



MARTIN HEALTH SYSTEM

Community Health Needs Assessment

Martin Medical Center
Tradition Medical Center
Martin Hospital South

Adopted on:
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GROUP**

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We would like to thank all of the community partnering organizations that contributed to our Community Health Needs Assessment. We would also like to thank the Health and Healing, Comprehensive Health Management, Emergency Department, and Cancer service lines. Lastly, we are thankful to our pediatric and primary care physicians, specialists, nurses, executives, and volunteers that contributed their community-based health knowledge to this assessment.

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TABLE OF CONTENTS

Martin Health System at a Glance	5
Community Overview	6
Purpose	7
Requirements	8
CHNA Strategy	9
Actions Taken Since 2013 CHNA	10
Health Profile	11
Community Leader Interviews	58
Community Health Phone Survey	73
Community Health Priorities	80
Resources	85
References	92
Appendix A: Carnahan Group Qualifications	94
Appendix B: Community Leader Interview Organizations	95
Appendix C: Community Phone Survey	96
Appendix D: Actions Taken Since 2013 CHNA	97
Company Overview	118



Martin Health System



Martin Health System at a Glance

Martin Health System (MHS), based in Stuart, FL, comprises three hospitals, one MediCenter, a freestanding emergency center, and numerous outpatient centers and clinics. The system is a not-for-profit, community-based health care organization that offers preventive, primary, and acute hospital care, as well as cancer care, a heart center, wellness and rehabilitation services, and much more. MHS provides care for residents throughout the Treasure Coast, including Stuart, Jensen Beach, Hobe Sound, Palm City, Port St. Lucie, and Fort Pierce.

Clinical research is a key element in MHS's efforts to improve the treatments and lives of people in the community and includes an affiliation with Moffitt Cancer Center. Since 2001, more than 75 oncology clinical trials have been conducted through the Robert and Carol Weissman Cancer Center. MHS is continuing to expand its research capabilities into fields other than cancer, ranging from rheumatology to cardiology and infectious diseases. In addition, MHS is a member of the Tradition Center for Innovation at Port St. Lucie, which includes Torrey Pines Institute for Molecular Studies and the Mann Research Center.

MHS's three hospitals have 434 hospital beds--244 at Martin Medical Center (MMC), 100 at Martin Hospital South (MH-South) and 90 at Tradition Medical Center (TMC). Nearly 400 doctors and more than 4,100 employees are dedicated to MHS. Additionally, MHS volunteers give more than 187,000 hours annually, which is the equivalent of 97 full-time employees.

MHS is accredited by The Joint Commission, one of the most respected accreditations in the nation. It is a Joint Commission certified primary stroke center and has Commission on Cancer accreditation. Martin Medical Center is an eight-time national winner of the national Truven 100 Top Hospitals recognition, which evaluates 3,000 short-term acute care, non-federal hospitals in the United States and a two-time awardee of the 50 Top Cardiovascular Hospitals in the nation. The Orthopaedic Specialty Center at MHS has earned the Gold Seal of Approval from The Joint Commission for disease-specific care certification for joint replacement of the knee and hip.

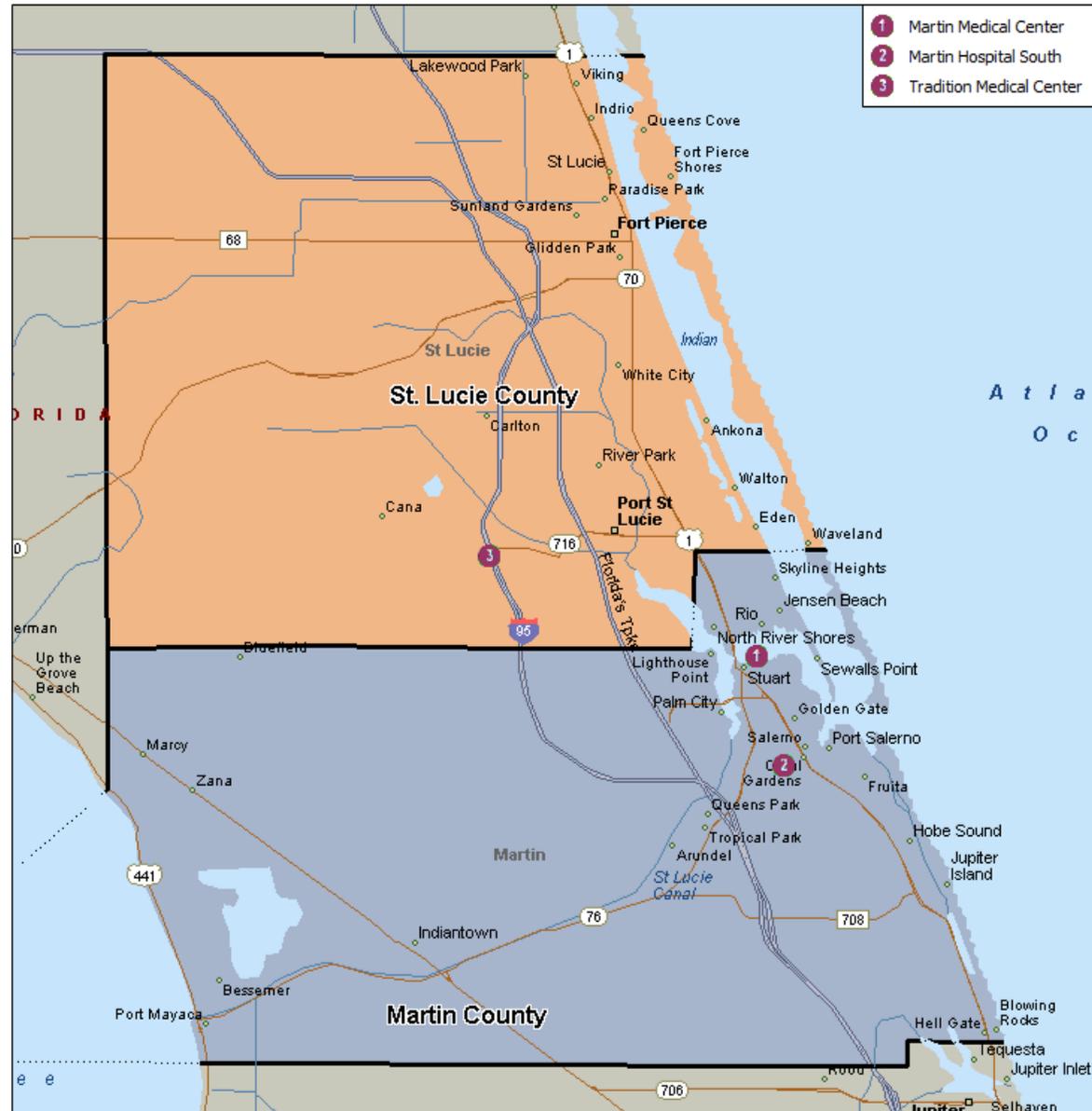
All three hospitals in the Martin Health System network operate under a single state license. Thus, the Treasury and IRS define MHS as a single hospital facility. This report is being produced as a joint CHNA, inclusive of Martin Medical Center, Tradition Medical Center, and Martin Hospital South.



Community Overview

For the purposes of the CHNA report, MHS chose Martin County and St. Lucie County as their service area. Since the opening of TMC in December 2013, MHS now serves patients from northern St. Lucie County. Because this community was chosen according to the geographic area served by all three hospital facilities, it includes medically underserved, low income, and minority populations.

The map below represents the MHS service area.



Sources: MHS; Microsoft MapPoint 2013



Community Health Needs Assessment Background

On February 24, 2016, MHS contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix A: Carnahan Group Qualifications for more information about Carnahan Group.

The PPACA, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

A CHNA is a report based on epidemiological, qualitative, and comparative methods that assess the health issues in a hospital organization's community and that community's access to services related to those issues. Based on the findings of the CHNA, an implementation strategy for MHS that addresses the community health needs will be developed and adopted by the end of fiscal year 2016.



Requirements

As required by the Treasury Department (“Treasury”) and the Internal Revenue Service (IRS), this CHNA includes the following:

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
 - A description of the sources and dates of the data and the other information used in the assessment; and,
 - The analytical methods applied to identify community health needs.
- The identification of all organizations with which MHS collaborated, if applicable, including their qualifications;
- A description of how MHS took into account input from persons who represented the broad interests of the community served by MHS, including those with special knowledge of or expertise in public health, written comments regarding the hospital’s previous CHNA, and any individual providing input who was a leader or representative of the community served by MHS;
- A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs: and,
- A description of the resources potentially available to address the significant health needs identified through the CHNA.
- An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA.



CHNA Strategy

This CHNA was conducted following the requirements outlined by the Treasury and the IRS, which included obtaining necessary information from the following sources:

- Input from persons who represented the broad interests of the community served by MHS, which included those with special knowledge of or expertise in public health;
- Identifying federal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by MHS, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by MHS; and,
- Consultation or input from other persons located in and/or serving MHS’s community, such as:
 - Healthcare community advocates;
 - Nonprofit organizations;
 - Local government officials;
 - Community-based organizations, including organizations focused on one or more health issues;
 - Healthcare providers, including community health centers and other providers focusing on medically underserved populations, low-income persons, minority groups, or those with chronic disease needs.
- The sources used for MHS’s CHNA are provided in the References and Appendix B: Community Leader Interviewees. Information was gathered by conducting interviews with individuals representing community health and public service organizations, medical professionals, hospital administration and other hospital staff members.



Actions Taken Since 2013 CHNA

MHS's previous Implementation Strategy outlined a plan for addressing the following priorities identified in the 2013 CHNA: health access and affordability, mental health, obesity, diabetes, cancer, and substance abuse. The below list describes the strategies completed by MHS.

- Expand the number of healthcare providers utilizing local resource databases.
- Enhance relationships with community agencies and collaborative efforts.
- Develop a plan to address chronic diseases in the community. A Comprehensive Health Management program was designed to assist any patients that were referred into the program to manage their chronic diseases.
- Increase the proportion of persons who receive appropriate evidence-based clinical preventative services. Expand health fair participation and sponsorship in community.
- Assess capacity of MHS to establish an outpatient behavioral health unit.
- Increase depression screening and referral by health professionals.
- Collaborate with community entities involved in the promotion of a healthy lifestyle.
- Pilot programming through the employee wellness clinic that promotes healthy living and the prevention of chronic illness.
- Implement Go Strong program among employees.
- Expand diabetes education program location options in St. Lucie County.
- Expand marketing and outreach for grant-funded free mammogram services.
- Establish a patient navigator program for Robert and Carol Weissman Cancer Center lung and colorectal cancer patients.
- Develop a hospital-wide tobacco cessation program.
- Establish a tobacco free campus at Tradition Medical Center.
- Become a member of a local task force addressing substance abuse.
- Identify community substance abuse organizations and collaborative opportunities.

Additional information about the 2013 strategies can be found in Appendix D: Actions Taken Since 2013 CHNA



Secondary Data Collection and Analysis Methodology

A variety of data sources were utilized to gather demographic and health indicators for the community served by MHS. Commonly used data sources include Esri, the U.S. Census Bureau, Florida Community Health Assessment Resource Tool Set (CHARTS), and the Centers for Disease Control and Prevention (CDC). As previously mentioned, Martin County and St. Lucie County define the community for MHS. Demographic and health indicators are presented for these two counties.

For select indicators, county level data are compared to state and national benchmarks. Additionally, Healthy People 2020 (HP 2020) Goals are presented where applicable. The HP 2020 Goals, launched in December 2010, are science-based, ten-year national objectives for improving the health of all Americans.



Population Change by ZIP Code

The overall projected population growth for the service area is 4.3% over the next five years. Slight or moderate population growth is expected for most ZIP Codes, while substantial growth is expected for ZIP Codes 34987 (16.2%) and 34945 (16.9%).

Total Service Area Population Change by ZIP Code, 2015–2020

ZIP Code	Community	County	Current Population	Projected 5-year Population	Percent Change
34997	Stuart	Martin	41,376	43,108	4.2%
34990	Palm City	Martin	28,698	30,128	5.0%
34957	Jensen Beach	Martin	21,914	22,713	3.6%
33455	Hobe Sound	Martin	19,682	20,274	3.0%
34994	Stuart	Martin	15,943	16,524	3.6%
34996	Stuart	Martin	11,386	11,876	4.3%
34956	Indiantown	Martin	10,924	11,445	4.8%
Martin County Total			149,923	156,068	4.1%
34953	Port Saint Lucie	St. Lucie	63,562	66,267	4.3%
34952	Port Saint Lucie	St. Lucie	40,083	41,502	3.5%
34983	Port Saint Lucie	St. Lucie	38,789	39,763	2.5%
34982	Fort Pierce	St. Lucie	26,065	27,574	5.8%
34986	Port Saint Lucie	St. Lucie	24,920	26,366	5.8%
34950	Fort Pierce	St. Lucie	15,087	15,141	0.4%
34951	Fort Pierce	St. Lucie	14,436	14,901	3.2%
34984	Port Saint Lucie	St. Lucie	13,899	14,247	2.5%
34947	Fort Pierce	St. Lucie	12,288	12,772	3.9%
34946	Fort Pierce	St. Lucie	9,795	10,157	3.7%
34987	Port Saint Lucie	St. Lucie	7,075	8,222	16.2%
34945	Fort Pierce	St. Lucie	5,907	6,908	16.9%
34981	Fort Pierce	St. Lucie	4,667	4,903	5.1%
34949	Fort Pierce	St. Lucie	4,502	4,850	7.7%
St. Lucie County Total			281,075	293,573	4.4%
Grand Total			430,998	449,641	4.3%

Source: Esri 2016



Population Change by Age and Gender (Total)

The population of residents aged 45–64 is expected to decrease slightly (-1.1%). Slight population growth is expected for children aged 0–19 (1.9%) and individuals aged 20–44 (3.6%). Substantial population growth is expected among residents aged 65 and older (13.4%).

Total Service Area Population Change by Age and Gender, 2015–2020

Age Group	2015			2020			Percent Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 19	47,380	45,094	92,474	48,298	45,955	94,253	1.9%	1.9%	1.9%
Age 20 through 44	58,535	56,677	115,212	60,964	58,383	119,347	4.1%	3.0%	3.6%
Age 45 through 64	57,299	60,790	118,089	56,574	60,165	116,739	-1.3%	-1.0%	-1.1%
Age 65 and older	48,414	56,809	105,223	54,701	64,601	119,302	13.0%	13.7%	13.4%
Total	211,628	219,370	430,998	220,537	229,104	449,641	4.2%	4.4%	4.3%

Source: Esri 2016



Population Change by Age and Gender (Martin County)

The population of residents aged 45–64 is expected to decrease slightly (-1.8%) as well as the population for children aged 0-19 (-1.0%). Slight population growth is expected for individuals aged 20–44 (2.7%). Substantial population growth is expected among residents aged 65 and older (13.7%).

Martin County Population Change by Age and Gender, 2015–2020

Age Group	2015			2020			Percent Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 19	13,504	12,975	26,479	13,287	12,916	26,203	-1.6%	-0.5%	-1.0%
Age 20 through 44	18,252	15,620	33,872	18,826	15,962	34,788	3.1%	2.2%	2.7%
Age 45 through 64	21,207	22,337	43,544	20,896	21,869	42,765	-1.5%	-2.1%	-1.8%
Age 65 and older	21,178	24,850	46,028	24,047	28,265	52,312	13.5%	13.7%	13.7%
Total	74,141	75,782	149,923	77,056	79,012	156,068	3.9%	4.3%	4.1%

Source: Esri 2016



Population Change by Age and Gender (St. Lucie County)

The population of residents aged 45–64 is expected to decrease slightly (-0.8%). Slight population growth is expected for children aged 0–19 (3.1%) and individuals aged 20–44 (4.0%). Substantial population growth is expected among residents aged 65 and older (13.2%).

St. Lucie County Population Change by Age and Gender, 2015–2020

Age Group	2015			2020			Percent Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 19	33,876	32,119	65,995	35,011	33,039	68,050	3.4%	2.9%	3.1%
Age 20 through 44	40,283	41,057	81,340	42,138	42,421	84,559	4.6%	3.3%	4.0%
Age 45 through 64	36,092	38,453	74,545	35,678	38,296	73,974	-1.1%	-0.4%	-0.8%
Age 65 and older	27,236	31,959	59,195	30,654	36,336	66,990	12.5%	13.7%	13.2%
Total	137,487	143,588	281,075	143,481	150,092	293,573	4.4%	4.5%	4.4%

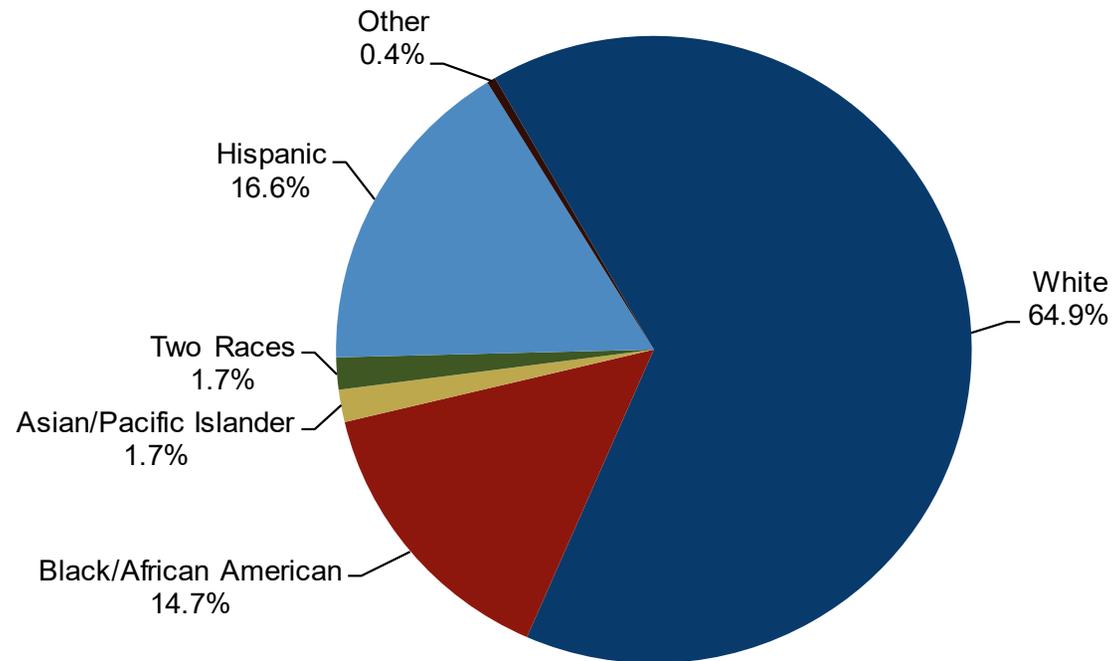
Source: Esri 2016



Population by Race and Ethnicity (Total)

The most common race/ethnicity in MHS's community is white (64.9%) followed by Hispanic (16.6%), black/African American (14.7%), Asian/Pacific Islander (1.7%), individuals of two races (1.7%) and other races (0.4%).

Total Service Area Race Composition, 2015



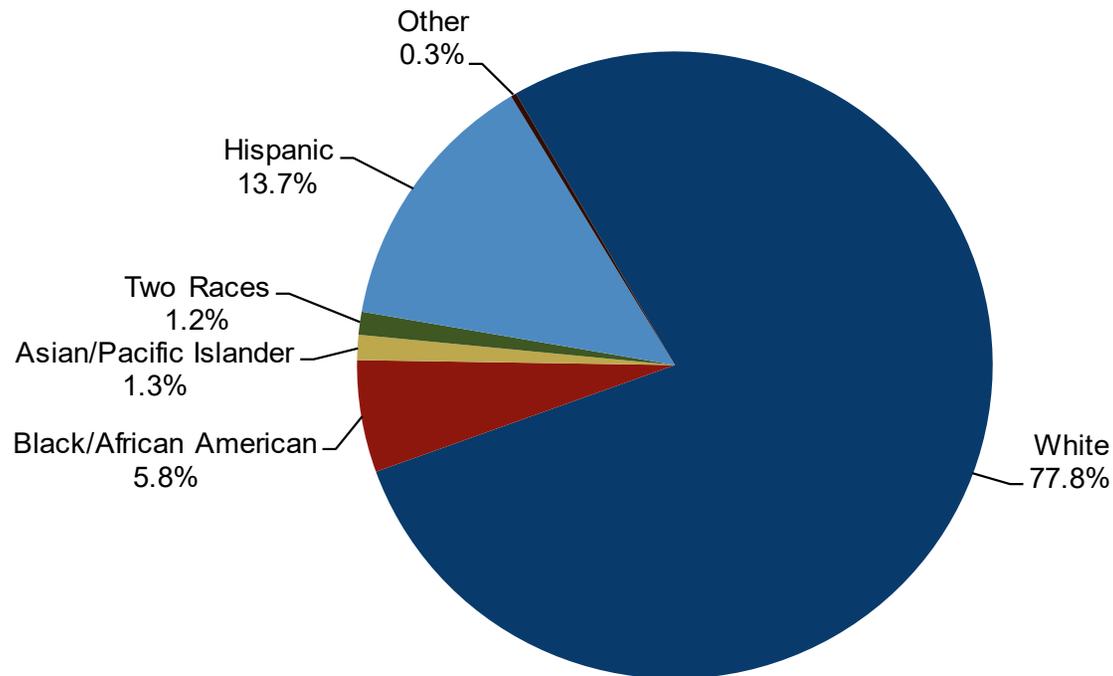
Source: Esri 2016



Population by Race and Ethnicity (Martin County)

The most common race/ethnicity in Martin County is white (77.8%) followed by Hispanic (13.7%), black/African American (5.8%), Asian/Pacific Islander (1.3%), individuals of two races (1.2%), and other races (0.3%).

