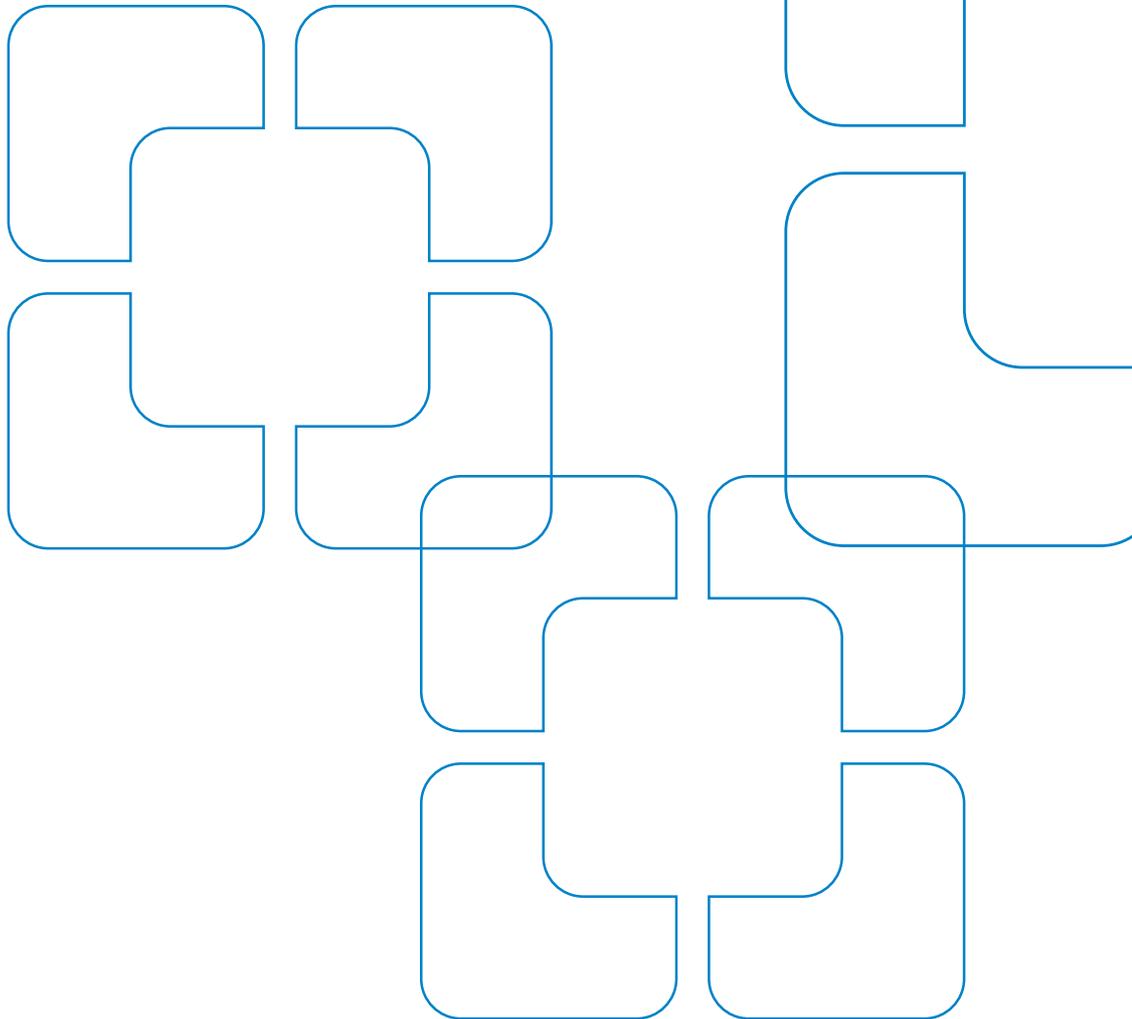




**Cleveland Clinic**  
Indian River Hospital

# Community Health Needs Assessment 2021



**Cleveland Clinic Indian River Hospital**  
**1000 36<sup>th</sup> Street**  
**Vero Beach, FL 32960**

2021 Community Health Needs Assessment  
As required by Internal Revenue Code § 501(r)(3)

Name and EIN of Hospital Organizations Operating Hospital Facility:	Indian River Memorial Hospital Inc. 59-2496294 DBA: Cleveland Clinic Indian River Hospital
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Date Approved by Authorized Governing Body:	November 15, 2021
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Contact:	Cleveland Clinic chna@ccf.org
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## PUBLIC COMMENT

Comments and feedback about this report are welcomed. Please contact:  
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# Cleveland Clinic Indian River Hospital

## 2021 Community Health Needs Assessment

### I. INTRODUCTION

Cleveland Clinic Indian River Hospital (CCIRH) is part of the Cleveland Clinic Florida region. CCIRH is a 332-bed, not-for-profit hospital offering comprehensive medical services to the Treasure Coast community. Healthcare professionals represent specialties including orthopedic services, minimally invasive vascular surgery, neurosurgery, stroke services, robotic surgery, a state-of-the-art wound healing center, and the only maternity wing in the area. Learn more at [ccirh.org](http://ccirh.org).

The hospital is part of the Cleveland Clinic health system, which includes an academic medical center, eleven regional hospitals in northeast Ohio, a children's hospital, a children's rehabilitation hospital, five southeast Florida hospitals, and several other facilities and services across Ohio, Florida, and Nevada. Additional information about Cleveland Clinic is available at <https://my.clevelandclinic.org/>.

Each Cleveland Clinic hospital supports a tripartite mission of patient care, research, and education. Research is conducted at and in collaboration with all Cleveland Clinic hospitals. Through research, Cleveland Clinic has advanced knowledge and improved community health for all its communities, from local to national and across the world. This allows patients to access the latest techniques and to enroll in research trials no matter where they access care in the health system. Through education, Cleveland Clinic helps to train health professionals who are needed and who provide access to health care across Ohio, Florida, and the United States.

Each Cleveland Clinic hospital is also dedicated to the communities it serves. Each Cleveland Clinic hospital conducts a Community Health Needs Assessment (CHNA) to understand and plan for the current and future health needs of residents and patients in the communities it serves. The CHNAs inform the development of strategies designed to improve community health, including initiatives designed to address social determinants of health.

### A. CHNA Process and Methodology

#### CHNA Background

On March 3, 2021, Cleveland Clinic Indian River Hospital contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) in 2021 as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix B: Carnahan Group Qualifications for more information about Carnahan Group.

A CHNA is a report based on epidemiological, qualitative, and comparative methods that assess the healthcare and public 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 2021 CHNA, an implementation strategy for CCIRH that addresses the community health needs will be developed and adopted no later than May 15, 2022.

## 501(r)(3) CHNA Regulations

The Patient Protection and Affordable Care Act, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements of the Internal Revenue Code 501(r). 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).

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 CCIRH collaborated, if applicable, including their qualifications;
- A description of how CCIRH took into account input from persons who represented the broad interests of the community served by CCIRH, 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 CCIRH; and,
- 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.

## Primary Data Collection 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 CCIRH, 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 CCIRH, leaders, representatives, or members of medically underserved, low-income,

and minority populations with chronic disease needs in the community served by CCIRH; and,

- Consultation or input from other persons located in and/or serving CCIRH'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 primary data sources utilized for CCIRH's CHNA are provided in Appendix C. Information was gathered by conducting interviews with individuals representing community health and public service organizations, medical professionals, hospital administration, and other hospital staff members.

## Secondary Data Collection Strategy

A variety of data sources were utilized to gather demographic and health indicators for the community served by CCIRH. Commonly used data sources include Esri, the U.S. Census Bureau, and the Centers for Disease Control and Prevention (CDC). Indian River County defines the community served by CCIRH. Demographic and health indicators are presented for these areas. Initial secondary data collection was completed utilizing the most recent periods of data available as of May 28, 2021.

For select indicators, county-level data are compared to state and national benchmarks. Additionally, Healthy People 2030 (HP 2030) Goals are presented where applicable. The HP 2030 Goals are measurable, ten-year public health objectives to help individuals, organizations, and communities across the United States improve health and well-being.

## B. Community Definition

For the CHNA report, CCIRH chose to define the community as Indian River County, including the ZIP Codes listed in the table below.

ZIP Code	Community	Total Inpatient Discharges	Percent of Discharges	Running Total
32960	Vero Beach	2,801	16.95%	16.95%
32962	Vero Beach	2,526	15.29%	32.24%
32966	Vero Beach	2,415	14.62%	46.85%
32967	Vero Beach	2,079	12.58%	59.43%
32958	Sebastian	1,292	7.82%	67.25%
32968	Vero Beach	1,111	6.72%	73.98%
32963	Vero Beach	965	5.84%	79.82%
32948	Fellsmere	303	1.83%	81.65%
32970	Wabasso	37	0.22%	81.87%

Figure 1 - Defined Community by ZIP Code, Source: Carnahan Group, CCIRH

CCIRH reviewed inpatient discharge data for calendar year 2019. Indian River County ZIP Codes represented 81.87% of total inpatient discharges during this time frame. Demographic data by ZIP Code was analyzed by CCIRH to ensure that medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws patients were not excluded from the defined community.

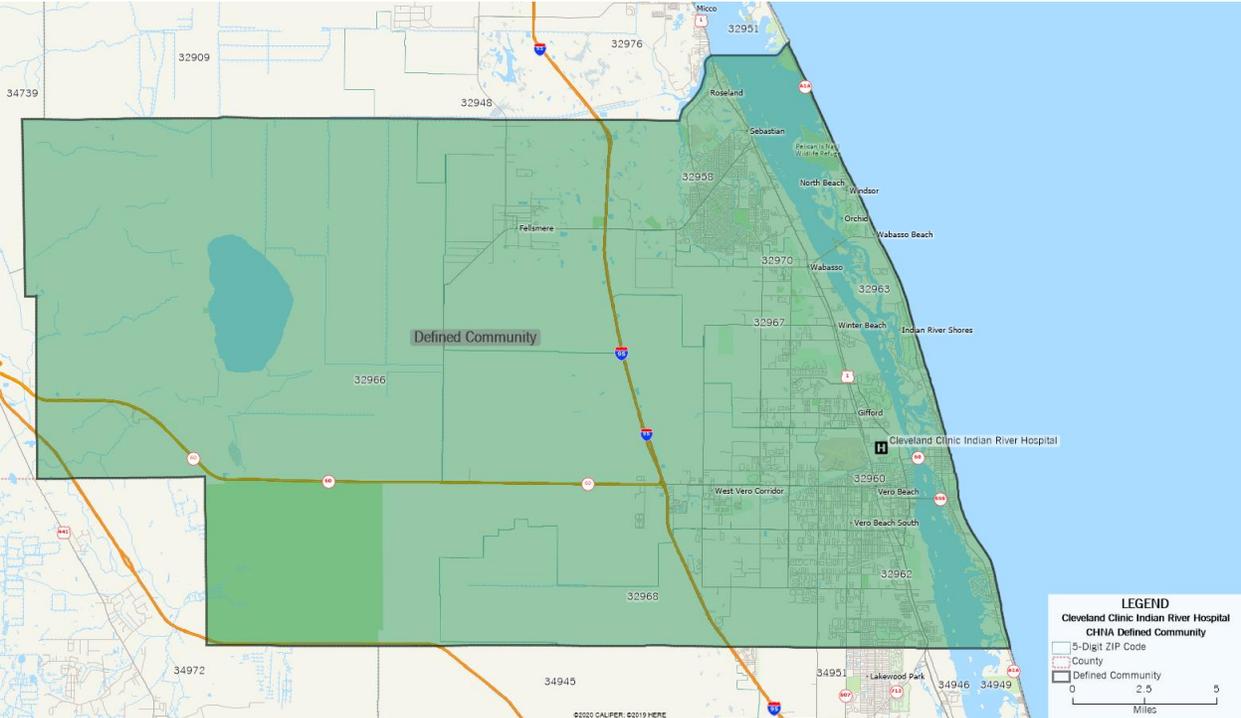


Figure 2 - Community Definition Map, Source: CCIRH, Carnahan Group, Maptitude 2020

# Inpatient Discharges by ZIP Code

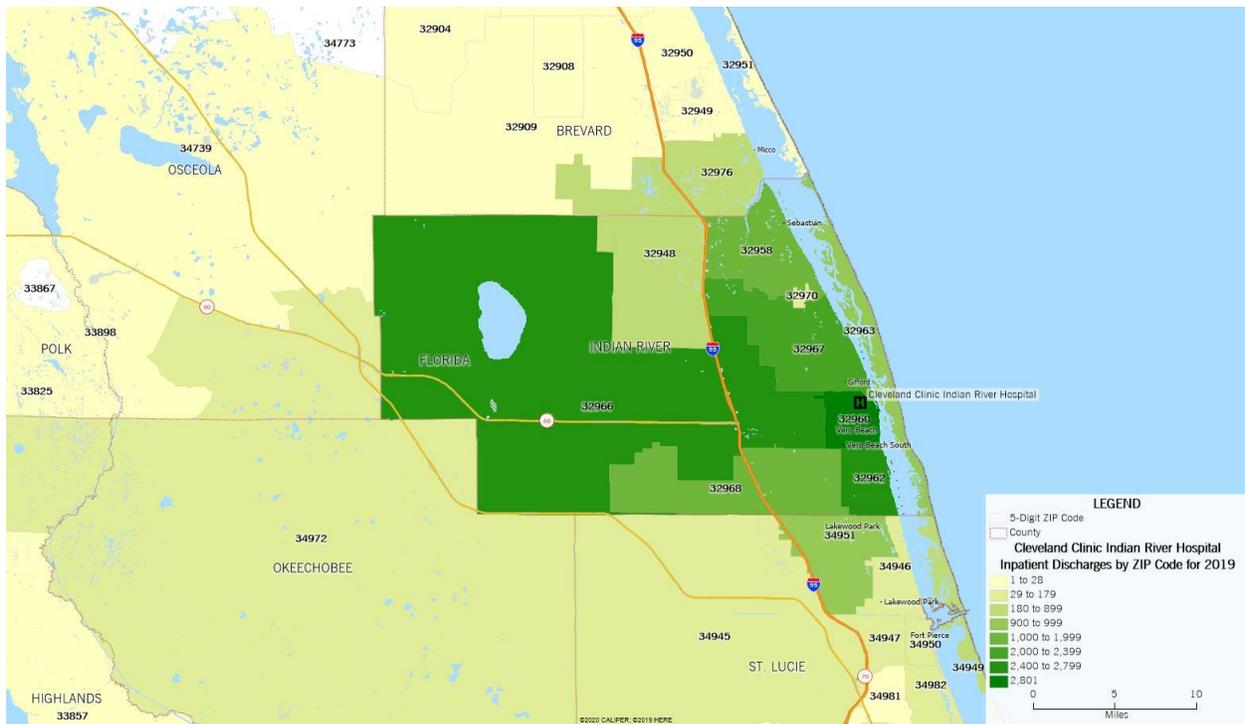


Figure 3 - Community Inpatient Discharges by ZIP Code, Source: CCIRH, Carnahan Group, Maptitude 2020

## II. EXECUTIVE SUMMARY

### A. Prioritized Community Health Needs

The overarching goals in conducting this Community Health Needs Assessment are to identify significant health needs of the community, prioritize those health needs, and identify potential resources available to address those health needs. To identify health needs for CCIRH, a health priority is defined as a medical condition or factor that impacts the health of community members.

An exhaustive list of health needs was established based on an analysis of primary and secondary data. This list of needs was entered into a decision matrix to establish priorities. Ranked factors considered during this process include benchmarked secondary data, categorized coded primary data, information related to the burden, scope, severity, or urgency of the health need, the feasibility and effectiveness of intervening, the presence of health disparities, the hospital's and health system's strategic priorities, and local County Health Improvement Plans (CHIP) and the Florida State Health Improvement Plan (SHIP).

As the CHNA is meant to identify the community's most significant needs, only the top priority health needs have been highlighted. The priority of medical research and health professions education was incorporated to reflect CCIRH's role in the broader Cleveland Clinic health system.

