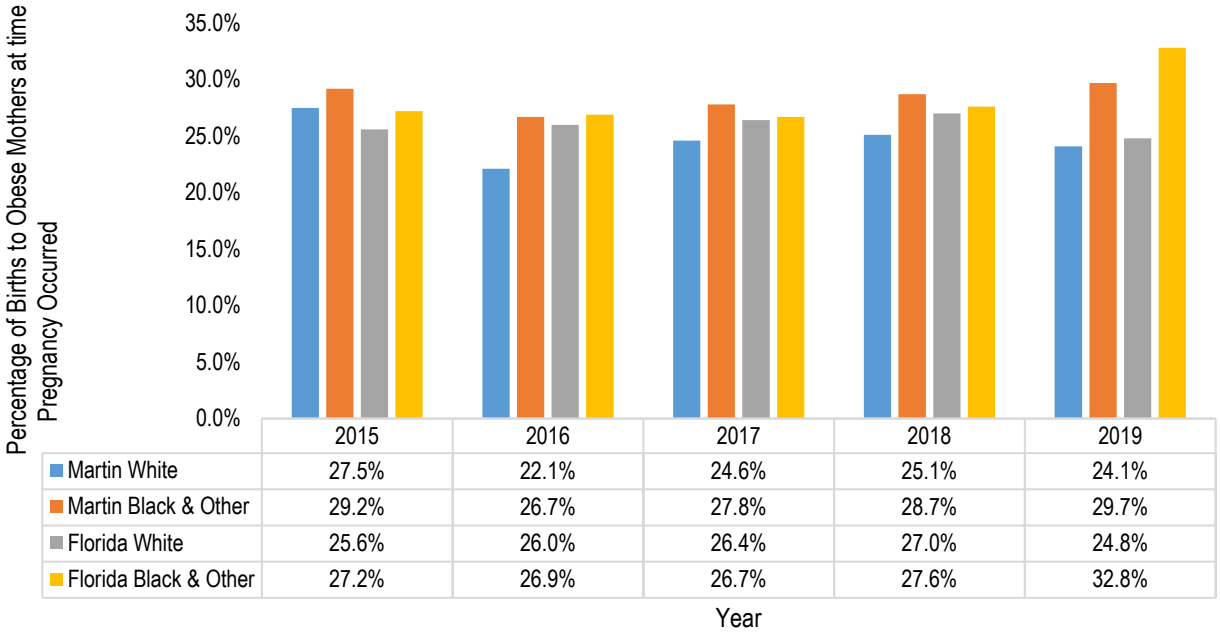
Table 63: Births to Obese Mothers at time Pregnancy Occurred, Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denominator	Percent	Count	Denominator	Percent
2015	246	1,244	19.8%	49,144	211,250	23.3%
2016	289	1,247	23.2%	50,679	211,314	24.0%
2017	254	1,239	20.5%	52,407	209,213	25.0%
2018	273	1,217	22.4%	54,641	208,867	26.2%
2019	302	1,191	25.4%	56,956	210,045	27.1%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

This figure shows the percentage of births to obese mothers at time pregnancy occurred in Martin County and Florida by the mother's race between 2015 and 2019. The percentage of both racial groups in Martin County was similar to that of their state counterparts. Mothers who identified as Black in the county had slightly higher percentages of this indicator than mothers who identified as White. In 2019, these rates were 30% and 24%, respectively.

Figure 29: Percentage of Births to Obese Mothers at time Pregnancy Occurred, by Race, Martin County and Florida, 2015-2019



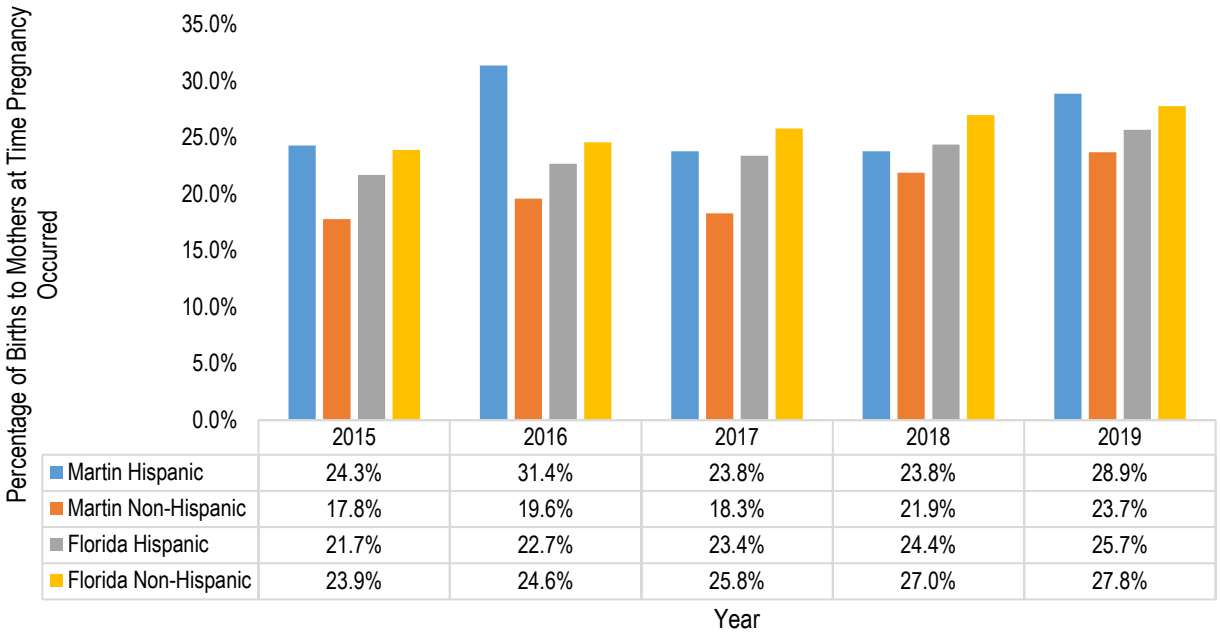
	2015	2016	2017	2018	2019
Martin White	27.5%	22.1%	24.6%	25.1%	24.1%
Martin Black & Other	29.2%	26.7%	27.8%	28.7%	29.7%
Florida White	25.6%	26.0%	26.4%	27.0%	24.8%
Florida Black & Other	27.2%	26.9%	26.7%	27.6%	32.8%

Year

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The figure below shows the percentage of births to obese mothers at the time pregnancy occurred in Martin County and Florida by ethnicity between 2015 and 2019. Hispanic mothers in the county had higher rates of births to obese mothers than non-Hispanic mothers and have been similar to the state over the last two years. Since 2018, the rates have increased in Martin County and at the state level for both racial groups.

Figure 30: Percentage of Births to Obese Mothers at time Pregnancy Occurred, by Ethnicity, Martin County and Florida, 2015-2018



	2015	2016	2017	2018	2019
Martin Hispanic	24.3%	31.4%	23.8%	23.8%	28.9%
Martin Non-Hispanic	17.8%	19.6%	18.3%	21.9%	23.7%
Florida Hispanic	21.7%	22.7%	23.4%	24.4%	25.7%
Florida Non-Hispanic	23.9%	24.6%	25.8%	27.0%	27.8%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

BREASTFEEDING

Breastfeeding provides unmatched health benefits for babies and mothers.[29] It is the clinical gold standard for infant feeding and nutrition, with breast milk uniquely tailored to meet the health needs of a growing baby.

The table below shows mothers who initiate breastfeeding in Martin County and Florida between 2015 and 2019. The percentage of mothers who initiate breastfeeding in the county has fluctuated over the years shown. In 2019 the percentage decreased in Martin County as well as the state. The percentage of 86% is higher than it's been since 2015 but the rate in 2019 is lower than the rate at the state level.

Table 64: Mothers Who Initiate Breastfeeding, Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denominator	Percent	Count	Denominator	Percent
2015	1,083	1,262	85.8%	191,057	224,273	85.2%
2016	1,080	1,273	84.8%	193,508	225,018	86.0%
2017	1,060	1,272	83.3%	192,199	223,579	86.0%
2018	1,105	1,251	88.3%	190,949	221,508	86.2%
2019	1,031	1,205	85.6%	189,255	220,010	86.0%

Source: FloridaCHARTS, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

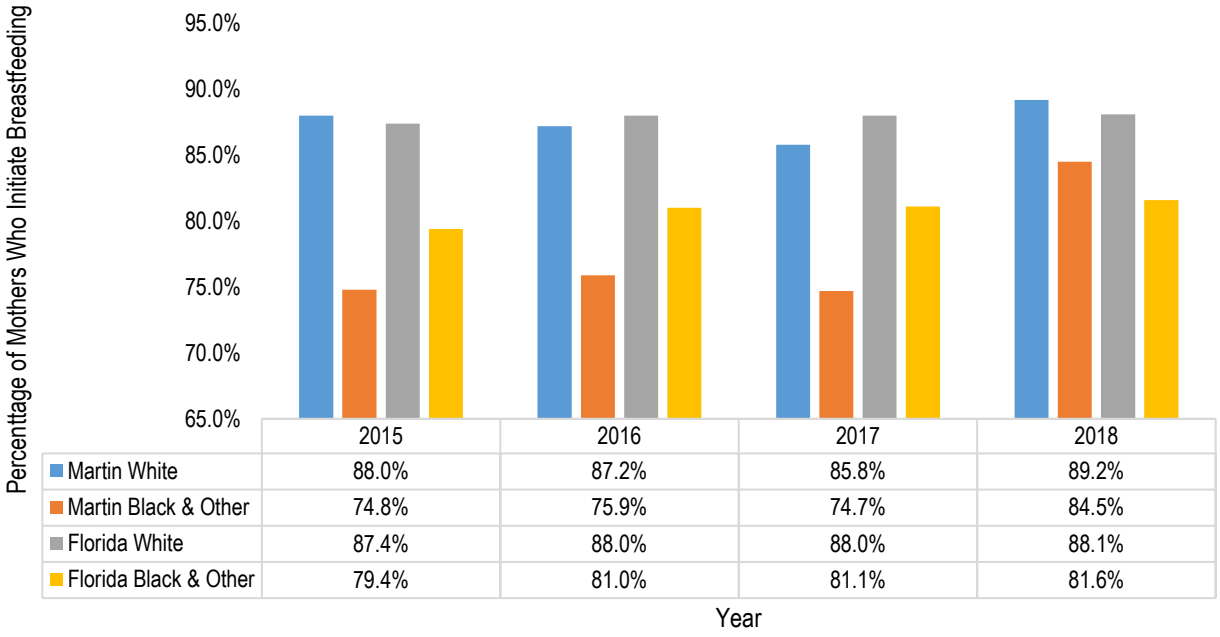
[29] Centers for Disease Control and Prevention (2020). Breastfeeding. Retrieved from https://www.cdc.gov/breastfeeding/index.htm

Healthy People 2030 Target

42.4 percent of infants breastfed exclusively through 6 months of age

This figure below shows the percentage of mothers who initiate breastfeeding in Martin County and Florida by the mother's race between 2015 and 2018. The percentage of White mothers in the county who initiated breastfeeding has been similar to their counterparts in the state for the years shown. The percentage of Black mothers in the county who initiated breastfeeding was lower than their counterparts in the state until 2018. In recent years, the percentage of White mothers in the county who initiated breastfeeding has stayed consistent, while for Black mothers, it has been increasing. White mothers in the county consistently had higher percentages of mothers who initiated breastfeeding than Black mothers in the county. In 2018, these percentages were 89% and 85%, respectively.

Figure 31: Percentage of Mothers Who Initiate Breastfeeding, by Race, Martin County and Florida, 2015-2018

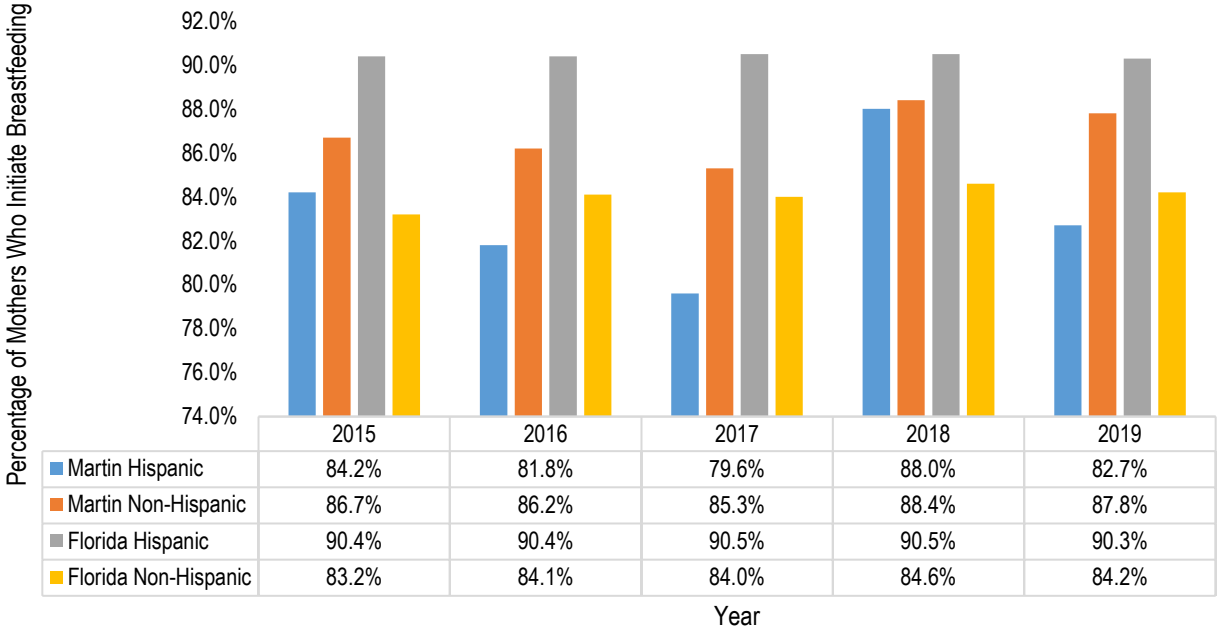


	2015	2016	2017	2018
Martin White	88.0%	87.2%	85.8%	89.2%
Martin Black & Other	74.8%	75.9%	74.7%	84.5%
Florida White	87.4%	88.0%	88.0%	88.1%
Florida Black & Other	79.4%	81.0%	81.1%	81.6%

Source: FloridaCHARTS, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

This figure shows the percentage of mothers who initiate breastfeeding in Martin County and Florida by ethnicity between 2015 and 2019. The percentage of Hispanic mothers in the county who initiated breastfeeding was lower than it was in 2018 and lower than the rate of the state in 2019. The Hispanic and non-Hispanic groups in Martin County both lowered from 2018. The rates for both groups at the state level also lowered in 2018.

Figure 32: Percentage of Mothers Who Initiate Breastfeeding, by Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	84.2%	81.8%	79.6%	88.0%	82.7%
Martin Non-Hispanic	86.7%	86.2%	85.3%	88.4%	87.8%
Florida Hispanic	90.4%	90.4%	90.5%	90.5%	90.3%
Florida Non-Hispanic	83.2%	84.1%	84.0%	84.6%	84.2%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The table below shows WIC children two years and over who are overweight or obese in Martin County and Florida between 2015 and 2019. These percentages in the county have remained consistent and slightly higher than the state. In 2019, 29% of WIC children two years and over were overweight or obese. There continues to be a downward trend from 2015 to 2019 at the state level.

Table 65: Percentage of WIC Children Two Years and Over Who are Overweight or Obese, Martin County and Florida, 2015-2019

Year	Martin	Florida
2015	29.7%	26.3%
2016	31.8%	26.4%
2017	29.6%	26.3%
2018	30.0%	27.1%
2019	28.9%	27.2%

Source: FloridaCHARTS, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

IMMUNIZATION

Monitoring vaccination levels helps reduce vaccine-preventable diseases by improving vaccination coverage among school-age children. Vaccines can prevent certain deadly diseases in infants, children, teens, adults and travelers of all ages.[30]

The table below shows kindergarten immunization rates in Martin County and Florida between 2015 and 2019. In the county, the percentage of kindergarteners immunized has remained consistent. In 2019, almost 92% of kindergarteners in the county were immunized.

Table 66: Kindergarten Immunization, Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denom	Percent	Count	Demon	Percent
2015	1,340	1,488	90.1%	213,552	228,982	93.3%
2016	1,354	1,456	93.0%	210,376	224,430	93.7%
2017	1,450	1,555	93.2%	211,311	224,463	94.1%
2018	1,267	1,387	91.3%	208,323	222,397	93.7%
2019	1,243	1,357	91.6%	210,607	224,641	93.8%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Immunization, 2018
Complied by: Health Council of Southeast Florida, 2020

[30] Centers for Disease Control and Prevention (2020). Vaccines and immunizations. Retrieved from https://www.cdc.gov/vaccines/

This table shows immunization levels in 7th grade in Martin County and Florida between 2015 and 2019. In the county, the percentage of 7th graders immunized has remained consistent. In 2019, 95% of 7th graders in the county were immunized.

Table 67: Immunization Levels in 7th Grade, Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denom	Percent	Count	Demon	Percent
2015	1,528	1,586	96.3%	213,852	223,418	95.7%
2016	1,389	1,453	95.6%	217,350	225,799	96.3%
2017	1,459	1,530	95.4%	219,402	228,815	95.9%
2018	1,481	1,569	94.4%	223,146	232,080	96.2%
2019	1,551	1,626	95.4%	234,889	243,835	96.3%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Immunization, 2019
Compiled: Health Council of Southeast Florida, 2020

The table below shows selected vaccine-preventable disease rates for all ages in Martin County and Florida between 2013 and 2017. The rate in the county has fluctuated in recent years and was 6.6 per 100,000 in 2017, which was slightly higher than the state.

Table 68: Selected Vaccine-Preventable Disease Rate for All Ages, Rate Per 100,000 Population, Martin County and Florida, 2013-2017

Year	Martin County			Florida		
	Count	Denom	Rate	Count	Denom	Rate
2013	13	148,189	8.8	1,120	19,314,396	5.8
2014	17	148,900	11.4	1,130	19,579,871	5.8
2015	7	150,331	4.7	877	19,897,762	4.4
2016	1	151,081	0.7	1,070	20,231,092	5.3
2017	10	152,333	6.6	1,182	20,555,728	5.8

Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology, 2018
Complied by: Health Council of Southeast Florida, 2020

ORAL HEALTH

Oral health affects our ability to eat, speak, smile, and show emotions. Oral health also affects a person's self-esteem, school performance, and attendance at work or school.[31] Oral diseases—which range from cavities and gum disease to oral cancer—cause pain and disability for millions of Americans and cost taxpayers billions of dollars each year.

This table shows preventable hospitalizations under 65 from dental conditions in Martin County and Florida between 2015 and 2019. The rate in the county had an increasing trend from 2015 to 2018, and was higher than the rate in the state from 2015 to 2018. In 2019, the rate for the county decreased to 10.1 per 100,000 population.

Table 69: Preventable Hospitalizations Under 65 from Dental Conditions, Rate Per 100,000 Population, Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denominator	Rate	Count	Denominator	Rate
2015	7	106,155	6.6	1,835	16,103,893	11.4
2016	15	106,066	14.1	2,239	16,297,600	13.7
2017	13	106,218	12.2	1,974	16,481,873	12.0
2018	17	108,303	15.7	2,098	16,760,374	12.5
2019	11	109,213	10.1	2,008	16,926,938	11.9

Source: FloridaCHARTS, Florida Agency for Health Care Administration (AHCA), 2018
Compiled: Health Council of Southeast Florida, 2020

[31] Centers for Disease Control and Prevention (2020). Oral health basics. Retrieved from https://www.cdc.gov/oralhealth/basics/index.html

BEHAVIORAL HEALTH

ALCOHOL CONSUMPTION AND SUBSTANCE USE

Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions.[32] These are most often the result of binge drinking and include injuries such as motor vehicle crashes, falls, drownings, and burns; violence, including homicide, suicide, sexual assault, and intimate partner violence; alcohol poisoning; and risky sexual behaviors, including unprotected sex or sex with multiple partners, which can result in unintended pregnancy or sexually transmitted diseases, including HIV. Over time, excessive alcohol use can lead to the development of chronic diseases and other serious problems including high blood pressure, heart disease, stroke, liver disease, and digestive problems; cancer of the breast, mouth, throat, esophagus, liver, and colon; weakening of the immune system, increasing the chances of getting sick; learning and memory problems, including dementia and poor school performance; mental health problems, including depression and anxiety; and social problems, including lost productivity, family problems, and unemployment.

Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Smoking also increases the risk of tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis. Secondhand smoke causes stroke, lung cancer, and coronary heart disease in adults. Children who are exposed to secondhand smoke are at increased risk for sudden infant death syndrome, acute respiratory infections, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth.

The table below shows the percentage of adults who are current smokers in Martin County and Florida in 2010, 2013 and 2016. This percentage fluctuated in the county but remained below the state. In 2016, 10% of adults in Martin County were current smokers.

Table 70: Percentage of Adults Who Are Current Smokers, 2010, 2013, 2016

Year	Martin County	Florida
2010	13.6%	17.1%
2013	15.4%	16.8%
2016	10.0%	15.5%

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Compiled: Health Council of Southeast Florida, 2020

[32] Centers for Disease Control and Prevention (2020). Alcohol use and your health. Retrieved from https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm

This table shows the percentage of high school students who have smoked cigarettes in the past 30 days in Martin County and Florida in 2010, 2012, 2014 and 2016. This percentage has decreased in the county in the years shown and remained mostly below the state. In 2016, almost 4% of high school students reported having smoked cigarettes in the past 30 days.

Table 71: Percentage of High School Students Who Have Smoked Cigarettes in the Past 30 Days, Martin County and Florida, 2010, 2012, 2014, 2016

Year	Martin County	Florida
2010	16.1%	13.1%
2012	9.2%	10.1%
2014	7.9%	7.5%
2016	3.8%	5.2%

Source: FloridaCHARTS, Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS), 2016
Compiled: Health Council of Southeast Florida, 2020

The table below shows the percentage of middle school students who have smoked cigarettes in the past 30 days in Martin County and Florida in 2010, 2012, 2014 and 2016. This percentage in the county has remained consistent with the state and around 2%.

Table 72: Percentage of Middle School Students Who Have Smoked Cigarettes in the Past 30 Days, Martin County and Florida, 2010, 2012, 2014, 2016

Year	Martin County	Florida
2010	5.0%	4.9%
2012	1.7%	3.3%
2014	2.2%	2.3%
2016	2.1%	1.7%

Source: FloridaCHARTS, Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS), 2016
Compiled: Health Council of Southeast Florida, 2020

This table shows the percentage of adults who currently use e-cigarettes in Martin County and Florida in 2016. Only 1.5% of adults in the county reported currently using e-cigarettes, which is more than half of the state.

Table 73: Percentage of Adults Who Currently Use E-Cigarettes, Martin County and Florida, 2016

Year	Martin County	Florida
2016	1.5%	4.7%

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Compiled: Health Council of Southeast Florida, 2020

The table below shows the percentage of adults who used marijuana or hashish during the past 30 days in Martin County and Florida in 2016. Almost 9% of adults reported use, which was higher than the state.

Table 74: Percentage of Adults Who Used Marijuana or Hashish During the Past 30 Days, Martin County and Florida, 2016

Year	Martin County	Florida
2016	8.9%	7.4%

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Compiled: Health Council of Southeast Florida, 2020

This table shows the percentage of high school students who used marijuana or hashish in the past 30 days in Martin County and Florida in 2010, 2012, 2014 and 2016. In the county, this percentage has been around 21%, which is slightly higher than the state.

Table 75: Percentage of High School Students Using Marijuana or Hashish in the Past 30 Days, Martin County and Florida, 2010, 2012, 2014, 2016

Year	Martin County	Florida
2010	21.8%	18.6%
2012	21.1%	18.5%
2014	23.8%	18.6%
2016	21.2%	17.0%

Source: FloridaCHARTS, Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS), 2016
Compiled: Health Council of Southeast Florida, 2020

This table shows the percentage of high school students who used marijuana or hashish in the past 30 days in Martin County and Florida in 2010, 2012, 2014 and 2016. This percentage has been decreasing in the county and has remained below or similar to the state. In 2016, 3% of the population in the county reported marijuana use in the past 30 days.

Table 76: Percentage of Middle School Students Using Marijuana or Hashish in the Past 30 Days, Martin County and Florida, 2010, 2012, 2014, 2016

Year	Martin County	Florida
2010	8.6%	5.7%
2012	5.0%	4.2%
2014	4.1%	4.2%
2016	3.2%	3.2%

Source: FloridaCHARTS, Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS), 2016
Compiled: Health Council of Southeast Florida, 2020

The table below shows the percentage of adults who engage in heavy or binge drinking in Martin County and Florida in 2010, 2013 and 2016. The percentage of this in the county has been similar to the state and was nearly 18% in 2016.

Table 77: Percentage of Adults who Engage in Heavy or Binge Drinking, Martin County and Florida, 2010, 2013, 2016

Year	Martin County	Florida
2010	17.7%	15.0%
2013	14.7%	17.6%
2016	17.9%	17.5%

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Complied by: Health Council of Southeast Florida, 2020

The table below shows the percentage of middle school students who have used alcohol in the past 30 days in Martin County and Florida in 2010, 2012, 2014 and 2016. This percentage has been decreasing in the county and has been mostly lower than the state. In 2016, this rate was 7% in the county.

Table 78: Percentage of Middle School Students Who Have Used Alcohol in the Past 30 Days, Martin County and Florida, 2010, 2012, 2014, 2016

Year	Martin County	Florida
2010	19.0%	16.8%
2012	12.9%	12.3%
2014	7.6%	10.1%
2016	7.4%	8.3%

Source: FloridaCHARTS, Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS), 2016
Complied by: Health Council of Southeast Florida, 2020

This table shows the percentage of middle school students who reported binge drinking in Martin County and Florida in 2010, 2012, 2014 and 2016. The percentage in the county has been steadily decreasing and mostly below the state. In 2016, this was 3% of middle school students in Martin County.

Table 79: Percentage of Middle School Students Reporting Binge Drinking, Martin County and Florida, 2010, 2012, 2014, 2016

Year	Martin County	Florida
2010	9.3%	6.9%
2012	6.7%	4.7%
2014	3.3%	3.9%
2016	3.3%	3.2%

Source: FloridaCHARTS, Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS), 2016
Complied by: Health Council of Southeast Florida, 2020

The table below shows the percentage of high school students who have used alcohol in the past 30 days. This percentage has been mostly decreasing in the county. In 2016, 30% of high school students in Martin County reported alcohol use in the past 30 days, which was about 5% more than the state.

Table 80: Percentage of High School Students Who Have Used Alcohol in the Past 30 days, Martin County and Florida, 2010, 2012, 2014, 2016

Year	Martin County	Florida
2010	39.7%	38.0%
2012	37.9%	33.9%
2014	27.8%	28.4%
2016	30.4%	25.5%

Source: FloridaCHARTS, Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS), 2016
Complied by: Health Council of Southeast Florida, 2020

This table shows the percentage of high school students reporting binge drinking in Martin County and Florida in 2010, 2012, 2014 and 2016. This percentage in the county has consistently decreased and has been similar to the state. In 2016, almost 12% of high school students reported binge drinking in the county.

Table 81: Percentage of High School Students Reporting Binge Drinking, Martin County and Florida, 2010, 2012, 2014, 2016

Year	Martin County	Florida
2010	23.3%	19.6%
2012	16.9%	16.4%
2014	15.1%	13.7%
2016	11.7%	10.9%

Source: FloridaCHARTS, Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS), 2016
Complied by: Health Council of Southeast Florida, 2020

MENTAL HEALTH

Mental and physical health are equally important components of overall health. Mental illness, especially depression, increases the risk for many types of physical health problems, particularly long-lasting conditions like stroke, type 2 diabetes, and heart disease. Similarly, the presence of chronic conditions can increase the risk of mental illness.[33]

The table below shows the percentage of adults with good mental health in Martin County and Florida in 2010, 2013 and 2016. The percentage of this in the county has fluctuated but remained slightly higher than the state. In 2016, 87% of adults in the county reported good mental health.

Table 82: Percentage of Adults with Good Mental Health, Martin County and Florida, 2010, 2013, 2016

Year	Martin County	Florida
2010	90.7%	88.2%
2013	93.3%	87.3%
2016	86.6%	88.6%

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Complied by: Health Council of Southeast Florida

[33] Centers for Disease Control and Prevention (2020). Learn about mental health. Retrieved from https://www.cdc.gov/mentalhealth/learn/index.htm

This table shows the average number of unhealthy mental days in the past 30 days in Martin County and Florida in 2010, 2013 and 2016. This average slightly increased in the county from 2013 to 2016 and was higher in the state. In 2016, Martin County residents had an average of four unhealthy mental days in the past 30 days.

Table 83: Average Number of Unhealthy Mental Days in the Past 30 Days, Martin County and Florida, 2010, 2013, 2016

Year	Martin County	Florida
2010	3.2	3.8
2013	2.7	4.1
2016	4.0	3.6

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Compiled: Health Council of Southeast Florida, 2020

The table below shows the percentage of adults who had poor mental health on 14 or more of the past 30 days in Martin County and Florida in 2010, 2013 and 2016. This percentage increased in the county from 2013 to 2016 and surpassed the state. In 2016, 13.4% of Martin County adults reported poor mental health on 14 or more of the past 30 days.

Table 84: Percentage of Adults Who Had Poor Mental Health on 14 or More of the Past 30 days, Martin County and Florida, 2010, 2013, 2016

Year	Martin County	Florida
2010	9.3%	11.8%
2013	6.7%	12.7%
2016	13.4%	11.4%

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Complied by: Health Council of Southeast Florida

This table shows the percentage of adults who have ever been told they have a depressive disorder in Martin County and Florida in 2013 and 2016. The percentage of this in the county remained consistent and below the state. In 2016, 13% of adults in Martin County had ever been told they had a depressive disorder.

Table 85: Percentage of Adults Who Have Ever Been Told They Have A Depressive Disorder, Martin County and Florida, 2013, 2016

Year	Martin County	Florida
2013	13.9%	16.8%
2016	13.1%	14.2%

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Complied by: Health Council of Southeast Florida

The table below shows the percentage of adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days in Martin County and Florida in 2013 and 2016. The percentage of this remained consistent in the county and was lower than the state. In 2016, 14% of Martin County adults reported their poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days.

Table 86: Percentage of Adults Whose Poor Physical or Mental Health Kept Them from Doing Usual Activities on 14 or More of the Past 30 Days, Martin County and Florida, 2013, 2016

Year	Martin County	Florida
2013	14.8%	16.4%
2016	14.1%	18.6%

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Complied by: Health Council of Southeast Florida

This table shows non-fatal hospitalizations for self-inflicted injuries for ages 12-18 in Martin County and Florida between 2014 and 2018. In 2017 and 2018, the county rate was lower than the state. In 2018, the rate in Martin County was 46.3 per 100,000.

Table 87: Non-Fatal Hospitalizations for Self-Inflicted Injuries Ages 12-18, Rate per 100,000 Population, Martin County and Florida, 2014-2018

Year	Martin County			Florida		
	Count	Denominator	Rate	Count	Denominator	Rate
2014	8	10,974	72.9	1,067	1,621,079	65.8
2015	-	-	-	1,186	1,621,511	73.1
2016	-	-	-	1,134	1,630,708	69.5
2017	5	10,654	46.9	1,195	1,642,368	72.8
2018	5	10,789	46.3	1,149	1,672,118	68.7

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

SUICIDE

The table below shows the suicide age-adjusted death rate in Martin County and Florida between 2015 and 2019. In the county, the rate increased from 2015 to 2016, decreased from 2016 to 2017, increased from 2017 to 2018, and decreased from 2018 to 2019. The county's rate was above the state's rate between 2016 and 2019. In 2019, the suicide age-adjusted death rate in Martin County was 16.0 per 100,000 population, with a total of 32 suicides.

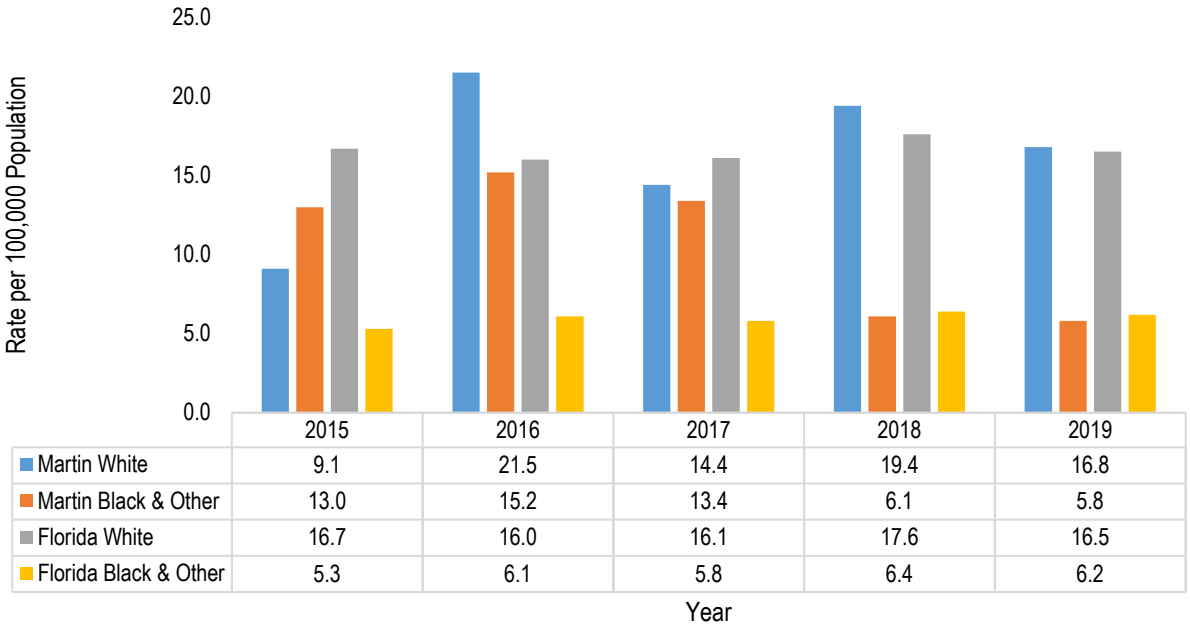
Table 88: Suicide Age-adjusted Death Rate, Rate Per 100,000 Population, Martin County and Florida, 2015-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	22	10.3	3,152	14.5
2016	34	21.0	3,122	14.1
2017	26	14.8	3,187	14.1
2018	40	19.2	3,552	15.3
2019	32	16.0	3,427	14.5

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2018
Complied by: Health Council of Southeast Florida, 2020

The figure below shows the suicide age-adjusted death rate per 100,000 population in Martin County and Florida by race between 2015 and 2019. Since 2016, the rate among the White population has mostly decreased, but was higher than the state rate for the White population in 2016, 2018 and 2019. The rate among Black & Other residents has also decreased during this timeframe, and was higher than the state rate from 2015 to 2017. It is important to note that because in some cases the count is less than five, it is not reliable to compare rates as they may be unstable.

Figure 33: Suicide Age-adjusted Death Rate, Rate Per 100,000 Population, by Race, Martin County and Florida, 2015-2019

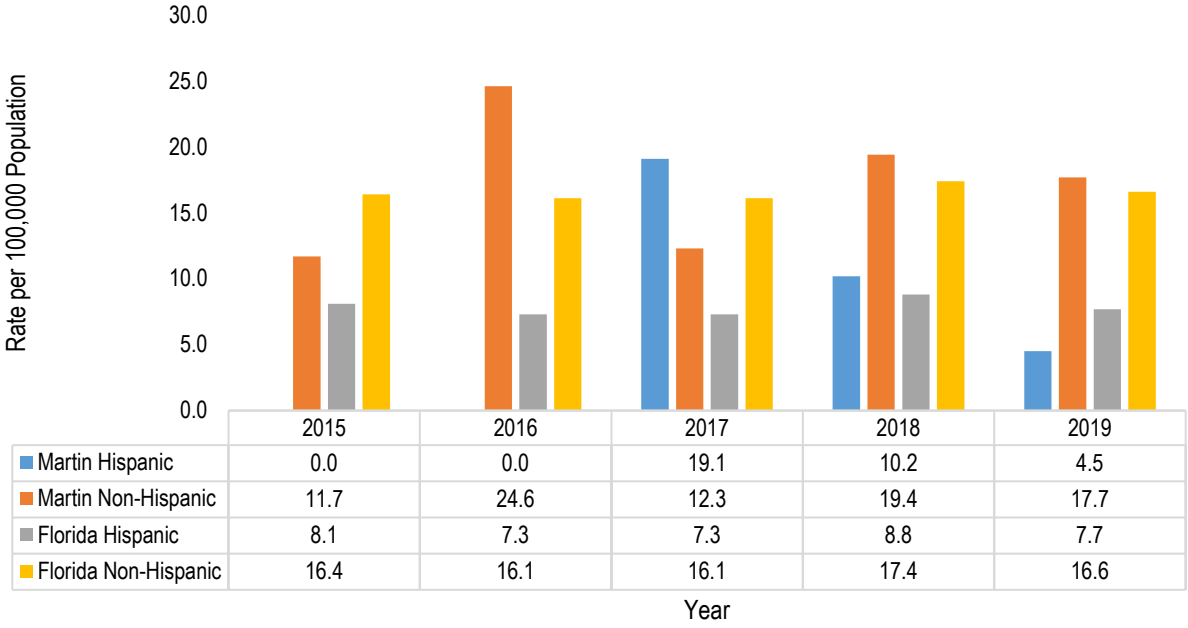


	2015	2016	2017	2018	2019
Martin White	9.1	21.5	14.4	19.4	16.8
Martin Black & Other	13.0	15.2	13.4	6.1	5.8
Florida White	16.7	16.0	16.1	17.6	16.5
Florida Black & Other	5.3	6.1	5.8	6.4	6.2

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The figure below shows the suicide age-adjusted death rate per 100,000 population in Martin County and Florida by ethnicity between 2015 and 2019. The rate among the Hispanic population in the county has fluctuated over the years shown. It is important to note that because in some cases the count is less than five, it is not reliable to compare rates as they may be unstable.

Figure 34: Suicide Age-adjusted Death Rate, Rate Per 100,000, by Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	0.0	0.0	19.1	10.2	4.5
Martin Non-Hispanic	11.7	24.6	12.3	19.4	17.7
Florida Hispanic	8.1	7.3	7.3	8.8	7.7
Florida Non-Hispanic	16.4	16.1	16.1	17.4	16.6

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

This table shows suicide death counts by age in Martin County between 2015 and 2019. In 2019, there was a total of 32 suicides in the county. Of these 32, 10 were ages 55-64 (31.3%), 6 were ages 65-74 (18.8%), 4 were ages 75-84 (12.5%), 4 were ages 45-54 (12.5%), 3 were ages 25-34 (9.4%), 2 were ages 20-24 (6.3%), and 1 was between 10-14 (3.1%), 1 was between 35-44 (3.1%), and 1 was older than 85 (3.1%).

Table 89: Suicide Death Counts, by Age, Martin County, 2015-2019

Years	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
2015	0	2	0	2	0	3	4	3	3	5
2016	0	0	3	4	2	10	11	1	2	1
2017	0	2	3	2	1	3	8	4	2	1
2018	0	1	0	2	4	6	7	9	6	5
2019	1	0	2	3	1	4	10	6	4	1

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The table below shows the suicide crude death rate in Martin County and Florida among children ages 12-18 between 2015 and 2019. It is important to note rates are considered unstable if they are based on fewer than five cases. There were no suicides among children ages 12-18 in the county in 2015 and 2016, there were two in 2017, one in 2018 and one in 2019.

Table 90: Suicide Crude Death Rate, Ages 12-18, Martin County and Florida, 2015-2019

Years	Martin County			Florida		
	Count	Denominator	Rate	Count	Denominator	Rate
2015	0	10,757	0	80	1,621,511	4.9
2016	0	10,748	0	86	1,630,708	5.3
2017	2	10,654	18.8	91	1,642,368	5.5
2018	1	10,789	9.3	111	1,672,118	6.6
2019	1	10,786	9.3	97	1,693,643	5.7

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

The table below shows the suicide crude death rate in Martin County and Florida among individuals ages 65 years and older. It is important to note rates are considered unstable if they are based on fewer than five cases. The rate in the county more than doubled between 2017 and 2018, and in 2019 was half that of 2018. The rate in the county was double that of the state in 2018 and was slightly higher in 2019.

Table 91: Suicide Crude Death Rate, Ages 65 and Older, Martin County and Florida, 2015-2019

Years	Martin County			Florida		
	Count	Denominator	Rate	Count	Denominator	Rate
2015	11	44,176	24.9	807	3,793,869	21.3
2016	4	45,015	8.9	816	3,933,492	20.7
2017	7	46,115	15.2	819	4,073,855	20.1
2018	20	47,402	42.2	964	4,197,331	23.0
2019	11	48,793	22.5	909	4,341,615	20.9

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Complied by: Health Council of Southeast Florida, 2020

MORBIDITY

HEART DISEASE

Heart disease is a catch-all phrase for a variety of conditions that affect the heart's structure and function. Coronary heart disease is a type of heart disease that develops when the arteries of the heart cannot deliver enough oxygen-rich blood to the heart.[34]

The table below shows age-adjusted hospitalizations from coronary heart disease in Martin County and Florida between 2015 and 2019. The rate in the county has fluctuated during this timeframe, but has remained consistently lower than the state. In 2019, the rate was 203.6 per 100,000.

Table 92: Age-adjusted Hospitalizations from Coronary Heart Disease, Rate Per 100,000 Population, Martin County and Florida, 2015-2019

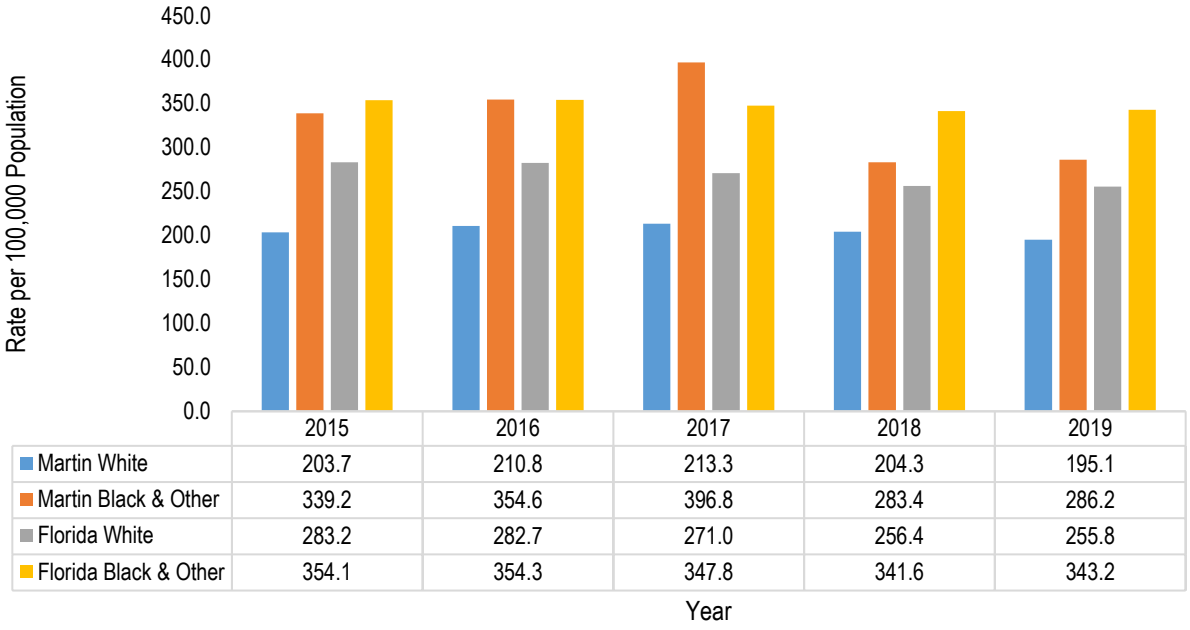
Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	616	214.6	80,637	297.7
2016	650	221.9	82,727	297.0
2017	651	228.3	82,047	286.6
2018	655	216.8	80,402	273.9
2019	648	203.6	82,677	274.1

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2020

[34] National Heart, Lung, and Blood (n.d.). Coronary Heart Disease. Retrieved May 16, 2020, from https://www.nhlbi.nih.gov/health-topics/coronary-heart-disease

This figure shows the age-adjusted hospitalizations from coronary heart disease rate per 100,000 population in Martin County and Florida by race between 2015 and 2019. The rate among the White population a has decreased from 203.7 per 100,000 in 2015 to 195.1 per 100,000 in 2019, and remained consistently lower than the state rate. Among the Black & Other population in the county, the rate has fluctuated, and was mostly lower than the state rate. The rate among the Black population in the county has been mostly lower than in the state. There is a clear disparity within the county, the rate among the Black population has been considerably higher than among the White population. In 2019, these rates were 286.2 and 195.1 per 100,000, respectively.

Figure 35: Age-adjusted Hospitalizations from Coronary Heart Disease, Rate Per 100,000 Population, by Race, Martin County and Florida, 2015-2019

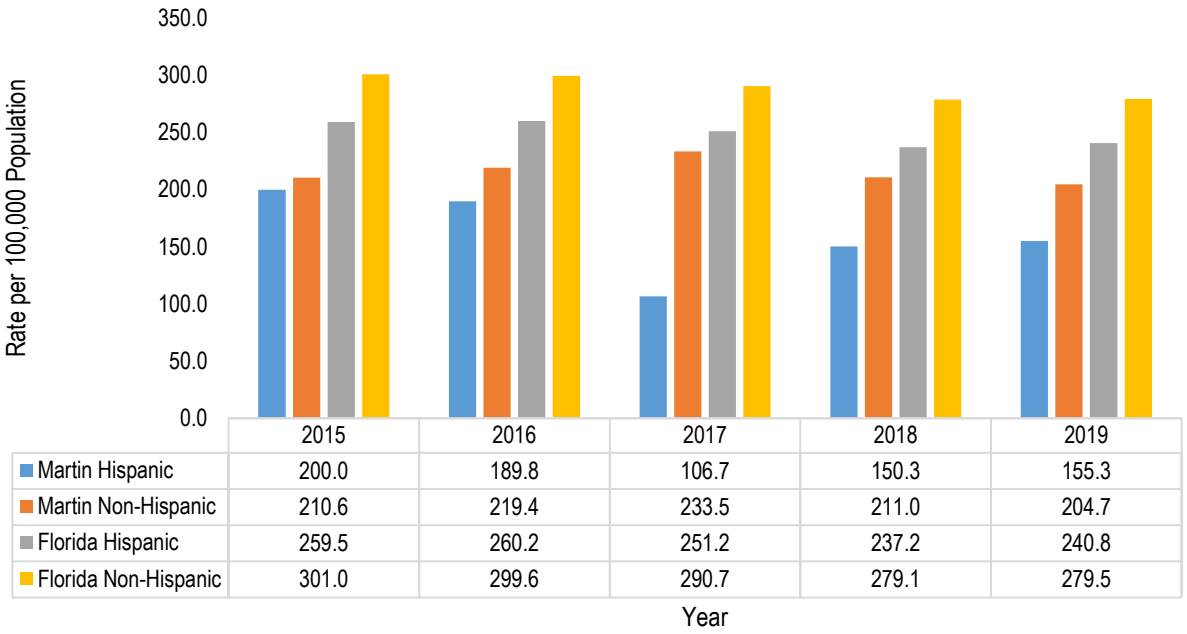


	2015	2016	2017	2018	2019
Martin White	203.7	210.8	213.3	204.3	195.1
Martin Black & Other	339.2	354.6	396.8	283.4	286.2
Florida White	283.2	282.7	271.0	256.4	255.8
Florida Black & Other	354.1	354.3	347.8	341.6	343.2

Data note: Hospitalization data before October 2015 use ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2020

The figure below shows the age-adjusted hospitalizations from coronary heart disease rate per 100,000 population in Martin County and Florida by ethnicity between 2015 and 2019. For the Hispanic population in the county, this rate decreased from 2015 to 2017 and then increased. The rates among Hispanics in the county has remained consistently lower than the state and has been lower than the non-Hispanic population in the county. In 2019, the Hispanic hospitalization rate for coronary heart disease was 155.3 per 100,000.

Figure 36: Age-adjusted Hospitalizations from Coronary Heart Disease, Rate Per 100,000 Population, by Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	200.0	189.8	106.7	150.3	155.3
Martin Non-Hispanic	210.6	219.4	233.5	211.0	204.7
Florida Hispanic	259.5	260.2	251.2	237.2	240.8
Florida Non-Hispanic	301.0	299.6	290.7	279.1	279.5

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the percentage of adults who have ever been told they had coronary heart disease, heart attack, or stroke in Martin County and Florida in 2010, 2013 and 2016. This percentage in the county has been increasing in the years shown and has been higher than the state. In 2016, 15% of adults in the county had been told they had coronary heart disease, heart attack, or stroke.

Table 93: Percentage of Adults Who Have Ever Been Told They Had Coronary Heart Disease, Heart Attack, or Stroke, Martin County and Florida, 2010, 2013, 2016

Year	Martin County	Florida
2010	10.9%	10.2%
2013	11.9%	10.3%
2016	14.9%	9.8%

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Compiled by: Health Council of Southeast Florida, 2020

Below, the percentage of adults who have ever been told they had angina or coronary heart disease is shown. From 2013 to 2016, this percentage increased for the county and was consistently higher than the state.

Table 94: Percentage of Adults Who Have Ever Been Told They Had Angina or Coronary Heart Disease, Martin County and Florida, 2013, 2016

Year	Martin County	Florida
2013	6.2%	5.0%
2016	8.6%	4.7%

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the percentage of adults who have ever been told they had a heart attack in Martin County and Florida in 2013 and 2016. From 2013 to 2016, the percentage in the county increased and has been higher than the state. In 2016, 9% of adults in Martin County have ever been told they had a heart attack.

Table 95: Percentage of Adults Who Have Ever Been Told They Had a Heart Attack, Martin County and Florida, 2013, 2016

Year	Martin County	Florida
2013	6.4%	5.6%
2016	9.3%	5.2%

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Compiled by: Health Council of Southeast Florida, 2020

DIABETES

Diabetes is a disease that occurs when your blood glucose, also called blood sugar, is too high. The most common types of diabetes are type 1 (diabetes insipidus), type 2 (diabetes mellitus) and gestational diabetes. Type 1, or diabetes insipidus occurs when the immune system attacks and destroys the cells in your pancreas that make insulin. Type 2, or diabetes mellitus is when the body does not make or use insulin well. Gestational diabetes develops in some women when they are pregnant, but this type of diabetes often goes away after the baby is born. Of all these types of diabetes, type 2 is the most common. Persons age 45 or older who have a family history of diabetes or are overweight are at a higher risk of type 2 diabetes.

This table shows age-adjusted hospitals from or with diabetes in Martin County and Florida between 2015 and 2019. In the county, these rates have increased from 2013 to 2017 and then declined, and have remained below the state. In 2019, the rate in the county was 1394.8 per 100,000 population.

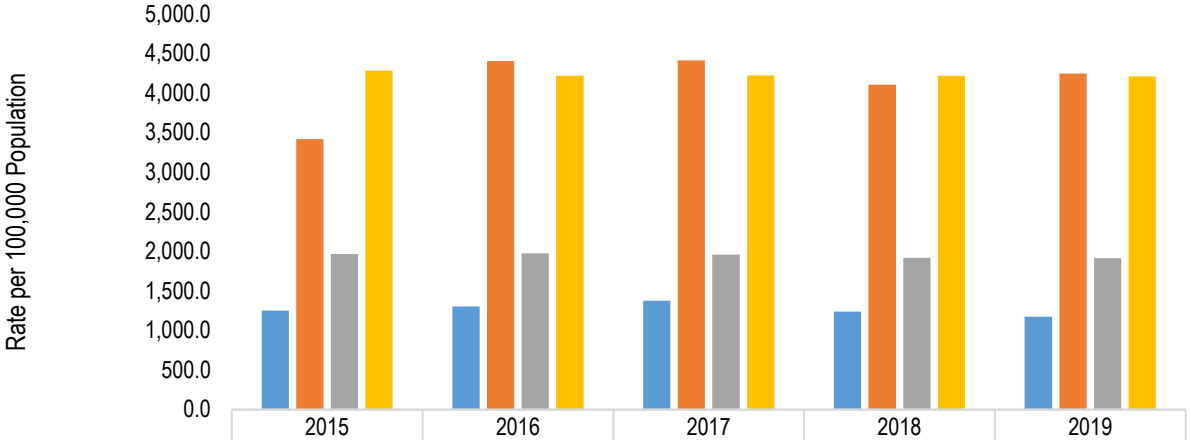
Table 96: Age-adjusted Hospitalizations from Or with Diabetes, Rate Per 100,000 Population, Martin County and Florida, 2015-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	3,771	1,380.0	617,606	2,350.4
2016	4,165	1,490.5	632,161	2,344.5
2017	4,333	1,572.6	648,827	2,338.9
2018	4,170	1,450.2	658,129	2,310.2
2019	4,223	1,394.8	677,859	2,314.2

Data note: Hospitalization data before October 2015 use ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2020

The figure below shows age-adjusted hospitalizations from or with diabetes rate per 100,000 population in Martin County and Florida by race between 2015 and 2019. For the White population and Black & Other population in the county, this rate has fluctuated but has remained below the state. There is a disparity within the county as the rates among the Black population has been consistently double that of the White population. In 2019, the rates were 4,249.2 and 1,175.9 per 100,000 respectively.

Figure 37: Age-adjusted Hospitalizations from Or with Diabetes, Rate Per 100,000 Population, by Race, Martin County and Florida, 2015-2019



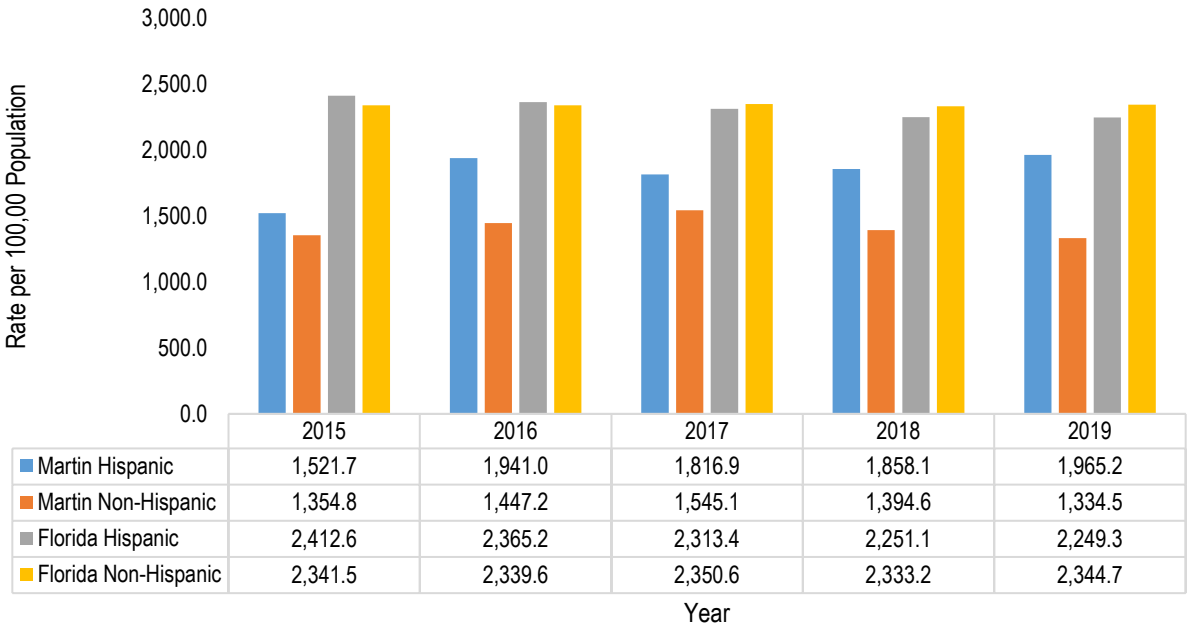
	2015	2016	2017	2018	2019
Martin White	1,250.9	1,303.0	1,375.3	1,239.2	1,175.9
Martin Black & Other	3,418.4	4,406.6	4,415.1	4,109.0	4,249.2
Florida White	1,969.4	1,974.8	1,960.6	1,920.4	1,915.1
Florida Black & Other	4,284.3	4,221.1	4,225.5	4,219.5	4,213.7

Year

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2020

This figure shows age-adjusted hospitalizations from or with diabetes rate per 100,000 population in Martin County and Florida by ethnicity between 2015 and 2019. The rate among the Hispanic population has fluctuated over the years shown but remained below the state. There is a disparity that exists in the county as Hispanics have consistently had a higher rate of hospitalizations from or with diabetes than non-Hispanics. In 2019, these rates were 1965.2 and 1,334.5 per 100,000 respectively.