Martin County Race Composition, 2015



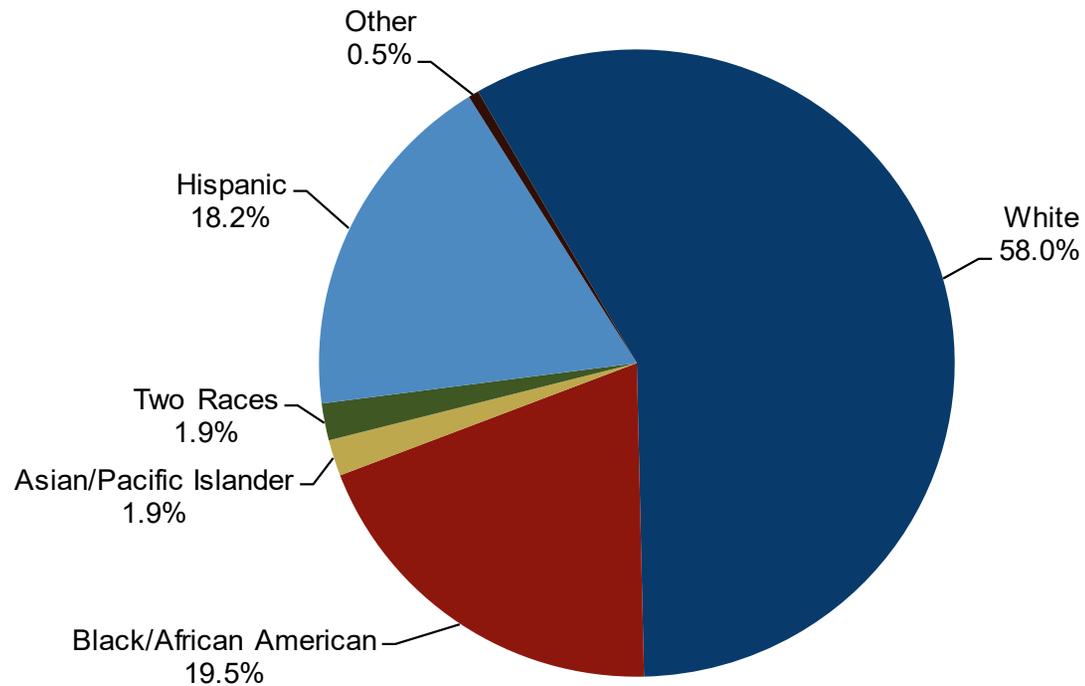
Source: Esri 2016



Population by Race and Ethnicity (St. Lucie County)

The most common race/ethnicity in St. Lucie County is white (58.0%), followed by Hispanic (18.2%), black/African American (19.5%), Asian/Pacific Islander (1.9%), individuals of two races (1.9%), and other races (0.5%).

St. Lucie County Race Composition, 2015



Source: Esri 2016



Population Change by Race and Ethnicity (Total)

Substantial population growth is expected for Asian/Pacific Islanders (24.5%), individuals of two races (19.6%), Hispanics (12.1%), black/African Americans (10.3%), and other races (2.5%). The white population is expected to increase marginally (0.1%).

Total Service Area Population Change by Race and Ethnicity, 2015–2020

Race	2015	2020	Percent Change
White	279,593	279,826	0.1%
Black/African American	63,565	70,113	10.3%
Asian/Pacific Islander	7,186	8,944	24.5%
Two Races	7,117	8,512	19.6%
Hispanic	71,632	80,293	12.1%
Other	1,905	1,953	2.5%

Source: Esri 2016



Population Change by Race and Ethnicity (Martin)

Substantial population growth is expected for Asian/Pacific Islanders (24.2%), individuals of two races (21.1%), Hispanics (18.3%), black/African Americans (12.7%), and other races (10.4%). The white population is expected to increase marginally (0.4%).

Martin County Population Change by Race and Ethnicity, 2015–2020

Race	2015	2020	Percent Change
White	116,654	117,071	0.4%
Black/African American	8,660	9,763	12.7%
Asian/Pacific Islander	1,940	2,410	24.2%
Two Races	1,770	2,143	21.1%
Hispanic	20,475	24,213	18.3%
Other	424	468	10.4%

Source: Esri 2016



Population Change by Race and Ethnicity (St. Lucie County)

Substantial population growth is expected for Asian/Pacific Islanders (24.6%), individuals of two races (19.1%), Hispanics (9.6%), and black/African Americans (9.9%). Marginal population growth is expected for other races (0.3%). The white population is expected to decrease marginally (-0.1%).

St. Lucie County Population Change by Race and Ethnicity, 2015–2020

Race	2015	2020	Percent Change
White	162,939	162,755	-0.1%
Black/African American	54,905	60,350	9.9%
Asian/Pacific Islander	5,246	6,534	24.6%
Two Races	5,347	6,369	19.1%
Hispanic	51,157	56,080	9.6%
Other	1,481	1,485	0.3%

Source: Esri 2016



Hispanic Population Change (Total)

By 2020, the Hispanic population is expected to grow by 14.4%. The Hispanic populations in 15 ZIP Codes are expected to grow substantially, while moderate growth is expected for five ZIP Codes, and slight growth in one ZIP Code.

Total Service Area Hispanic Population Change by ZIP Code, 2015–2020

ZIP Code	SA Community	Current Population	Projected 5-year Population	% Change
34953	Port Saint Lucie	14,755	16,115	9.2% ▲
34983	Port Saint Lucie	7,285	7,899	8.4% ▲
34997	Stuart	6,739	7,935	17.7% ◆
34982	Fort Pierce	6,176	6,904	11.8% ◆
34952	Port Saint Lucie	5,808	6,423	10.6% ◆
34956	Indiantown	5,798	6,442	11.1% ◆
34986	Port Saint Lucie	4,190	4,692	12.0% ◆
34950	Fort Pierce	3,558	3,614	1.6% ●
34994	Stuart	2,635	3,160	19.9% ◆
34984	Port Saint Lucie	2,629	2,855	8.6% ▲
34947	Fort Pierce	2,274	2,396	5.4% ▲
34990	Palm City	1,947	2,479	27.3% ◆
33455	Hobe Sound	1,315	1,636	24.4% ◆
34957	Jensen Beach	1,193	1,504	26.1% ◆
34951	Fort Pierce	971	1,090	12.3% ◆
34987	Port Saint Lucie	963	1,183	22.8% ◆
34981	Fort Pierce	875	968	10.6% ◆
34996	Stuart	848	1,057	24.6% ◆
34946	Fort Pierce	753	809	7.4% ▲
34945	Fort Pierce	654	816	24.8% ◆
34949	Fort Pierce	266	316	18.8% ◆
Total		20,881	23,883	14.4% ◆

Population Growth Legend	
●	Slight Growth
▲	Moderate Growth
◆	Substantial Growth

Source: Esri 2016



Hispanic Population Change (Martin County)

By 2020, the Hispanic population is expected to grow by 18.3%. The Hispanic populations in all seven ZIP Codes are expected to grow substantially.

Martin County Hispanic Population Change by ZIP Code, 2015–2020

ZIP Code	SA Community	Current Population	Projected 5-year Population	% Change
34997	Stuart	6,739	7,935	17.7% ◆
34956	Indiantown	5,798	6,442	11.1% ◆
34994	Stuart	2,635	3,160	19.9% ◆
34990	Palm City	1,947	2,479	27.3% ◆
33455	Hobe Sound	1,315	1,636	24.4% ◆
34957	Jensen Beach	1,193	1,504	26.1% ◆
34996	Stuart	848	1,057	24.6% ◆
Total		20,475	24,213	18.3% ◆

Population Growth Legend	
●	Slight Growth
▲	Moderate Growth
◆	Substantial Growth

Source: Esri 2016



Hispanic Population Change (St. Lucie County)

By 2020, the Hispanic population is expected to grow by 9.6%. The Hispanic populations in eight ZIP Codes are expected to grow substantially, while moderate growth is expected for five ZIP Codes, and slight growth in one ZIP Code.

St. Lucie County Hispanic Population Change by ZIP Code, 2015–2020

ZIP Code	SA Community	Current Population	Projected 5-year Population	% Change
34953	Port Saint Lucie	14,755	16,115	9.2% ▲
34983	Port Saint Lucie	7,285	7,899	8.4% ▲
34982	Fort Pierce	6,176	6,904	11.8% ◆
34952	Port Saint Lucie	5,808	6,423	10.6% ◆
34986	Port Saint Lucie	4,190	4,692	12.0% ◆
34950	Fort Pierce	3,558	3,614	1.6% ●
34984	Port Saint Lucie	2,629	2,855	8.6% ▲
34947	Fort Pierce	2,274	2,396	5.4% ▲
34951	Fort Pierce	971	1,090	12.3% ◆
34987	Port Saint Lucie	963	1,183	22.8% ◆
34981	Fort Pierce	875	968	10.6% ◆
34946	Fort Pierce	753	809	7.4% ▲
34945	Fort Pierce	654	816	24.8% ◆
34949	Fort Pierce	266	316	18.8% ◆
Total		51,157	56,080	9.6% ▲

Population Growth Legend

- Slight Growth
- ▲ Moderate Growth
- ◆ Substantial Growth

Source: Esri 2016



Individuals Aged 65 and Older Population Change

The overall projected population growth among individuals aged 65 and older is 13.4% by 2020. Substantial population growth among individuals ages 65 and older is expected in 19 ZIP Codes and moderate population growth is expected for two ZIP Codes.

Total Service Area Individuals Ages 65 and Older Population Change, 2015–2020

ZIP Code	SA Community	Current Population	Projected 5-year Population	% Change
34952	Port Saint Lucie	12,652	14,166	12.0%
34997	Stuart	11,234	12,903	14.9%
34957	Jensen Beach	8,485	9,498	11.9%
34990	Palm City	8,064	9,391	16.5%
34986	Port Saint Lucie	8,020	8,990	12.1%
33455	Hobe Sound	7,504	8,426	12.3%
34953	Port Saint Lucie	6,654	7,320	10.0%
34983	Port Saint Lucie	6,440	6,988	8.5%
34982	Fort Pierce	5,462	6,332	15.9%
34996	Stuart	5,324	5,988	12.5%
34951	Fort Pierce	5,020	5,495	9.5%
34994	Stuart	4,104	4,574	11.5%
34946	Fort Pierce	3,419	3,811	11.5%
34984	Port Saint Lucie	2,582	2,993	15.9%
34950	Fort Pierce	2,081	2,482	19.3%
34949	Fort Pierce	1,924	2,242	16.5%
34987	Port Saint Lucie	1,827	2,265	24.0%
34947	Fort Pierce	1,409	1,694	20.2%
34956	Indiantown	1,313	1,532	16.7%
34945	Fort Pierce	1,071	1,463	36.6%
34981	Fort Pierce	634	749	18.1%
Total		105,223	119,302	13.4%

Population Growth Legend	
●	Slight Growth
▲	Moderate Growth
◆	Substantial Growth

Source: Esri 2016



Individuals Aged 65 and Older Population Change (Martin County)

The overall projected population growth among individuals aged 65 and older is 13.4% by 2020. Substantial population growth among individuals ages 65 and older is expected in 19 ZIP Codes and moderate population growth is expected for two ZIP Codes.

Martin County Individuals Ages 65 and Older Population Change, 2015-2020

ZIP Code	SA Community	Current Population	Projected 5-year Population	% Change
34997	Stuart	11,234	12,903	14.9%
34957	Jensen Beach	8,485	9,498	11.9%
34990	Palm City	8,064	9,391	16.5%
33455	Hobe Sound	7,504	8,426	12.3%
34996	Stuart	5,324	5,988	12.5%
34994	Stuart	4,104	4,574	11.5%
34956	Indiantown	1,313	1,532	16.7%
Total		46,028	52,312	13.7%

Population Growth Legend

- Slight Growth
- ▲ Moderate Growth
- ◆ Substantial Growth

Source: Esri 2016



Individuals Aged 65 and Older Population Change (St. Lucie County)

The overall projected population growth among individuals aged 65 and older is 13.4% by 2020. Substantial population growth among individuals ages 65 and older is expected in 19 ZIP Codes and moderate population growth is expected for two ZIP Codes.

St. Lucie County Individuals Ages 65 and Older Population Change, 2015-2020

ZIP Code	SA Community	Current Population	Projected 5-year Population	% Change
34952	Port Saint Lucie	12,652	14,166	12.0% ◆
34986	Port Saint Lucie	8,020	8,990	12.1% ◆
34953	Port Saint Lucie	6,654	7,320	10.0% ◆
34983	Port Saint Lucie	6,440	6,988	8.5% ▲
34982	Fort Pierce	5,462	6,332	15.9% ◆
34951	Fort Pierce	5,020	5,495	9.5% ▲
34946	Fort Pierce	3,419	3,811	11.5% ◆
34984	Port Saint Lucie	2,582	2,993	15.9% ◆
34950	Fort Pierce	2,081	2,482	19.3% ◆
34949	Fort Pierce	1,924	2,242	16.5% ◆
34987	Port Saint Lucie	1,827	2,265	24.0% ◆
34947	Fort Pierce	1,409	1,694	20.2% ◆
34945	Fort Pierce	1,071	1,463	36.6% ◆
34981	Fort Pierce	634	749	18.1% ◆
Total		59,195	66,990	13.2% ◆

Population Growth Legend

- Slight Growth
- ▲ Moderate Growth
- ◆ Substantial Growth

Source: Esri 2016



Socioeconomic Characteristics

According to the U.S. Bureau of Labor Statistics, the 2014 annual unemployment average for Martin County (6.1%) was similar to Florida’s (6.3%), while unemployment in St. Lucie County was higher (8.0%).

The U.S. Census American Community Survey (ACS) publishes median household income and poverty estimates. According to 2010–2014 estimates, the median household income in Martin County (\$51,703) is higher than Florida’s (\$47,212), while St. Lucie’s is lower (\$42,665).

Poverty thresholds are determined by family size, number of children and age of the head of the household. A family’s income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. In 2014, the poverty threshold for a family of four was \$24,008. The ACS estimates indicate that Martin County residents are less likely to live in poverty (12.0%) compared to Florida residents (16.7%), while St. Lucie County residents are more likely to live in poverty (18.4%). Children in Martin County are less likely to be living below the poverty level (19.2%) compared to all children in Florida (24.1%). Children in St. Lucie County are more likely to live in poverty (28.2%) compared all children in Florida.

Median household income in Martin County is fluctuating from \$50,573 in 2012 and \$49,846 in 2013, but appears to be greatly approved in the most recent data.

Median household income in St. Lucie county is decreasing from \$43,923 in 2012 and \$43,413 in 2013. This may contribute to an increased number of patients unable to afford their healthcare as a result.

Socioeconomic Characteristics

	Martin County	St. Lucie County	Florida
Unemployment rate, 2014 annual average ¹	6.1%	8.0%	6.3%
Median household income ²	\$51,703	\$42,665	\$47,212
Individuals below poverty level ²	12.0%	18.4%	16.7%
Children below poverty level ²	19.2%	28.2%	24.1%

¹Source: Bureau of Labor Statistics

²Source: U.S. Census, ACS 2010–2014 estimates



Food Insecurity

For a family of four to qualify for free or reduced school lunch in Florida, the family must have an annual household income below \$44,863.

As of March 2016 there were 18,965 students enrolled Martin County K-12 public school and 39,986 in St. Lucie County. 8,141 (42.9%) of Martin County's students are enrolled in the free or reduced school lunch program. In St. Lucie County 26,313 (65.8%) of students are enrolled in the free or reduced school lunch program.

The Supplemental Nutrition Assistance Program (SNAP) is the cornerstone of the Nation's nutrition assistance safety net. 2013 data from Florida's Congressional District 18 (containing all of Martin and St. Lucie Counties) shows that 26,186 of 277,727 (9.4%) households are enrolled in the SNAP program. 52.5% of these households have children under 18 years of age, and 33.4% of enrolled households had one or more individuals 60 years of age and older. The median income of enrolled households is \$22,728.

The differences in socioeconomics may affect eating habits and dining choices between the two counties. These differences may be observed through varying obesity rates discussed on page 45 of this report.



Homelessness

According to the Treasure Coast Homeless Services Council, there are 712 homeless adults and 304 homeless children in St. Lucie County as opposed to 429 homeless adults and 181 homeless children in Martin County. In both St. Lucie and Martin Counties, the most common reason for homelessness was employment related (51.1% and 72.5%, respectively). Other reasons such as housing, disability, family problems, and substance abuse were all more common in St. Lucie County.

The homeless count in St. Lucie County has decreased since 2015 (from 1,096 to 1,016) but has increased in Martin County (504 to 610).

2016 Homeless Count

	Martin County	St. Lucie County
Homeless Adults	429	712
Homeless Children	181	304
Total	610	1,016

Source: Treasure Coast Homeless Services Council, 2016

2016 Reasons for Homelessness

	Martin County	St. Lucie County
Employment	72.5%	51.1%
Housing	19.7%	25.0%
Disability	16.4%	21.1%
Family Problems	21.8%	25.0%
Substance Abuse	14.0%	19.4%
Total	100.0%	100.0%

Source: Treasure Coast Homeless Services Council, 2016



Educational Attainment

The U.S. Census ACS publishes estimates of the highest level of education completed for residents aged 25 years and older. The ACS 2010--2014 estimates indicate that fewer Martin County residents have not earned a high school degree or equivalent (11.0%) compared to Florida residents (13.5%), while more St. Lucie County residents have not earned a high school degree or equivalent (14.5%). Adults aged 25 years and older in Martin County are less likely to have a high school degree, but more likely to have a bachelor's degree than adults aged 25 years and older in Florida (see table). Adults aged 25 years and older in St. Lucie County are more likely to have a high school degree, and less likely to have a bachelor's degree than adults aged 25 years and older in Florida (see table).

Highest Level of Education Completed by Persons 25 Years and Older, 2010–2014

	Martin County	St. Lucie County	Florida
Less than a high school degree	11.0%	14.5%	13.5%
High school degree or equivalent	26.4%	34.0%	29.7%
Some college, no degree	21.8%	22.5%	20.9%
Bachelor's degree	19.2%	12.4%	17.1%
Graduate or professional degree	11.9%	6.6%	9.6%

Source: U.S. Census, ACS 2010–2014 Estimates



Educational Attainment (continued)

According to the Florida Comprehensive Assessment Test (FCAT 2.0) results from 2014, Martin County students are more likely to be proficient in math and reading compared to all Florida students, while St. Lucie County students are less likely to be proficient in math and reading (see Table). Among eighth graders, Martin County students are less likely to be proficient in math compared to all Florida students, while St. Lucie County students are just as likely to be proficient in math. Martin County students are more likely to be proficient in reading compared to all Florida students, while St. Lucie County students are less likely to be proficient in reading.

It should be noted however, that all of these proficiency benchmarks have deteriorated since 2011, with the exception of 8th grade student reading. The most noticeable difference is a decline in Martin County's 8th grade student proficiency in math, as it has decreased from 78.0% to 37.0% in three years, decreasing by more than half.

Math and Reading Proficiency among fourth and eighth Graders, 2014

	Martin County	St. Lucie County	Florida
4th grade students proficient in math	67.0%	52.0%	63.0%
4th grade students proficient in reading	62.0%	52.0%	61.0%
8th grade students proficient in math	37.0%	47.0%	47.0%
8th grade students proficient in reading	69.0%	52.0%	57.0%

Source: Florida Department of Education, State Report of District Results

Math and Reading Proficiency among fourth and eighth Graders, 2011

	Martin County	St. Lucie County	Florida
4th grade students proficient in math	81.0%	72.0%	74.0%
4th grade students proficient in reading	76.0%	65.0%	71.0%
8th grade students proficient in math	78.0%	66.0%	68.0%
8th grade students proficient in reading	68.0%	52.0%	55.0%

Source: Florida Department of Education, State Report of District Results



Crime Rates

Domestic violence, aggravated assault, robbery and forced sex offense rates in Martin and St. Lucie Counties are substantially lower compared to Florida (see Table). Homicide in both Martin County (2.0 per 100,000 population) and St. Lucie County (4.9 per 100,000 population) have lower homicide rates than in Florida (5.1 per 100,000 population).