The significant community health needs identified during CCIRH's 2021 CHNA are listed below.

- COVID-19
- Health Equity & Social Determinants of Health
- Access to Care
- Chronic Disease Prevention & Management
- Behavioral Health
- Maternal & Child Health
- Medical Research & Health Professions Education



Figure 4 - Prioritized Community Health Needs, Source: Carnahan Group, CCIH

## COVID-19

At the time of this 2021 CHNA publication, COVID-19, an infectious disease caused by the recently discovered SARS-CoV-2 virus, has dramatically impacted individual and community health. COVID-19 is spread primarily through close person-to-person contact. Reported illnesses have ranged from very mild, including cases with no reported symptoms, to severe, including illness resulting in death. The Centers for Disease Control and Prevention (CDC) and the Florida Department of Health continue to release guidelines to limit individual exposure to the virus, promote COVID-19 vaccination, and slow the spread of the disease.

People of any age with certain underlying medical conditions, pregnant and recently pregnant people, current and former smokers, and those with substance use disorders have an increased risk of severe illness from COVID-19. The CDC defines severe illness as cases that might require hospitalization, intensive care, or ventilation.

Community leaders shared concerns related to the impact of COVID-19 on mental health, housing, food insecurity, domestic violence, missed screenings, and postponed preventative and elective care.

## Health Equity and Social Determinants of Health

Community leaders interviewed discussed economic opportunity, poverty, employment, housing, and access to healthy foods. The primary and secondary impacts of COVID-19 have exacerbated many health disparities and barriers that were present before the pandemic. The public health experts interviewed discussed health disparities related to access to care, chronic

disease, sexually transmitted infections, and infant mortality. Leaders shared their concerns regarding the disproportionate impact of the COVID-19 pandemic on communities of color.

According to the Department of Health and Human Services, the social determinants of health (SDOH) are defined as “conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” The World Health Organization expands upon that definition, adding that the SDOH “include economic policies and systems, development agendas, social norms, social policies, and political systems.”

The HP2030 groups SDOH into five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. The HP2030 leading health indicators include the following items related to health equity and SDOH:

- Household food insecurity and hunger
- Exposure to unhealthy air
- Homicides
- Employment among the working-age population

The community’s unemployment rate and median household income were worse than the state benchmarks. The percentage of children below the federal poverty level within Indian River County exceeded the national average. Additionally, the percent of the population with a bachelor’s degree or higher was lower in the county than in Florida and the United States. The high school graduation rates for non-white students were lower than those of white students within the community.

The ratio of household income at the 80<sup>th</sup> percentile to that of the 20<sup>th</sup> percentile was 4.5 within Indian River County. The difference between the community’s highest and lowest life expectancy by census tract was 11.8 years, ranging from 75.2 years to 87.0 years. Further, Indian River County had a higher residential segregation indicator for Black and white households than the Florida average.

A greater percentage of Indian River County residents experienced limited access to healthy foods than those in Florida and the United States. The community’s food environment index was worse than the national benchmark, and the average meal cost in 2019 exceeded both the state and national averages. Approximately 15% of county residents experienced severe housing problems from 2013-2017. There were 17.3 school environmental safety incidents per 1,000 K-12 students in the county from 2017-2019.

Violent crime rates were generally lower in Indian River County than the statewide and national crime rates. However, the rate of sexual violence towards children ages 5-11 was higher than the Florida rate.

Health disparities related to cancer, heart disease, COVID, infant mortality, life expectancy, and other conditions or outcomes were reported within the primary and secondary data analysis.

Health equity is one of nine priority areas within the 2017-2021 State Health Improvement Plan for Florida. Environmental health, including factors related to the built environment, is one of four top health priorities within the 2016-2021 County Health Improvement Plan for Indian River County.

## Access to Care

Community leaders expressed concerns regarding access to behavioral health and specialty providers, the Medicaid provider network, telemedicine, affordability, regular sources of care, urgent care, proximity to services, wellness checks, and screenings, and quality of care.

The Institute of Medicine previously defined access to care as “the timely use of personal health services to achieve the best health outcomes.”

Federally designated Medically Underserved Areas (MUAs) and Health Professional Shortage Areas (HPSAs) are present within the defined community. Indian River County is designated as a Primary Care and Mental Health Low-Income Population HPSA and as an MUA. Select census tracts within the Vero Beach community and the Fellsmere Census County Division are designated as Dental Health HPSAs.

The HP2030 leading health indicators include the following items related to access to care:

- Children, adolescents, and adults who use the oral healthcare system
- Persons with medical insurance

According to the American Medical Association and County Health Rankings, the ratio of population to primary care physicians within Indian River County was higher than the state and national benchmarks in 2018. A higher ratio is an indicator of less access to providers.

Indian River County residents are more likely to have health insurance coverage than the Florida statewide average, but the uninsured population exceeds the national benchmark. Nearly half of Indian River County residents were covered by public health insurance, a greater portion than the Florida average. Within CCIRH’s defined community, Medicaid coverage ranged from 11.6% to over 80% by census tract.

## Chronic Disease Prevention and Management

Leaders were primarily concerned with healthy aging, heart disease, cancer, and infectious diseases. Discussions about chronic disease prevention occurred frequently during community leader interviews. Leaders worry that those who are unable to seek well visits and have screenings will experience worse chronic disease outcomes. Behavioral risk factors including physical activity, nutrition, obesity, and environmental risk factors related to the built environment, urban planning, and pollution were also mentioned.

The CDC's National Center for Chronic Disease Prevention and Health Promotion defines chronic disease broadly as "conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both". The most prevalent conditions include heart disease, cancer, chronic lung disease, stroke, Alzheimer's disease, diabetes, and chronic kidney disease. Key lifestyle-related risk factors for chronic disease include tobacco use and secondhand smoke, poor nutrition including diets low in fruits and vegetables and high in sodium and saturated fats, lack of physical activity, and excessive alcohol use.

The HP2030 leading health indicators include the following items related to chronic disease prevention and management:

- Consumption of calories from added sugars by persons aged 2 years and over
- Persons who are vaccinated annually against seasonal influenza
- Persons who know their HIV status
- Children and adolescents with obesity
- Adults who meet current minimum guidelines for aerobic physical activity and muscle-strengthening activity
- Adults who receive a colorectal cancer screening based on the most recent guidelines
- Adults with hypertension whose blood pressure is under control
- New cases of diagnosed diabetes in the population
- Current use of any tobacco products among adolescents
- Cigarette smoking in adults

From 2015-2019, Indian River County had a greater rate of disability compared to the Florida and U.S. averages. The community's mortality rates for cancer, Alzheimer's disease, chronic liver disease, kidney disease, and Parkinson's disease exceeded the state benchmark rates. In 2019 there were 827.0 preventable hospitalizations for all ambulatory care sensitive conditions per 100,000 residents in Indian River County.

The county had lower rates of certain cancer screenings, a higher total incidence of all cancers, and higher incidence rates of lung, skin, pancreatic, and ovarian cancers compared to the Florida benchmarks. Similarly, the community experienced higher cancer mortality rates than the state rates. The county also had a greater diabetes prevalence rate and a greater rate of emergency room visits for diabetes than the state of Florida.

Over one-third of adults in Indian River County were classified as having a healthy weight in 2019. However, adults in the community were more likely to be sedentary and had less access to exercise opportunities than the Florida averages. A greater portion of adults in Indian River County were current smokers than in Florida.

Chronic diseases and conditions, healthy weight, nutrition, and physical activity are priority areas within the 2017-2021 State Health Improvement Plan for Florida. Healthy weight is one of four top health priorities within the 2016-2021 County Health Improvement Plan for Indian River County.

## Behavioral Health

Community leaders expressed concern over access to behavioral health services and provider shortages, social isolation, stress, anxiety, depression, suicide, stigma, and substance use, including opioid use.

The HP2030 leading health indicators include the following items related to behavioral health:

- Drug overdose deaths
- Suicides
- Adolescents with major depressive episodes (MDEs) who receive treatment
- Adults engaging in binge drinking of alcoholic beverages during the past 30 days

Substance use disorders refer to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Many individuals who develop substance use disorders are also diagnosed with mental disorders, often referred to as dual diagnoses.

The supply of behavioral health professionals within Indian River County was lower than the average across Florida. Adults within the community were more likely to have poor physical or mental health that kept them from doing usual activities compared to the state benchmark. Roughly a quarter of students in Indian River County ages 11 through 17 felt sad or hopeless for two weeks in a row and stopped their usual activities in 2018.

There were roughly 1,200 hospitalizations per 100,000 population attributable to mental disorders within Indian River County, which was a higher rate than the state average for 2019. The total suicide rate within the community was higher than the 2019 Florida rate and exceeded the national suicide rate from 2015 to 2019.

Indian River County had a higher rate of hospitalizations related to drug and alcohol-induced mental disorders than the state rate. A greater portion of middle and high school students within the community reported drinking alcohol, and a larger percentage of adults engaged in binge drinking when compared to the Florida averages. The county had a higher alcoholic liver disease death rate than the state.

Although the community had a better rate of drug poisoning deaths per population than the state and national benchmarks, there were a higher number of opioids prescribed per 100 people within Indian River County than in Florida and the U.S.

Behavioral health is included as a priority area within the 2017-2021 State Health Improvement Plan for Florida. Mental health is one of four top health priorities within the 2016-2021 County Health Improvement Plan for Indian River County.

## Maternal and Child Health

During interviews, community leaders indicated their concerns regarding the impacts of COVID-19 on school-aged children, prenatal care, developmental screening, and infant mortality.

The HP2030 leading health indicators include the following items related to maternal and child health, excluding previously mentioned items related to all life stages.

- Infant deaths
- 4<sup>th</sup>-grade students whose reading skills are at or above the proficient achievement level for their grade
- Maternal deaths

According to HP2030, “women in the U.S. are more likely to die from childbirth or problems related to pregnancy than women in other high-income countries. In addition, there are persistent disparities by race/ethnicity. The pregnancy and postpartum periods can provide an opportunity to prevent future health problems for women and their children by identifying risky behaviors and existing health conditions.” Further, the CDC considers infant mortality “an important marker of the overall health of a society.”

Indian River County had a higher rate of teen births than the Florida rate from 2017-2019. The portion of births to mothers who smoked during pregnancy was higher in the community and there were fewer births to mothers with healthy weight within the county than in Florida. There was also a lower rate of breastfeeding initiation within Indian River County than the state rate. Preterm births (less than 37 weeks gestation) were more common in the community. Although the total rates of maternal and infant deaths were lower than the state benchmarks, there were significant disparities by race/ethnicity present. The infant mortality rate for Black babies was more than double the rates for white babies and Hispanic babies within Indian River County.

Maternal and child health is included as a top priority within the 2017-2021 State Health Improvement Plan for Florida. Infant mortality is one of four top health priorities within the 2016-2021 County Health Improvement Plan for Indian River County.

## Medical Research & Health Professions Education

Community leader concerns included the need for specialty care providers, including behavioral health sub-specialists, and providers accepting Medicaid patients.

More trained health professionals are needed locally, regionally, and nationally. The Cleveland Clinic model of medicine, as developed by its founders, is one that integrates research and education in medical services provided to patients. Research conducted by Cleveland Clinic has improved health for community members through advancements in new clinical techniques, devices, and treatment protocols in such areas as cancer, heart disease, and diabetes. There is a need for more research to address these and other community health needs.

Cleveland Clinic's research activities are intended to improve patient care and the health of the public at large, by providing the latest advances in medicine directly to patients and by refining the practice of medicine through the development and promulgation of new techniques, devices, and treatment protocols. The newly opened Florida Research and Innovation Center is focused on research related to the emerging COVID-19 pandemic.

### III. SECONDARY DATA

#### A. COVID-19

According to the Florida Department of Health, as of July 29, 2021, Indian River County reported a cumulative total of 14,411 cases of COVID-19 since March 1, 2020. The cumulative case positivity rate was 15.1% in the community, which was lower than the statewide average. Indian River County had a higher vaccination rate including those with at least one dose (67.0%) for those aged 12 and up than the rate in Florida (61%) during the same time frame.

	Indian River County	Florida
Percent age 12+ vaccinated	67.0%	61.0%
COVID-19 Cases	14,411	2,590,699
Case positivity	15.1%	17.8%

Figure 5 - COVID Cases and Vaccinations within Florida, Source: Florida Department of Health, Weekly Report for July 29, 2021

#### COVID Deaths

Within the state of Florida, the cumulative COVID-19 death count was 39,695 as of August 5, 2021, representing a total case fatality rate of 1.5%. According to the Florida Department of Health, those over the age of 65 accounted for over 80% of deaths, with an 8.8% case fatality rate. Across the state, a greater number of deaths occurred in males than females. The mortality rate per 100,000 population was greater for Black individuals (174.0) and individuals of other races (253.4) than for white individuals (170.7) in Florida. The mortality rate for non-Hispanic individuals (174.0) was greater than the mortality rate for Hispanic individuals (160.1) across the state.

According to the Centers for Disease Control and Prevention, the most recent confirmed COVID-related death within Indian River County occurred before June 9, 2021. A total of 306 deaths occurred due to COVID-19 within the community as of August 5, 2021, representing a case fatality rate of 2.12%, and an overall death rate of 194.4 per 100,000 population.

## COVID Hospitalizations

At the time of this CHNA, the White House COVID-19 Team, Joint Coordination Cell, Data Strategy, and Execution Workgroup publishes weekly state profile reports which include information related to new COVID-19 hospitalizations, hospital supply shortages, and hospital staff shortages. For the report published July 30, 2021, there were 21.2 confirmed and suspected new COVID-19 hospital admissions per 100 hospital beds within Florida. During the same time frame, there were only five hospitals with supply shortages statewide, representing 2% of the total facilities. Similarly, only 5% of hospitals within Florida experienced staff shortages during that period.

Within the CDC's Integrated County View Report for Indian River County, there were 26.17 new COVID hospital admissions per 100 beds during the seven days preceding August 7, 2021. Approximately 22.6% of hospital beds and 44.85% of ICU beds within the county were being used to treat COVID patients at that time. These utilization statistics reflected the highest rates reported year to date.

## COVID Vaccination

The Centers for Disease Control and Prevention reported that over 99 percent of the population over age 65 within Indian River County had received at least one dose of a COVID vaccine as of August 8, 2021, with 83.7% of that population being fully vaccinated. Considering the total population over the age of 12 within Indian River County, 57.8% had been fully vaccinated.

## Community Transmission and COVID Testing

At the time of this CHNA, the Centers for Disease Control and Prevention publish the level of community transmission for each county weekly. The levels, rated as low, moderate, substantial, or high, consider both the total number of new cases per 100,000 persons and the percentage of positive diagnostic and screening nucleic acid amplification tests (NAAT) within the last 7 days. For the reporting period ending August 7, 2021, Indian River County's level of community transmission was rated as high. The case rate per 100,000 people in the county was 597.16 for the 7 days preceding August 8, 2021. This rate was similar in magnitude to the county's peak in cases observed mid-January through February 2021. The July-August 2021 spike in cases exceeded the case rates observed during late summer 2020 within Indian River County.

Compared to the beginning of 2021, COVID-19 testing volume slightly declined within the community throughout spring and summer. The volume of tests per 100,000 population was 3,130.3 for the 7 days preceding August 8, 2021. However, the percent positivity began to rise significantly within July 2021 and reached 19.04% within Indian River County for the 7 days preceding August 8, 2021.

## B. Shortage Areas

### Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in primary care, dental health, or mental health. Shortages may be geographic-, population-, or facility-based:

- Geographic Area - a shortage of providers for the entire population within a defined geographic area.
- Population Groups - a shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)

The following areas are characterized as Health Professional Shortage Areas (HPSAs) within the community:

County	Primary Care Designation	Dental Health Designation	Mental Health Designation	Rural Status
<b>Indian River County</b>	Low Income Population HPSA (Whole County)	1) Geographic HPSA (Fellsmere Census County Division) 2) Low Income Population HPSA (Select Vero Beach Census Tracts)	Low Income Population HPSA (Whole County)	Non-Rural

Figure 6 – Health Professional Shortage Area, Source: Health Resources and Services Administration

### Medically Underserved Areas

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations with a lack of access to primary care services. MUAs have a shortage of primary care health services for residents within a geographic area, while MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care health services. Designations are based on the Index of Medical Underservice (IMU).