Figure 38: Age-adjusted Hospitalizations from Or with Diabetes, Rate Per 100,000 Population, by Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	1,521.7	1,941.0	1,816.9	1,858.1	1,965.2
Martin Non-Hispanic	1,354.8	1,447.2	1,545.1	1,394.6	1,334.5
Florida Hispanic	2,412.6	2,365.2	2,313.4	2,251.1	2,249.3
Florida Non-Hispanic	2,341.5	2,339.6	2,350.6	2,333.2	2,344.7

Year

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the percentage of adults who have ever been told they had diabetes in Martin County and Florida in 2013 and 2016. Between these years, the percentage in the county has decreased and was below the state. In 2016, almost 11% of adults had ever been told they had diabetes.

Table 97: Percentage of Adults Who Have Ever Been Told They Had Diabetes, Martin County and Florida, 2013, 2016

Year	Martin County	Florida
2013	12.2%	11.2%
2016	10.5%	11.8%

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Compiled by: Health Council of Southeast Florida, 2020

This table shows preventable hospitalizations under 65 from diabetes in Martin County and Florida between 2015 and 2019. This rate in the county has mostly increased but has remained below the state. In 2019, the rate was 90.6 per 100,000 population under 65.

Table 98: Preventable Hospitalizations Under 65 from Diabetes, Rate Per 100,000 Population Under 65, Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denominator	Rate	Count	Denominator	Rate
2015	106	106,155	99.9	23,892	16,103,893	148.4
2016	109	106,066	102.8	26,352	16,297,600	161.7
2017	141	106,218	132.7	27,601	16,481,873	167.5
2018	93	108,303	85.9	24,428	16,760,374	145.7
2019	99	109,213	90.6	24,898	16,926,938	147.1

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows age-adjusted emergency room visits due to diabetes in Martin County and Florida between 2015 and 2019. The rate in the county has fluctuated but has remained below the state. In 2019, the rate in the county was 131.6 per 100,000 population.

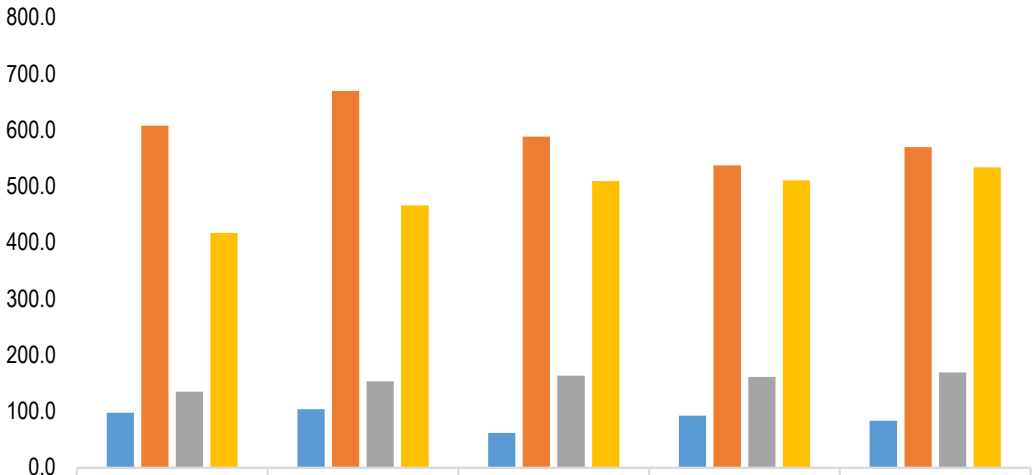
Table 99: Age-adjusted Emergency Room Visits Due to Diabetes, Rate Per 100,000 Population, Martin County and Florida, 2015-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	248	147.1	41,335	190.1
2016	250	149.9	47,404	215.0
2017	201	107.6	52,462	232.3
2018	244	134.5	53,697	231.8
2019	245	131.6	57,785	243.6

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2020

The figure below shows emergency department visits due to diabetes rate per 100,000 population in Martin County and Florida by race between 2015 and 2019. There is also a disparity that exists within the county as the Black population has a rate of emergency department visits due to diabetes seven times that of the White population. In 2019, these rates were 570.1 compared to 83.6 per 100,000, respectively.

Figure 39: Age-adjusted Emergency Department Visits Due to Diabetes, Rate Per 100,000 Population, by Race, Martin County and Florida, 2015-2019

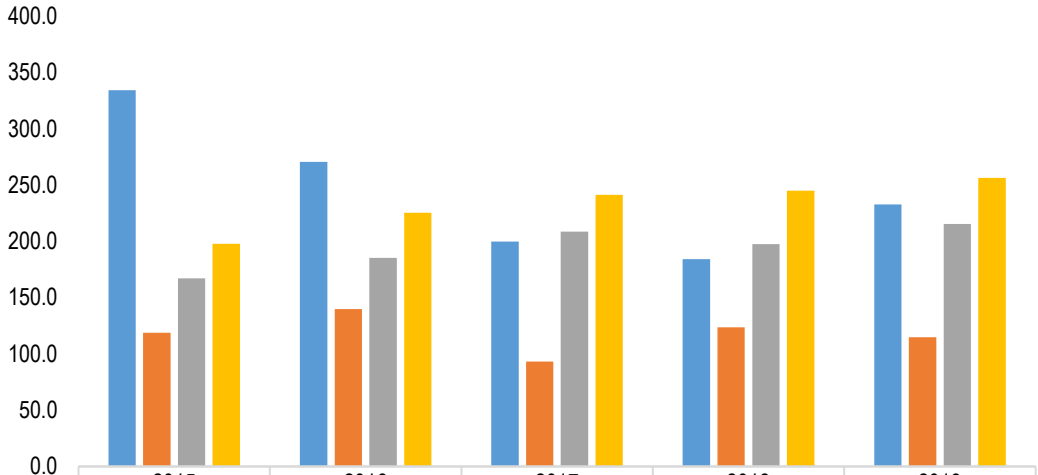


	2015	2016	2017	2018	2019
Martin White	97.6	103.8	62.1	92.7	83.6
Martin Black & Other	608.2	669.8	588.9	537.5	570.1
Florida White	135.4	153.4	163.7	161.5	169.4
Florida Black & Other	417.6	466.2	509.7	511.0	534.1

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2020

The figure below shows age-adjusted emergency room visits due to diabetes rate per 100,000 population in Martin County and Florida by ethnicity between 2015 and 2019. The rate among the Hispanic population in the county has steadily decreased since 2015 but was higher than the state in 2015 and 2016. There is a disparity that exists within the county as the Hispanic population has had consistently higher rates than the non-Hispanic population. In 2019, these rates were 231.8 and 114.0 per 100,000, respectively.

Figure 40: Age-adjusted Emergency Room Visits Due to Diabetes, Rate Per 100,000 Population, by Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	334.3	270.6	200.0	184.3	232.8
Martin Non-Hispanic	118.9	139.8	93.3	123.8	114.9
Florida Hispanic	167.3	185.4	208.7	197.5	215.6
Florida Non-Hispanic	197.8	225.4	241.3	245.0	256.4

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

STROKE

A stroke happens when blood flow to the brain is blocked, which prevents the brain from getting oxygen and nutrients from the blood. A stroke can also be caused by damage to brain cells from sudden bleeding in the brain.[35]

The table below shows age-adjusted hospitalizations from a stroke in Martin County and Florida between 2015 and 2019. The rate in the county has fluctuated but has remained below the state. In 2019, the rate in the county was 213.7 per 100,000 population.

Table 100: Age-adjusted Hospitalizations from Stroke, Rate Per 100,000 Population, Martin County and Florida, 2015-2019

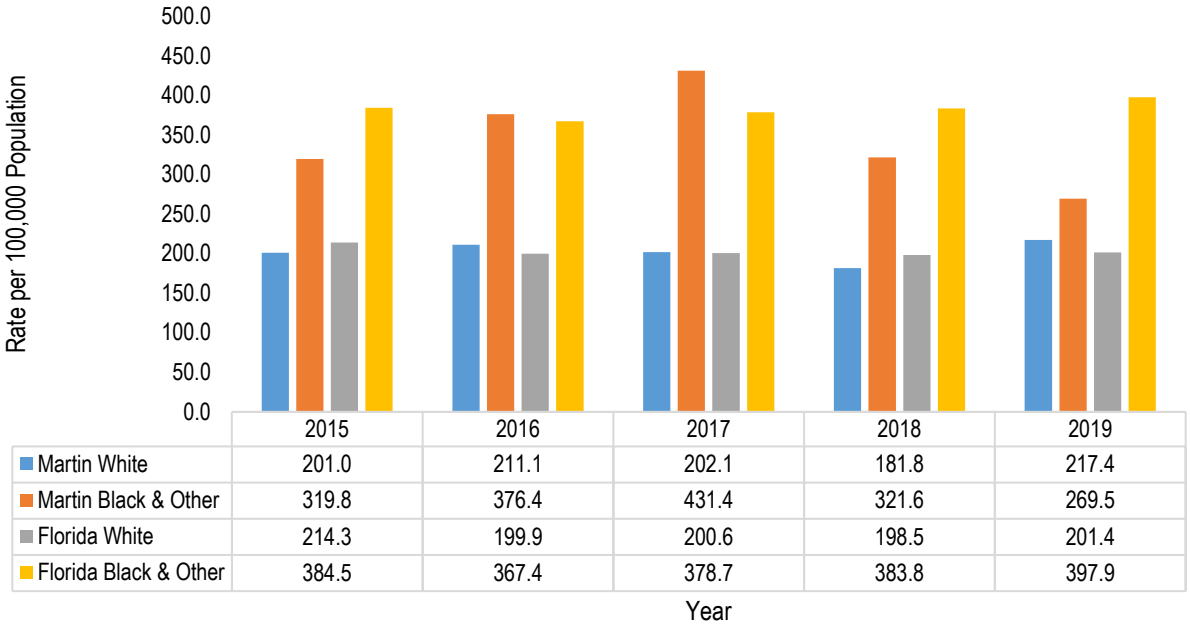
Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	642	213.7	67,046	244.0
2016	717	227.8	64,740	228.8
2017	685	219.9	67,273	231.6
2018	634	193.8	68,864	231.2
2019	642	213.7	67,046	244.0

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2020

[35] National Heart, Lung, and Blood Institute. (n.d.). Stroke. Retrieved May 16, 2020, from https://www.nhlbi.nih.gov/health-topics/stroke

This figure shows age-adjusted hospitalizations from stroke rate per 100,000 population in Martin County and Florida by race between 2015 and 2019. The rate has fluctuated for the Black population in the county, and was higher than the state rate in 2016 and 2017. There is a disparity that exists within the county as the Black population has higher rates of hospitalizations from stroke than the White population. In 2019, these rates were 269.5 and 217.4 per 100,000—a difference of 52 hospitalizations.

Figure 41: Age-adjusted Hospitalizations from Stroke, Rate Per 100,000 Population, by Race, Martin County and Florida, 2015-2019

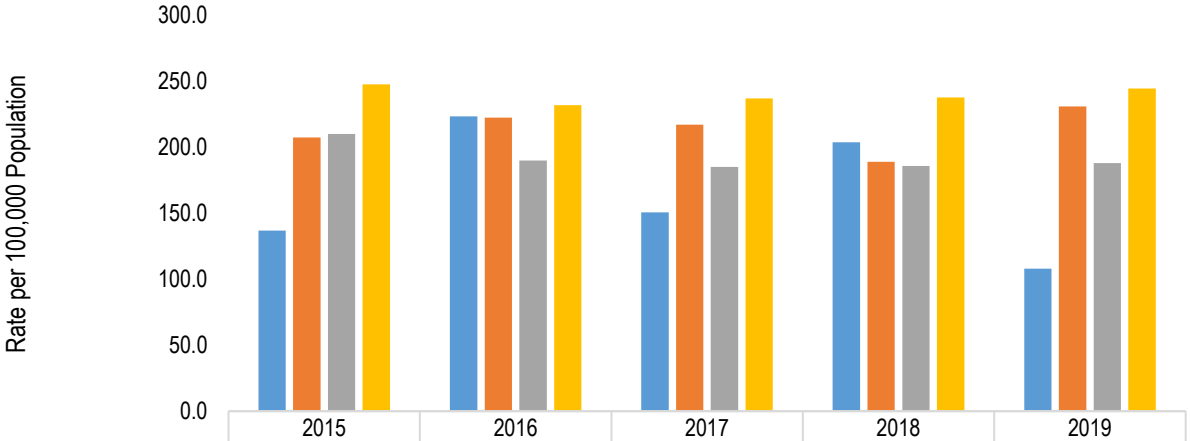


	2015	2016	2017	2018	2019
Martin White	201.0	211.1	202.1	181.8	217.4
Martin Black & Other	319.8	376.4	431.4	321.6	269.5
Florida White	214.3	199.9	200.6	198.5	201.4
Florida Black & Other	384.5	367.4	378.7	383.8	397.9

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2020

The figure below shows age-adjusted hospitalizations from stroke rate per 100,000 in Martin County and Florida by ethnicity between 2015 and 2019 The rate among the Hispanic population has fluctuated over the years shown and was higher than the state in 2016 and 2018. In 2019, the Hispanic population in the county had a lower rate of hospitalizations from stroke than the non-Hispanic population (108.2 and 231.2 per 100,000 respectively).

Figure 42: Age-adjusted Hospitalizations from Stroke, Rate Per 100,000 Population, by Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	137.0	223.6	150.9	203.9	108.2
Martin Non-Hispanic	207.5	222.7	217.3	189.1	231.2
Florida Hispanic	210.2	190.1	185.3	185.9	188.2
Florida Non-Hispanic	247.9	232.2	237.2	237.9	244.8

Year

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the percentage of adults who have ever been told they had a stroke in Martin County and Florida in 2010, 2013 and 2016. The percentage in the county has remained fairly consistent and similar to the state. In 2016, almost 4% of adults in the county had been told they had a stroke.

Table 101: Percentage of Adults Who Have Ever Been Told They Had a Stroke, Martin County and Florida, 2010, 2013, 2016

Year	Martin County	Florida
2010	3.6%	3.5%
2013	4.5%	3.7%
2016	3.8%	3.5%

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Compiled by: Health Council of Southeast Florida, 2020

RESPIRATORY DISEASE

Chronic lower respiratory diseases include chronic bronchitis, emphysema, chronic obstructive pulmonary disease, asthma, bronchiectasis, and acute bronchiolitis. Because of the cost to the health care system, the burden of respiratory diseases also falls on society; it is paid for with tax dollars, higher health insurance rates, and lost productivity. Annual health care expenditures for asthma alone are estimated at $20.7 billion.[36]

The table below shows age-adjusted hospitalizations from chronic lower respiratory disease (including asthma) in Martin County and Florida between 2015 and 2019. The rate in the county has an upward trend and continues to be higher than the state rate since 2017.

Table 102: Age-adjusted Hospitalizations from Chronic Lower Respiratory Disease. (including asthma), Rate Per 100,000 Population, Martin County and Florida, 2015-2019

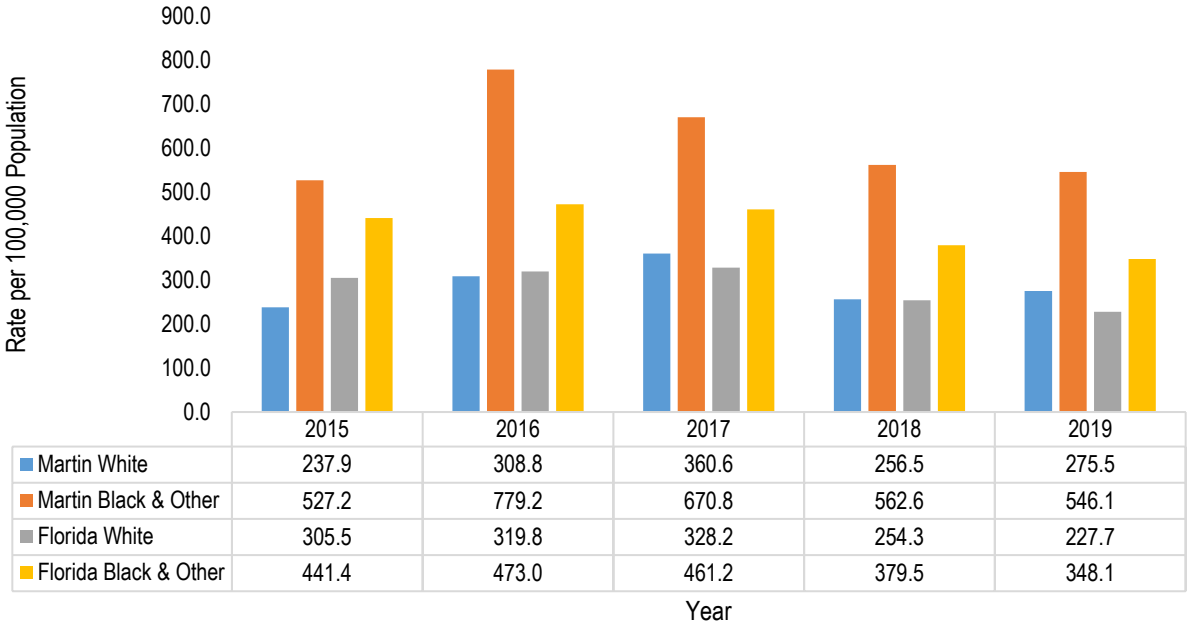
Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	690	273.6	84,277	339.4
2016	852	345.8	89,715	357.2
2017	995	393.7	95,136	362.5
2018	732	297.6	74,568	285.6
2019	772	307.5	69,227	257.6

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

[36] Office of Disease Prevention and Promotion. (n.d.). Respiratory Diseases | Healthy People 2020. Retrieved May 18, 2020, from https://www.healthypeople.gov/2020/topics-objectives/topic/respiratory-diseases

This figure shows the age-adjusted rate per 100,000 population of hospitalizations from chronic lower respiratory disease (including asthma) in Martin County and Florida by race between 2015 and 2019. Among the White and Black population in the county, this rate has increased for the White population and slightly decreased for the Black & Other population. The rate among the Black population in the county was considerably higher than the state in 2015-2019. In 2019, this difference was a rate of 198 per 100,000 population. Within the county, there is a disparity that exists with the Black population having a much higher rate than the White population, in most years it was two times higher, which continued into 2019. In 2019, the rate for the Black population was 546.1 per 100,000 as compared to 275.5 per 100,000 for the White population.

Figure 43: Age-adjusted Hospitalizations from Chronic Lower Respiratory Disease (including asthma), Rate Per 100,000 Population, by Race, Martin County and Florida, 2015-209



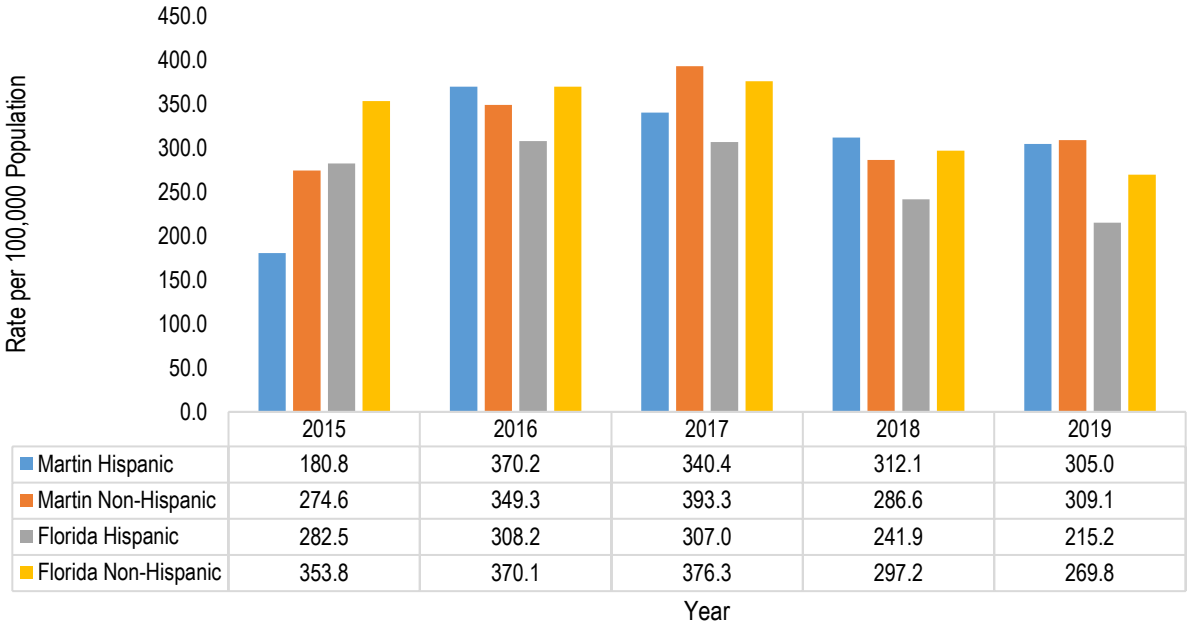
	2015	2016	2017	2018	2019
Martin White	237.9	308.8	360.6	256.5	275.5
Martin Black & Other	527.2	779.2	670.8	562.6	546.1
Florida White	305.5	319.8	328.2	254.3	227.7
Florida Black & Other	441.4	473.0	461.2	379.5	348.1

Year

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2020

The figure below shows age-adjusted hospitalizations from chronic lower respiratory disease (including asthma) rate per 100,000 in Martin County and Florida by ethnicity between 2015 and 2019. The rate among the Hispanic population in the county has steadily decreased since 2016 but was higher than the state in 2018 and 2019. In 2019, this disparity was a rate of 305 per 100,000. In 2019, Hispanics in the county had a lower rate of chronic lower respiratory disease than non-Hispanics; this difference was a rate of 4 per 100,000.

Figure 44: Age-adjusted Hospitalizations from Chronic Lower Respiratory Disease (including asthma), Rate Per 100,000 Population, by Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	180.8	370.2	340.4	312.1	305.0
Martin Non-Hispanic	274.6	349.3	393.3	286.6	309.1
Florida Hispanic	282.5	308.2	307.0	241.9	215.2
Florida Non-Hispanic	353.8	370.1	376.3	297.2	269.8

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2020

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lungs to noxious particles or gases (typically from exposure to cigarette smoke).[35]

The table below shows the percentage of adults who have ever been told they had chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis in Martin County and Florida in 2013 and 2016. This percentage remained relatively the same in the county, which was slightly higher than the state. In 2016, almost 9% of adults in the county had ever been told they had COPD, emphysema, or chronic bronchitis.

Table 103: Percentage of Adults Who Have Ever Been Told They Had Chronic Obstructive Pulmonary Disease, Emphysema, Or Chronic Bronchitis, Martin County and Florida, 2013, 2016

Year	Martin County	Florida
2013	9.6%	7.4%
2016	8.5%	7.1%

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life-threatening.[35]

The table below shows age-adjusted hospitalizations from or with asthma in Martin County and Florida between 2015 and 2019 The rate in the county has been decreasing since 2016 and has been lower than the state. In 2019, the rate of hospitalizations from or with asthma in Martin County was 442.1 per 100,000.

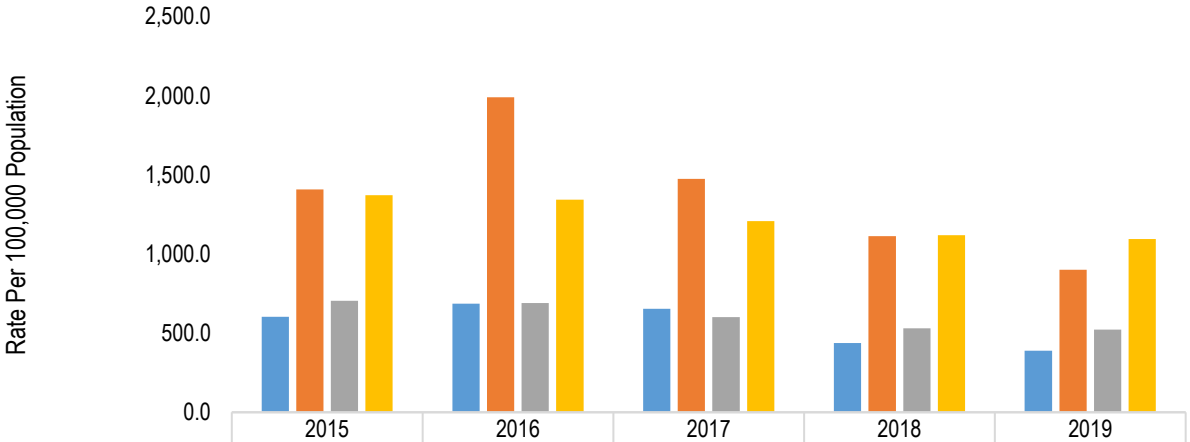
Table 104: Age-adjusted Hospitalizations from or With Asthma, Rate Per 100,000 Population, Martin County and Florida, 2015-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	1,425	687.9	187,857	851.8
2016	1,693	801.3	187,985	835.1
2017	1,512	737.5	167,346	737.4
2018	1,034	523.9	151,070	666.0
2019	837	442.1	152,534	657.3

Data note: Hospitalization data before October 2015 use ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

The figure below shows age-adjusted hospitalizations from or with asthma rate per 100,000 population in Martin County and Florida by race between 2015 and 2019. The rate in the county for both the White population and the Black population has steadily decreased since 2016. In 2017, the rate among the White population in the county was higher than the state. However, there is a disparity in the county as the Black population has had more than double the hospitalization rate from or with asthma than the White population. In 2019 these rates were 901.9 and 388.5 per 100,000, respectively. For 2017 and 2018, the rate among the Black population in the county was higher than the state.

Figure 45: Age-adjusted Hospitalizations from or With Asthma, Rate Per 100,000 Population, by Race, Martin County and Florida, 2015-2019



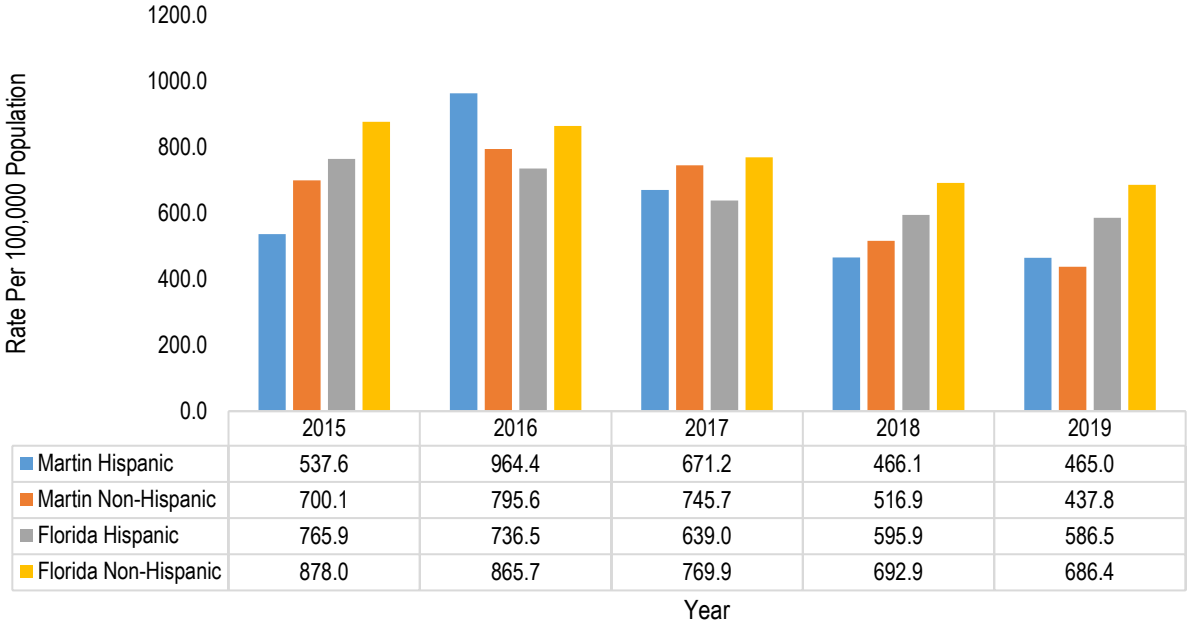
	2015	2016	2017	2018	2019
Martin White	604.4	686.4	654.5	438.0	388.5
Martin Black & Other	1,408.7	1,991.5	1,475.3	1,113.2	901.9
Florida White	704.2	690.4	601.2	530.4	523.5
Florida Black & Other	1,372.6	1,344.3	1,207.7	1,120.3	1096.1

Year

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

The figure below shows age-adjusted hospitalizations from or with asthma rate per 100,000 in Martin County and Florida between 2015 to 2019. The rate among the Hispanic population in the county has been steadily decreasing since 2016 but was higher than the state in 2016 and 2017. In 2019, the hospitalization rate among the Hispanic population in the county was 465.0 per 100,000 population.

Figure 46: Age-adjusted Hospitalizations from or With Asthma, Rate Per 100,000 Population, by Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	537.6	964.4	671.2	466.1	465.0
Martin Non-Hispanic	700.1	795.6	745.7	516.9	437.8
Florida Hispanic	765.9	736.5	639.0	595.9	586.5
Florida Non-Hispanic	878.0	865.7	769.9	692.9	686.4

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows age-adjusted emergency room visits due to asthma in Martin County and Florida between 2015 to 2019. In the last few years, the rate has increased in the county but remained lower than the state. In 2019, the rate in the county decreased to 281.4 per 100,000 population.

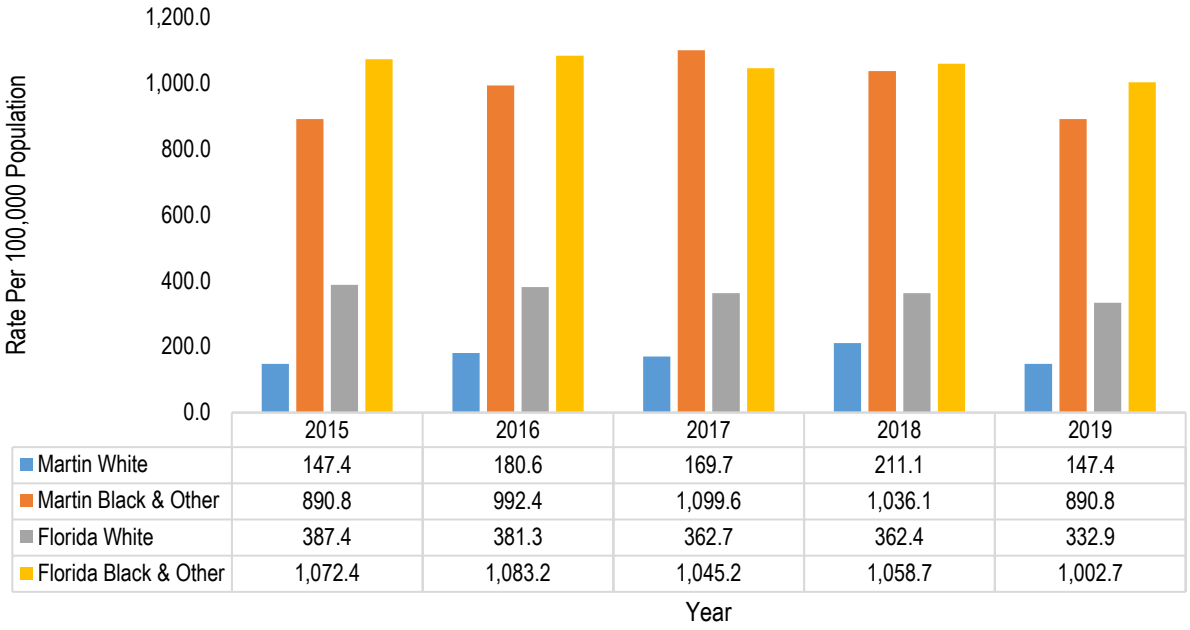
Table 105: Age-adjusted Emergency Room Visits Due to Asthma, Rate Per 100,000 Population, Martin County and Florida, 2015-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	286	246.1	100,480	573.5
2016	325	295.4	100,878	573.2
2017	344	294.3	98,246	549.2
2018	365	321.6	100,890	553.9
2019	319	281.4	95,839	516.9

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2020

This figure shows age-adjusted emergency room visits due to asthma rate per 100,000 population in Martin County and Florida by race between 2015 to 2019. These rates have fluctuated for both racial groups in the county. However, there is a disparity within the county as the Black& Other population has had consistently higher rates than the White population. In 2019, this disparity was nearly six times as much (147.4 per 100,000 for the White population and 890.8 per 100,000 for the Black & Other population.) The rate among the White population in the county has been consistently lower than in the state and the Black population in the county has been mostly lower than the state.

Figure 47: Age-adjusted Emergency Room Visits Due to Asthma, Rate Per 100,000 Population, by Race, Martin County and Florida, 2015-2019

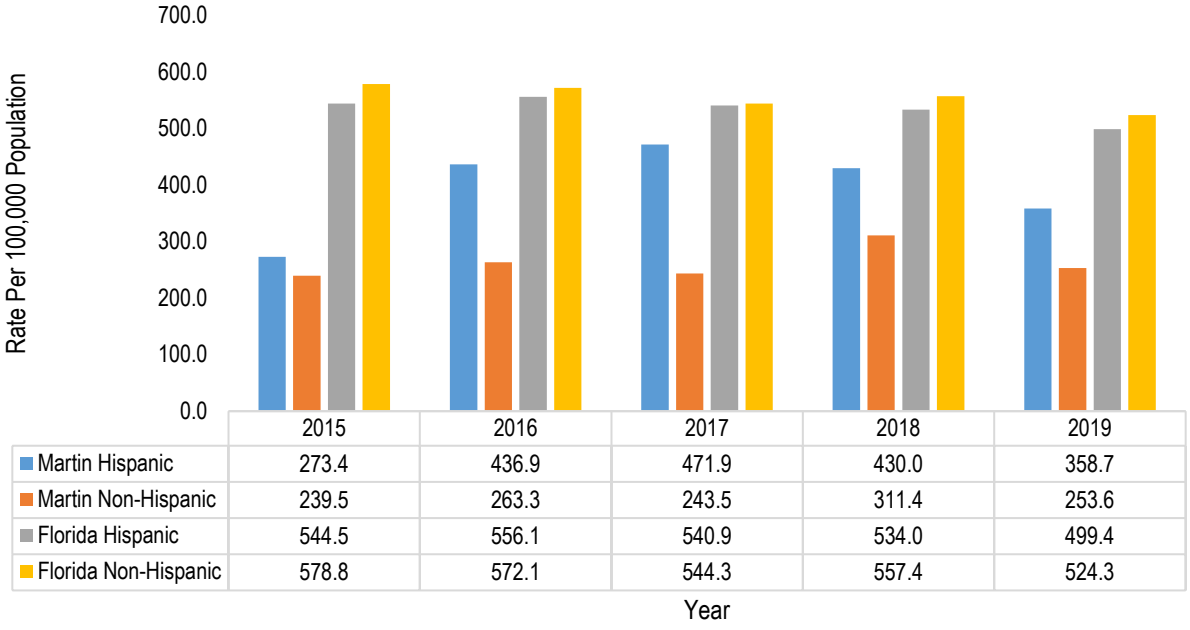


	2015	2016	2017	2018	2019
Martin White	147.4	180.6	169.7	211.1	147.4
Martin Black & Other	890.8	992.4	1,099.6	1,036.1	890.8
Florida White	387.4	381.3	362.7	362.4	332.9
Florida Black & Other	1,072.4	1,083.2	1,045.2	1,058.7	1,002.7

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2020

The figure below shows emergency room visits due to asthma rate per 100,000 population in Martin County and Florida by ethnicity between 2015 and 2019. The rate among the Hispanic population in the county has fluctuated but remained below the state. There is a disparity within the county as Hispanics have had consistently higher rates than non-Hispanics. In 2019, the rates were 358.7 and 253.6 per 100,000 population, respectively.

Figure 48: Age-adjusted Emergency Room Visits Due to Asthma, Rate Per 100,000 Population, by Ethnicity, Martin County and Florida, 2015-2019



	2015	2016	2017	2018	2019
Martin Hispanic	273.4	436.9	471.9	430.0	358.7
Martin Non-Hispanic	239.5	263.3	243.5	311.4	253.6
Florida Hispanic	544.5	556.1	540.9	534.0	499.4
Florida Non-Hispanic	578.8	572.1	544.3	557.4	524.3

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

CANCER

Cancer, also called malignant neoplasm, is a class of diseases in which a cell or a group of cells display uncontrolled growth (division beyond the normal limits), invasion (intrusion on and destruction of adjacent tissues) and sometimes metastasis (spread to other locations in the body). Complex and interrelated factors contribute to the risk of developing cancer and to the observed disparities in cancer incidence and death among racial, ethnic, and underserved groups. The most obvious factors are a lack of health care coverage and low socioeconomic status. [37]

The table below shows age-adjusted cancer incidence in Martin County and Florida between 2013 and 2017. The rate in the county has remained relatively the same in the years presented and was slightly higher than the state from 2015 to 2017. In 2017, the cancer incidence rate in the county was 455.4 per 100,000 population.

Table 106: Age-adjusted Cancer Incidence, Rate Per 100,000 Population, Martin County and Florida, 2013-2017

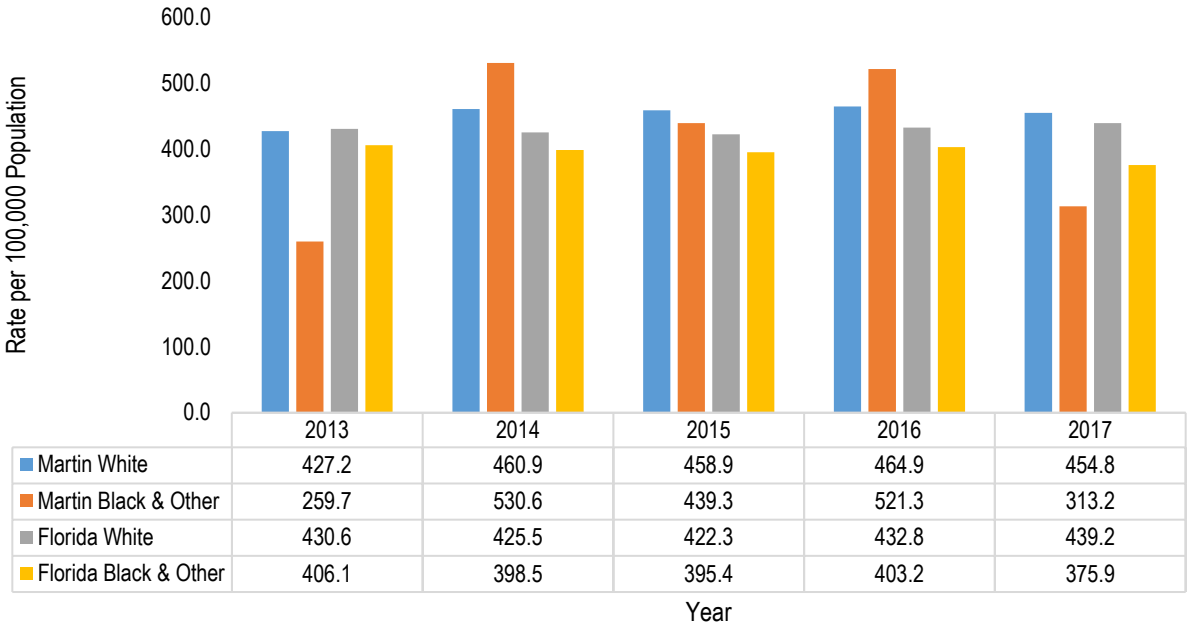
Year	Martin County		Florida	
	Count	Rate	Count	Rate
2013	1,122	424.5	108,829	427.2
2014	1,201	462.8	110,602	427.2
2015	1,243	458.2	112,503	420.3
2016	1,282	471.4	120,431	436.6
2017	1,326	455.4	125,464	441.9

Source: FloridaCHARTS, University of Miami (FL) Medical School, Florida Cancer Data System, 2016
Compiled by: Health Council of Southeast Florida, 2020

[37] Office of Disease Prevention and Promotion. (n.d.). Cancer| Healthy People 2020. Retrieved May 18, 2020, from https://www.healthypeople.gov/2020/topics-objectives/topic/cancer

The figure below shows the age-adjusted cancer incidence rate per 100,000 population in Martin County and Florida between 2013 and 2017. The rate among the White population in the county has remained mostly consistent since 2013. Among the Black population the rate has fluctuated and was higher than the White rate in 2014 and 2016. In 2017, the cancer incidence rate in the county among the Black population was lower than that of the White population (313.2 and 454.8 per 100,000 population, respectively).

Figure 49: Age-adjusted Cancer Incidence, Rate Per 100,000 Population, by Race, Martin County and Florida, 2013-2017



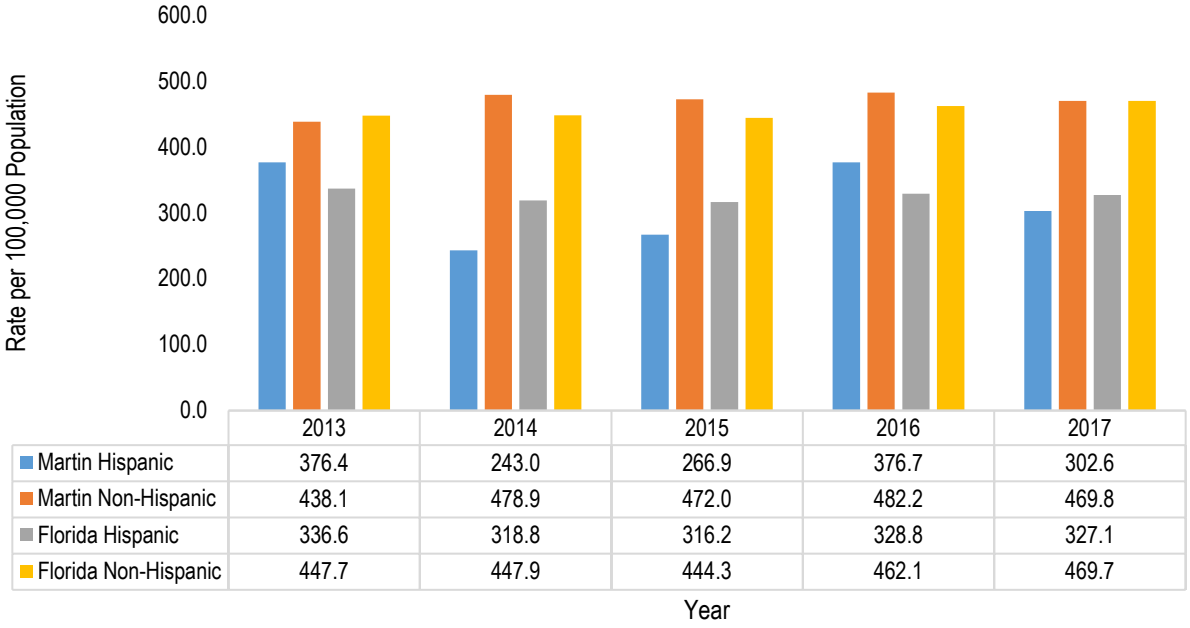
	2013	2014	2015	2016	2017
Martin White	427.2	460.9	458.9	464.9	454.8
Martin Black & Other	259.7	530.6	439.3	521.3	313.2
Florida White	430.6	425.5	422.3	432.8	439.2
Florida Black & Other	406.1	398.5	395.4	403.2	375.9

Year

Source: FloridaCHARTS, University of Miami (FL) Medical School, Florida Cancer Data System, 2016
Compiled by: Health Council of Southeast Florida, 2020

This figure shows the age-adjusted cancer incidence rate per 100,000 population in Martin County and Florida by ethnicity between 2013 and 2017. The rate among the Hispanic population in the county has fluctuated over the years shown. In 2017, the rate among the Hispanic population was lower than the non-Hispanic population (302.6 and 469.8 per 100,000, respectively).

Figure 50: Age-adjusted Cancer Incidence, Rate Per 100,000 Population, by Ethnicity, Martin County and Florida, 2013-2017



	2013	2014	2015	2016	2017
Martin Hispanic	376.4	243.0	266.9	376.7	302.6
Martin Non-Hispanic	438.1	478.9	472.0	482.2	469.8
Florida Hispanic	336.6	318.8	316.2	328.8	327.1
Florida Non-Hispanic	447.7	447.9	444.3	462.1	469.7

Source: FloridaCHARTS, University of Miami (FL) Medical School, Florida Cancer Data System, 2016
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the age-adjusted colorectal cancer incidence in Martin County and Florida between 2013 and 2017. The rate in the county has steadily decreased since 2015 and remained below the state. In 2017, the county's rate was 30.1 per 100,000 population.

Table 107: Age-adjusted Colorectal Cancer Incidence, Rate Per 100,000 Population, Martin County and Florida, 2013-2017

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2013	80	28.2	9,545	37.0
2014	88	32.4	9,638	36.9
2015	106	39.0	9,719	36.2
2016	90	33.7	10,078	36.5
2017	87	30.1	9,908	35.2

Source: FloridaCHARTS, University of Miami (FL) Medical School, Florida Cancer Data System, 2017
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the age-adjusted female breast cancer incidence in Martin County and Florida between 2013 and 2017. The rate in the county has mostly decreased in the years shown but was above the state in every year except 2017. In 2017, the rate in the county was 96.9 per 100,000 female population.

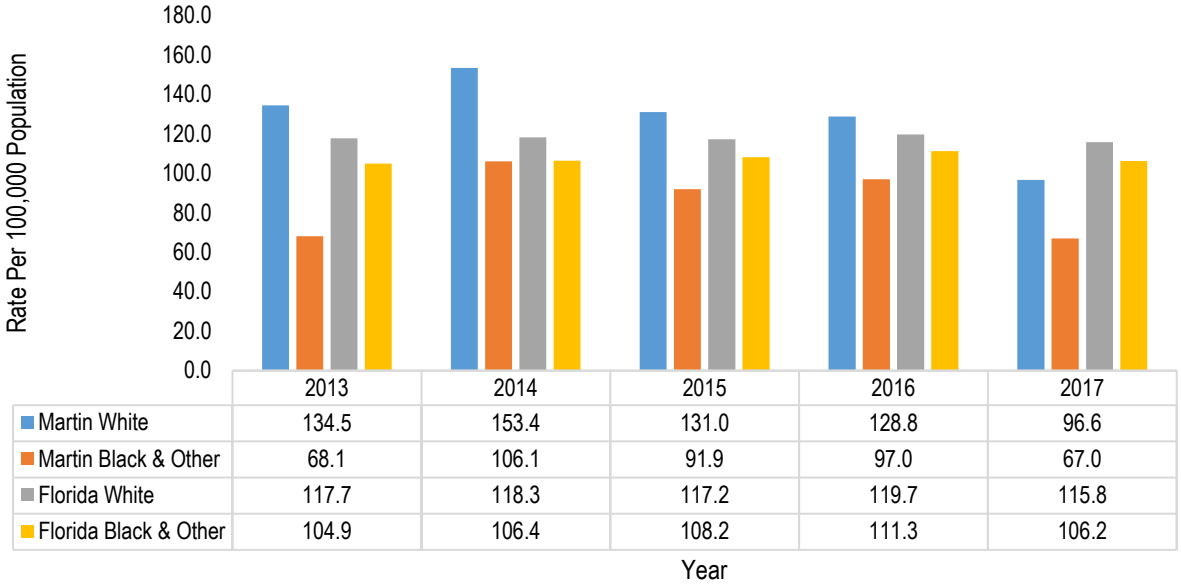
Table 108: Age-adjusted Female Breast Cancer Incidence, Rate Per 100,000 Female Population, Martin County and Florida, 2013-2017

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2013	167	130.0	15,268	117.5
2014	178	149.5	15,570	118.0
2015	154	127.6	15,860	118.3
2016	176	129.5	16,721	121.8
2017	143	96.9	16,785	118.4

Source: FloridaCHARTS, University of Miami (FL) Medical School, Florida Cancer Data System, 2017
Compiled by: Health Council of Southeast Florida, 2020

This figure shows the age-adjusted female breast cancer incidence rate per 100,000 female population in Martin County and Florida by race between 2013 and 2017. The rate among White females in the county has been steadily decreasing. Among the Black female population, this rate has fluctuated and was lower than the rate among White females. In 2017, the rate was 96.6 per 100,000 for White females and 67.0 per 100,000 for Black females.

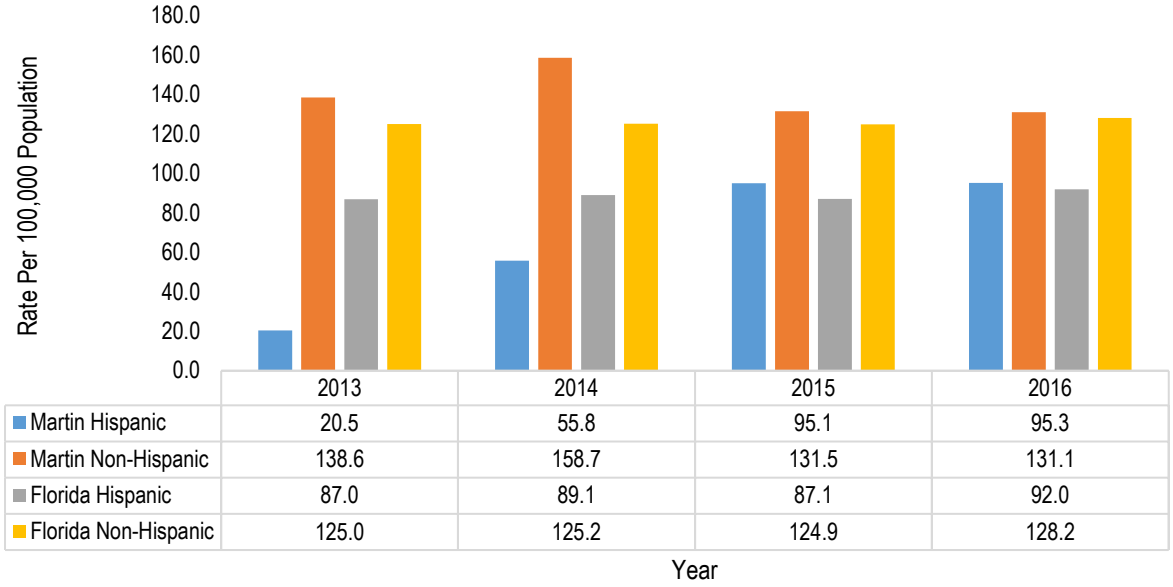
Figure 51: Age-adjusted Female Breast Cancer Incidence, Rate Per 100,000 Female Population, by Race, Martin County and Florida, 2014-2017



Source: FloridaCHARTS, University of Miami (FL) Medical School, Florida Cancer Data System, 2017
Compiled by: Health Council of Southeast Florida, 2020

The figure below shows the age-adjusted female breast cancer rate per 100,000 female population in Martin County and Florida by ethnicity between 2013 and 2016. The rate among Hispanic females in the county has been steadily increasing, but remained lower than the non-Hispanic rate. The Hispanic rate in the county was higher than the Hispanic rate in the state in 2015 and 2016.

Figure 52: Age-adjusted Female Breast Cancer Incidence, by Ethnicity, Rate Per 100,000 Female Population, Martin County and Florida, 2013-2016



	2013	2014	2015	2016
Martin Hispanic	20.5	55.8	95.1	95.3
Martin Non-Hispanic	138.6	158.7	131.5	131.1
Florida Hispanic	87.0	89.1	87.1	92.0
Florida Non-Hispanic	125.0	125.2	124.9	128.2

Source: FloridaCHARTS, University of Miami (FL) Medical School, Florida Cancer Data System, 2017
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the number of female breast cancer cases at an advantaged stage when diagnosed and the percent out of new breast cancer cases. This percentage was fairly consistent in the county and saw a decline in 2017. The county's percentage has been consistently lower than the state. In 2017, 22.4% of female breast cancer cases were at an advanced stage when diagnosed.

Table 109: Female Breast Cancer Cases at Advanced Stage when Diagnosed, Percent of Breast Cancer Incidence, Martin County and Florida, 2013-2017

Year	Martin County			Florida		
	Count	Denominator	Percent	Count	Denominator	Percent
2013	46	167	27.5	5,071	15,268	33.2
2014	51	178	28.7	5,202	15,570	33.4
2015	48	154	31.2	5,178	15,860	32.6
2016	52	176	29.5	5,445	16,721	32.6
2017	32	143	22.4	5,266	16,785	31.4

Source: FloridaCHARTS, University of Miami (FL) Medical School, Florida Cancer Data System, 2017
Compiled by: Health Council of Southeast Florida, 2020

This table shows age-adjusted prostate cancer incidence in Martin County and Florida between 2013 and 2017. The rate in the county has remained consistent and was slightly higher than the state between 2013 and 2016. In 2017, the county's prostate cancer incidence rate decreased to 84.2 per 100,000 male population.

Table 110: Age-adjusted Prostate Cancer Incidence, Rate Per 100,000 Male Population, Martin County and Florida, 2013-2017

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2013	141	105.2	11,396	90.8
2014	124	91.2	11,215	87.5
2015	124	87.7	11,003	82.6
2016	130	92.1	12,686	91.9
2017	124	84.2	12,540	87.9

Source: FloridaCHARTS, University of Miami (FL) Medical School, Florida Cancer Data System, 2017
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the percentage of adults who have ever been told they had any other type of cancer except skin cancer in Martin County and Florida in 2013 and 2016. Between these years, the percentage in the county increased and was higher than the state. In 2016, 12% of the population in Martin County had ever been told they had any type of cancer aside from skin cancer.

Table 111: Percentage of Adults Who Have Ever Been Told They Had Any Other Type of Cancer Except Skin Cancer, Martin County and Florida, 2013, 2016

Year	Martin County	Florida
2013	9.8%	7.6%
2016	12.1%	7.5%

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Compiled by: Health Council of Southeast Florida, 2020

ALZHEIMER'S DISEASE

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common form of dementia, accounting for the majority of all diagnosed cases. The estimated total cost for health care, long-term care, and hospice for persons with Alzheimer's disease and other dementias is estimated to be $236 billion for 2016. Older adults with dementia are three times more likely to have preventable hospitalizations.

This table shows probable Alzheimer's cases in Martin County and Florida between 2014 and 2018. The percentage in the county has remained consistent in the years shown and has been slightly higher than the state. In 2018, almost 15% of the population 65 and older in the county had probable Alzheimer's.

Table 112: Probable Alzheimer's Cases (65+), Martin County and Florida, 2014-2018

Year	Martin County			Florida		
	Count	Denom	Percent	Count	Denom	Percent
2014	6,275	43,029	14.6	485,000	3,650,070	13.3
2015	6,210	44,176	14.1	489,003	3,793,869	12.9
2016	6,294	45,015	14.0	507,862	3,933,492	12.9
2017	6,806	46,115	14.8	541,446	4,073,855	13.3
2018	7,003	47,402	14.8	553,734	4,197,331	13.2

Source: FloridaCHARTS, Department of Elder Affairs
Compiled by: Health Council of Southeast Florida, 2020

OVERWEIGHT AND OBESITY

Obesity is a serious medical condition that can cause complications such as metabolic syndrome, high blood pressure, atherosclerosis, heart disease, diabetes, high blood cholesterol, cancers and sleep disorders.[38]

The table below shows the percentage of adults who are overweight in Martin County and Florida in 2010, 2013 and 2016. The percentage in the county has fluctuated and remained slightly above the state. In 2016, 41% of adults in Martin County reported they were overweight.

Table 113: Percentage of Adults who are Overweight, Martin County and Florida, 2010, 2013, 2016

Year	Martin County	Florida
2010	39.9%	37.8%
2013	34.0%	36.4%
2016	40.8%	35.8%

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Compiled by: Health Council of Southeast Florida, 2020

[38] National Heart Lung and Blood Institute. (n.d.). Overweight and Obesity. Retrieved May 18, 2020, from https://www.nhlbi.nih.gov/health-topics/overweight-and-obesity

This table shows the percentage of adults who are obese in Martin County and Florida in 2010, 2013 and 2016. This percentage has decreased since 2010 and remained lower than the state. In 2016, 15% of adults in the county reported being obese.

Table 114: Percentage of Adults who are Obese, Martin County and Florida, 2010, 2013, 2016

Year	Martin County	Florida
2010	21.1%	27.2%
2013	14.4%	26.4%
2016	15.3%	27.4%

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Compiled by: Health Council of Southeast Florida, 2020

This table shows the percentage of adults who are overweight or obese in Martin County and Florida in 2010, 2013 and 2016. The percentage in the county decreased from 2010 to 2013 but then increased to 56% in 2016. The percentage has remained lower than the state.