Violent Crime Rates, 2012-2014

	Martin County	St. Lucie County	Florida
Domestic violence	364.6	517.0	557.7
Aggravated assault	139.0	263.5	302.1
Robbery	50.7	66.5	118.5
Forcible sex offenses	44.6	46.9	52.2
Homicide	2.0	4.9	5.1

Sources: Florida CHARTS

Rates are per 100,000 population



Health Outcomes and Risk Factors

Mortality Indicators

The Institute for Health Metrics and Evaluation publishes life expectancies by county and gender. The life expectancy for males in Martin County (78.2 years) and for males in St. Lucie County (76.4) is slightly higher than Florida's (76.3 years). The life expectancy for females is also slightly higher in Martin County (83.2 years) compared to Florida (81.6 years). Women in St. Lucie County have the same life expectancy (81.6 years) as all women in Florida.

According to the Florida CHARTS, the age-adjusted death rate in Martin County (592.1 per 100,000 population) is substantially lower compared to Florida (681.2 per 100,000 population), while the age-adjusted death rate in St. Lucie County is slightly higher (685.6 per 100,000 population). Years of potential life lost (YPLL) measure the impact of mortality before age 75. Because these deaths occur before the natural time, societal contributions by individuals are lost. Therefore, this statistic is important for understanding the social and economic impacts of various causes of death. However, it does not address cost, preventability, or morbidity of specific causes of death. Martin County's YPLL rate (6,937.0 per 100,000 population) is substantially lower than Florida's (7,247.6 per 100,000 population), while St. Lucie County's YPLL rate is higher (7,407.3 per 100,000 population).

Mortality Indicators

	Martin County	St. Lucie County	Florida
Male life expectancy, 2010 ¹	78.2	76.4	76.3
Female life expectancy, 2010 ¹	83.2	81.6	81.6
Age-adjusted death rate, 2012-2014 ²	592.1	685.6	681.2
YPLL rate, 2012-2014 ²	6,937.0	7,407.3	7,247.6

¹Source: Institute for Health Metrics and Evaluation

²Source: Florida CHARTS

Rates are per 100,000 population



Leading Causes of Death

According to Florida CHARTS, cancer and heart disease are the first and second leading causes of death (COD), respectively, in Martin County, St. Lucie County, and Florida. Unintentional injuries, chronic lower respiratory disease (CLRD) and stroke are among the top five leading causes of death for Martin County, St. Lucie County, and Florida. Suicide is the seventh leading cause of death in Martin County, and the rates in Martin and St. Lucie Counties are higher than the state and national rates. It is important to note that diabetes rates in St. Lucie County are substantially higher than in Martin County (see Table). Other leading causes of death in Martin County, St. Lucie County, Florida and the United States can be found in the Table below.

Leading Causes of Death

	Martin County	St. Lucie County	Florida	United States
Cancer	147.4	169.2	158.1	185.0
Heart disease	114.9	155.1	154.5	193.3
Unintentional injuries	39.4	39.0	39.9	41.3
CLRD	42.2	50.3	39.8	47.2
Stroke	28.8	31.3	32.1	40.8
Diabetes	8.6	19.4	19.6	23.9
Alzheimer's disease	16.7	18.6	17.5	26.8
Suicide	17.4	14.2	14.0	13.0
Chronic liver disease and cirrhosis	14.7	12.6	11.2	11.5
Kidney disease	7.8	9.5	11.0	14.9

Source: Florida CHARTS, Centers for Disease Control and Prevention

Rates are per 100,000 population

Note: Martin, St. Lucie, and Florida rates are 2012–2014; U.S. rate is 2013



Heart Disease

According to Florida CHARTS, deaths from coronary heart disease, acute myocardial infarctions (commonly known as heart attacks), and heart failure are less likely to occur in Martin County and St. Lucie County compared to Florida and the United States (see table). However, hypertensive heart disease is more likely to occur in St. Lucie County compared to Martin County, Florida, and the United States (see Table).

Age-Adjusted Death Rates from Select Cardiovascular Conditions, 2013

	Martin County	St. Lucie County	Florida	United States
Coronary heart disease	63.9	87.1	100.0	117.1
Acute myocardial infarction	17.7	24.2	27.1	36.9
Heart failure	3.7	7.2	10.6	20.6
Hypertensive heart disease	9.5	22.6	10.3	11.7

Sources: Florida CHARTS; CDC - National Vital Statistics Report
Rates are per 100,000 population

Martin County residents are substantially less likely to be hospitalized from or with coronary heart disease or congestive heart failure compared to Florida residents (see Table). In contrast, St. Lucie County residents are more likely to be hospitalized from or with coronary heart disease or congestive heart failure than all Florida residents (see Table).

Hospitalization Rates from Select Cardiovascular Conditions, 2012-2014

	Martin County	St. Lucie County	Florida
Hospitalizations from or with coronary heart disease	199.1	371.3	315.4
Hospitalizations from congestive heart failure	60.2	92.9	75.2

Source: Florida CHARTS
Rates are per 100,000 population



Cancer Incidence

According to the Florida Cancer Data System, all malignant site cancer incidence in Martin County (421.0 per 100,000 population) is higher than Florida's (381.6 per 100,000 population); while St. Lucie County's rate is slightly lower (358.8 per 100,000 population).

Breast cancer incidence is higher in Martin County (130.8 per 100,000 females) and Florida (117.4 per 100,000 females) compared to St. Lucie County (94.5 per 100,000 females).

Prostate cancer incidence rates are higher in Martin County (104.2 per 100,000 males) and Florida (90.3 per 100,000 males), but lower in St. Lucie County (73.4 per 100,000 males).

Lung and bronchus cancer incidence in Martin County (54.9 per 100,000 population) is lower than in Florida (60.6 per 100,000 population) and St. Lucie County (65.9 per 100,000 population).

Colorectal cancer incidence is lower in St. Lucie County (26.6 per 100,000 population) and in Martin County (30.4 per 100,000 population) when compared to Florida (33.5 per 100,000 population).

Cervical cancer incidence is lower in Martin County (6.0 per 100,000 females) and St. Lucie County (8.3 per 100,000 females) compared to Florida (8.6 per 100,000 females).

Select Cancer Incidence Rates, 2013

	Martin County	St. Lucie County	Florida
All malignant sites ¹	421.0	358.8	381.6
Breast ²	130.8	94.5	117.4
Prostate ³	104.2	73.4	90.3
Lung and bronchus ¹	54.9	65.9	60.6
Colorectal ¹	30.4	26.6	33.5
Cervical ²	6.0	8.3	8.6

Source: Florida Cancer Data System

¹Rates are per 100,000 population

²Rates are per 100,000 females

³Rates are per 100,000 males

*Data unavailable



Cancer Mortality

All malignant site cancer mortality in Martin County (142.3 per 100,000 population) is lower than in Florida (158.6 per 100,000 population), while St. Lucie County’s rate (172.3 per 100,000 population) is higher than Florida’s and Martin County’s.

Lung and bronchus cancer mortality in Martin County (35.4 per 100,000 population) is lower than in Florida (43.1 per 100,000 population), while St. Lucie County’s rate is higher (48.3 per 100,000 population). Martin County’s rate is below the HP 2020 goal (45.5 per 100,000 population), while St. Lucie County’s rate is higher.

Breast cancer mortality is lower in Martin County (15.8 per 100,000 females) compared to Florida (19.1 per 100,000 females) and St. Lucie County (20.3 per 100,000 females). Both Martin County and St. Lucie County have lower rates than the HP 2020 goal (20.7 per 100,000 females).

Prostate cancer mortality is higher in Martin County (23.5 per 100,000 males) and in St. Lucie County (21.7 per 100,000 males) compared to Florida (17.6 per 100,000 males). Prostate cancer mortality is about the same as the HP 2020 goal (21.8 per 100,000 males) in St. Lucie County, but higher in Martin County (23.5 per 100,000 males).

Colorectal cancer mortality is substantially lower in Martin County (8.9 per 100,000 population) compared to St. Lucie County (11.0 per 100,000 population) and Florida (13.7 per 100,000 population). Martin and St. Lucie Counties have lower rates than the HP 2020 goal (14.5 per 100,000 population).

Cervical cancer mortality is higher in St. Lucie County (3.6 per 100,000 females) compared to Florida (2.8 per 100,000 females) and the HP 2020 goal (2.2 per 100,000 females).

Select Cancer Mortality Rates, 2013

	Martin County	St. Lucie County	Florida	HP 2020 Goal
All malignant sites ¹	142.3	172.3	158.6	*
Lung and bronchus ¹	35.4	48.3	43.1	45.5
Breast ²	15.8	20.3	19.6	20.7
Prostate ³	23.5	21.7	17.6	21.8
Colorectal ¹	8.9	11.0	13.7	14.5
Cervical ²	*	3.6	2.8	2.2

Source: Florida Cancer Data System

¹Rates are per 100,000 population

²Rates are per 100,000 females

³Rates are per 100,000 males

*Data unavailable



Cancer Screenings and Risk Factors

Adults in Martin County are less likely to be smokers (15.4%) compared to all Florida adults (16.8%), while St. Lucie County adults are more likely to be smokers (18.4%). Martin County and St. Lucie County adults were more likely to report being exposed to secondhand smoke in the past seven days (18.3% and 19.7%, respectively) compared to all Florida adults (14.9%).

Lung Cancer Risk Factors

	Martin County	St. Lucie County	Florida
Adults who are current smokers*	15.4%	18.4%	16.8%
Exposure to secondhand smoke^	18.3%	19.7%	14.9%

Source: Florida CHARTS

*2013

^2007

Martin County women aged 40 and older are less likely to have received a mammogram in the past year (57.6%) compared to all Florida women (61.9%), while St. Lucie County women were as likely (61.9%). Women aged 40 and older in Martin and St. Lucie Counties are more likely to have had a clinical breast exam in the past year (62.3% and 60.0%, respectively) compared to all Florida women (58.8%).

Breast Cancer Screenings among Women Aged 40 and Older, 2010

	Martin County	St. Lucie County	Florida
Received a mammogram in the past year*	57.6%	61.9%	61.9%
Had a clinical breast exam in the past year^	62.3%	60.0%	58.8%

Source: Florida CHARTS

^2013

*2010



Cancer Screenings and Risk Factors (continued)

In the tables that follow, prostate cancer screening reflects reported data for men aged 50 and older and colorectal screening data is for all adults aged 50 and older.

Men in Martin and St. Lucie Counties are more likely to have received a PSA test in the past two years and a digital rectal exam in the past year compared to all men in Florida (see table).

Prostate Cancer Screenings among Men Aged 50 and Older, 2010

	Martin County	St. Lucie County	Florida
Received a PSA test in the past two years	74.7%	77.3%	72.6%
Received a digital rectal exam in the past year	53.0%	57.7%	48.5%

Source: Florida CHARTS

Women aged 18 and older in Martin County are about as likely to have had a pap test in the past year (51.1%) compared to all women aged 18 and older in Florida (51.4%) as well as women 18 and older in St. Lucie County (51.5%).

Cervical Cancer Screening, 2013

	Martin County	St. Lucie County	Florida
Received a pap test in the past year	51.1%	51.5%	51.4%

Source: Florida CHARTS



Cancer Screenings and Risk Factors (continued)

Martin County adults are substantially less likely to have received a blood stool test in the past year (8.8%) compared to all Florida adults (13.9%), while St. Lucie County adults are slightly more likely to have received a blood stool test in the past year (14.1%).

Adults in Martin County are less likely to have ever had a blood stool test (32.6%) compared to all Florida adults (37.6%), while St. Lucie County adults are slightly more likely to have ever had a blood stool test (38.1%).

Martin County adults are more likely to have received a sigmoidoscopy or colonoscopy in the past five years (59.5%) compared to all Florida adults (55.3%), while St. Lucie County adults are slightly less likely to have received a sigmoidoscopy or colonoscopy in the past five years (53.7%).

Martin County adults are more likely to have ever had a sigmoidoscopy or colonoscopy (76.8%) compared to all St. Lucie County adults (69.3%) and Florida adults (69.1%).

Colorectal Cancer Screenings among Adults Aged 50 and Older, 2013

	Martin County	St. Lucie County	Florida
Received a blood stool test in the past year	8.8%	14.1%	13.9%
Ever had a blood stool test	32.6%	38.1%	37.6%
Received a sigmoidoscopy or colonoscopy in the past five years	59.5%	53.7%	55.3%
Ever had a sigmoidoscopy or colonoscopy	76.8%	69.1%	69.3%

Source: Florida CHARTS



Diabetes

The Centers for Disease Control and Prevention closely monitors the prevalence of diabetes at both the state and county level. The tables below shows the prevalence and burden of diabetes grow over a ten-year period in Martin and St. Lucie Counties. From 2004 to 2013 the number of adults with diabetes in Martin County has increased from 9,617 adults to 13,895. During the same period the number of adults with diabetes in St. Lucie County has increased from 16,850 to 25,304 according to CDC estimates.

Prevalence of Adults with Diagnosed Diabetes

County	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Martin	6.5%	6.6%	6.8%	6.8%	6.7%	6.2%	6.3%	6.5%	7.9%	7.9%
St. Lucie	8.2%	8.0%	7.6%	7.8%	8.1%	10.9%	10.9%	11.1%	9.2%	9.2%

Source: Centers for Disease Control and Prevention

Hospitalizations for whites due to diabetes are much lower than for blacks and other races. This racial disparity is very vast with the rates being multiples higher in both Martin and St. Lucie Counties.

Age-adjusted Hospitalization From or With Diabetes, 3-year Rolling Rates by Race

Race	Martin County	St. Lucie County	Florida
White	1,072.8	1,893.2	1,900.9
Black & Other	3,820.6	5,767.5	4,644.2

Source: Florida CHARTS

Rates are per 100,000 population
2012-2014



Diabetes (continued)

Martin County residents are substantially less likely to be hospitalized from or with diabetes (1,226.6 per 100,000 population) than all Florida residents (2,308.7 per 100,000 population), while St. Lucie County residents are slightly more likely to be hospitalized from or with diabetes (2,541.2 per 100,000 population). Adults in Martin County are more likely to be diagnosed with diabetes (12.2%) compared to all adults in Florida (11.2%) and St. Lucie County residents (11.5%).

Select Diabetes Indicators

	Martin County	St. Lucie County	Florida
Hospitalizations from or with diabetes*	1,226.6	2,541.2	2,308.7
Adults with diagnosed diabetes ^	12.2%	11.5%	11.2%

Source: Florida CHARTS

Rates are per 100,000 population

*2012-2014

^2013



Communicable Diseases

There were no tuberculosis deaths in St. Lucie County from 2012-2014, and the tuberculosis death rate was similar in both Martin County (0.2 per 100,000 population) and Florida (0.1 per 100,000 population). Tuberculosis is less likely to occur in Martin County adults (2.7 per 100,000 population) than in all Florida adults (3.3 per 100,000 population). St. Lucie County's tuberculosis case rate (3.4 per 100,000 population) is similar to the state rate.

Tuberculosis Mortality and Cases per 100,000 Population, 2012–2014

	Martin County	St. Lucie County	Florida
Age-adjusted tuberculosis death rate*	0.2	0.0	0.1
Tuberculosis case rate^	2.7	3.4	3.3

Source: Florida CHARTS



Sexually Transmitted Infections

Reported rates of sexually transmitted infections (STIs) are available by county through Florida CHARTS. Martin and St. Lucie Counties have substantially lower chlamydia rates (180.5 per 100,000 population and 338.7 per 100,000 population, respectively) compared to Florida (417.8 per 100,000 population). The gonorrhea rate in Martin County (34.3 per 100,000 population) is approximately one-fourth the state rate (105.7 per 100,000 population), while St. Lucie County's rate is lower (81.5 per 100,000 population). The AIDS rate in Martin County (4.7 per 100,000 population) is substantially lower than Florida's (14.1 per 100,000 population), while the rate in St. Lucie County is higher (17.6 per 100,000 population). In Martin and St. Lucie Counties, the rates of HIV and syphilis are lower than the state rate (see table).

Reported Sexually Transmitted Infections, 2012–2014

	Martin County	St. Lucie County	Florida
Chlamydia	180.5	338.7	417.8
Gonorrhea	34.3	81.5	105.7
AIDS	4.7	17.6	14.1
HIV	7.6	15.6	23.4
Infectious syphilis	2.0	2.5	8.0

Source: Florida CHARTS

Rates are per 100,000 population



CLRD

Martin County residents are substantially less likely to be hospitalized from CLRD (210.7 per 100,000) compared to all Florida residents (356.1 per 100,000 population) and St. Lucie County residents (382.8 per 100,000 population). Hospitalization rates from or with asthma are substantially lower in Martin County (577.5 per 100,000 population) and St. Lucie County (743.7 per 100,000 population) compared to Florida (805.8 per 100,000 population).

Select CLRD Indicators

	Martin County	St. Lucie County	Florida
Age-adjusted hospitalization rate from CLRD (including asthma)*	210.7	382.8	356.1
Age-adjusted hospitalization rate from or with asthma*	577.5	743.7	805.8
Adults who currently have asthma^	7.4%	5.8%	8.3%

Source: Florida CHARTS

Rates are per 100,000 population

*2012-2014

^2013



Health Status, Risk Factors, and Behaviors

Data on health status, risk factors and behaviors are available from the Behavioral Risk Factor Surveillance System (BRFSS), a state-based system of health surveys established by the Centers for Disease Control and Prevention (CDC). Respondents in Martin County and St. Lucie County are slightly less likely to report consuming at least five servings of fruits and vegetables daily (15.3% and 14.7%, respectively) compared to all respondents in Florida (17.0%).

Martin County adults and St. Lucie County adults are less likely to report engaging in heavy drinking in the 30 days prior to the survey or binge drinking on at least one occasion during that period (14.7% and 16.1%, respectively) compared to all Florida adults (17.6%).

Obesity is defined as having a BMI greater than or equal to 30. Respondents in Martin County are less likely to report being obese (14.4%) compared to all Florida respondents (26.4%), while St. Lucie County adults are more likely to be obese (29.5%). Adults in Martin and St. Lucie Counties are less likely report being overweight (34.0% and 36.3%, respectively) compared to all Florida adults (36.4%).

Sedentary is defined as not participating in any leisure-time physical activities (physical activities or exercises other than their regular job). Adults in Martin County are less likely to report being sedentary (23.8%) than all adults in Florida (27.7%), while St. Lucie County adults are more likely to report being sedentary (30.1%).

Both Martin and St. Lucie Counties have made improvements in their levels of obesity and overweight since 2007/2010. However, both counties have also witnessed a decline in fruit and vegetable consumption.

Reported Health Status, Risk Factors and Behaviors, 2013

	Martin County	St. Lucie County	Florida
Adult fruit and vegetable consumption	15.3%	14.7%	17.0%
Sedentary adults	23.8%	30.1%	27.7%
Adults who engage in heavy or binge drinking	14.7%	16.1%	17.6%
Adults who are obese	14.4%	29.5%	26.4%
Adults who are overweight	34.0%	36.3%	36.4%

Source: Florida CHARTS

Reported Health Status, Risk Factors and Behaviors, 2007 & 2010

	Martin County	St. Lucie County	Florida
Adult fruit and vegetable consumption*	25.4%	23.9%	26.3%
Sedentary adults*	20.6%	24.8%	24.4%
Adults who engage in heavy or binge drinking [†]	17.7%	11.3%	15.0%
Adults who are obese [^]	21.1%	31.4%	27.2%
Adults who are overweight [^]	39.9%	38.6%	37.8%

Source: Florida CHARTS

*2007

[^]2010



Mental Health

Florida’s Baker and Marchman Acts are two pieces of legislation that allow for the involuntary treatment of individuals suffering from mental illness or substance abuse. The Baker Act (for mental illness) has shown an annual increase in the number of involuntary exam initiations each year between 2002 and 2014 from 99,772 to 181,471, respectively.

Martin County had 924 involuntary exam initiations in 2014 (34.74% initiated by law enforcement, 63.20% by a mental health professional, and 2.06% by a judge). This is significantly less than St. Lucie County where 3,010 involuntary exams were initiated (44.09% by law enforcement, 53.46% by a mental health professional, and 2.46% by a judge). This data implies a larger incidence of mental illness in St. Lucie County.