The IMU is calculated based on four criteria:

- the population to provider ratio
- the percent of the population below the federal poverty level
- the percent of the population over age 65
- the infant mortality rate

IMU can range from 0 to 100, where zero represents the completely underserved. Areas or populations with IMUs of 62.0 or less qualify for designation as an MUA/P. The following table describes the MUA within the community:

County	IMU Score	Medically Underserved Area Designation
<b>Indian River County</b>	56.6	MUA

Figure 7 - Medically Underserved Areas, Source: Health Resources and Services Administration

According to County Health Rankings, the ratio of population to primary care providers was 1,670:1 in Indian River County in 2018, compared to Florida’s overall ratio of 1,380:1.

## C. Population Demographics

### Population Density

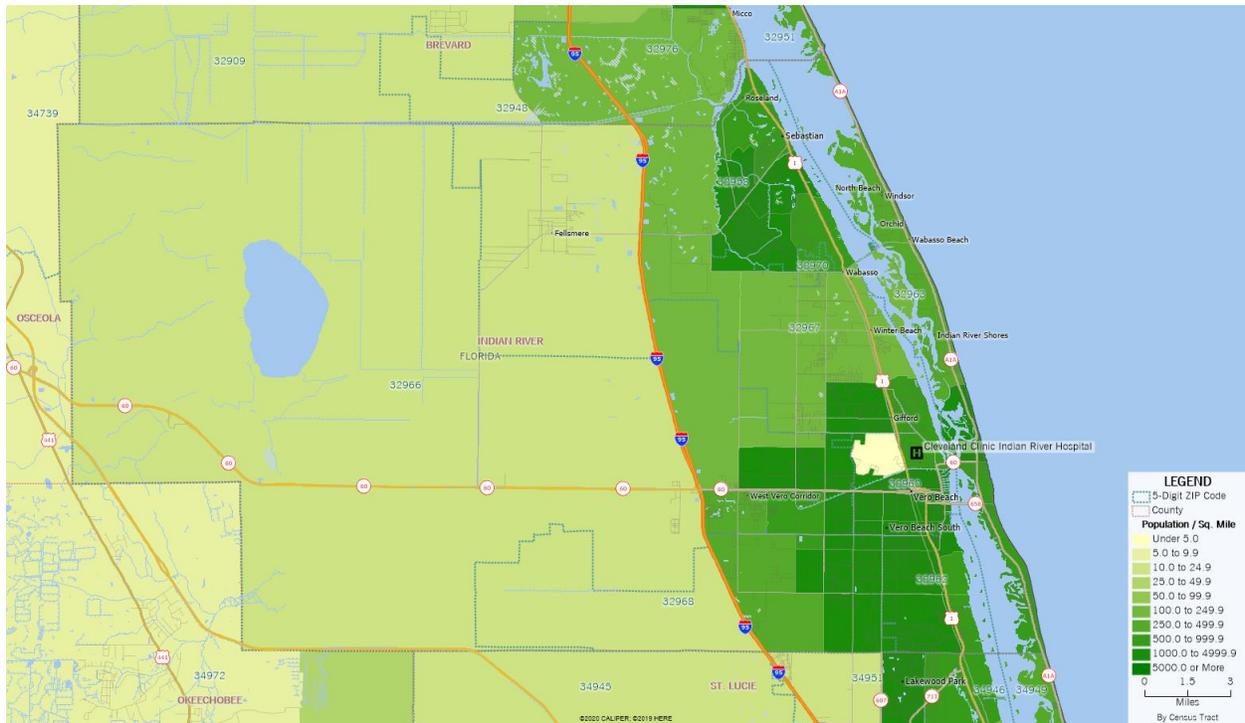


Figure 8 - 2019 Population Density by Census Tract, Source: Maptitude 2020

### Population Growth

The projected population growth for the community is 7.1% over the next five years. Significant population growth is expected for most ZIP Codes, and the greatest growth is expected for ZIP Code 32967 (11.5%) in Vero Beach.

ZIP Code	Community	Current Population	Projected 5-Year Population	Percentage Change
32958	Sebastian	29,542	31,555	6.8%
32967	Vero Beach	26,996	30,092	11.5%
32962	Vero Beach	25,369	26,825	5.7%
32960	Vero Beach	20,890	21,655	3.7%
32966	Vero Beach	19,604	21,248	8.4%
32968	Vero Beach	17,011	18,376	8.0%
32963	Vero Beach	16,166	16,822	4.1%
32948	Fellsmere	7,597	8,149	7.3%
<b>Total</b>		<b>163,175</b>	<b>174,722</b>	<b>7.1%</b>

Figure 9 - Population Change by ZIP Code, 2020 – 2025, Source: Esri 2020

# Population Age

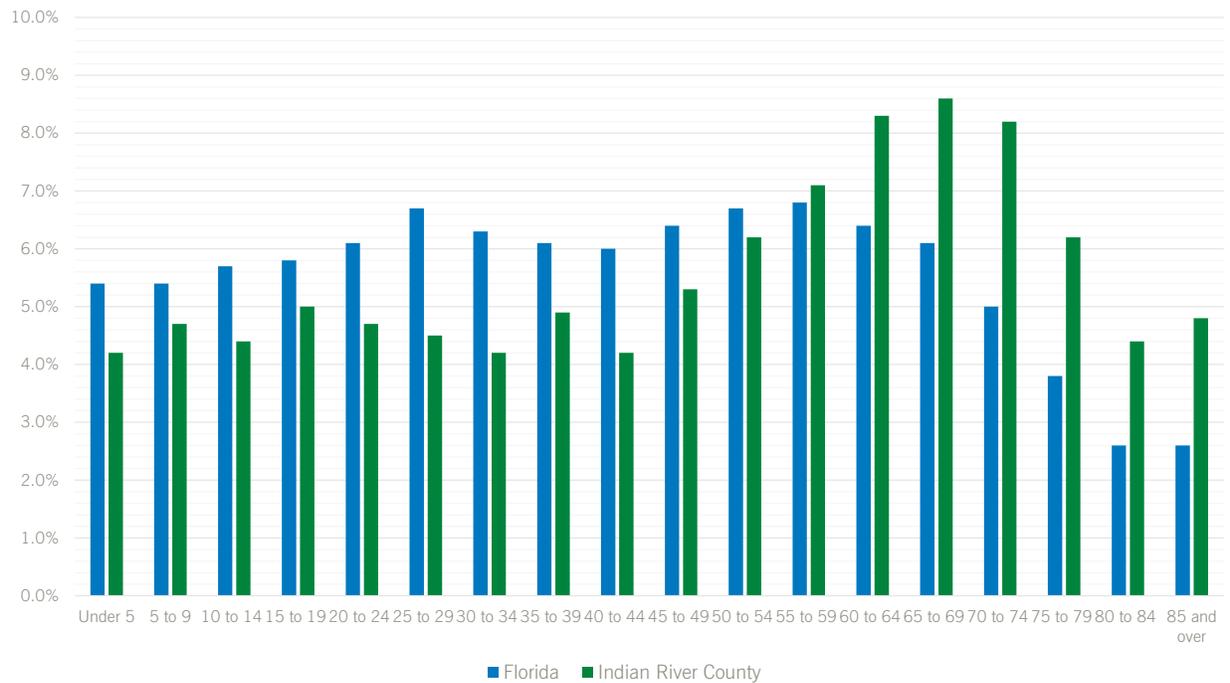


Figure 10 - Population Age Groups, Source: U.S. Census Bureau ACS 2015-2019

The populations of residents aged 20-29 and 50-59 are expected to decrease slightly over the next five years. Significant population growth is expected for adults aged 30-44, and adults over the age of 65.

Age Group	2020			2025			Percentage Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 00 through 04	3,442	3,437	6,879	3,727	3,680	7,407	8.3%	7.1%	7.7%
Age 05 through 09	3,672	3,603	7,275	3,904	3,839	7,743	6.3%	6.6%	6.4%
Age 10 through 14	3,820	3,784	7,604	4,113	4,004	8,117	7.7%	5.8%	6.7%
Age 15 through 19	4,205	3,582	7,787	4,319	3,817	8,136	2.7%	6.6%	4.5%
Age 20 through 24	3,686	3,586	7,272	3,570	3,425	6,995	-3.1%	-4.5%	-3.8%
Age 25 through 29	4,503	4,203	8,706	4,027	3,904	7,931	-10.6%	-7.1%	-8.9%
Age 30 through 34	3,980	3,783	7,763	4,621	4,431	9,052	16.1%	17.1%	16.6%
Age 35 through 39	3,812	3,746	7,558	4,352	4,198	8,550	14.2%	12.1%	13.1%
Age 40 through 44	3,583	3,741	7,324	4,265	4,197	8,462	19.0%	12.2%	15.5%
Age 45 through 49	3,880	4,047	7,927	3,970	4,180	8,150	2.3%	3.3%	2.8%
Age 50 through 54	4,372	4,828	9,200	4,202	4,446	8,648	-3.9%	-7.9%	-6.0%
Age 55 through 59	5,373	5,997	11,370	4,872	5,555	10,427	-9.3%	-7.4%	-8.3%
Age 60 through 64	6,010	6,997	13,007	6,199	7,037	13,236	3.1%	0.6%	1.8%
Age 65 through 69	6,303	7,274	13,577	7,039	8,174	15,213	11.7%	12.4%	12.0%
Age 70 through 74	6,172	7,312	13,484	6,934	7,875	14,809	12.3%	7.7%	9.8%
Age 75 through 79	4,859	5,781	10,640	6,119	7,426	13,545	25.9%	28.5%	27.3%
Age 80 through 84	3,379	4,038	7,417	4,109	5,065	9,174	21.6%	25.4%	23.7%
Age 85 and over	3,644	4,741	8,385	3,926	5,201	9,127	7.7%	9.7%	8.8%
<b>Total</b>	<b>78,695</b>	<b>84,480</b>	<b>163,175</b>	<b>84,268</b>	<b>90,454</b>	<b>174,722</b>	<b>7.1%</b>	<b>7.1%</b>	<b>7.1%</b>

Figure 11 - Population Change by Age Group, Source: Esri 2021, Carnahan Group

## Median Age

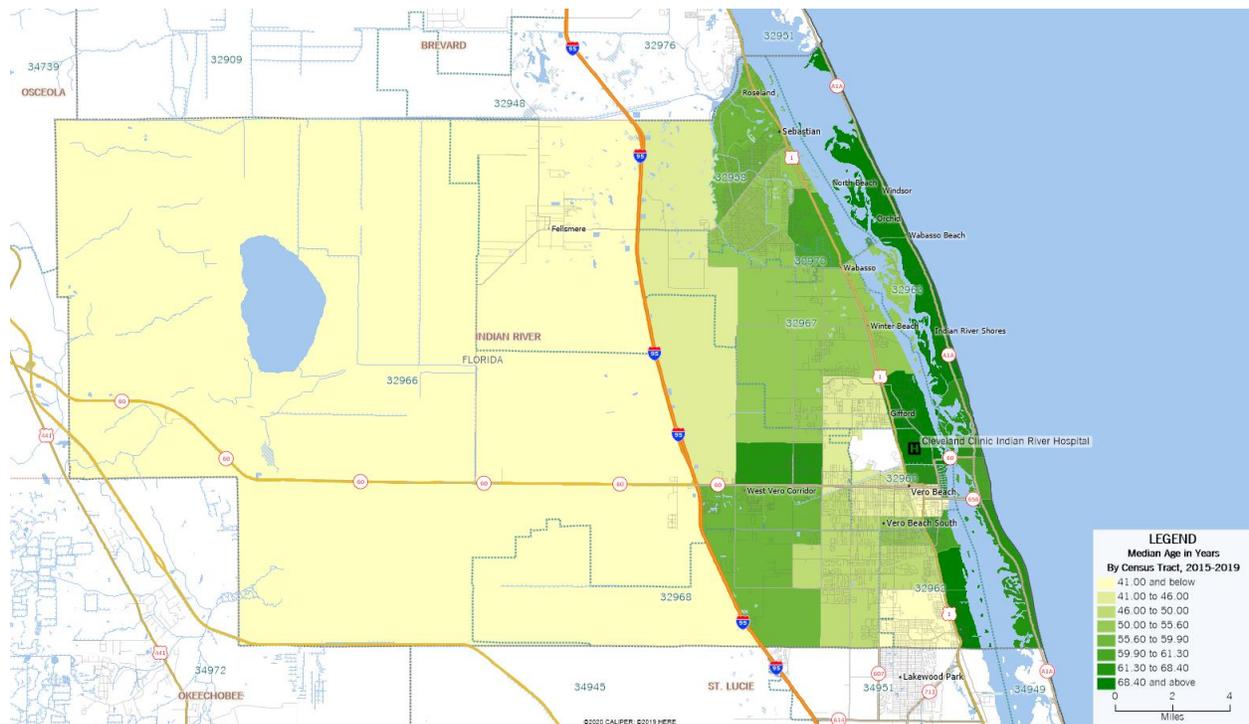


Figure 12 - Map of Median Age by Census Tract, Source: U.S. Census Bureau ACS 2015-2019, Maptitude 2020

## Population Race/Ethnicity

The most common race/ethnicity in CCIRH's community is white (74.2%) followed by Hispanic (13.3%), Black/African American (9.1%), Asian/Pacific Islander (1.6%), individuals of two or more races (1.5%), and other races (0.3%).

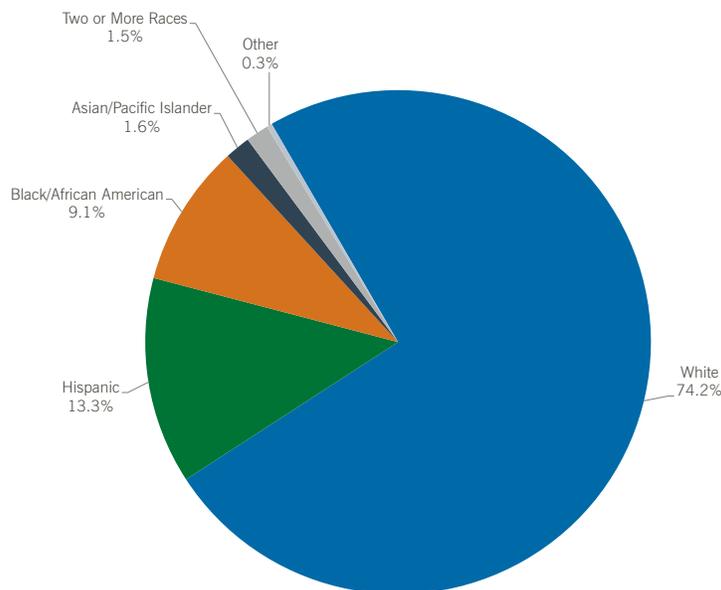


Figure 13 - Population by Race/Ethnicity, Source: Esri 2020

## Population Growth by Race/Ethnicity

Substantial population growth is expected for the Hispanic population (19.3%), Asian/Pacific Islander population (23.6%), and individuals of two or more races (19.8%). The Black population within Indian River County is also expected to grow at a greater rate than the white population (9.4% and 4.0% growth respectively).

Race/Ethnicity	2020	2025	Percentage Change
White	121,012	125,847	4.0%
Hispanic	21,655	25,824	19.3%
Black/African American	14,902	16,303	9.4%
Asian/Pacific Islander	2,658	3,286	23.6%
Two or More Races	2,384	2,856	19.8%
Other	564	606	7.4%

Figure 14 - Population Change by Race/Ethnicity, Source: Esri 2020

## Language and Foreign-Born Population

A smaller portion of foreign-born individuals resided in Indian River County than in Florida and the United States from 2015-2019. Similarly, a lower percentage of residents spoke a language other than English within the home during the same time frame.