Table 115: Percentage of Adults Who are Overweight or Obese, Martin County and Florida, 2010, 2013, 2016

Year	Martin County	Florida
2010	61.0%	65.0%
2013	48.3%	62.8%
2016	56.0%	63.0%

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the percentage of middle school students who are overweight or obese in Martin County and Florida for select years between 2010 and 2018. The percentage has fluctuated in the county but has remained consistently lower than the state. In 2018, a fifth of middle school students in Martin County was overweight or obese compared to close to a third in the state.

Table 116: Percentage of Middle School Students Who Are Overweight or Obese, Martin County and Florida, Select Years Between 2010 and 2018

Year	Martin County	Florida
2010	20.0%	28.0%
2012	24.5%	28.5%
2014	22.8%	28.2%
2016	25.8%	29.5%
2018	21.0%	30.3%

Source: FloridaCHARTS, Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2018
Compiled by: Health Council of Southeast Florida, 2020

This table shows the percentage of high school students who are overweight or obese in Martin County and Florida for select years between 2010 and 2018. The percentage in the county has increased slightly from 23.8% in 2010 to 27% in 2018. This prevalence has remained lower than the state.

Table 117: Percentage of High School Students Who Are Overweight or Obese, Martin County and Florida, Select Years Between 2010 and 2018

Year	Martin County	Florida
2010	23.8%	25.8%
2012	25.1%	25.9%
2014	28.1%	27.4%
2016	25.3%	29.3%
2018	26.9%	30.5%

Source: FloridaCHARTS, Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2018
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the percent of overweight or obese students by grade level in Martin County for school years 2012-2019. The percentage has been increasing since 2015 for first graders and sixth graders and has remained consistent for third graders. In the school year 2018-2019, 30% of first graders, 37% of third graders, and 42% of sixth-graders were overweight or obese.

Table 118: Percent of Overweight or Obese Students by Grade Level, Martin County, 2013-2019

Grade	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
First Grade	28.0%	28.0%	29.2%	26.8%	27.7%	28.6%	30.0%
Third Grade	31.6%	33.9%	33.4%	36.8%	38.5%	36.4%	36.9%
Sixth Grade	35.7%	35.1%	37.3%	37.3%	39.9%	40.0%	41.7%

Source: Martin County Health Department, School Health Report, 2019
Compiled by: Health Council of Southeast Florida, 2020

INFECTIOUS DISEASE

TUBERCULOSIS

Tuberculosis (TB) is caused by a bacterium called *Mycobacterium Tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body, such as the kidney, spine, and brain. [39]The table below shows tuberculosis cases in Martin County and Florida between 2014 and 2018. The rate in the county has fluctuated over the years and was only higher than the state in 2017. In 2018, the rate in the county was 2.6 per 100,000 population.

Table 119: Tuberculosis Cases, Rate Per 100,000 Population, Martin County and Florida, 2014-2018

Year	Martin County			Florida		
	Count	Denominator	Rate	Count	Denominator	Rate
2014	2	148,900	1.3	590	19,579,871	3.0
2015	2	150,331	1.3	601	19,897,762	3.0
2016	1	151,081	0.7	639	20,231,092	3.2
2017	5	152,333	3.3	549	20,555,728	2.7
2018	4	155,705	2.6	591	20,957,705	2.8

Source: FloridaCHARTS, Florida Department of Health, Division of Disease Control and Health Protection, Tuberculosis Section, 2018
Compiled by: Health Council of Southeast Florida, 2020

[39] Centers for Disease Control and Prevention. (2016, March 20). Basic Tuberculosis Facts. https://www.cdc.gov/tb/topic/basics/default.htm

HIV

HIV (Human Immunodeficiency Virus) is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases. It is spread by contact with certain bodily fluids of a person with HIV, most commonly during unprotected sex (sex without a condom or HIV medicine to prevent or treat HIV), or through sharing injection drug equipment. If left untreated, HIV can lead to the disease AIDS (Acquired Immunodeficiency Syndrome).[40]

The table below shows new HIV cases in Martin County and Florida from 2015 to 2019. The rate in the county has fluctuated during this timeframe but remained below the state. In 2019, the rate in the county was 8.9 per 100,000 population.

Table 120: HIV Cases, Rate Per 100,000 Population, Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denominator	Rate	Count	Denominator	Rate
2015	14	150,331	9.3	4,679	19,897,762	23.5
2016	7	151,081	4.6	4,789	20,231,092	23.7
2017	12	152333	7.9	4,766	20,555,733	23.2
2018	15	155,705	9.6	4906	20,957,705	23.4
2019	14	158,006	8.9	4,584	21,268,553	21.6

Source: FloridaCHARTS, Florida Department of Health, HIV/AIDS Section, 2018
Compiled by: Health Council of Southeast Florida, 2020

[40] HIV.gov. (n.d.). What Are HIV and AIDS? Retrieved May 18, 2020, from https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/what-are-hiv-and-aids

The figure below shows the HIV case rate per 100,000 population in Martin County and Florida by race between 2015 and 2019. The rate in the county among the non-Hispanic White population has doubled from 3.3 per 100,000 in 2015 to 6.0 per 100,000 in 2019. The rate among the non-Hispanic Black population has fluctuated during this timeframe, which a significant increase from 25.7 per 100,000 in 2016 and 76.0 per 100,000 in 2017. In 2019 the rate among the non-Hispanic Black population in the county was 48.5 per 100,000 which was lower than the state rate. There is a clear disparity that exists within the county, in 2019 the rate was 8 times higher among the non-Hispanic Black population compared to the non-Hispanic White population, 48.5 and 6.0 per 100,000, respectively.

Table 121: HIV Cases, Rate Per 100,000 Population, by Race, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	Non-Hispanic White		Non-Hispanic Black		Non-Hispanic White		Non-Hispanic Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	4	3.3	4	50.7	1,128	10.1	2,006	64.5
2016	3	2.5	2	25.7	1,117	9.8	2,040	64.7
2017	3	2.5	6	76.0	1,160	10.5	2,003	62.5
2018	7	6.6	6	74.7	1156	10.7	1,891	59.0
2019	7	6.0	4	48.5	1,094	10.0	1,762	53.2

Source: FloridaCHARTS, Florida Department of Health, HIV/AIDS Section, 2019
Compiled by: Health Council of Southeast Florida, 2020

This figure shows the HIV case rate per 100,000 population in Martin County and Florida by ethnicity between 22015 and 2019. The rate among the Hispanic population in the county has fluctuated over the years shown but has remained below the state. In 2019, the HIV case rate among the Hispanic population in the county was 13.6 per 100,000.

Table 122: HIV Cases, Rate Per 100,000 Population, by Ethnicity, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	5	26.0	8	6.1	1,447	30.2	3,244	21.5
2016	2	10.2	5	3.8	1,531	30.8	3,266	21.4
2017	2	9.9	9	6.8	1,484	28.9	3,264	21.2
2018	1	4.7	13	9.7	1604	29.7	3,148	20.2
2019	3	13.6	11	8.1	1,632	29.2	2,952	18.8

Source: FloridaCHARTS, Florida Department of Health, HIV/AIDS Section, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the AIDS cases in Martin County and Florida between 2015 to 2019 The rate in the county has fluctuated over the years shown but has remained below the state. In 2019, the rate in the county was 4.4 per 100,000 population, which was significantly lower than the state rate.

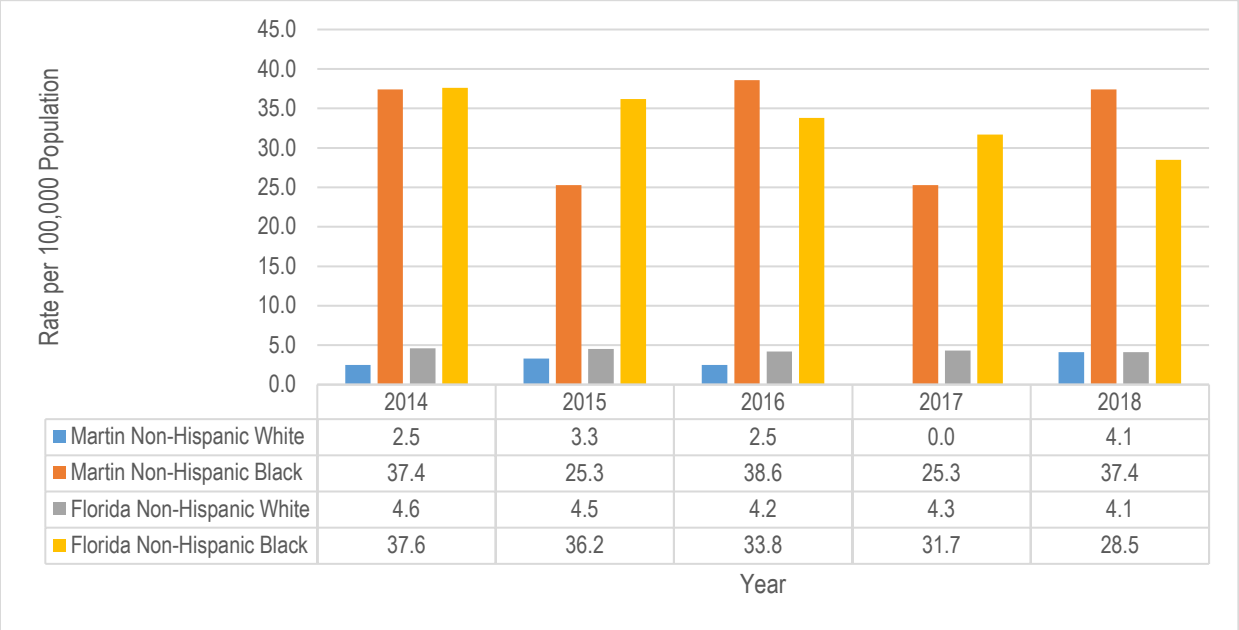
Table 123: AIDS Cases, Rate Per 100,000 Population, Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denom	Rate	Count	Denom	Rate
2015	8	150,331	5.3	2,137	19,897,762	10.7
2016	7	151,081	4.6	2,114	20,231,092	10.4
2017	2	152,333	1.3	2,040	20,555,733	9.9
2018	9	155,705	5.1	1,918	20,957,705	9.1
2019	7	158,006	4.4	1,879	21,268,553	8.8

Source: FloridaCHARTS, Florida Department of Health, HIV/AIDS Section, 2019
Compiled by: Health Council of Southeast Florida, 2020

This figure shows AIDS cases rate per 100,000 population in Martin County and Florida by race between 2014 and 2018. The rate among the non-Hispanic White population in the county has fluctuated over the years shown but has remained below the state. The rate among the non-Hispanic Black population in the county has fluctuated in the years shown and was higher than the state in 2016 and 2018. There is a disparity that exists within the county as the non-Hispanic Black population has had considerably higher rates than the White population. In 2018, these rates were 37.4 and 4.1 per 100,000, respectively.

Figure 53: AIDS Cases, Rate Per 100,000 Population, by Race, Martin County and Florida, 2014-2018

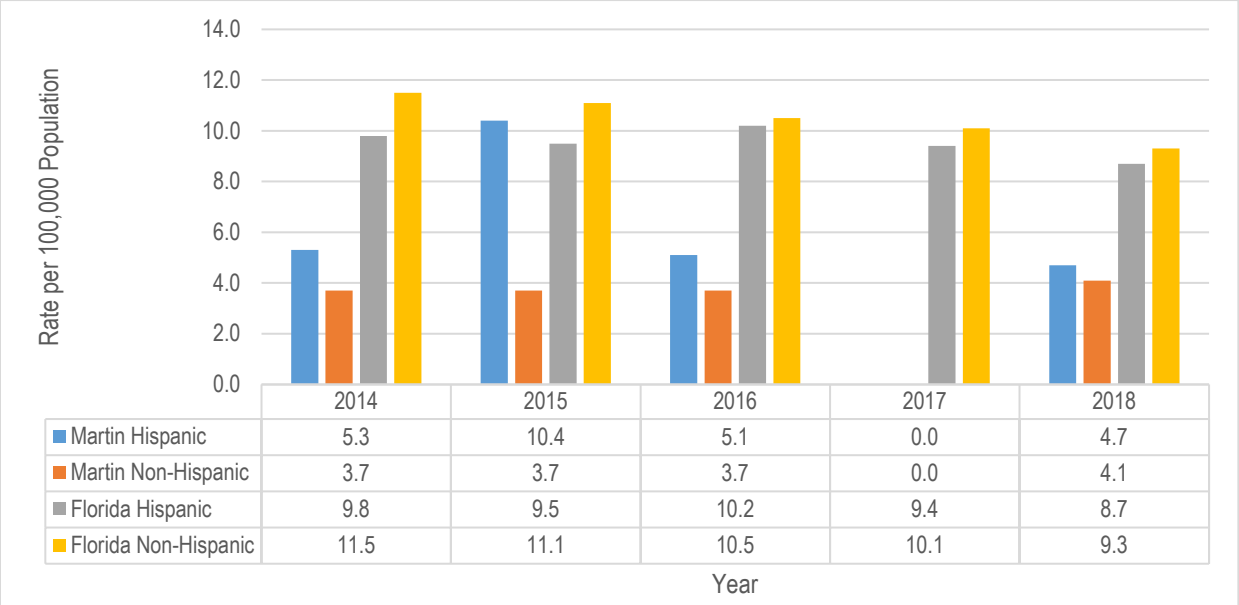


	2014	2015	2016	2017	2018
Martin Non-Hispanic White	2.5	3.3	2.5	0.0	4.1
Martin Non-Hispanic Black	37.4	25.3	38.6	25.3	37.4
Florida Non-Hispanic White	4.6	4.5	4.2	4.3	4.1
Florida Non-Hispanic Black	37.6	36.2	33.8	31.7	28.5

Source: FloridaCHARTS, Florida Department of Health, HIV/AIDS Section, 2018
Compiled by: Health Council of Southeast Florida, 2020

The figure below shows the AIDS case rate per 100,000 population in Martin County and Florida by ethnicity between 2014 and 2018. The rate among the Hispanic population has fluctuated in the years shown but remained below that of the state. In 2018, the rate among the Hispanic population in the county was 4.7 per 100,000 population.

Figure 54: AIDS Cases, Rate Per 100,000 Population, by Ethnicity, Martin County and Florida, 2014-2018



	2014	2015	2016	2017	2018
Martin Hispanic	5.3	10.4	5.1	0.0	4.7
Martin Non-Hispanic	3.7	3.7	3.7	0.0	4.1
Florida Hispanic	9.8	9.5	10.2	9.4	8.7
Florida Non-Hispanic	11.5	11.1	10.5	10.1	9.3

Source: FloridaCHARTS, Florida Department of Health, HIV/AIDS Section, 2018
Compiled by: Health Council of Southeast Florida, 2020

SEXUALLY TRANSMITTED INFECTIONS

Sexually transmitted diseases (STDs) are infections that are passed from one person to another through sexual contact. The causes of STDs are bacteria, parasites, and viruses. There are more than 20 types of STDs, including chlamydia, gonorrhea, syphilis, HIV/AID.[41] The table below presents infectious syphilis cases in Martin County and Florida between 2014 and 2018. The rate in the county has been steadily increasing since 2016 but has remained below that of the state. In 2018, the rate in the county was 9.0 per 100,000 population.

Table 124: Infectious Syphilis, Rate Per 100,000 Population, Martin County and Florida, 2014-2018

Year	Martin County			Florida		
	Count	Denom	Rate	Count	Denom	Rate
2014	6	148,900	4.0	1,714	19,579,871	8.8
2015	5	150,331	3.3	2,090	19,897,762	10.5
2016	2	151,081	1.3	2,407	20,231,092	11.9
2017	5	152,333	3.3	2,388	20,555,733	11.6
2018	14	155,705	9.0	2,887	20,957,705	13.8

Source: FloridaCHARTS, Florida Department of Health, Bureau of Communicable Diseases, 2018
Compiled by: Health Council of Southeast Florida, 2020

This table presents gonorrhea cases in Martin County and Florida between 2014 and 2018. The rate in the county has fluctuated over the years shown but has remained below that of the state. In 2018, the rate in the county was 45 cases per 100,000 population.

Table 125: Gonorrhea Cases, Rate Per 100,000 Population, Martin County and Florida, 2014-2018

Year	Martin County			Florida		
	Count	Denom	Rate	Count	Denom	Rate
2014	53	148,900	35.6	20,597	19,579,871	105.2
2015	61	150,331	40.6	24,186	19,897,762	121.6
2016	52	151,081	34.4	28,153	20,231,092	139.2
2017	50	152,333	32.8	31,680	20,555,733	154.1
2018	70	155,705	45.0	32,747	20,957,705	156.3

Source: FloridaCHARTS, Florida Department of Health, Bureau of Communicable Diseases, 2018
Compiled by: Health Council of Southeast Florida, 2020

[41] MedlinePlus. (n.d.). Sexually Transmitted Diseases . Retrieved May 18, 2020, from https://medlineplus.gov/sexuallytransmitteddiseases.html

This table presents chlamydia cases in Martin County and Florida between 2014 and 2018. The rate in the county has fluctuated over the years shown but has remained below that of the state. In 2018, the county rate was 229.3 per 100,000 population.

Table 126: Chlamydia Cases, Rate Per 100,000 Population, Martin County and Florida, 2014-2018

Year	Martin County			Florida		
	Count	Denom	Rate	Count	Denom	Rate
2014	273	148,900	183.3	83,127	19,579,871	424.6
2015	357	150,331	237.5	90,633	19,897,762	455.5
2016	334	151,081	221.1	94,719	20,231,092	468.2
2017	343	152,333	225.2	100,002	20,555,733	486.5
2018	357	155,705	229.3	105,058	20,957,705	501.3

Source: FloridaCHARTS, Florida Department of Health, Bureau of Communicable Diseases, 2018
Compiled by: Health Council of Southeast Florida, 2020

FIREARM INJURIES

The table below presents hospitalizations for non-fatal firearm injuries in Martin County and Florida between 2014 and 2018. The rate has fluctuated in the county but remained below that of the state. In 2018, the county rate was 5.1 firearm injuries per 100,000 population.

Table 127: Hospitalizations for Non-Fatal Firearm Injuries, Rate Per 100,000 Population, Martin County and Florida, 2014-2018

Year	Martin County			Florida		
	Count	Denom	Rate	Count	Denom	Rate
2014	7	148,900	4.7	1,656	19,579,871	8.5
2015	7	150,331	4.7	1,902	19,897,762	9.6
2016	-	-	-	2,127	20,231,092	10.5
2017	6	152,333	3.9	1,958	20,555,728	9.5
2018	8	155,705	5.1	1,930	20,957,705	9.2

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

UNINTENTIONAL FALLS

Each year, millions of adults 65 and older fall in the United States. One out of five falls causes a serious injury such as a broken bone or a head injury. These injuries can make it hard for a person to get around, do everyday activities, or live on their own.[42]

The table below presents hospitalizations for non-fatal unintentional falls in Martin County and Florida between 2014 and 2018. The rate has fluctuated in the years shown and has remained consistently higher than the state.

Table 128: Hospitalizations for Non-Fatal Unintentional Falls, Rate Per 100,000 Population, Martin County and Florida, 2014-2018

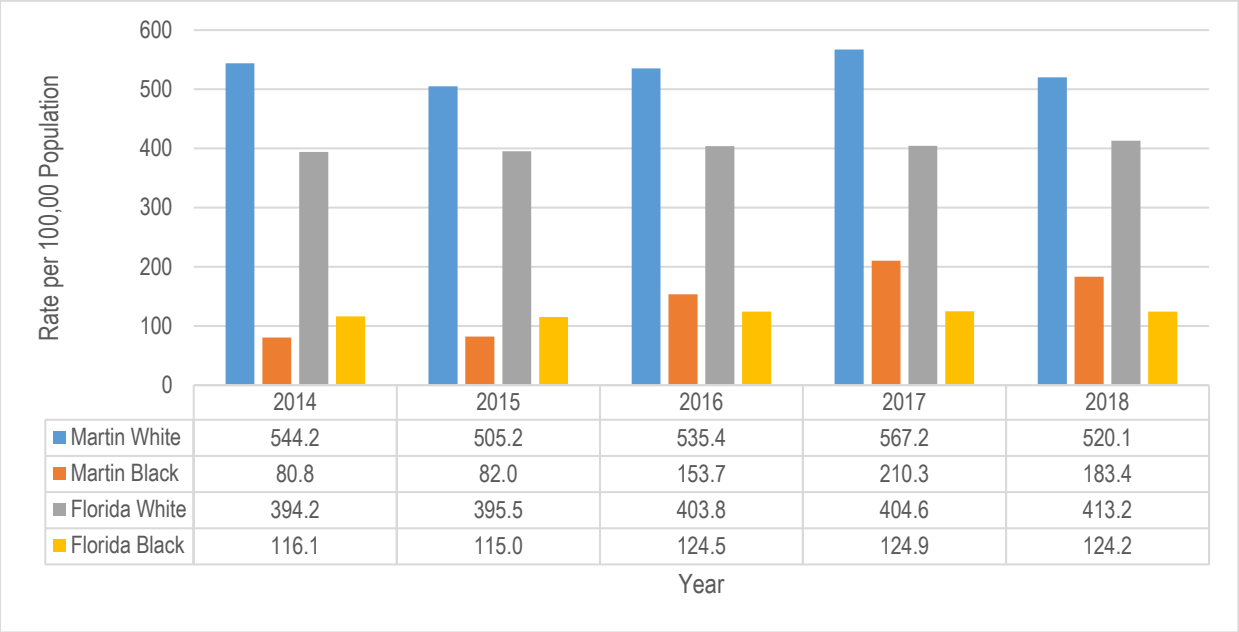
Year	Martin County			Florida		
	Count	Denom	Rate	Count	Denom	Rate
2014	767	148,900	515.1	67,864	19,579,871	346.6
2015	723	150,331	480.9	68,791	19,897,762	345.7
2016	780	151,081	516.3	71,246	20,231,092	352.2
2017	837	152,333	549.5	72,650	20,555,728	353.4
2018	779	155,705	500.3	75,930	20,957,705	362.3

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

[42] Centers for Disease Control and Prevention. (n.d.). Important Facts about Falls. Retrieved May 18, 2020, from https://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html

This figure presents hospitalizations for non-fatal unintentional falls rate per 100,000 population in Martin County and Florida by race between 2014 and 2018. The rate among the White population and the Black population in the county has fluctuated over the years shown. The rate among the White population in the county has remained consistently higher than the state. The rate among the Black population in the county was higher than the state between 2016 and 2018. The White population in the county has had consistently higher rates than the Black population – sometimes as much as six times the difference. In 2018, these rates were 520.1 and 183.4 per 100,000 population, respectively.

Figure 55: Hospitalizations for Non-Fatal Unintentional Falls, Rate Per 100,000 Population, by Race, Martin County and Florida, 2014-2018

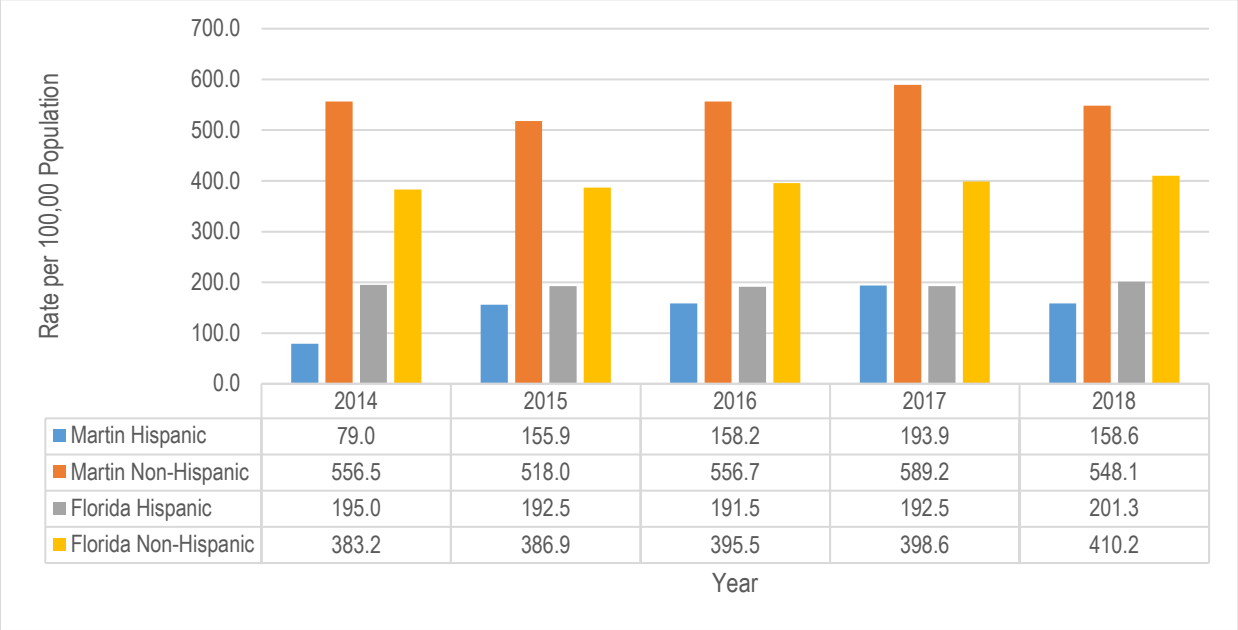


	2014	2015	2016	2017	2018
Martin White	544.2	505.2	535.4	567.2	520.1
Martin Black	80.8	82.0	153.7	210.3	183.4
Florida White	394.2	395.5	403.8	404.6	413.2
Florida Black	116.1	115.0	124.5	124.9	124.2

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

This figure presents hospitalizations for non-fatal unintentional falls rate per 100,000 population in Martin County and Florida by ethnicity between 2014 and 2018. The rate in the county among the Hispanic population has been mostly increasing but has remained lower than the state. In 2018, the rate among the Hispanic population in the county was 158.6 per 100,000 population.

Figure 56: Hospitalizations for Non-Fatal Unintentional Falls, Rate Per 100,000 Population, by Ethnicity, Martin County and Florida, 2014-2018



	2014	2015	2016	2017	2018
Martin Hispanic	79.0	155.9	158.2	193.9	158.6
Martin Non-Hispanic	556.5	518.0	556.7	589.2	548.1
Florida Hispanic	195.0	192.5	191.5	192.5	201.3
Florida Non-Hispanic	383.2	386.9	395.5	398.6	410.2

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

ENTERIC DISEASE

Enteric bacteria typically enter the body through the mouth. They are acquired through contaminated food and water, by contact with animals or their environments, and by contact with the feces of an infected person. [43]

This table shows enteric disease in Martin County and Florida in 2013, 2014 and 2016. The rate in the county has been increasing and was higher than the state in 2014 and 2016. In 2016, the county rate was 92 per 100,000 population.

Table 129: Enteric Diseases, Rate Per 100,000, Martin County and Florida, 2013, 2014, 2016

Year	Martin County			Florida		
	Count	Denom	Rate	Count	Denom	Rate
2013	75	148,189	50.6	11,013	19,314,396	57.0
2014	112	148,900	75.2	13,950	19,579,871	71.2
2016	139	151,081	92.0	11,517	20,231,092	56.9

Source: FloridaCHARTS, Florida Agency for Healthcare Administration, 2016
Compiled by: Health Council of Southeast Florida, 2020

[43] Centers for Disease Control and Prevention. (2018, June 15). Enteric Diseases Epidemiology Branch. https://www.cdc.gov/ncezid/dfwed/edeb/index.html

MORTALITY

LEADING CAUSES OF DEATH

The table below shows the leading causes of death in Martin County in 2019. In this year, there was a total of 7,030 years of potential life lost per 100,000 under 75 years of age. The leading cause of death in the county was heart disease, which resulted in 445 deaths; accounted for 22.7% of total deaths; a crude death rate of 281.6 per 100,000; an age-adjusted death rate of 111 per 100,0000; and 757.8 years of potential life lost per 100,000 under 75 years of age. The second leading cause of death in the county was cancer, which accounted for 444 deaths; 22.6% of all deaths; a crude death rate of 281 per 100,000; an age-adjusted death rate of 129.1 per 100,000; and 1,614 years of potential life lost per 100,000 under 75 years of age. Other notable findings include the age-adjusted death rate due to unintentional injury in the county was higher than the state (63.7 compared to 55.5) and accounted for 1,781.5 years of potential life lost in the county, which was higher than the state's number of 1,530.9. Additionally, the age-adjusted suicide death rate in the county was higher than the state (16 compared to 14.5) and accounted for 469.4 years of potential life lost, which was higher than the state's number of 426.1.

Table 130: Leading Causes of Death, Rate Per 100,000 Population, Martin County, 2019

Causes of Death	Deaths	Percent of Total Deaths	Crude Death Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
ALL CAUSES	1,964	100.0%	1,243.0	568.3	7,030.0
HEART DISEASE	445	22.7%	281.6	111.0	757.8
CANCER	444	22.6%	281.0	129.1	1,614.0
STROKE	148	7.5%	93.7	35.9	215.6
UNINTENTIONAL INJURY	115	5.9%	72.8	63.7	1,781.5
CHRONIC LOWER RESPIRATORY DISEASE	113	5.8%	71.5	26.6	121.7
ALZHEIMER'S DISEASE	104	5.3%	65.8	22.6	36.8
DIABETES	47	2.4%	29.7	12.8	142.0
SUICIDE	32	1.6%	20.3	16.0	469.4
PARKINSON'S DISEASE	30	1.5%	19.0	7.5	18.8
HYPERTENSION	30	1.5%	19.0	6.9	30.8
CHRONIC LIVER DISEASE AND CIRRHOSIS	26	1.3%	16.5	11.5	304.2
SEPTICEMIA	23	1.2%	14.6	6.6	48.1
INFLUENZA AND PNEUMONIA	19	1.0%	12.0	5.5	56.3

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Note: YPLL=years of potential life lost
Compiled by: Health Council of Southeast Florida, 2020

ALZHEIMER'S DEATHS

This table presents the age-adjusted Alzheimer's disease deaths between 2015 and 2019 in Martin County and Florida. Martin County has had a higher Alzheimer's disease age-adjusted death rate than Florida in the years shown. Between 2015 and 2016, the rate in the county increased, but then trended down between 2016 and 2018. Between 2018 and 2019, there was a slight increase.

Table 131: Age-adjusted Alzheimer's Disease Deaths, Rate per 100,000 Population, Martin County and Florida, 2015-2019

Years	Martin		Florida	
	Count	Rate	Count	Rate
2015	105	25.0	7,021	22.4
2016	132	30.9	7,152	22.2
2017	119	27.2	6,956	21.0
2018	93	20.4	6,711	20.0
2019	104	22.6	6,531	18.8

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows Alzheimer's disease age-adjusted deaths in Martin County and Florida by race between 2015 and 2019. From 2016 to 2018, the rate among the White population in Martin County steadily decreased; however, in 2019 this rate increased. For all years except 2018, the Alzheimer's death rate among the White population in Martin was higher than the state. From 2015 to 2017, the rate among the non-White population in the county has fluctuated; however it has decreased in 2018 and 2019. Among the non-White population this rate was higher than the state from 2015 to 2017. In 2019, the rate for the White population in the county was 22.9 per 100,000 and for the non-White population was 8.5 per 100,000 population. It is important to note caution should be used when comparing rates when the counts are less than 5.

Table 132: Age-adjusted Alzheimer's Disease Deaths, Rate per 100,000 Population, by Race, Martin County and Florida, 2015-2019

Years	Martin County				Florida			
	White		Non-White		White		Non-White	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	101	24.8	4	40.8	6,470	22.7	550	19.2
2016	130	31.3	2	21.0	6,631	22.7	517	17.0
2017	114	26.7	5	47.7	6,465	21.7	490	15.3
2018	91	20.4	2	16.3	6,171	20.4	534	16.5
2019	103	22.9	1	8.5	6,020	19.3	509	14.8

Data note: Use caution when interpreting rates and ratios based on small numbers of events. Rates and ratios are considered unstable if they are based on fewer than 5 cases or if the denominator (population at risk) is fewer than 20.
Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2018
Compiled by: Health Council of Southeast Florida, 2020

The table below shows Alzheimer's disease age-adjusted death rate per 100,000 population in Martin County and Florida by ethnicity between 2015 and 2019. Between 2016 and 2018, the rate of people who died of Alzheimer's disease and identified as Hispanic in Martin County declined but the rate increased in 2019. Compared to the Hispanic population in the state, the rate among the Martin County Hispanic population was higher than the state in 2015, 2016, and 2019. In 2019, the rate among the Hispanic population in the county was 45.1 per 100,000 population. It is important to note caution should be used when comparing rates when the counts are less than 5.

Table 133: Age-adjusted Alzheimer's Disease Deaths, Rate per 100,000 Population, by Ethnicity, Martin County and Florida, 2015-2019

Years	Martin County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	3	39.4	102	24.8	1,078	25.6	5,925	21.9
2016	5	59.9	127	30.3	1,192	26.4	5,941	21.5
2017	2	20.0	117	27.4	1,236	25.9	5,701	20.2
2018	2	17.1	91	20.4	1,308	25.2	5,390	19.0
2019	5	45.1	99	22.0	1,302	24.1	5,219	17.8

Data note: Use caution when interpreting rates and ratios based on small numbers of events. Rates and ratios are considered unstable if they are based on fewer than 5 cases or if the denominator (population at risk) is fewer than 20.
Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

HEART DISEASE DEATHS

This table shows the age-adjusted death rate for major cardiovascular diseases in Martin County and Florida between 2015 and 2019. During this time period, Martin County has had a lower death rate than the state. The rate of deaths related to major cardiovascular diseases in Martin County has fluctuated in the years shown and in 2019 the rate was 159.9 per 1000,000.

Table 134: Age-Adjusted Major Cardiovascular Diseases Deaths, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	587	160.9	60,632	205.2
2016	628	170.5	61,790	203.5
2017	676	183.8	63,236	202.7
2018	604	158.8	64,737	203.2
2019	648	159.9	65,468	198.9

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

This table shows the age-adjusted death rate for major cardiovascular diseases per 100,000 in Martin County and Florida by race between 2015 and 2019. The rate among the White population in the county had steadily increased between 2015 and 2017 and subsequently decreased in 2018. These rates have been consistently lower than the state. The rate among the Black population in the county has fluctuated over the years shown but has remained lower than the state. In 2019, the rate of major cardiovascular disease was 141.7 which was lower than the rate among the White population (159.5 per 100,000).

Table 135: Major Cardiovascular Diseases Age-Adjusted Death Rate, Rate Per 100,000, by Race, Martin County and Florida, 2015-2019

	Martin				Florida			
	White		Non-White		White		Non-White	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	567	159.4	20	166.9	52,886	200	7,717	227.3
2016	608	170.3	20	160.9	53,628	198.1	8,131	227.9
2017	646	179.2	29	226.0	54,644	197.1	8,549	227.2
2018	585	159.0	19	140.6	55,757	197.1	8,917	230.7
2019	629	159.5	19	141.7	56,354	193.4	9,058	224.7

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows major cardiovascular disease age-adjusted death rate per 100,000 population in Martin County and Florida by ethnicity between 2015 and 2019. The rate among the Hispanic population in the county has fluctuated over the years shown but has remained below the state. In 2019, the rate among the Hispanic population in the county was 99.4 per 100,000 which was lower than the rate among the non-Hispanic population (161.7 per 1000,000).

Table 136: Major Cardiovascular Diseases Age-Adjusted Death Rate, Rate Per 100,000, by Ethnicity, Martin County and Florida, 2015-2019

	Martin				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	9	92.2	577	162.8	7,689	178.6	52,624	210.4
2016	17	170.1	609	170.9	8,103	176.8	53,327	209
2017	15	131.7	660	185.3	8,425	173.5	54,386	208.6
2018	19	151.6	585	158.3	8,793	167.7	55,480	210.4
2019	13	99.4	629	161.7	9,082	165.1	55,896	206.0

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows deaths related to hypertension in Martin County and Florida between 2015 and 2019. Martin County has had lower death rates per 100,000 than Florida during this timeframe. In 2019 there were 30 deaths at a rate of 6.9 per 100,000 in Martin County due to hypertension.

Table 137: Age-adjusted Hypertension Deaths, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	17	4.8	2,185	7.5
2016	11	2.7	2,454	8.2
2017	24	7.1	2,618	8.5
2018	27	6.7	2,773	8.7
2019	30	6.9	2,737	8.4

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows hypertension age-adjusted death rate per 100,000 population in Martin County and Florida by race between 2015 and 2019. In 2019, the count of hypertension deaths was 28 among the White population and 2 among the non-White Population. The rate among the White population in the county doubled from 2016 to 2017, and has remained consistent from 2017 to 2019.The rate among the Black population in the county has fluctuated during this timeframe and was higher than the state from 2017 to 2019. It is important to note caution should be used when comparing rates when the counts are less than 5.

Table 138: Hypertension Age-Adjusted Death Rate, Rate Per 100,000, by Race, Martin County and Florida, 2015-2019

Years	Martin County				Florida			
	White		Non-White		White		Non-White	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	16	4.7	1	11.2	1,755	6.6	429	12.6
2016	11	2.8	0	0.0	1,942	7.2	510	14.3
2017	22	6.8	2	16.0	2,101	7.7	515	13.6
2018	25	6.4	2	16.3	2,206	7.8	565	14.3
2019	28	6.5	2	15.0	2,164	7.5	573	14.2

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows hypertension age-adjusted deaths in Martin County and Florida by ethnicity between 2015 and 2019. During this timeframe there as a total of four hypertension deaths among the Hispanic population, and the rate was highest in 2018 at 20.5 per 1000,000 which was higher than the state. It is important to note caution should be used when comparing rates when the counts are less than five.

Table 139: Hypertension Age-Adjusted Death Count and Rate, Rate Per 100,000, by Ethnicity, Martin County and Florida, 2015-2019

Years	Martin County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	0	0.0	17	5.0	233	5.4	1,943	7.9
2016	0	0.0	11	2.8	248	5.4	2,183	8.7
2017	2	15.6	22	6.4	304	6.2	2,296	8.9
2018	2	20.5	25	6.4	354	6.8	2,395	9.2
2019	0	0	30	7.1	317	5.8	2,400	9.0

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

In Martin County and the state, heart disease is the second leading cause of death. The table below shows age-adjusted coronary heart disease deaths in Martin County and Florida between 2015 and 2019. The rate in the county has fluctuated during this timeframe and has remained below that of the state but was higher than the Healthy People 2030 target of 71.1.

Table 140: Age-adjusted Coronary Heart Disease Deaths, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	277	76.7	28,796	97.2
2016	335	92.1	29,137	95.5
2017	332	88.0	29,075	92.9
2018	263	68.2	29,456	91.9
2019	303	75.7	29,359	88.6

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

Healthy People 2030 Target

71.1 coronary heart disease deaths per 100,000 population

The table below shows coronary heart disease age-adjusted death rates per 100,000 in Martin County and Florida by race between 2015 and 2019. The rate among the White population has fluctuated during this timeframe and remained lower than the state rate. Among the non-White population, the rate has fluctuated during this timeframe, and in 2016 and 2017 the rate was higher than the rate for the White population in the county and the non-White population in the state. In 2019, the rate among the non-White population was 64.4 per 100,000 which was lower than the rate among the White population, 75.2 per 100,000.

Table 141: Coronary Heart Disease Age-Adjusted Death Rate, by Race, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	White		Non-White		White		Non-White	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	272	77.8	5	40.9	25,746	97.7	3,032	89.1
2016	322	91.1	13	104.0	25,791	95.3	3,327	93.1
2017	320	86.3	12	93.3	25,724	92.8	3,334	88.4
2018	258	69.4	5	34.5	25,974	91.7	3,454	89.0
2019	294	75.2	9	64.4	25,898	88.6	3,428	84.3

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

When looking at the death rate for coronary heart disease by ethnicity, the table below shows a spike in 2016 for both the Hispanic and non-Hispanic populations in Martin County. Despite this spike, between 2016 and 2019, the death rate has declined among the Hispanic and non-Hispanic populations. In 2019, the rate among the Hispanic population was 35.4 per 100,000 which was lower than the rate among the non-Hispanic population. It is important to note caution should be used when comparing rates when the counts are less than 5.

Table 142: Coronary Heart Disease Age-Adjusted Death Rate, by Ethnicity, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	5	55.8	272	77.7	3,798	88.3	24,812	98.7
2016	7	72.9	326	92.7	3,871	84.4	25,087	97.6
2017	5	39.6	327	89.3	3,943	81.4	24,898	95.0
2018	4	36.7	259	69.7	3,963	75.7	25,249	94.9
2019	5	35.4	296	77.3	4,061	73.9	25,038	91.5

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

Congestive heart failure (CHF) is a condition in which the heart can't pump enough blood to meet the body's needs. CHF is more common in people who are 65 years or older, people who are overweight and people who are Black. [44]

The age-adjusted death rate due to congestive heart failure has remained consistently lower than the state in Martin County. Since 2015, this death rate has decreased for the county and fluctuated for the state. In 2019, the rate in the county was 6.4 per 100,000, which was lower than the state rate of 12.8 per 100,000.

Table 143: Congestive Heart Failure Age-Adjusted Death Rate, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	45	10.2	3,211	10.4
2016	28	6.6	3,009	9.5
2017	23	5.2	2,985	9.2
2018	25	5.8	3,232	9.8
2019	30	6.4	4,320	12.8

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

[44] National Heart, Lung, and Blood Institute (n.d.). Heart Failure. Retrieved May 16, 2020, from https://www.nhlbi.nih.gov/health-topics/heart-failure

The next table shows congestive heart failure age-adjusted death rate per 100,000 in Martin County and Florida by race between 2015 and 2019. There was a total of two congestive heart failure deaths among the non-White population during this timeframe, and the rates have fluctuated. The rate among the White population in the county has decreased since 2016 and been below the state. It is important to note caution should be used when comparing rates when the counts are less than five.

Table 144: Congestive Heart Failure Age-Adjusted Death Rate, Rate Per 100,000, by Race, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	White		Non-White		White		Non-White	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	45	10.4	0	0	2,892	10.3	319	10
2016	27	6.4	1	7.5	2,694	9.4	315	9.3
2017	23	5.4	0	0	2,629	9	355	10
2018	24	5.6	1	5.7	2,872	9.7	356	9.7
2019	30	6.6	0	0	3,760	12.4	558	14.3

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows congestive heart failure age-adjusted death rate per 100,000 in Martin County and Florida by ethnicity between 2015 and 2019. There were a total of three deaths among the Hispanic population during this timeframe, and the rate has fluctuated. Among the non-Hispanic population, the rate has decreased during this timeframe and remained lower than the state.

Table 145: Congestive Heart Failure Age-Adjusted Death Rate, Rate Per 100,000, by Ethnicity, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	1	9.7	44	10.2	312	7.4	2,886	10.9
2016	0	0	28	7.1	340	7.5	2,656	10.4
2017	-	-	-	-	-	-	-	-
2018	0	0	30	7.2	365	6.9	3,764	13.6
2019	2	15.9	258	6.1	458	8.3	3,839	13.6

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

Between 2015 and 2019, as shown below, the age-adjusted stroke death rate has fluctuated but remained lower than the state. In 2019, the stroke death rate in Martin County was 35.9 per 100,000 which was lower than the state rate but was above the Healthy People 2030 target of 33.4.

Table 146: Stroke Age-Adjusted Death Rate, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	125	34.1	11,410	38.1
2016	127	33.5	11,843	38.5
2017	124	34.5	12,557	39.6
2018	130	32.5	13,238	41.0
2019	148	35.9	13,868	41.4

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

Healthy People 2030 Target

71.1 coronary heart disease deaths per 100,000 population

The table below shows the age-adjusted death rate by race in Martin County. Between 2015 and 2019, the rate among the non-White population has fluctuated and was higher than the rate among the White population in 2015, 2017 and 2018. The rate among the non-White population was also higher than the state rate in 2015 and 2017.

Table 147: Stroke Age-Adjusted Death Rate, by Race, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	White		Non-White		White		Non-White	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	117	32.3	8	67.9	9,690	35.8	1,717	52.1
2016	124	34.0	3	27.9	10,085	36.5	1,753	50.9
2017	114	31.5	9	75.3	10,587	37.2	1,955	53.9
2018	124	32.0	6	47.6	11,236	38.8	1,987	54.2
2019	144	36.2	4	32.1	11,719	39.2	2,142	55.1

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the stroke age-adjusted death rate by ethnicity. Compared to non-Hispanic residents, Hispanic residents had a lower stroke death rate for all years except 2016.

Table 148: Stroke Age-Adjusted Death Rate, by Ethnicity, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate

2015	0	0.0	125	35.6	1,626	37.9	9,736	38.2
2016	7	75.0	120	32.7	1,730	38.0	10,066	38.7
2017	3	25.6	121	35.1	1,839	37.9	10,665	40.0
2018	3	19.8	127	31.8	2,103	40.2	11,065	41.1
2019	3	20.6	144	36.0	2,200	40.1	11,605	41.6

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

CANCER DEATHS

As previously mentioned, cancer is the leading cause of death in Martin County and Florida. The table below compares the age-adjusted cancer death rate for Martin County and Florida from 2015 to 2019. For the observed years, Martin County's cancer death rate was consistently lower than the state but higher than the Healthy People 2030 target of 122.7. The death rate decreased from 142.6 per 100,000 population in 2015 to 129.1 per 100,000 in 2019, and there was a slight increase in 2018.

Table 149: Cancer Age-Adjusted Death Rate, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	461	142.6	43,877	154.8
2016	447	133.3	44,237	151.5
2017	445	135.1	44,862	149.4
2018	470	141.0	45,199	146.2
2019	444	129.1	45,562	142.8

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

Healthy People 2030 Target

71.1 coronary heart disease deaths per 100,000 population

The table below shows the age-adjusted cancer death rate by race. Between 2015 and 2019, the age-adjusted death rate among White Martin residents had a downward trend with a slight increase in 2018. Conversely, the age-adjusted death rate for the non-White population doubled in 2016 and then gradually decreased. Additionally, non-White residents had a higher cancer death rate than the state and their White counterparts. This disparity was most pronounced in 2017 with a death rate of 163.7 cancer death per 100,000 for non-White residents and 132.7 per 100,000 for White residents.

Table 150: Cancer Age-Adjusted Death Rate, Rate Per 100,000, by Race, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	White		Non-White		White		Non-White	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	451	145.4	10	80.6	38,410	155.3	5,446	148.5
2016	427	131.8	20	165.7	38,614	151.9	5,599	145.9
2017	422	132.7	23	163.7	39,036	149.6	5,801	144.2
2018	449	141.5	21	159.3	39,307	146.8	5,856	140.5
2019	423	127.2	20	138.9	39,378	142.5	6,156	141.1

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

From 2015 to 2019, the age-adjusted cancer death rate among the Hispanic population has fluctuated, but remained lower than the non-Hispanic rate. In 2019, the rate was 120.5 per 100,000 among the Hispanic population which was higher than the state rate at 109.5 per 100,000.

Table 151: Cancer Age-Adjusted Death Rate, Rate Per 100,000, by Ethnicity, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	8	88.3	452	145.5	5220	118.6	38,486	161.7
2016	12	120.5	435	135.0	5,579	120.0	38,514	157.7
2017	11	95.4	434	138.1	5,705	116.5	38,995	156.2
2018	12	88.9	457	143.4	6,026	114.5	39,001	152.9
2019	19	120.5	424	127.5	6,075	109.5	39,292	150.1

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

Nationally and in Florida, tobacco use is a leading cause of cancer and of death from cancer. Exposure to tobacco from the use of tobacco products or secondhand exposure to tobacco smoke increases a person's risk of cancer because tobacco products and secondhand smoke have many chemicals that damage DNA.[45]

The table below shows the age-adjusted tobacco-related cancer death rate. In 2014, the tobacco-related cancer death rate was higher than the state at 69.5 deaths per 100,000 population. Since 2014, the tobacco-related cancer death rate has consistently decreased and remained lower than the state death rate.

Table 152: Tobacco-Related Cancer Age-Adjusted Death Rate, Rate Per 100,000, Martin County and Florida, 2014-2018

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2014	212	69.5	19,108	69.1
2015	208	63.1	19,854	69.4
2016	210	60.1	19,668	66.7
2017	208	61.3	19,816	65.3
2018	185	55.3	19,816	63.3

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2018
Compiled by: Health Council of Southeast Florida, 2020

[45] National Cancer Institute. (2017, January 23). Risk Factors: Tobacco. https://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco

DIABETES DEATHS

The table below shows the age-adjusted diabetes death rate for Martin County and Florida. Between 2015 and 2019, Martin County's diabetes death rate has fluctuated, but was consistently lower death than the state. The rate had almost doubled from 7.8 diabetes deaths per 100,000 population (2015) to 14.5 deaths per 100,000 population (2017), and had decreased to 12.8 per 100,000 in 2019.

Table 153: Diabetes Age-Adjusted Death Rate, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	23	7.8	5,394	19.1
2016	41	12.3	5,780	20.1
2017	39	14.5	6,151	20.7
2018	44	12.9	6,195	20.4
2019	47	12.8	6,158	19.7

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows diabetes age-adjusted death rates by race. Between 2015 and 2019, the death rate among non-White residents in the county has fluctuated and was higher than the non-White state rate in 2016 and 2018. The rate for White residents has also fluctuated during this timeframe, but remained consistently lower than the White state rate. In 2019, there was a three-fold disparity in diabetes death rates among non-White residents compared to White residents, 32.6 and 11.8 per 1000,000 respectively.

Table 154: Diabetes Age-Adjusted Death Rate, by Race, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	White		Non-White		White		Non-White	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	20	7.2	3	23.3	4,178	16.9	1,215	34.1
2016	35	10.8	6	52.3	4,495	17.9	1,280	33.7
2017	37	14.9	2	13.2	4,732	18.3	1,410	35.7
2018	37	11.0	7	44.7	4,813	18.3	1,377	33.4
2019	42	11.8	5	32.6	4,728	17.5	1,421	33.1

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the age-adjusted diabetes death rate by ethnicity. The diabetes death rate for non-Hispanic residents has increased since 2015 from 7.0 deaths per 100,000 to 12.8 death per 100,000. Among Hispanic residents, the diabetes death rate fluctuated between 0 deaths per 100,000 to 25.6 deaths per 100,000. However, caution must be taken when comparing these rates since five or fewer diabetes deaths among Hispanic residents each year were used to calculate these rates.

Table 155: Diabetes Age-Adjusted Death Rate, by Ethnicity, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	3	25.6	20	7.0	839	19.2	4,527	19.2
2016	0	0.0	40	12.4	861	18.6	4,875	20.5
2017	1	8.3	38	15.7	971	19.8	5,132	21.1
2018	1	5.4	41	12.4	971	18.5	5,180	21.0
2019	1	8.6	45	12.8	959	17.3	5,151	20.4

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

HIV DEATHS

The table below shows the HIV/AIDS age-adjusted death rate for Martin County and the state. The HIV/AIDS death rate in Martin County has fluctuated over the years shown, and was highest in 2016 at 3.9 deaths per 100,000. Since there were less than five HIV/AIDS deaths during the observed time-frame, these rates are unstable and caution should be taken when comparing them.

Table 156: HIV/AIDS Age-Adjusted Death Rate, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	0	0.0	873	4.0
2016	5	3.9	864	3.9
2017	2	0.6	749	3.2
2018	1	1.1	692	2.9
2019	0	0.0	692	2.8

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the HIV/AIDs age-adjusted death rate by race. The rates among both groups in the county have fluctuated over the years shown. Due to five or less HIV/AIDS deaths among White and non-White residents each year being used to calculate these rates, they are unstable to compare.

Table 157: HIV/AIDS Age-Adjusted Death Rate, by Race, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	White		Non-White		White		Non-White	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	0	0.0	0	0.0	375	2.1	497	11.8
2016	5	4.4	0	0.0	356	1.9	506	11.7
2017	1	0.3	1	9.0	296	1.6	453	10.1
2018	1	1.3	0	0.0	288	1.5	402	8.7
2019	0	0.0	0	0.0	293	1.4	397	8.3

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the HIV/AIDs age-adjusted death rates by ethnicity in Martin County and Florida between 2015 and 2019. In the county, the rate has fluctuated among the Hispanic population and has decreased since 2016 among the non-Hispanic population. It is important to note rates with a count of less than five are too unstable to compare.

Table 158: HIV/AIDS Age-Adjusted Death Rate, by Ethnicity, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	0	0.0	0	0.0	126	2.6	732	4.4
2016	1	4.7	4	3.4	112	2.2	735	4.4
2017	0	0.0	2	0.6	105	2.0	633	3.7
2018	1	5.1	0	0.0	99	1.8	578	3.3
2019	0	0.0	0	0.0	100	1.7	575	3.1

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

UNINTENTIONAL FALLS DEATHS

The table below highlights the unintentional falls age-adjusted death rate for Martin County compared to the state. Between 2015 and 2019, the unintentional falls death rate was lower than the state all years except 2019. This rate has gradually increased from 9.2 deaths to 10.2 deaths per 100,000 population.

Table 159: Unintentional Falls Age-Adjusted Death Rate, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	34	9.2	2,870	9.6
2016	32	8.0	3,082	10.0
2017	37	9.6	3,183	10.1
2018	32	9.3	3,217	10.0
2019	37	10.2	3,351	10.0

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below looks at the unintentional falls age-adjusted death rate by race. Between 2015 and 2019, the age-adjusted death rate for White residents in the county has increased but has fluctuated among non-White residents. It is important to note rates with a count of less than five are too unstable to compare.

Table 160: Unintentional Falls Age-Adjusted Death Rate, Rate Per 100,000, by Race, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	White		Non-White		White		Non-White	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	32	8.8	2	17.7	2,702	10.1	165	5.2
2016	32	8.2	0	0.0	2,928	10.6	153	4.4
2017	35	9.3	2	18.1	3,016	10.8	166	4.6
2018	31	9.5	1	9.4	3,035	10.6	181	4.9
2019	37	10.8	0	0.0	3,140	10.6	209	5.4

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below looks at the unintentional falls age-adjusted death rate by ethnicity. Among non-Hispanic residents, the unintentional falls death rate has fluctuated and was highest in 2019 at 9.5 deaths per 100,000 population. The rate among the Hispanic population has also fluctuated and was highest in 2019 at 12.8 deaths per 100,000 population. It is important to note rates with a count of less than five are too unstable to compare.

Table 161: Unintentional Falls Age-Adjusted Death Rate, Rate Per 100,000, by Ethnicity, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	1	12.5	33	9.3	237	5.5	2,622	10.2
2016	0	0.0	31	7.9	257	5.6	2,812	10.7
2017	1	5.6	36	9.2	255	5.2	2,912	10.9
2018	2	10.2	30	8.3	265	5.0	2,938	10.9
2019	2	12.8	35	9.5	309	5.6	3,032	10.9

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

UNINTENTIONAL INJURY DEATHS

The table below shows the count and age-adjusted rate of deaths due to unintentional injuries. Between 2015 and 2019, the count of deaths due to unintentional injuries increased from 91 to 115 deaths. Compared to the state, the Martin County age-adjusted death rate for unintentional injuries was higher than the state all years except 2017. In 2019, the age-adjusted death rate for unintentional injuries was 63.7 deaths per 100,000, which was higher than the state rate of 55.5 deaths per 100,000 population.

Table 162: Unintentional Injury Age-Adjusted Death Rate, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	91	49.3	10,346	45.9
2016	108	67.4	12,522	55.7
2017	103	52.7	12,812	56.0
2018	113	69.7	12,616	53.8
2019	115	63.7	13,213	55.5

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the age-adjusted death rate by race for unintentional injury. During the observed timeframe, the unintentional death rate has fluctuated among White and non-White residents in Martin County. The White death rate in the county was higher than the White death rate for the state all years except 2017. It is important to note rates with a count of less than five are too unstable to compare.

Table 163: Unintentional Injury Age-Adjusted Death Rate, by Race, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	White		Non-White		White		Non-White	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	87	51.8	4	34.6	9,004	49.2	1,331	32.6
2016	106	74.9	2	16.4	10,949	60.9	1,563	36.8
2017	95	53.2	8	61.7	11,086	60.6	1,711	38.7
2018	108	77.6	5	37.0	10,868	57.8	1,735	38.2
2019	113	70.7	2	11.2	11,426	60.3	1,776	38.6

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The following table highlights the age-adjusted death rate by ethnicity for unintentional injury. The death rate for the Hispanic population in the county has fluctuated since 2015 and was higher than the state rate all years except 2019. The non-Hispanic death rate has also fluctuated and was higher than the non-Hispanic rate for the state in 2016 and 2018. The Hispanic death rate in the county was lower than the non-Hispanic death rate all years except 2016.