Baker Act Initiations 2014

County	Involuntary Exam Initiations	Law Enforcement	Mental Health Professionals	Judges
Martin	924	34.7%	63.2%	2.1%
St. Lucie	3,010	44.1%	53.5%	2.5%

Source: University of South Florida



Maternal and Child Health

The Florida Vital Statistics Report and Florida CHARTS contain data on maternal and child health indicators. The birth rates in Martin County and St. Lucie County (8.0 per 1,000 population and 10.4 per 1,000 population, respectively) are lower than Florida’s (11.2 per 1,000 population). The teen birth rate in Martin County (20.4 per 1,000 women aged 15–19) is lower than Florida’s (24.3 per 1,000 women aged 15–19), while St. Lucie County’s rate (25.3 per 1,000 women aged 15–19) is higher. Infant mortality rates in Martin County (7.0 per 1,000 live births) is higher than Florida (6.1 per 1,000 live births), while St. Lucie County rates are lower (5.2 per 1,000 live births).

Births and Infant Deaths, 2012–2014

	Martin County	St. Lucie County	Florida
Birth rate per 1,000 population	8.0	10.4	11.2
Teen birth rate per 1,000 women aged 15-19	20.4	25.3	24.3
Infant deaths per 1,000 live births	7.0	5.2	6.1

Source: Florida CHARTS

The percentages of very low birthweight births in Martin County (1.6%), St. Lucie County (1.6%), and Florida (1.6%) are just as likely to occur. Low birthweight rates are less likely to occur in Martin County (7.3%) when compared to Florida (8.6%), and more likely to occur in St. Lucie County (8.8%). Preterm births and first trimester prenatal care are less likely to occur in Martin and St. Lucie Counties than in Florida (see Table 37). Women in Martin County are just as likely to be without prenatal care (1.4%) compared to women in Florida (1.4%), while St. Lucie County women are more likely to be without prenatal care (2.8%).

Select Maternal and Child Health Indicators, 2012-2014

	Martin County	St. Lucie County	Florida
Very low birthweight	1.6%	1.6%	1.6%
Low birthweight	7.3%	8.8%	8.6%
Preterm births	12.0%	13.1%	13.9%
First trimester prenatal care	70.0%	73.4%	79.8%
No prenatal care	1.4%	2.8%	1.4%

Source: Florida CHARTS



Maternal and Child Health (continued)

Inpatient discharges for Pregnancy, Childbirth, & Puerperium MS-DRG codes were used to identify teenage pregnancy related cases by ZIP Code in Martin and St. Lucie Counties.

Fort Pierce and Port St. Lucie had the most teenage pregnancy related discharges out of the entirety of Martin County and St. Lucie County contributing eight out of the top ten ZIP Codes teen pregnancy related cases.

Women 19 & Younger Inpatient Discharges for Pregnancy, Childbirth, & Puerperium by ZIP Code (Q4 2014—Q3 2015)

ZIP Code	Community	Cases
34950	Fort Pierce	48
34997	Stuart	37
34953	Port St. Lucie	32
34947	Fort Pierce	30
34952	Port St. Lucie	23
34983	Port St. Lucie	20
34982	Fort Pierce	18
34986	Port St. Lucie	14
34946	Fort Pierce	12
33455	Hobe Sound	10

Source: Intellimed 2016



Access to Care

According to the ACS 2010–2014 estimates, Martin County residents are more likely to have health insurance coverage (84.7%) than all Florida residents (80.4%), while St. Lucie County residents are less likely to have health insurance coverage (79.4%).

Private insurance coverage is more common among Martin County residents (64.5%) compared to all Florida residents (58.2%), while St. Lucie County residents are less likely to have private insurance coverage (53.0%).

Public insurance coverage is more common among Martin County and St. Lucie County residents (40.4% and 41.5%, respectively) than among all Florida residents (34.2%).

Residents in Martin County are less likely to be uninsured (15.3%) compared to all Florida residents (19.6%), while St. Lucie County residents are more likely to be uninsured (20.6%). Children in Martin County and St. Lucie County are more likely to be uninsured (11.6% and 13.5%, respectively) compared to all children in Florida (11.2%).

The U.S. Census Bureau defines private insurance as “a plan provided through an employer or a union and coverage purchased directly by an individual from an insurance company or through an exchange.” Public insurance (a/k/a government insurance) includes federal programs such as Medicare, Medicaid, the Children’s Health Insurance Program, individual state health plans, TRICARE, CHAMPVA, as well as care through the Department of Veterans Affairs and the military.

Health Insurance Coverage, 2010-2014

	Martin County	St. Lucie County	Florida
Health Insurance Coverage	84.7%	79.4%	80.4%
Private Insurance	64.5%	53.0%	58.2%
Public Coverage	40.4%	41.5%	34.2%
No Health Insurance Coverage	15.3%	20.6%	19.6%
No Health Insurance Coverage (Children)	11.6%	13.5%	11.2%

Source: U.S. Census, ACS 2010–2014 Estimates



Access to Care (continued)

The Health Resources and Services Administration (HRSA) under the U.S. Department of Health and Human Services (DHHS) designates Health Professional Shortage Areas (HPSA), Medically Underserved Areas (MUA), or Medically Underserved Populations (MUP) based on level of need and number of providers.

Martin County currently has a HPSA in Indiantown which requires mental health and primary care resources, and another at Martin County’s Correctional Institution which is in need of primary care, dental health, and mental health services. The Indiantown Service Area is also a MUA.

St. Lucie County as a whole is a designated HPSA for primary care and dental health. The community of migrant farmworkers within St. Lucie County has also been given a designation for dental services needs higher than the rest of the county. The migrant farmworker community is also a MUA.

For access to behavioral health services the Florida Department of Children and Families has contracted with the Southeast Florida Behavioral Health Network to provide services to Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties. The Southeast Florida Behavioral Health Network has subsequently contracted with the following vendors to provide services in the above mentioned counties (other than Palm Beach): Counseling & Recovery Center, Inc.; Community Coalition Alliance; Drug Abuse Treatment Association, Inc.; Public Defender Nineteenth Judicial Circuit; Legacy Behavioral Health, New Horizons of Treasure Coast, Inc.; and Helping People Succeed.

There are ten Federally-Qualified Health Centers within a 25 mile radius of Port St. Lucie to provide services to the medically underserved.

A 2013 physician count for both Martin and St. Lucie Counties is provided in the table below.

Health Insurance Coverage, 2010-2014

County	Family Medicine/ General Practice	Medical Specialties	Surgical Specialties	Other Specialties	Hospital Based Practice	Other Professional Activity	Inactive	Not Classified	Total Patient Care	Total Physicians
Martin	29	104	78	90	42	10	149	6	343	508
St. Lucie	36	97	75	72	24	7	104	5	304	420

Source: American Medical Association Physician Characteristics and Distribution, 2015



Inpatient and Outpatient Discharges

The following hospital discharge data reflect Martin Health System inpatient and outpatient encounters by facility for Q4 2014–Q3 2015.

Martin Medical Center Inpatient Discharges

Accounting for approximately 1 in 5 discharges (21.2%), diseases of the circulatory system are the most common inpatient discharge reason, followed by diseases of the digestive system (10.8%), diseases of the respiratory system (10.5%), injury and poisoning (7.8%), and supplementary classification of factors influencing health status and contact with health services (7.6%). Other common inpatient discharge reasons can be found in the Table below.

Top 10 Inpatient Discharge Reasons, Q4 2014–Q3 2015

ICD-9 Procedure Group	Cases	Percentage of Total
Diseases of the Circulatory System	2,800	21.2%
Diseases of the Digestive System	1,426	10.8%
Diseases of the Respiratory System	1,390	10.5%
Injury and Poisoning	1,027	7.8%
Supp. Class. of Factors Influencing Health Status and Contact with Health Services	1,004	7.6%
Complication of Pregnancy, ChildBirth and Puerperium	998	7.6%
Diseases of the Genitourinary System	761	5.8%
Diseases of the Musculoskeletal System and Connective Tissue	759	5.7%
Infectious and Parasitic Diseases	691	5.2%
Neoplasms	680	5.1%
All other groups	1,671	12.7%
Total	13,207	100.0%

Source: Intellimed 2016

Martin Medical Center Outpatient Discharges

Diseases of the digestive system are the most common outpatient discharge reason (15.5%), followed by neoplasms (14.4%), diseases of the circulatory system (14.1%), injury and poisoning (11.3%), and supplementary classification of factors influencing health status and contact with health services (10.0%). Other common inpatient discharge reasons can be found in the Table below.

Top 10 Outpatient Discharge Reasons, Q4 2014–Q3 2015

ICD-9 Diagnosis Group	Cases	Percentage of Total
Diseases of the Digestive System	2,318	15.5%
Neoplasms	2,147	14.4%
Diseases of the Circulatory System	2,105	14.1%
Injury and Poisoning	1,682	11.3%
Supp. Class. of Factors Influencing Health Status and Contact with Health Services	1,490	10.0%
Diseases of the Genitourinary System	1,261	8.5%
Symptoms, Signs, and Ill-Defined Conditions	1,242	8.3%
Diseases of the Musculoskeletal System and Connective Tissue	930	6.2%
Diseases of the Skin and Subcutaneous Tissue	801	5.4%
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders	365	2.4%
All other groups	582	3.9%
Total	14,923	100.0%

Source: Intellimed 2016



Inpatient and Outpatient Discharges (continued)

Tradition Medical Center Inpatient Discharges

Complication of pregnancy, childbirth, and puerperium is the most common inpatient discharge reason (20.5%), followed by supplementary classification of factors influencing health status and contact with health services (19.8%), diseases of the digestive system (10.7%), diseases of the circulatory system (9.4%), and diseases of the respiratory system (8.9%). Other common inpatient discharge reasons can be found in the Table below.

Top 10 Inpatient Discharge Reasons, Q4 2014–Q3 2015

ICD-9 Procedure Group	Cases	Percentage of Total
Complication of Pregnancy, ChildBirth and Puerperium	1,666	20.5%
Supp. Class. of Factors Influencing Health Status and Contact with Health Services	1,611	19.8%
Diseases of the Digestive System	873	10.7%
Diseases of the Circulatory System	763	9.4%
Diseases of the Respiratory System	720	8.9%
Infectious and Parasitic Diseases	516	6.4%
Diseases of the Genitourinary System	416	5.1%
Injury and Poisoning	366	4.5%
Symptoms, Signs, and Ill-Defined Conditions	203	2.5%
Diseases of the Musculoskeletal System and Connective Tissue	197	2.4%
All other groups	792	9.8%
Total	8,123	100.0%

Source: IntelliMed 2016

Tradition Medical Center Outpatient Discharges

Diseases of the digestive system are the most common outpatient discharge reason (29.3%), followed by supplementary classification of factors influencing health status and contact with health services (14.5%), neoplasms (11.6%), symptoms, signs, and ill-defined conditions (10.3%), and diseases of the genitourinary system (10.1%). Other common inpatient discharge reasons can be found in the Table below.

Top 10 Outpatient Discharge Reasons, Q4 2014–Q3 2015

ICD-9 Diagnosis Group	Cases	Percentage of Total
Diseases of the Digestive System	1,118	29.3%
Supp. Class. of Factors Influencing Health Status and Contact with Health Services	554	14.5%
Neoplasms	443	11.6%
Symptoms, Signs, and Ill-Defined Conditions	394	10.3%
Diseases of the Genitourinary System	386	10.1%
Diseases of the Musculoskeletal System and Connective Tissue	188	4.9%
Injury and Poisoning	161	4.2%
Diseases of the Circulatory System	131	3.4%
Diseases of the Blood and Blood-Forming Organs	114	3.0%
Complication of Pregnancy, ChildBirth and Puerperium	95	2.5%
All other groups	230	6.0%
Total	3,814	100.0%

Source: IntelliMed 2016



Inpatient and Outpatient Discharges (continued)

Martin Hospital South Inpatient Discharges

Diseases of the musculoskeletal system and connective tissue are the most common inpatient discharge reason (16.7%), followed by diseases of the respiratory system (15.7%), diseases of the circulatory system (13.9%), injury and poisoning (13.2%), and diseases of the digestive system (12.6%). Other common inpatient discharge reasons can be found in the Table below.

Top 10 Inpatient Discharge Reasons, Q4 2014–Q3 2015

ICD-9 Diagnosis Group	Percentage	
	Cases	of Total
Diseases of the Musculoskeletal System and Connective Tissue	755	16.7%
Diseases of the Respiratory System	711	15.7%
Diseases of the Circulatory System	632	13.9%
Injury and Poisoning	599	13.2%
Diseases of the Digestive System	570	12.6%
Infectious and Parasitic Diseases	344	7.6%
Diseases of the Genitourinary System	229	5.1%
Symptoms, Signs, and Ill-Defined Conditions	164	3.6%
Diseases of the Skin and Subcutaneous Tissue	154	3.4%
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders	123	2.7%
All other groups	253	5.6%
Total	4,534	100.0%

Source: IntelliMEd 2016

Martin Hospital South Outpatient Discharges

Diseases of the digestive system are the most common outpatient discharge reason (27.3%), followed by supplementary classification of factors influencing health status and contact with health services (17.1%), diseases of the musculoskeletal system and connective tissues (14.2%), neoplasms (13.3%), and injury and poisoning (12.7%). Other common inpatient discharge reasons can be found in the Table below.

Top 10 Outpatient Discharge Reasons, Q4 2014–Q3 2015

ICD-9 Diagnosis Group	Percentage	
	Cases	of Total
Diseases of the Digestive System	489	27.3%
Supp. Class. of Factors Influencing Health Status and Contact with Health Services	307	17.1%
Diseases of the Musculoskeletal System and Connective Tissue	254	14.2%
Neoplasms	239	13.3%
Injury and Poisoning	228	12.7%
Symptoms, Signs, and Ill-Defined Conditions	132	7.4%
Diseases of the Circulatory System	62	3.5%
Diseases of the Nervous System and Sense organs	22	1.2%
Diseases of the Respiratory System	22	1.2%
Diseases of the Blood and Blood-Forming Organs	12	0.7%
All other groups	24	1.3%
Total	1,791	100.0%

Source: IntelliMEd 2016



Community Input

The interview and focus group data is qualitative in nature and should be interpreted as reflecting the values and perceptions of those interviewed. This portion of the CHNA process is meant to gather input from persons who represent the broad interest of the community serviced by the hospital facility, as well as individuals providing input who have special knowledge or expertise in public health. It is meant to provide depth and richness to the quantitative data collected.



Community Leader Interviews

Interview Methodology

Twenty-four in-person interviews were conducted from April 4-6, 2016. Four interviews were conducted via phone between March 29, 2016 and April 28, 2016. Interviews required approximately 30 minutes to complete. Interviewers followed the same process for each interview, which included documenting the interviewee's expertise and experience related to the community. Additionally, the following community-focused questions were used as the basis for discussion:

- Interviewee's name
- Interviewee's title
- Interviewee's organization
- Overview information about the interviewee's organization
- What are the top three strengths of the community?
- What are the top three health concerns of the community?
- What are the health assets and resources available in the community?
- What are the health assets or resources that the community lacks?
- What are the barriers to obtaining health services in the community?
- What is the single most important thing that could be done to improve the health in the community?
- That other information can be provided about the community that has not already been discussed?



Community Leader Interview Summary

There was a variety of topics discussed in the community leader interviews. The most common topics include mental health, opportunity for partnerships between organizations, the aging population, issues in healthcare access and availability, and the various resources available to the community served by MHS.

Mental health was the most frequently discussed topic among community leaders. Nine interviewees mentioned mental health as either the single most important issue or a significant community health problem. Most interviewees feel mental health is a major issue in the community because of the lack of mental health services, mental health providers, and treatment facilities. Several interviewees noted that mental health issues seemed to be a significant issue in both Martin and St. Lucie Counties. Mental health was also discussed in the context of co-occurrence with substance abuse, adding to the already complex nature of the disease.

Interviewees discussed an overall lack of mental health services in the community, particularly Martin County. Suncoast Mental Health Center serves both the Ft. Pierce and Stuart areas. The center focuses on providing a multitude of services including evaluations, comprehensive assessments, psychiatric services, case management, and therapy. Multiple interviewees mentioned this organization as a key resource in addressing mental illness in the community, but some stated there is an immense burden on this facility due to a lack of other resources. Some interviewees discussed the presence of mental health resources targeting teens and children.

For example, Tykes and Teens, located in Palm City, is geared towards addressing child and family mental and behavioral health issues. Some interviewees cited that while there are psychologists and psychiatrists in the communities, many individuals either cannot afford the services of these providers or will not seek out services due to the stigmatization of mental illnesses.

Oral health issues were a frequently mentioned health concern in the community. Most of the interviewees who discussed oral health issues specifically referred to childhood oral health needs or the need for preventive measures for children. Those who mentioned preventative measures noted that intervention efforts in school-aged children lessened their risk of serious oral health issues later in life. Many of the interviewees mentioned that one aspect of this issue was a lack of providers in the community who offer low-cost dental care. Several interviewees also noted that there is a lack of organizations with the capacity to handle the growing issues with oral health; often times there is a very long wait before some members of the community can access dental care.



Community Leader Interview Summary (continued)

Other health concerns expressed by interviewees include substance abuse, obesity, hypertension, diabetes, suicide rates, and aging related issues. The majority of the discussion related to substance abuse focused on alcoholism and co-occurrence with mental health. A high suicide rate among teens and the elderly were mentioned by several interviewees. Interviewees mentioned that this high suicide rate is related to the mental health issues. Hypertension, obesity, and diabetes were discussed as common chronic diseases that affect the community, as well as targets for preventive efforts. While there was discussion of the community being active, several interviewees mentioned that an increase in activity overall would improve some of the mentioned chronic diseases.

Healthcare access and availability was also a frequently discussed topic in community leader interviews. Several interviewees mentioned that while Martin County is seen as an affluent community, there is a large number of underinsured and uninsured individuals in both Martin and St. Lucie Counties. Another frequently mentioned issue was a lack of pediatric providers in the community that accept Medicaid coverage. For certain individuals, low-income or lack of adequate health insurance coupled with fewer providers creates a percentage of the population who are not receiving regular medical and preventive care.

There was a discussion by some interviewees regarding the difficulty in being able to see certain specialists; some interviewees mentioned this was especially true for the individuals in the community with Medicaid and Medicare. Some interviewees feel there is a high percentage of underinsured residents, which creates a gap in coverage for those who do not qualify for benefits, such as the working poor and individuals working in the service industry. Several interviewees noted that while there are many resources in the community that can benefit those underinsured and uninsured individuals, there is a lack of awareness as to which organizations provide these services. The lack of providers for residents who are low-income, undocumented, or lack employee benefits results in decreased utilization of preventive measures and increased emergency department volume. One suggestion for such populations was for MHS to collaborate with other community resources to educate the communities about what is available both at the hospital and throughout the community.



Community Leader Interview Summary (continued)

Interviewees discussed a number of healthcare resources available to the community. The Volunteers in Medicine (VIM) was frequently mentioned as a valuable community resource due to its service to the uninsured and indigent populations. The VIM clinic staffs retired medical professionals who provide free primary care to these populations. The HANDS Clinic of St. Lucie County follows the VIM model by providing free healthcare services by volunteer medical professionals. The Visiting Nurse Association (VNA) is a nonprofit agency providing free healthcare services including mobile clinics and screenings, private home care, therapy, medication management, and support groups to individuals in need. Interviewees also emphasized the high quality of care and service provided by Martin Health System. Other organizations that play a major role in community health by either funding initiatives or directly coordinating programs include the United Way of Martin County, the United Way of St. Lucie County, Martin County Healthy Start Coalition, House of Hope, 2-1-1, and Florida Community Health Centers. Multiple interviewees discussed the county health departments as viable community health resources, but also cited a recent restriction of services due to funding cuts. In addition to the resources that provide health services and other community benefits, interviewees also discussed the will and desire of local organizations to work together in solving community problems.



Focus Groups

Four focus groups were conducted at the Robert Weissman Cancer Center and Tradition Medical Center on April 4-5, 2016. The purpose of the focus groups was to gather information about health concerns from particular interest groups in Martin and St. Lucie Counties to add to the richness of the quantitative data collected. Participants provided information about their experiences in the community and ways in which they think the services and resources provided to the community can be improved.

Focus Group Methodology

Focus groups consisted of adult community members. Target populations that represent a cross section of Martin and St. Lucie Counties were recruited through promotion in the media and outreach to organizations to glean potential leads on participants. The four focus groups were Martin County General Population, Martin County Hispanic Population, St. Lucie County General Population, and St. Lucie County Hispanic Population.

Focus group participants were notified prior to divulging information that it would be used solely to benefit the public good, and all information would be presented in an anonymous nature. All participants were encouraged to share their ideas, opinions and experiences, including any positive or negative feedback. Participants completed a demographic questionnaire and a consent form agreeing to participate in the focus group.

The focus group sessions were recorded and the collected qualitative data was analyzed using a thematic approach. These themes and the resulting analysis, combined with quantitative data, served as the foundation of the CHNA, including identifying areas where the needs of the community were properly addressed and where service offerings could be improved.