	Indian River County	Florida	United States
Foreign born population	9.9%	20.7%	13.6%
Language other than English spoken at home	13.3%	29.4%	21.6%

Figure 15 – Language and Foreign-Born Population, Source: U.S. Census Bureau ACS 2015-2019

## Computer and Internet Access

A greater percentage of households within Indian River County had no access to a computer or broadband internet than the state and national averages.

	Indian River County	Florida	United States
Households with a computer	88.4%	91.5%	90.3%
Households with broadband internet subscription	82.1%	83.0%	82.7%

Figure 16 - Computer and Internet Access, Source: U.S. Census Bureau ACS 2015-2019

## Veteran Population

According to the U.S. Census Bureau’s 2015-2019 American Community Survey estimates, 11.9% of Indian River County residents were veterans, compared to only 8.6% of Florida residents and 7.3% of the U.S. population.

## D. Socioeconomic Status

According to Healthy People 2030, nearly one in ten individuals live in poverty within the United States. Those with steady employment are less likely to live in poverty and are more likely to be healthy. Economic stability represents a key domain within the HP2030 SDOH framework.

The 2019 annual unemployment average for Indian River County (4.0%) was higher than Florida’s average (3.3%) but the statewide rate of unemployment increased more sharply during 2020 (7.7%) than the rate within Indian River County (7.4%). The U.S. Census Bureau publishes median household income and poverty estimates. According to the 2015-2019 American Community Survey estimates, the median household income in Indian River County (\$54,740) was slightly lower than FL’s (\$55,660).

Poverty thresholds are determined by family size, the number of children, and the 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. As of February 1, 2021, the 2021 federal poverty threshold for a family of four was \$26,500. The Census Bureau estimates indicate that Indian River County residents were less likely to live in poverty (11.4%) compared to FL residents (14.0%). Children in Indian River County were slightly less likely to be living below the poverty level (18.8%) compared to all children in FL (20.1%). Within the community, the ratio of household income at the 80th percentile to that at the 20th percentile was 4.5, which was only slightly lower than the state (4.6) and national (4.9) ratios.

	Indian River County	Florida	United States
2019 unemployment rate <sup>1</sup>	4.0%	3.3%	3.7%
2020 unemployment rate <sup>1</sup>	7.4%	7.7%	8.1%
Median household income <sup>2</sup>	\$ 54,740	\$ 55,660	\$ 62,843
Individuals below poverty level <sup>2</sup>	11.4%	14.0%	13.4%
Children below poverty level <sup>2</sup>	18.8%	20.1%	18.5%
Income inequality ratio <sup>3</sup>	4.5	4.6	4.9

Figure 17 - Socioeconomic Indicators, Source: 1) Bureau of Labor Statistics, 2) U.S. Census Bureau ACS 2015-2019, 3) U.S. Census Bureau ACS 2015-2019, County Health Rankings, income inequality represented as a ratio of household income at the 80<sup>th</sup> percentile to that of the 20<sup>th</sup> percentile, shading indicates the county measure was greater than or worse than the state benchmark value

# Median Household Income

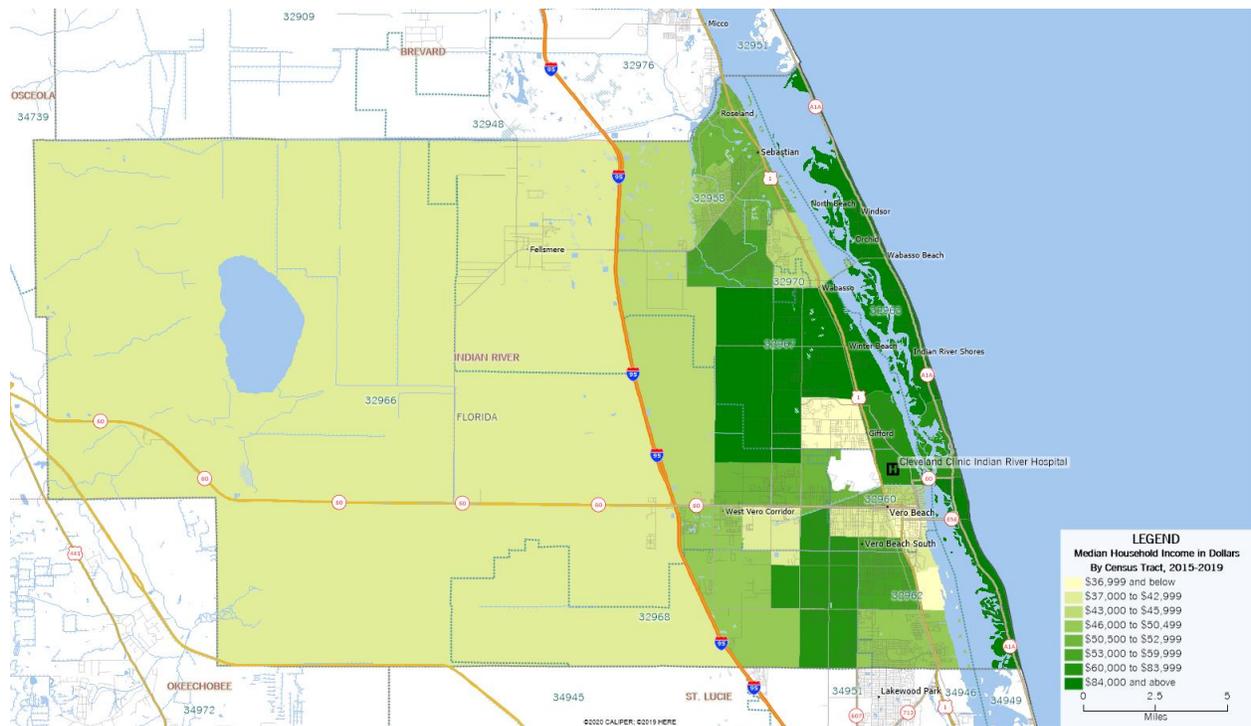


Figure 18 - Map of Median Household Income by Census Tract, Source: U.S. Census Bureau ACS 2015-2019, Maptitude 2020

# Population Below Federal Poverty Level

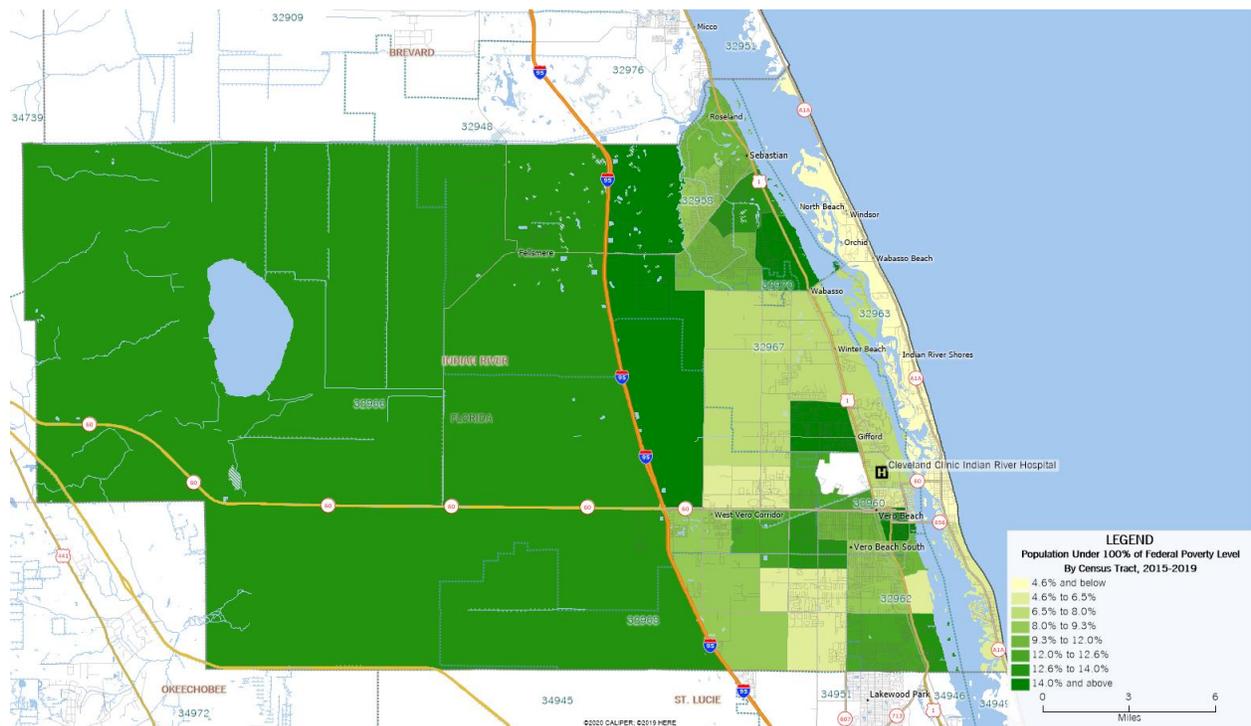


Figure 19 – Population Under Federal Poverty Level by Census Tract, Source: U.S. Census Bureau ACS 2015-2019, Maptitude 2020

## E. Access to Care

### Health Insurance Coverage

According to the U.S. Census Bureau's 2015-2019 American Community Survey estimates, Indian River County residents were more likely to have health insurance coverage (11.8% uninsured) than all FL residents (12.8% uninsured). Public insurance coverage was more common among Indian River County residents (48.7%) compared to all FL residents (37.0%).

	Indian River County	Florida	United States
Private insurance coverage	60.9%	62.7%	67.9%
Public insurance coverage	48.7%	37.0%	35.1%
No health insurance coverage	11.8%	12.8%	8.8%
No health insurance coverage (children under 19 years)	5.8%	7.2%	5.1%

Figure 20 - Health Insurance Coverage, Source: U.S. Census Bureau ACS 2015-2019, shading indicates the county measure was greater than or worse than the state benchmark value

### Uninsured Population

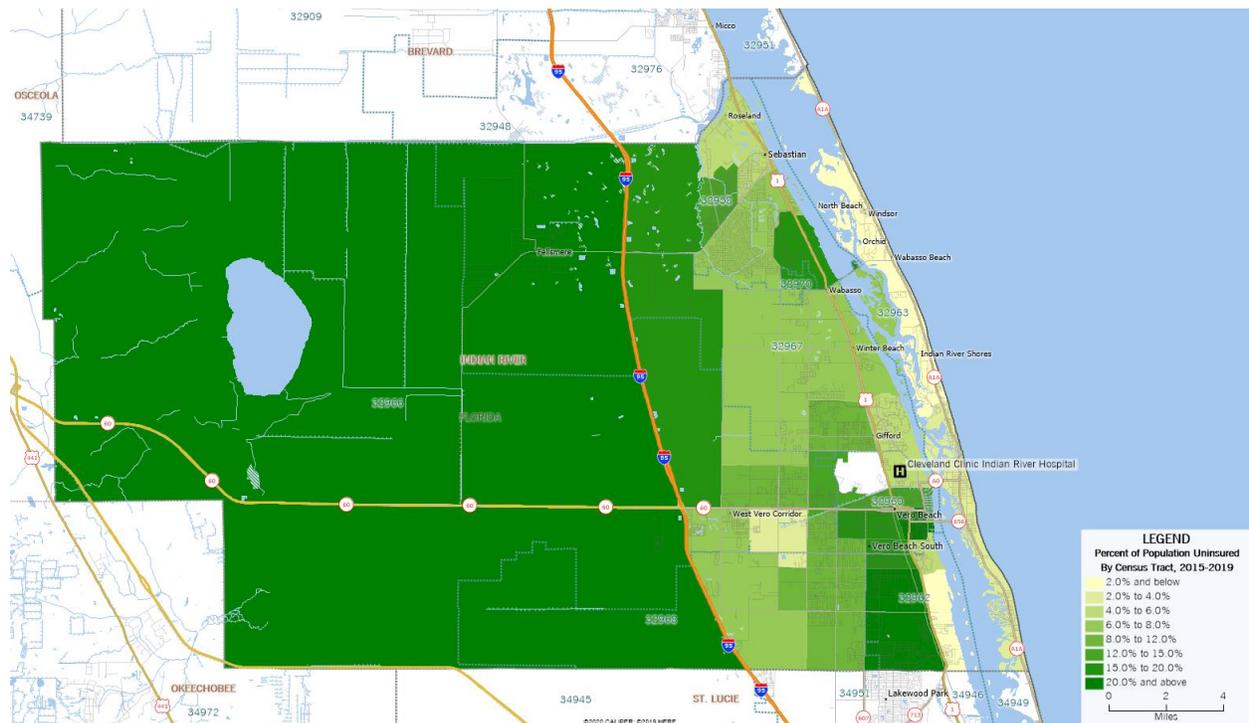


Figure 21 - Uninsured Population by Census Tract, Source: U.S. Census Bureau ACS 2015-2019

## Medicaid Coverage

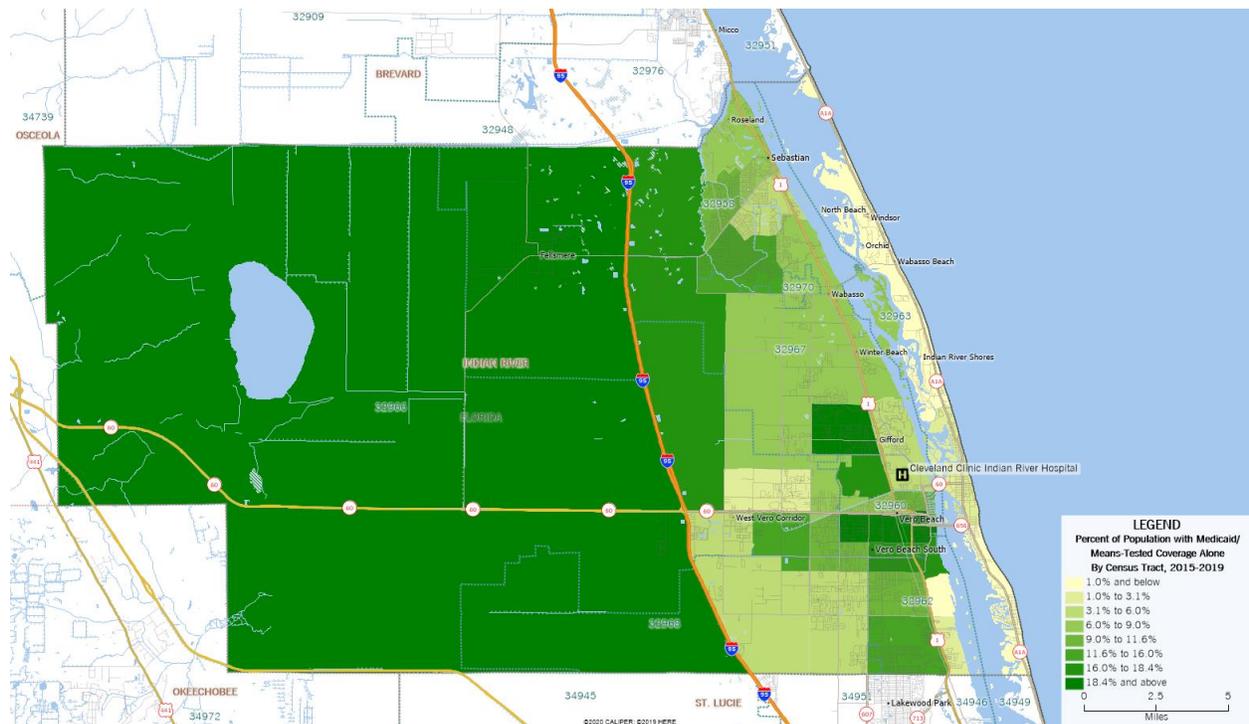


Figure 22 - Medicaid Population by Census Tract, Source: U.S. Bureau ACS 2015-2019, Maptitude 2020

## Dental Health

FL Health CHARTS publishes information related to dental care and providers. In 2016, Indian River County had a lower percentage of adults with a dental visit in the past year (58.7%) than the state average (63.0%). The dentist and dental hygienist supply per 100,000 population was greater in Indian River County than in the state in 2019.