Table 164: Unintentional Injury Age-Adjusted Death Rate, by Ethnicity, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	8	50.3	83	50.2	1,376	29.2	8,856	50.4
2016	14	66.7	93	63.7	1,742	35.2	10,633	61.4
2017	9	46.7	94	52.1	1,770	34.3	10,836	61.9
2018	10	54.8	102	75.8	1,736	31.9	10,729	60.6
2019	5	28.5	110	73.5	1,922	34.1	11,089	61.9

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

FIREARMS DISCHARGE DEATHS

The table below shows the firearms discharge death counts and age-adjusted rates for Martin County and the state. Between 2015 and 2019, the firearms death counts have increased from 14 to 22 deaths in the county. However, the age-adjusted death rate has consistently remained lower than the state, ranging from 6.1 deaths per 100,000 population to 11.7 deaths per 100,000 population.

Table 165: Firearms Discharge Age-Adjusted Death Rate, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2015	14	6.1	2,553	12.3
2016	20	10.6	2,696	12.8
2017	19	11.7	2,707	12.5
2018	25	10.5	2,899	13.0
2019	22	10.8	2,868	12.8

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the age-adjusted death rate by race. From 2015 to 2019 the White firearm death rate has fluctuated, but has remained lower than the White death rate for the state. The firearm death rate for residents that identified as Black or Some other race has also fluctuated during this timeframe and was highest in 2017 at 35.4 deaths per 100,000. Caution must be used when comparing death rates with a count of less than five.

Table 166: Firearms Discharge Age-Adjusted Death Rate, by Race, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	White		Black & Other		White		Black & Other	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	13	5.6	1	6.4	1,867	10.8	685	15.2
2016	18	10.1	2	14.8	1,970	11.0	725	17.4
2017	14	7.8	5	35.4	2,007	11.2	699	14.6
2018	24	10.8	0	0	2,166	11.7	731	15.1
2019	19	8.7	3	19.5	2,073	11.1	792	16.0

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

HOMICIDE DEATHS

The table below shows the homicide death counts and the age-adjusted death rate for Martin County and Florida. Between 2015 and 2019, the homicide deaths have increased in Martin County from .3 to 7.6 per 100,000. During this timeframe, the homicide death rate was lower than the state rate all years except 2019.

Table 167: Homicide Age-Adjusted Death Rate, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin		Florida	
	Count	Rate	Count	Rate
2015	1	0.3	1,185	6.3
2016	8	5.1	1,292	6.9
2017	3	2.8	1,250	6.5
2018	2	1.6	1,311	6.6
2019	9	7.6	1,331	6.7

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the homicide age-adjusted death rate by race. Between 2015 and 2019, the rate has fluctuated among the White and non-White population in Martin County. It is important to note rates with a count of less than five are too unstable to compare.

Table 168: Homicide Age-Adjusted Death Rate, by Race, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	White		Non-White		White		Non-White	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	1	0.3	0	0.0	505	3.4	680	14.8
2016	5	3.1	3	19.7	604	4.1	687	14.8
2017	0	0.0	3	22.0	567	3.7	680	14.3
2018	2	1.9	0	0.0	630	4.1	681	13.9
2019	6	5.6	3	19.5	574	3.7	752	15.1

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2018
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the homicide age-adjusted death rate by ethnicity. The rate among the Hispanic population in Martin County has been zero since 2015. It is important to note rates with a count of less than five are too unstable to compare.

Figure 57: Homicide Age-Adjusted Death Rate, by Ethnicity, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	0	0.0	1	0.3	181	3.7	997	7.3
2016	0	0.0	8	6.1	248	4.9	1,027	7.5
2017	0	0.0	3	3.5	185	3.6	1,046	7.5
2018	0	0.0	2	2.0	218	4.0	1,078	7.6
2019	0	0.0	9	10.1	240	4.2	1,055	7.6

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

DRUG POISONING DEATHS

The table below shows the drug poisoning death counts and the age-adjusted death rate for Martin County and Florida. Between 2015 and 2019, the drug poisoning death count increased in Martin County from 26 deaths to 38 deaths. The death rate doubled from 2015 to 2018 and then decreased to 27.1 per 100,000 in 2019. This death rate has been higher than the state since 2015.

Table 169: Drug Poisoning Age-Adjusted Death Rate, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin		Florida	
	Count	Rate	Count	Rate
2015	26	18.8	3,028	15.5
2016	36	31.3	4,692	23.9
2017	39	29.3	4,908	24.6
2018	50	42.4	4,669	22.9
2019	38	27.1	5,147	25.1

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the drug poisoning age-adjusted death rate by race. White drug poisoning death rate has consistently been higher than the state rate, with the highest death rate of 49.1 deaths per 100,000 in 2018. During this time-frame, there was a total of six drug poisoning deaths among the non-White population. The death rate among the non-White population was highest in 2017 at 21.3 deaths per 100,000 population. It is important to note rates with a count of less than five are too unstable to compare.

Table 170: Drug Poisoning Age-Adjusted Death Rate, by Race, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	White		Non-White		White		Non-White	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	25	20.0	1	8.3	2,797	18.5	227	5.3
2016	36	36.1	0	0.0	4,267	28.5	419	9.5
2017	36	30.2	3	21.3	4,361	28.7	540	11.8
2018	50	49.1	0	0.0	4,195	27.1	468	10.0
2019	35	28.6	3	17.1	4,564	29.2	580	12.1

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the drug poisoning age-adjusted death rate by ethnicity. Between 2015 and 2019, drug poisoning deaths among the Hispanic population ranged from zero to three, with the highest death rate of 16.8 deaths per 100,000 population in 2017. Among the non-Hispanic population has increased during this timeframe, and was consistently higher than the state. It is important to note rates with a count of less than five are too unstable to compare.

Table 171: Drug Poisoning Age-Adjusted Death Rate, by Ethnicity, Rate Per 100,000, Martin County and Florida, 2015-2019

Year	Martin County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	0	0.0	26	22.7	299	6.1	2,689	18.6
2016	1	5.5	35	37.1	566	11.1	4,029	28.0
2017	3	16.8	36	32.0	597	11.3	4,192	28.9
2018	2	10.5	47	50.6	541	9.7	4,034	27.6
2019	0	0.0	38	33.1	656	11.4	4,360	29.9

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2020

HEALTH RESOURCES AVAILABILITY AND ACCESS

This section presents the health resources in Martin County in an effort to illustrate residents' ability to access these resources and whether there are any gaps that exist. An adequate supply of health resources is imperative for the health of the community given it will, in part, determine whether residents can access preventative or routine care, can receive care by specialists for specific conditions, or the quality of care they will receive in the event of an emergency.

HOSPITAL AND EMERGENCY DEPARTMENT UTILIZATION

This table shows hospital utilization in Martin County in the calendar year 2019, including beds licensed, average daily census, occupancy rate, number of admissions, patient days, and the average length of stay. There were 19,602 admissions, 99,363 patient days, and an average length of stay of 5.1 days.

Table 172: Hospital Utilization, Martin County Facilities, January - December 2019

Facility	Beds Licensed	Avg Daily Census	Occupancy Rate	Number of Admissions	Patient Days	Avg Length of Stay
Coral Shores Behavioral Health	80	23.4	29.2%	1,676	8,527	5.1
Encompass Health Rehab Hospital an Affiliate of Martin Health	64	53.8	84.0%	1,738	19,629	11.3
Cleveland Clinic Martin South Hospital	100	59.8	59.8%	5,370	21,817	4.1
Cleveland Clinic Martin North Hospital	244	135.3	55.5%	10,818	49,390	4.6
TOTAL	**488**	**272.3**	**55.8%**	**19,602**	**99,363**	**5.1**

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2020

Ambulatory Care Sensitive conditions are conditions where timely and effective ambulatory or out-patient care can decrease hospitalizations by preventing the onset of an illness or condition, controlling an acute episode of an illness or managing a chronic disease or condition.[46] High rates of Ambulatory Care Sensitive hospitalizations in a community may be an indicator of a lack of or failure of prevention efforts, a primary care resource shortage, poor performance of primary health care delivery systems, or other factors that create barriers to obtaining timely and effective care.

The table below shows preventable hospitalizations under 65 from all conditions in Martin County and Florida between 2015 and 2019. The rate in the county increased steadily from 2015 to 2017 but has decreased since 2018. The rate in the county has remained below that of the state. In 2019, the rate of preventable hospitalizations in the county was 832.3 per 100,000 population under 65.

Table 173: Preventable Hospitalizations Under 65 from All Conditions, Rate Per 100,000 Population Under 65, Martin County and Florida, 2015-2019

Year	Martin County			Florida		
	Count	Denom	Rate	Count	Denom	Rate
2015	990	106,155	932.6	186,540	16,103,893	1158.4
2016	1,059	106,066	998.4	184,205	16,297,600	1130.3
2017	1,103	106,218	1,038.40	170,312	16,481,873	1033.3
2018	966	108,303	891.9	161,107	16,760,374	961.2
2019	909	109,213	832.3	157,190	16,926,938	928.6

Data note: Hospitalization data before October 2015 uses ICD-9-CM; starting in October 2015, hospitalization data use ICD-10-CM. Consequently, increases or decreases starting in 2015 may not be due to changes in disease trends but due to changes in coding.
Source: FloridaCHARTS, Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

[46] Florida Department of Health (n.d.). Preventable hospitalizations under 65 from all conditions. Retrieved from http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=8598

The table below shows inpatient discharges by principal diagnosis groups in Martin County facilities in 2018. Diseases of the circulatory system accounted for the highest percentage of discharges, with nearly 15%, followed by diseases of the digestive system with 10%. There was a total of 2,855,605 discharges in 2018.

Table 174: Inpatient Discharges, by Principal Diagnosis Group, Martin County Facilities, 2018

Principal Diagnosis Group	Discharges	
	Count	Percent
Diseases of the Circulatory System	420,681	14.7%
Diseases of the Digestive System	270,860	9.5%
V-Codes: Supplementary Classification of Factors Influencing Health Status & Contact with Health Services	248,409	8.7%
Injury and Poisoning	246,107	8.6%
Pregnancy, Childbirth, Puerperium	237,726	8.3%
Infectious & Parasitic Diseases	189,409	6.6%
Diseases of the Respiratory System	226,318	7.9%
Mental, Behavioral & Neurodevelopmental Disorders	232,232	8.1%
Musculoskeletal System & Connective Tissue	158,824	5.6%
Diseases of the Genitourinary System	136,389	4.8%
Endocrine, Nutritional & Metabolic Diseases, & Immunity Disorders	103,134	3.6%
Neoplasms	98,493	3.4%
Symptoms, Signs, and Ill-Defined Conditions	94,233	3.3%
Diseases of the Nervous System	76,263	2.7%
Diseases Of The Skin & Subcutaneous Tissue	57,271	2.0%
Diseases of the Blood & Blood-Forming Organs	38,023	1.3%
Certain Conditions Originating in the Perinatal Period	7,922	0.3%
Congenital Anomalies	6,666	0.2%
Disease of the Ear and Mastoid Process	4,288	0.2%
Diseases of the Eye and Adnexa	2,356	0.1%
Total	2,855,604	99.9%

Source: Florida Health Finder, Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

This table presents emergency department utilization in Martin County facilities in the calendar year 2019. There was a total of 62,937 visits and 13,430 admissions, with a slightly higher percentage in Cleveland Clinic Martin North Hospital than the south location.

Table 175: Emergency Department Utilization, Martin County Facilities, January - December 2019

Facility	Total Visits	Total Admissions
Cleveland Clinic Martin South Hospital	29,313	5,422
Cleveland Clinic Martin North Hospital	33,624	8,008
TOTAL	**62,937**	**13,430**

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2020

This table presents emergency department visits by principal diagnosis group in Martin County facilities in 2018. There was a total of 64,270 visits in 2018 and a quarter were due to injury and poisoning, followed by 18% due to symptoms, signs, and ill-defined conditions.

Table 176: Emergency Department Visits, by Principal Diagnosis Group, Martin County Facilities, 2018

Principal Diagnosis Group	Visits	
	Count	Percent
Injury and Poisoning	16,072	25.00%
Symptoms, Signs, and Ill-Defined Conditions	11,796	18.40%
Diseases of the Respiratory System	8,113	12.60%
Musculoskeletal System & Connective Tissue	5,615	8.70%
Diseases of the Genitourinary System	3,824	5.90%
Diseases of the Digestive System	3,893	6.10%
Diseases Of The Skin & Subcutaneous Tissue	2,373	3.70%
Mental, Behavioral & Neurodevelopmental Disorders	1,915	3.00%
V-Codes: Supplementary Classification of Factors Influencing Health Status & Contact with Health Services	1,758	2.70%
Diseases of the Circulatory System	1,873	2.90%
Infectious & Parasitic Diseases	1,425	2.20%
Disease of the Ear and Mastoid Process	1,375	2.10%
Diseases of the Nervous System	1,292	2.00%
Pregnancy, Childbirth, Puerperium	1,239	1.90%
Endocrine, Nutritional & Metabolic Diseases, & Immunity Disorders	751	1.20%
Diseases of the Eye and Adnexa	634	1.00%
Diseases of the Blood & Blood-Forming Organs	162	0.30%
Neoplasms	160	0.20%
Total	64,270	99.9%

Data note: The data results will exclude those with less than 30 records; therefore, the totals for those results will not reflect those records.
Source: Florida Health Finder, Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

HEALTH CARE PROVIDER SUPPLY

This table shows licensed hospitals in Martin County as of May 2020. There are four licensed hospitals in the county and all four hospitals are in Stuart.

Table 177: Licensed Hospitals, Martin County, As of May 2020

Name	Street City	Licensed Beds	Profit Status
Cleveland Clinic Martin North Hospital	Stuart	244	Not-For-Profit
Cleveland Clinic Martin South Hospital	Stuart	100	Not-For-Profit
Coral Shores Behavioral Health	Stuart	80	For-Profit
Encompass Health Rehab Hospital An Affiliate Of Martin Health	Stuart	64	For-Profit

Source: Florida Health Finder, Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

The table below shows licensed nursing homes in Martin County as of May 2020. There are seven nursing homes in the county and four are in Stuart, two in Palm City, and one in Hobe Sound.

Table 178: Licensed Nursing Homes, Martin County, As of May 2020

Name	Street City	Licensed Beds	Profit Status
Martin Nursing and Rehabilitation	Stuart	120	For-Profit
Palm City Nursing and Rehab Center	Palm City	120	For-Profit
Salerno Bay Health and Rehabilitation Center	Stuart	120	For-Profit
Solaris Healthcare Parkway	Stuart	177	Not-For-Profit
Stuart Rehabilitation and Healthcare	Stuart	120	For-Profit
Terrace At Hobe Sound The	Hobe Sound	120	For-Profit
Water's Edge Health and Rehabilitation	Palm City	56	For-Profit

Source: Florida Health Finder, Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

The following table shows the rate of nursing home beds available in the county per 100,000 population. From 2014 to 2018, the rate of nursing home beds per 100,000 population has decreased from 559.4 to 535.0 per 100,000.

Table 179: Total Nursing Home Beds, Rate per 100,000 Population, Martin County and Florida, 2014-2018

Year	Martin		Florida	
	Count	Rate	Count	Rate
2014	833	559.4	83,414	426.0
2015	833	554.1	83,613	420.2
2016	833	551.4	83,611	413.3
2017	833	546.8	83,782	407.6
2018	833	535.0	83,779	399.8

Source: FloridaCHARTS, Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

This table shows adult psychiatric beds in Martin County and Florida between 2014 and 2018. The number of beds increased from zero to 60 from 2016 to 2017 but then decreased from 60 to 36 from 2017 to 2018. The rate of beds in the county was higher than the state in 2017 and 2018. In 2018, there was a rate of 23.1 beds per 100,000 population in the county.

Table 180: Adult Psychiatric Beds, Rate Per 100,000 Population, Martin County and Florida, 2014-2018

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2014	0	0	3,968	20.3
2015	0	0	4,182	21.0
2016	0	0	4,208	20.8
2017	60	39.4	4,279	20.8
2018	36	23.1	4,377	20.9

Source: FloridaCHARTS, Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

The table below shows adolescent and child psychiatric beds in Martin County and Florida between 2014 and 2018. There were no beds in the county until 2018, where there were 24, which was a rate of 15.4 per 100,000 population. This rate was considerably higher than the state.

Table 181: Adolescent and Child Psychiatric Beds, Rate per 100,000 Population, Martin County and Florida, 2014-2018

Year	Martin County		Florida	
	Count	Rate	Count	Rate
2014	0	0	538	2.7
2015	0	0	513	2.6
2016	0	0	545	2.7
2017	0	0	516	2.5
2018	24	15.4	644	3.1

Source: FloridaCHARTS, Agency for Healthcare Administration, 2018
Compiled by: Health Council of Southeast Florida, 2020

The table below shows the student-to-nurse ratio in Martin County and Florida between 2015 and 2019. The ratio in the county has steadily decreased from 2015 to 2018 and was considerably lower than the state in 2016 and 2017. In 2019, the ratio in the county increased to 1,862.4 students to one nurse.

Table 182: Student-to-Nurse Ratio, Martin County and Florida, 2015-2019

Year	Martin County	Florida
2015	2,441.0	2,237.0
2016	2,110.6	2,405.9
2017	1,729.6	2,381.5
2018	1,580.9	2,392.7
2019	1,862.4	2,449.3

Source: FloridaCHARTS, Florida Department of Health, School Health Services Program, 2019
Compiled by: Health Council of Southeast Florida, 2020

This table shows Advanced Registered Nurse Practitioners (ARNPs) in Martin County and Florida between fiscal year 2016 and 2019. The rate in the county has consistently increased and was higher than that of the state. In 2019, there was a rate of 250 ARNPs per 100,000 population.

Table 183: Advanced Registered Nurse Practitioners, Rate per 100,000 Population, Martin County and Florida, 2016-2019

Year	Martin County		Florida	
	Count	Rate	Count	Florida
15-16	226	149.6	20,310	100.4
16-17	286	187.7	27,030	131.5
17-18	341	219.0	32,835	156.7
18-19	395	250.0	38,729	182.1

Source: FloridaCHARTS, Florida Department of Health, Division of Medical Quality Assurance, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows Clinical Nurse Practitioners in Martin County and Florida between the fiscal year 2016 and 2019. The rate in the county was consistent between 2016 and 2018 but increased into 2019 and was similar to the state. In 2019, there was a rate of 1.9 Clinical Nurse Practitioners in the county per 100,000 population.

Table 184: Clinical Nurse Practitioners, Rate per 100,000 Population, Martin County and Florida, 2016-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
15-16	1	0.7	140	0.7
16-17	1	0.7	144	0.7
17-18	1	0.6	140	0.7
18-19	3	1.9	268	1.3

Source: FloridaCHARTS, Florida Department of Health, Division of Medical Quality Assurance, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below presents Licensed Practical Nurses in Martin County and Florida between fiscal year 2016 and 2019. The rate in the county has fluctuated over the years shown but has remained lower than that of the state. In 2019, there was a rate of 220.9 Licensed Practical Nurses per 100,000 population in the county.

Table 185: Licensed Practical Nurses, Rate per 100,000 Population, Martin County and Florida, 2016-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
15-16	357	236.3	66,216	327.3
16-17	357	234.4	66,216	322.1
17-18	321	206.2	61,566	293.8
18-19	349	220.9	65,091	306.0

Source: FloridaCHARTS, Florida Department of Health, Division of Medical Quality Assurance, 2019
Compiled by: Health Council of Southeast Florida, 2020

This table shows Registered Nurses in Martin County and Florida between the fiscal year 2016 and 2019. The rate in the county has fluctuated over the years shown and was higher than the state. In 2019, there was a rate of 1,477.2 Registered Nurses per 100,000 population.

Table 186: Registered Nurses, Rate per 100,000 Population, Martin County and Florida, 2016-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
15-16	2,009	1,329.8	227,568	1,124.8
16-17	2,035	1,335.9	229,900	1,118.4
17-18	2,060	1,323.0	245,126	1,169.6
18-19	2,334	1,477.2	274,477	1,290.5

Source: FloridaCHARTS, Florida Department of Health, Division of Medical Quality Assurance, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows licensed physicians in Martin County and Florida between the fiscal year 2015 and 2019. The rate in the county has been increasing for the years shown and has been higher than the state. In 2019, the rate in the county was 339.9 per 100,000 population.

Table 187: Licensed Physicians, Rate per 100,000 Population, Martin County and Florida, 2015-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
14-15	413	274.7	50,679	254.7
15-16	409	270.7	49,456	244.5
16-17	512	336.1	63,825	310.5
17-18	524	336.5	63,849	304.7
18-19	537	339.9	65,937	310.0

Source: FloridaCHARTS, Florida Department of Health, Division of Medical Quality Assurance, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows licensed dentists in Martin County and Florida between the fiscal year 2015 and 2019. The rate in the county has remained relatively consistent and has been higher than the state. In 2019, there was a rate of 89.2 dentists per 100,000 population in the county.

Table 188: Licensed Dentists, Rate per 100,000 Population, Martin County and Florida, 2015-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
14-15	136	90.5	11,635	58.5
15-16	131	86.7	10,986	54.3
16-17	132	86.7	11,641	56.6
17-18	134	86.1	11,475	54.8
18-19	141	89.2	12,066	56.7

Source: FloridaCHARTS, Florida Department of Health, Division of Medical Quality Assurance, 2019
Compiled by: Health Council of Southeast Florida, 2020

This table shows Licensed Clinical Social Workers in Martin County and Florida between the fiscal year 2016 and 2019. The rate in the county has remained consistent and has been higher than the state. In 2019, there was a rate of 71.5 Licensed Clinical Social Workers per 100,000 population in Martin County.

Table 189: Licensed Clinical Social Workers, Rate per 100,000 Population, Martin County and Florida, 2016-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
15-16	104	68.8	8,581	42.4
16-17	101	66.3	8,897	43.3
17-18	111	71.3	9,574	45.7
18-19	113	71.5	9,951	46.8

Source: FloridaCHARTS, Florida Department of Health, Division of Medical Quality Assurance, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows Licensed Mental Health Counselors in Martin County and Florida between the fiscal year 2016 and 2019. The rate in the county increased from 2017 to 2018 and remained consistent in 2019. The rate for the county has been similar to that of the state. In 2019, the rate in the county was 52.5 Licensed Mental Health Counselors per 100,000 population.

Table 190: Licensed Mental Health Counselors, Rate per 100,000 Population, Martin County and Florida, 2016-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
15-16	73	48.3	9,689	47.9
16-17	72	47.3	10,135	49.3
17-18	84	53.9	10,835	51.7
18-19	83	52.5	11,421	53.7

Source: FloridaCHARTS, Florida Department of Health, Division of Medical Quality Assurance, 2019
Compiled by: Health Council of Southeast Florida, 2020

The table below shows licensed psychologists in Martin County and Florida between the fiscal year 2016 and 2019. The rate in the county has been consistent and has been higher than the state. In 2019, the rate in the county was 24.7 licensed psychologists per 100,000 population.

Table 191: Licensed Psychologists, Rate per 100,000 Population, Martin County and Florida, 2016-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
15-16	42	27.8	4,422	21.9
16-17	45	29.5	4,676	22.7
17-18	41	26.3	4,623	22.1
18-19	39	24.7	4,886	23.0

Source: FloridaCHARTS, Florida Department of Health, Division of Medical Quality Assurance, 2019
Compiled by: Health Council of Southeast Florida, 2020

This table presents licensed marriage and family therapists in Martin County and Florida between the fiscal year 2016 and 2019. The rate in the county has remained fairly stable and has been similar to the state. In 2019, the rate in the county was 9.5 licensed marriage and family therapists per 100,000 population.

Table 192: Licensed Marriage and Family Therapists, Rate per 100,000 Population, Martin County and Florida, 2016-2019

Year	Martin County		Florida	
	Count	Rate	Count	Rate
15-16	15	9.9	1,766	8.7
16-17	16	10.5	1,845	9.0
17-18	19	12.2	1,978	9.4
18-19	15	9.5	2,031	9.5

Source: FloridaCHARTS, Florida Department of Health, Division of Medical Quality Assurance, 2019
Compiled by: Health Council of Southeast Florida, 2020

HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS)

Health Professional Shortage Areas (HPSAs) are designated by the Health Resources and Services Administration (HRSA) as having shortages of primary care, dental care, or mental health providers and can be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health centers, or state or federal prisons).[47] Scoring criteria among all disciplines of HPSAs includes the population-to-provider ratio, the percentage of the population below 100% of the Federal Poverty Level (FPL), and travel time to the nearest source of care (NSC) outside the HPSA designation.[48] Each discipline has additional scoring criteria as well. Scores range from 1 to 25 for primary care and mental health and 1 to 26 for dental. The higher the score on the HPSA, the greater the priority for the area.

[47] Health Resources and Services Administration (2020). Health Professional Shortage Areas (HPSAs). Retrieved from https://bhw.hrsa.gov/shortage-designation/hpsas

[48] Health Resources and Services Administration (2020). Shortage designation scoring criteria. Retrieved from https://bhw.hrsa.gov/shortage-designation/hpsa-criteria

There are four components used for scoring the primary care HPSA: population-to-provider ratio, percent of the population below 100% FPL, infant health index (based on infant mortality rate or low birth rate), and travel time to NSC. Primary care HPSAs can receive a score between 0-25.

This table shows there are three primary care Health Professional Shortage Areas in Martin County as of May 2020.

Table 193: Primary Care Health Professional Shortage Area (HSPA), Martin County, As of May 2020

HSPA Name	Designation Type	FTE Short	HSPA Score
Florida Community Health Centers, Inc.	Federally Qualified Health Center	0	21
Indiantown Service Area	Geographic HPSA	4.78	13
Martin Correctional Institution	Correctional Facility	0.6	12

Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, 2020
Compiled by: Health Council of Southeast Florida, 2020

There are four components used for scoring the dental HPSA: population-to-provider ratio, percent of the population below 100% FPL, water fluoridation status, and travel time to NSC.[36] Dental health HPSAs can receive a score between 0-26.

The table below shows there are three dental Health Professional Shortage Areas in Martin County as of May 2020.

Table 194: Dental Health Professional Shortage Area (HSPA), Martin County, As of May 2020

HSPA Name	Designation Type	FTE Short	HSPA Score
Florida Community Health Centers, Inc.	Federally Qualified Health Center	0	26
Low Income - Martin County	Low Income Population HPSA	10.714	16
Martin Correctional Institution	Correctional Facility	0.42	3

Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, 2020
Compiled by: Health Council of Southeast Florida, 2020

There are seven components used for scoring the mental health HPSA: population-to-provider ratio, percent of the population below 100% FPL, elderly ratio, youth ratio, alcohol abuse prevalence, substance abuse prevalence, and travel time to NSC. [36] Mental health HPSAs can receive a score between 0-25.

This table shows there are three mental Health Professional Shortage Areas in Martin County as of May 2020.

Table 195: Mental Health Professional Shortage Area (HPSA), Martin County, As of May 2020

HSPA Name	Designation Type	FTE Short	HSPA Score
Florida Community Health Centers, Inc.	Federally Qualified Health Center	0	22
Indiantown Service Area	Geographic HPSA	0.92	14
Martin Correctional Institution	Correctional Facility	0.99	21

Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, 2020
Compiled by: Health Council of Southeast Florida, 2020

MEDICALLY UNDERSERVED AREAS/POPULATIONS (MUAS/MUPS)

Medically Underserved Areas (MUAs)/Populations (MUPs) are designated by the Health Resources Service Administration (HRSA) as having too few primary care providers, high infant mortality, high poverty or a high elderly population.[36] MUAs may include a whole county; a group of neighboring counties; a group of urban census tracts; or a group of civil divisions. MUPs are specific sub-groups of people living in a defined geographic area that may face economic, cultural, or linguistic barriers to health care. MUPs may include the homeless, low-income, Medicaid-eligible, Native American, or migrant farm workers. MUA/P designations are based on the Index of Medical Underservice (IMU). The IMU is calculated based on four criteria: the population-to-provider ratio, the percent of the population below the FPL, the percent of the population over age 65, and the infant mortality rate. The IMU can range from 0 to 100, where zero represents the completely underserved. Areas or populations with IMUs of 62.0 or less qualify for designation as an MUA/P.

This table shows Indiantown is the one Medically Underserved Area in Martin County as of May 2020.

Table 196: Medically Underserved Areas and Populations, Martin County, As of May 2020

Name	Identification Number	IMU Score	Designation Date
Indiantown Service Area	6144	60.8	8/15/2000
MCD (91586) Indiantown CCD	-	-	-

Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, 2020
Compiled by: Health Council of Southeast Florida, 2020

HEALTH INSURANCE

The 2019 Kaiser Family Foundation report on health insurance found that not having health insurance can have serious health consequences for the uninsured because they receive less preventative care, and delayed care often results in serious illness or other health problems.[49] Being uninsured can also have serious financial consequences, with many unable to pay their medical bills, resulting in large medical debt.

This table presents the percentage of adults with any type of health insurance coverage in Martin County and Florida in 2010, 2013 and 2016. The percentage in the county has remained constant and has been slightly higher than the state. In 2016, 86% of adults reported having any type of health insurance.

Table 197: Percentage of Adults with Any Type of Health Insurance Coverage, Martin County and Florida, 2010, 2013, 2016

Year	Martin County	Florida
2010	88.0%	83.0%
2013	86.3%	77.1%
2016	86.1%	83.7%

Source: FloridaCHARTS, Centers for Disease Control and Prevention; Florida Department of Health Division of Community Health Promotion, Florida Behavioral Risk Factor Surveillance System Telephone Survey, 2016
Compiled by: Health Council of Southeast Florida, 2020

[49] Kaiser Family Foundation (2019). The uninsured: A primer - Key facts about health insurance and the uninsured under the Affordable Care Act. Retrieved from https://www.kff.org/uninsured/report/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act/

This table presents the uninsured population by age and sex in Martin County and Florida in 2018. Almost 12% of the population in the county was uninsured, which was slightly lower than the state. Individuals ages 19-64 years in the county were more likely to be uninsured than those under 19 years. Males in the county had a slightly higher percentage of the uninsured population than females.

Table 198: Uninsured Population, by Age and Sex, Martin County and Florida, 2018

	Martin			Florida		
	Total	**Uninsured**	**Percent Uninsured**	**Total**	**Uninsured**	**Percent Uninsured**
Civilian noninstitutionalized population	154,467	17,763	11.5%	20,288,268	2,744,513	13.5%
AGE						
Under 19 years	28,070	2,599	9.3%	4,391,005	335,398	7.6%
19 to 64 years	79,822	14,995	18.8%	11,901,133	2,357,537	19.8%
65 years and older	46,575	169	0.4%	3,996,130	51,578	1.3%
SEX						
Male	75,820	10,882	14.4%	9,838,027	1,467,813	14.9%
Female	78,647	6,881	8.7%	10,450,241	1,276,700	12.2%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Year Estimates, 2018
Compiled by: Health Council of Southeast Florida 2020

The table below shows the uninsured population by race and ethnicity in Martin County and Florida in 2018. Almost forty percent of residents who identified as Some other race were uninsured compared to the White population (9.8%). This was followed by over a quarter of American Indian and Alaska Native resident and almost a quarter a quarter of the Black population who were uninsured. Similarly, over a quarter of the Hispanic population was uninsured compared to 9% of the non-Hispanic population.

Table 199: Uninsured Population, by Race and Ethnicity, Martin County and Florida, 2018

	Martin			Florida		
	Total	**Uninsured**	**Percent Uninsured**	**Total**	**Uninsured**	**Percent Uninsured**
Civilian noninstitutionalized population	154,467	17,763	11.5%	20,288,268	2,744,513	13.5%
RACE						
White	136,318	13,389	9.8%	15,333,858	1,932,801	12.6%
Black or African American	8,104	1,891	23.3%	3,218,610	512,732	15.9%
American Indian and Alaska Native alone	808	221	27.4%	56,537	12,821	22.7%
Asian alone	2,133	159	7.5%	556,895	70,650	12.7%
Native Hawaiian and Other Pacific Islander	130	0	0.0%	12,738	2,417	19.0%
Some other race	4,623	1,832	39.6%	575,150	146,883	25.5%
Two or more races	2,351	271	11.5%	534,480	66,209	12.4%
ETHNICITY						
Hispanic or Latino (of any race)	20,863	5,714	27.4%	5,134,245	1,049,717	20.4%
Non-Hispanic	133,604	12,049	9.0%	15,154,023	1,694,796	11.2%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Year Estimates, 2018
Compiled by: Health Council of Southeast Florida 2020

Medicaid is a program funded jointly by states and the federal government to provide health coverage to eligible individuals.[50]

This table shows median monthly Medicaid enrollment in Martin County and Florida between 2015 and 2019. The percentage of the population in the county enrolling in Median has remained consistent over the years shown and has been lower than that of the state. In 2019, nearly 11% of the population in Martin County enrolled in Medicaid.

Table 200: Median Monthly Medicaid Enrollment, Percent of Population, Martin County and Florida, 2015-2019

Year	Martin			Florida		
	Count	Denom	Percent	Count	Denom	Percent
2015	18,184	150,331	12.1%	3,959,891	19,897,762	19.9%
2016	18,373	151,081	12.2%	3,979,899	20,231,092	19.7%
2017	18,608	152,333	12.2%	4,030,447	20,555,728	19.6%
2018	17,274	155,705	11.1%	3,846,917	20,957,705	18.4%
2019	16,621	158,006	10.5%	3,766,453	21,268,553	17.7%

Source: FloridaCHARTS, Agency for Health Care Administration, 2019
Compiled by: Health Council of Southeast Florida 2020

The table below shows health insurance coverage by type in Martin County and Florida in 2018. Approximately 42.1% of the population in Martin County was receiving public coverage which is higher than the state.

Table 201: Type of Health Insurance Coverage, Martin County and Florida, 2018

	Martin		Florida	
	Count	Percent	Count	Percent
Civilian noninstitutionalized population	154,467	100.0%	20,288,268	100.0%
With health insurance coverage	136,704	88.5%	17,543,755	86.5%
With private health insurance	102,576	66.4%	12,563,057	61.9%
With public coverage	65,038	42.1%	7,481,815	36.9%

Source: U.S Census Bureau, 2014-2018 American Community Survey 5-Year Estimates, 2018
Compiled by: Health Council of Southeast Florida 2020

[50] Centers for Medicare & Medicaid Services. (n.d.). Medicaid. Retrieved from https://www.medicaid.gov/medicaid/index.html

Florida KidCare is the umbrella brand for the four government-sponsored health insurance programs – Medicaid, MediKids, Florida Healthy Kids and the Children's Medical Services Managed Care Plan. MediKids is a program for children ages one year through 4 years whose family makes 133-200% of the federal poverty level.

The table below shows children under five years old covered by MediKids in Martin County and Florida between 2015 and 2019. The percentage in the county was consistent between 2015 and 2018 and decreased in 2019. The percentages in the county have been similar to the state. In 2019, 1% of children under five years were covered by MediKids.

Table 202: Children Under 5 Years Old Covered by MediKids, Martin County and Florida, 2015-2019

Year	Martin			Florida		
	Count	Denom	Percent	Count	Denom	Percent
2015	206	6,170	3.3%	28,832	1,090,206	2.6%
2016	172	6,138	2.8%	29,757	1,110,776	2.7%
2017	189	6,242	3.0%	31,496	1,124,020	2.8%
2018	242	6,412	3.8%	37,238	1,137,921	3.3%
2019	68	6,502	1.0%	40,294	1,142,497	3.5%

Source: FloridaCHARTS, Agency for Health Care Administration, 2019
Compiled by: Health Council of Southeast Florida 2020

SAFETY NET

Federally Qualified Health Centers are community-based health care providers that receive funds from HRSA's Health Center Program to provide primary care services in underserved areas.[51]

This table shows there are two Federally Qualified Health Centers in Martin County as of May 2020.

Table 203: Federally Qualified Health Centers, Martin County, as of May 2020

Name	Street City
Indiantown Community Health Center	Indiantown
Florida Community Health Center - Stuart	Stuart

Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, 2020
Compiled by: Health Council of Southeast Florida, 2020

[51] Health Resources and Services Administration (2018). Federally Qualified Health Centers. Retrieved from https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc/index.html

HEALTH DISPARITIES

The health of our neighborhoods, cities, states and our country is decided by how intentionally we work across all sectors of our communities, with all stakeholders, and between every corner of our neighborhoods to eliminate health disparities among those populations experiencing a disproportionate burden of disease, disability, and death.

According to the Centers for Disease Control and Prevention (CDC), health disparities are differences in health outcomes and their root causes among groups of people. While the term health disparities is often interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in our country. Systemic racism, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health.

For this report, we highlight key racial and ethnic disparities uncovered in maternal and child health, behavioral health, morbidity, mortality, and socio-economic data along with geographic location in Martin County, Florida.

MATERNAL AND CHILD HEALTH DISPARITIES

- In 2019, one quarter of mothers in the county had less than adequate prenatal care, which was similar to the state; However, a higher percentage of Black mothers in the county had less than adequate prenatal care compared to White mothers, (39.2% and 21.5% respectively)
- In 2019, the percentage of births to mothers who were overweight or obese at the time of pregnancy occurred was 28%, which was similar to the state (27.6%); However, a higher percentage of mothers who self-identified as Black or Some other race were overweight or obese at the time pregnancy occurred compared to White mothers (31.6% compared to 26.6%)
- In 2019, Martin County had a birth rate of 7.6 per 1,000 live births, which was lower than the state at 10.3 1,000 live births; However, mothers who identified as Black or Some other race had a higher birth rate than mothers who identified as White (14.2 compared to 8.6). Hispanic mothers had a birth rate 3 times higher than non-Hispanic mothers (18.4 compared to 5.7)
- In 2019, the rate of births to mothers 17 and younger was 1.1 per 1,000 live births which was the same as the state. Among mothers ages 18-19, the birth rate was 26.9 per 1,000 live births which was lower than the state (32.6 per 1,000 live births)
- In 2019, the fetal death rate was 3.3 per 1,000 live births which was lower than the state (6.8 per 1,000 live births); Among mothers who identified as Black or Some other race the fetal death rate was zero in 2019; However, the fetal death rate among Hispanic mothers was almost double the rate of non-Hispanic mothers (4.9 compared to 2.6 per 1,000 live births).

BEHAVIORAL HEALTH DISPARITIES

- In 2019, the suicide age-adjusted death rate in Martin County was 16.0 per 100,000 population with a total of 32 suicides; Of the 32 suicides, 10 were ages 55-64 (31.3%), 6 were ages 65-74 (18.8%), 4 were ages 75-84 (12.5%), 4 were ages 45-54 (12.5%), 3 were ages 25-34 (9.4%), 2 were ages 20-24 (6.3%), and 1 was between 10-14 (3.1%), 1 was between 35-44 (3.1%), and 1 was older than 85 (3.1%)
- The suicide rate among the White population has been consistently higher than among the Black population; in 2019, it was 16.8 and 5.8 per 100,000 –almost triple

MORBIDITY DISPARITIES

- In 2019, these rate of coronary heart disease hospitalization was 203.6 per 100,000, which was lower than the state (274.1 per 100,000); However, the hospitalization rate among the Black population in the county has been consistently higher than the White population. In 2019, these rates were 286.2 and 195.1 per 100,000 –nearly 1.5 times higher
- In 2019, the diabetes hospitalization rate in the county was 1,380 per 100,000, which was lower than the state (2,350.4 per 100,000); However, in 2019, the hospitalization rate among the Black population was 3.6 times higher than the white population (4,249.2 compared to 1,175.9 per 100,000 respectively). Similarly, the rate among the Hispanic population was higher than among non-Hispanic (1,965.2 compared to 1,334.5 per 100,000)
- In 2019, the hospitalization rate due to stroke in the county was 227.5 per 100,000 which was lower than the state (236.9 per 100,000); However among the Black population (in 2019) the hospitalization rate due to stroke was higher than the white population rates were 269.5 and 217.4 per 100,000, respectively
- In 2019 the CLRD hospitalization rate was 307.5 per 100,000, which was higher than the state 257.6 per 100,000; However within the county, there is a disparity that exists with residents who identified as Black or Some other race, which was much higher rate than the White population, in most years it was two times higher. In 2019, the hospitalization rate was 546.1 compared to 275.5 per 100,000
- In 2019, the rate in the county for both the White population and the Black population has steadily decreased since 2016. In 2017, the rate among the White population in the county was higher than the state. For 2017 and 2018, the rate among the Black population in the county was higher than the state. There is a disparity in the county as the Black population has had more than double the hospitalization rate from or with asthma than the White population. In 2018 these rates were 1,113.2 and 438.0 per 100,000, respectively.
- Age-adjusted emergency room visits due to asthma rate per 100,000 population in Martin County and Florida by race between 2014 and 2018. These rates have fluctuated for both racial groups in the county. The rate among the White population in the county has been consistently lower than in the state and the Black population in the county has been mostly lower than the state. There is a disparity within the county as the Black population has had consistently higher rates than the White population; in 2018, this disparity was nearly five times as much (211.1 per 100,000 for the White population and 1,036.1 per 100,000 for the Black population.)
- Between 2014 and 2017, the cancer incidence rate in the county was higher than the state. In 2017, these rates were 455.4 and 441.9 per 100,000 respectively; However, the rate among the White population and Black population in the county was higher than that of the state in 2014-2016. In 2016, the cancer incidence rate in the county among the Black population was higher than that of the White population (521.3 and 464.9 per 100,000 population, respectively). Additionally, The rate among the Hispanic population in the county has fluctuated over the years shown. In 2016, the rate among the Hispanic population was lower than the non-Hispanic population (376.7 and 482.2 per 100,000, respectively).
- Between 2013 and 2016, the breast cancer incidence rate in the county was higher than the state. In 2017, these rates were 118.4 and 96.9 per 100,000 respectively. While the rate among White females in the county has been steadily decreasing and has been mostly decreasing for Black females in the county, the rate among Hispanic females in the county has been steadily increasing.
- In 2019, the hospitalization rate due to non-fatal unintentional falls in the county was higher than the state, 546.8 and 353.8 per 100,000 respectively; However, this rate was 4 times higher among the Black population compared to the White population, 571.6 and 132.1 per 100,000 respectively

MORTALITY DISPARITIES

- In 2019 the death rate due to major cardiovascular disease was 159.9 per 100,00 compared to 198.9 per 100,000 in the state. In 2019, the rate was 141.7 per 100,000 for Black population and 159.5 per 100,000 for White population. The rate was 99.4 per 100,000 among the Hispanic population and 161.7 per 100,000 for the non-Hispanic population
- In 2019, the cancer death rate in the county was 129.1 per 100,000 compared to 142.8 per 100,000 in the state. Since 2016, the Black population has consistently had a higher cancer death rate than the White population. In 2019 the rate was 138.9 among the Black population compared to 127.2 per 100,000 among the White population. In 2019, this rate was lower among the Hispanic population compared to the non-Hispanic population 120.5 compared to 127.5 per 100,000.

SOCIO-ECONOMIC AND GEOGRAPHIC DISPARITIES

- In 2018, the percentage of individuals living below the poverty level that identified as Some other race was more than triple that of individuals that identified as White, followed by two and a half times higher among those who identified as Black or African American.
- Similarly, individuals identifying as Hispanic or Latino origin saw rates that were over two and a half times higher than individuals identifying as Non-Hispanic or Latino, 23.0% and 8.5% respectively.
- One-sixth of individuals living in poverty were under the age of 18 years old
- In 2018, fifteen percent of the population in the Indiantown County Census Division (CCD) were living in poverty, which was 5% higher than the county overall. Over a quarter (27.7%) of those in the Indiantown CCD that were living in poverty were under 18 years old.
- The percent of households that live in poverty and are Asset Limited, Income Constrained, Employed (ALICE) was 37.9% in 2018. Within the three CCDs 40.6% of households in the Indiantown CCD, 41.4% of households in Port Salerno-Hobe Sound CCD and 40.5% of households in Stuart CCD were ALICE or living in poverty.

THE SOCIAL DETERMINANT UNDERPINNINGS TO HEALTH DISPARITIES

According to the CDC, social determinants of health (SDoH) are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Examples of SDoH may include: poverty, education, housing, transportation, and social isolation. It's important to note that health inequities are different from health disparities. Health inequities are the differences in health that are a result of systemic, avoidable and unjust social and economic policies and practices that create barriers to opportunity. Health disparities are differences in health status among distinct segments of the population (Braveman, 2014).[52]

SDoH are shown to be key drivers of health inequities in every community across the United States and should be addressed in combination with efforts to eliminate health disparities (HP2030). For example, several studies suggest that just promoting healthy food choices in food insecure communities or issuing prescriptions for food will not eliminate chronic diseases and other chronic disease health disparities. Instead, communities need to mobilize cross-sector partners in education, transportation, and housing to take action on developing and funding more upstream efforts to improve the conditions in people's environments.

[52] Braveman P. (2014). What are health disparities and health equity? We need to be clear. Public health reports (Washington, D.C. : 1974), 129 Suppl 2(Suppl 2), 5–8. https://doi.org/10.1177/00333549141291S203

Healthy People 2030 places an increased focus on SDoH highlighting the importance of upstream factors. Communities committed to decreasing health disparities are encouraged to take an additional step toward aligning their community health improvement plans with Healthy People 2030's five overarching placed-based domains specifically related to SDoH: [53]

- Economic stability
- Education access and quality
- Health care access and quality
- Neighborhood and built environment
- Social and community context.

[53] Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

INTRODUCTION

Gleaning the community's perspective of health and the public health system is essential to fully understanding how to improve a community's health. The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of community issues, concerns, and perceptions about the quality of life from the viewpoint of community members, business leaders, and providers. The results of the CTSA provides context to the data presented above in the Community Health Status Assessment and reveals the community's thoughts, experiences, opinions, and concerns related to the health of the community.

METHODOLOGY

The purpose of the CTSA is to glean the community's thoughts, opinions, and concerns regarding the issues of importance and their perception of the quality of life in Martin County. This assessment answers the questions:

- How is the quality of life perceived by our community?
- What factors define a healthy community?
- What are the most important health problems in our community?

The Florida Department of Health in Martin County, with input from the Health Council of Southeast Florida (HCSEF), selected a variety of community engagement strategies such as surveys, meetings, key informant interviews and focus groups to answer these assessment questions. To facilitate this process, HCSEF developed qualitative tools, such as a Martin County Community Health Survey for Residents and Providers/Stakeholders, a Key Informant Tool and a Focus Group Tool to capture the community's perspective. Each tool was designed to collect qualitative data from a cross-section of the community in order to identify key assets in Martin County and the most pressing health issues. All assessment tools can be found in the Appendix.

COMMUNITY HEALTH SURVEYS

METHODOLOGY

Two complementary surveys were developed to capture the individual and systems-level perspective of health and human services in Martin County: a Provider/Stakeholder Survey and a Resident Survey. For the purpose of this assessment, providers/stakeholders include a broad category of health and social service providers delivering services in Martin County or to the residents of the county (e.g., dentists, elected officials, faith-based leaders, etc.). Residents were defined as anyone age 18 or older who resides in Martin County, including seasonal residents. Responses from individuals who did not meet these criteria were excluded from the data analysis.

The Martin CHD enlisted the assistance of the Community Health Advisory Council to assist with survey dissemination and linking HCSEF with eligible participants. Respondents were recruited using a convenience sampling approach based on accessibility and willingness to participate.

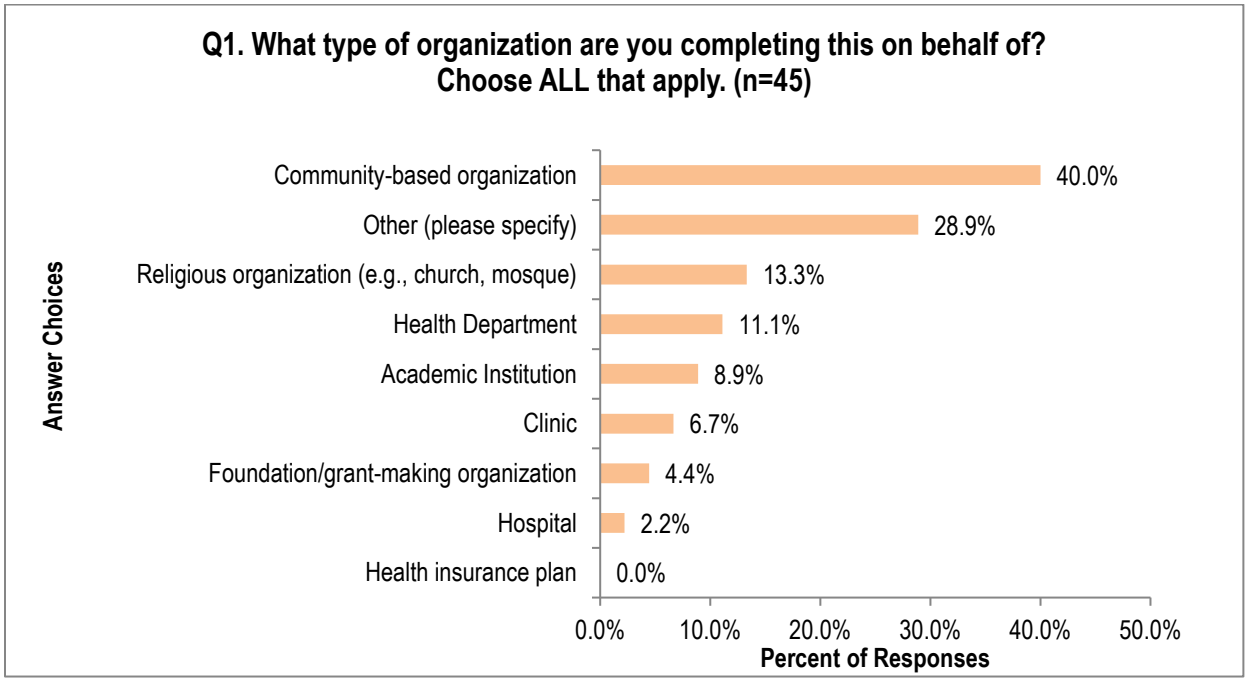
PROVIDER/STAKEHOLDER SURVEY RESULTS

The figures in this section summarize the responses received by providers and stakeholders in Martin County. The number of responses received for each question is displayed (e.g., n=45), and the data is presented by the percent of all responses for each answer choice

Figures 84-89 highlight the types of organizations that completed the survey, the services they offer, where they provide services and the population they serve. The figure below shows that 40% of respondents were from community-based organizations and over a quarter selected 'Other' as their organization type. The following are the types of organization specified as 'Other':

- United Way
- Certified Domestic Violence Agency
- Not-for-profit
- Private clinician
- Mentoring
- Social Services Organization
- Chamber of Commerce
- Doula, Childbirth Education
- County Public Transit System
- Law firm
- Dental Clinic
- Local government

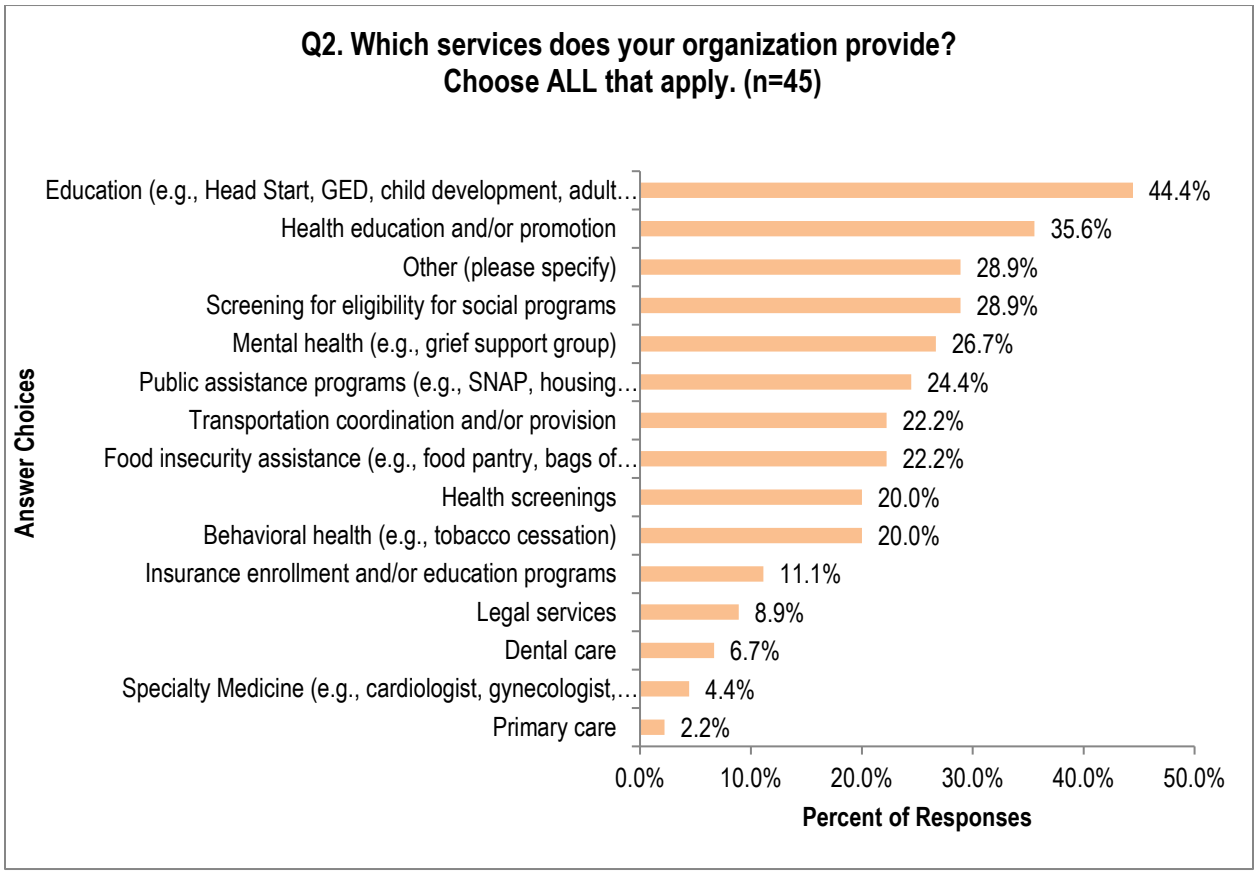
Figure 58: Percent of Responses to "What type of organization are you completing this on behalf of?"



Among the organizations represented, almost half (44%) provided educational services (e.g., Head Start, GED, child development, adult continuing education, literacy, after school programs, etc.). Over a quarter of respondents' organizations provided health education and/or promotion, eligibility screenings for social programs, 'Other' services, and mental health services. The following are the 'Other' types of services provides:

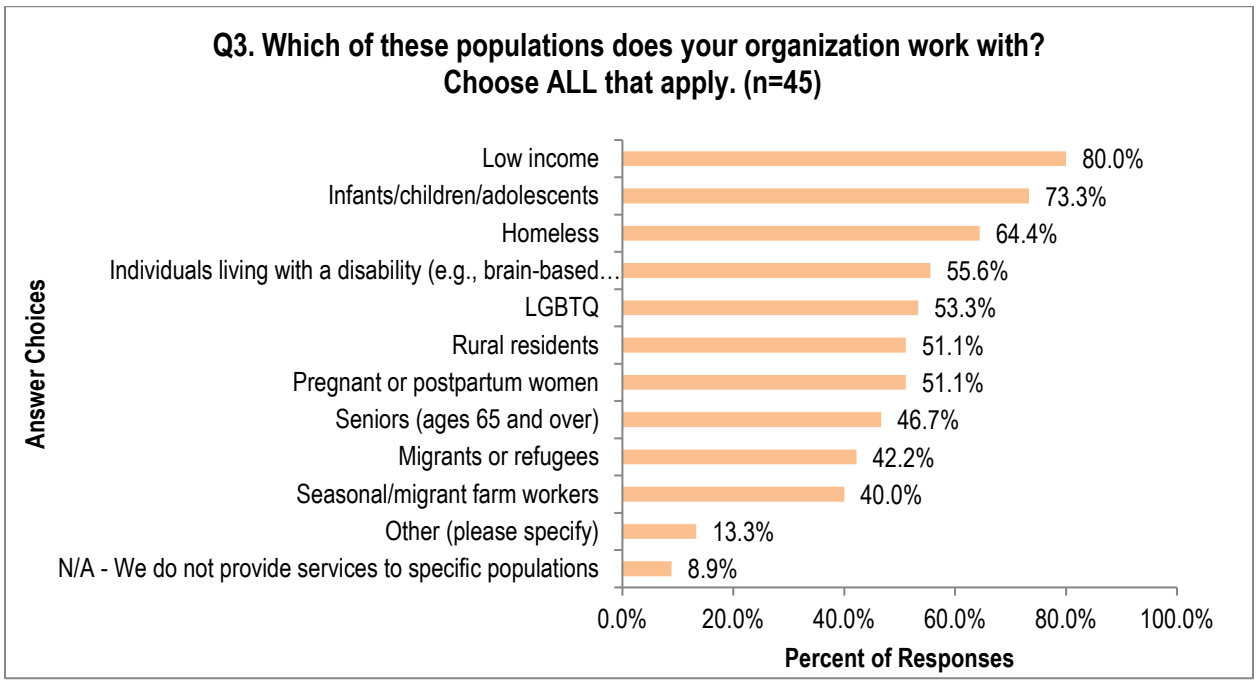
- Funding to Non-Profit and government entities
- We fund programs in most of the above
- Emergency shelter
- Domestic Violence
- Child care subsidies for low-income families
- Independent Living Skills Training
- Youth Mentoring
- School Dental Program, STD, Immunizations, Family Planning, Vital Statistics
- Business Services
- Physical and Emotional support
- Spiritual growth and care
- Grants to serve children and families
- Homeless Assistance, Prescription Assistance, Housing Assistance

Figure 59: Percent of Responses to "Which services does your organization provide?"