Each focus group session required approximately two hours to complete and followed this agenda:

- ◆ Session Opening
 - ◇ Introductions
 - ◇ Explanation of the purpose of the focus group
 - ◇ Overview of the rules governing the session
- ◆ Nominal Group Technique was utilized to identify priority health needs in the community. The Nominal Group Technique process is as follows:
 - ◇ Participants are instructed to separately write on a piece of paper their top three perceived health concerns within the community
 - ◇ Each participant calls out in order the health concerns round robin style until all options for every person have been exhausted
 - ◇ Participants instruct the facilitator on which like items, if any, they would like to combine
 - ◇ Participants are instructed to separately rank the items most important (3) to least important (1)
 - ◇ Each member calls out round robin style their primary, secondary, and tertiary concerns until all ranked items have been exhausted and recorded
 - ◇ The facilitator adds up the rankings for each item, ranking the highest to lowest in importance based on the added result, taking the item that has the largest number as highest importance and so on
- ◆ After this process has been completed, a discussion is facilitated about the results of the process. Examples of these questions include:
 - ◇ Was there anything about the results that surprised you?
 - ◇ Why do you feel these are the top health concerns?
 - ◇ How do you feel these needs could be addressed in the community?
- ◆ Session Conclusion
 - ◇ Summary of findings
 - ◇ Closing discussion, including positive feelings regarding community health and health strengths
 - ◇ Distribution of incentives for participation



Focus Group Summary

The ranked list of priorities generated by the nominal group technique, which is described above, are shown below in the table below.

Top Health Concerns in Rank Order by Focus Group

Focus Group	Top Health Concerns
Martin County General Population	Affordable healthcare Mental health Communication between physicians
Martin County Hispanic Population	Wrong diagnoses Wait times: ER and general Lack of compassion among physicians and nurses
St. Lucie County General Population	Health insurance cost Access/insurance barriers Future cost of services and prescriptions
St. Lucie County Hispanic Population	Cultural issues/isolation of Hispanic community Immigrant health Rising healthcare costs



Martin County General Population Focus Group

The age range of the Martin County General Population focus group was 40–72. All participants reported living in Martin County. The group was represented by individuals covered by Medicare, Medicaid, and private insurance, while a few reported either being uninsured or did not provide an answer.

The top health concern discussed among participants was affordable health care. The focus group participants feel that despite the changing insurance landscape and the Affordable Care Act, health care costs are too high and unmanageable for a large sector of the population. One participant mentioned that this issue is of particular concern because of Martin County's aging population. This group tends to have limited financial means, which can result in a significant burden if they experience an adverse event that requires hospitalization. Additionally, the costs are rising faster than cost of living adjustments and annual pay increases, thus resulting in fewer dollars in the consumer's pocket.

Another issue commonly mentioned by the participants in the context of affordability was the acceptance of certain insurance plans. A few participants discussed difficulties in receiving health services due to the limited pool of physicians who accept their insurance plan, while others mentioned experiences involving their policy not covering needed services. They are then forced to pay out-of-pocket for these services, which proves to be challenging as it is in addition to their already costly premiums. One participant mentioned that some community members are getting second jobs just to cover the cost of their premiums.

While most participants feel that the lower income residents are most affected by high health care costs, others feel that everyone is affected. One particular focus group member stated that health care services are “not affordable on any level and it's gotten worse in recent years.”

The second most important health concern expressed by this group was mental health. One participant expressed the importance of this issue by stating, “If you're not mentally healthy, you really don't have anything.” Focus group participants feel that this issue is very diverse and that there is a stigma associated with mental health. They expressed concern that even healthcare professionals do not always know how to handle complex cases. The community does not offer a continuum of care to address the necessary treatment of this population. Mentally ill patients often end up in jail because their condition leads to poor decisions. It was suggested that the county jail and the hospitals devise a strategy for dealing with these patients. The participants feel that the community needs more resources for this population as there is no place for patients to receive treatment once being stabilized in the hospital and discharged.



Martin County General Population Focus Group (continued)

The third most important health concern among this group was the lack of communication between physicians. The most commonly discussed theme in the context of this issue was the effect it can have on a patient's medication regimen. Because physicians in the hospital do not communicate with community physicians, a patient's medication schedule may be disrupted following being discharged from the hospital. The lack of communication between physicians can also result in a patient experiencing an adverse reaction to a particular medication or treatment. A few participants also discussed poor communication between physicians and patients due to the high volume of administrative tasks and charting that physicians are required to complete. Focus group participants were also asked to provide their opinions on health strengths in Martin County. A few members of the group discussed positive experiences with the care they, or family members, received at Martin Memorial Medical Center. One participant said the hospital provides first class care and service. They also discussed that accessibility to health care services in the community is good and that most patients can receive the care they need. The Volunteers in Medicine clinic was also mentioned as a resource in the community. This clinic provides comprehensive care to low income residents. Participants are confident that community and hospital leaders respond to issues raised by county residents and that they genuinely want to help.



Martin County Hispanic Population Focus Group

The participants in the Martin County Hispanic Population focus group ranged in age from 23 to 59. All participants reported living in Martin County. Some participants reported being uninsured, while others reported being covered by Medicaid or private insurance.

The primary concern expressed by this group was being incorrectly diagnosed. Multiple participants shared experiences where a patient was given an incorrect diagnosis by a local physician or hospital. One participant mentioned that her son had breathing problems from the time he was an infant and it took nine years for him to finally be diagnosed with asthma. He had seen many doctors and some said bronchitis, while others said asthma. He was finally prescribed a medication regimen at age nine and now his breathing problems have been largely resolved. Another participant discussed a personal story involving her daughter not receiving great care in the emergency department. When she mentioned to the nurse that her daughter had a fever, the nurse did not seem to take her claim very seriously and downplayed the situation. They were sent home, but decided to go to another hospital in the area where her daughter was diagnosed with walking pneumonia. This participant was very worried about what may have happened if she just went home that night. Other participants in the group feel that physicians often are so burdened with administrative tasks and paperwork that they neglect patient concerns, resulting in an incorrect or missed diagnosis.

There were two predominant issues discussed in the context of long wait times. The first involves emergency department wait times. One participant discussed a personal experience involving waiting for more than three hours for his daughter to be seen. Once she was finally seen by a doctor, she was diagnosed with appendicitis and properly treated for the pain she was experiencing. Despite the wait time, this participant was very pleased with the care and treatment his daughter received. The second issue related to wait times involves having to wait for months to see a doctor. Others mentioned that when a patient is discharged from the hospital and needs to see a doctor for a follow-up appointment, it is extremely difficult to be seen in a timely manner. Focus group participants a few personal experiences related to a lack of compassion provide by physicians and nurses. During one participant's routine wellness visit, the physician was acting very distracted and did not provide personal attention. This participant talked about the physician being seemingly distracted by filling out patient charts. There was a sense among the group that if a sick patient is given this type of impersonal attention by their provider, a patient may not receive the level of care they need. Another participant mentioned that her family member presented in the emergency department with excruciating pain. His pain level was so intense that he used foul language as a representation of how he was feeling. He was subsequently thrown out of the hospital by security and not given any treatment. While there were negative experiences expressed by some participants, others detailed situations in which they were handled with compassion and kindness.



Martin County Hispanic Population Focus Group (continued)

In the final session of the focus group, participants were asked to talk about positive perceptions related to the health of the Martin County community. Some participants were very pleased with the care they had recently received, particularly with screening services. Others talked about how community organizations really care about the residents and try to help in any way possible. One participant mentioned the great work that Volunteers in Medicine does with respect to providing comprehensive health care services to uninsured and low-income residents. Others echoed similar sentiments about Volunteers in Medicine.



St. Lucie County General Population Focus Group

St. Lucie County General Population focus group participants ranged from 32 to 77 years of age. All participants reported living in St. Lucie County. Some participants were covered by Medicare, while others reported having private insurance. A few participants reported being uninsured.

The most important health concern identified by this group was health insurance cost. Participants feel that while people are struggling to afford their premiums, the copays and deductibles are too high for them to reap the benefits of their insurance plan. This is particularly difficult for those living on minimum wage. Another issue raised by this group is related to the lack of insurance plan knowledge. Participants expressed concern that people often choose and pay for insurance plans that are not going to give them the benefits they need. For example, someone may purchase an HMO plan when a PPO would be the right choice for them. The Hands Clinic was mentioned as a resource for individuals who are uninsured or underinsured. While the clinic does provide good healthcare services, their funding is being restricted by the state. Additionally, the health department is no longer able to provide services, further exacerbating the issue of access for the uninsured and low-income populations. One participant feels that while patients can receive adequate care at the Hands Clinic, as well as other resources such as Whole Family, the lack of specialists willing to volunteer their time can be a barrier to patients receiving the complete treatment plan they need.

The second most common issue discussed among this group related to access barriers. As previously discussed, insurance issues act as a barrier to obtaining health services. Participants also discussed difficulty communicating with their doctors. For example, multiple focus group members shared experiences related to a lack of personal attention while visiting with their doctor due to volume of charting and administrative work the physicians are required to complete. One participant said that the impersonal attention is frustrating after patients have been waiting for hours. Another commonly mentioned barrier is that, depending on your insurance plan, you may need to go through your primary care physician in order to see a specialist. This could double the wait time for a patient to receive the specialty care they need.

The participants also feel that future cost of healthcare services and prescriptions are an issue in the community. One member of the group expressed concern by stating, "Where will they be in five years?" The fact that this community has an aging population provides some context to this concern. With retired individuals often on fixed incomes, they worry that they will not be able to sufficiently afford healthcare costs at a time when they will need the services most. Others expressed their positive experiences with Medicare. One participant discussed how his diabetes has been managed very well through Medicare coverage. Another issue the focus group members discussed was medication costs. Patients often encounter situations where their prescribed medication is too expensive and they are not informed of an alternative.



St. Lucie County General Population Focus Group

Mental Health was also mentioned by a few interviewees as a significant health concern in the St. Lucie community. This was primarily discussed as an issue due to the lack of resources available for residents with mental health problems. While there are services provided to stabilize patients during a critical episode, the community lacks the follow-up and ongoing care that patients need to remain stable. New Horizons was mentioned as a resource for this population, though they provide limited services.

The session was concluded by asking participants about health strengths in the community. The consensus among the group was that the community partnerships are strong. Community residents are encouraged by the willingness of organizations to provide the necessary services to improve the health of the community.



St. Lucie County Hispanic Population Focus Group

The St. Lucie County Hispanic Population focus group participants ranged from 52–77 years of age. All participants reported living in St. Lucie County. Most participants reported either one reported having either Medicare or private insurance, while one participant reported having a health savings account.

The primary concern expressed by the St. Lucie County Hispanic group related to cultural issues and isolation of the Hispanic population. The participants discussed the term isolation as meaning they are unaware of the resources available outside of what they are already familiar with. For example, one participant mentioned the reluctance by the low-income Hispanic members of the community to seek the care they need because of the fear of high hospital bills. They are not aware of the differences between the for-profit and not-for-profit hospitals with respect to the possibility of charity care and payment plans. Participants also mentioned that the culture is such that Hispanic individuals are raised to not come forward with their issues due to possible negative repercussions. At one point in the discussion, a member of the group mentioned the various resources available. Some suggestions for disseminating the information were the Hispanic newspaper, the Hispanic radio stations, and the churches. One participant offered to send information to his email contact list of over 3,000 residents.

The second most commonly mentioned concern was immigrant health. Immigrant health was discussed in a similar context to the primary concern of Hispanic community isolation and cultural barriers. Immigrants often do not seek care for fear of being identified as undocumented and being deported. They are unaware of organizations such as the Visiting Nurses Association (VNA), which has a “don’t ask” policy. The VNA will gladly treat anyone who presents with a health need. They also discussed the cultural barriers in more detail. For example, one participant mentioned that the health of Hispanic children is suffering because they are not educated about proper dieting. They also mentioned that in some households, children are the only members who speak English and they take advantage of it. The participants feel that the issues among Hispanic children, particularly obesity, should be dealt with at the schools because they are not being taught properly at home.



St. Lucie County Hispanic Population Focus Group (continued)

Participants also feel that rising healthcare costs is a concern among the Hispanic community. They mentioned that unfortunately, the rising costs are a result of federal policies and not much can be done at the community level. One participant said that he is aware of people traveling to their home country to receive care because they can get it done for a lower cost than staying in St. Lucie County. One participant feels that one way to mitigate rising costs is to put more emphasis on preventive care, while another expressed discontent with the fact that even though he has not made an insurance claim in years, his premiums are still going up.

Participants were also asked to discuss positive characteristics about their community. One member of the group talked about the many opportunities this country offers. Another participant talked about there are resources in the community that assist illegal immigrants with becoming citizens. The Hispanic community is encouraged by this assistance. The group also feels that there is good leadership and collaboration among Hispanic organizations and leaders in St. Lucie County.



Community Health Phone Survey

Phone surveys were conducted between March 2, 2016 and March 17, 2016. There were 544 respondents to the survey, 274 from Martin County and 270 from St. Lucie County. Respondents were asked about their top concerns for the health of the community, their satisfaction with their local hospital’s ability to deal with their concerns, and whether their concerns were improving over time. A full version of the survey questionnaire is attached as Appendix A.

Total Service Area Phone Survey Responses

The total service area’s top three concerns by total mentions are water pollution (33.64%), cancers (10.85%), and care for an aging population (10.11%). Most respondents are unsatisfied with their hospital’s ability to deal with water pollution and healthcare, but are satisfied with their hospital’s ability to deal with cancers. Most respondents feel that their concerns were improving over time.

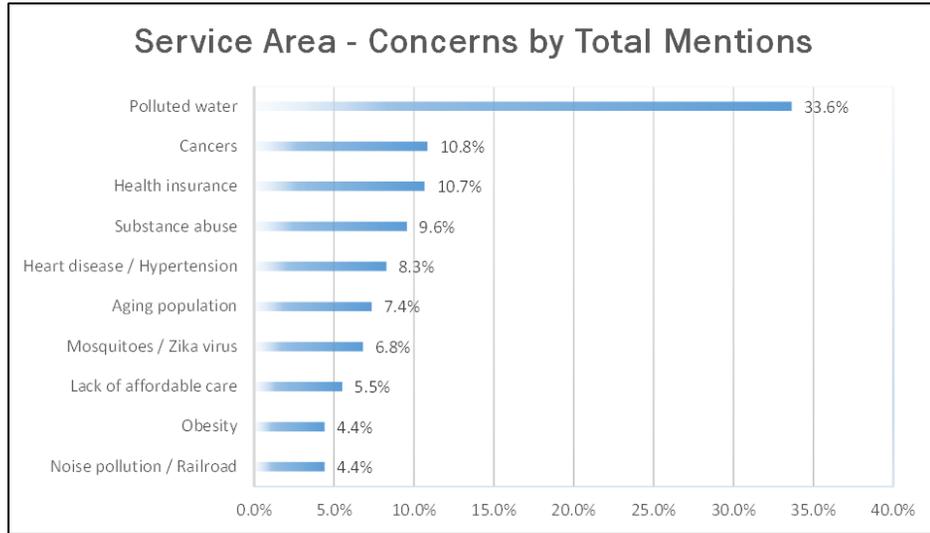
Total Service Area Top Health Concerns by Total Mentions

Community Concerns	Primary Concern	Secondary Concern	Tertiary Concern	Total Mentions
Polluted water	25.00%	6.25%	2.39%	33.64%
Cancers	4.78%	2.76%	3.31%	10.85%
Health insurance	7.90%	2.21%	0.00%	10.11%
Substance abuse	3.86%	2.94%	2.76%	9.56%
Heart disease / Hypertension	2.57%	4.41%	1.29%	8.27%
Aging population	4.04%	1.65%	0.00%	5.70%
Mosquitoes / Zika virus	3.13%	2.76%	0.92%	6.80%
Lack of affordable care	2.39%	1.65%	0.00%	4.04%
Noise pollution / Railroad	1.10%	2.94%	0.37%	4.41%
Obesity	1.84%	1.47%	1.10%	4.41%

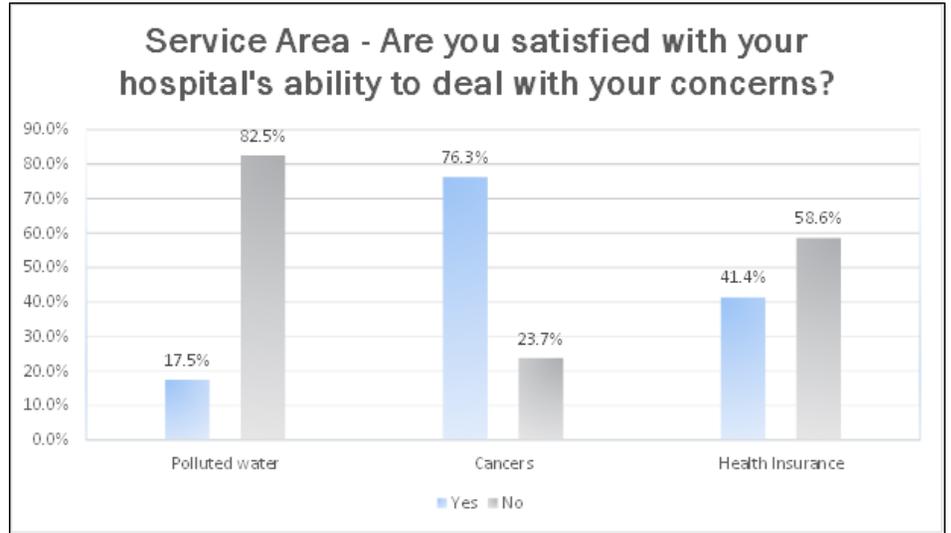


Total Service Area Phone Survey Responses

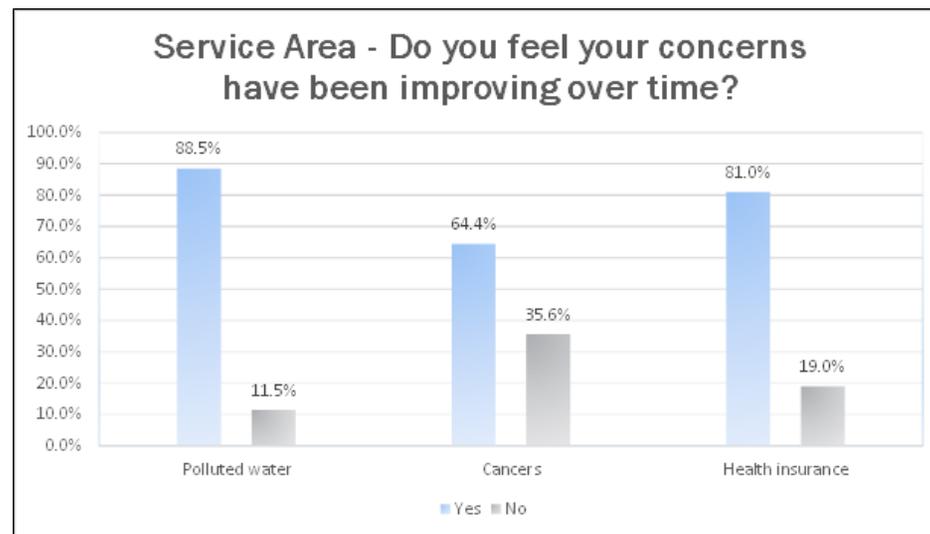
Total Service Area Top Health Concerns by Total Mentions



Total Service Area Hospital Satisfaction



Total Service Area Improvement over Time



Community Health Phone Survey

Martin County Phone Survey Responses

Martin County’s top three concerns by total mentions are water pollution (41.61%), cancers (12.04%), and care for an aging population (11.68%). Most respondents are satisfied with their hospital’s ability to deal with their top concerns other than water pollution. Most respondents feel that their top concerns were improving over time.