	Indian River County	Florida
Adult dental visit in the past year, 2016	58.7%	63.0%
Total licensed Florida dental hygienists, 2019	74.7	60.3
Total licensed Florida dentists, 2019	59.2	56.7

Figure 23 - Dental Health and Providers, Source: FL Health Charts Oral Health Profile. Provider supply is shown per 100,000 population, shading indicates the county measure was greater than or worse than the state benchmark value

## F. Housing

The U.S. Census Bureau's 2015-2019 American Community Survey (ACS) estimates indicated that Indian River County had a higher rate of homeownership than the state and national benchmarks. Of Indian River County residents, 87.4% occupied the same residences as one year ago. The county had a slightly lower portion of adults over age 65 living alone (23.7%) than Florida (24.2%), and the United States (26.9%).

County Health Rankings publishes estimates of severe housing cost burden and segregation utilizing ACS data. Overall, Indian River County had a lower proportion of individuals with a severe housing cost burden when compared to Florida. From 2015-2019, the racial segregation index for Black/White households in Indian River County was higher than the Florida indicator.

### Home Ownership and Housing Characteristics

	Indian River County	Florida	United States
Homeownership	79.2%	65.4%	64.0%
Same residence as 1 year ago	87.4%	84.5%	85.8%
Percent of adults over age 65 who live alone	23.7%	24.2%	26.9%
Severe housing cost burden	13.9%	17.0%	18.0%

Figure 24 - Home Ownership and Housing Characteristics, Source: U.S. Census Bureau ACS 2015-2019, County Health Rankings 2021

### Residential Segregation

	Indian River County	Florida	United States
Residential segregation - Black/white	55.0	54.0	62.0
Residential segregation - non-white/white	42.0	43.3	47.0

Figure 25 - Residential Segregation Shown as an Index, Source: U.S. Census Bureau ACS 2015-2019, County Health Rankings 2021, shading indicates the county measure was greater than or worse than the state benchmark value

# Homelessness

The Treasure Coast Homeless Services Council provides a Point-in-Time (PIT) count of sheltered and unsheltered homeless persons on a single night. The 2021 count was conducted on January 26, 2021. There was a total of 28 agencies that surveyed unsheltered homeless individuals during the PIT count and a total of 8 agencies that reported sheltered homeless individuals, which reflects a decrease in participation from the previous year. Additional individuals temporarily staying with family or friends because of economic reasons (“couch surfers”) are not considered homeless in this count.

Indian River County	
Total homeless individuals January, 2019	489
Total homeless individuals January, 2020	464
Total homeless individuals January, 2021	261

Figure 26 - Point-In-Time Homelessness Count 2020-2021, Source: Treasure Coast Homeless Services Council

## G. Education

The U.S. Census Bureau’s 2015-2019 American Community Survey estimates indicate that Indian River County had a higher percentage of high school graduates (89.4%) than the state and national averages. Although the county had a higher portion of individuals with a graduate or professional degree, there were fewer individuals in Indian River County who had earned a bachelor’s degree or higher than the state and national benchmarks. According to the Florida Department of Education, the high school graduation rate for Asian students within Indian River County (90.5%) was lower than the Florida benchmark rate (98.0%).

### Highest Level of Education Completed

	Indian River County	Florida	United States
Less than 9th grade	3.5%	4.8%	5.1%
9th to 12th grade, no diploma	7.1%	7.0%	6.9%
High school degree or equivalent	30.4%	28.6%	27.0%
Some college, no degree	20.4%	19.9%	20.4%
Associate's degree	9.4%	9.8%	8.5%
Bachelor's degree	17.8%	18.9%	19.8%
Graduate or professional degree	11.3%	11.0%	12.4%
High school graduate or higher	89.4%	88.2%	88.0%
Bachelor's degree or higher	29.1%	29.9%	32.1%

Figure 27 - Highest Level of Education Completed by Persons 25 Years and Older, Source: U.S. Census Bureau ACS 2015-2019, shading indicates the county measure was greater than or worse than the state benchmark value

## High School Graduation Rates by Race/Ethnicity

	Indian River County	Florida
White	95.1%	91.7%
Hispanic	92.1%	89.5%
Black	90.0%	86.6%
Two or More Races	93.5%	90.5%
Asian	90.5%	98.0%
American Indian	*	84.1%
Pacific Islander	*	90.5%

Figure 28 - High School Graduation Rates by Race/Ethnicity, Source: Florida Dept. of Education, 2019-2020 \* indicates suppressed data or no data, shading indicates the county measure was greater than or worse than the state benchmark value

## Population with a High School Degree or Higher

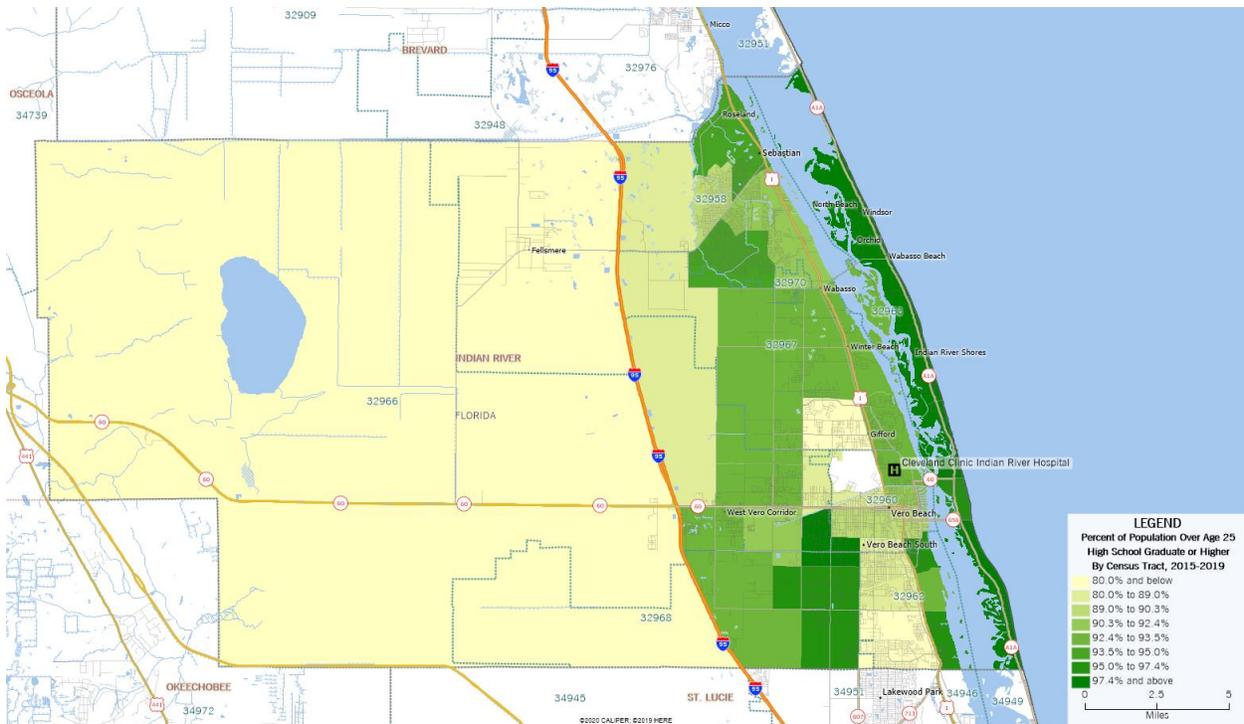


Figure 29 - Population with a High School Degree or Higher by Census Tract, Source: U.S. Census Bureau ACS 2015-2019, Maptitude 2020

# Population with a Bachelor's Degree or Higher

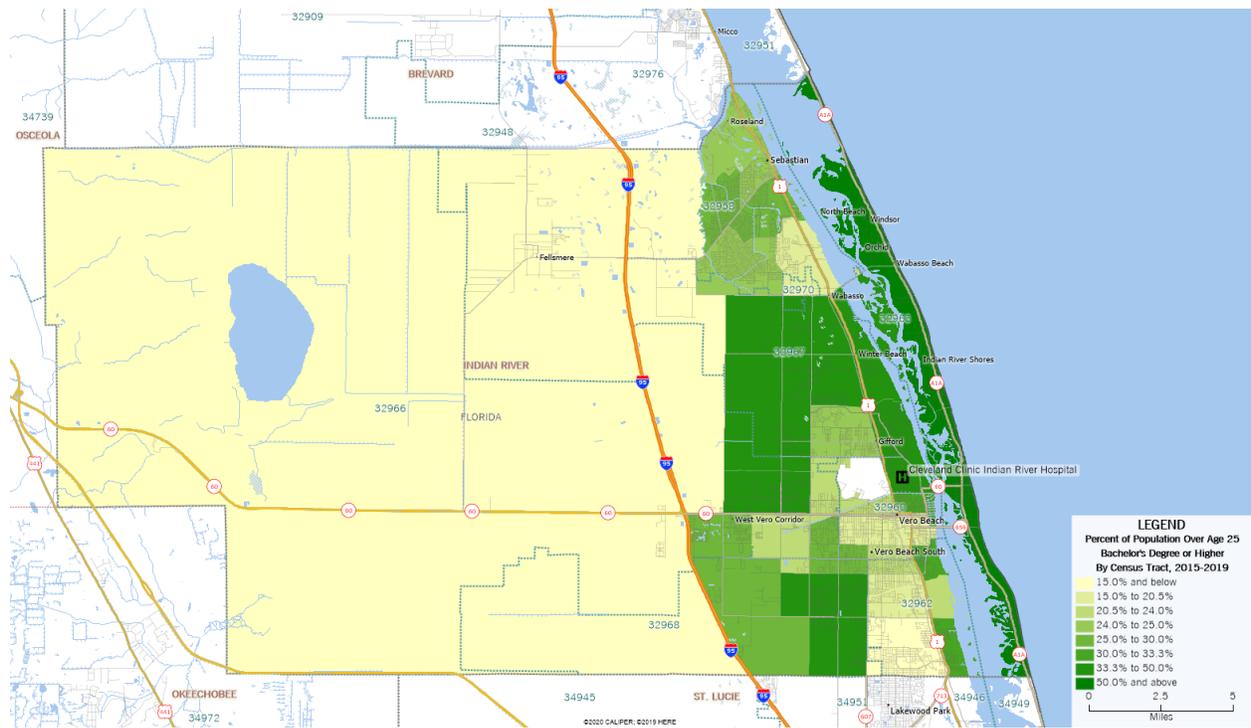


Figure 30 - Population with a Bachelor's Degree or Higher by Census Tract, Source: U.S. Census Bureau ACS 2015-2019, Maptitude 2020

# Florida Standard Assessment

The Florida Department of Education publishes district results from the Florida Standard Assessment tests. During the 2018-2019 school year, Indian River County students in grades 5-8 and 10 were less proficient in English language arts than the state benchmark. Those in grade levels 5-7 were also less proficient in mathematics than the state benchmarks.

## English Language Arts Proficiency

	Indian River County	Florida
3rd grade - level 3 proficiency and above	59.8%	57.6%
4th grade - level 3 proficiency and above	61.4%	58.4%
5th grade - level 3 proficiency and above	54.2%	56.2%
6th grade - level 3 proficiency and above	51.9%	54.4%
7th grade - level 3 proficiency and above	51.5%	52.3%
8th grade - level 3 proficiency and above	53.3%	56.3%
9th grade - level 3 proficiency and above	54.9%	54.8%
10th grade - level 3 proficiency and above	51.0%	52.5%

Figure 31 – English Language Arts Proficiency Shown as Percent of Students in Level 3 or Above, Source: Florida Dept. of Education, District FSA Results, 2018-2019, shading indicates the county measure was greater than or worse than the state benchmark value

## Mathematics Proficiency

	Indian River County	Florida
3rd grade - level 3 proficiency and above	64.3%	62.4%
4th grade - level 3 proficiency and above	64.1%	63.9%
5th grade - level 3 proficiency and above	57.2%	59.7%
6th grade - level 3 proficiency and above	53.4%	54.5%
7th grade - level 3 proficiency and above	53.4%	54.0%
8th grade - level 3 proficiency and above	47.1%	45.9%

Figure 32 - Mathematics Proficiency Shown as Percent of Students in Level 3 or Above, Source: Florida Dept. of Education, District FSA Results, 2018-2019, shading indicates the county measure was greater than or worse than the state benchmark value

## H. Transportation

According to the U.S. Census Bureau's 2015-2019 American Community Survey estimates, individuals in Indian River County had better access to vehicles than the state benchmark. Indian River County residents had a lower mean commute time (22.9 minutes) than the Florida average (26.9 minutes).

	Indian River County	Florida	United States
Housing units with no vehicles available	5.0%	6.3%	8.6%
Mean travel time to work (minutes)	22.9	27.8	26.9

Figure 33 - Transportation Indicators, Source: U.S. Census Bureau ACS 2015-2019

## Mean Travel Time to Work

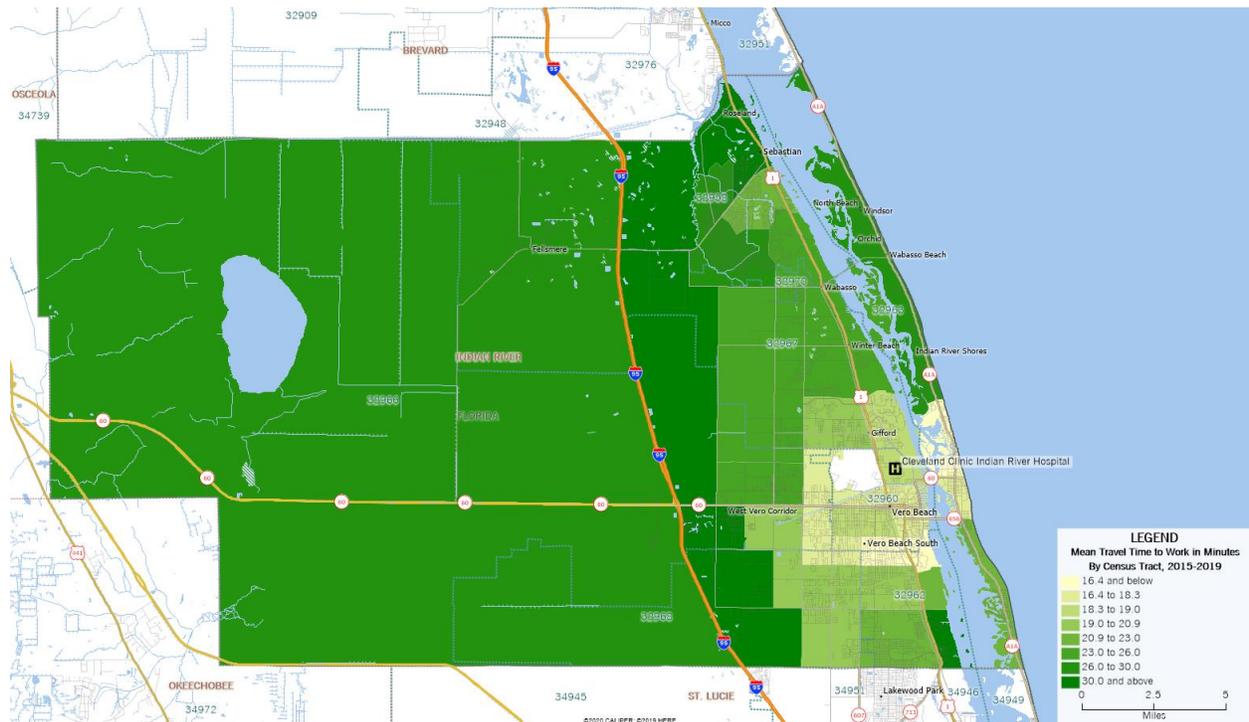


Figure 34 - Mean Travel Time to Work by Census Tract, Source: U.S. Census Bureau ACS 2015-2019

## I. Crime and Violence

According to the Florida Department of Law Enforcement, rates of violent crime were generally lower within Indian River County than the Florida and U.S. benchmark rates. However, reported rates of child abuse and sexual violence towards children ages 5-11 were more frequent in Indian River County than the state rate.