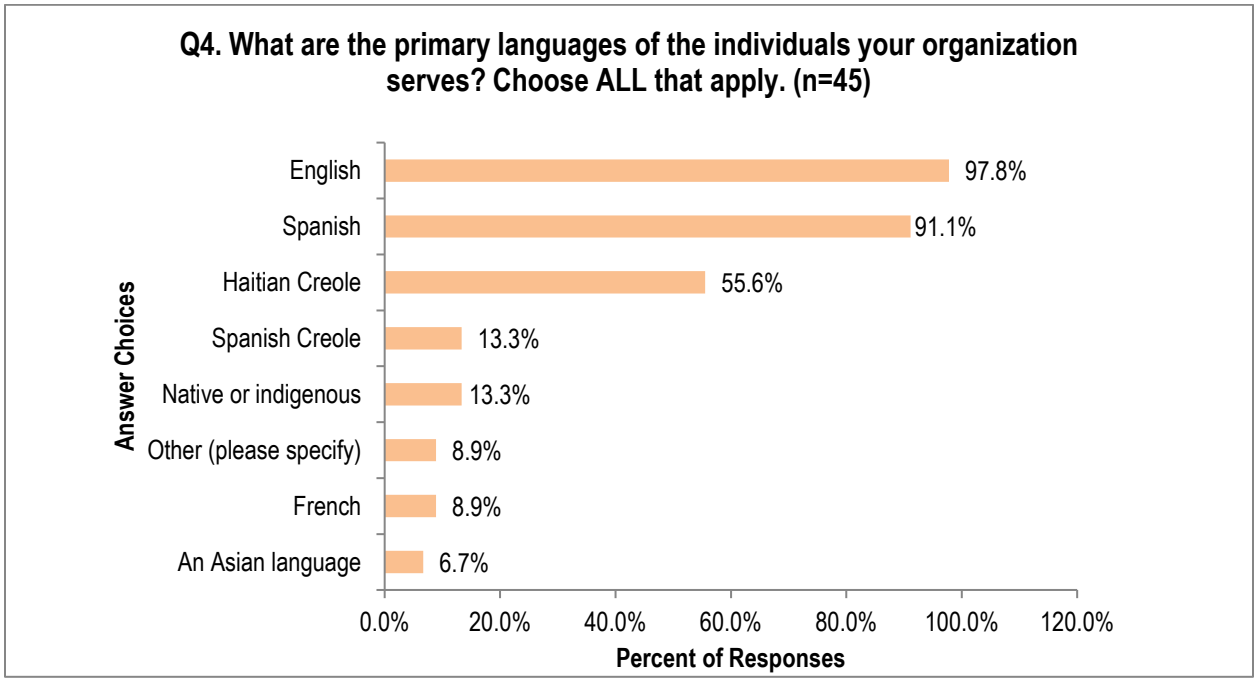
The majority or respondents' organizations (80%) served low income populations, and almost three-fourths served infants or youth.

Figure 60: Percent of Responses to "Which of these populations does your organization work with?"



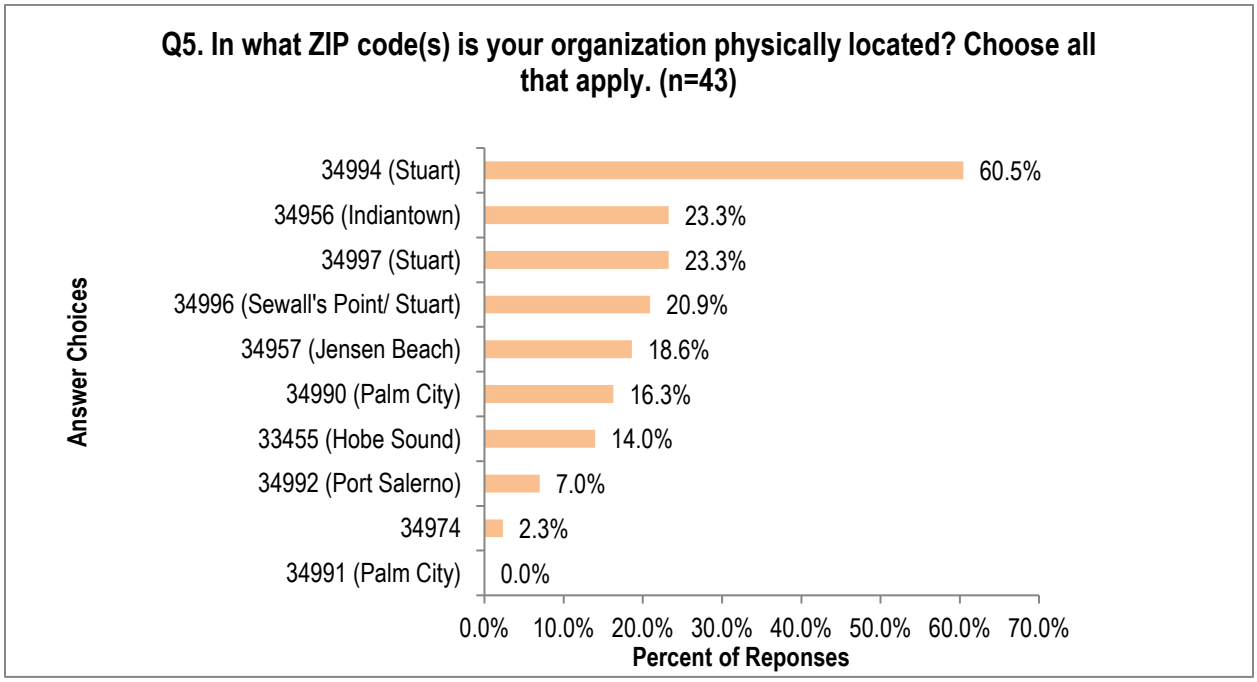
As shown in the figure below, the majority of respondents (91-98%) serve a population whose primary language is either English or Spanish. Over half of the providers/stakeholders surveyed (55%) served a population whose primary language is Haitian Creole.

Figure 61: Percent of Responses to "What are the primary languages of the individuals your organization serves? "



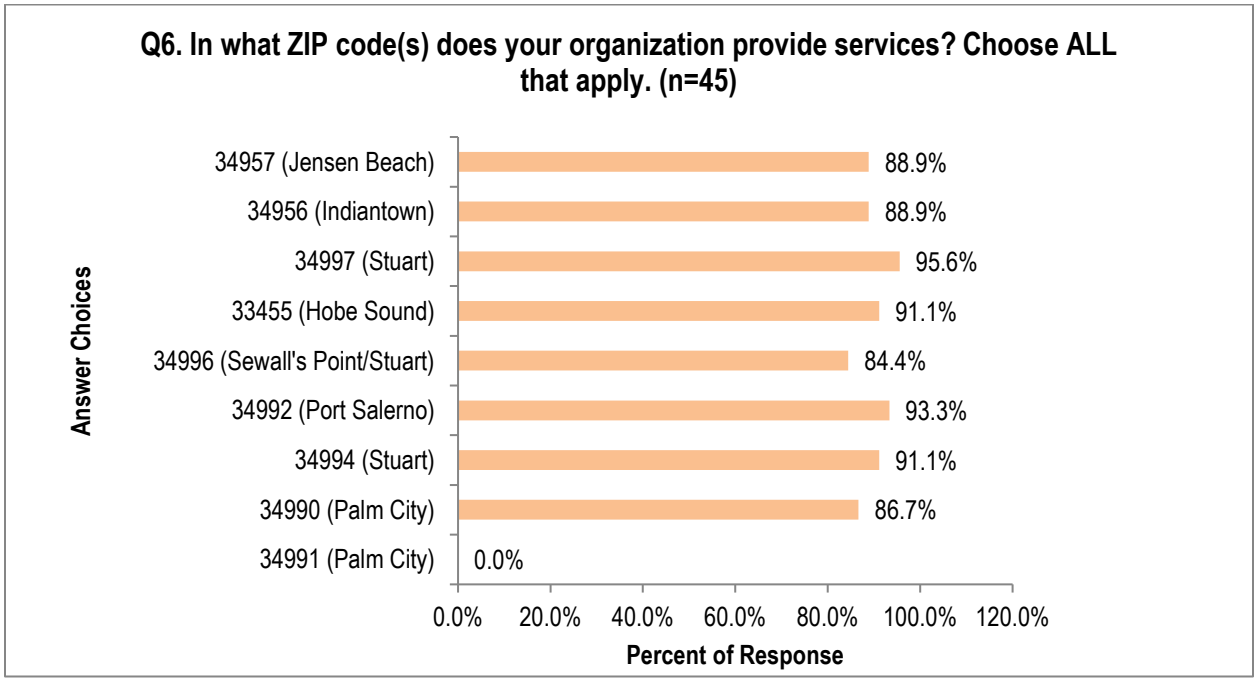
The figure below shows where respondents' organization has a physical location.

Figure 62: Percent of Responses to "In what ZIP code(s) is your organization physically located?"



The figure above shows that most organizations represented in this survey have a physical location in Stuart (60%). However, the figure below shows that over 80% of the organizations provide services to most ZIP codes in Martin County.

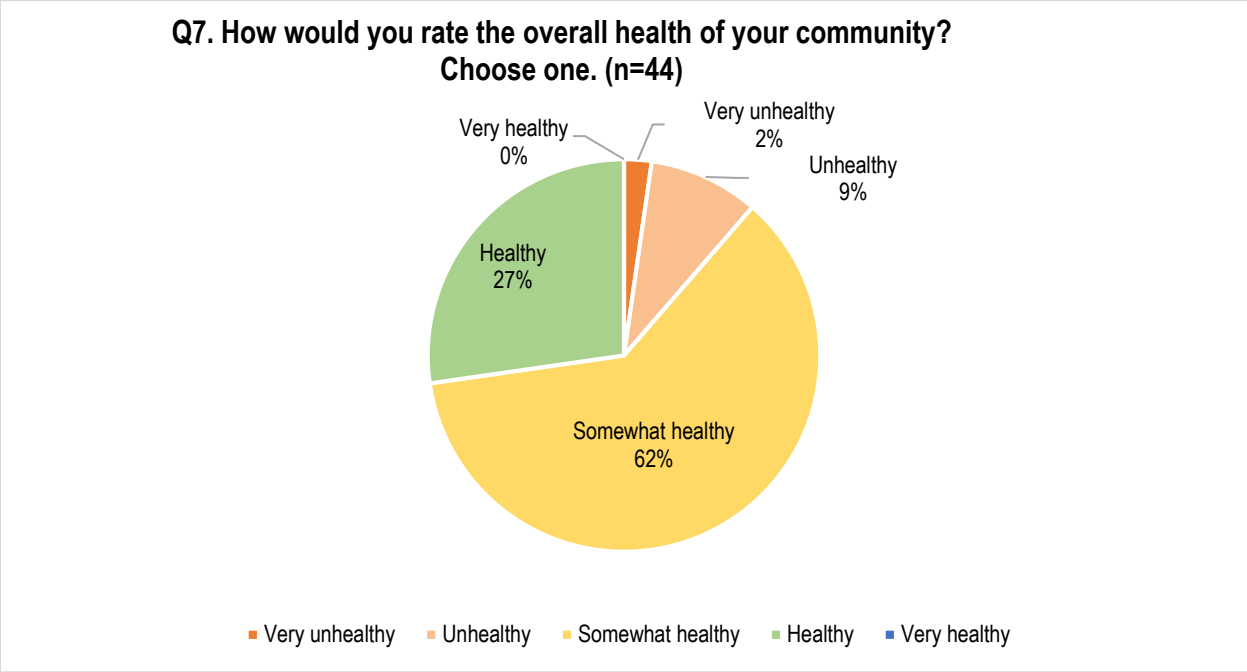
Figure 63: Percent of Responses to "In what ZIP code(s) does your organization provide services?"



Figures 90- 94 captures the perspective of providers and stakeholders in Martin County about the health of the community.

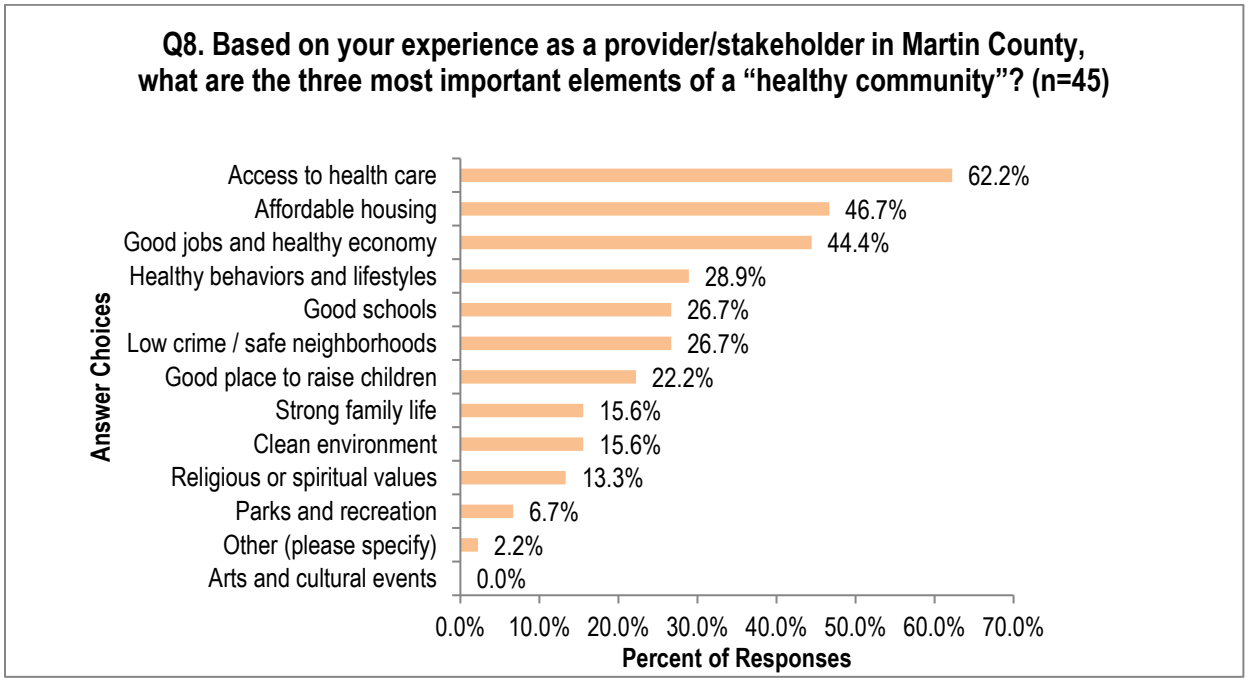
The figure below highlights that over half of providers and stakeholders who responded rated the overall health of the community as 'Somewhat Healthy,' followed by over a quarter that rated it as 'Healthy.'

Figure 64: Percent of Responses to "How would you rate the overall health of your community?"



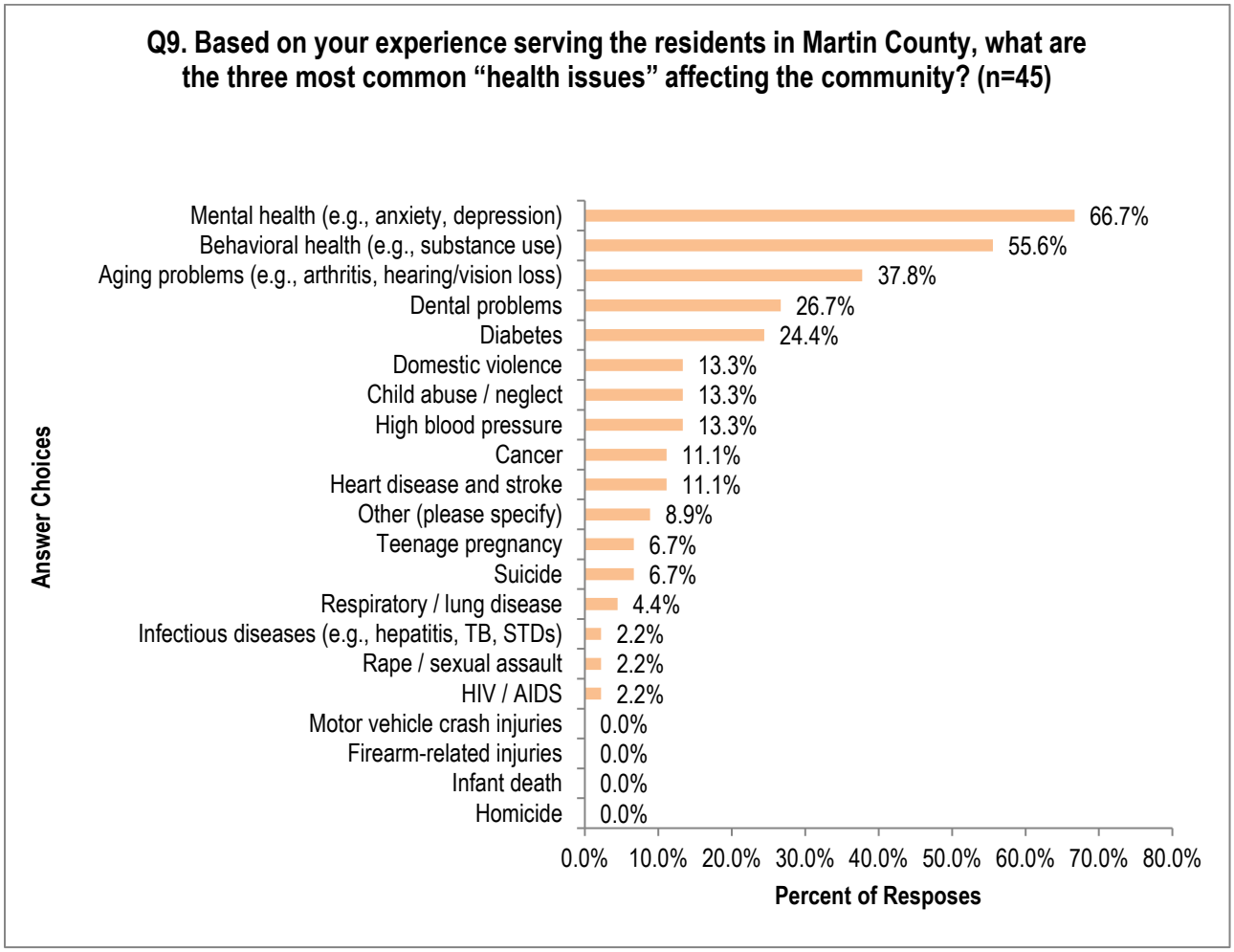
When asked what the three most important elements of a "healthy community" are, over half of the respondents said access to health care. This was followed by affordable housing (47%) and good jobs/healthy economy (44%).

Figure 65: Percent of Responses to "Based on your experience as a provider/stakeholder in Martin County, what are the three most important elements of a 'healthy community'?"



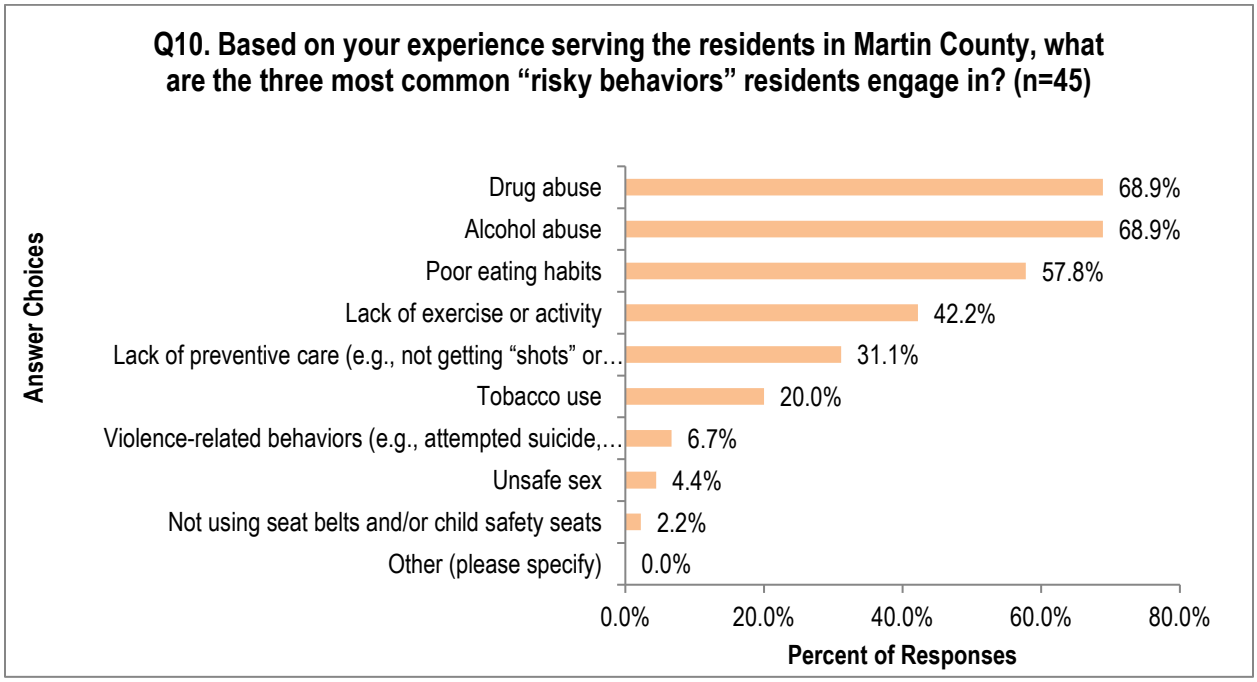
Among respondents, mental health (67%), behavioral health (56%) and aging problems (38%) were identified as the top three most common issues affecting the community.

Figure 66: Percent of Responses to "Based on your experience serving the residents in Martin County, what are the three most common 'health issues' affecting the community?"



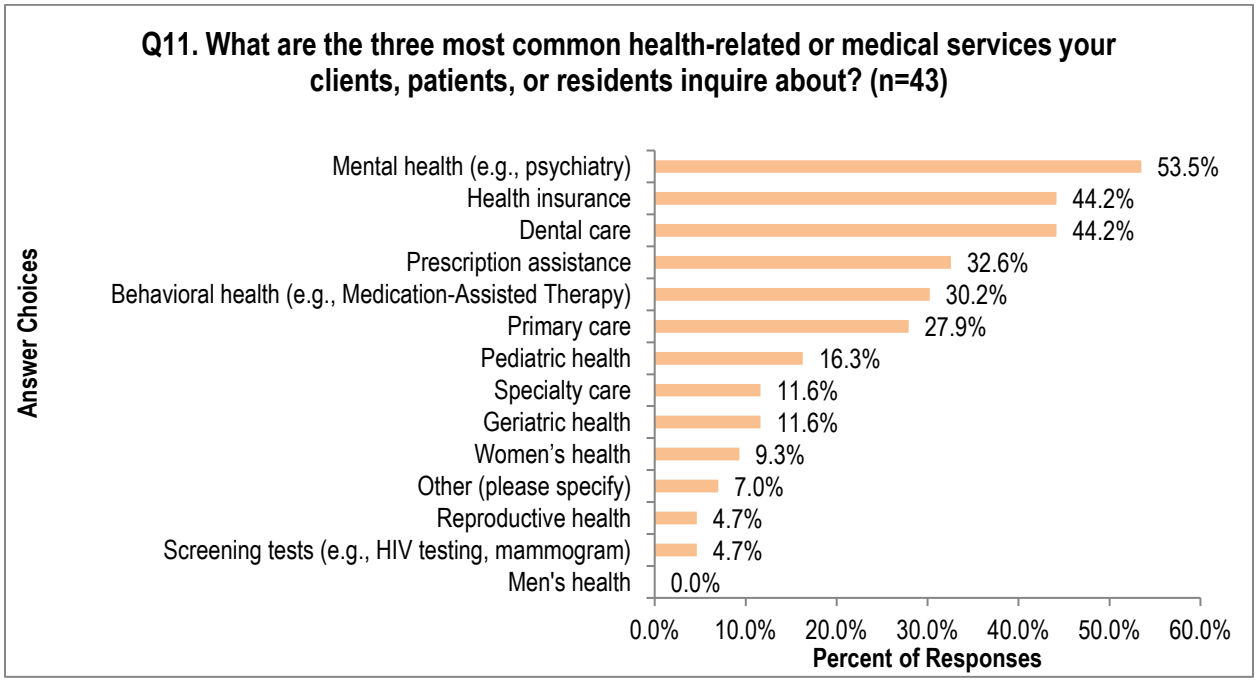
The figure below shows that over half of respondents identified drug abuse, alcohol abuse and poor eating habits as the top three most common risky behavior the community engages in.

Figure 67: Percent of Responses to "Based on your experience serving the residents in Martin County, what are the three most common 'risky behaviors' residents engage in?"



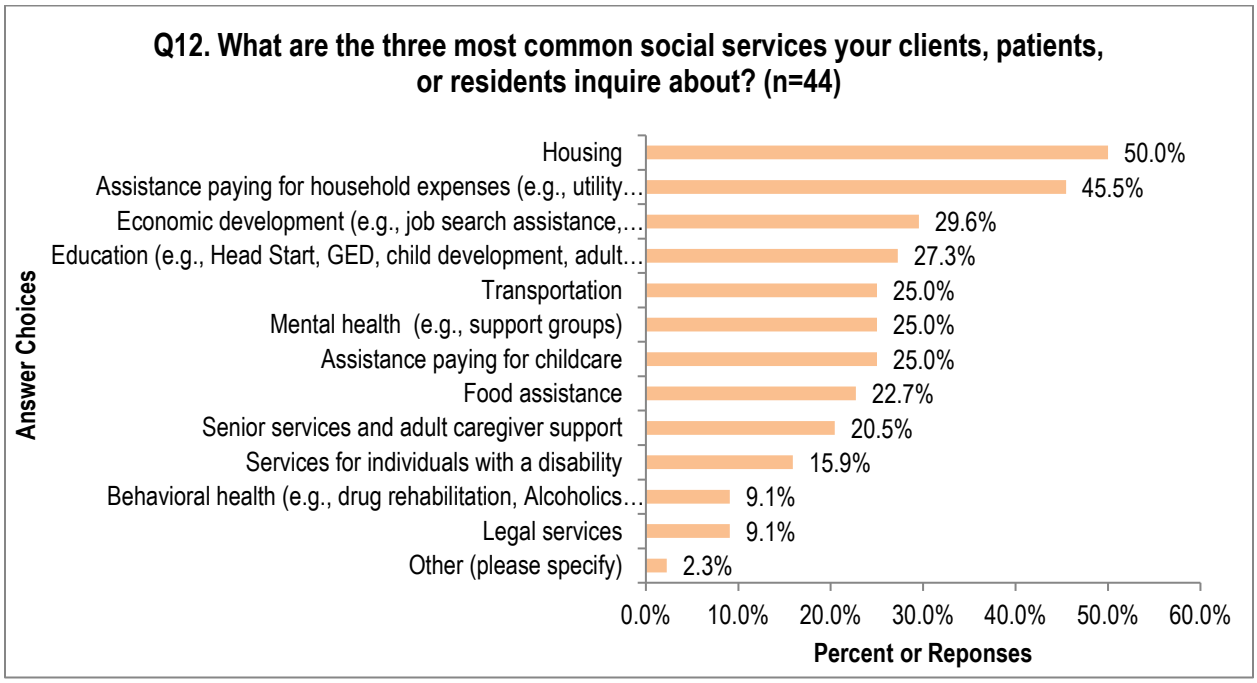
Over half of providers and stakeholders listed mental health as the most common health-related inquiry, they receive from residents. This was followed by health insurance (44%) and dental care (44%).

Figure 68: Percent of Responses to "What are the three most common health-related or medical services your clients, patients, or residents inquire about?"



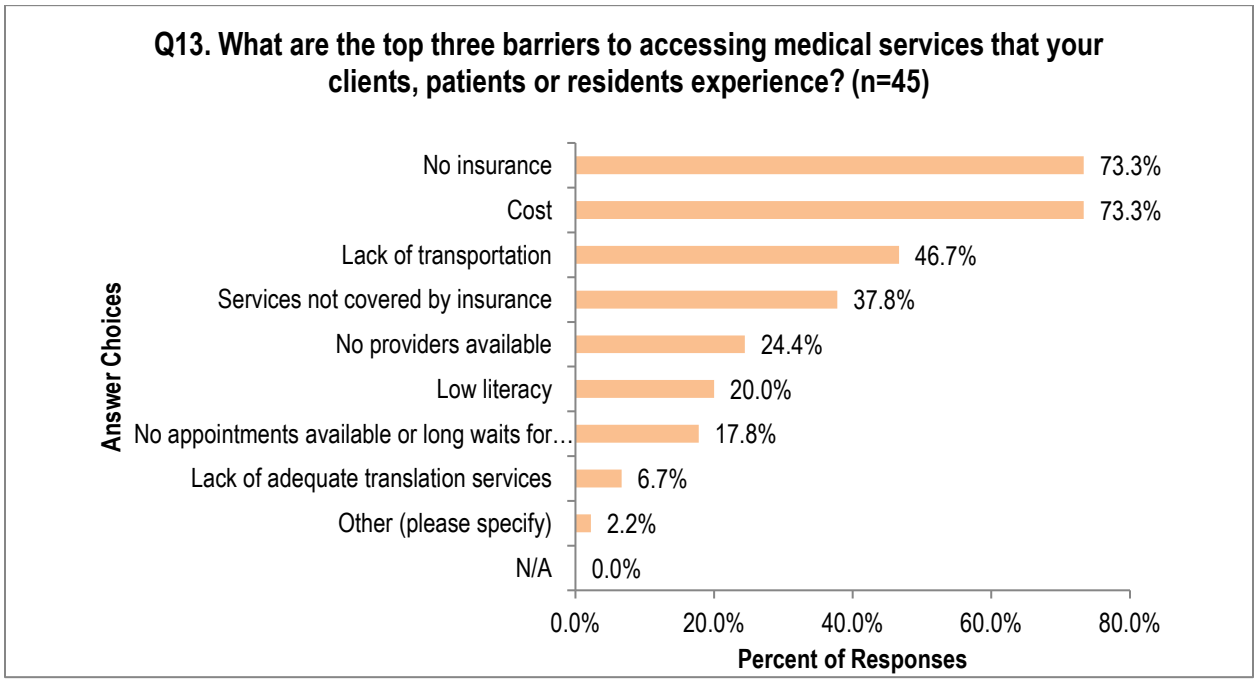
The figure below highlights the social service needs of the community from the perspective of providers and stakeholders in Martin County. Half of the respondents identified housing as a common social service that residents they serve inquire about, followed by 45% who identified assistance paying for household expenses as a common inquiry.

Figure 69: Percent of Responses to "What are the three most common social services your clients, patients, or residents inquire about?"



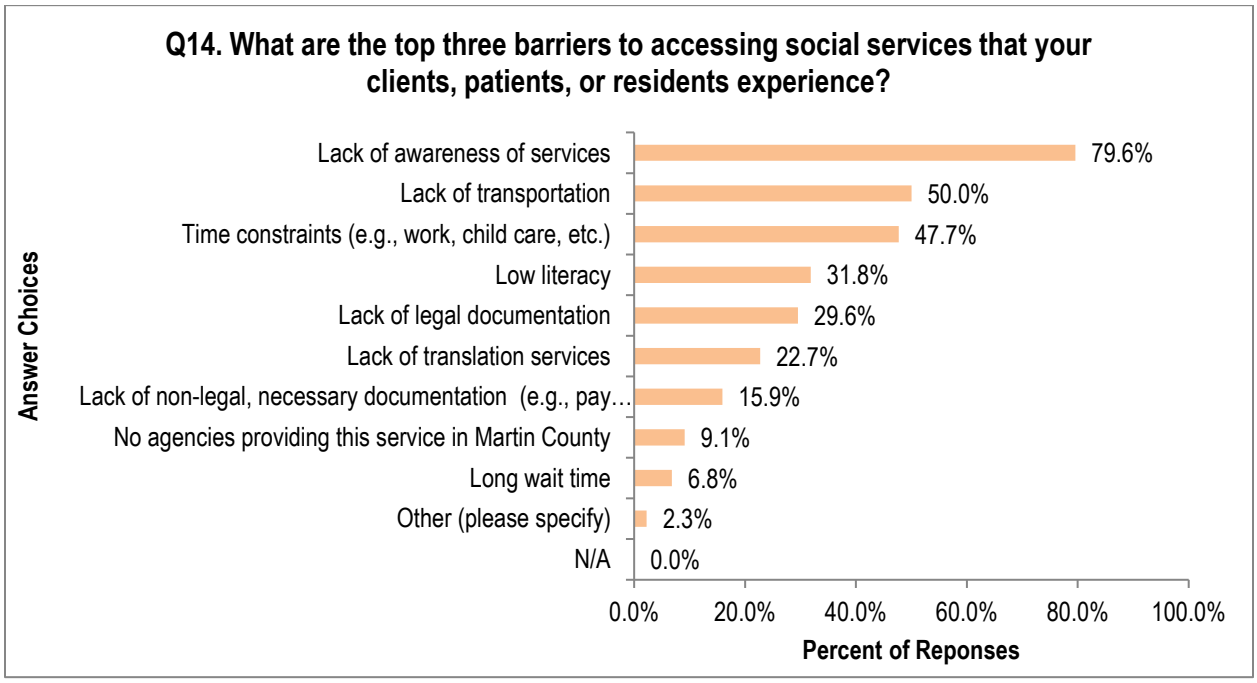
When providers and stakeholders were asked about the top three barriers, residents face when accessing medical services, almost three-fourths listed no insurance and cost as a barrier. This was followed by a lack of transportation (47%).

Figure 70: Percent of Responses to "What are the top three barriers to accessing medical services that your clients, patients or residents experience?"



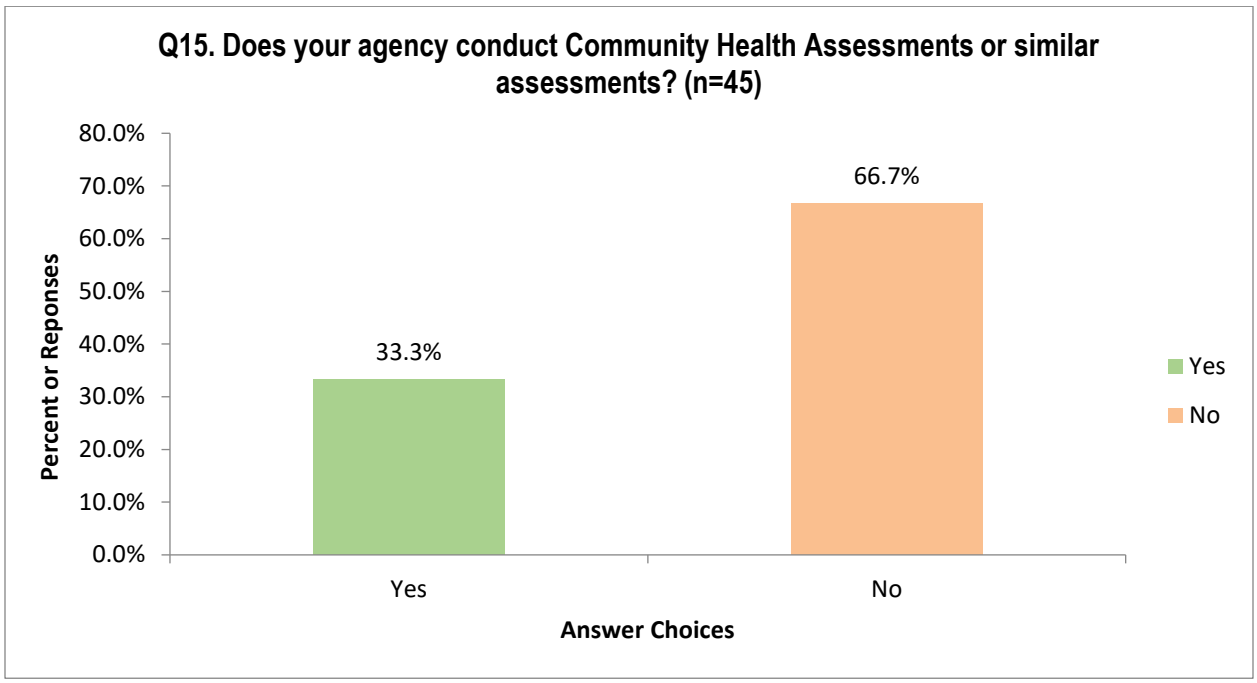
The top three barriers to accessing social services as perceived by providers and stakeholders in Martin County are shown in the figure below. Most respondents indicated that lack of awareness (80%), lack of transportation (50%) and time constraints (48%) were a barrier for residents they serve.

Figure 71: Percent of Responses to "What are the top three barriers to accessing social services that your clients, patients, or residents experience?"



The figure below shows that one-third of respondents' organizations conduct a community health assessment or a similar assessment.

Figure 72: Percent of Responses to "Does your agency conduct Community Health Assessments or similar assessments?"



The final question asked stakeholders whose organizations conducted an assessment to list the top three finds from their most recent assessment. Below is a list of those findings.

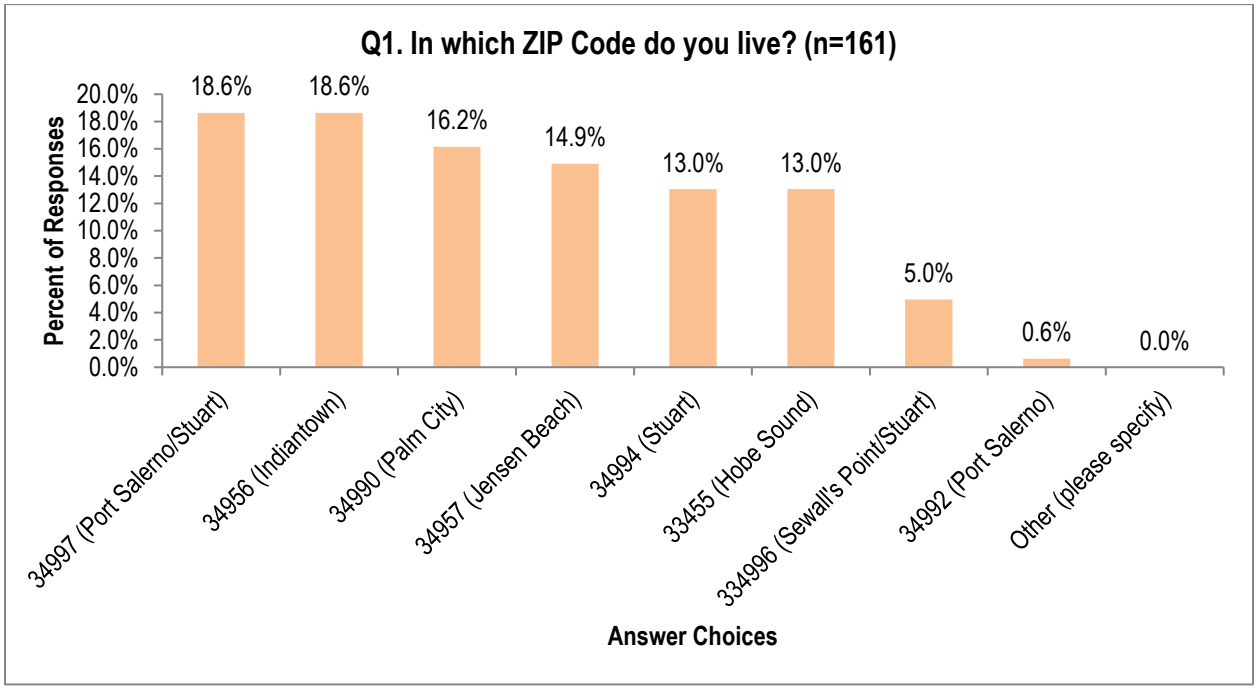
Q16. We strive to coordinate with the work that other agencies are doing. Please share the top three findings from your most recent assessment?

- Literacy Rates, Early Intervention, Prevention Services, Mental Health
- School health, knowledge of services, obesity
- We use census data and community health assessments completed by other local organizations to assess our priority levels. We found that our top three priority clients who fall in these three categories-
    - 1. A child younger than 13 years old from a family that includes a parent who is receiving temporary cash assistance under chapter 414 and subject to the federal work requirements.
    - 2. An at-risk child younger than nine years old.
    - 3. A child from birth to the beginning of the school year for which the child is eligible for admission to kindergarten in a public school under s. 1003.21(1)(a)2. Who is from a working family that is economically disadvantaged, and may include such child's eligible siblings, beginning with the school year in which the sibling is eligible for admission to kindergarten in a public school under s. 1003.21(1)(a)2. Until the beginning of the school year in which the sibling is eligible to begin 6th grade, provided that the first priority for funding an eligible sibling is local revenues available to the coalition for funding direct services.
- Not enough low-cost housing for persons under 55, transportation, help with utility bills
- Access to Care, School Health, Obesity
- Celebrate Recovery
- Entry into prenatal care, health disparities in breastfeeding
- Need for mental health assistance, need for affordable housing, need for free transportation
- Low School Readiness Rates, Lack of Quality Child Care, Increase support systems for children with Special Needs
- Transportation, Bank Food & Homeless shelters
- Affordable housing, mental health/addiction services, and utility assistance

The figures in this section summarize the responses received by residents in Martin County. The number of responses received for each question is displayed (e.g., n=161), and the data is presented by the percent of all responses for each answer choice.

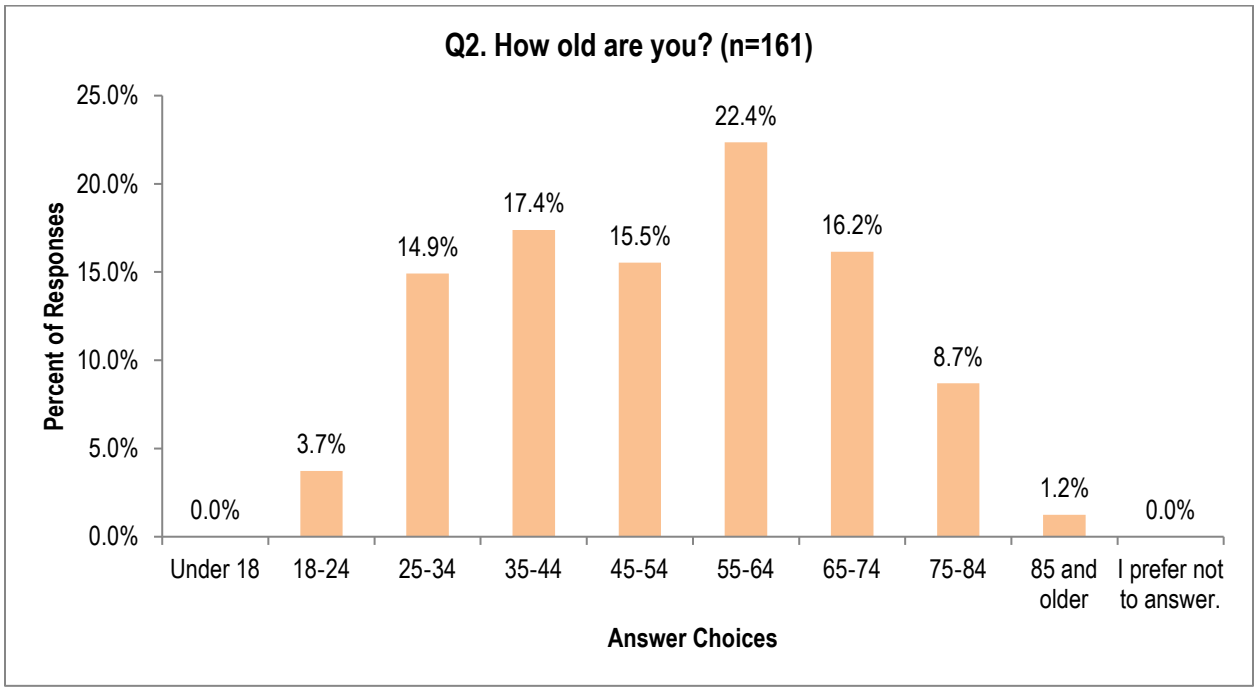
The figure below shows the ZIP Code in which the respondents live. All Martin county ZIP Codes were represented in this survey with the largest number of the respondents living in 34997 (18.6%) and 34956 (18.6%).

Figure 73: Percent of Responses to "In which ZIP Code do you live?"



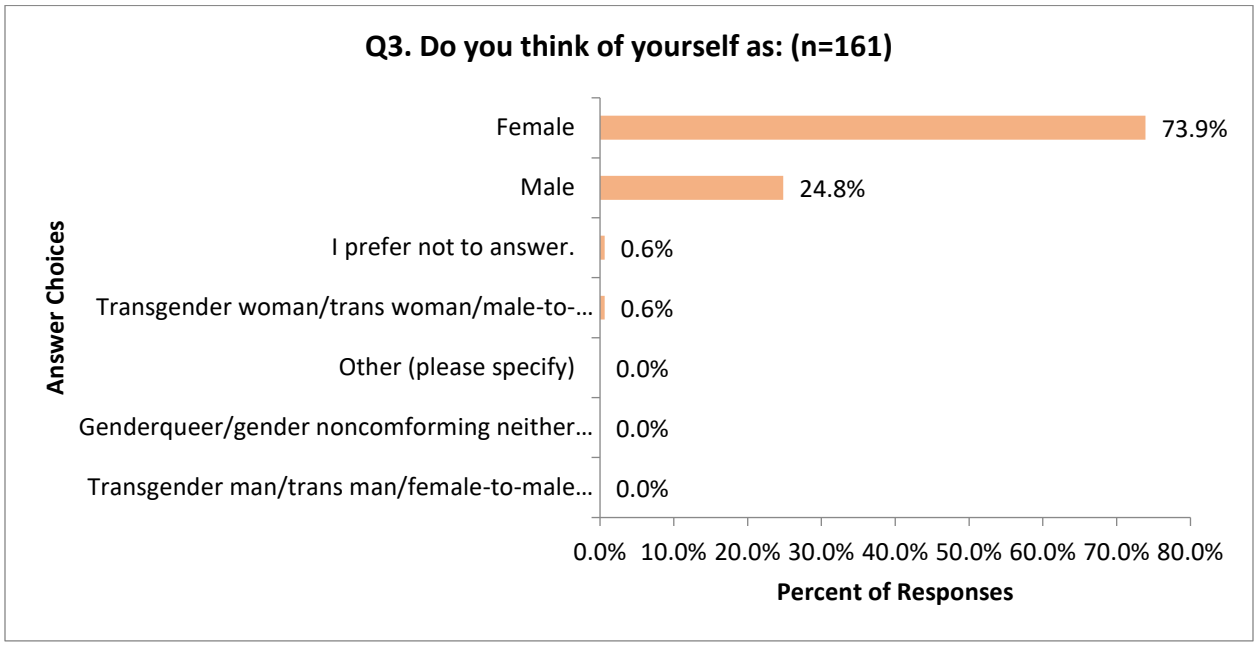
Almost a quarter of respondents were 55-64, followed by 35-44 (17%) and 65-74 (16%).

Figure 74: Percent of Responses to "How old are you?"



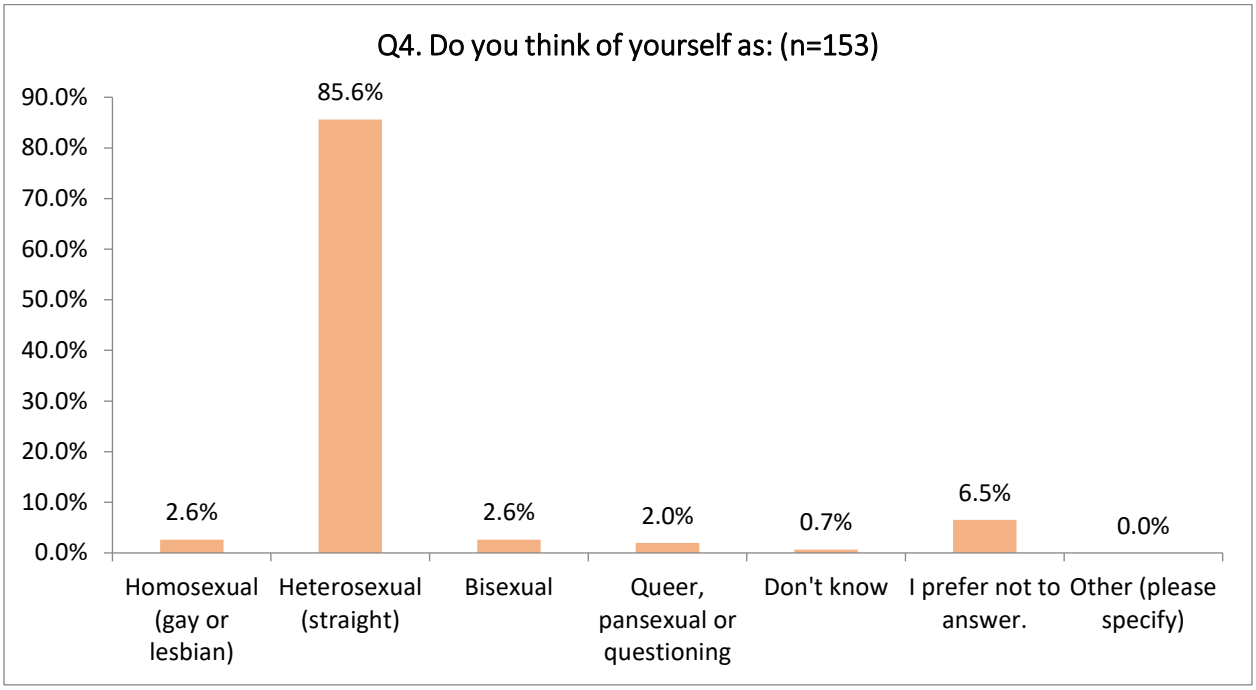
Almost three-fourths of respondents self-identified as female, a quarter identified as male and less than 1% transgender.

Figure 75: Percent of Responses to "Do you think of yourself as:"



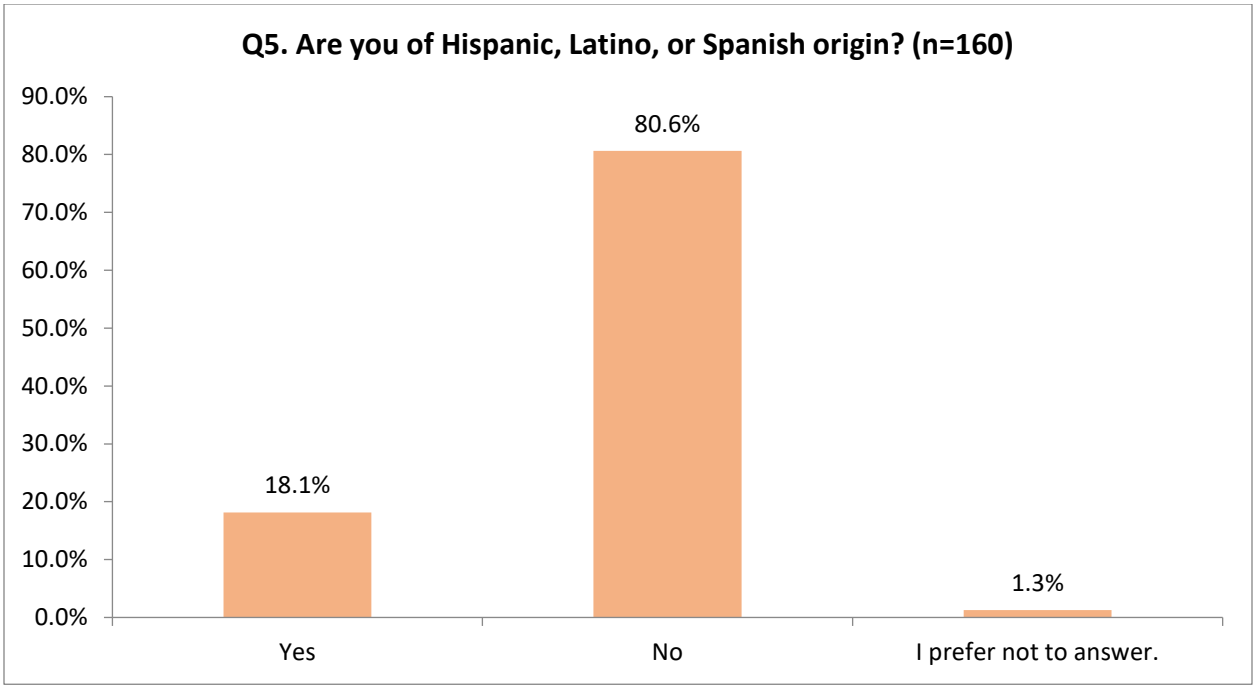
Among respondents, 86% self-identified as heterosexual and 7% self-identified as LGBTQ+.

Figure 76: Percent of Responses to "Do you think of yourself as:"



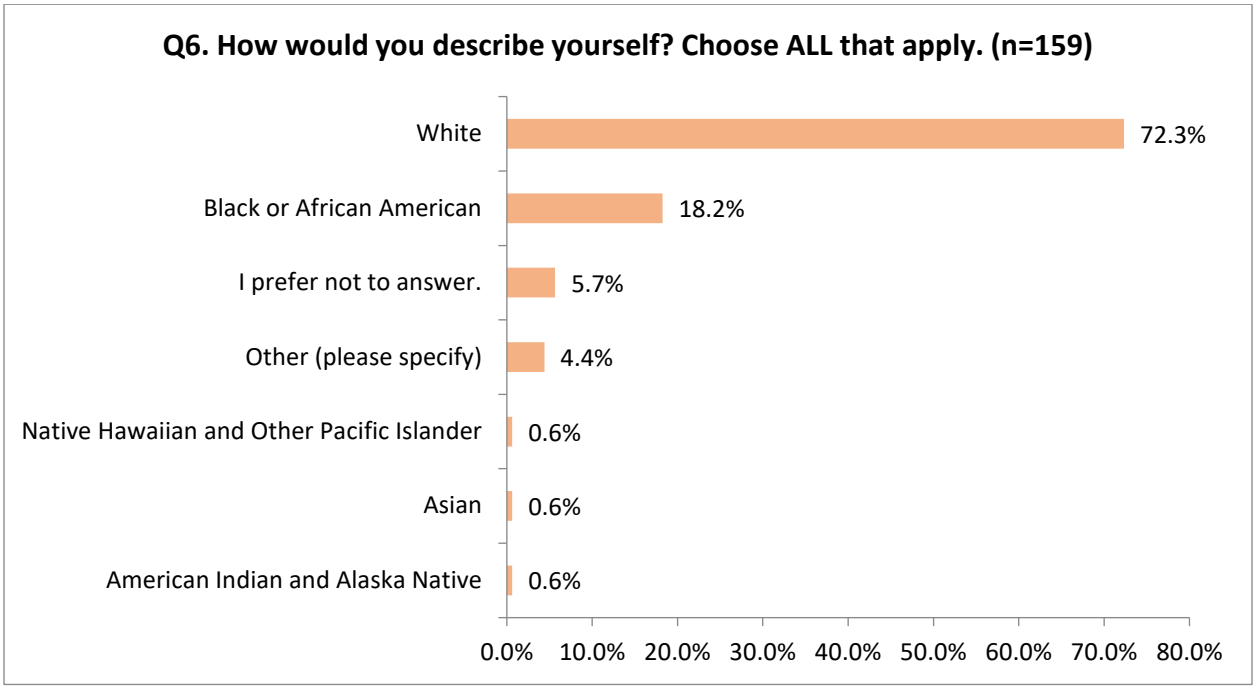
Eighteen percent of respondents were of Hispanic or Latino origin.

Figure 77: Percent of Responses to "Are you of Hispanic, Latino, or Spanish origin?"