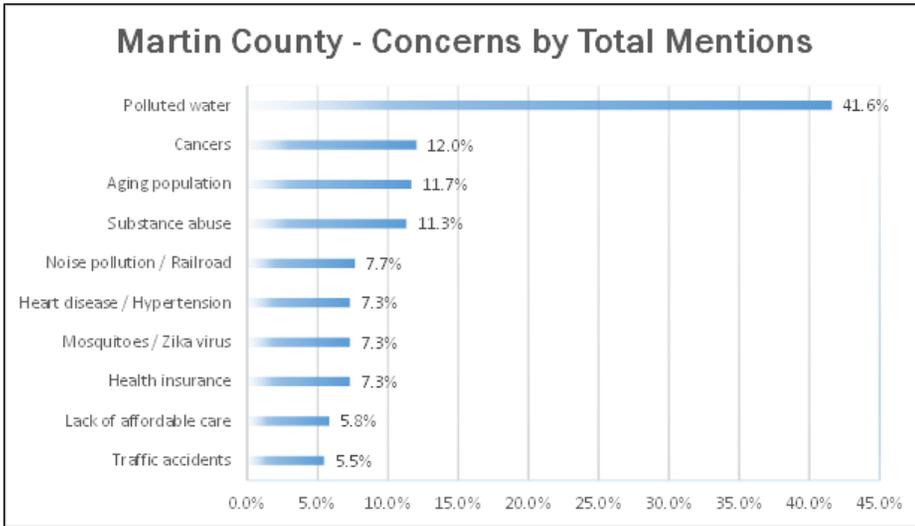
Martin County Top Health Concerns by Total Mentions

Community Concerns	Primary Concern	Secondary Concern	Tertiary Concern	Total Mentions
Polluted water	30.29%	14.63%	7.07%	41.61%
Cancers	6.20%	2.44%	12.12%	12.04%
Aging population	5.84%	5.49%	7.07%	11.68%
Substance abuse	4.01%	7.32%	8.08%	11.31%
Noise pollution / Railroad	2.19%	7.93%	2.02%	7.66%
Health insurance	5.47%	2.44%	1.01%	7.30%
Mosquitoes / Zika virus	2.19%	6.71%	3.03%	7.30%
Heart disease / Hypertension	1.46%	7.93%	3.03%	7.30%
Lack of affordable care	1.82%	3.05%	6.06%	5.84%
Traffic accidents	1.46%	3.66%	5.05%	5.47%

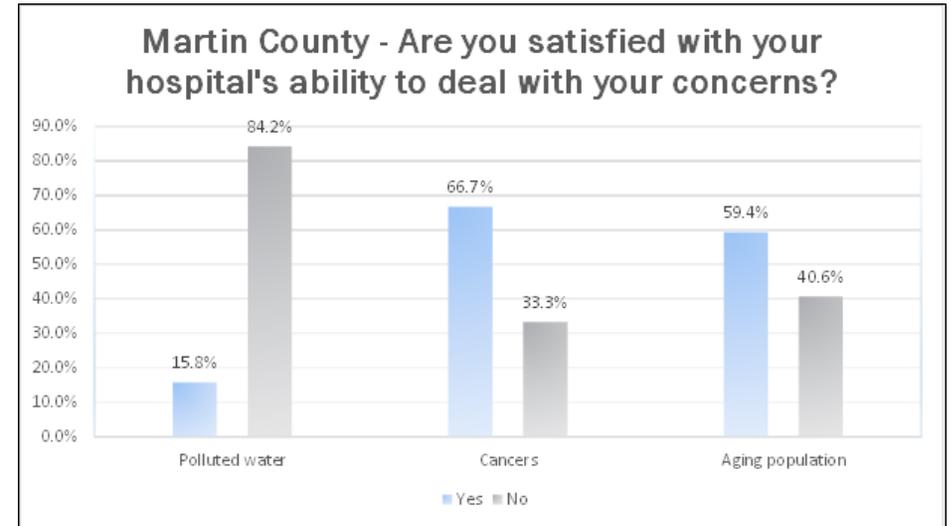


Total Service Area Phone Survey Responses

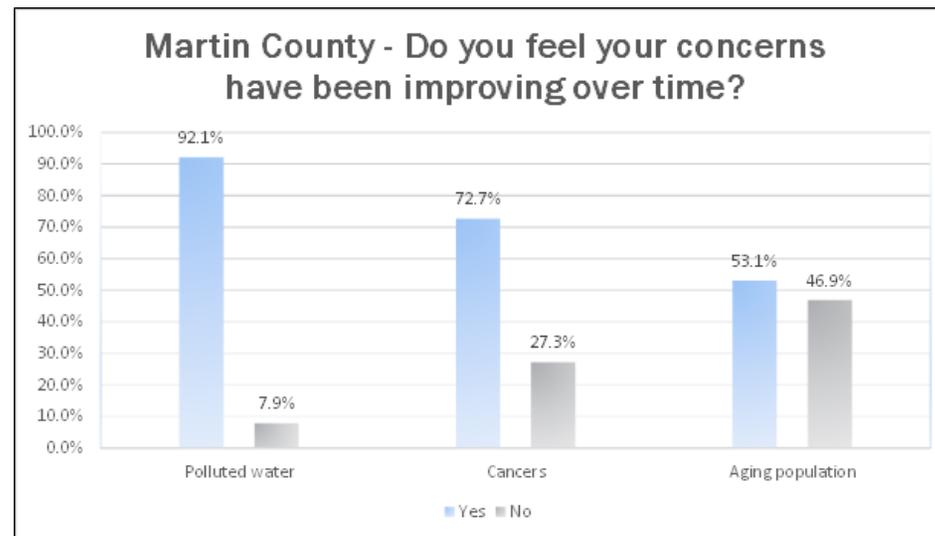
Martin County Top Health Concerns by Total Mentions



Martin County Hospital Satisfaction



Martin County Improvement over Time



Community Health Phone Survey

St. Lucie County Phone Survey Responses

St. Lucie County’s top three concerns by total mentions are water pollution (25.56%), health insurance (14.07%), and substance abuse (10.37%). Most respondents are unsatisfied with their hospital’s ability to deal with their top concerns. Most respondents feel that their top concerns were improving over time.

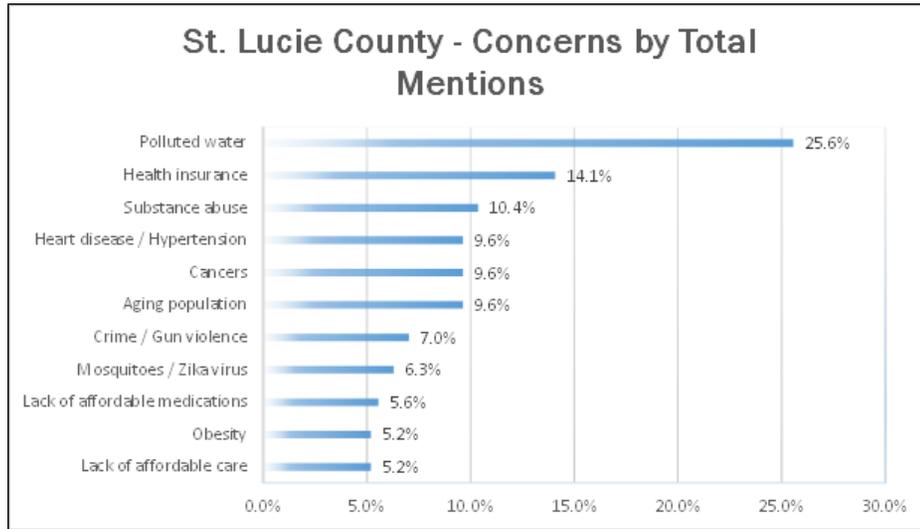
St. Lucie County Top Health Concerns by Total Mentions

Community Concerns	Primary Concern	Secondary Concern	Tertiary Concern	Total Mentions
Polluted water	19.63%	7.04%	6.45%	25.56%
Health insurance	10.37%	5.63%	2.15%	14.07%
Substance abuse	5.19%	4.93%	7.53%	10.37%
Aging population	5.93%	2.82%	6.45%	9.63%
Cancers	3.33%	7.75%	6.45%	9.63%
Heart disease / Hypertension	3.70%	7.75%	5.38%	9.63%
Crime / Gun violence	3.70%	3.52%	4.30%	7.04%
Mosquitoes / Zika virus	4.07%	2.82%	2.15%	6.30%
Lack of affordable medications	1.85%	2.82%	6.45%	5.56%
Lack of affordable care	2.96%	2.82%	2.15%	5.19%
Obesity	2.22%	2.11%	5.38%	5.19%

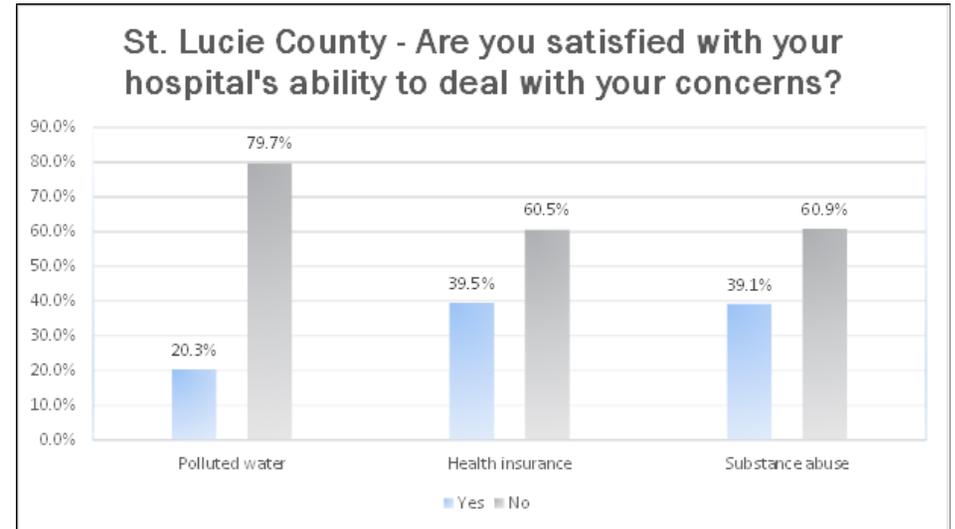


Total Service Area Phone Survey Responses

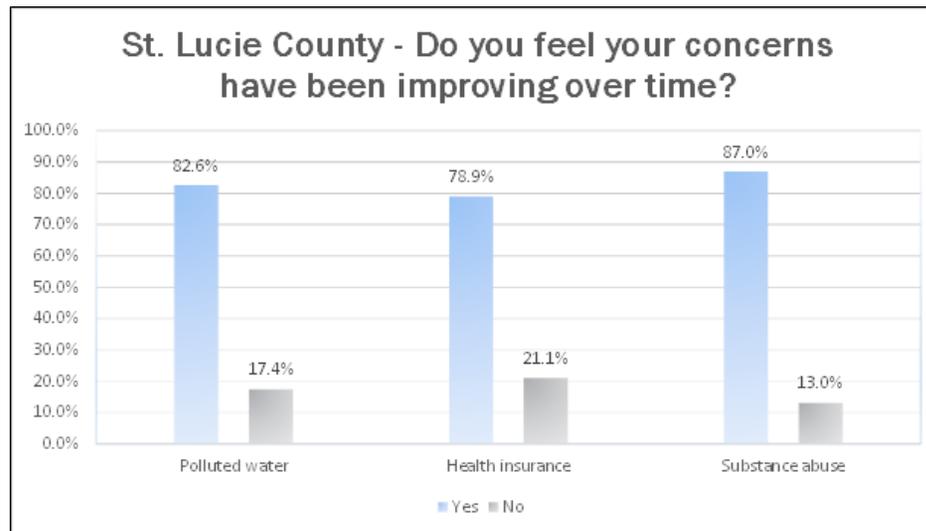
St. Lucie County Top Health Concerns by Total Mentions



St. Lucie County Hospital Satisfaction



St. Lucie County Improvement over Time



Phone Survey Critical Analysis

The most commonly mentioned concern communicated by respondents was water pollution. Residents of both Martin and St. Lucie Counties are distraught over the release of Lake Okeechobee water into the St. Lucie and Indian Rivers. Respondents claimed that agricultural and industrial runoff made the water unsafe for swimming or fishing. Respondents believed that the best recourse for the community's health was to hold government officials responsible and have the water redirected south.

The second most mentioned concern was cancer. When asked if they are satisfied with their local hospital's ability to deal with cancer, 76.3% of respondents answered yes. Slightly more than one-third of respondents believe that cancer care has improved for their community over time. When asked what could be done to address their concern, the most common response was to direct more funding for cancer research. A few respondents mentioned that improvements in the food and drinking water could reduce cancer risk.

The third most commonly mentioned concern was health insurance. Several respondents that had insurance claimed it was still difficult to see a doctor due to limited physician networks and that out-of-network visits were too expensive. Claims made by respondents included: 1) that low payments from insurance companies to physicians keep them out of their insurance networks, and 2) physicians are leaving the market to find better paying markets. Many respondents feel powerless to address this concern and believe that assistance needs to come from government.



Community Health Priorities

The overarching goal in conducting this Community Health Needs Assessment is to identify significant health needs of the community, prioritize those health needs and identify potential measures and resources available to address the health needs. For the purpose of identifying health needs for MHS, a health priority is defined as a medical condition or factor that is central to the state of health of the residents in the community. An exhaustive list of health needs was compiled based on the health profile, interviews and focus group data. Concerns that did not fall within the definition of an identified health priority, such as social determinants of health, are discussed in conjunction with the health priorities where applicable. A modified version of Fowler and Dannenberg's Revised Decision Matrix was developed to capture priorities from the primary and secondary data. This matrix tool is used in health program planning intervention strategies, and uses a ranking system of "high," "medium" and "low" to distinguish the strongest options based on effectiveness, efficiency and sustainability. As the CHNA is meant to identify the community's most significant health needs, only the health needs falling under the "high" and "medium" categories are highlighted.

Martin Health System's executive board, which consists of hospital leadership and key community stakeholders, reviewed the primary and secondary data compiled and ordered the priority health needs based on capacity to meet the needs identified. The six health concerns identified through the CHNA listed in order of priority are: diabetes, obesity, access, cancer, mental health, and substance abuse.



1) Diabetes

- Diabetes mortality in St. Lucie County is similar to all of Florida, but the rate is substantially higher than in Martin County.
- St. Lucie County residents are more likely to be hospitalized from or with diabetes compared to all Florida residents.
- Martin County residents are more likely to be diagnosed with diabetes compared to Florida residents.
- Diabetes was discussed by community leaders as a common chronic condition affecting the community.

2) Obesity

- St. Lucie County adults are more likely to report being obese compared to all Florida adults.
- St. Lucie County adults are more likely to report being sedentary compared to all Florida adults.
- Obesity was discussed by community leaders as a common chronic condition affecting the community.
- Participants in the St. Lucie County Hispanic Population focus group feel that obesity is an issue among Hispanic children. They suggested that the issue be addressed in schools due to the lack of household knowledge surrounding the issue.



3) Access

- The issue of healthcare access and availability was a frequently discussed topic among community leaders.
- Community leaders feel that while Martin County is viewed as an affluent community, there still exists a large number underinsured and uninsured residents in both Martin County and St. Lucie County.
- Interviewees discussed the lack of pediatricians and specialists who accept Medicaid.
- While interviewees feel that there are adequate resources within the community that provide care for the uninsured and underinsured, there is a general lack of awareness among the population about these services.
- Of the 12 top health concerns identified in the focus groups, six are related to healthcare access and availability.
- The top health concern in the Martin County General Population focus group was affordable health care.
- The Martin County Hispanic Population focus group members feel that wait times in the emergency department and physicians' offices are a major concern.
- All three of the top health concerns discussed by the St. Lucie County General Population focus group (health insurance cost, access/insurance barriers, and future cost of services) relate to healthcare access and availability.
- One of the top health concerns discussed by the St. Lucie County Hispanic Population focus group was rising healthcare costs.
- Health insurance was the third most commonly mentioned community concern among phone survey respondents.
- 33.7% of phone survey respondents mentioned polluted water as a community concern; 25.0% said it was their primary concern.
- Issues related to the aging population were mentioned by 5.7% of survey respondents, making it the sixth most commonly mentioned concern.
- Approximately one-quarter of the service area population is aged 65 or older; this population is projected to grow 13.2% over the next five years.
- The top two community concerns among the St. Lucie County Hispanic Population focus group were cultural issues/isolation of the Hispanic community and immigrant health.
- The focus group members discussed isolation in terms of a general lack of resource awareness among Hispanic community members.



4) Cancer

- Cancer is the leading cause of death in Martin and St. Lucie County.
- The all malignant site, breast, and prostate cancer incidence rates are higher in Martin County than in Florida.
- St. Lucie County has a higher lung and bronchus cancer incidence rate than Florida.
- The all malignant site, lung and bronchus, prostate, and cervical cancer mortality rates are higher in St. Lucie County than in Florida.
- Martin County has a higher prostate cancer mortality rate than Florida.
- St. Lucie County adults are more likely to be smokers compared to all Florida adults.
- Cancer was the second most commonly mentioned health concern among the phone survey participants.



5) Mental Health

- Mental health was the most commonly discussed topic among community leader interviewees.
- Nine interviewees identified mental health as either their most important health issue or a significant community health issue.
- Interviewees feel there is a lack of mental health services, providers, and treatment facilities.
- Mental health was the second most important issue discussed by the Martin County General Population focus group.
- The focus group expressed concern that the community does not offer a continuum of care for mentally ill patients.
- Mental health was discussed as a significant health concern by a few participants in the St. Lucie County General Population focus group.

6) Substance Abuse

- Substance abuse was discussed by community leaders in conjunction with mental health, which was the most commonly mentioned significant health need.
- Community leaders mentioned alcoholism as a common form of substance abuse in the community.
- Among phone survey participants, substance abuse was the fourth most commonly mentioned health concern, with approximately 10% of respondents identifying it as a top health concern.



Resources

Diabetes

MHS has many programs dedicated to awareness and prevention of diabetes. MHS provides a Diabetes Prevention program that includes a diabetes education program, diabetes exercise program, and a nutritional counseling program.

MHS's diabetes education program "provides affordable and accessible information on how to manage your diabetes." The program also includes one-on-one counseling and group classes for family members of those with diabetes. This includes information on diabetes nutrition, medications, exercise, stress control, glucose monitoring, and more. One member of the program noted that "Thanks to the program, I have developed a lifestyle that will help me stay healthy and look and feel better!"

MHS has four fitness centers that are focused on promoting health and wellness. Some of the benefits of regular exercise include controlling weight, reducing stress, lowering blood sugar levels, and raising good (HDL) cholesterol. Those participating in the diabetes prevention program can come to the centers and have a customized exercise program that is developed by a specialist and coordinated with other therapies.

MHS provides nutritional counseling at little to no cost. The Healthier U program is an "eight-week nutritional education program led by a registered dietitian." In this program, the dietitian covers multiple topics including restaurant eating, portion control, emotional eating, and even includes a tour of a grocery store.



Resources (continued)

Obesity

As part of their Community Health Improvement Plan, Martin County Health Department (MCHD) has created a strategy to disseminate information to Martin County children and parents on healthy lifestyle choices. Through this initiative, the MCHD hopes to extend the Let's Go! 5-2-1-0 national campaign to the early child care centers and elementary schools in Martin County. The 5-2-1-0 program is a daily regimen based on 5 fruits and veggies, 2 hours or less of recreational screen time, 1 hour or more of physical activity, and 0 sugary drinks. The Treasure Coast Food Bank is working in partnership with Martin Health System and other community organizations to increase knowledge of healthy food options and resources among community members through outreach initiatives. Additionally, MHS's diabetes education courses have a component that address obesity for participants who fall under this category. The Martin Health System Center for Bariatric and Metabolic Surgery is dedicated to helping clients reach their health and weight loss goals. For over 12 years, the center has been performing bariatric surgeries such as Roux-en-Y (gastric bypass surgery), LAP-BAND, and laparoscopic sleeve gastrectomy.

The Martin Fitness Trail is a collaboration between Martin Health System and the city of Stuart. The trail, designed to promote health and wellness in the community, offers distances of one mile and 1.5 mile.



Resources (continued)

Access

Both Martin and St. Lucie Counties have many resources available to their community that address the issue of healthcare access and availability. Resources like the HANDS Clinic, Volunteers in Medicine, and the Visiting Nurse Association treat community members who may not be able to get care otherwise because of financial issues or availability.

The HANDS Clinic works under the mission of “providing primary healthcare services and access to a continuum of healthcare to qualified, low-income, uninsured, adult residents of St. Lucie County.” The HANDS clinic collaborates and builds partnerships with other organizations to promote their mission and reach those members of the community that are underserved.

Volunteers in Medicine “emphasizes the use of retired medical and community volunteers within a culture of caring to improve access to health care for America’s underserved and uninsured.” The Volunteers in Medicine clinic provides preventative care and medical treatment to community members.

The Visiting Nurse Association is a foundation that funds mobile clinics and partners with other organizations to provide non-emergency health services to the underinsured and uninsured populations.

In the context of this report, social and cultural determinants refer to those issues that exist among the aging and Hispanic populations.

One of the most recognized resources for the elderly population is the Council on Aging in Martin County, which manages the Kane Center. The Kane Center “is a life center for the elders of our area: their own space, designed to help them live happy, purposeful lives within a supportive social network of their peers and loved ones.” For over 40 years, the Council on Aging of Martin County has been a leader in senior care on the Treasure Coast. Another Martin County program, Community Coach, provides transportation to all citizens, including wheelchair-lift vehicles and door-to-door assistance for \$1.00 per ride. The Council on Aging also provides daily meals at eight different locations throughout Martin County.



Resources (continued)

Access

Seniors Helping Seniors offers in-home care services throughout Jupiter and Martin County by matching seniors who want to with other seniors who need a little help. This not only provides a needed service for those in need, but it helps build strong relationships among the senior population in the community. Services include light housekeeping, meal preparation, transportation, overnight care, and much more.