### Violent Crime Rates

	Indian River County	Florida	United States
Homicide	3.9	5.3	5.0
Rape	23.2	39.8	42.6
Robbery	20.0	76.4	81.6
Assault	180.1	260.9	250.2
Burglary	160.1	297.7	340.5
Larceny/theft	1,102.4	1,687.2	1,549.5
Motor vehicle theft	89.7	183.8	219.9

Figure 35 - Violent Crime Rates per 100,000 Population, Source: Florida Dept. of Law Enforcement, Crime in Florida 2019 Annual Report and FBI Crime in the United States 2019

### Rates of Child Abuse and Domestic Violence

	Indian River County	Florida
Child abuse (age 5-11)*	654.9	765.9
Sexual violence (age 5-11)*	69.3	58.5
Domestic violence offenses**	342.2	505.2

Figure 36 - Child Abuse and Domestic Violence Rates \*per 100,000 children or \*\* per 100,000 population, Source: Florida Dept. of Law Enforcement, Crime in Florida 2019 Annual Report, shading indicates the county measure is worse than the state benchmark value

## J. Disability

According to the U.S. Census Bureau's 2015-2019 American Community Survey estimates, a greater portion of the Indian River County population had a disability than the populations in Florida or the United States. The percentage of individuals with specific difficulties were generally higher than or equal to the state benchmark and higher than the national benchmark.

	Indian River County	Florida	United States
Population with a disability	16.3%	13.4%	12.6%
Population with a hearing difficulty	5.7%	3.9%	3.6%
Population with a vision difficulty	2.5%	2.5%	2.3%
Population with a cognitive difficulty	5.5%	5.2%	5.1%
Population with an ambulatory difficulty	9.2%	7.6%	6.9%
Population with a self-care difficulty	3.7%	2.8%	2.6%
Population with an independent living difficulty	7.7%	6.0%	5.8%

Figure 37- Disability Prevalence Rates, Source: U.S. Census Bureau ACS 2015-2019, shading indicates the county measure was greater than or worse than the state benchmark value

## K. Mortality

County Health Rankings analyzes data from the Centers for Disease Control and Prevention and National Center for Health Statistics related to premature death. The premature death rate and indicator for Indian River County were better than the Florida benchmarks. Overall life expectancy was 80.6 years in Indian River County compared to 79.8 years in Florida.

FL Health CHARTS publishes life expectancy by race/ethnicity. Black residents in Indian River County had a lower life expectancy (75.9 years) than the Florida average (77.7 years).

	Indian River County	Florida
Premature age-adjusted mortality <sup>1</sup>	319.9	336.7
Premature death indicator (YPLL rate) <sup>2</sup>	7,112.3	7,188.9
Life expectancy <sup>3</sup>	80.6	79.8
White life expectancy <sup>3</sup>	81.0	80.0
Black life expectancy <sup>3</sup>	75.9	77.7
Hispanic life expectancy <sup>3</sup>	87.5	83.6
Non-Hispanic life expectancy <sup>3</sup>	80.1	78.9

Figure 38 - Mortality Indicators, Sources: 1) National Center for Health Statistics 2017-19, CHR, 2) National Center for Health Statistics 2017-19, in years of potential life lost before age 75 per 100,000 population, 3) FL Health Charts and Florida Bureau of Vital Statistics 2017-19, shading indicates the county measure was greater than or worse than the state benchmark value

## Life Expectancy

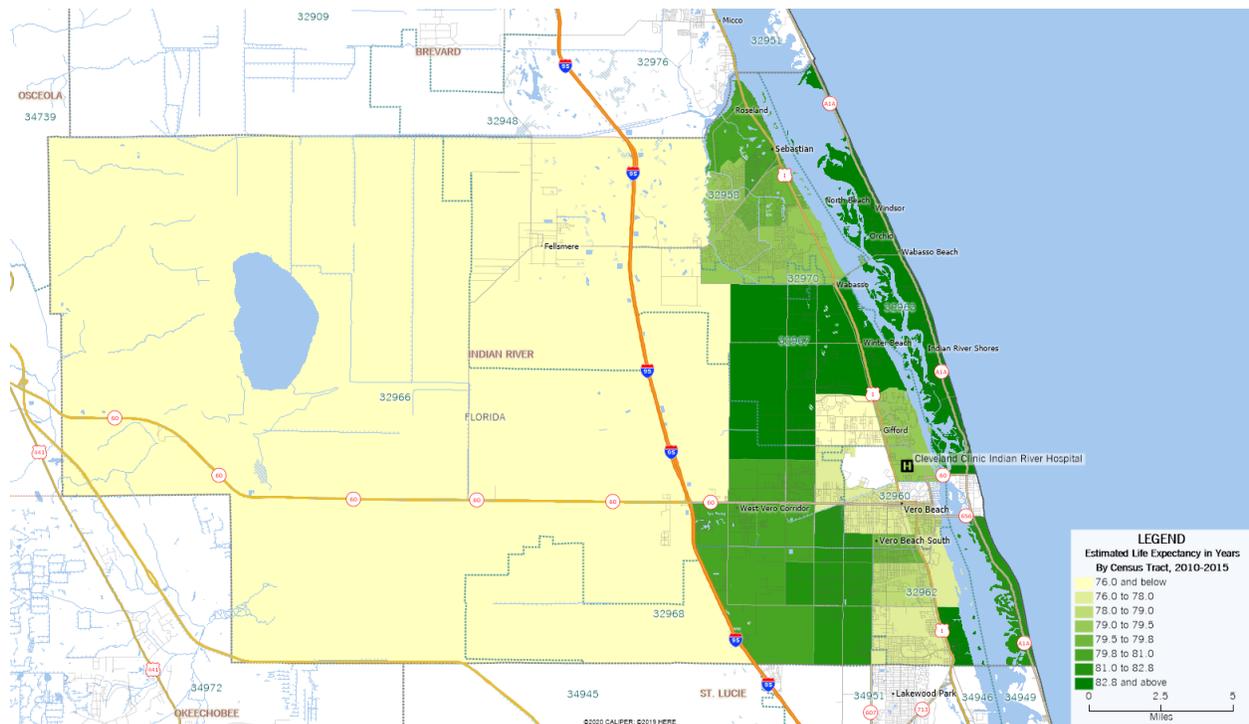


Figure 39 - Life Expectancy by Census Tract, Source: CDC, National Vital Statistics System 2018, Maptitude 2020

## Leading Causes of Death

According to the Centers for Disease Control and Prevention, cancer, heart disease, and unintentional injuries were the top three causes of death within the community. Within Indian River County the death rates for the following conditions exceeded the state benchmarks: cancer, Alzheimer's disease, suicide, liver disease, kidney disease, and Parkinson's disease. Of these causes, only cancer, suicide, and liver disease also exceeded the national death rates.

At the time of this 2021 CHNA publication, the National Center for Health Statistics, National Vital Statistics System has released provisional mortality data indicating a 17.7% increase in the number of deaths in 2020 (an age-adjusted increase of 15.9%) compared to the 2019 rates. Provisional ranking of the leading causes of death for 2020 included COVID-19 as the third leading cause of death in the U.S. behind heart disease and cancer.

	Indian River County	Florida	United States
Cancer	155.3	144.7	152.3
Heart disease	132.4	144.9	164.8
(Unintentional injury) accident	51.3	53.2	47.5
Chronic lower respiratory disease	28.2	37.4	40.2
Stroke	28.8	38.6	37.3
Alzheimer's disease	22.5	20.3	30.2
Diabetes	14.5	19.5	21.3
Suicide	15.7	14.4	13.8
Chronic liver disease and cirrhosis	14.1	11.6	11.0
Kidney disease	12.2	10.1	13.0
Influenza and pneumonia	8.3	9.1	14.0
Septicemia	5.5	8.0	10.4
Hypertension <sup>1</sup>	5.4	8.0	8.8
Parkinson's disease	8.1	7.6	8.3
Other neoplasms (benign or uncertain)	4.0	4.2	4.1
Assault (homicide)	5.9	6.6	6.0

Figure 40 - Age-Adjusted Death Rates per 100,000 Population, Source: CDC Wonder, Multiple Cause of Death 2015-2019, shading indicates the county measure was greater than or worse than the state benchmark value

## L. Cancer

### Cancer Risk Factors and Screening Rates

FL Health CHARTS reports on various cancer screenings and tests. Within Indian River County, the mammogram and Pap test screening rates for women were lower than the state benchmarks. The screening rate for the PSA test for men was also lower within Indian River County than in the state.

	Indian River County	Florida
Mammogram (women over 40, past year)	52.1%	60.8%
Pap test (women over 18, past year)	42.1%	48.4%
Sigmoidoscopy or colonoscopy (over 50, past 5 years)	54.4%	53.9%
Stool blood test (over 50, past year)	16.9%	16.0%
PSA test (men over 50, past 2 years)	44.9%	54.9%

Figure 41 - Cancer Screening Rates in the Past Year for 2016, Source: FL Health Charts, shading indicates the county measure was greater than or worse than the state benchmark value

## Cancer Incidence Rates

The National Cancer Institute reports cancer incidence rates on a state and county level. Indian River County had higher rates of cancer overall (all cancer sites, all races/ethnicities) in addition to higher rates of lung, skin (melanoma), pancreatic, and ovarian cancers than the statewide incidence rates. For all cancer sites, the Indian River County incidence rates for white and Black populations were higher than the respective statewide rates.

	Indian River County	Florida	United States
Breast <sup>3</sup>	109.4	118.3	125.9
Prostate <sup>2</sup>	80.7	93.9	104.5
Lung and bronchus <sup>1</sup>	66.5	57.7	58.3
Colon and rectum <sup>1</sup>	35.4	36.3	38.4
Melanoma <sup>1</sup>	41.6	24.8	22.3
Pancreas <sup>1</sup>	13.3	12.5	12.9
Ovarian <sup>3</sup>	13.3	11.1	10.9
Cervical <sup>3</sup>	7.0	8.9	7.6
Brain <sup>1</sup>	5.7	6.4	6.5
Stomach <sup>1</sup>	5.8	5.8	6.5

Figure 42 - Age-Adjusted Cancer Incidence Rates, Source: National Cancer Institute 2014-18, Rates per 100,000 1) Population, 2) Males, 3) Females, shading indicates the county measure was greater than or worse than the state benchmark value

## Cancer Incidence by Race and Ethnicity for All Cancer Sites

	Indian River County	Florida	United States
All Races (includes Hispanic)	468.6	457.1	448.7
White (includes Hispanic)	463.2	452.5	451.0
Black (includes Hispanic)	458.1	408.1	447.6
American Indian / Alaskan Native (includes Hispanic)	*	182.2	288.8
Asian / Pacific Islander (includes Hispanic)	151.9	232.3	290.6
Hispanic (any race)	370.3	384.4	344.8

Figure 43 - Age-Adjusted All Cancer Site Incidence Rates by Race and Ethnicity, Source: National Cancer Institute 2014-18, rates per 100,000 population, shading indicates the county measure was greater than or worse than the state benchmark value

## Cancer Mortality Rates

Indian River County had higher death rates for cancer overall (all sites), lung, prostate, ovarian, brain, and skin cancers (melanoma) than the state benchmark rates. For all cancer sites, mortality rates for white and Black populations in Indian River County were higher than the respective statewide mortality rates.

	Indian River County	Florida	United States
Lung and bronchus <sup>1</sup>	39.4	37.5	38.5
Breast <sup>3</sup>	17.2	18.8	20.1
Prostate <sup>2</sup>	19.1	16.6	19.0
Colon and rectum <sup>1</sup>	12.8	12.9	13.7
Pancreas <sup>1</sup>	10.5	10.5	11.0
Ovarian <sup>3</sup>	7.5	6.3	6.7
Brain <sup>1</sup>	4.4	4.2	4.4
Stomach <sup>1</sup>	2.0	2.6	3.0
Melanoma <sup>1</sup>	2.9	2.4	2.3
Cervical <sup>3</sup>	*	2.6	2.2

Figure 44 - Age-Adjusted Cancer Incidence Rates, Source: National Cancer Institute 2014-18, Rates per 100,000 1) Population, 2) Males, 3) Females, \* indicates rate is unstable, shading indicates the county measure was greater than or worse than the state benchmark value

## Cancer Mortality by Race and Ethnicity for All Cancer Sites

	Indian River County	Florida	United States
All Races (includes Hispanic)	154.2	147.3	155.5
White (includes Hispanic)	154.0	148.1	156.3
Black (includes Hispanic)	194.6	153.9	177.5
American Indian / Alaskan Native (includes Hispanic)	*	59.7	103.6
Asian / Pacific Islander (includes Hispanic)	*	81.5	97.2
Hispanic (any race)	110.8	112.2	110.8

Figure 45 - Age-Adjusted All Cancer Site Mortality Rates by Race and Ethnicity, Source: National Cancer Institute 2014-18, rates per 100,000 population, shading indicates the county measure was greater than or worse than the state benchmark value

## M. Heart Disease

### Heart Disease Mortality

According to the Centers for Disease Control and Prevention, the age-adjusted mortality rate for all heart disease per 100,000 population was lower in Indian River County than in Florida and the United States. When broken out by race and gender, the death rates for Black and Asian & Pacific Islander populations in Indian River County were higher than the state benchmarks.

	Indian River County	Florida	United States
All heart disease, all races/ethnicities	131.4	145.0	165.1
All heart disease, Black (non-Hispanic)	185.8	172.4	211.1
All heart disease, white (non-Hispanic)	131.1	150.3	169.2
All heart disease, Hispanic	78.0	117.9	115.0
All heart disease, American Indian & Alaska Native	*	78.5	150.4
All heart disease, Asian & Pacific Islander	84.1	75.6	86.9
All heart disease, male	172.7	184.6	209.1
All heart disease, female	100.6	111.6	129.5

Figure 46 - Age-Adjusted All Heart Disease Death Rate per 100,000 Population, Source: CDC, 2016-2018 \* indicates insufficient data, shading indicates the county measure was greater than or worse than the state benchmark value

### Heart Attack Mortality

According to the Centers for Disease Control and Prevention, the age-adjusted mortality rate for heart attack per 100,000 population was lower within Indian River County than in Florida and the United States. However, heart attack rates for Black and Asian & Pacific Islander populations in Indian River County exceeded the state and national benchmarks for those populations.

	Indian River County	Florida	United States
Heart attack, all races/ethnicities	17.5	22.9	28.1
Heart attack, Black (non-Hispanic)	34.9	26.8	32.4
Heart attack, white (non-Hispanic)	17.3	23.0	29.2
Heart attack, Hispanic	11.8	22.5	21.8
Heart attack, American Indian & Alaska Native	*	14.0	25.6
Heart attack, Asian & Pacific Islander	17.9	14.1	16.3
Heart attack, male	23.8	29.7	37.6
Heart attack, female	14.3	17.0	20.2

Figure 47 - Age-Adjusted Heart Attack Mortality per 100,000 Adults, Source: CDC, 2016-2018 \* indicates insufficient data, shading indicates the county measure was greater than or worse than the state benchmark value

# Hypertension Mortality

According to the Centers for Disease Control and Prevention, age-adjusted mortality rates for hypertension per 100,000 population were lower within Indian River County than in Florida and the United States.

	Indian River County	Florida	United States
Hypertension, all races/ethnicities	58.1	102.2	120.3
Hypertension, Black (non-Hispanic)	145.5	156.7	187.0
Hypertension, white (non-Hispanic)	56.9	102.1	115.7
Hypertension, Hispanic	56.2	78.7	103.5
Hypertension, American Indian & Alaska Native	*	59.7	139.2
Hypertension, Asian & Pacific Islander	45.1	57.9	80.5
Hypertension, male	74.0	122.0	139.3
Hypertension, female	49.5	84.5	103.2

Figure 48 - Age-Adjusted Hypertension Mortality per 100,000 Adults, Source: CDC, 2016-2018 \* indicates insufficient data, shading indicates the county measure was greater than or worse than the state benchmark value

# Stroke Mortality

According to the Centers for Disease Control and Prevention, age-adjusted mortality rates for stroke per 100,000 population were often lower than the state and national benchmarks. The Asian & Pacific Islander population in Indian River County had a higher stroke death rate than the Florida benchmark, although the county’s death rate was equivalent to the national benchmark.