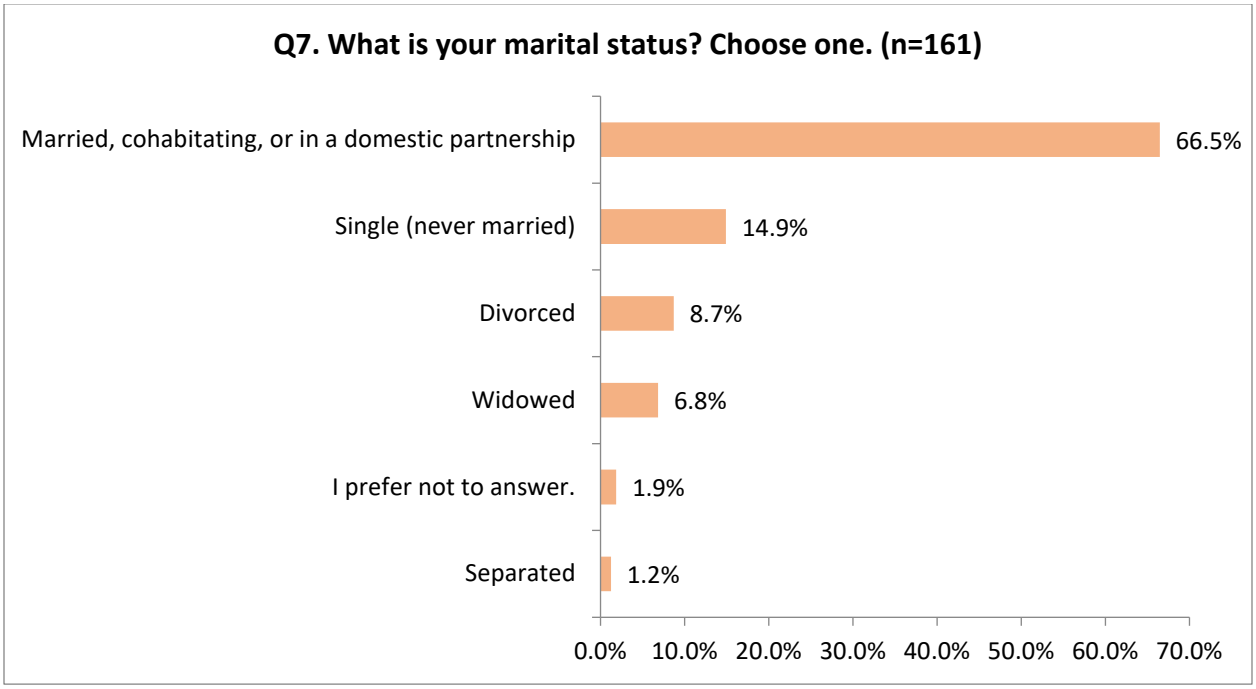
The majority of respondents self-identified as White (72%), followed by Black or African American (18%). Among those who self-identified as Some other race, Hispanic was most frequently reported.

Figure 78: Percent of Responses to "Percent of Responses to "How would you describe yourself? Choose ALL that apply."



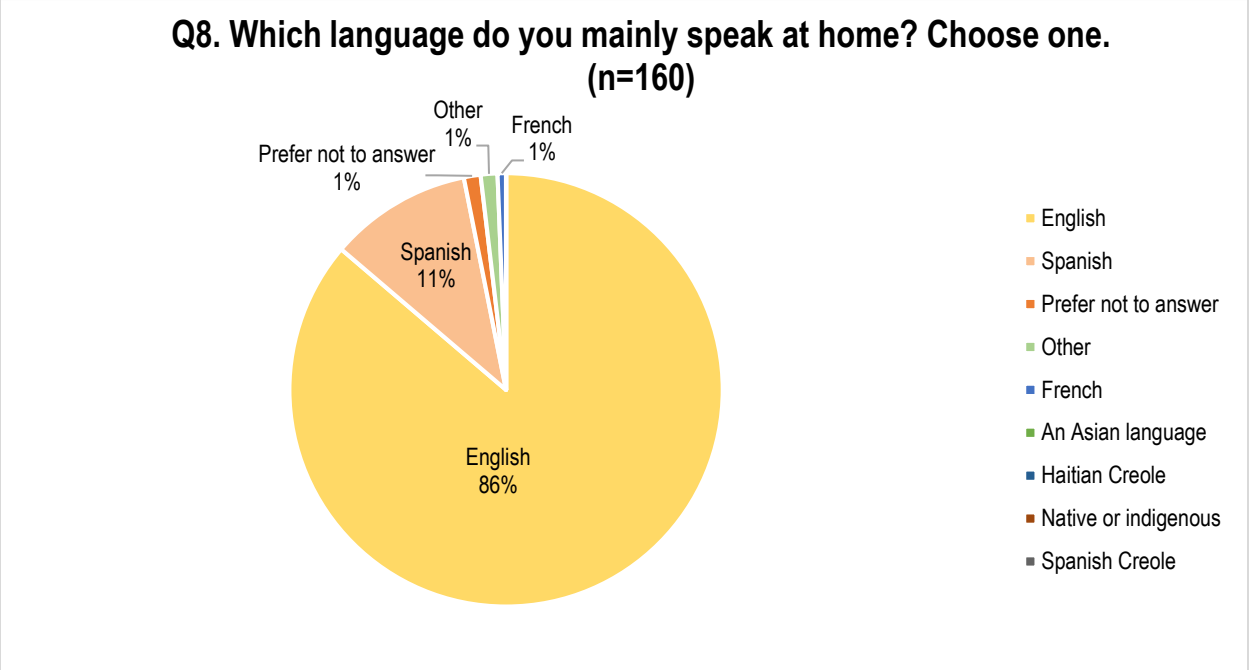
The figure below shows the martial status of respondents.

Figure 79: Percent of Responses to "What is your marital status? Choose one."



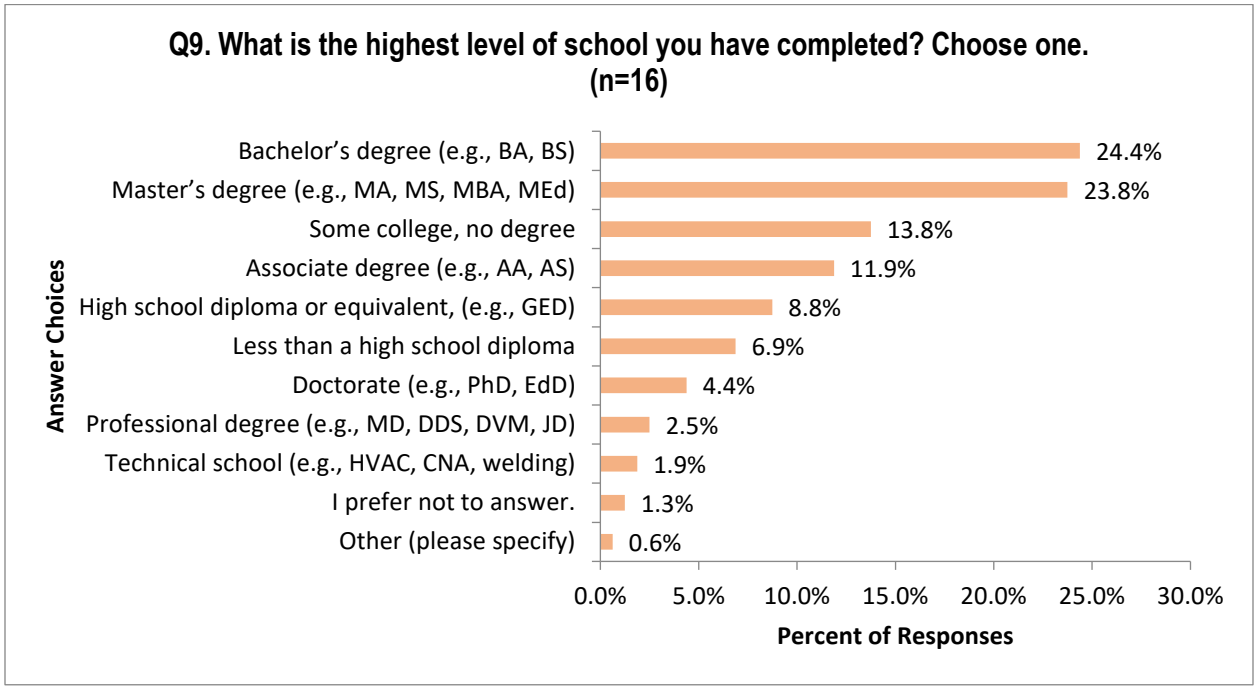
Among respondents the majority spoke English at home followed by Spanish (11%). Among those who selected other, Portuguese and the Mayan language of Popti' were indicated as the language spoken at home.

Figure 80: Percent of Responses to "Which language do you mainly speak at home? Choose one."



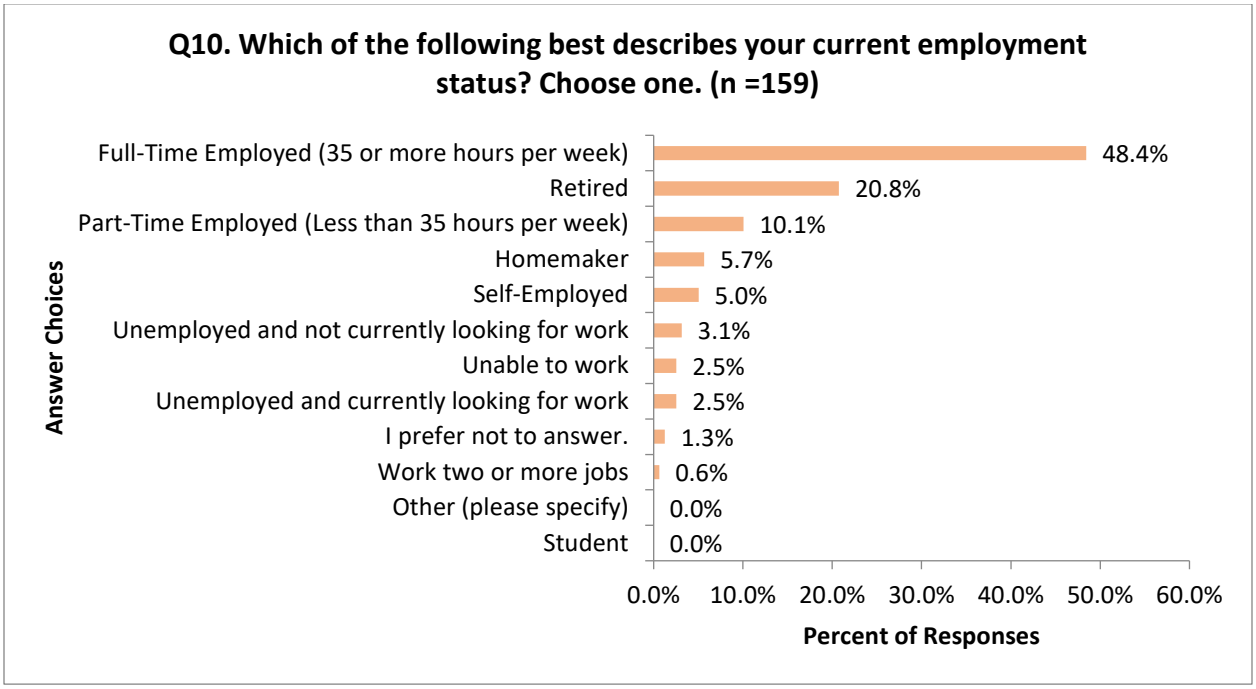
Almost a quarter of respondents had completed a Bachelor's degree, followed by Masters (24%) and Some college (14%). Among those who selected other, it was indicated that they had never attended school.

Figure 81: Percent of Responses to "What is the highest level of school you have completed? Choose one."



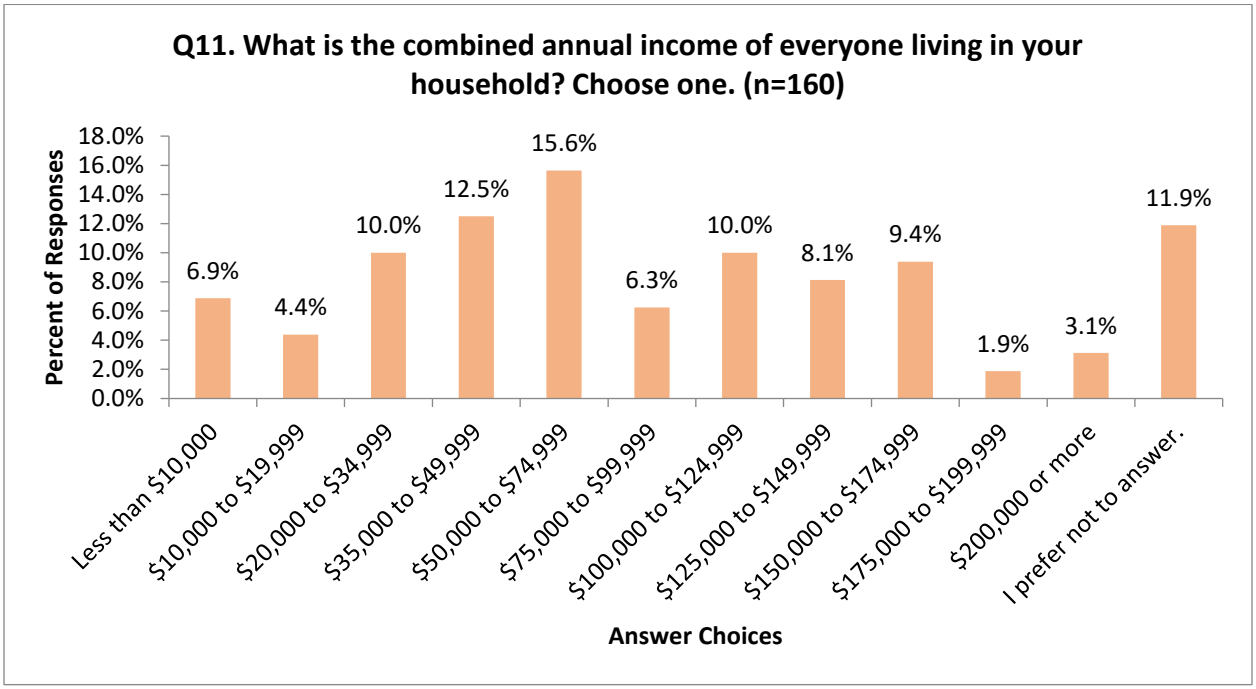
The figure below shows the employments status of respondents.

Figure 82: Percent of Responses to "Which of the following best describes your current employment status? Choose one."



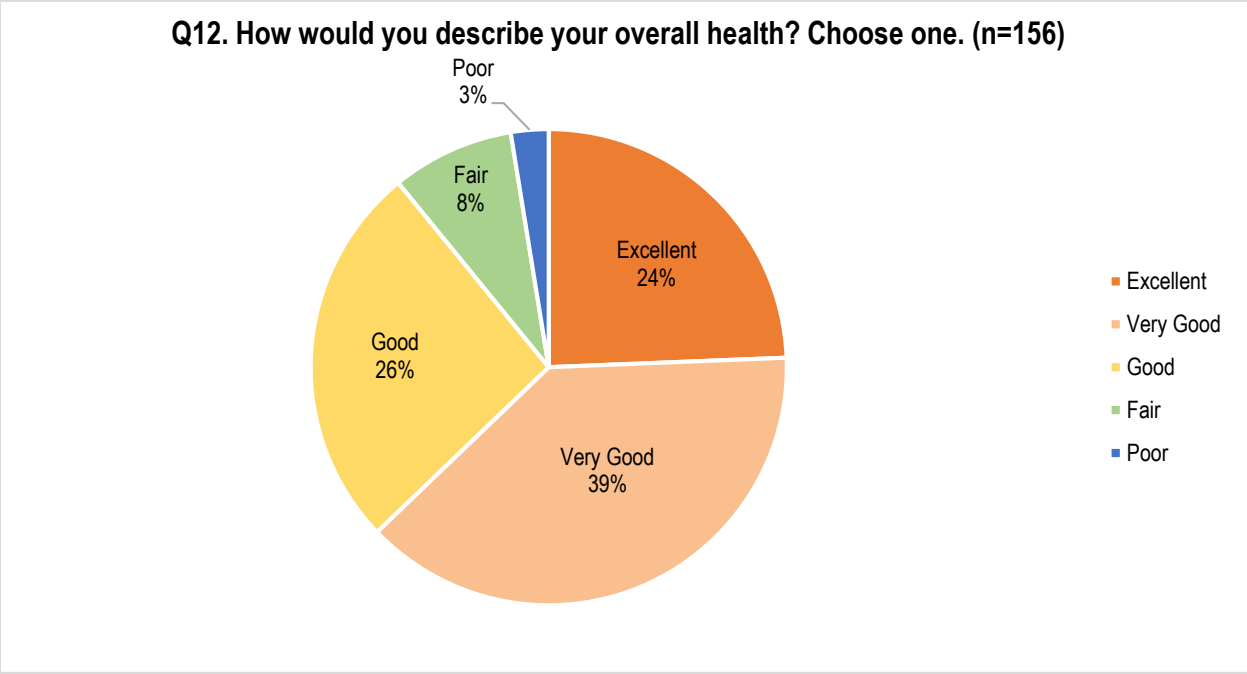
The figure below shows the combined annual household income of respondents.

Figure 83: Percent of Responses to "What is the combined annual income of everyone living in your household? Choose one."



The majority of respondents described their overall health as very good (39%), followed by good (26%). Five participants skipped this question.

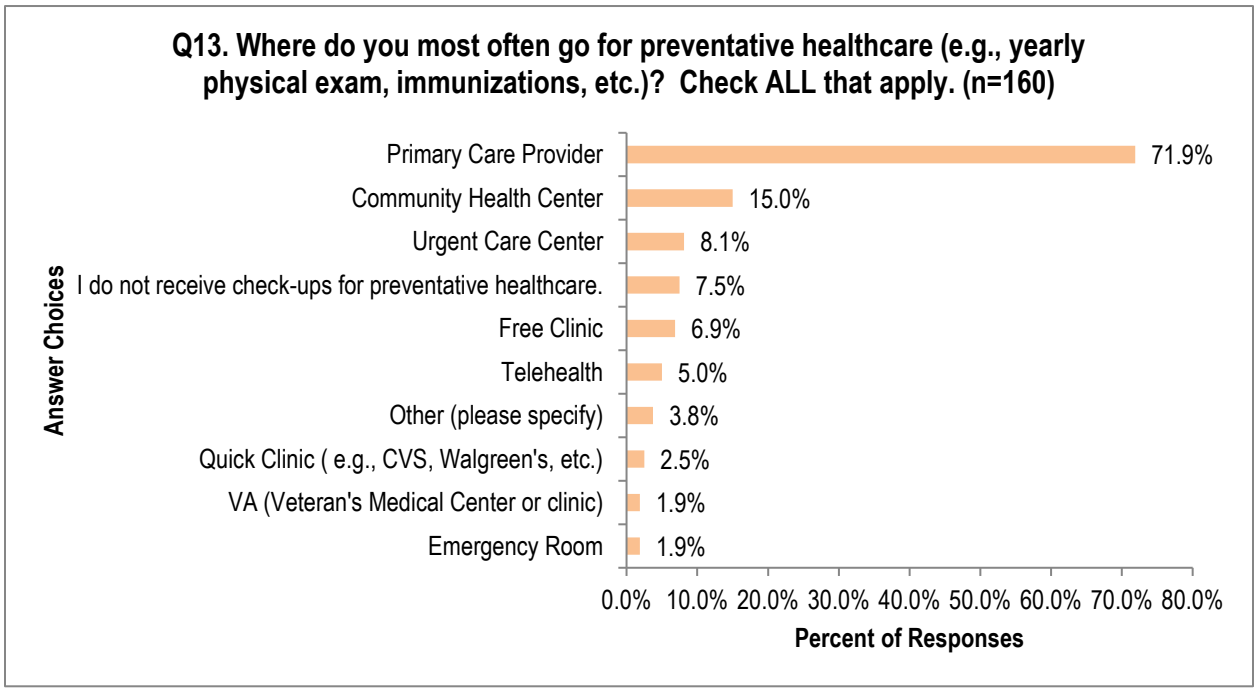
Figure 84: Percent of Responses to "How would you describe your overall health? Choose one."



Questions 13 through 19 are designed to understand resident's source of care for preventative healthcare and urgent care to determine if residents have a usual source of care, gaps is care and over reliance on more expensive sources of care such as urgent care and emergency rooms.

Among respondents, almost three-fourths accessed preventative healthcare through a primary care provider, followed by a community health center (15%) and urgent care center (8%).

Figure 85: Percent of Responses to "Where do you most often go for preventative healthcare (e.g., yearly physical exam, immunizations, etc.)? Check ALL that apply."

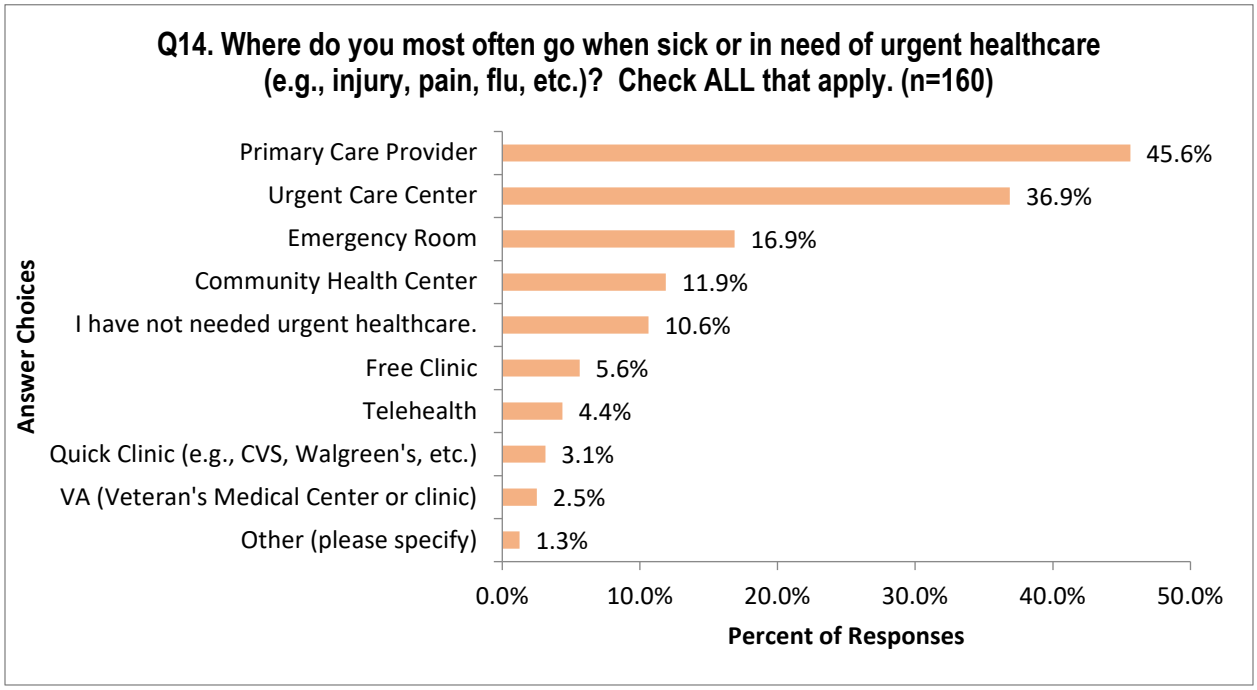


Almost four percent of respondents selected other, the following were the responses indicated:

- In-home medical assistance
- Employee wellness center
- Oncologist and Gynecologist
- "It's been several years since I've had a checkup"
- Women's Health Center

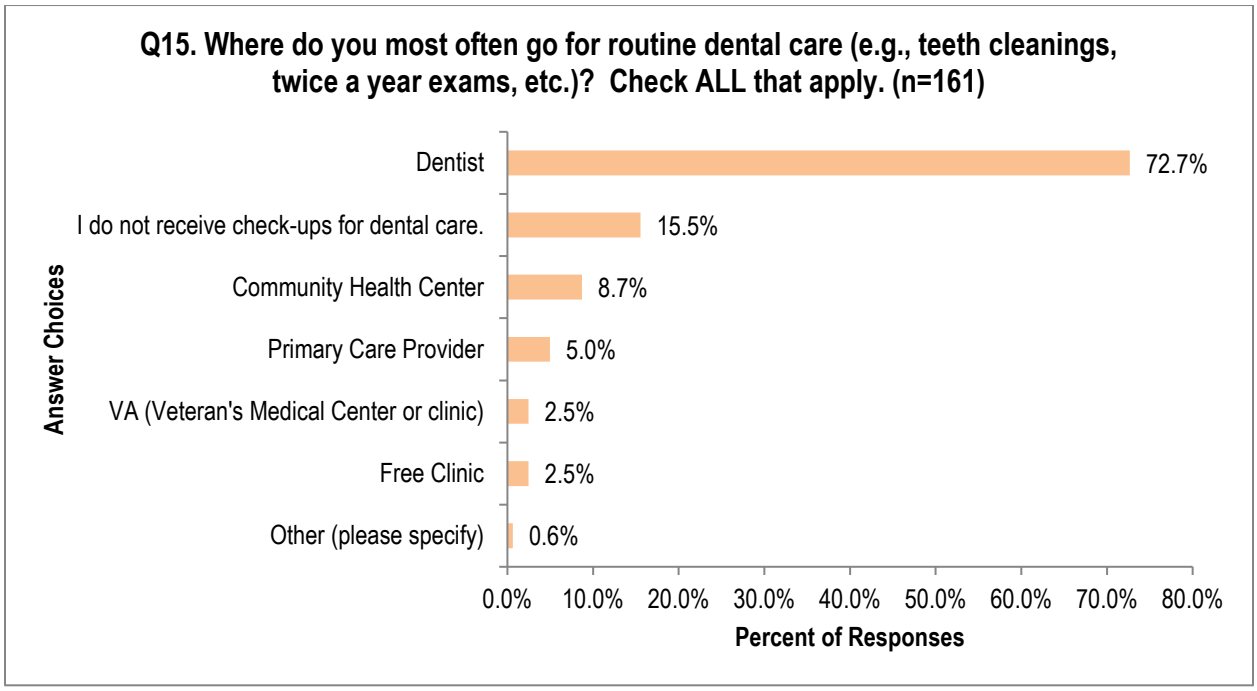
Almost half of respondents accessed urgent healthcare through their primary care provider, followed by and urgent care center (37%) and emergency room (17%).

Figure 86: Percent of Responses to "Where do you most often go when sick or in need of urgent healthcare (e.g., injury, pain, flu, etc.)? Check ALL that apply."



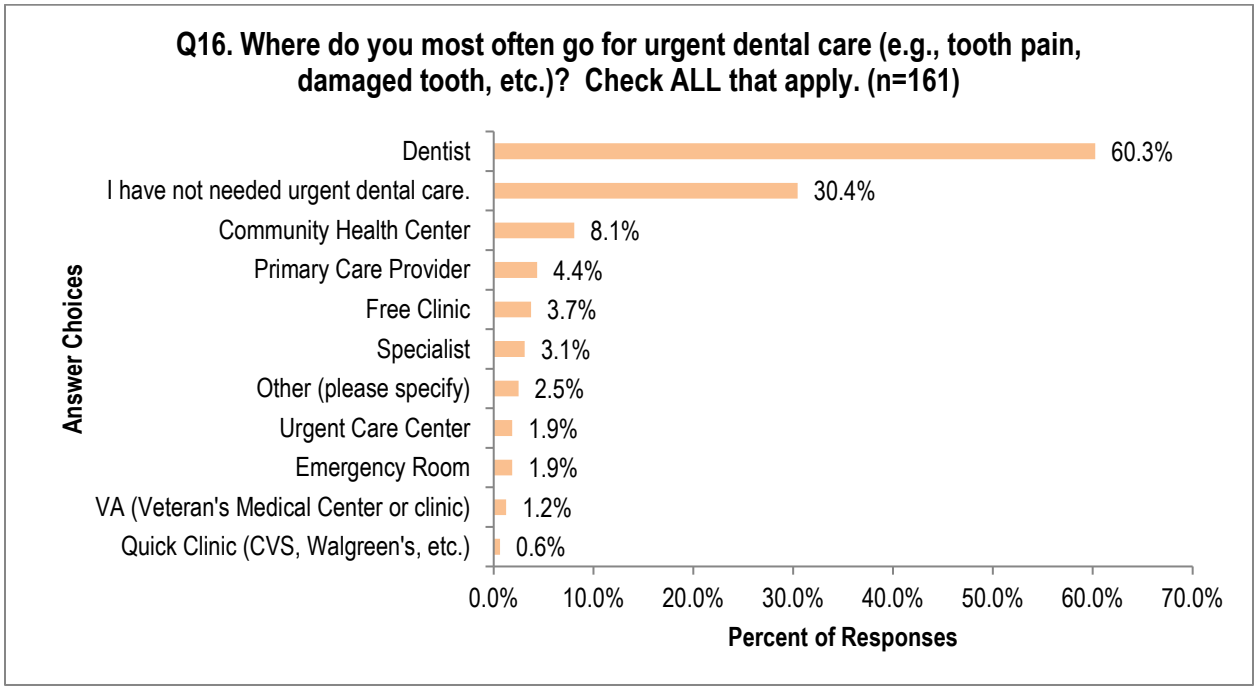
The majority of respondents accessed a dentist for routine dental care, followed by a community health center (9%). However, almost one-fifth of respondents reported not receiving check-up for dental care. One respondent selected other and indicated receiving routine dental care in Mexico.

Figure 87: Percent of Responses to "Where do you most often go for routine dental care (e.g., teeth cleanings, twice a year exams, etc.)? Check ALL that apply."



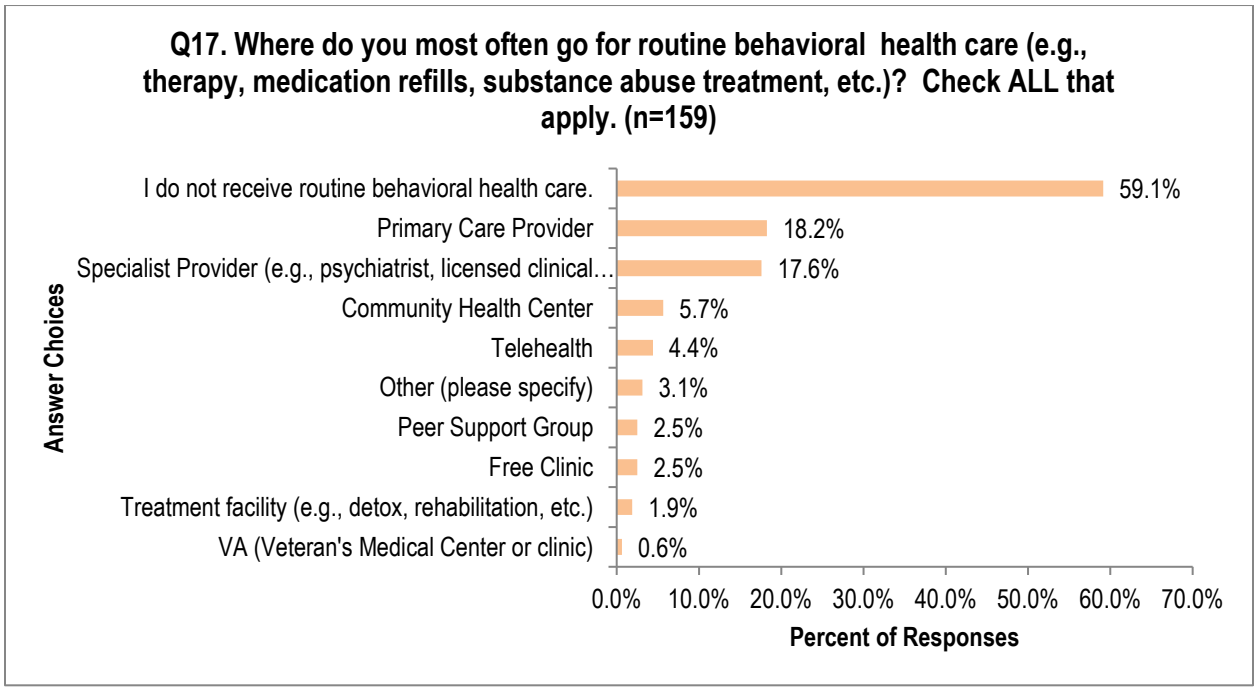
Over half of respondents accessed a dentist for urgent dental care, followed by a community health center (8%). Over a quarter of respondents had not needed urgent dental care.

Figure 88: Percent of Responses to "Where do you most often go for urgent dental care (e.g., tooth pain, damaged tooth, etc.)? Check ALL that apply."



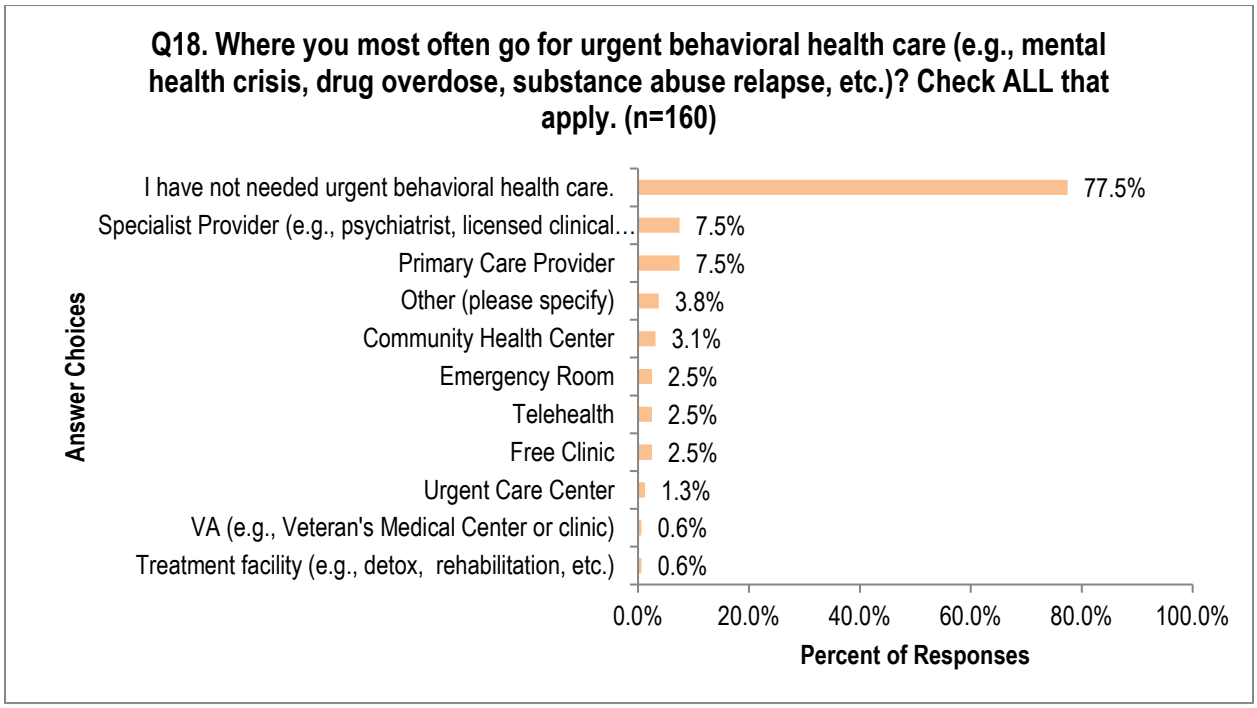
Almost one-fifth of respondents accessed routine behavioral health care through their primary care provider, followed by a mental health specialist (18%). Over half of respondents reported not needing routine behavioral health care. Other responses included employee assistance program and not applicable.

Figure 89: Percent of Responses to "Where do you most often go for routine behavioral health care (e.g., therapy, medication refills, substance abuse treatment, etc.)? Check ALL that apply."



Over three-fourths of respondents reported not needing urgent behavioral health care. Almost eight percent accessed urgent care through a mental health specialist followed by a primary care provider (8%). Other responses included not having urgent care available and not applicable.

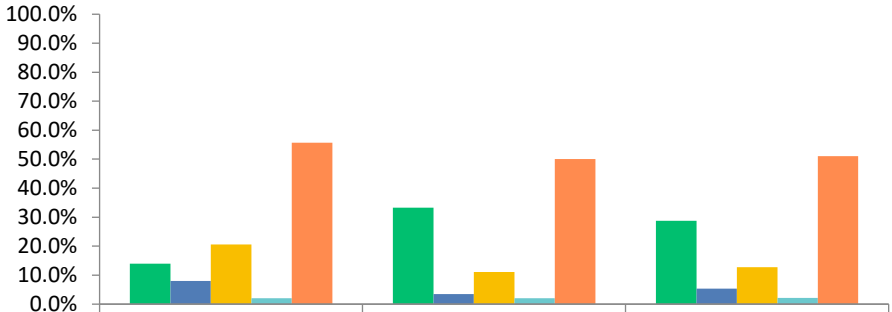
Figure 90: Percent of Responses to "Where do you most often go for urgent behavioral health care (e.g., therapy, medication refills, substance abuse treatment, etc.)? Check ALL that apply."



Among respondents, the majority paid cash or did not have insurance coverage for dental care (33%) followed by behavioral health services (29%) and health care (14%).

Figure 91: Percent of Responses to "How do you pay for the following..."

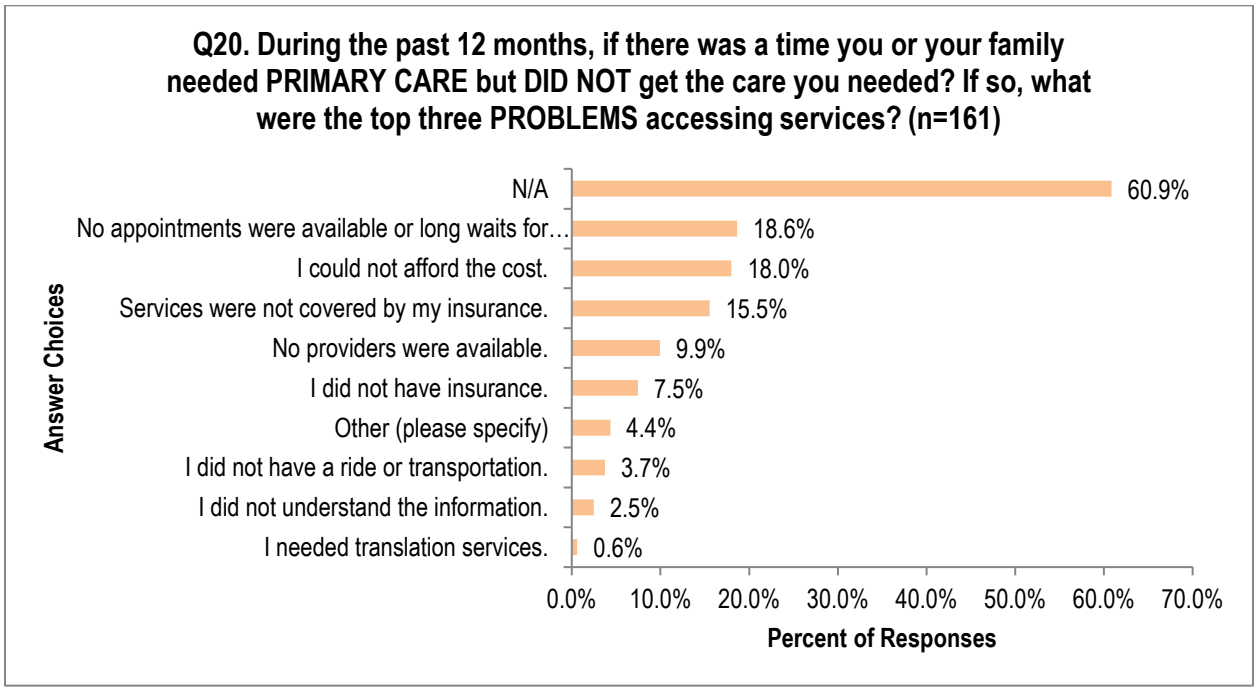
Q19. Select your payment method. Choose one. (n=154)



	Health care	Dental care	Behavioral health services
Cash/I don't have insurance	13.9%	33.3%	28.7%
Medicaid	8.0%	3.5%	5.3%
Medicare	20.5%	11.1%	12.8%
Military coverage/VA/Tricare	2.0%	2.1%	2.1%
Private insurance (e.g., Florida Blue, CIGNA, etc.)	55.6%	50.0%	51.1%

Sixty percent of respondents did not need or have problems accessing primary care in the past 12 months. Among respondents that needed primary care in the past 12 months but did not receive care, the top three reasons for not accessing care was that no appointments were available or there were long waits for an appointment (19%) followed by not being able to afford the cost of care (18%) and care not being covered by insurance (16%).

Figure 92: Percent of Responses to "During the past 12 months, if there was a time you or your family needed PRIMARY CARE but DID NOT get the care you needed? If so, what were the top three PROBLEMS accessing services?"

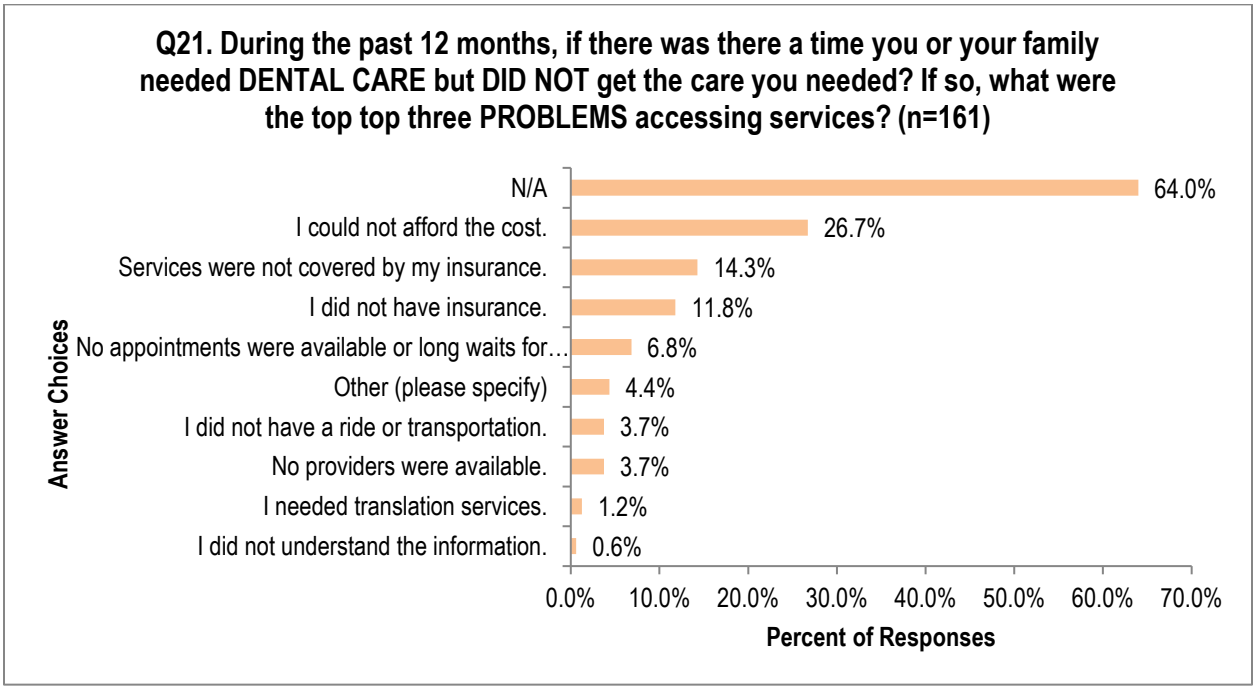


Other responses include the following:

- COVID concerns
- Medicare
- The appointment was cancelled 3 times by the provider for other meetings or appointments. We are still waiting for the checkup for my 12 year old.
- I was new to the area and hadn't yet established with a new primary care provider
- Can't afford the downtime/healing time to recover from surgical procedures as one of my jobs is very physical and out in the elements. Also, multiple copays and lab fees that are not covered and are too costly.

Over half of respondents did not need or have problems accessing dental care in the past 12 months. Among respondents that needed dental care in the past 12 months but did not receive care, the top three reasons for not accessing care was not being able to afford the cost (27%), services were not covered by their insurance (14%) and they did not have insurance (12%).

Figure 93: Percent of Responses to "During the past 12 months, if there was there a time you or your family needed DENTAL CARE but DID NOT get the care you needed? If so, what were the top three PROBLEMS accessing services?"

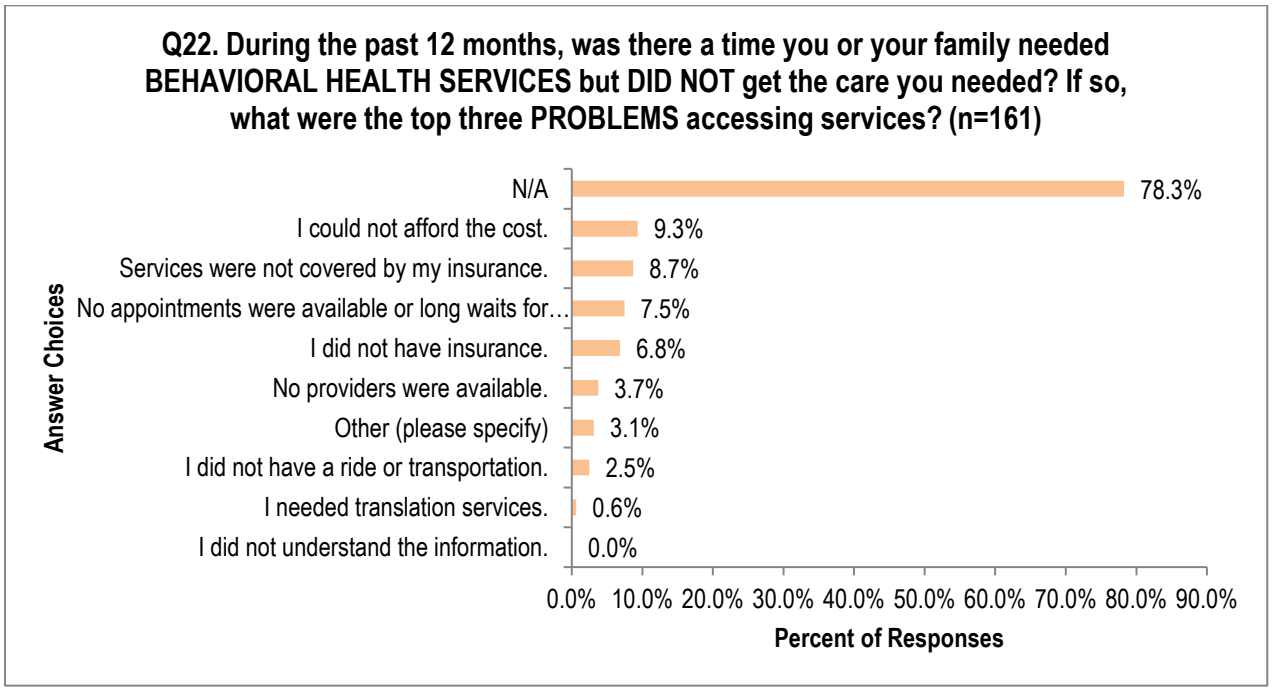


Other responses included the following:

- Mexico
- Have not gone to the dentist due to COVID concerns
- My child has 2 cavities in baby teeth and the gas does not work on him. They told me our insurance won't cover the anesthesia to put him under for the care and told me it would be more than $1,600 for the anesthesia. I cannot afford that.
- Terrified of dentists in general
- Mostly financial because I can't afford what insurance won't cover. I need more extensive work done.
- Appointment cancelled and unable to reschedule

The majority of respondents did not need or have problems accessing behavioral health services in the past 12 months. Among respondents that needed behavioral health services in the past 12 months but did not receive care, the top three reasons for not accessing care was not being able to afford the cost (9%), services were not covered by insurance (9%) and no appoints were available or long waits for appointments (8%).

Figure 94: Percent of Responses to "During the past 12 months, was there a time you or your family needed BEHAVIORAL HEALTH SERVICES (e.g., therapy, medication refills, substance abuse treatment, etc.) but DID NOT get the care you needed?"

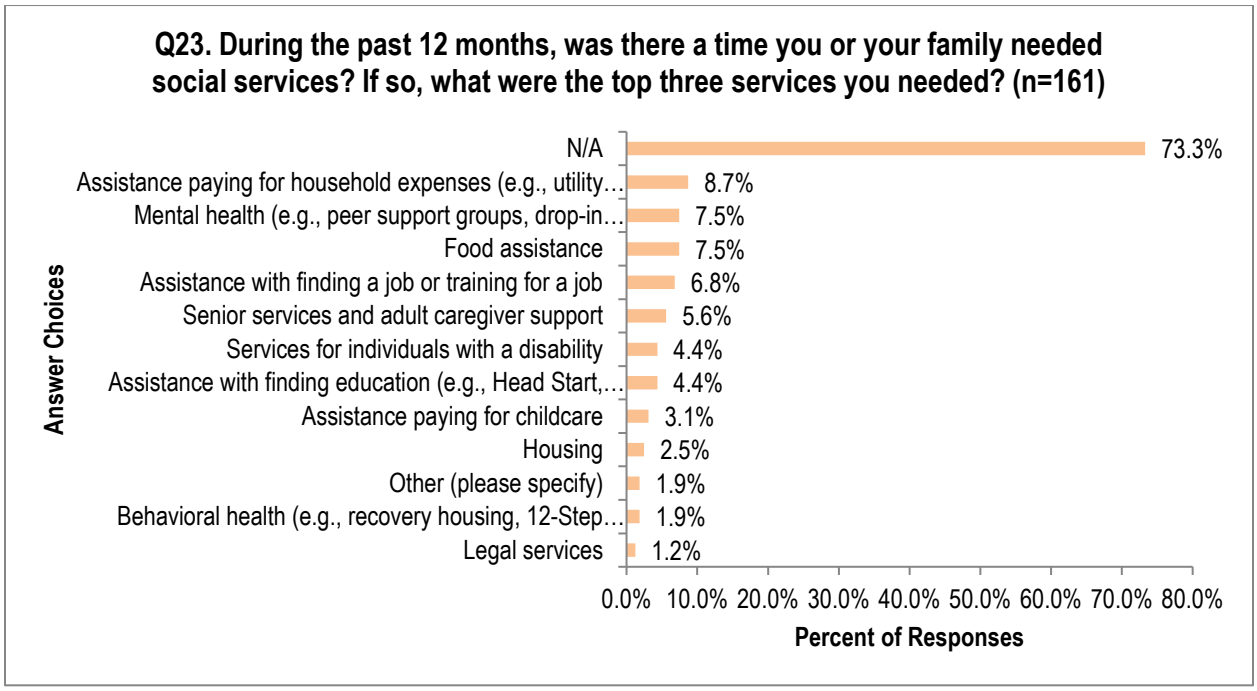


Other responses include the following:

- I didn't keep it, [I] let it elapse
- “My son needed services. Unfortunately there is such a wait time for providers likes Tykes and Teens and I have heard this from several friends that have tried to access services for their children. We were finally able to get in, but it was more than 8 days after I made the initial call that anyone even called us back. COVID-19 has proven to be quite a challenge in the mental health arena. Not to mention I needed to then wait yet again to be able to qualify for sliding scale. Even though I have insurance it does not cover it and now being separated my income is cut significantly so there were additional wait times built in to be able to qualify for sliding scale.”
- Again I worry about the cost, [it is] over and above what my Humana plan covers

Almost three-fourths of respondents did not need social services in the past 12 months. Among those who did needed services, the top three services needed were assistance paying household expenses, mental health services and food assistance.

Figure 95: Percent of Responses to "During the past 12 months, was there a time you or your family needed social services? If so, what were the top three services you needed?"

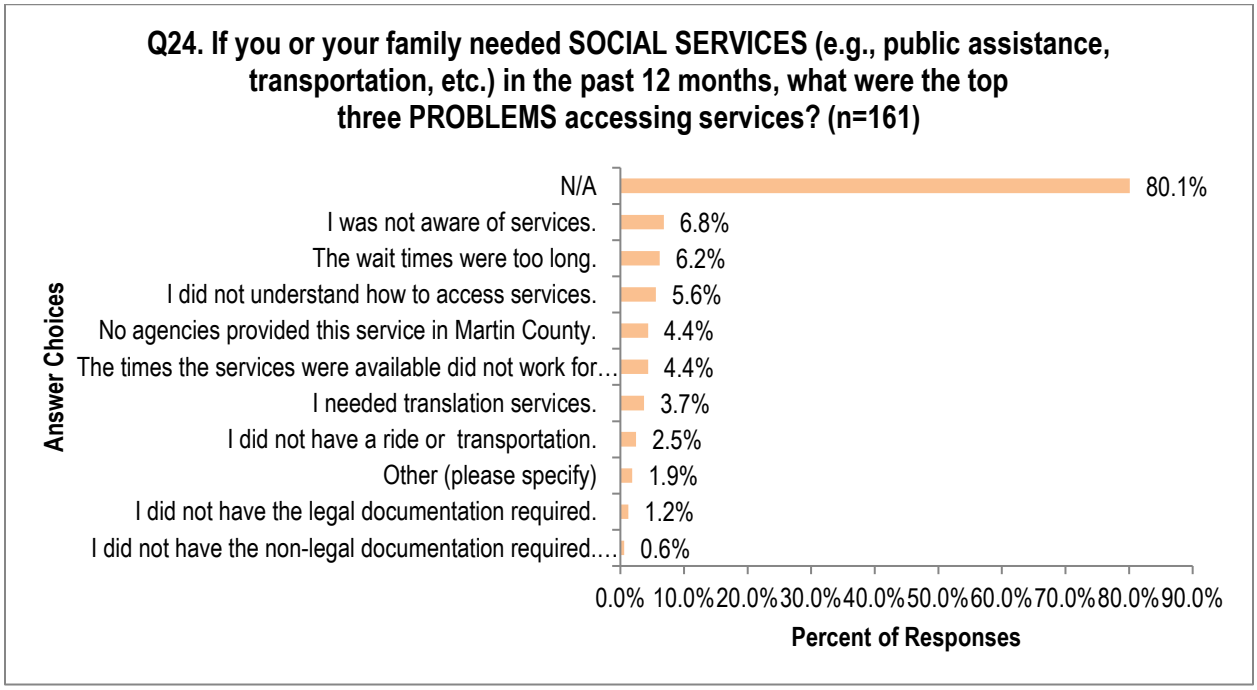


Other responses include the following:

- Insurance
- Healthcare for eye problem

The majority of respondents did not need social services or have problems accessing services in the past 12 months. Among respondents that needed social services in the past 12 months but had problems accessing services, the top three problems were not being aware of services (7%), long wait times (6%) and not knowing how to access services (6%).

Figure 96: Percent of Responses to "If you or your family needed SOCIAL SERVICES (e.g., public assistance, transportation, etc.) in the past 12 months, what were the top three PROBLEMS accessing services?"

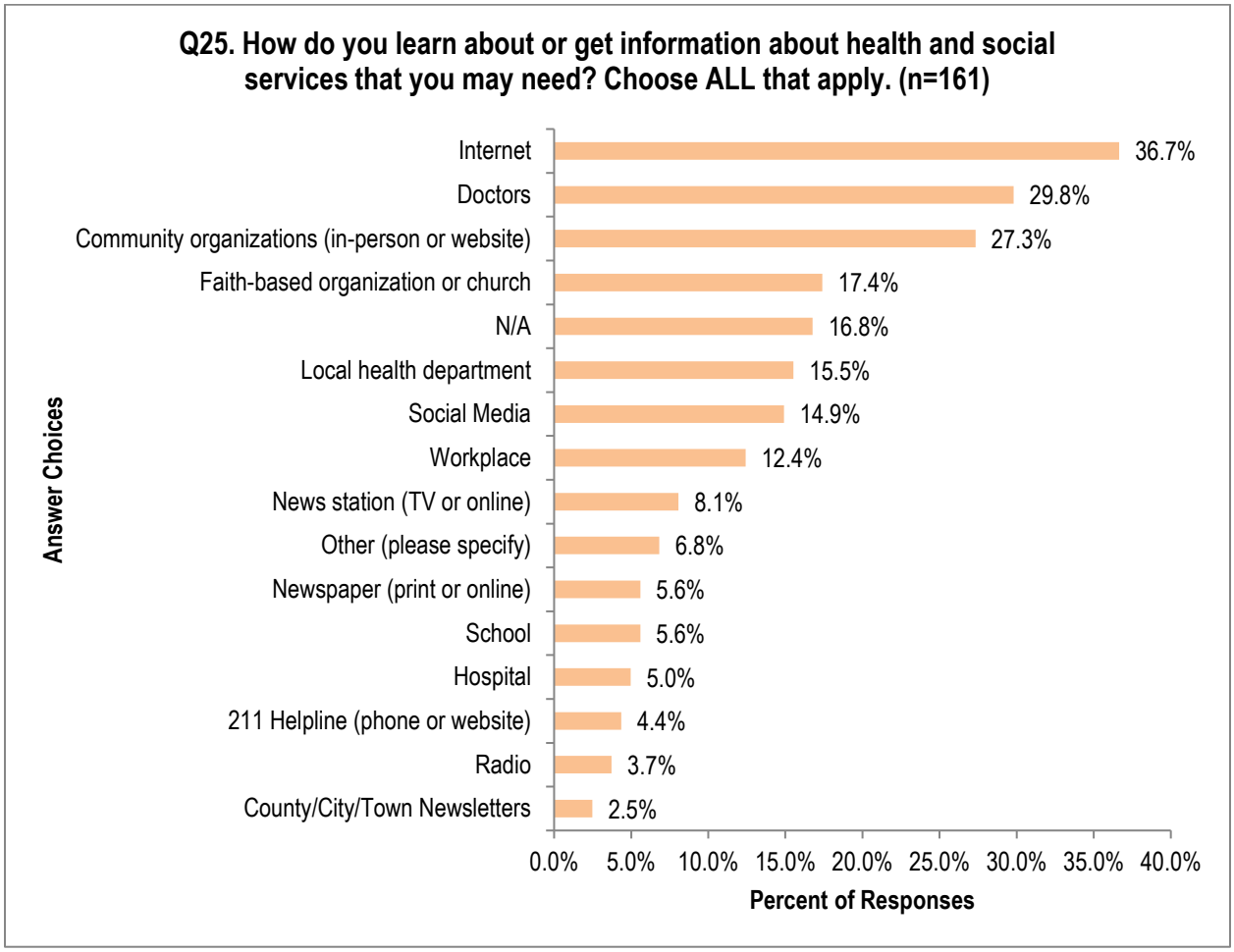


Other responses included the following:

- Unfortunately, I am at the cusp to not be able to qualify for anything. Despite me being separated social service agencies will still take his income into consideration and my income is "too much". Yet after all my bills are paid to keep a roof over our head I have $176 left a month for gas and groceries. There is a real problem in this community helping the families that are on the brink. There are services for the poor and homeless, but nothing for those families that are right on the cusp.
- I have tried over and over again to get some kind of disability assistance but for one reason or another I am not falling into the requirements. The last one was the best because they said I was not COVID impacted, but in all honesty who is not impacted by COVID? I have just been lucky so far not to get [COVID] because I wear a mask and take this situation very seriously because I am in the risky part of the population.