The isolation of the Hispanic community was an issue identified by focus group participants. Hispanics in Action of the Treasure Coast has been serving the Hispanic communities of St. Lucie, Martin, and Indian River counties for over ten years. Among other services, Hispanics in Action serves as a resource for the Hispanic community by offering free English classes and providing information about other community resources. The leader of this Hispanics in Action has expressed interest in partnering with other community organizations to create an effective method for disseminating health resource information to the Hispanic community members.

MHS strives to provide high quality care to the Hispanic population by ensuring their facilities staff medical translators and provide culturally competent literature. For example, the MHS website provides billing and other important information in both English and Spanish. MHS also has a patient experience team in place to ensure that patients of all racial and ethnic backgrounds are care for in a way that is culturally sensitive to their needs.



Resources (continued)

Cancer

Martin Health System's Robert and Carol Weissman Cancer Center provides prevention and treatment services to the community. The cancer program is a center of excellence accredited by the Commission on Cancer. Some of the services include radiation oncology, chemotherapy, oncology rehabilitation, and a cancer navigator program. MHS provides free mammography screenings for eligible women through a Susan G. Komen for the Cure grant. Upon identification of cancer as a priority in the 2013 CHNA, MHS created an initiative aimed at expanding marketing and outreach efforts for the free mammography services. Another initiative created as a result of the 2013 CHNA is the plan to increase the proportion of community members meeting National Lung Screening Trial criteria who are screened through low-dose CT scans. Additionally, the American Cancer Society has several resources for community members including support groups and resource centers. They also conduct fundraising events in the community. Most recently, the Relay for Life of Martin County event raised over \$67,000 for cancer research. The Stomp Out Cancer Cattle Baron's Ball is another annual event that raises money for cancer research.



Resources (continued)

Mental Health

New Horizons of the Treasure Coast provides comprehensive mental health services for adults and children. Though the service offerings are limited, a few focus group participants mentioned New Horizons as an available resource for individuals who struggle with mental health. Tykes and Teens has mental health programming designed to target teens and children. This organization also has a collaboration with Martin Health System to address mental health components of the Martin Health Diabetes Education Program for pediatrics.

Port St. Lucie Hospital, located near Savannas Preserve in St. Lucie County, is a 75-bed inpatient mental health facility. The hospital offers 24-hour mental health services. Currently, the hospital only accepts self-pay and Medicare patients. A new psychiatric hospital will soon open in Martin County. The first phase of the project will be a 52,000 square-foot facility with 80 beds, while the second phase will add a second story with 40 beds. The facility will be located just south of Martin Hospital South.

Hibiscus Children's Center provides outpatient mental health services for children, adolescents, and their families. Their in-home counseling services focus on decreasing emotional and behavioral issues resulting from abuse, trauma, neglect, and mental health disorders. The Center accepts Medicaid and some private insurance, but also operates on a sliding fee scale.



Resources (continued)

Substance Abuse

New Horizons also offers substance abuse services including crisis stabilization, detoxification, emergency screening, independence recovery, and mental health court. Additionally, Tykes and Teens and Narcotics Overdose Prevention and Education (NOPE) task force work to provide substance abuse education and support for teens and adolescents. The Drug Abuse Treatment Association, Inc. (DATA) has two locations in Ft. Pierce and offers both outpatient and inpatient services.



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Additional references for this report include the organizations interviewed as part of the community input requirement. See page 94 for a list of organizations consulted and the area each organization represents. The Treasury and IRS guidelines require MHS to take into account and report any written comments received on the prior CHNA and Implementation Strategy. MHS did not receive any comments from the community on the 2013 CHNA report.



Appendix A: Carnahan Group Qualifications

Carnahan Group is an independent and objective healthcare consulting firm that focuses on the convergence of regulations and planning. For over 10 years, Carnahan Group has been trusted by healthcare organizations throughout the nation as an industry leader in providing Fair Market Valuations, Medical Staff Demand Analyses, Community Health Needs Assessments, and Strategic Planning. Carnahan Group serves a variety of healthcare organizations, such as, but not limited to, hospitals and health systems, large and small medical practices, imaging centers and ambulatory surgery centers. Carnahan Group offers services through highly trained and experienced employees, and Carnahan Group's dedication to healthcare organizations ensures relevant and specific insight into the needs of our clients.



Appendix B: Community Leader Interview Organizations

In accordance with the Treasury and IRS regulations detailed on page 8 of this report, MHS, in conjunction with Carnahan Group, took into account input from persons who represent the broad interests of the community. The table below lists the organizations interviewed for the CHNA and the area of the population represented by the organization.

Organization	Area Represented
211 Treasure Coast	Public Service Organization
FL Department of Health - Martin County	Public Health Expert
FL Department of Health - St. Lucie County	Public Health Expert
Gertrude Walden Childcare Center	Public Service Organization
Hands Clinic of St. Lucie County	Medically Underserved and Low-Income Populations
Health Start Coalition - Martin County	Maternal and Child Health
Martin Girls Academy	Child Health
Martin Health System	Hospital Leaders/Medical Professionals
Suncoast Mental Health	Medically Underserved and Low-Income Populations
Treasure Coast Food Bank	Medically Underserved and Low-Income Populations
Tykes and Teens	Child Health
United Way - Martin County	Public Service Organization
United Way - St. Lucie County	Public Service Organization
Visiting Nurse Association	Medically Underserved and Low-Income Populations
Volunteers in Medicine	Medically Underserved and Low-Income Populations

The three areas outlined by the Treasury and IRS regulations that hospitals must solicit input from are listed below, followed by the organizations interviewed that address each area:

- 1) Governmental public health departments: FL Department of Health - Martin County, FL Department of Health - St. Lucie County
- 2) Medically underserved, low-income, and minority populations: Hands Clinic of St. Lucie County, Suncoast Mental Health, Treasure Coast Food Bank, Visiting Nurse Association, Volunteers in Medicine.
- 3) Written comments regarding the hospital's previous CHNA. As previously stated, MHS did not receive any written comments on its previous CHNA completed in 2013.



Appendix C: Community Phone Survey

1. Are you at least 18 years of age? [Yes or No]; **If No, not eligible for survey**
2. Are you a resident of [County of interest]? [Yes or No]; **If No, not eligible for survey**
3. When thinking about your community, what do you feel is the number one health concern facing your community today?

Record <PRIMARY> verbatim:

4. Are you satisfied with your local hospital's ability to deal with <PRIMARY>? [Yes or No]
5. Has there been improvement in <PRIMARY> in the community over time? [Yes or No]
6. What do you feel the community can do to address <PRIMARY>?
7. What do you feel is your second highest health concern in your community?

Record <SECOND> verbatim:

8. Are you satisfied with your local hospital's ability to deal with <SECOND>? [Yes or No]
9. Has there been improvement in <SECOND> in the community over time? [Yes or No]
10. And finally, what do you feel is your third highest health concern in your community?

Record <THIRD> verbatim.

11. Are you satisfied with your local hospital's ability to deal with <THIRD>? [Yes or No]
12. Has there been improvement in <THIRD> in the community over time? [Yes or No]



Appendix D: Actions Taken Since 2013 CHNA

Community Health Need Area	Health Care Access and Affordability
Target Population	St. Lucie and Martin County Community Members
Goals	Increase awareness of healthcare providers regarding health and social services available for community members
Action Plan	Expand number of healthcare providers utilizing local resource databases
Action Plan Rationale	Due to information collected from the Martin County United Way's Community Health Assessment Community Survey discussed within the CHIP, roughly half of those in the community strongly or somewhat agreed that they knew how to get help for medical care, substance abuse and mental health concerns. Additionally, focus group participants expressed the need for a better understanding of healthcare services.
2014-2016 Accomplishments	<p>Developed partnership with Helping People Succeed and Tykes and Teens surrounding our Physician Group Pediatric service line to enhance coordination of care for patients needing mental health and parental assistance in our community.</p> <p>Contacted 211 to obtain additional supplies to have as a reference in our EDs and outpatient facilities. Obtained Rack Cards from the health department about services. Rack cards will be put in in ED and medical group facilities.</p> <p>MHS obtained information from 211 and health department and updated information that 211 has on record for services and programs offered by MHS. MHS is currently working to get items in outpatient and hospital sites, but is determining a consistent method to house resource information within each facility.</p> <p>MHS provided 211, Discount Pharmacy Cards, and health department information to Case Management to provide topPatients; currently awaiting delivery and installation of new racks in outpatient sites. Once they are installed, MHS will include community information. A master's level student has been employed to assist in the creation of a Community Health Resource Guide that would be for community members and physicians via website and in paper regarding community programs.</p> <p>Became member of Council of Social Agencies of St. Lucie County that focuses on bringing organizations together to provide information to the community on available resources and programs. Will continue these efforts.</p>



Appendix D: Actions Taken Since 2013 CHNA

<p>2014-2016 Accomplishments</p>	<p>Creation of Martin County Health Task force to facilitate Shared Services across the community which is spearheaded by the United Way of Martin County IRSC and Martin Health. Became member of the Interagency Coalition which is focused on getting information about programs and services across agencies that serve the community across the spectrum of care. Began working on CHIP for Martin and St. Lucie County Health Departments.</p>
	<p>Worked with Comprehensive Health Management team to get information out to providers within the physician group and educating physicians and community about chronic disease management. Met with local churches in East Stuart community to begin the discussion of MHS can help alleviate disparities in the East Stuart community.</p>
	<p>Updated 211 info and continuing to provide assistance with: health fairs, physician speaking engagements, community packets, health screenings, and MHS departments/service lines. Finalizing CHIP with St. Lucie and Martin County Health Departments.</p>
	<p>Hosted two collaborative adult health screenings, inviting partnering community agencies to get involved to address health disparities within the underserved East Stuart community. Experienced high levels of obesity, cholesterol, blood pressure, and lack of knowledge about existing community health resources.</p>
	<p>Began Health Improvement Plan for Martin County which was going to be a county-wide campaign to help raise awareness. Working on plan with the Martin County Health Advisory Task Force to put together a strategy to get the 211 campaign launched.</p>
	<p>Brought on Care Navigator for Pediatric service line for the Medical Home program. Helps coordinate and facilitate internal and external resources for pediatric patient families.</p>
	<p>Working on a page for the MHS website that would contain information about community health events; to be launched FY17.</p>



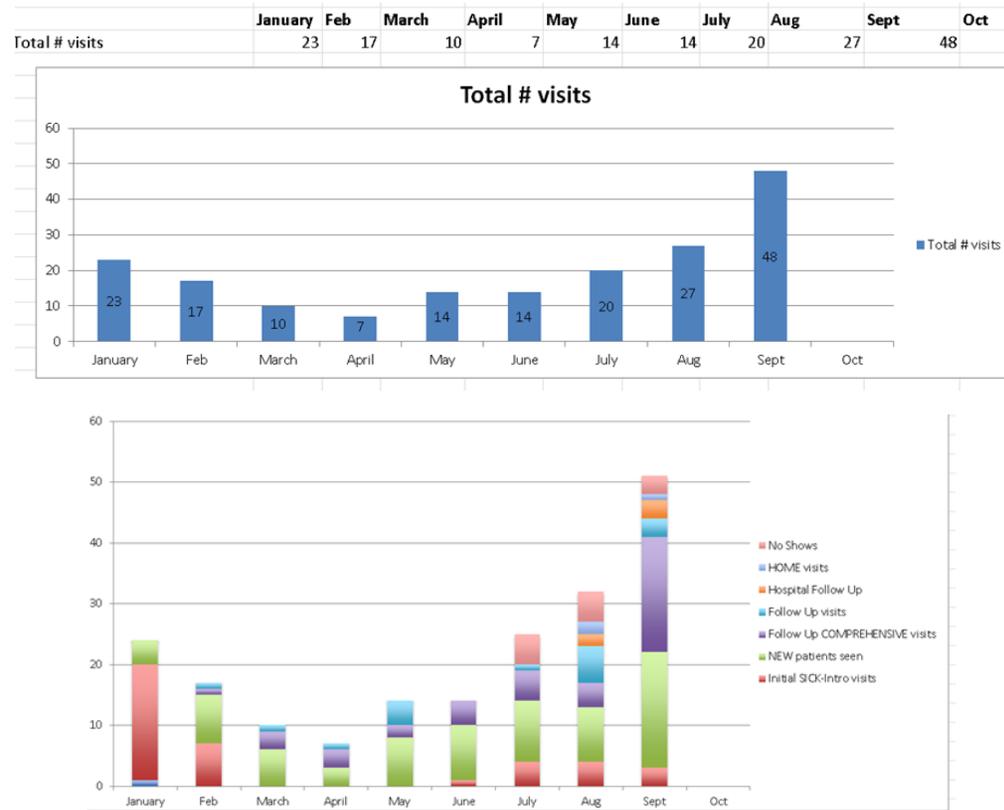
Appendix D: Actions Taken Since 2013 CHNA

Community Health Need Area	Health Care Access and Affordability
Target Population	St. Lucie and Martin County Community Members
Goals	Increase awareness of healthcare providers regarding health and social services available for community members
Action Plan	Enhance relationships with community agencies and collaborative.
2014-2016	<p>Started sharing free community resources on social media to help spread the word about things that the other organizations within the community are doing with respect to improving access.</p> 
	<p>We have started the movement to get involved in many community organizations to strengthen relationships. We have executive and leadership team members that sit on Boards for many non-profit organizations including Treasure Coast Food Bank, United Way of St. Lucie County, United Way of Martin County, American Cancer Society, Molly's House, Arc of Martin County, Hands of St. Lucie County, Volunteers in Medicine Martin County, Round Table of St. Lucie County, Economic Development Board St. Lucie County, Martin County Chamber of Commerce, Shared Services Network, Helping People Succeed, Tykes and Teens, Martin County & St. Lucie County Healthy Start Coalition, Treasure Coast Children's Museum, March of Dimes, Florida Hospital Association.</p>
Community Health Need Area	Health Care Access and Affordability/Diabetes/Obesity
Target Population	St. Lucie and Martin County Community Members
Goals	Increase the proportion of persons who receive evidence-based clinical preventative services
Action Plan	Develop a plan to address chronic diseases in the community as other health disparities in Martin and St. Lucie counties become more evident including diabetes and obesity. MHS is looking to launch a pilot program to assist with chronic disease patients in order to improve the health of the community.

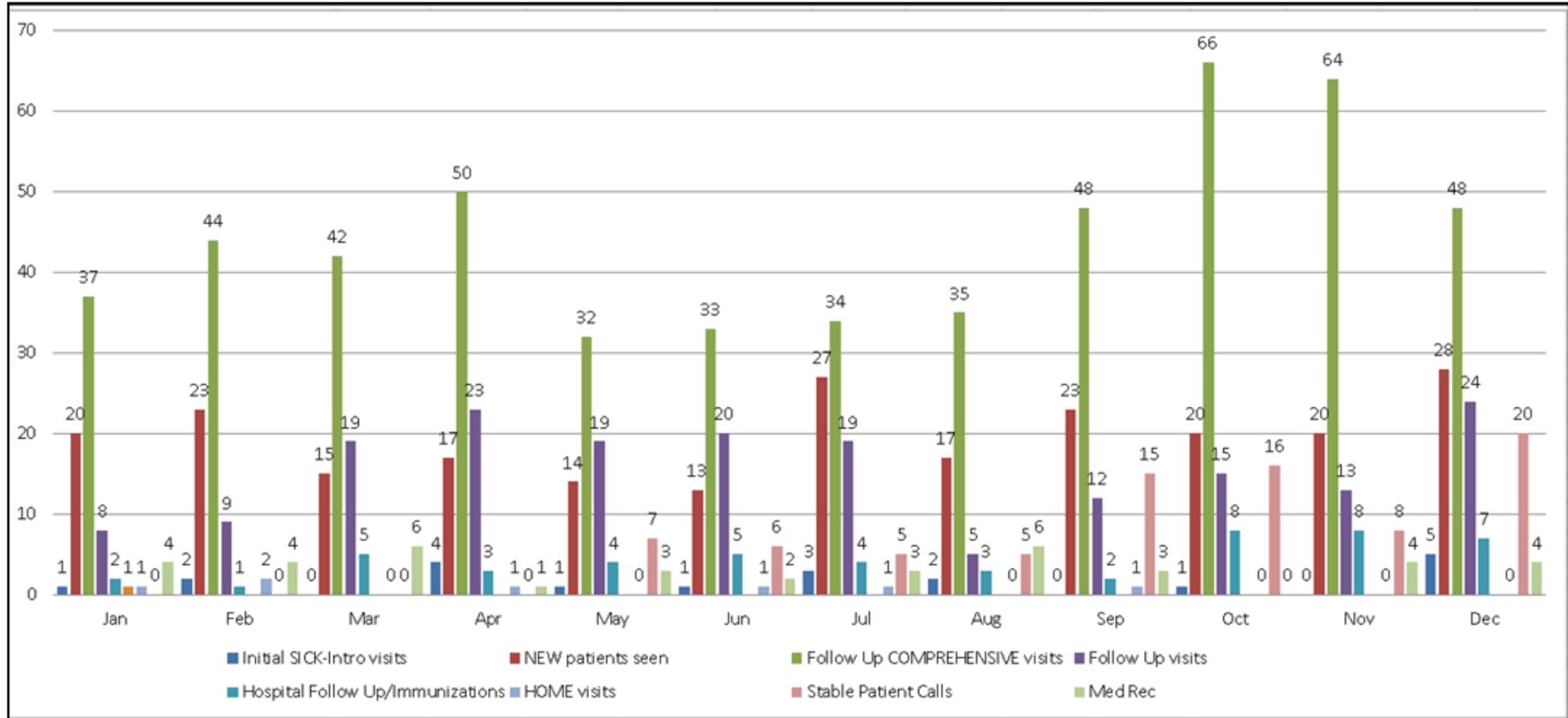


Appendix D: Actions Taken Since 2013 CHNA

2014	In 2014, we began a Comprehensive Health Management program that was designed to assist any patients that were referred into the program to manage their chronic diseases. This service brings pharmacists into the primary care practice and is a free service that is offered to the most complex patients. The types of chronic disease patients that are coming into the program are those diagnosed with diabetes, obesity, heart and lung disease that may take many prescription drugs. In the first year this program saw 76 chronic disease patients.
2015	In 2015, there were 207 active patients and 1,157 patient visits. They also started receiving referrals for inpatients. They had a total of 52 visits for patients. They saw 237 new patients in 2015. They were staffed with 6 pharmacists and started rotating pharmacy students to help with chronic disease management. In 2015, they also started doing community outreach by helping staff community-based free health screenings, including conducting medication review.
2016	Metrics for 2016 will be available in January 2017



Appendix D: Actions Taken Since 2013 CHNA



Appendix D: Actions Taken Since 2013 CHNA

Community Health Need Area	Health Care Access and Affordability
Target Population	St. Lucie and Martin County Community Members
Goals	Increase the proportion of persons who receive appropriate evidence-based clinical preventative services. Expand health fair participation and sponsorship in community.
2013-2015	This is an ongoing effort. From 2014-2016 MHS has increased the number of sponsorships provided to the community and has put an emphasis on financially supporting the organizations that are addressing one of our health disparity areas. In addition, we have worked to create annual programs with some of the organizations that work with the underserved population in the community to provide free health screenings and information for health fairs. These include cholesterol screenings, BMI checks, nutrition guidance, diabetes information, and key info on free programs such as the smoking cessation. From 2013-2015 we have participated in over 300 health fairs and community health education and outreach events serving over 72,000 people.
2016	To be completed at the end of 2016
Community Health Need Area	Health Care Access and Affordability
Target Population	St. Lucie and Martin County Community Members 60 and over
Goals	Increase the proportion of community members aged 60 and over who have received Medicare insurance education
2013-2015	MHS is currently working to identify an internal resource to complete this strategy, as well as trying to secure an outside partner to assist with this.
Community Health Need Area	Health Care Access and Affordability
Target Population	St. Lucie and Martin County Community Members 60 and over
Goals	Increase the availability of Spanish language services provided by MHS
2013-2016	Patients are receiving discharge summaries and instructions in Spanish. Spanish-speaking providers have been added. The MHS website now reflects the providers that speak alternate languages. In 2016, we began the process of getting our patient guide and other key items translated into Spanish for patients. We have also begun carrying community health resource info in Spanish. The focus for 2017 will be to get some of our key service line material translated into Spanish.