	Indian River County	Florida	United States
All stroke, all races/ethnicities	29.2	38.6	37.4
All stroke, Black (non-Hispanic)	54.0	58.4	52.5
All stroke, white (non-Hispanic)	28.0	36.7	36.2
All stroke, Hispanic	29.8	36.9	32.2
All stroke, American Indian & Alaska Native	*	18.5	31.8
All stroke, Asian & Pacific Islander	30.6	28.7	30.6
All stroke, male	27.2	38.0	37.8
All stroke, female	33.7	38.4	36.5

Figure 49 - Age-Adjusted Stroke Mortality per 100,000 adults, Source: CDC, 2016-2018, \* indicates insufficient data, shading indicates the county measure was greater than or worse than the state benchmark value

## N. Diabetes

According to FL Health CHARTS, Indian River County had a greater percentage of adults who have been diagnosed with diabetes than the state benchmark in 2016. However, the average age at which diabetes was diagnosed was higher within Indian River County (52.8 years) than in Florida (48.2 years). From 2017 to 2019, Indian River County had a higher rate of emergency room visits due to diabetes than Florida as a whole. The hospitalization and death rates from or with diabetes were lower within the county when compared to the state rates.

	Indian River County	Florida
Age-adjusted deaths from diabetes <sup>1</sup>	17.0	20.3
Hospitalization rate from or with diabetes <sup>1</sup>	1,710.9	2,320.9
Rate of emergency room visits due to diabetes <sup>1</sup>	304.8	236.0
Adults who have been told they had diabetes <sup>2</sup>	13.4%	11.8%
Average age at which diabetes was diagnosed <sup>2</sup>	52.8	48.2

Figure 50 - Diabetes Indicators, Source: 1) FL Health Charts, 2017-2019 rolling rates per 100,000 population 2) FL Health Charts, Behavioral Risk Factor Surveillance System 2016, shading indicates the county measure was greater than or worse than the state benchmark value

## O. Weight Status, Nutrition, and Physical Activity

### Weight Status and Physical Activity

FL Health CHARTS reports on weight status and physical activity indicators for adults. Indian River County had a lower proportion of individuals who were overweight and obese than the state of Florida. In 2019 more residents of Indian River County were at a healthy weight (38.0%) than in the state (32.8%). However, the percentage of adults who were sedentary was slightly higher in Indian River County than in Florida. According to County Health Rankings, the portion of residents with access to exercise opportunities was lower within Indian River County than the state benchmark.

	Indian River County	Florida
Adults who are obese	25.6%	27.0%
Adults who are overweight	34.1%	37.6%
Adults who are at a healthy weight	38.0%	32.8%
Adults who are sedentary	26.7%	26.5%
Have access to exercise opportunities	84.0%	88.7%

Figure 51 - Adult Weight Status and Activity, Source: FL Health Charts and Behavioral Risk Factor Surveillance System 2019, shading indicates the county measure was greater than or worse than the state benchmark value

# Nutrition and Food Insecurity

The U.S. Department of Agriculture publishes the Food Environment Atlas which includes information on food insecurity, food deserts, and access to healthy foods, and County Health Rankings utilizes the data points within measures. The food environment index is scored from 1 (worst) to 10 (best); Indian River County’s index was higher than the state value but lower than the national benchmark value. A greater percentage of Indian River County residents experienced limited access to healthy foods (13.6%) than those in Florida (7.2%), and the United States (6.0%) in 2015.

According to Feeding America’s 2019 Map the Meal Gap study, the food insecurity rate in Indian River County was nearly identical to the state rate and higher than the national food insecurity rate. Approximately three-quarters of the county’s population was below the SNAP poverty threshold, which was equivalent to the state average and higher than the national average. The average meal cost was \$3.86 in Indian River County, exceeding both the state and national averages.

	Indian River County	Florida	United States
Food environment index, 2015-2018 <sup>1</sup>	7.1	6.9	7.8
Limited access to healthy foods, 2015 <sup>1</sup>	13.6%	7.2%	6.0%
Living within 1/2 mile of a fast food restaurant, 2019 <sup>2</sup>	13.6%	27.7%	-
Food insecurity, 2019 <sup>3</sup>	11.9%	12.0%	10.9%
Population below SNAP poverty threshold, 2019 <sup>3</sup>	68.0%	68.0%	50.0%
Average meal cost, 2019 <sup>3</sup>	\$ 3.86	\$ 3.28	\$ 3.13

Figure 52 - Food Environment and Food Insecurity, Source: 1) County Health Rankings, 2) FL Health Charts, 3) Feeding America Map the Meal Gap 2019, Note: the U.S. and FL SNAP poverty thresholds differ, shading indicates the county measure was greater than or worse than the state benchmark value

## P. Communicable Diseases and Sexually Transmitted Infections

### Tuberculosis and Hepatitis A

According to FL Health CHARTS and the Centers for Disease Control and Prevention, the 2019 case rate for tuberculosis within Indian River County was lower than the comparable state and national case rates. The county experienced a spike in Hepatitis A, with 19.3 cases per 100,000 population compared to 15.9 cases per 100,000 population in Florida and only 3.8 cases per 100,000 within the nation the previous year.

	Indian River County	Florida	United States
Tuberculosis case rate	0.6	2.6	2.7
Hepatitis A case rate	19.3	15.9	3.8*

Figure 53 - Tuberculosis and Hepatitis A Rates per 100,000 Population, Source: FL Health Charts, CDC, \* indicates 2018 data, all other rates provided represent 2019 data

## Sexually Transmitted Infections

According to the Centers for Disease Control and Prevention, Indian River County had significantly lower chlamydia and gonorrhea rates than Florida and the United States in 2018. The primary and secondary syphilis rate in Indian River County was lower than the rate within Florida but higher than the national benchmark.

	Indian River County	Florida	United States
Chlamydia	318.0	499.2	539.9
Gonorrhea	83.6	155.6	179.1
Primary and secondary syphilis	12.3	13.7	10.8

Figure 54 - Reported Case Rate for Sexually Transmitted Infections per 100,000 Population, Source: CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2018

## HIV Prevalence and Diagnosis Rates

The diagnosis, prevalence, and age-adjusted death rates for HIV within Indian River County were lower than the state and national benchmark rates.

	Indian River County	Florida	United States
HIV diagnosis rate, 2018	6.4	25.0	13.6
HIV prevalence rate, 2018	277.4	607.0	372.8
Age-adjusted HIV death rate, 2019	1.1	2.8	1.5

Figure 55 - Reported Prevalence and Infection Rates for HIV per 100,000 Population, Source: CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

## Q. Respiratory Disease

According to FL Health CHARTS, the hospitalization rates for chronic lower respiratory disease (CLRD) and asthma were lower in Indian River County than in Florida from 2017 to 2019. The percentage of the adult population with current asthma was higher in Indian River County (7.8%) than in Florida (6.7%) in 2016.

	Indian River County	Florida
Age-adjusted hospitalization rate from CLRD, 2017-2019	216.6	301.1
Age-adjusted hospitalization rate from or with asthma, 2017-2019	374.9	686.4
Adults who currently have asthma, 2016	7.8%	6.7%

Figure 56 - Select Chronic Lower Respiratory Disease Indicators, Source: FL Health Charts, rates are per 100,000 population, shading indicates the county measure was greater than or worse than the state benchmark value

## R. Maternal and Child Health

### Births

FL Health CHARTS publishes birth data and several maternal and child health indicators. In 2019 the total birth rate in Indian River County (8.1 per 1,000 population) was lower than the Florida birth rate of 10.3 per 1,000 population. The birth rates for white and non-Hispanic populations were also lower than the state rates, while birth rates for black, Hispanic, and other non-white populations were higher than the Florida averages. Indian River County had a higher teen birth rate (20.5 per 1,000 women aged 15-19 years) than the state benchmark, although the percentage of repeat births for this age category was lower than in Florida. The portion of births with an interpregnancy interval of fewer than 18 months was similar in Indian River County and Florida.

	Indian River County	Florida
Total birth rate (per 1,000 population)	8.1	10.3
White birth rate (per 1,000 white population)	7.0	9.5
Black birth rate (per 1,000 Black population)	14.4	13.4
Other non-white birth rate (per 1,000 other non-white population)	19.2	12.5
Hispanic birth rate (per 1,000 Hispanic population)	13.8	12.1
Non-Hispanic birth rate (per 1,000 non-Hispanic population)	7.3	9.6

Figure 57 - Birth Data, Source: FL Health Charts, 2019, shading indicates the county measure is greater than the state benchmark value

### Teen Birth Rate and Interpregnancy Interval

	Indian River County	Florida
Teen birth rate (per 1,000 women aged 15–19 years)	20.5	17.1
Repeat births to mothers aged 15-19	12.5%	14.8%
Births with interpregnancy interval < 18 months	34.3%	34.7%

Figure 58 - Teen Birth Rate and Interpregnancy Interval, Source: FL Health Charts, 2017-2019, shading indicates the county measure was greater than or worse than the state benchmark value

# Fertility

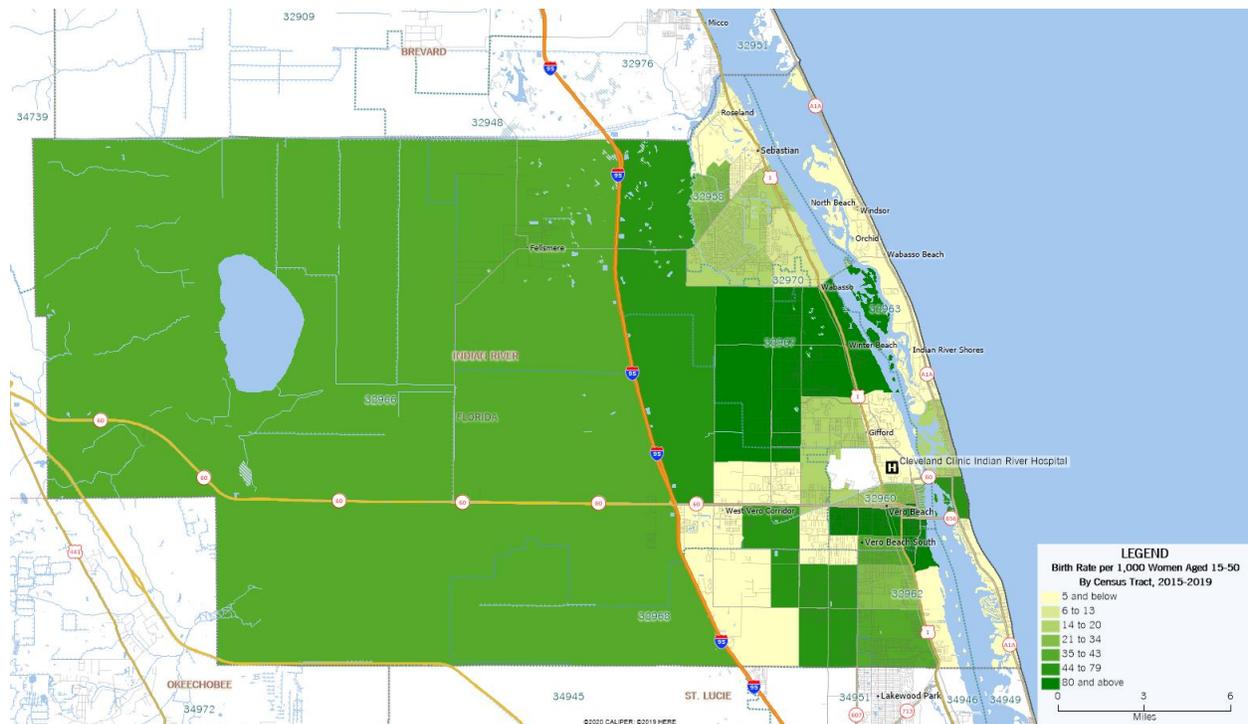


Figure 59 - Map of Birth Rate by Census Tract, Source: U.S. Census Bureau ACS 2015-2019, Maptitude 2020

## Birth Outcomes and Risk Factors

According to FL Health CHARTS, mothers in Indian River County were more likely to receive adequate prenatal care (81.5%) than in the state of Florida (70.6%). Smoking during pregnancy and births to mothers with an unhealthy weight were more common in Indian River County than in Florida. Indian River County had a lower proportion of low birth weight and very low birth weight births than the state benchmark. Preterm births were slightly more likely to occur in Indian River County (10.8%) than in Florida (10.4%). Indian River County had a fewer birth defects per 10,000 live births (187.9) compared to the state benchmark (248.7).

	Indian River County	Florida
Adequate prenatal care (Kotelchuck index)	81.5%	70.6%
Live births to mothers who smoked during pregnancy	5.7%	4.4%
Births to mothers with healthy weight	37.9%	43.0%
Mothers who initiate breastfeeding	83.8%	86.1%
Live births under 2,500 grams (per 1,000 live births)	8.6%	8.8%
Live births under 1,500 grams (per 1,000 live births)	1.4%	1.6%
Preterm births < 37 weeks	10.8%	10.4%
Total birth defects per 10,000 live births (2013-2017)	187.9	248.7

Figure 60 - Birth Outcomes and Related Risk Factors, Source: FL Health Charts 2017-2019, shading indicates the county measure was greater than or worse than the state benchmark value

# Maternal and Infant Mortality

According to FL Health CHARTS, there were no maternal deaths in Indian River County from 2017 through 2019. The infant mortality rate (4.7 per 1,000 live births) was lower than the state benchmark (6.0 per 1,000 live births). However, Infant mortality rates varied greatly by race/ethnicity. Within Indian River County the black infant mortality rate (9.0 per 1,000 live births) exceeded the Hispanic (3.8) and white (3.6) infant mortality rates during the same time frame.