The top three ways that respondents indicated learning about health and social services was the internet (37%), followed by doctors (30%) and community organizations (27%).

Figure 97: Percent of Responses to "How do you learn about or get information about health and social services that you may need? Choose ALL that apply."

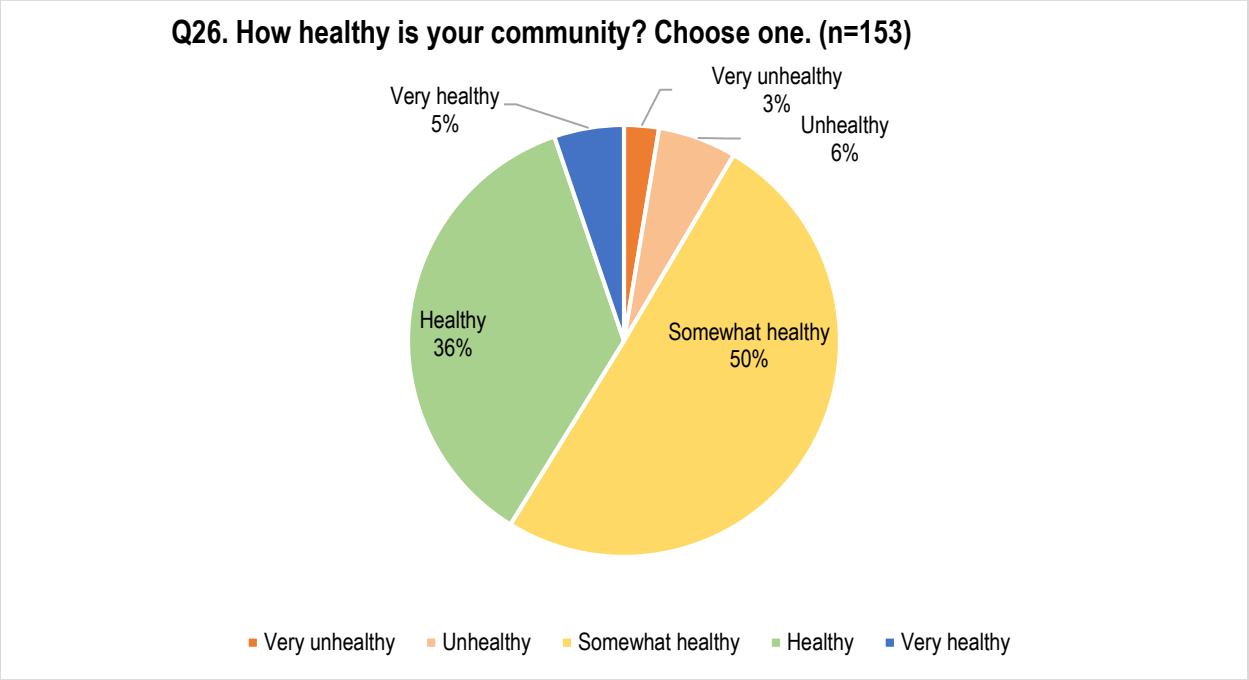


Other responses included the following:

- Kindoo Family Center
- Family members/ Parents
- United Way
- Referrals from friends who are medical professionals
- Employee assistance program
- No information available
- Referrals from people I know and recommendations from neighborhood webpage.
- Insurance and insurance website
- Google

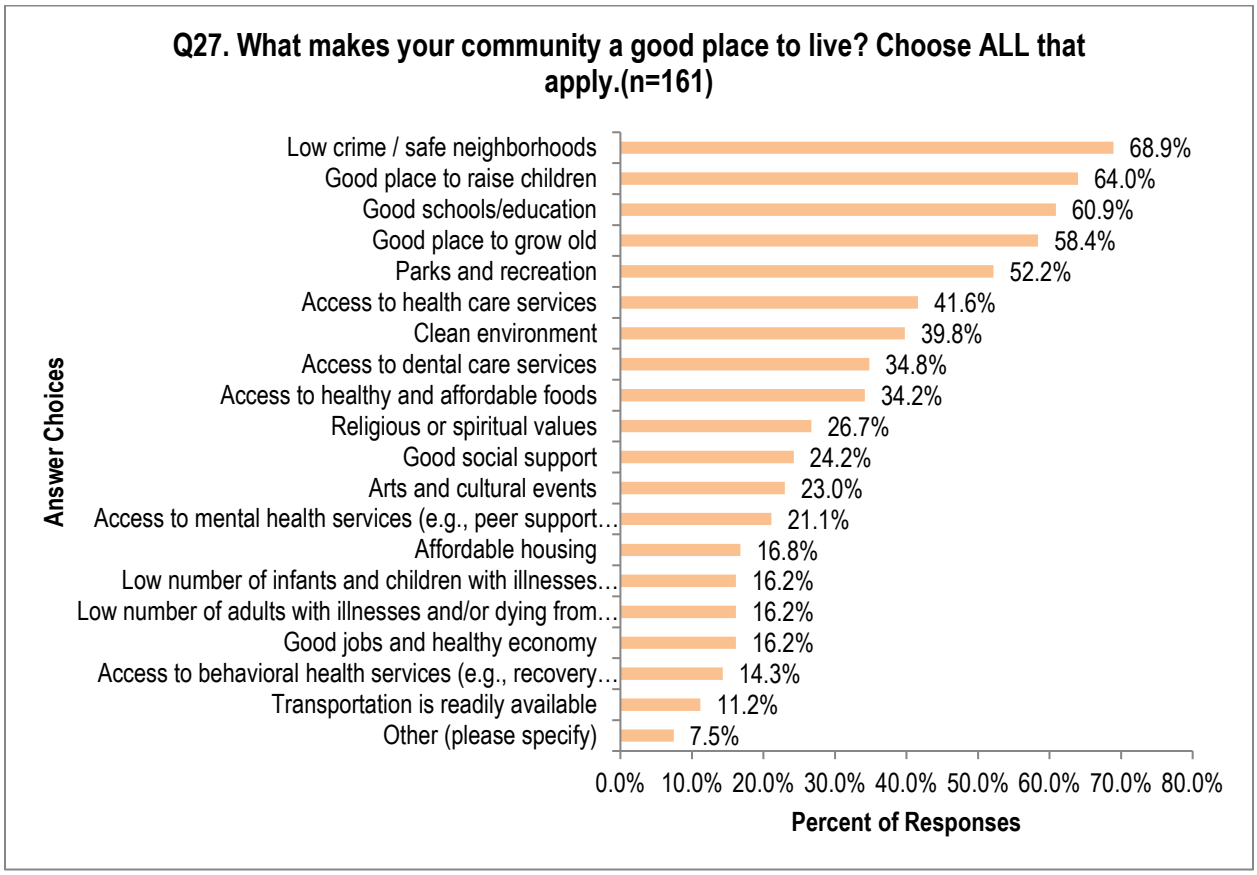
When asked “how healthy is your community,” half of respondents said somewhat healthy followed by healthy (36%).

Figure 98: Percent of Responses to "How healthy is your community? Choose one."



Over half of respondents said their community was a good place to live because of low crime/safe neighborhoods (69%), good place to raise children (64%), good schools/education (61%), good place to grow old (58%), and parks & recreation (52%).

Figure 99: Percent of Responses to "What makes your community a good place to live? Choose ALL that apply."

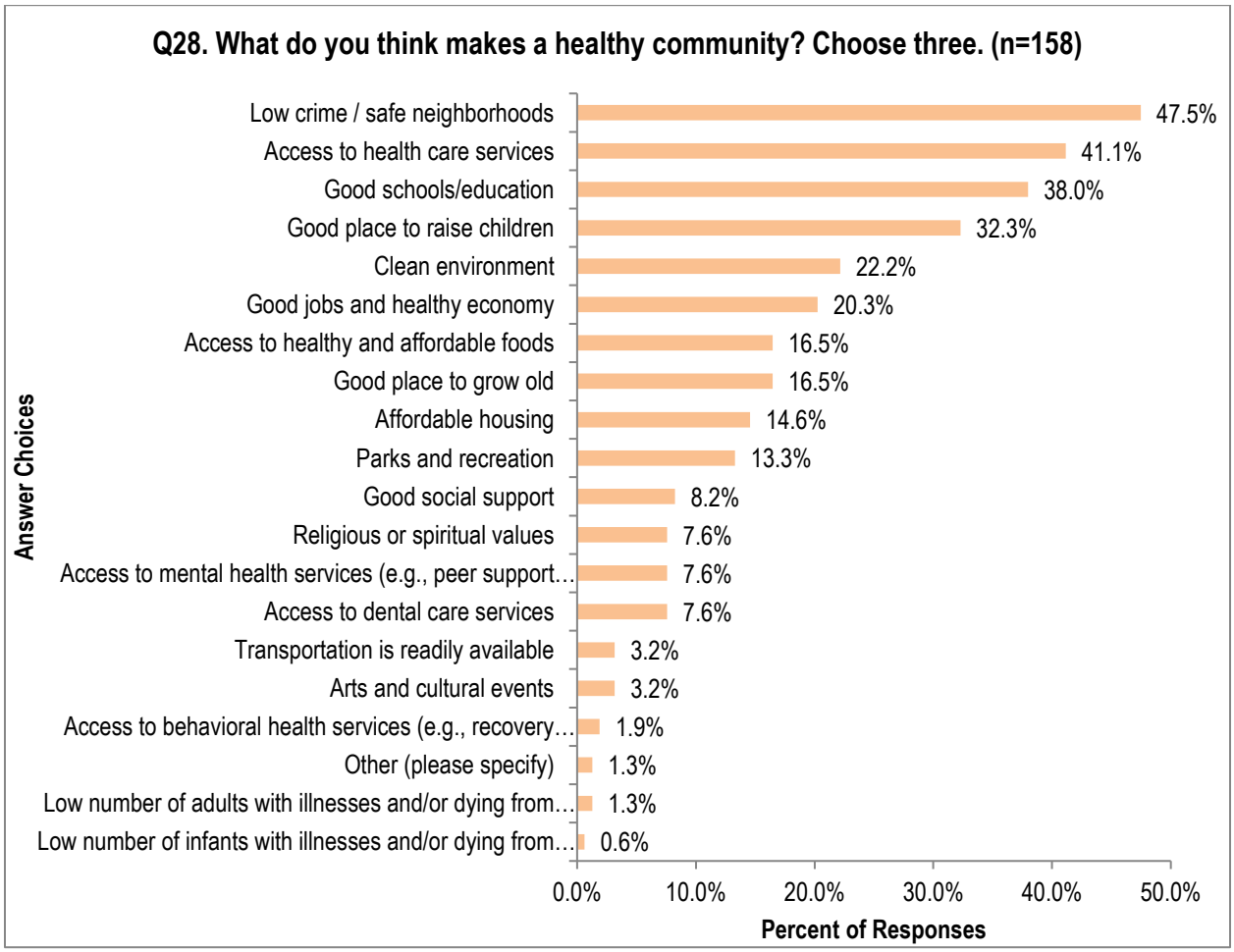


Other responses included the following:

- None of these things are readily available in Indiantown. You must travel.
- Community is in great need of ALL services
- Was going to select affordable housing but it's becoming unaffordable.
- My community in Stuart is unfortunately not a very good one, I am in bad health and cannot seek medical care due to a lack of insurance. Above all the County decide to rescind the mask requirement and open up schools despite there still being an upward trend of Coronavirus. Instead of being a real community, the commissioners turned this virus into a partisan issue to appease the large majority of conservatives who live here. Do better.
- Buen gabierno y regulaciones (good goverment and regulations)
- Beachfront and dog friendly
- Martin County used to be a great place to live. Unfortunately, there has been way too much growth and development in our community
- Great community support
- I love Martin County. I have been coming/living here since 1953
- Small size makes it comparatively easy to drive around. Please limit growth.
- Ease of commute. [It is] close to shopping and downtown

When asked to select what makes a healthy community, the top three responses were low crime/safe neighborhoods (48%), access to health care services (41%) and good schools/education (38%).

Figure 100: Percent of Responses to "What do you think makes a healthy community? Choose three."

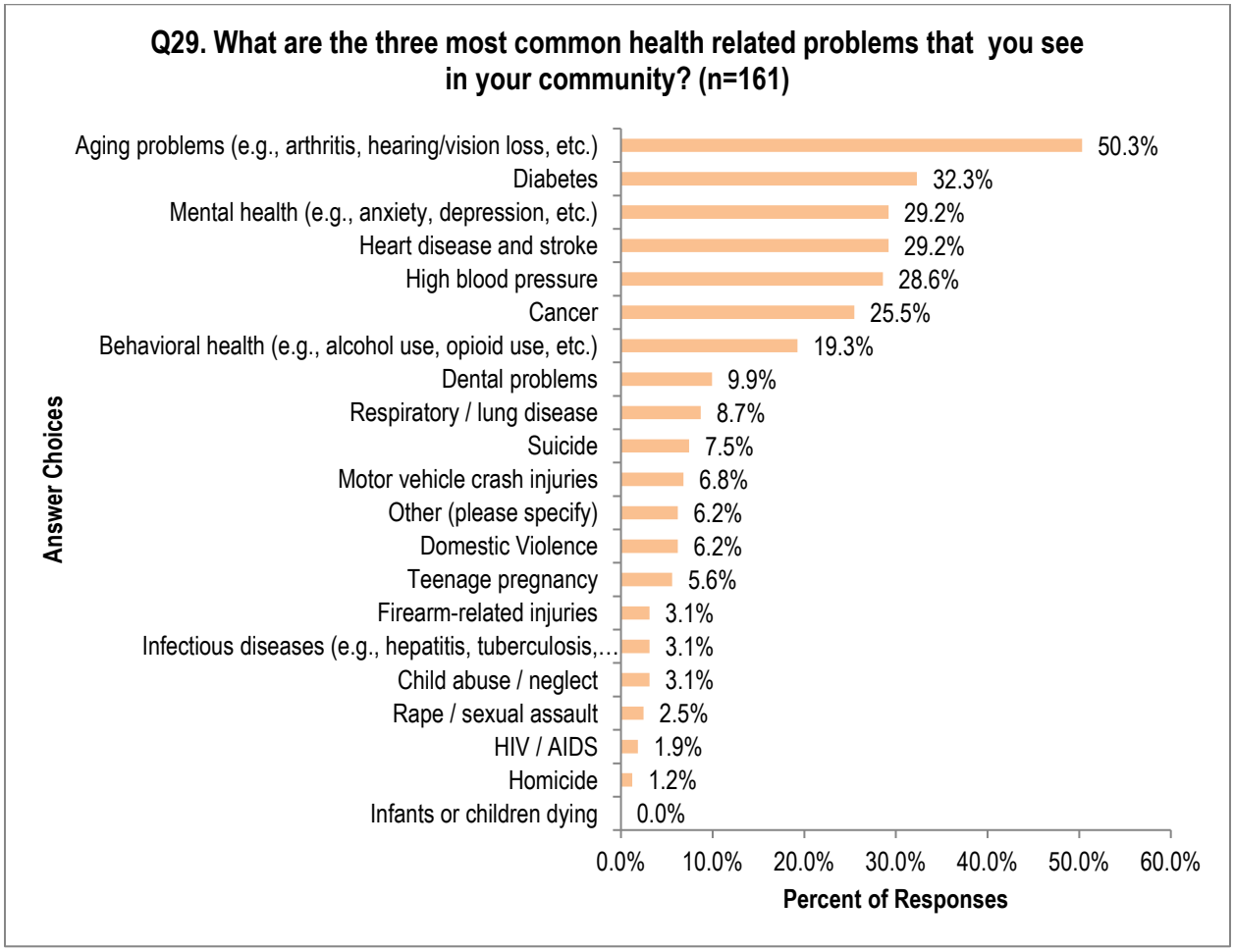


Other responses included the following:

- I want good jobs available, good schooling to groom our kids, affordable housing, affordable goods and services. Mental health services are HARD to come by, and we have never needed them accessible more than we do now.
- I live in a community that has strict rules and provides testing for COVID.

The top three most common health issues selected by respondents was aging problems (50%), diabetes (32%) and mental health (29%).

Figure 101: Percent of Responses to "What are the three most common health related problems that you see in your community?"

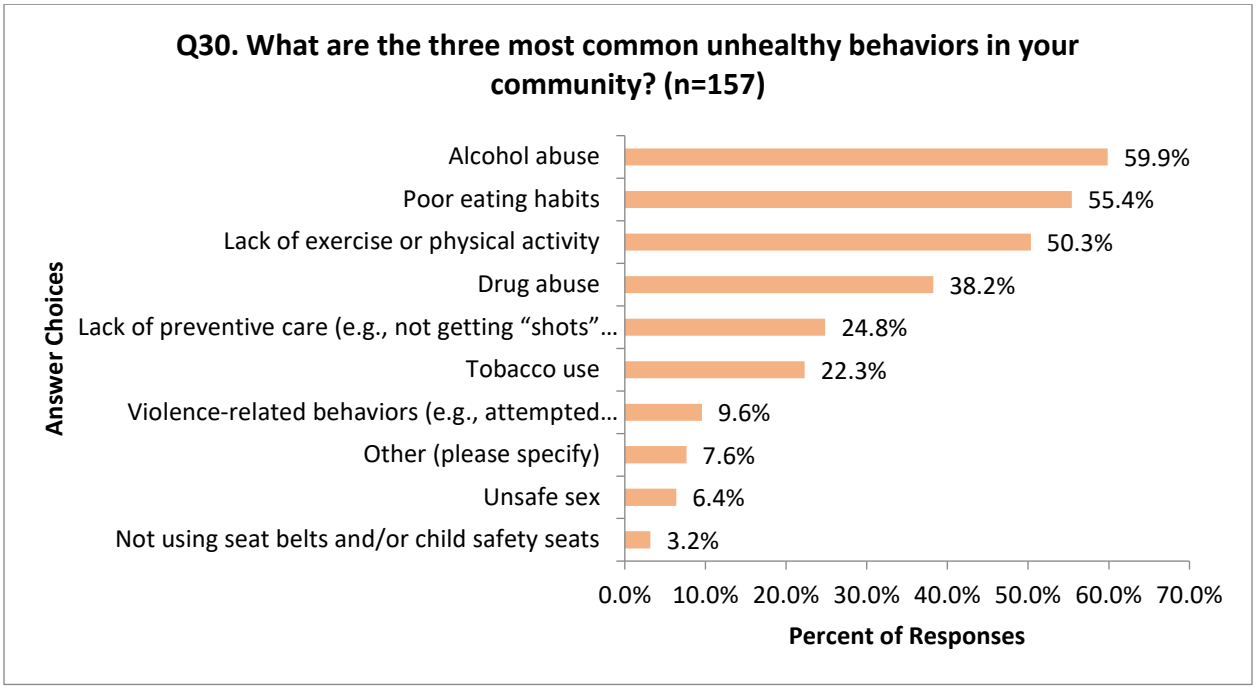


Other responses included:

- Obesity (4)
- COVID-19 (2)
- Generally poor health among all ages, without adequate affordable services available.
- I moved here last year, so because of COVID I have been in isolation for a very long time. Isolation takes a toll on a person mentally. I have had very few social interactions except with neighbors and with keeping distance it is not as comforting as having a close friend to do things with. I have been pretty home sick for my friends back up North.
- Environmental impacts (algae outbreaks, climate change)

The top three unhealthy behaviors in the community selected by respondents were alcohol abuse (60%), poor eating habits (55%) and lack of exercises or physical activity (50%).

Figure 102: Percent of Responses to "What are the three most common unhealthy behaviors in your community?"

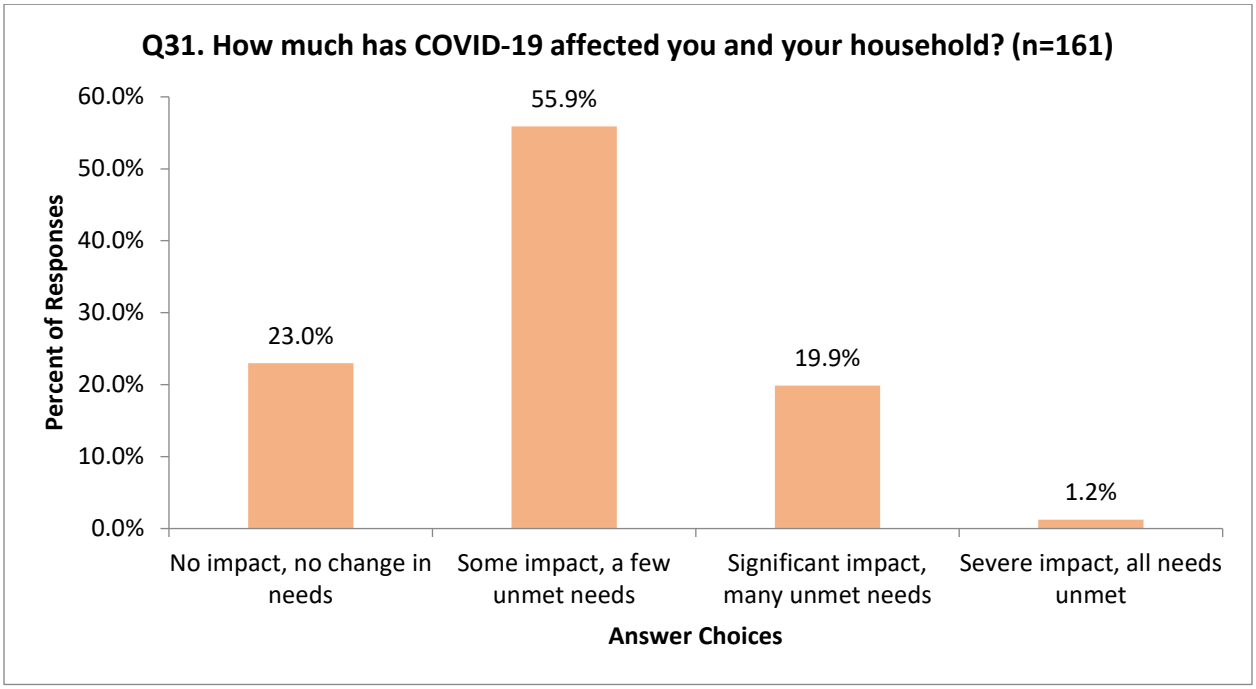


Other responses included the following:

- Obesity
- Improper or non-use of masks by restaurant workers
- Helping people who are depressed or threatening suicide - kids and adults.
- Refusing to wear masks & socially distance etc. during COVID. Please keep mask mandate in place!
- We live in a well-educated, healthy community so I see nothing more of impact other than people who don’t work out.
- I must live in a bubble because I can't choose three from these choices, at least not for my immediate surroundings in Palm City. Our parks are full, I don't know anyone who smokes, my neighborhood has little to no crime and people generally seem happy. Other than the frustrations generated by politics and COVID, people are civil most of the time. I think Palm City is as close to ideal as it comes, especially for retirees.
- Homeless

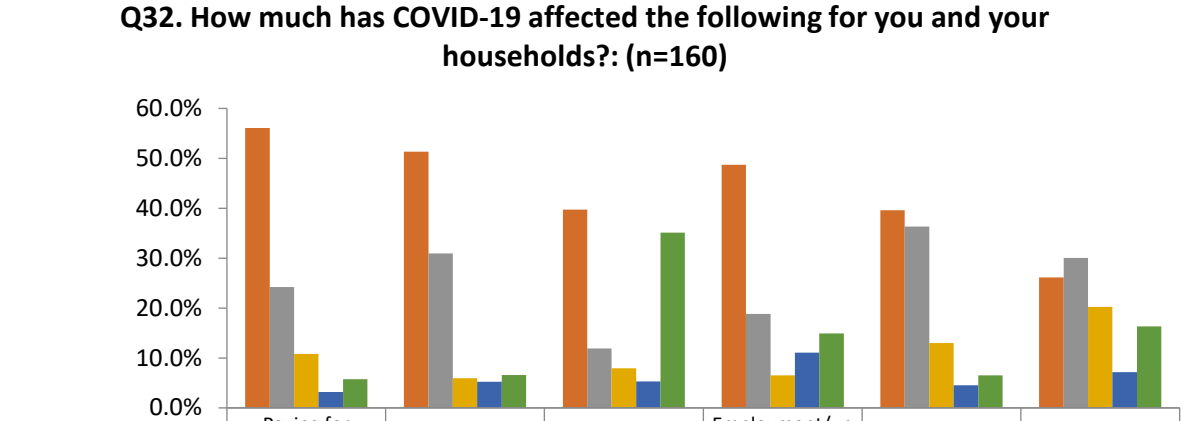
Over half of respondents reported some impact, a few unmet needs due to COVID-19, 20% reported significant impact, many unmet needs and 1% reported severe impact, all needs unmet.

Figure 103: Percent of Responses to "How much has COVID-19 affected you and your household?"



Among respondents, 11% reported severe impact on employment/unemployment, followed by mental health (7%). One-fifth of respondents reported significant impact on mental health, followed by health status. Thirty-six percent of respondents reported some impact on health status, followed by access to food (30%) and mental health (30%).

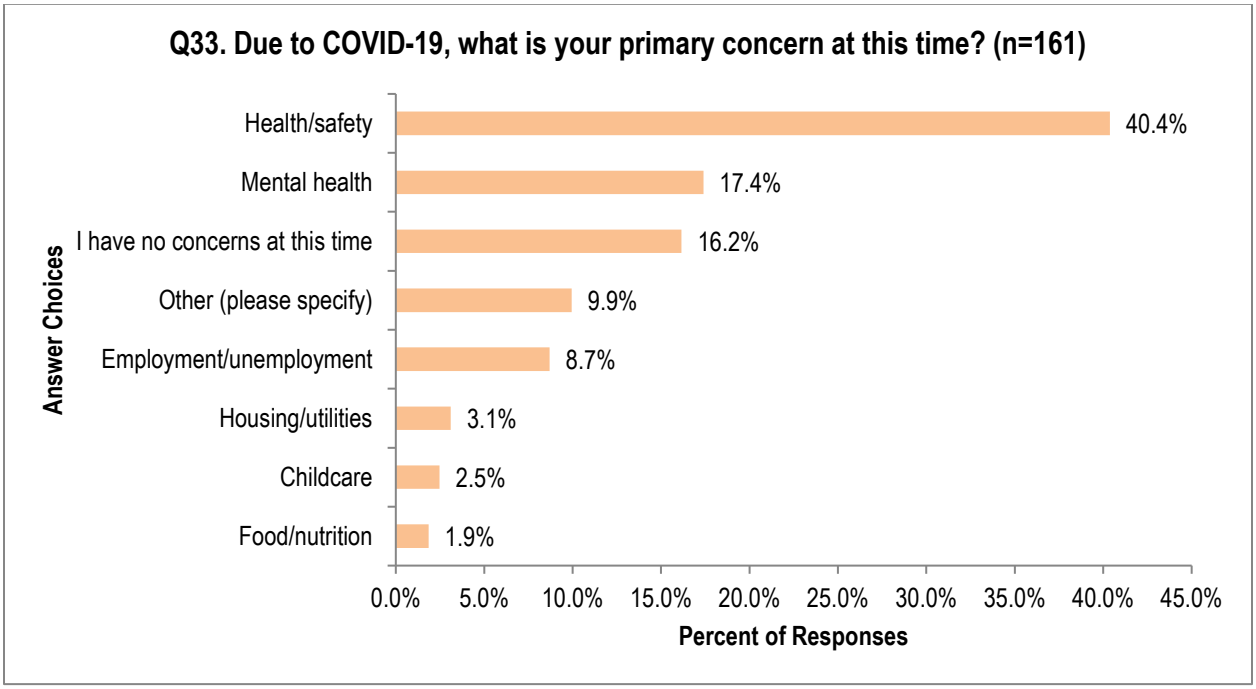
Figure 104: Percent of Responses to "How much has COVID-19 affected the following for you and your household?"



	Paying for housing/utilities	Access to food	Childcare	Employment/unemployment	Health status	Mental health
No impact, no change	56.05%	51.32%	39.74%	48.70%	39.61%	26.14%
Some impact	24.20%	30.92%	11.92%	18.83%	36.36%	30.07%
Significant impact	10.83%	5.92%	7.95%	6.49%	12.99%	20.26%
Severe impact	3.18%	5.26%	5.30%	11.04%	4.55%	7.19%
N/A	5.73%	6.58%	35.10%	14.94%	6.49%	16.34%

The primary concern among respondents due to COVID-19 was health/safety, followed by mental health (17%)

Figure 105: Percent of Responses to "Due to COVID-19, what is your primary concern AT THIS TIME?"

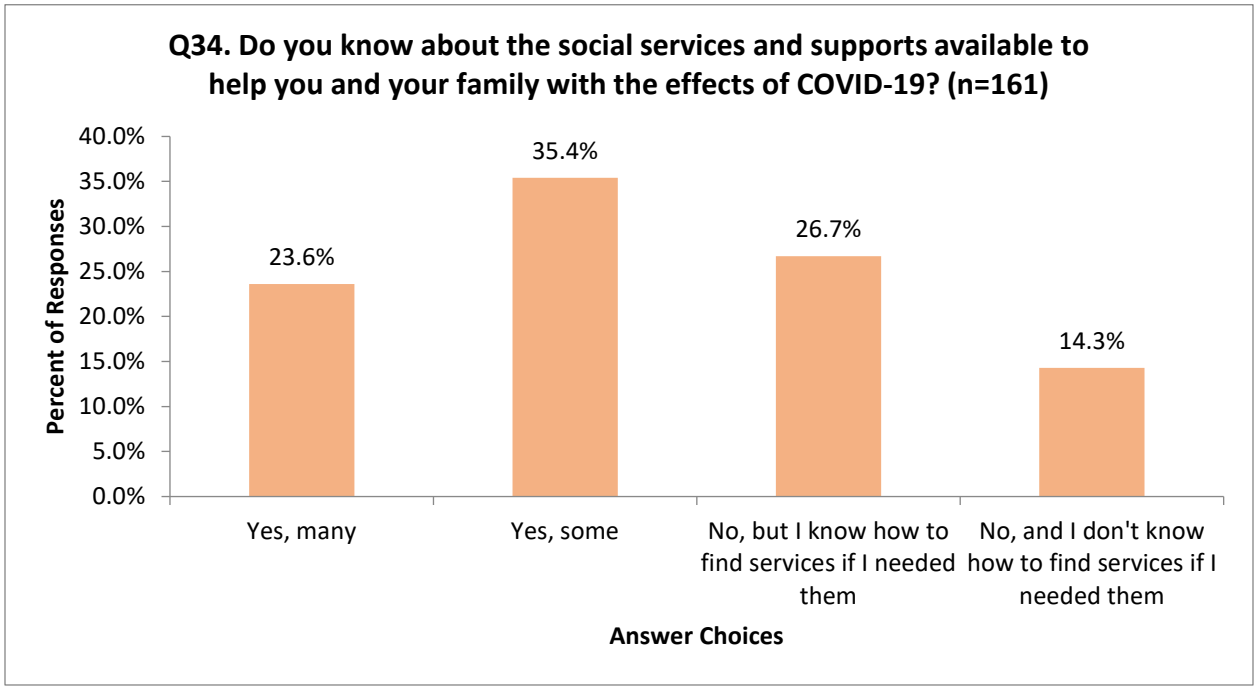


Other responses included the following:

- Compliance with COVID-19 guidelines by residents, businesses and government (6)
- Finances (2)
- Food/nutrition and Health/Safety
- Multiple concerns
- I work with seniors but also care for my parents. It's a tremendous strain as I continue to work daily. I am so thankful for my job but the stress is very difficult and the worries are endless.
- Isolation among the elderly
- While I work in an industry that should be able to weather the storm, I am also a white-collar worker and 65. So my biggest concern is that they are going to find a way to retire me. And I'm not ready financially.
- Mental health of my children not being allowed to give hugs and socialize with peers. Becoming accustom to wearing masks as the normal. Living as if we are a 3rd world country.
- The future of our economy, locally and nationally
- Individual's failures to be accountable for their own situation and instead supporting mask mandates and combative interactions in the name of virtue signaling.

Fourteen percent of respondents reported not knowing about social services and supports available to help them and their family and not knowing how to find services.

Figure 106: Percent of Responses to "Do you know about the social services and supports available to help you and your family with the effects of COVID-19?"



Sixty-seven respondents shared a short response to the question "How has COVID-19 affected your family?" HCSEF staff analyzed these responses for key theme. These key themes are listed below:

- There was a general feeling that COVID-19 had an impact on the community, highlighted by the amount of residents who were generally concerned for community safety
    - Quote: "I think every community has probably had some impact because of social gatherings, but some more because of what it has access to as in food, health and employment."
- One of the larger topics of concern was the economy. Of those who were worried about the economy, many were concerned with job loss.
- Another area of great concern was mental health. The biggest mental health issue was social isolation.
    - Quote: "La isolacion de gente ha sida muy peligroso para muchas. Todos vivimos con miedo de contagioso con el virus. (The isolation of people has been very dangerous for many. We all live in fear of being contagious with the virus.)"
- Residents were also worried about COVID becoming a political issue.
    - Quote: "Perfect strangers argue more often due to their disagreements on how to handle masks as well as disagreements about politics."
    - Quote: "Divided families, friendships, workplaces, and general society."

KEY INFORMANT INTERVIEWS

The Health Council of Southeast Florida conducted 17 interviews with key community stakeholders and members in 2020. The purpose was to collect first-hand information from a wide range of community leaders who have expertise about the county, its residents and its resources. The individuals selected for the interviews included leaders, representatives, or members of medically underserved, low-income and minority populations, as well as funders, and leaders of community organizations. Their particular knowledge and understanding can provide insight on the nature of problems and give recommendations for solutions and future planning.

METHODOLOGY

The Health Council of Southeast Florida (HCSEF) developed protocols, scripts and questions for key informant interviews. Interview appointments were scheduled and each interview was conducted by a trained facilitator via telephone. The interviews lasted on average 30-45 minutes. Prior to beginning the interview, the facilitator provided an overview of the process and assured the confidentiality of all comments, names and other identifying information during reporting. A total of fourteen questions were asked and probes were used to clarify information and glean additional insight. Communities across the country experienced significant disruption due to the COVID-19 pandemic. As a result, two specific COVID-19 related questions were added to the set of questions.

RESULTS

Seventeen key informant interviews were conducted throughout 2020. The following information are the common themes that emerged during the key informant interviews.

<u>Key Health Issues</u>

- Mental health
    - Stress
    - Anxiety
    - Trauma
    - Depression
    - Isolation
- Chronic diseases
    - Heart disease and hypertension
    - Diabetes
- Obesity
- Poor nutrition and diet
- Oral Health
- Substance abuse
- Alcohol abuse
- Heroin and drug addiction
- Maternal and child health

Key Social Determinants of Health Issues

- Poverty
- Racism
- Housing
- Transportation

Populations with Unmet Needs

- Children/teens
- Non-English speaking/undocumented
- Low income residents
- Uneducated
- Minority populations
- Uninsured and Underinsured
- Elderly

Community Strengths/Assets

- Strong sense of community
- Hospitals
- Clinics and Safety Net Providers
  - State and local county government (Department of Health, HHS etc…)
- Non-profit organizations
- Faith-based institutions
- Libraries
- Outdoor recreation spaces
  - parks, trails, beaches, sidewalks, playgrounds
- Wealthy and giving community

Opportunities for Improvement

- Listen and engage the community more
- Bring services to all parts of the county
- Education (culturally and linguistically specific)
  - Prevention
  - Healthy lifestyle
  - Navigation of health care system
- Increasing the awareness of resources in the community
- Increasing collaboration and coordination between community organizations and agencies

Challenges and Barriers in Maintaining Health

- Lack of representation of Black, Indigenous and People of Color
- Lack of trust within minority communities
- Lack of awareness of programs and services
- Lack of health education
- Lack of health care access
    - Providers do not accept (certain types of) health insurance (i.e. Medicare and Medicaid)
    - Shortage of certain medical providers (i.e. dentists, mental health providers, specialists)
    - Lengthy wait times
- Lack of health care coverage
- Sedentary
- Anxiety and depression
- Transportation
- Lack of focus and interest on prevention
- Limited access to resources to maintain healthy lifestyle
    - Healthy foods
- Language barriers
- Duplication of services
- Local elected leaders not following COVID-19 science

Suggestions

- Educate and engage the community
- Partner with the local community-based organizations
- Focus on prevention and early Identification

Emerging Concerns Due to COVID-19

- Increased poverty
- Funding cuts at all levels
- Donor fatigue
- Increased vaccine hesitancy resulting in more infectious diseases
- COVID-19 complications
- Unstable social service safety-net
- Loss of wages

COMMUNITY FOCUS GROUPS

The Health Council of Southeast Florida conducted focus groups during November 2020 to obtain insight and knowledge from the residents of Martin County. The goal of each focus group discussion was to understand the experiences and unique needs of the community and its residents with an emphasis on health issues and health services. The following section outlines the focus group methodology and provides a summary of the common themes identified throughout the discussions.

METHODOLOGY

The Health Council of Southeast Florida (HCSEF) has developed and fine-tuned protocols and questions for community focus groups. A total of twelve questions were asked and probes were used to clarify information and glean additional insight. The COVID-19 pandemic significantly impacted the health and wellbeing or residents across the county therefore two specific COVID-19 related questions were added to the set of questions. Local community organizations aided in the recruitment of participants across the county with an emphasis on the aging population, minority population and low-income residents. To adhere to COVID-19 social distancing guidelines, HCSEF facilitated three focus groups virtually via Zoom. HCSEF provided a dial-in number to accommodate residents that did not have access to the internet or a Zoom compatible device.

Prior to starting each focus group, participants were given a demographic questionnaire to complete. Assistance was provided to individuals requiring it. In order to incentivize the process, HCSEF provided gift cards to all individuals that participated.

Each of the three focus groups had between 5 to 6 participants. The groups had concrete questions and probes to utilize if they were needed to further the discussion and lasted approximately 60 to 90 minutes. The participants were assured that no names would be included in the summarization of answers. Only common themes expressed by participants from across different focus groups were included in this report. Thus not everything said in the groups were included in the summary.

The following tables depict the information collected from the demographic questionnaires.

Table 204: Focus Group Participants by Gender

Gender	# of Participants	% of Participants
Female	15	83.3%
Male	3	16.7%
Transgender	0	0.0%
No Response	0	0.0%
Total	**18**	**100.0%**

Table 205: Focus Group Participants by Age

Age Group	# of Participants	% of Participants
0-18 years	3	16.7%
19-24 years	0	0.0%
25-44 years	6	33.3%
45-64 years	2	11.1%
65-84 years	4	22.2%
85+ years	0	0.0%
No Response	0	0.0%
Total	**18**	**100.0%**

Table 206: Focus Group Participants by Race

Race	# of Participants	% of Participants
American Indian, Alaskan Native, or Indigenous	0	0.0%
Asian	0	0.0%
Black or African American	5	27.8%
Native Hawaiin or Other Pacific Islander	0	0.0%
White/Caucasian	11	61.1%
Two or more races	0	0.0%
Other	0	0.0%
No Response	2	11.1%
Total	**18**	**100.0%**

Table 207: Focus Group Participants by Ethnicity

Ethnicity	# of Participants	% of Participants
Hispanic or Latino	7	38.9%
Non-Hispanic or Non-Latino	11	61.1%
No Response	0	0.0%
Total	**18**	**100.0%**

Table 208: Focus Group Participants by Educational Attainment

Educational Attainment	# of Participants	% of Participants
Associate degree	0	0.0%
Bachelor's Degree	1	5.6%
Doctorate	3	16.7%
High school diploma or equivalent	6	33.3%
Less than a high school diploma	1	5.6%
Master's degree	0	0.0%
Some college, no degree	7	38.9%
Technical school	0	0.0%
No Response	0	0.0%
Total	**18**	**100.0%**

Table 209: Focus Group Participants by Income

Annual Income	# of Participants	% of Participants
Less than $10,000	4	22.2%
$10,000 to $19,999	1	5.6%
$20,000 to $34,999	5	27.8%
$35,000 to $49,999	3	16.7%
$50,000 to $74,999	2	11.1%
$75,000 to $99,999	0	0.0%
$100,000 to $124,999	1	5.6%
$125,000 to $149,999	0	0.0%
$150,000 to $174,999	0	0.0%
$175,000 to $199,999	1	5.6%
$200,000 or more	0	0.0%
I prefer not to answer	1	5.6%
Total	**18**	**100.0%**

Table 210: Focus Group Participants by Employment

Employment	# of Participants	% of Participants
Full-time	5	27.8%
Homemaker	1	5.6%
Part-time employed	3	16.7%
Retired	1	5.6%
Self-employed	3	16.7%
Student	1	5.6%
Unable to work	0	0.0%
Unemployed and currently looking for work	4	22.2%
Unemployed and not currently looking for work	0	0.0%
Work two or more jobs	0	0.0%
No response	0	0.0%
Total	**18**	**100.0%**

Table 211: Focus Group Participants by Insurance

Insurance	Total	% of Participants
Cash/I don't have insurance	3	16.7%
Medicaid	3	16.7%
Medicare	6	33.3%
Military care/VA/Tricare	0	0.0%
Private insurance	5	27.8%
Other	0	0.0%
Prefer not to answer	1	5.6%
Total	**18**	**100.0%**

Table 212: Focus Group Participants by City

City	# of Participants	% of Participants
Hobe Sound	0	0.0%
Indiantown	1	5.6%
Jensen Beach	2	11.1%
Palm City	2	11.1%
Port Salerno	0	0.0%
Stuart	13	72.2%
Sewall's Point	0	0.0%
Homeless	0	0.0%
No Reponse	0	0.0%
Total	**18**	**100.0%**

RESULTS

Three focus groups were conducted with a total of 18 participants. Twelve questions were asked to focus group participants beginning with questions related to overall quality of life in the community and the impact of COVID-19. In addition, probes were utilized to clarify responses and glean additional information. The following information are the common themes that emerged during the focus groups with relation to the community, health services and the health care system.

Vision for a Healthy Martin County

- Drug-free Community
- Access to resources and services
- Clean community
- Acceptance of and a good relationship between all cultures, races and religions

Community Strengths in Martin County

- Community Libraries (programs and Wifi access)
- Lots of non-profits serving residents in need
  - Volunteers in Medicine
  - Healthy Start
  - House of Hope
  - LAHIA
- Support Groups (for mental health and post-partum mothers)
- Healthy schools

Opportunities to Build Upon

- Resource for homeless population (e.g., housing and mental health treatment)
- Rent assistance and affordable housing to address expensive rent
- Better transportation services for Indiantown residents, senior and parents

Key Health Issues

- Diabetes
- Obesity
- Heart conditions (e.g., stroke, high blood pressure…etc.)
- Alcohol and drug abuse

Cause of Key Health Issues

- Low wages
- Stress of providing for family among low-income families
- Not having the money to pay for
- Need for adult and pediatric dentist
    - East Stuart area

Vulnerable Populations

- Hispanic and African American community
- Non–English speakers
- Low-income adults and children

"People of color are treated more poorly by health care providers compared to White counterparts."- Focus Group Participant

Challenges in Maintaining Health

- Cost of medical care and services
- Availability and cost of health foods
- Life stressors

"It's hard to maintain when you have so many small contributing factors; if it's not one thing it's the other" - Focus Group Participant

Support needed by residents

- Community support groups
- Door to door canvassing in multiple languages (e.g., Mayan dialect, Creole and Spanish)
- Counseling services for adults and children

Community engagement opportunities

- Go out into the community and meet residents where they are
- Agencies and residents actively working together

"I do not think anyone really wants a handout. That is where dignity and respect comes in, so they feel a part of and not just having a handout."

Impact on COVID-19 on Residents

- Anxiety and fear
- Unemployment and/ or unable to work (due to COVID-19, business downsizing, or lack of child care)
- Isolation due to lack of socialization
- Hospitalization and/or death due to COVID

Impact of COVID-19 on access to services

- Increase use of telehealth services (positive & negative)
- Delaying medical appointments, treatment and assessments

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

INTRODUCTION

In December of 2019, the Florida Department of Health in Martin County (DOH-Martin) began the process of assessing the public health system in Martin County.

This Local Public Health System Assessment (LPHSA) is one of the four assessments in Phase III Mobilizing for Action through Planning and Partnerships (MAPP) framework. DOH-Martin retained the Health Council of Southeast Florida to assist with the facilitation of the LPHSA process of gathering and analyzing information from community partners. This report is developed from the qualitative, primary data obtained directly from internal and external community stakeholders. These stakeholders represent a broad variety of agencies, providers, and community members in the county.

The results of this assessment seek to identify and improve the overall health and well-being of the residents of Martin County. The role of HCSEF in the community assessment is to collect and interpret data and present the results as a part of the overall community health assessment. The recommendations in this report offer guidance on opportunities for improvement of the local public health system in Martin County.

BACKGROUND

The National Public Health Performance Standards (NPHPS) were developed by the Centers for Disease Control and Prevention (CDC), American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), National Network of Public Health Institutes (NNPHI) and the Public Health Foundation (PHF). This collaborative effort by these agencies is intended to improve the practice of public health and the performance of public health systems.

The NPHPS assessment instruments are used to guide state and local jurisdictions in evaluating the performance of their public health systems against a set of optimal or model standards. NPHPS assessments help answer questions such as "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the ten Essential Public Health Services being provided in our system?" The information obtained from conducting these assessments provides a better understanding of how the local public health system and governing entities perform.

PURPOSE

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

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

METHODOLOGY

The LPHSA was conducted over the course of two meetings. On December 3, 2019, twenty-four internal stakeholders of the local health department gathered together to assess essential services 1, 2, 5, 6 and 10. On January 31, 2020, 74 external stakeholders and 22 members of the local health department assessed essential services 3, 4, 7, 8 and 9.

Figure 107: External Stakeholder Meeting, Local Public Health System Assessment, January 2020

HCSEF facilitated the LPHSA by engaging representatives from diverse sectors of the local public health system in Martin County, including first responders, elected officials, faith-based organizations and community-based organizations. Stakeholders were asked to evaluate the performance of Martin County's local public health system in each of the 10 Essential Public Health Services (EPHS).

The Ten Essential Public Health Services

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

In each meeting for the LPHSA, HCSEF gave an overview of the EPHS, and the purpose of completing the assessment. Attendees engaged in discussion, facilitated by the HCSEF staff, assessing the local public health system's current level of activity, in comparison to the specific performance measures detailed by each model standard. Participants then rated the LPHS's performance of each model standard using a nominal scale, in which 0% is no activity and 100% is maximum activity. Participants' votes on these model standards were gathered using portable electronic keypads. Results, captured in real-time, were displayed instantly after each vote. In the event of a tie, participants discussed the performance measure in order to reach a consensus.

The table below shows the response options participants were given.

Table 213: Summary Of Performance Measures Response Options

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

Source: National Public Health Performance Standards Version 3.0
Compiled by: Health Council of Southeast Florida, 2020

DATA LIMITATIONS

Community health partners must understand the potential data limitations associated with this assessment process and how to appropriately interpret the assessment results to effectively evaluate and improve the local public health system. While these scores provide an overarching view of the strengths and weaknesses of the Martin County public health system, caution should be exercised when reviewing them. A low-performance score may not necessarily indicate that improvement is warranted, nor does a high score indicate that there is no need for improvement. These scores are provided as guidelines. Stakeholders and partners should review and discuss these scores to effectively identify strategies for improvement.

The assessment utilizes input from a diverse set of stakeholders that comprise the local public health system. Each stakeholder contributes a unique perspective, experience, and set of expertise. Therefore, this process of information gathering incorporates an element of subjectivity and bias. These limitations can be minimized through the use of particular assessment methods; however, the assessment methods are not fully standardized and these differences may introduce an element of measurement error. Due to these inherent limitations, the results below and associated recommendations should be used only for quality and performance improvement purposes and should not be interpreted to reflect the capacity or performance of any single agency or organization.

RESULTS

The Local Public Health System Assessment asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" The figure below provides a high-level snapshot of the local public health system's overall level of performance. Almost 80% of the Essential Services were significantly (70%) or optimally (10%) met by the LPHS. However, there are still opportunities for improvement with the LPHS performing at a moderate activity or less for 20% of the Essential Services.

Figure 108: Percentage of the System's Essential Services Scores that Fall within the Five Activity Categories

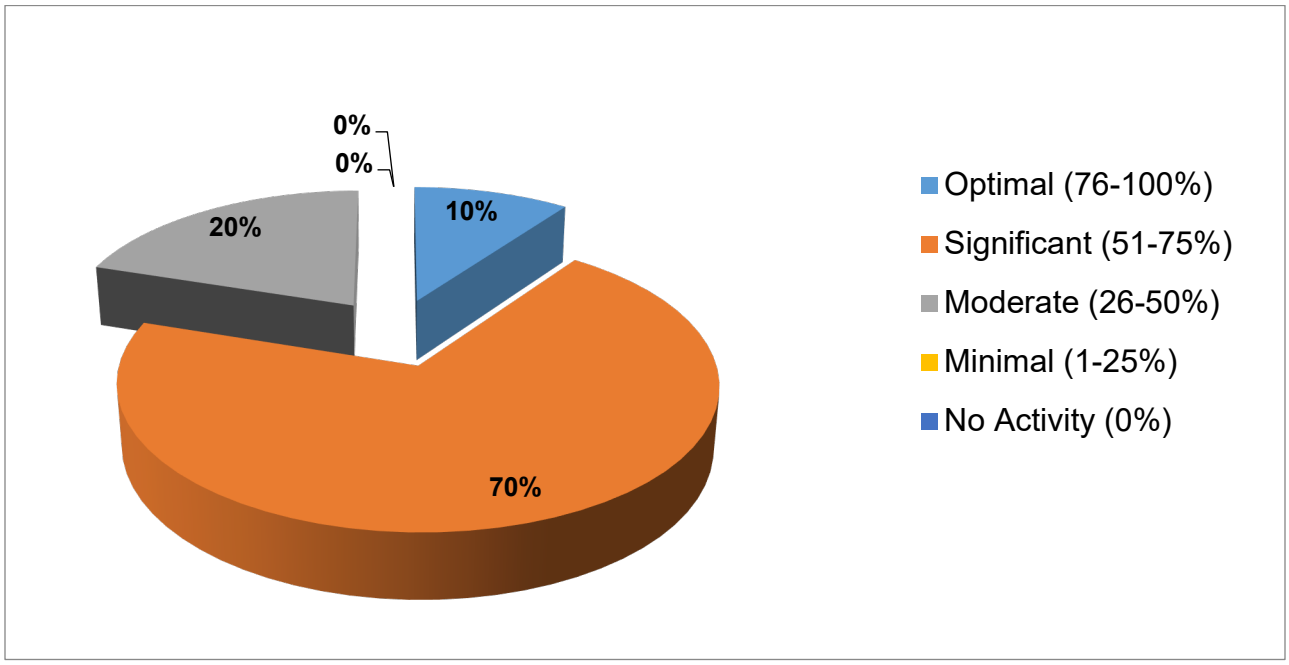


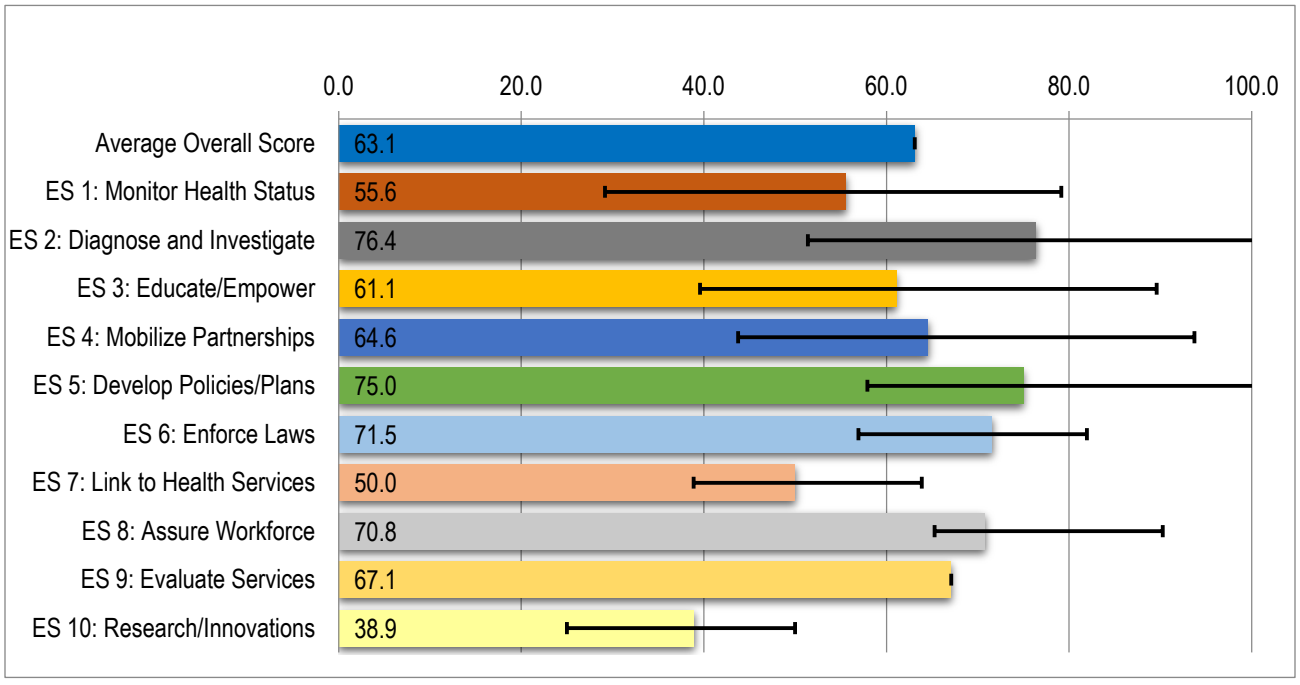
Table 214: Overall Performance Scores by Essential Service

Essential Services	Performance Scores
ES 1: Monitor Health Status	55.6
ES 2: Diagnose and Investigate	76.4
ES 3: Educate/Empower	61.1
ES 4: Mobilize Partnerships	64.6
ES 5: Develop Policies/Plans	75.0
ES 6: Enforce Laws	71.5
ES 7: Link to Health Services	50.0
ES 8: Assure Workforce	70.8
ES 9: Evaluate Services	67.1
ES 10: Research/Innovations	38.9
Average Overall Score	**63.1**
Median Score	**65.8**

Source: Martin County Local Public Health System Assessment Report, 2020
Compiled by: Health Council of Southeast Florida, 2020

The table above and the figure below highlight the average score for each of the ten essential services. Examination of theses overall scores can show the LPHS's strengths and areas for improvement. When compared to the National Standards, the LPHS self-assessed as performing less than fifty-one percent of the model standards for Essential Service 7 (Link to Health Services) and 10 (Research/Innovations). This may indicate that there is an opportunity for the Martin County public health system to improve on linking residents to health services in Martin County as well as engaging in research opportunities. The black bars on the figure below indicate the range of performance score responses within each Essential Service.