Appendix D: Actions Taken Since 2013 CHNA

Community Health Need Area	Mental Health
Target Population	Martin Health System
Goals	Assess the capacity of Martin Health System in order to establish an outpatient behavioral health unit.
Action Plan Rationale	Martin Health System conducted a feasibility study on establishing an adult inpatient psychiatric unit and will conduct an outpatient feasibility study to assess capacity to establish these services. The inpatient unit feasibility will be reassessed in three years.
2013-2015	Martin Health System conducted an outpatient feasibility study and hired Dr. Olivera to be the clinical psychiatrist on staff. Currently, Dr. Olivera is taking outpatient and inpatient consults as well as follow-up appointments with patients. Near the end of 2015, Dr. Olivera exited the program to seek another opportunity. The program was discontinued due to implementation of Martin Health System's Tele-Medicine program, which includes Tele-Psych within our facilities.
2015-2016	Martin Health System has created a partnership with Suncoast Mental Health and Tykes and Teens. MHS is focused on supporting the efforts of these community organizations by partnering on education based events including Family Day with Tykes and Teens, their mental health and children talks, and community Mental Health Walks. Martin Health System and Suncoast Metal health have conducted joint community symposiums surrounding Mental Health Awareness and reducing stigmas surrounding mental health. This is an ongoing partnership inform and educate the community on mental health within the community.



Appendix D: Actions Taken Since 2013 CHNA

2016	In 2016 UHS facility finally broke ground behind hospital south. The facility will provide a full continuum of inpatient, residential, partial hospitalization and outpatient adult psychiatric programs. Beyond this, the facility provides a Baker Act Receiving Facility in Martin County. Martin Health is currently determining how we are going to be able to work with this organization for the benefit of mental health patients.
Community Health Need Area	Mental Health
Target Population	St. Lucie and Martin County residents 55+
Goals	Increase depression screening and referral by health professionals
Action Plan Rationale	Suicide rates among community members aged fifty-five and older have seen a dramatic rise since 2010, from 12.9 to 31.9 in 2011, and 25.3 in 2012. Focus group participants expressed concern that older community residents may not be receiving adequate mental health care, particularly those who are underinsured and recently lost a spouse. The USPSTF recommends screening for depression, not suicide, as currently there is not a screening tool for suicide that shows significant reduction in attempts.
2013-2015	Flow sheets, questionnaires, and Smart Sets have been created in our EMR for the ambulatory and Comprehensive Health Management program.



Appendix D: Actions Taken Since 2013 CHNA

Community Health Need Area	Obesity
Target Population	Martin and St. Lucie County Community Members
Goals	Increase education and outreach to promote a healthy diet and knowledge of food access points and increase the proportion of people in the community who are a healthy weight.
Action Plan	Collaborate with community entities involved in the promotion of a healthy lifestyle
Action Plan	Pilot programming through the employee wellness clinic that promotes healthy living and the prevention of chronic illness (SEE ACCESS: Comprehensive Health Mgmt Program)
2013-2016	<p>Community-wide obesity task forces have been created through the community organizations such as United Way. Martin Health System has partnered with these organizations and provided grants that Martin Health System has completed. The childhood nutrition and fitness program have shown the following metrics in 2016:</p> <ul style="list-style-type: none"> - # of participants: 10 - Age range: 9-17 years old - Gender proportion: 5/5 - % of program completion rates: 66%, 15 started, 10 completed <p>According to post-assessments, parents noticed and their children felt they improved their choices of specific foods; they are now making better food choices, listening to hunger signals, choosing healthier options, checking food labels especially at the grocery store, eating more vegetables, improving portion control, looking out for unhealthy ingredients, being more in touch with emotional eating and overall better eating habits. One child states she now waits 20 minutes before having seconds at meals and the majority of the time she will only have one serving. One child increased vegetable servings per day from 1 to 6. Two children improved their energy levels from “lacking all day” to “some energy during the day” from this program. One parent states her son looks at the food label for all his food now, and scours the menu at restaurants to find the healthiest option. Servings of junk food were reduced for almost all the children completing the program, and servings of fruit were increased in the majority of children.</p>



Appendix D: Actions Taken Since 2013 CHNA



Childhood Nutrition and Fitness Program

Starts Summer 2015
at Treasure Coast Medical Pavilion in Jensen Beach
through the generosity of the **David L. Smythe Children's Fund**



FITNESS Program – Work with a Fitness Trainer!




Learn about Healthy Nutrition from a Registered Dietitian!

- FREE! 12-Week program designed to help children improve health and weight
- FUN! Interactive small group program, geared towards teaching your child how to embrace healthy food and eating habits and physical activity for fun energy expenditure
- Work with a Registered Dietitian and Personal Trainer for credible information and professional assistance
- For children ages 9 – 16 years old whose body weight greater than the 85th to 95th percentile
- Parent or guardian involvement required
- Call for eligibility criteria and to reserve a spot for your child - 772.223.4416

Martin Health System Health & Healing and Health & Fitness Departments
3496 NW Federal Highway, Jensen Beach, FL 34957



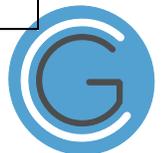
Appendix D: Actions Taken Since 2013 CHNA

<p>Childhood Nutrition & Fitness 2015 Program</p>	<p>Average Change in Knowledge of Nutrition Topics</p> <table border="1"> <thead> <tr> <th>Class Topics</th> <th>Pre</th> <th>Post</th> </tr> </thead> <tbody> <tr><td>Emotional Eating</td><td>28</td><td>35</td></tr> <tr><td>Choose My Plate</td><td>20</td><td>30</td></tr> <tr><td>Portions</td><td>26</td><td>31</td></tr> <tr><td>Reading Food Labels</td><td>28</td><td>34</td></tr> <tr><td>Where Food Comes From</td><td>23</td><td>28</td></tr> <tr><td>Sugar</td><td>24</td><td>24</td></tr> <tr><td>Superfoods</td><td>11</td><td>32</td></tr> <tr><td>Restaurants</td><td>23</td><td>30</td></tr> <tr><td>Hydration/Exercise</td><td>28</td><td>34</td></tr> <tr><td>Kid Friendly Cooking</td><td>20</td><td>33</td></tr> </tbody> </table>	Class Topics	Pre	Post	Emotional Eating	28	35	Choose My Plate	20	30	Portions	26	31	Reading Food Labels	28	34	Where Food Comes From	23	28	Sugar	24	24	Superfoods	11	32	Restaurants	23	30	Hydration/Exercise	28	34	Kid Friendly Cooking	20	33	<p>Average Change in Emotional Assessment</p> <table border="1"> <thead> <tr> <th>Emotional Assessors of Nutrition</th> <th>Pre</th> <th>Post</th> </tr> </thead> <tbody> <tr><td>Feel good about body</td><td>Not at all</td><td>A little</td></tr> <tr><td>Body image with Peers</td><td>Not at all</td><td>A little</td></tr> <tr><td>Helpful in kitchen</td><td>A little</td><td>Definitely</td></tr> <tr><td>Cooking ability</td><td>A little</td><td>Definitely</td></tr> <tr><td>Can pick healthy choices</td><td>A little</td><td>Definitely</td></tr> <tr><td>Family's food choices</td><td>A little</td><td>Definitely</td></tr> <tr><td>Family self-image</td><td>A little</td><td>Definitely</td></tr> <tr><td>Hiding food</td><td>A little</td><td>Definitely</td></tr> <tr><td>Parents role model nutrition</td><td>A little</td><td>Definitely</td></tr> <tr><td>Parents teach about...</td><td>A little</td><td>Definitely</td></tr> </tbody> </table>	Emotional Assessors of Nutrition	Pre	Post	Feel good about body	Not at all	A little	Body image with Peers	Not at all	A little	Helpful in kitchen	A little	Definitely	Cooking ability	A little	Definitely	Can pick healthy choices	A little	Definitely	Family's food choices	A little	Definitely	Family self-image	A little	Definitely	Hiding food	A little	Definitely	Parents role model nutrition	A little	Definitely	Parents teach about...	A little	Definitely
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<p>Nutrition Program Partnerships</p>	<p>Martin Health System partners with Tykes and Teens for the mental health portion of the Childhood Nutrition Programs for the psychological aspects, as well as local organizations such as Ground Floor Farms for educational classes.</p>																																																																			
<p>Back on Track 2015-2016</p>	<p>Support groups for people who have lost or want to lose weight and for those Bariatric patients who are involved with the Stay on Track and Get back on Track. This program is free of charge to the community and there are weekly healthy walks to improve mental and physical health. The size of the support group is typically 7-12 people and since 2015 they have walked together 73 times for 2 hours a session.</p>																																																																			



Appendix D: Actions Taken Since 2013 CHNA

<p>M-Life 2013-2016</p>	<p>Created an M-life program that is focused on the health of the community and the associates. Launched "Take the Stairs" campaign, encouraging people to take the stairs as a healthy alternative. Healthy Meals in the cafeteria: Nutrition Services and M-life worked to create a healthy M-life meal option at every meal to encourage healthy eating. Created safe walking paths for community with signage along route to encourage physical activity. A community wide 5K called "Run for the Health of it" where a portion of proceeds from the race go to benefit local community organizations including (Treasure Coast Pink Heals for Breast Cancer, HANDS Clinic of St. Lucie County, Treasure Coast Food Bank (Obesity), and the 2017 race will benefit Tvkes and Teens (Mental Health) was conducted.</p>  
<p>Fit 2 Lose Program</p>	<p>Martin Health System is taking corporate wellness to a whole new level. Reaching beyond the hospital walls to work with other employers in the community and to implement Fit 2 Lose programs. Previous clients that have completed the 8 week Fit 2 Lose Program are Martin County School Board employees, Port St. Lucie School System employees, Optima Healthcare, among others. In a recent Fit 2 Lose program, 22 participants lost a total of 87.5 lbs. in 8 weeks. In addition, to the benefit of losing unwanted and unhealthy weight, the participants enjoyed the sessions sharing successes and challenges.</p>
<p>Sprouting Chefs: Begin 2017</p>	<p>Sprouting Chefs will be a 6 week long children focused nutrition program that will provide information on healthy meal preparation. The program will be funded through a grant and will be hosted around the community- first site will be Ground Floor Farms.</p>



Appendix D: Actions Taken Since 2013 CHNA

Fit 2 Lose

MOVE YOUR WAY INTO HEALTH

GET MOVING

Personalized training program that fits your busy life

EAT 4 HEALTH

Discounted Healthier U Program & nutritional tips

ALL ACCESS PASS

Five fitness centers with group exercise classes, pools & MORE

AFFORDABLE

Professional guidance at a fraction of the cost!

FULL SUPPORT

Your fitness specialist will be holding you accountable



THE ROAD TO HEALTH IS LIFELONG

MAKE THE FIRST STEP ON YOUR JOURNEY

THE POWER TO CHANGE IS IN YOUR HANDS

12 WEEK Professional Fitness Program

Fit 2 Lose will help you lose those unwanted pounds!

Program Cost

Members

\$250

Non-Members

\$337 (includes a 3-month membership)

Summer Sign-Up Begins: Monday, June 3rd
Program Begins: Monday, June 17th

Program Includes:

- Pre and post anthropometric evaluations...“your measurements”
- 6 bi-weekly 30-minute personal training sessions
- Weekly weight tracking and nutritional tips
- Quarterly goal setting and prizes
- Before/After photos...AND MORE!



MARTIN HEALTH SYSTEM
Health & Fitness Center

Visit the front desk to sign up!

Learn to Cook!



For Kids

Join us for a 6-week Healthy Cooking Program with our Registered Dietitian!

Lessons are for kids aged 8-12 years old and a parent's presence is required. Children will learn kitchen safety, cooking skills, healthy recipes, and get to taste-test their creations!

Classes are held once a week at Ground Floor Farm in Stuart, FL.

For information
CALL 772.223.4916



Sprouting Chefs

Cooking Class





MARTIN HEALTH SYSTEM

Health & Healing

martinhealth.org



Appendix D: Actions Taken Since 2013 CHNA

<p>Tradition Green Market 2014-2016</p>	<p>Started a Green Market in Port Saint Lucie inviting only local healthy vendors to enhance the ability of residents to buy fresh local grown produce. Event Takes place every Sunday from 10-3pm and is year round. On average over 300 (off-season) and 500 (season) people will attend on a Sunday.</p>
<p>Free Summer Fitness Assessments 2014-2016</p>	<p>In 2014, Martin Health launched a free summer fitness assessment program. This was for people who wanted an overall assessment of their fitness level to provide a baseline of health and physical conditioning.</p> 



Brown Family Farm has fresh organic produce at the Tradition Green Market today from 10a-3p.



Appendix D: Actions Taken Since 2013 CHNA

Community Health Need Area	Diabetes
Target Population	Martin Health System employees
Goals	Increase prevention behaviors in persons at high risk for diabetes with prediabetes
Action Plan	Implement Go! Strong program among employees
Action Rationale	Martin Health System is in the process of coordinating the “Go! Strong diabetes prevention program” for pre-diabetics in collaboration with Quantum Health. Martin Health System plans on evaluating the programs’ effectiveness in employees, as it is the hope that it would eventually be available to the general population.
Go Strong 10/14-1/15	<p>Step 1</p> <ul style="list-style-type: none"> •17 participants completed Step 1 •76% of Step 1 participants had a reduced A1c •Average A1c in Step 1 participants fell 0.6 pts •Average starting A1c = 7.51, average ending A1c = 6.91 •For those that improved A1c, average reduction = 1.02 ptdrop •100% of participants are compliant and moving to Step 2 <p>Stay Strong</p> <ul style="list-style-type: none"> •16 participants in this sessions of Stay Strong •44% of Stay Strongparticipant had a reduced A1c from initial A1c (Step 1 initial A1c) •Average A1c fell by 0.13 points •Average starting A1c = 7.49, average ending A1c = 7.37 •For those that improved A1c, average reduction = 1.5 ptdrop •Some Stay Strong participants are struggling with compliance but this may be a communication issue



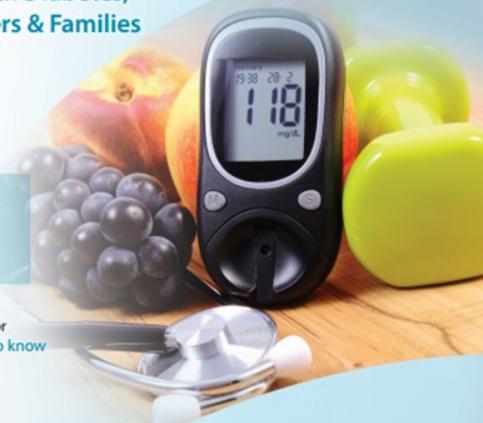
Appendix D: Actions Taken Since 2013 CHNA

Community Health Need Area	Diabetes
Target Population	St. Lucie County adult and pediatric community members diagnosed with diabetes
Goals	Increase the proportion of adult and pediatric diabetic individuals who have access to the MHS Diabetes Education Program
Action Plan	Expand program location options in St. Lucie County
Action Rationale	Diagnoses in adults and hospitalizations related to or from diabetes are higher in St. Lucie County when compared to Florida. The opening of the new facility could increase opportunity for eligible St. Lucie residents to have access to the program.
2013-2016	While Martin Health System has been unable to fully start a new program in St. Lucie County, they have started Sugar Busters which is a diabetes support group for members in the community. In addition, the hospital started a diabetes prevention program in the community, WHAT: FREE Diabetes Prevention Program. Those eligible will have access to pre-diabetes labs and other services. GROUP weekly program for support and necessary education to make healthy lifestyle changes, lose weight, and exercise more. The diabetes educators are working closely with the comprehensive health management program to address it at a chronic disease management level.

"Sugar Busters"

Diabetes Support Group

**For People with Diabetes,
Their Care Givers & Families**



Meetings Held:
1st Tuesday of each Month
4:30 pm – 6 pm

January 5th, 2016
Certified Diabetic Educator
"What do I really need to know about Diabetes?"

February 2nd, 2016
Registered Dietician
"How can I plan meals with Diabetes?"

March 1st, 2016
Ophthalmologist
"Why is it important to get my eyes checked?"

For questions contact: Shanna McDaniel
772-223-5945 EXT 4704

Meeting Location:
Martin Health System
Marketing Dept. Conference Room
800 SE Monterey Commons Blvd, Suite 102
Stuart, FL 34996



MARTIN HEALTH SYSTEM
martinhealth.org



Appendix D: Actions Taken Since 2013 CHNA

Community Health Need Area	Cancer
Target Population	St. Lucie and Martin County eligible underserved female community members
Goals	Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines
Action Plan	Expand marketing and outreach for grant-funded free mammogram services
Action Rationale	Martin Health System has been awarded funding through Susan G. Komen for the Cure to support the provision of free diagnostic services for eligible underserved women. Eligibility requirements state that a female must be a resident at or below 200 percent of the federal poverty guidelines.
2013-2016	<p>Martin Health System hired a Breast Cancer Health Navigator and a Grant writer for the cancer service line to educate the community on the free and low cost mammogram program. Martin Health system partnered with the St. Lucie County firefighters 3 years in a row to host the Treasure Coast Pink Heals, a breast cancer awareness event that attracted more than 3500 members from the community. Every October, hundreds were provided low cost and free mammograms to women in the community, funded by the Susan G. Komen grant. In 2015, Martin Health System was the Host Hospital for the Race for the Cure South Florida. In addition MHS has offered several support groups for people diagnosed with cancer.</p> 
2013-2016 Support Groups	Support Groups to include: Breast Cancer Support Group, Cancer Support Group, LLS Family Support Group, Look Good- Feel Better support group, Prostate Cancer Support Group, Women with Lung Cancer support group. Each group meets once monthly and also has the support of the Cancer Navigators in between. Many of these support groups are in partnership with the LLS Society and American Cancer Society.



Appendix D: Actions Taken Since 2013 CHNA



MARTIN HEALTH SYSTEM

Young and Young at Heart Breast Cancer Support Group



Every 2nd Thursday of the Month
6:30 pm at
Robert and Carol Weissman Cancer Center
501 E. Osceola Street, Stuart
2nd Floor Meeting Room
**Free Yoga Class from 5:30-6:30pm

Come join us monthly at either location to laugh, talk, learn and support fellow breast cancer patients and survivors!

For more information:
Marisa Baskin, Martin Health Oncology Social Worker
772-223-5945 Ext. 3719



Appendix D: Actions Taken Since 2013 CHNA

Community Health Need Area	Cancer
Target Population	St. Lucie and Martin County females diagnosed with breast cancer
Goals	Increase the mental and physical health-related quality of life of lung and colorectal cancer survivors
Action Plan	Establish a patient navigator program for Robert and Carol Weissman Cancer Center lung and colorectal cancer patients
Lung Health Navigator Program	MHS Lung Health Navigator program is designed to serve individuals who have been diagnosed with lung cancer or are at high risk for developing lung cancer. By providing education, support, and connection to community resources, the lung health navigator can help guide the patient through the health care system, reduce barriers to treatment, and expedite access to care and ease stress and anxiety. As a patient advocate, the lung health navigator serves those who are considered at high risk for developing lung cancer as determined by smoking history, occupational exposures or personal health history. Prevention, screening and treatment are important elements of patient education. This includes information about the low dose CT scan screening now available at Martin Health System. Smoking cessation education is also provided free of charge for the current smoker. Martin Health System partners with Everglades Area Health Education Centers to provide the highly successful “Quit Smoking Now” classes for those who wish to become tobacco free.

This has been completed. Cancer Center Navigator program has been established.



Appendix D: Actions Taken Since 2013 CHNA

Community Health Need Area	Cancer
Target Population	Tradition Medical Center patients, family members and staff
Goals	Reduce illness, disability and death related to tobacco use and secondhand smoke exposure
Action Plan	Develop a hospital-wide tobacco cessation program
2013-2016	Martin Health System has designated all of their hospitals and sites smoke free facilities. Visitors and associates must leave campus to smoke. In addition, Martin Health System has collaborated with Everglades Area Health Education Centers (EAHEC) Quit Smoking Now and Tools to Quit classes are offered to help anyone who wants to quit using tobacco. In April 2016, a Best Practice Advisory was completed to refer all inpatients to the EAHEC classes. This has resulted in a huge number of patients being referred for smoking cessation. From October 2015-September 2016, a total of 838 referrals to EAHEC for smoking cessation. In addition, MHS partners with the QuitDoc board for the school system and has been working hard on vaping and smokeless tobacco initiatives.
Community Health Need Area	Cancer
Target Population	Tradition Medical Center patients, family members and staff
Goals	Reduce illness, disability and death related to tobacco use and secondhand smoke exposure
Action Plan	Establish a tobacco free campus at Tradition Medical Center
Completed	



Appendix D: Actions Taken Since 2013 CHNA

Community Health Need Area	Substance Abuse
Target Population	Martin Health System
Goals	Promote effective methods for increased coordination among community providers and agencies to better utilize limited community resources
Action Plan	Become a member of a local task force addressing substance abuse
Completed- Substance abuse task force through United Way, Health Department, Tykes and Teens, and local law enforcement	
Community Health Need Area	Substance Abuse
Target Population	Martin Health System
Goals	Increase awareness of healthcare providers with regard to substance abuse services available in the community
Action Plan	Identify community substance abuse organizations and collaboratives
<p>This is ongoing, as there are many private insurance detox and treatment centers in the area, but it has been difficult to locate ones that take charity cases. MHS currently using 2-1-1 as the centralized hub to launch a community campaign around that being the resource hub.</p>	



Company Overview



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