Figure 109: Summary of Average Essential Performance Score



PERFORMANCE ASSESSMENT INSTRUMENT RESULTS

The following section highlights the average performance score for each Model Standard performance question. This level of analysis allows the LPHS to determine which specific activities contribute to the high or low performance of the EPHS. The collective scores for the model standards under each Essential Service are provided, along with the strengths and opportunities improvement within the system, as described by stakeholders during the assessment process.

Essential Service 1: Monitor Health Status to Identify Community Health Problems

The Local Public Health System Strengths in this area were:

- Organizations from a variety of sectors are involved in the Community Health Assessment (CHA) process and promote it
- The CHA is regularly conducted every five-years and updated with current information continuously
- Use of GIS mapping
- The Health Department effectively collects timely data that is integrated into the public health registries
- The Health Department has high volume lab capabilities that are used for surveillance activities

Overall, according to the assessment, the LPHS does significant activity to meet the performance standards in this area, but indicated the following areas as opportunities to improve:

- House the CHA on partner organization's websites
- Integrate the CHA into the strategic plan of partner agencies
- Align the CHA process with other CHAs conducted in the community

Table 215: Summary of Performance Measures Public Health Essential Service 1

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	**Model Standard: Population-Based Community Health Assessment (CHA)** *At what level does the local public health system:*	
1.1.1	Conduct regular community health assessments?	75
1.1.2	Continuously update the community health assessment with current information?	75
1.1.3	Promote the use of the community health assessment among community members and partners?	50
1.2	**Model Standard: Current Technology to Manage and Communicate Population Health Data** *At what level does the local public health system:*	
1.2.1	Use the best available technology and methods to display data on the public's health?	50
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	50
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	50
1.3	**Model Standard: Maintenance of Population Health Registries** *At what level does the local public health system:*	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	50
1.3.2	Use information from population health registries in community health assessments or other analyses?	50

Source: Martin County Local Public Health System Assessment Report, 2020
Compiled by: Health Council of Southeast Florida, 2020

Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards

The Local Public Health System Strengths in this area were:

- DOH has a comprehensive surveillance system with national and state partners.
- DOH has a designated Emergency Response coordinator
- Regional lab epidemiologists are available 24/7
- All relevant DOH staff are trained on lab protocols

Overall, according to the assessment, the LPHS does optimally meeting the performance measures in this area, but indicated the following areas as opportunities to improve:

- Educate staff on who the Emergency Response Coordinator is and what their role entails
- Create opportunities to showcase what goes into outbreak alerts or changes happening in the health system
- Reintroduce publications similar to the surveillance report

Table 216: Summary of Performance Measures Public Health Essential Service 2

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	**Model Standard: Identification and Surveillance of Health Threats** ***At what level does the local public health system:***	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	75
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	75
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	75
2.2	**Model Standard: Investigation and Response to Public Health Threats and Emergencies** ***At what level does the local public health system:***	
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	75
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	50
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	75
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	75
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	50
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	75
2.3	**Model Standard: Laboratory Support for Investigation of Health Threats** *At what level does the local public health system:*	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	75
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	75
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	100

Source: Martin County Local Public Health System Assessment Report, 2020
Compiled by: Health Council of Southeast Florida, 2020

Essential Service 3: Inform, Educate, and Empower People about Health Issues

The Local Public Health System Strengths in this area were:

- Optimal activity with engaging current populations

Overall, according to the assessment, the LPHS does significant activity to meet the performance measures in this area, but indicated the following areas as opportunities to improve:

- Have community members as spokespeople
- Teach residents how to access resources online or on their phone in their language
- Improve the approach and method of communication to populations that truly need to be reached

Table 217: Summary of Performance Measures Public Health Essential Service 3

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	**Model Standard: Health Education and Promotion** ***At what level does the local public health system:***	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	75
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	50
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	50
3.2	**Model Standard: Health Communication** **At what level does the local public health system:**	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	75
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	50
3.2.3	Identify and train spokespersons on public health issues?	50
3.3	**Model Standard: Risk Communication** ***At what level does the local public health system:***	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	75
3.3.2	Make sure resources are available for a rapid emergency communication response?	75
3.3.3	Provide risk communication training for employees and volunteers?	50

Source: Martin County Local Public Health System Assessment Report, 2020
Compiled by: Health Council of Southeast Florida, 2020

Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems

The Local Public Health System Strengths in this area were:

- Collaboration; for example, the collaborative efforts throughout the Martin County Advisory Council

Overall, according to the assessment, the LPHS does a significant job meeting the performance measures in this area, but indicated the following areas as opportunities to improve:

- Create a network of the Local Public Health System Assessment attendees.
- Disseminate information to people who are not directly involved in the network so that those who want to participate can.
- Use of listservs to compile information for mass sharing; directory of stakeholders.
- Have residents share their lived and learned experiences with each other.

Table 218: Summary of Performance Measures Public Health Essential Service 4

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	**Model Standard: Constituency Development** At what level does the local public health system:	
4.1.1	Maintain a complete and current directory of community organizations?	75
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	75
4.1.3	Encourage constituents to participate in activities to improve community health?	50
4.1.4	Create forums for communication of public health issues?	50
4.2	**Model Standard: Community Partnerships** *At what level does the local public health system:*	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	75
4.2.2	Establish a broad-based community health improvement committee?	75
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	50

Source: Martin County Local Public Health System Assessment Report, 2020
Compiled by: Health Council of Southeast Florida, 2020

Essential Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts

The Local Public Health System Strengths in this area were:

- The local health department is accredited through the Public Health Accreditation Board
- The health department's Public Information Officer meets with County Commissioners especially when there are public health issue.
- The local health department is on call to provide information to local tasks forces they are a part of

Overall, according to the assessment, the LPHS does significant activity to meet the performance measure in this area, but indicated the following area as an opportunity to improve:

- Memorandums of Agreement (MOAs) to help better inform how policies may be made

Table 219: Summary of Performance Measures Public Health Essential Service 5

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	**Model Standard: Governmental Presence at the Local Level** *At what level does the local public health system:*	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	50
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	100
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	50
5.2	**Model Standard: Public Health Policy Development** *At what level does the local public health system:*	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	75
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	75
5.2.3	Review existing policies at least every three to five years?	75
5.3	**Model Standard: Community Health Improvement Process and Strategic Planning** *At what level does the local public health system:*	
5.3.1	Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	75
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	75
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	75
5.4	**Model Standard: Plan for Public Health Emergencies** *At what level does the local public health system:*	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	75
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	75
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	100

Source: Martin County Local Public Health System Assessment Report, 2020
Compiled by: Health Council of Southeast Florida, 2020

Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

The Local Public Health System's Strengths in this area were:

- Local health department staff sit on multiple health councils and task forces, which are all related to internal laws and regulations
- The health department provides input and support for local ordinances
- The local health department also helps to provide the data that informs the development of laws.

Overall the LPHS self-assessed that it does a significant job meeting the performance measures in this area, but indicated the following areas as opportunities to improve:

- Provide all health department staff with information regarding legal procedures and availability of legal team

Table 220: Summary of Performance Measures Public Health Essential Service 6

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	**Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	75
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	75
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	75
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	100
6.2	**Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	75
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	50
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	50
6.3	**Model Standard: Enforcement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	75
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	75
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	75
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	75
6.3.5	Evaluate how well local organizations comply with public health laws?	75

Source: Martin County Local Public Health System Assessment Report, 2020
Compiled by: Health Council of Southeast Florida, 2020

Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

The Local Public Health System's Strengths in this area were:

- The LPHS does a good job of identifying the needs of the community.
- Some organizations in the LPHS have Outreach Coordinators and Patient Navigators available.

Overall the LPHS self-assessed that it does moderate activity to meet the performance measures in this area, and indicated the following areas as opportunities to improve:

- Need for pediatric dentistry
- Better communication of services that are available
- Provide transportation to access services
- Streamline the process for people to receive services, i.e. schools and vision screenings

Table 221: Summary of Performance Measures Public Health Essential Service 7

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	**Model Standard: Identification of Personal Health Service Needs of Populations** At what level does the local public health system:	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	50
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	50
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	50
7.1.4	Understand the reasons that people do not get the care they need?	50
7.2	**Model Standard: Assuring the Linkage of People to Personal Health Services** At what level does the local public health system:	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	50
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	50
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	50
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	50

Source: Martin County Local Public Health System Assessment Report, 2020
Compiled by: Health Council of Southeast Florida, 2020

Essential Service 8: Assure a Competent Public and Personal Health Care Workforce

The Local Public Health System's Strengths in this area were:

- All LPHS staff are appropriately certified, licensed and trained
- The Martin County Interagency Coalition, which many member of LPHS participate in, is offering mini-grants that can be used for training staff of member organizations

Overall the LPHS self-assessed that it does a significant job meeting this standard, but indicated the following areas as opportunities to improve:

- Educate workforce members at all levels on standards and general information
- Need to address biases related to racism and other forms of discrimination systemically
- Alignment of trainings and licensure with the Public Health core competencies

Table 222: Summary of Performance Measures Public Health Essential Service 8

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce		
8.1	**Model Standard: Workforce Assessment, Planning, and Development** *At what level does the local public health system:*	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	50
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	50
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	50
8.2	**Model Standard: Public Health Workforce Standards** *At what level does the local public health system:*	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	100
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	75
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	75
8.3	**Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring** *At what level does the local public health system:*	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	100
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	50
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	75
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	75
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	75
8.4	**Model Standard: Public Health Leadership Development** *At what level does the local public health system:*	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	50
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	100
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	75
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	75

Source: Martin County Local Public Health System Assessment Report, 2020
Compiled by: Health Council of Southeast Florida, 2020

Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services.

The Local Public Health System's Strengths in this area were:

- Many non-profits in Martin County are funded to address identified gaps
- LPHS is good at identifying the gaps, but challenges with closing those gaps

Overall the LPHS self-assessed that it does significant activity to meet the performance measures in this area, but indicated the following areas as opportunities to improve:

- Consistent long-term funding sources to truly create change
- Dental care for adults and children
- Need to move away from the desk and talk to the people to improve plans and services

Table 223: Summary of Performance Measures Public Health Essential Service 9

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
9.1	**Model Standard: Evaluation of Population-Based Health Services** *At what level does the local public health system:*	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	75
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	50
9.1.3	Identify gaps in the provision of population-based health services?	50
9.1.4	Use evaluation findings to improve plans and services?	50
9.2	**Model Standard: Evaluation of Personal Health Services** *At what level does the local public health system:*	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	75
9.2.2	Compare the quality of personal health services to established guidelines?	75
9.2.3	Measure satisfaction with personal health services?	50
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	100
9.2.5	Use evaluation findings to improve services and program delivery?	50
9.3	**Model Standard: Evaluation of the Local Public Health System** *At what level does the local public health system:*	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	75
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	75
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	75
9.3.4	Use results from the evaluation process to improve the LPHS?	75

Source: Martin County Local Public Health System Assessment Report, 2020
Compiled by: Health Council of Southeast Florida, 2020

Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems

The Local Public Health System's Strengths in this area were:

- Through the Health Department's equity work, the local college is interested in research with Martin High to understand why there are a lot of Black students dropping out of high school

Overall the LPHS self-assessed that it does a moderate job meeting performance measures in this area, and indicated the following areas as an opportunity to improve:

- Work to increase time and funds for research

Table 224: Summary of Performance Measures, Essential Public Health Service 10

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems		
10.1	**Model Standard: Fostering Innovation** At what level does the local public health system:	
10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	50
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	25
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	50
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	50
10.2	**Model Standard: Linkage with Institutions of Higher Learning and/or Research** *At what level does the local public health system:*	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	50
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	50
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	25
10.3	**Model Standard: Capacity to Initiate or Participate in Research** *At what level does the local public health system:*	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	50
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	25
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc.?	25
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	25

Source: Martin County Local Public Health System Assessment Report, 2020
Compiled by: Health Council of Southeast Florida, 2020

The local public health department chose to complete the Agency Contribution assessment, one of the two optional questionnaires of this assessment process. This questionnaire is made available for sites to consider the contribution that the local health department has made to each Model Standard. In September 2020, a digital priority ranking survey was distributed and completed by 18 members of the community health advisory council. The four quadrants in the table below are based on how the performance of each Essential Service and/or Model Standard and compares with the priority rating. The results highlight the recommended areas for attention and next steps to improve the local public health system.

Table 225: Essential Service Model Standard Priority Ranking

Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.
Quadrant D	(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

Source: Martin County Local Public Health System Assessment Report, 2020
Compiled by: Health Council of Southeast Florida, 2020

The figure below shows the 30 model standards by quadrant ranking. The green quadrant in the top right hand corner shows those model standards that were ranked high priority and were given a high performance score, meaning these activities are being done well, and it is important to maintain these efforts in Martin County.

In the blue quadrant, model standard 5.1, 6.1, 8.4 and 9.2 were identified as low priority and high performance. These standards are being performed well within the county, but consideration may be given to reduce an effort in this area, since it is ranked of low priority in the Local Public Health System Assessment.

The pink quadrant on the left represents those activities with low priority and low performance. These activities could improve, however may need little or no attention at this time, since they were assigned a low priority during the LPHSA.

Finally, the yellow quadrant represents those activities that may need increased attention, since they exhibit low performance and high priority. In Martin County, eight of the thirty model standards were placed in this quadrant representing each of the ten essential services.

Figure 110: Priority and Performance Quadrant

10.2 Academic Linkages 8.1 Workforce Assessment 7.2 Assure Linkage 7.1 Personal Health Services Needs 4.1 Constituency Development 3.2 Health Communication 3.1 Health Education/Promotion 1.2 Current Technology	9.3 Evaluation of LPHS 8.3 Continuing Education 8.2 Workforce Standards 6.3 Enforce Laws 5.4 Emergency Plan 5.3 CHIP/Strategic Planning 5.2 Policy Development 4.2 Community Partnerships 3.3 Risk Communication 2.3 Laboratories 2.2 Emergency Response 2.1 Identification/Surveillance 1.1 Community Health Assessment
10.3 Research Capacity 10.1 Foster Innovation 9.1 Evaluation of Population Health 6.2 Improve Laws 1.3 Registries	9.2 Evaluation of Personal Health 8.4 Leadership Development 6.1 Review Laws 5.1 Governmental Presence

The table below displays Essential Service and Model Standard scored arranges by Local Health Department (LHD) contribution, priority and performance scored.

Table 226: Summary of Contributions and Performance Scores by Model Standard

Quadrant	Model Standard	LHD Contribution (%)	Performance Score (%)
Quadrant A	7.2 Assure Linkage	100.0	50.0
Quadrant A	7.1 Personal Health Services Needs	100.0	50.0
Quadrant A	4.1 Constituency Development	100.0	62.5
Quadrant A	3.2 Health Communication	100.0	58.3
Quadrant A	3.1 Health Education/Promotion	100.0	58.3
Quadrant A	1.3 Registries	100.0	50.0
Quadrant A	1.2 Current Technology	100.0	50.0
Quadrant B	9.3 Evaluation of LPHS	100.0	75.0
Quadrant B	8.2 Workforce Standards	100.0	83.3
Quadrant B	6.1 Review Laws	100.0	81.3
Quadrant B	5.4 Emergency Plan	100.0	83.3
Quadrant B	5.3 CHIP/Strategic Planning	100.0	75.0
Quadrant B	5.2 Policy Development	100.0	75.0
Quadrant B	5.1 Governmental Presence	100.0	66.7
Quadrant B	4.2 Community Partnerships	100.0	66.7
Quadrant B	3.3 Risk Communication	100.0	66.7
Quadrant B	2.2 Emergency Response	100.0	66.7
Quadrant B	2.1 Identification/Surveillance	100.0	75.0
Quadrant C	9.2 Evaluation of Personal Health	50.0	70.0
Quadrant C	8.4 Leadership Development	50.0	75.0
Quadrant C	8.3 Continuing Education	50.0	75.0
Quadrant C	6.3 Enforce Laws	25.0	75.0
Quadrant C	2.3 Laboratories	75.0	87.5
Quadrant C	1.1 Community Health Assessment	75.0	66.7
Quadrant D	10.3 Research Capacity	25.0	31.3
Quadrant D	10.2 Academic Linkages	50.0	41.7
Quadrant D	10.1 Foster Innovation	75.0	43.8
Quadrant D	9.1 Evaluation of Population Health	50.0	56.3
Quadrant D	8.1 Workforce Assessment	75.0	50.0
Quadrant D	6.2 Improve Laws	50.0	58.3

The assessment results are promoted by NPHS and are the central focus in the performance improvement plan process. The results in the assessment helps to identify the strengths, weaknesses, areas of concern for performance improvement. The results of this assessment is intended to help drive the planning efforts of local health and human service agencies. Through this assessment, public health leaders can improve collaborations and incorporate changes to the local public health system, making services more effective and efficient based on available resources, and ultimately improve health intervention services.

CONCLUSION

This assessment allowed the chance to identify opportunities for improvement and engage community stakeholders in the improving the overall local public health system. By identifying the organizations, agencies and entities that create the local public health system in Martin County and how the public health system meets the needs of the community residents, a crucial component of the MAPP process could be added to the review of the health issues and needs of community members. With the Health Status Assessment (identifying the health issues of the community through the review of quantitative data from a variety of sources) and the Community Themes and Strengths Assessment (providing community perspective through community focus groups and key informant interviews), the Local Public Health System Assessment (LPHSA) lays the foundation to identify forces that may affect both the public health system in Martin County and the health community residents.

FORCES OF CHANGE ASSESSMENT

Forces of Change Assessment (FOCA) focuses on the identification of forces, such as trends, factors or events that are or will be influencing the health and quality of life of the community and the work of the local public health system. The forces identified, together with the results of the other three MAPP Assessments, serves as the foundation for identifying strategic health priorities.

- **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.

FOCA focuses on the identification of forces like legislation, technology, and the social-economic trends that all impact the community and its public health system. This assessment is designed to answer the following questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

METHODOLOGY

Beginning in December 2019, HCSEF facilitated a series of meetings with members of the local public health system and the local health department as part of the MAPP process. These meetings included two LPHSA meetings and a series of Community Health Advisory Council meetings. During the September 2020 Community Health Advisory Council meeting, HCSEF guided 31 Advisory Council members through a brainstorming session to identify trends, factors and events that impact the community and its public health system. HCSEF staff provided a brief presentation about forces of change, and then guided Advisory Council members through a series of discussion questions. Trends, factors and events were captured on-screen during the meeting using the FOCA Matrix. In addition, during each meeting, HCSEF captured qualitative data that highlights the forces impacting the local public health system. HCSEF staff thematically categorized the findings from each meeting as an economic, legislative, environmental, social or technological force.

The table below is a summary of forces of change identified by Martin County Community Health Advisory Council members

Table 227: Summary of Forces of Change in Martin County, as of December 2020

Category	Forces of Change		
	Events	**Factors**	**Trends**
Economic	Opioid funding	Large scale evictions projected to come	Long run of decreases in public health funding
	Residents are unable to pay for rent and insurance due to COVID-19		Systemic racism: -Economic gap -Generational poverty
	Starting a program to assist renters		Increase in homeless population
	Landlords are not getting rent and reaching out for help		Reduction is housing availability
	Job insecurity due to COVID-19		
	Grants for rental property owners		
Environmental	COVID-19 found in waste products	Blue green algae discharge/ poor air quality	
Legislative	CARES Act funding	Fear among undocumented population about being detained	The local health department has become less involved with changing/creating local laws and has shifted to supporting state laws in the last few years
	Mask ordinances	No option for Medicaid expansion in Florida	
Social	COVID-19- has put hold on services in underserved areas, not sending children to school, lack of trust, not getting treatment for other conditions	Low number of childcare centers	Older population
	Migrant workers not having access to PPE and job security	Lack of family and parenting programs	Growing non-English speaking population, including Haitian creole
	Low-literacy population impacted higher by COVID-19 in areas like Indiantown	Barriers to housing (including difficulty accessing Section 8 housing, high costs for renter)	Language barrier
	Hold on in-person services in Martin due to COVID-19	Lack of personal health service providers -pediatric dentists -mental health providers	Nurses are no longer in the community
	Stress of having to keep child home due to COVID-19	Low literacy - underserved areas	Vaping
	Food insecurity due to job insecurity w/ COVID-19	Difficult to reach senior population	•Decrease in Black infant mortality over last few years due to peer-to-peer education

	Mothers are in need of basic supplies due to COVID-19	High turnover among staff in LPHS	Systemic Racism: -higher death rates -Disparities in treatment
		Lack of diversity in LPHS workforce	Equity (SDOH)
		Lack of services in certain geographic areas (i.e. Indiantown)	
		Lack of affordable housing -especially for seniors	
		No homeless facilities for families	
		Gap in mental health services (especially in specific areas such as Jensen Beach)	
		No mental health facilities for Baker Act population	
		Lack of providers for suicide prevention	
		Lack of trust in the health system	
		Lack of diversity/inclusion	
Technological	Need for telehealth services due to COVID-19	Lack of access to technology among seniors	
	COVID-19 Dashboard	Lag in data indicators	
	Eviction predictor	Need for more telehealth during COVID	
		Technology doesn't adequately meet the need for some services (e.g., substance use)	
		Digital divide among: -low-income families -children in schools	

IDENTIFICATION OF STRATEGIC HEALTH ISSUES

INTRODUCTION

The Health Council of Southeast Florida (HCSEF) provided Advisory Council members with a summary of the results from the four MAPP assessments. In this stage of the MAPP process, HCSEF facilitated a multi-voting exercise with the intent of identifying a list of strategic issues affecting the health of Martin County residents. During this session, committee members reviewed and continued to discuss the health issues that emerged from the four assessments and brainstormed strategic issues to prioritize, before participating in the formal voting process. Presented below are the strategic health issues affecting Martin County residents, identified by the Advisory Committee:

1. Minority Health Disparities
2. Mental Health and Substance Abuse
3. Social determinants of Health

This process was designed to provide a platform for the initial phase of ongoing strategic health care planning and community health improvement planning which will ultimately become the focus of Martin County's health and health care for the next 3-5 years.

METHODOLOGY

On December 16, 2020, HCSEF provided an overview of the summary of the key quantitative and qualitative findings from the four assessments. The summary review of the assessments considered a variety of key factors that may influence and impact the health and quality of life of community members and the local public health system. Upon reviewing the summary results, HCSEF then led a facilitated discussion on the most pressing health issues in Martin County. The facilitation occurred during a two-hour session held via Zoom. The group was comprised of seventeen Advisory Committee members. HCSEF facilitated Advisory Council members through the following process:

1. Overview of key qualitative and quantitative findings
2. Facilitated round-robin, open discussion with the Advisory Council to compile a list of key health issues and HCSEF staff captured responses on-screen in a Word document
3. HCSEF staff then provided and overview of the list key health issues and facilitated a discussion to identify specific threats and opportunities
4. After the allotted time period, Advisory Council members were asked to vote on their top 3 key health issues using the Zoom polling feature

SUMMARY OF RESULTS

Table 228: Summary of Strategic Health Issues

Strategic Issues			
Issue	**Category**	**Threats**	**Opportunities**
Social Determinants of Health	Chronic Conditions	Access to healthy, affordable foods in certain geographic areas	
Social Determinants of Health	Housing	Affordable housing is a challenge and stressor for many residents	
Social Determinants of Health	Poverty	Poverty has an overall negative effect on health	
Health Status	Health disparities	Health disparities among minority populations -Diabetes -Cardiovascular conditions Lack of Trust	-Build trust throughout the community, especially among the minority populations -Remove language disparities Using a community-based approach for programs -Have "boots on the ground" and be where the people need us -Possibly a CHW model that hires individuals that look like and speak the language of the community
Health Status	Substance Abuse	-Addiction -Opioid Use	
Health Status	Aging Problems	-Dementia -Alzheimer's	
Health Status	Aging Problems	Falls among senior population	
Access to Care & Utilization	Transportation	Transportation is a challenge in specific geographic areas	Mobile services in high-need geographic areas -Indiantown -Port Salerno
Access to Care & Utilization	Mental Health	Limited access to mental health professionals -Bipolar, schizophrenia, Trauma, addiction -Suicide rates, especially among older adult residents (55+)	Mobile health crisis unit
Access to Care & Utilization	Prenatal care	Need for early entry into prenatal care	
Emerging Concerns	COVID-19	COVID has magnified previous issues -lack of health insurance -poverty -chronic diseases, etc.	Community initiatives that foster collaboration and teams working together to help residents/clients

Through careful analysis of the findings of the four assessments, Advisory Council members acknowledged that there were relevant key issues in the access and delivery of services provided by the local health system. The table below shows the cross-cutting community health challenges affecting Martin County residents.

CONCLUSION

The identified strategic health issues outlined in table 167, are considered as health issues in planning efforts by local organizations serving Martin County residents. These strategic issues were prioritized during the next component of the MAPP process: Health Needs Prioritization to identify focus areas where the Advisory Council can have the greatest impact.

CONCLUSION

To develop this Community Health Assessment, Martin County utilized the Mobilize Action for Planning and Partnerships (MAPP) framework, which emphasizes a collaborative effort by community members to understand the health landscape in the county. Due to COVID-19, conversations that are critical to the MAPP process have been delayed. For this reason, the Community Health Assessment will continue to be updated beyond May 2020 to ensure the MAPP framework is conducted to fidelity. This will ensure this assessment can be utilized to guide planning efforts to improve the overall health and wellbeing of Martin County residents.

APPENDIX

PROVIDER/STAKEHOLDER COMMUNITY HEALTH SURVEY

Martin County Community Health Survey for Providers/Stakeholders

The purpose of this survey is to learn more about the health and social services in Martin County. The Martin County Community Health Advisory Council will use the results of this survey and other information to identify the most pressing issues that can be addressed through community action.

Your responses will remain completely confidential and no identifiers will be reported. We value your time and anticipate the survey should take no more than 5-7 minutes to complete.

In appreciation for your time, we will be raffling $25 gift cards to those who complete the survey by April 10th.

Demographics

1. What type of organization are you completing this on behalf of? **Choose ALL that apply.**

- [ ] Academic Institution
- [ ] Community-based organization
- [ ] Foundation/grant-making organization
- [ ] Religious organization (e.g., church, mosque)
- [ ] Hospital
- [ ] Health insurance plan
- [ ] Clinic
- [ ] Health Department
- [ ] Other (please specify)

1

2. Which services does your organization provide? **Choose ALL that apply.**

- [ ] Behavioral health (e.g., tobacco cessation)
- [ ] Dental care
- [ ] Insurance enrollment and/or education programs
- [ ] Education (e.g., Head Start, GED, child development, adult continuing education, literacy, after school programs, etc.)
- [ ] Food insecurity assistance (e.g., food pantry, bags of groceries, meal programs, etc.)
- [ ] Health education and/or promotion
- [ ] Health screenings
- [ ] Legal services
- [ ] Mental health (e.g., grief support group)
- [ ] Primary care
- [ ] Public assistance programs (e.g., SNAP, housing assistance, assistance paying for bills, etc.)
- [ ] Screening for eligibility for social programs
- [ ] Specialty Medicine (e.g., cardiologist, gynecologist, rheumatologist, etc.)
- [ ] Transportation coordination and/or provision
- [ ] Other (please specify)

3. Which of these populations does your organization work with? **Choose ALL that apply.**

- [ ] Homeless
- [ ] Individuals living with a disability (e.g., brain-based challenges, physical disability, etc)
- [ ] Infants/children/adolescents
- [ ] LGBTQ
- [ ] Low income
- [ ] Migrants or refugees
- [ ] Pregnant or postpartum women
- [ ] Rural residents
- [ ] Seasonal/migrant farm workers
- [ ] Seniors (ages 65 and over)
- [ ] N/A - We do not provide services to specific populations
- [ ] Other (please specify)

4. What are the primary languages of the individuals your organization serves? **Choose ALL that apply.**

- [ ] An Asian language
- [ ] English
- [ ] French
- [ ] Haitian Creole
- [ ] Native or indigenous
- [ ] Spanish
- [ ] Spanish Creole
- [ ] Other (please specify)

5. In what ZIP code(s) is your organization physically located? **Choose all that apply.**

- [ ] 34990 (Palm City)
- [ ] 34994 (Stuart)
- [ ] 34992 (Port Salerno)
- [ ] 34996 (Sewall's Point/ Stuart)
- [ ] 33455 (Hobe Sound)
- [ ] 34997 (Stuart)
- [ ] 34956 (Indiantown)
- [ ] 34957 (Jensen Beach)

6. In what ZIP code(s) does your organization provide services? **Choose ALL that apply.**

- [ ] 34990 (Palm City)
- [ ] 34994 (Stuart)
- [ ] 34992 (Port Salerno)
- [ ] 34996 (Sewall's Point/Stuart)
- [ ] 33455 (Hobe Sound)
- [ ] 34997 (Stuart)
- [ ] 34956 (Indiantown)
- [ ] 34957 (Jensen Beach)

7. How would you rate the overall health of your community? **Choose one.**

Very unhealthy	Unhealthy	Somewhat healthy	Healthy	Very healthy
○	○	○	○	○

8. Based on your experience as a provider/stakeholder in Martin County, what are the **three** most important elements of a "healthy community"?

- ☐ Good place to raise children
- ☐ Low crime / safe neighborhoods
- ☐ Good schools
- ☐ Access to health care
- ☐ Parks and recreation
- ☐ Clean environment
- ☐ Arts and cultural events
- ☐ Affordable housing
- ☐ Strong family life
- ☐ Good jobs and healthy economy
- ☐ Healthy behaviors and lifestyles
- ☐ Religious or spiritual values
- ☐ Other (please specify)

Health Issues

9. Based on your experience serving the residents in Martin County, what are the **three** most common "health issues" affecting the community?

- [ ] Aging problems (e.g., arthritis, hearing/vision loss)
- [ ] Heart disease and stroke
- [ ] High blood pressure
- [ ] HIV / AIDS
- [ ] Rape / sexual assault
- [ ] Respiratory / lung disease
- [ ] Cancer
- [ ] Child abuse / neglect
- [ ] Dental problems
- [ ] Diabetes
- [ ] Domestic violence
- [ ] Homicide
- [ ] Infant death
- [ ] Infectious diseases (e.g., hepatitis, TB, STDs)
- [ ] Suicide
- [ ] Teenage pregnancy
- [ ] Firearm-related injuries
- [ ] Behavioral health (e.g., substance use)
- [ ] Mental health (e.g., anxiety, depression)
- [ ] Motor vehicle crash injuries
- [ ] Other (please specify)

10. Based on your experience serving the residents in Martin County, what are the **three** most common "risky behaviors" residents engage in?

- [ ] Alcohol abuse
- [ ] Drug abuse
- [ ] Lack of exercise or activity
- [ ] Poor eating habits
- [ ] Lack of preventive care (e.g., not getting "shots" or vaccinations, not getting annual exams/screenings)
- [ ] Tobacco use
- [ ] Not using seat belts and/or child safety seats
- [ ] Unsafe sex
- [ ] Violence-related behaviors (e.g., attempted suicide, carried a weapon)
- [ ] Other (please specify)

11. What are the **three** most common health-related or medical services your clients, patients, or residents inquire about?

- [ ] Geriatric health
- [ ] Dental care
- [ ] Primary care
- [ ] Prescription assistance
- [ ] Mental health (e.g., psychiatry)
- [ ] Pediatric health
- [ ] Health insurance
- [ ] Screening tests (e.g., HIV testing, mammogram)
- [ ] Specialty care
- [ ] Behavioral health (e.g., Medication-Assisted Therapy)
- [ ] Women's health
- [ ] Men's health
- [ ] Reproductive health
- [ ] Other (please specify)

12. What are the **three** most common social services your clients, patients, or residents inquire about?

- [ ] Senior services and adult caregiver support
- [ ] Assistance paying for childcare
- [ ] Assistance paying for household expenses (e.g., utility bills, rent/mortgage)
- [ ] Services for individuals with a disability
- [ ] Economic development (e.g., job search assistance, mentorship, referral, training, and placement)
- [ ] Education (e.g., Head Start, GED, child development, adult continuing education, literacy, after school programs)
- [ ] Food assistance
- [ ] Housing
- [ ] Legal services
- [ ] Behavioral health (e.g., drug rehabilitation, Alcoholics Anonymous, Narcotics Anonymous)
- [ ] Mental health (e.g., support groups)
- [ ] Transportation
- [ ] Other (please specify)

Barriers to Care

13. What are the top **three** barriers to accessing medical services that your clients, patients or residents experience?

- [ ] Cost
- [ ] Services not covered by insurance
- [ ] No insurance
- [ ] No appointments available or long waits for appointments
- [ ] No providers available
- [ ] Lack of transportation
- [ ] Low literacy
- [ ] Lack of adequate translation services
- [ ] N/A
- [ ] Other (please specify)

14. What are the top **three** barriers to accessing social services that your clients, patients, or residents experience?

- [ ] Low literacy
- [ ] Lack of translation services
- [ ] Lack of awareness of services
- [ ] Lack of legal documentation
- [ ] Lack of non-legal, necessary documentation (e.g., pay stubs, proof of address)
- [ ] Time constraints (e.g., work, child care, etc.)
- [ ] Long wait time
- [ ] No agencies providing this service in Martin County
- [ ] Lack of transportation
- [ ] N/A
- [ ] Other (please specify)

Additional Questions

15. Does your agency conduct Community Health Assessments or similar assessments?

- ◯ Yes
- ◯ No

16. We strive to coordinate with the work that other agencies are doing. Please share the top **three** findings from your most recent assessment?

17. What is the best email address to reach you?

If you would like more information about this community project, please contact the Health Planning Department at Health Council of Southeast Florida at planning@hcsef.org.

Thank you very much for your response!

RESIDENT COMMUNITY HEALTH SURVEY

The purpose of this survey is to learn more about the health and social services in Martin County and how COVID-19 has affected the community's health.

The Martin County Community Health Advisory Council will use the results of this survey and other information to identify the most pressing issues that can be addressed through community action.

Your responses will remain completely confidential and no identifiers will be reported. We value your time and anticipate the survey should take no more than 10 -15 minutes to complete.

The first 50 people who complete the survey will be entered into a raffle for a $15 gift card. If you are interested in being entered into the raffle, please provide your contact information at the end of the survey.

Demographics

1. In which ZIP Code do you live?

- 34990 (Palm City)
- 34994 (Stuart)
- 34992 (Port Salerno)
- 334996 (Sewall's Point/Stuart)
- 33455 (Hobe Sound)
- 34997 (Port Salerno/Stuart)
- 34956 (Indiantown)
- 34957 (Jensen Beach)
- Other (please specify)

2. How old are you?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 and older
- I prefer not to answer.

3. Do you think of yourself as:

- Male
- Female
- Transgender man/trans man/female-to-male (FTM)
- Transgender woman/trans woman/male-to-female (MTF)
- Genderqueer/gender nonconforming neither exclusively male nor female
- I prefer not to answer.
- Other (please specify)

4. Do you think of yourself as:

- Homosexual (gay or lesbian)
- Heterosexual (straight)
- Bisexual
- Queer, pansexual or questioning
- Don't know
- I prefer not to answer.
- Other (please specify)

5. Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No
- I prefer not to answer.

6. How would you describe yourself? Choose ALL that apply.

- [ ] White
- [ ] Black or African American
- [ ] American Indian and Alaska Native
- [ ] Asian
- [ ] Native Hawaiian and Other Pacific Islander
- [ ] I prefer not to answer.
- [ ] Other (please specify)

7. What is your marital status? Choose one.

- Single (never married)
- Married, cohabitating, or in a domestic partnership
- Separated
- Divorced
- Widowed
- I prefer not to answer.

8. Which language do you mainly speak at home? Choose one.

- An Asian language
- English
- French
- Haitian Creole
- Native or indigenous
- Spanish
- Spanish Creole
- I prefer not to answer.
- Other (please specify)

9. What is the highest level of school you have completed? Choose one.

- Less than a high school diploma
- High school diploma or equivalent, (e.g., GED)
- Some college, no degree
- Associate degree (e.g., AA, AS)
- Bachelor's degree (e.g., BA, BS)
- Master's degree (e.g., MA, MS, MBA, MEd)
- Doctorate (e.g., PhD, EdD)
- Professional degree (e.g., MD, DDS, DVM, JD)
- Technical school (e.g., HVAC, CNA, welding)
- I prefer not to answer.
- Other (please specify)

10. Which of the following best describes your current employment status? Choose one.

- Full-Time Employed (35 or more hours per week)
- Part-Time Employed (Less than 35 hours per week)
- Unemployed and currently looking for work
- Unemployed and not currently looking for work
- Self-Employed
- Homemaker
- Retired
- Student
- Work two or more jobs
- Unable to work
- I prefer not to answer.
- Other (please specify)

11. What is the combined annual income of everyone living in your household? Choose one.

- Less than $10,000
- $10,000 to $19,999
- $20,000 to $34,999
- $35,000 to $49,999
- $50,000 to $74,999
- $75,000 to $99,999
- $100,000 to $124,999
- $125,000 to $149,999
- $150,000 to $174,999
- $175,000 to $199,999
- $200,000 or more
- I prefer not to answer.

Personal Health and Health Care

12. How would you describe your overall health? Choose one.

Excellent	Very Good	Good	Fair	Poor
○	○	○	○	○

13. Where do you most often go for preventative healthcare (e.g., yearly physical exam, immunizations, etc.)? Check ALL that apply.

- [ ] Community Health Center
- [ ] Emergency Room
- [ ] Free Clinic
- [ ] Primary Care Provider
- [ ] Telehealth
- [ ] Urgent Care Center
- [ ] Quick Clinic (e.g., CVS, Walgreen's, etc.)
- [ ] VA (Veteran's Medical Center or clinic)
- [ ] I do not receive check-ups for preventative healthcare.
- [ ] Other (please specify)

14. Where do you most often go when sick or in need of urgent healthcare (e.g., injury, pain, flu, etc.)? Check ALL that apply.

- [ ] Community Health Center
- [ ] Emergency Room
- [ ] Free Clinic
- [ ] Primary Care Provider
- [ ] Telehealth
- [ ] Urgent Care Center
- [ ] Quick Clinic (e.g., CVS, Walgreen's, etc.)
- [ ] VA (Veteran's Medical Center or clinic)
- [ ] I have not needed urgent healthcare.
- [ ] Other (please specify)

15. Where do you most often go for routine dental care (e.g., teeth cleanings, twice a year exams, etc.)? Check ALL that apply.

- [ ] Community Health Center
- [ ] Free Clinic
- [ ] Dentist
- [ ] Primary Care Provider
- [ ] VA (Veteran's Medical Center or clinic)
- [ ] I do not receive check-ups for dental care.
- [ ] Other (please specify)

16. Where do you most often go for urgent dental care (e.g., tooth pain, damaged tooth, etc.)? Check ALL that apply.

- [ ] Community Health Center
- [ ] Free Clinic
- [ ] Dentist
- [ ] Emergency Room
- [ ] Primary Care Provider
- [ ] Specialist
- [ ] Urgent Care Center
- [ ] Quick Clinic (CVS, Walgreen's, etc.)
- [ ] VA (Veteran's Medical Center or clinic)
- [ ] I have not needed urgent dental care.
- [ ] Other (please specify)

17. Where do you most often go for routine behavioral health care (e.g., therapy, medication refills, substance abuse treatment, etc.)? Check ALL that apply.

- [ ] Community Health Center
- [ ] Free Clinic
- [ ] Primary Care Provider
- [ ] Specialist Provider (e.g., psychiatrist, licensed clinical social worker, etc.)
- [ ] Telehealth
- [ ] Treatment facility (e.g., detox, rehabilitation, etc.)
- [ ] Peer Support Group
- [ ] VA (Veteran's Medical Center or clinic)
- [ ] I do not receive routine behavioral health care.
- [ ] Other (please specify)

18. Where you most often go for urgent behavioral health care (e.g., mental health crisis, drug overdose, substance abuse relapse, etc.)? Check ALL that apply.

- [ ] Community Health Center
- [ ] Free Clinic
- [ ] Primary Care Provider
- [ ] Specialist Provider (e.g., psychiatrist, licensed clinical social worker, etc.)
- [ ] Telehealth
- [ ] Emergency Room
- [ ] Urgent Care Center
- [ ] Treatment facility (e.g., detox, rehabilitation, etc.)
- [ ] VA (e.g., Veteran's Medical Center or clinic)
- [ ] I have not needed urgent behavioral health care.
- [ ] Other (please specify)

19. How do you pay for the following...

Select your payment method. Choose one.

Health care (e.g., yearly physical, hospital visit, etc.)	
Dental care (e.g., routine cleaning, oral surgery, etc.)	
Behavioral health services (therapy, substance abuse treatment, etc.)	

* 20. During the past 12 months, if there was a time you or your family needed PRIMARY CARE but DID NOT get the care you needed? If so, what were the top **three** PROBLEMS accessing services?

- [ ] I could not afford the cost.
- [ ] Services were not covered by my insurance.
- [ ] I did not have insurance.
- [ ] No appointments were available or long waits for appointments.
- [ ] No providers were available.
- [ ] I did not have a ride or transportation.
- [ ] I did not understand the information.
- [ ] I needed translation services.
- [ ] N/A
- [ ] Other (please specify)

* 21. During the past 12 months, if there was there a time you or your family needed DENTAL CARE but DID NOT get the care you needed? If so, what were the top top **three** PROBLEMS accessing services?

- [ ] I could not afford the cost.
- [ ] Services were not covered by my insurance.
- [ ] I did not have insurance.
- [ ] No appointments were available or long waits for appointments.
- [ ] No providers were available.
- [ ] I did not have a ride or transportation.
- [ ] I did not understand the information.
- [ ] I needed translation services.
- [ ] N/A
- [ ] Other (please specify)

* 22. During the past 12 months, was there a time you or your family needed BEHAVIORAL HEALTH SERVICES (e.g., therapy, medication refills, substance abuse treatment, etc.) but DID NOT get the care you needed? If so, what were the top **three** PROBLEMS accessing services?

- [ ] I could not afford the cost.
- [ ] Services were not covered by my insurance.
- [ ] I did not have insurance.
- [ ] No appointments were available or long waits for appointments.
- [ ] No providers were available.
- [ ] I did not have a ride or transportation.
- [ ] I did not understand the information.
- [ ] I needed translation services.
- [ ] N/A
- [ ] Other (please specify)

Social Services

* 23. During the past 12 months, was there a time you or your family needed social services? If so, what were the top **three** services you needed?

- [ ] Assistance paying for childcare
- [ ] Assistance paying for household expenses (e.g., utility bills, rent/mortgage, etc.)
- [ ] Assistance with finding a job or training for a job
- [ ] Assistance with finding education (e.g., Head Start, GED, adult continuing education, etc.)
- [ ] Services for individuals with a disability
- [ ] Senior services and adult caregiver support
- [ ] Housing
- [ ] Food assistance
- [ ] Legal services
- [ ] Behavioral health (e.g., recovery housing, 12-Step recovery programs, home-based continuing-care, etc.)
- [ ] Mental health (e.g., peer support groups, drop-in centers, case management, etc.)
- [ ] N/A
- [ ] Other (please specify)

* 24. If you or your family needed SOCIAL SERVICES (e.g., public assistance, transportation, etc.) in the past 12 months, what were the top **three** PROBLEMS accessing services?

- [ ] I did not understand how to access services.
- [ ] I needed translation services.
- [ ] I was not aware of services.
- [ ] I did not have the legal documentation required.
- [ ] I did not have the non-legal documentation required. (e.g., pay stubs, proof of address, etc.)
- [ ] The times the services were available did not work for me.
- [ ] The wait times were too long.
- [ ] No agencies provided this service in Martin County.
- [ ] I did not have a ride or transportation.
- [ ] N/A
- [ ] Other (please specify)

* 25. How do you learn about or get information about health and social services that you may need? Choose ALL that apply.

- [ ] Faith-based organization or church
- [ ] Internet
- [ ] Social Media
- [ ] Radio
- [ ] Community organizations (in-person or website)
- [ ] Doctors
- [ ] Hospital
- [ ] Local health department
- [ ] School
- [ ] Workplace
- [ ] County/City/Town Newsletters
- [ ] 211 Helpline (phone or website)
- [ ] Newspaper (print or online)
- [ ] News station (TV or online)
- [ ] N/A
- [ ] Other (please specify)

Community Health

26. How healthy is your community? Choose one.

Very unhealthy	Unhealthy	Somewhat healthy	Healthy	Very healthy
○	○	○	○	○

* 27. What makes your community a good place to live? Choose ALL that apply.

- [ ] Good place to raise children
- [ ] Good place to grow old
- [ ] Low crime / safe neighborhoods
- [ ] Good schools/education
- [ ] Access to health care services
- [ ] Access to dental care services
- [ ] Access to mental health services (e.g., peer support groups, therapy, etc.)
- [ ] Access to behavioral health services (e.g., recovery housing, substance abuse treatment, etc.)
- [ ] Parks and recreation
- [ ] Clean environment
- [ ] Affordable housing
- [ ] Arts and cultural events
- [ ] Good social support
- [ ] Good jobs and healthy economy
- [ ] Low number of adults with illnesses and/or dying from illnesses
- [ ] Low number of infants and children with illnesses and/or dying from illnesses
- [ ] Transportation is readily available
- [ ] Access to healthy and affordable foods
- [ ] Religious or spiritual values
- [ ] Other (please specify)

* 28. What do you think makes a healthy community? Choose **three**.

- [ ] Good place to raise children
- [ ] Good place to grow old
- [ ] Low crime / safe neighborhoods
- [ ] Good schools/education
- [ ] Access to health care services
- [ ] Access to dental care services
- [ ] Access to mental health services (e.g., peer support groups, therapy, etc.)
- [ ] Access to behavioral health services (e.g., recovery housing, substance abuse treatment, etc.)
- [ ] Parks and recreation
- [ ] Clean environment
- [ ] Affordable housing
- [ ] Arts and cultural events
- [ ] Good social support
- [ ] Good jobs and healthy economy
- [ ] Low number of adults with illnesses and/or dying from illnesses
- [ ] Low number of infants with illnesses and/or dying from illnesses
- [ ] Transportation is readily available
- [ ] Access to healthy and affordable foods
- [ ] Religious or spiritual values
- [ ] Other (please specify)

* 29. What are the **three** most common health related problems that you see in your community?

- [ ] Aging problems (e.g., arthritis, hearing/vision loss, etc.)
- [ ] Heart disease and stroke
- [ ] High blood pressure
- [ ] HIV / AIDS
- [ ] Rape / sexual assault
- [ ] Respiratory / lung disease
- [ ] Cancer
- [ ] Child abuse / neglect
- [ ] Dental problems
- [ ] Diabetes
- [ ] Domestic Violence
- [ ] Homicide
- [ ] Infants or children dying
- [ ] Infectious diseases (e.g., hepatitis, tuberculosis, sexually transmitted diseases, etc.)
- [ ] Suicide
- [ ] Teenage pregnancy
- [ ] Firearm-related injuries
- [ ] Mental health (e.g., anxiety, depression, etc.)
- [ ] Behavioral health (e.g., alcohol use, opioid use, etc.)
- [ ] Motor vehicle crash injuries
- [ ] Other (please specify)

* 30. What are the **three** most common unhealthy behaviors in your community?

- [ ] Alcohol abuse
- [ ] Drug abuse
- [ ] Lack of exercise or physical activity
- [ ] Poor eating habits
- [ ] Lack of preventive care (e.g., not getting "shots" or vaccinations, not getting annual exams/screenings, etc.)
- [ ] Tobacco use
- [ ] Not using seat belts and/or child safety seats
- [ ] Unsafe sex
- [ ] Violence-related behaviors (e.g., attempted suicide, carried a weapon, etc.)
- [ ] Other (please specify)

COVID-19's Impact on Community Health

31. How much has COVID-19 affected you and your household?

- ◯ No impact, no change in needs
- ◯ Some impact, a few unmet needs
- ◯ Significant impact, many unmet needs
- ◯ Severe impact, all needs unmet

32. How much has COVID-19 affected the following for you and your household:

	No impact, no change	Some impact	Significant impact	Severe impact	N/A
Paying for housing/utilities	◯	◯	◯	◯	◯
Access to food	◯	◯	◯	◯	◯
Health status	◯	◯	◯	◯	◯
Employment/unemployment	◯	◯	◯	◯	◯
Childcare	◯	◯	◯	◯	◯
Mental health	◯	◯	◯	◯	◯

33. Due to COVID-19, what is your primary concern AT THIS TIME?

- ◯ Housing/utilities
- ◯ Food/nutrition
- ◯ Health/safety
- ◯ Employment/unemployment
- ◯ Childcare
- ◯ Mental health
- ◯ I have no concerns at this time
- ◯ Other (please specify)

34. Do you know about the social services and supports available to help you and your family with the effects of COVID-19?

- ◯ Yes, many
- ◯ Yes, some
- ◯ No, but I know how to find services if I needed them
- ◯ No, and I don't know how to find services if I needed them

35. How has COVID-19 affected your community?

Enter the Raffle!

36. If you would like to be entered into a raffle for a $15 gift card, please provide your information below. This information will only be used for the purpose of the raffle.

Name

Phone Number

37. If you would like more information on this community health project, please provide your information below. This information will only be used to share newsletter updates.

Name

Email Address

Phone Number

KEY INFORMANT INTERVIEW TOOL

Key Informant Interview Script

Good morning/afternoon. My name is [interviewer's name]. I'm [position] with the Health Council of Southeast Florida. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to no more than 45 minutes.

The Florida Department of Health in Martin County has engaged us to facilitate the development of a comprehensive community health assessment. In addition to the quantitative data that we have gathered, community input is essential to this process. We aim to capture the voice of the community through interviews with key stakeholders as well as focus groups with residents. Once completed, this assessment will lead to the development of a community health improvement plan, something actionable that can be used to improve the health of the community.

You have been selected as a key informant because of your knowledge, insight and familiarity with the community. As we conduct these interviews, the themes that emerge will be summarized and made available to the public; however, individual interviews will be kept confidential. This call will not be recorded but I will be taking notes along the way.

I will ask a series of questions about the role of your organization in the local public health system, the health and wellbeing of residents in Martin County, and then conclude with questions related to how COVID-19 has impacted residents and the local public health system.

Do you have any questions? If not, we will go ahead and get started.

Martin County

Community Health Assessment

Key Informant Interview Tool

Name: Organization:

Date: Time:

Highlight ALL that apply.

☐ Persons with special knowledge of or expertise in public health

☐ Federal, tribal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of Martin County.

☐ Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs in Martin County.

☐ Other local stakeholder

Organization Background

I am going to start by asking a few questions about your organization.

1. Can you tell me about the services your organization provides in Martin County?
   Probe(s):
   a. What are the demographics of the residents you serve?
   b. How do residents find out about these services?

2. What are some of the challenges in providing these services to the community?

3. How do you measure success of your programs or services?

Community Themes and Strengths Questions

Next we are going to discuss how to achieve a healthy county.

4. How would you describe a healthy county?
   Probe(s):
   a. What strategies or resources would help create a healthy county?

5. What are some strengths in Martin County that contribute to a healthy community? (i.e- social services, social support groups, school system, safety, health & wellness resources)
   Probe(s): (if needed)
   a. How do these strengths help to create a healthy community?

6. You just shared some of the strengths in the county, but what opportunities exist for improving the county's overall health?
   Probe(s):
   a. What resources need to be expanded upon to better support the needs of residents?
   b. What resources should be added?

7. What are common health issues residents you serve struggle with?
   Probe(s):
   a. What chronic illnesses are most common? (e.g. diabetes, high blood pressure, heart disease, cancer, obesity)
   b. What other health issues have you noticed? [e.g. behavioral health (mental health and substance abuse), oral health, infectious diseases]

8. What factors contribute to the health conditions you have described?
   Probe(s): (If needed)
   a. Can you share how the community or environment contribute to these health issues?
   b. What are things individuals do or don't do that can cause these health conditions?

9. From your experience, which communities or demographics are most affected by the health issues you have mentioned? (e.g. Children, elderly, people of color)
   Probe(s):
   a. Why do you believe these groups are most affected? (i.e.-racism, sexism, ageism)

10. Can you share a few barriers residents face when trying to improve or maintain their health? (e.g. - cost, transportation, etc.)
    Probe(s):
    a. What health services are unavailable or hard to access? (e.g., medical specialists)
    b. What resources or social services to promote health are unavailable or hard to access? (e.g., grocery stores, health classes, transportation to services)

11. What types support do residents need to overcome these barriers?
    Probe(s):
    a. What strategies would you suggest to provide this type of support? (e.g., environmental, policies, programs)

12. How can residents and community organizations work together to improve the health of the county?

COIVD-19 Impact

My final two questions are about the impact of COVID-19 in Martin County.

13. How has COVID-19 affected the community?

Probe(s):

a. What are the emerging needs of the residents you serve?

14. How has COVID-19 affected the local public health system?

Probe(s):

b. How has it affected your organization's services?

Conclusion

15. Is there anything else you would like to add about health and human services in Martin County that we have not covered with the question I have asked?

Those are all of my questions. Thank you again for your time and for sharing your insights.

FOCUS GROUP DISCUSSION: GUIDELINES AND QUESTIONS

A. Introduction:

Hello and welcome to our focus group! A focus group is simply a gathering of people who have something in common. Each of you are here today as a resident of Martin County and have a unique perspective on the services in your communities.

My name is _____ and I am with the Health Council of Southeast Florida. We are working on a Community Health Assessment Report for Martin County to help our local policymakers and providers focus on the health and social service needs that you feel are important. We will be talking in general about health issues in your community and also about the health and social service needs that you, your family and your community may have. The purpose is to understand what you think are the most pressing needs of your community and the factors that influence an individual's health and well-being. You know the needs of your community better than anyone else, so your input is very important to us.

We are conducting multiple focus groups in Martin County. Our goal is to have everyone here feel comfortable speaking openly, and be able to share their thoughts, ideas and experiences honestly. So it is important for everyone to speak, for only one person to talk at a time, to respect the opinions of others and to keep private the information shared in this group. There are no wrong answers so please feel free to share your experiences and your point of view, even if it is different from what others have said.

Your comments will be summarized in a report, but we will not use your name and all responses will remain completely confidential. We will be taking notes and recording during this discussion so that we can write our report, but only staff writing this report will have access to these notes and recordings.

My role will be to ask questions and listen. It is important for us to hear from all of you because you all have different and valuable experiences. You will be receiving a $20 gift card as a token of appreciation for your participation.

Does anyone have any questions before we begin? If there are no additional questions, we will begin.

Focus Group Instrument

We will start with a quick icebreaker and then I will ask a series of questions about health issues in the community and how to achieve a healthy community. Please share your name, how long you have lived in Martin and your favorite place in the county. (After icebreaker) Thank you all for sharing, now I will start with our first question…

1. How would you describe a healthy community?
   Probes:
   - What resources are available in a healthy community?
   - Who has access to these resources in a healthy community?

2. What are some of the strengths where you live that contribute to a healthy community? (i.e- social services, social support groups, school system, safety, health & wellness resources)
   Probes:
   - How do these strengths help create a healthy community?

3. You just shared about some of the strengths in your community, but what opportunities exist for improving that health of your community?
   Probes: (if needed)
   - What health services are unavailable or hard to access? (e.g., medical specialists)
   - What resources or social services to promote health are unavailable or hard to access? (e.g., grocery stores, health classes, transportation to services)

4. What are common health issues that you, your family or your community struggle with?
   Probes: (if needed)
   - What chronic (long-lasting) illnesses are most common? (e.g. diabetes, high blood pressure, heart disease, cancer or obesity)
   - What other health issues have you noticed? (e.g. mental health and substance abuse…etc.)

5. What do you believe causes the health issues you have described?
   Probes:
   - How does the community or environment contribute to these health issues?
   - What individual behaviors or beliefs contribute to these health issues?

6. Who do you feel struggles the most with these health issues you have described? (i.e. - Children, elderly, people of color)
   Probes:
   - Why do you believe these groups are most affected? (i.e.-racism, sexism, ageism)

7. Can you tell us what makes it difficult for you, your family or members of your community to improve or maintain their health?

8. What types of support do you believe residents need to overcome these barriers?
   Probes:
   - How would you suggest providing this type of support? (e.g., environmental, policies, programs)

9. How can residents and community organizations work together to improve the health of the county?

COIVD-19 Impact

My final two questions are about the impact of COVID-19 in Martin County.

10. How has COVID-19 affected you, your family and members of your community?

11. How has COVID-19 affected access to health and social services in your community?

Conclusion

12. Do you have any additional comments you would like to add is there anything additional that we have not covered with the question we have asked?

Thank you for your time, and as mentioned you will be receiving a $20 gift card as a token of appreciation for your time and participation. You can expect this in the mail within the next 2-3 weeks.