	Indian River County	Florida
Maternal deaths (per 100,000 live births)	*	21.0
Infant deaths (per 1,000 live births)	4.7	6.0
Infant deaths - white (per 1,000 live births)	3.6	4.4
Infant deaths - Black (per 1,000 live births)	9.0	11.0
Infant deaths - Hispanic (per 1,000 live births)	3.8	5.1
Infant deaths - non-Hispanic (per 1,000 live births)	4.9	6.3

Figure 61 - Maternal and Infant Mortality Rates, Source: FL Health Charts 2017-2019 \* indicates insufficient data, shading indicates the county measure was greater than or worse than the state benchmark value

## Infant Mortality by Race/Ethnicity

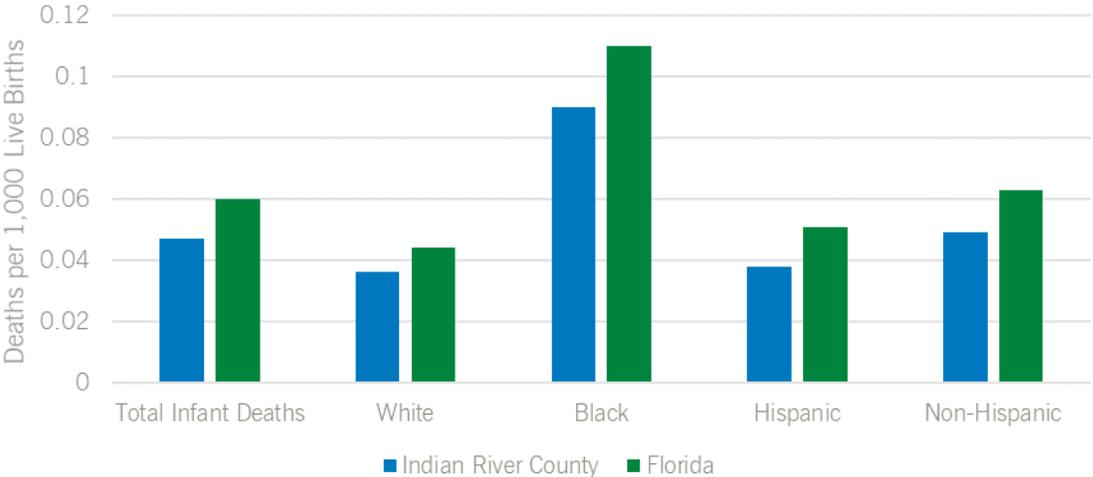


Figure 62 - Table Displaying Infant Mortality by Race/Ethnicity, Source: FL Health Charts 2017-2019

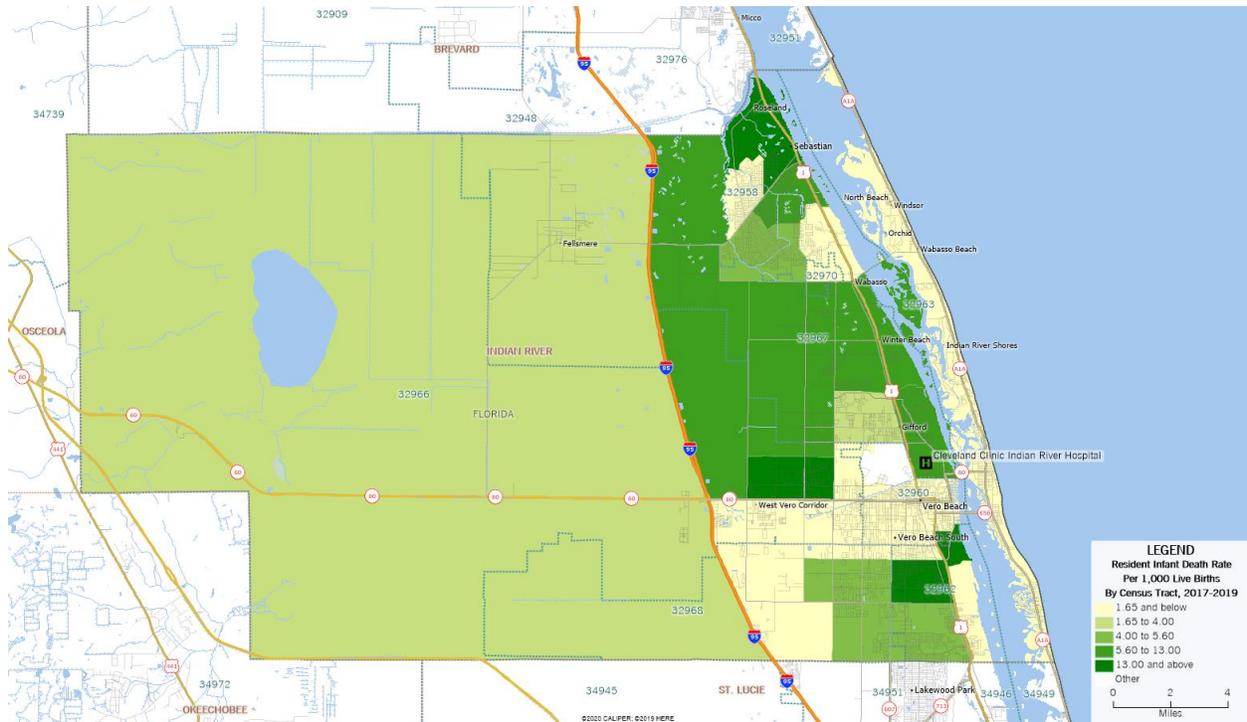


Figure 63 - Map of Infant Deaths by Census Tract, Source: FL Health Charts 2017-2019, Maptitude 2020

## Child Health Outcomes and Risk Factors

FL Health CHARTS reports on a variety of risk factors and health outcomes for children under the age of five. From 2017 through 2019, Indian River County had a greater portion of kindergarten students eligible for free or reduced lunch than the state average. The percentage of kindergarten students who were fully immunized within Indian River County (94.2%) was greater than the Florida immunization rate (93.8%). Infants and young children under five within Indian River County had a higher emergency room visit rate (per 100,000 population under age five) than the state rate from 2017 to 2019. There were fewer children aged 1-5 hospitalized for asthma within Indian River County than in Florida. The child mortality rate within Indian River County (20.6 deaths per 100,000 population) was lower than the state benchmark rate of 24.4 deaths per 100,000 population.

	Indian River County	Florida
Children in pre-k eligible for free or reduced lunch	47.4%	65.0%
Children in kindergarten eligible for free or reduced lunch	61.3%	58.7%
Kindergarten children fully immunized	94.2%	93.8%
Emergency room visits age 0-5*	73,785.2	69,171.1
Asthma hospitalizations ages 1-5**	350.2	534.2
Deaths ages 1-5***	20.6	24.4

Figure 64 - Health Outcomes and Risk Factors for Young Children, Source: FL Health Charts, 2017-2019, \* per 100,000 population under 5, \*\* per 100,000 population aged 1-5, \*\*\* per 100,000 population, shading indicates the county measure was greater than or worse than the state benchmark value

## S. Behavioral Health

FL Health CHARTS provides an estimate of access to mental and behavioral health providers and psychiatric beds. Within Indian River County there were fewer licensed mental health counselors, psychologists, and clinical social workers per population when compared to the state benchmark values. The ratio of total behavioral/mental health professionals to 100,000 population was 87.6 while the state ratio was 110.0 in 2019. The supply of adult and child/adolescent psychiatric beds per population was better within Indian River County than in Florida. Fewer children aged 1-5 received mental health treatment services in Indian River County than in Florida.

### Mental and Behavioral Health Services and Access to Care

	Indian River County	Florida
Licensed mental health counselors	39.3	53.7
Licensed psychologists	21.2	23.0
Licensed clinical social workers	41.9	46.8
Total behavioral/mental health professionals	87.6	110.0
Adult psychiatric beds	21.9	21.0
Child and adolescent psychiatric beds	7.7	3.0
Children ages 1-5 receiving mental health treatment services*	188.4	284.8

Figure 65 - Mental and Behavioral Health Services, Source: FL Health Charts, 2019, rates per 100,000 population, \*indicates 2018 data, shading indicates the county measure was greater than or worse than the state benchmark value

### Mental Health Status and Complications for Adults

According to FL Health CHARTS, the percentage of adults whose physical or mental health kept them from doing usual activities (14 or more of the past 30 days) was higher within Indian River County than in the state of Florida in 2016. The percentage of adults in Indian River County with good mental health was slightly lower than the state benchmark, although the percentage of those reporting poor mental health on 14 or more of the past 30 days was significantly lower than the state average. Fewer adults in Indian River County had been diagnosed with a depressive disorder (13.3%) than the state benchmark (14.2%).

	Indian River County	Florida
Adults with poor mental health on 14 or more of the past 30 days	11.9%	21.2%
Adults ever told they have a depressive disorder	13.3%	14.2%
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days*	20.4%	18.6%
Adults with good mental health	88.1%	88.6%

Figure 66 - Mental Health Status and Complications for Adults, Source: FL Health Charts, 2016, shading indicates the county measure was greater than or worse than the state benchmark value

# Mental Health Status and Complications for Children

FL Health CHARTS reported that 0.4% of children in K-12 education had an emotional/behavioral disability within Indian River County, which was slightly lower than the state rate in 2018. Over a quarter of students ages 11-17 felt sad or hopeless for two or more weeks in a row over the past year and stopped their usual activities, this was slightly higher than the Florida average. Within Indian River County, 9.8% of students ages 11-17 did something to purposefully hurt themselves in the past year.

	Indian River County	Florida
Children in K-12 with emotional/behavioral disability	0.4%	0.5%
Students, ages 11-17 who in the past year, did something to purposefully hurt themselves without wanting to die	9.8%	11.1%
Students, ages 11-17 who in the past year, felt sad or hopeless for two or more weeks in a row and stopped usual activities	25.8%	25.0%
Students, ages 11-17 who did not go to school because they felt they would be unsafe* in the past 30 days	6.4%	10.0%

Figure 67 – Mental Health Status and Complications for Children, Source: FL Health Charts, 2018, \* unsafe reflects “feeling unsafe at school or on their way to school,” shading indicates the county measure was greater than or worse than the state benchmark value

# Mental Health Hospitalizations

According to FL Health CHARTS, there was a greater rate of hospitalizations for mental disorders in Indian River County than in the state of Florida in 2019. The county had lower rates of hospitalizations for schizophrenic disorders and eating disorders than the Florida benchmark rates during the same time frame. The hospitalization rates for non-fatal intentional self-harm injuries were greater than the state rates for adults aged 45 to 74 within Indian River County.

	Indian River County	Florida
Hospitalizations attributable to mental disorders	1,202.1	1,006.0
Hospitalizations for schizophrenic disorders	196.4	250.3
Hospitalizations for eating disorders	9.7	11.3

Figure 68 - Mental Health Hospitalizations, Source: FL Health Charts, 2019, shading indicates the county measure was greater than or worse than the state benchmark value

# Hospitalizations for Non-Fatal Intentional Self-Harm Injuries

	Indian River County	Florida
Hospitalization rate - all ages	39.3	39.4
Hospitalization rate under age 18	*	22.2
Hospitalization rate ages 18-21	*	70.3
Hospitalization rate ages 22-24	*	53.7
Hospitalization rate ages 25-44	49.9	54.0
Hospitalization rate ages 45-64	62.7	44.9
Hospitalization rate ages 65-74	37.3	24.4
Hospitalization rate ages 75 or older	*	18.1

Figure 69 - Hospitalizations for Non-Fatal Intentional Self-Harm Injuries, Source: FL Health Charts, 2019, rates per 100,000 population, \* indicates rate is suppressed, shading indicates county measure is worse than the state benchmark value

# Suicide Death Rates

According to FL Health CHARTS, there was a higher suicide death rate for all ages (20.4 per 100,000 population) within Indian River County than in the state of Florida (18.1 per 100,000 population) in 2019. The suicide death rates for teens ages 15-19, adults 25-64, and adults over age 75 also exceeded the corresponding state benchmark rates.

	Indian River County	Florida
Suicide death rate - all ages	20.4	18.1
Suicide death rate ages 10-14	-	2.2
Suicide death rate ages 15-19	13.2	8.5
Suicide death rate ages 20-24	14.9	15.0
Suicide death rate ages 25-34	21.0	16.3
Suicide death rate ages 35-44	21.9	16.2
Suicide death rate ages 45-54	23.1	22.1
Suicide death rate ages 55-64	33.1	25.3
Suicide death rate ages 65-74	11.2	18.5
Suicide death rate ages 75 or older	24.5	23.9

Figure 70 - Suicide Death Rates by Age Group, Source: FL Health Charts, 2019, rates per 100,000 population, shading indicates county measure is worse than the state benchmark value

# Hospitalizations Related to Drug and Alcohol Use

According to FL Health CHARTS, the 2019 hospitalization rate for drug and alcohol-induced mental disorders was greater within Indian River County (170.6 per 100,000 population) than in Florida (167.0 per 100,000 population). The rates of hospitalization for adults over the age of 25 also exceeded the state benchmark rates.

	Indian River County	Florida
Hospitalization rate - all ages	170.6	167.0
Hospitalization rate under age 18	0.0	6.8
Hospitalization rate ages 18-21	*	77.8
Hospitalization rate ages 22-24	*	123.4
Hospitalization rate ages 25-44	278.3	255.5
Hospitalization rate ages 45-64	296.4	283.6
Hospitalization rate ages 65-74	145.3	133.4
Hospitalization rate ages 75 or older	81.7	40.8

Figure 71 - Hospitalizations Related to Drug and Alcohol-Induced Mental Disorders, Source: FL Health Charts, 2019, rates per 100,000 population, shading indicates county measure is worse than the state benchmark value

# Alcohol Use

FL Health CHARTS provides self-reported measures of alcohol use. Within Indian River County, middle and high school students were more likely to report using alcohol in the past 30 days than those in Florida. A greater percentage of high school students and adults reported binge drinking within Indian River County than in Florida. The age-adjusted death rate for alcoholic liver disease in Indian River County was higher than the statewide death rate in 2019. There was a slightly lower rate of drug and alcohol confirmed motor vehicle crashes in Indian River County than in Florida during the same year.

	Indian River County	Florida
Middle school students who used alcohol past 30 days	10.9%	8.3%
Middle school students reporting binge drinking	2.8%	3.2%
High school students who used alcohol past 30 days	26.6%	25.5%
High school students reporting binge drinking	11.3%	10.9%
Adults who engage in heavy or binge drinking	21.0%	17.5%

Figure 72 - Alcohol Use, Source: FL Health Charts, 2016, shading indicates county measure is worse than the state benchmark value

## Alcohol-Related Injuries and Deaths

	Indian River County	Florida
Age-adjusted deaths from alcoholic liver disease	11.7	6.3
Drug and alcohol confirmed motor vehicle crashes	1.9	2.0

Figure 73 - Alcohol-Related Injuries and Deaths, Source: Source: FL Health Charts, 2019, rates per 100,000 population, shading indicates county measure is worse than the state benchmark value

## Opioid Prescribing

The Centers for Disease Control and Prevention, National Center for Injury Prevention and Control provides estimates of the number of opioid prescriptions dispensed per person, per year. Within Indian River County, the 2019 dispensing rate (61.0 per 100 population) exceeded both the state and national benchmarks.

	Indian River County	Florida	United States
Opioid dispensing rate, 2019	61.0	45.4	46.7

Figure 74 - Opioid Prescribing Rate per 100 Population, Source: CDC 2019, shading indicates the county measure was greater than or worse than the state benchmark value

## Drug Poisoning

According to FL Health CHARTS, the drug poisoning mortality rate within Indian River County (20.8 deaths per 100,000 population) was slightly lower than the national benchmark and lower than the Florida mortality rate in 2019.

	Indian River County	Florida	United States
Drug poisoning deaths	20.8	25.1	21.6

Figure 75 - Drug Poisoning Deaths per 100,000 Population, Source: FL Health Charts 2019, shading indicates the county measure was greater than or worse than the state benchmark value

## T. Behavioral Risk Factors and Health Outcomes

County Health Rankings and FL Health CHARTS report on data points from the Behavioral Risk Factor Surveillance System. In 2016, a greater percentage of adults in Indian River County smoked than in Florida, and fewer adult smokers tried to quit within the past year than the state average. There were fewer e-cigarette users in Indian River County than in Florida during the same time frame.

### Tobacco Use and Exposure

	Indian River County	Florida
Adults who are current smokers	21.7%	15.5%
Adult smokers who tried to quit once or more in past year	56.2%	62.1%
Adults who are current e-cigarette users	1.2%	4.7%

Figure 76 - Tobacco Use and Exposure, Source: Behavioral Risk Factor Surveillance System, 2016, accessed via Florida BRFSS Data Report, shading indicates the county measure was greater than or worse than the state benchmark value

### Unintentional Injuries

According to FL Health CHARTS, the age-adjusted death rate for unintentional injuries was lower in Indian River County (48.9 per 100,000 population) than in Florida in 2019. Indian River County's rate of hospitalization for non-fatal unintentional falls was higher than the Florida average rate. There were fewer hospitalizations for unintentional firearm injuries in Indian River County than in Florida during the same time frame.

	Indian River County	Florida
Age-adjusted deaths from unintentional injuries	48.9	55.5
Hospitalizations for non-fatal unintentional falls	547.3	353.8
Hospitalizations for non-fatal unintentional firearm injuries	3.2	3.8

Figure 77 – Injury Hospitalizations and Deaths, Source: FL Health Charts, 2019, rates per 100,000 population, shading indicates the county measure was greater than or worse than the state benchmark value

## U. Preventable Hospitalizations and Morbidity

FL Health CHARTS reports on hospitalizations associated with ambulatory care sensitive conditions. Compared to the state benchmarks, Indian River County had higher hospitalization rates for adults under age 65 for chronic obstructive pulmonary disease and nutritional deficiencies than the comparable state rates.

	Indian River County	Florida
All conditions	827.0	928.6
Asthma	39.4	61.6
Chronic obstructive pulmonary disease	165.4	119.2
Congestive heart failure	67.3	74.1
Dental conditions	7.7	11.9
Diabetes	111.6	147.1
Hypertension	*	4.0
Nutritional deficiencies	95.2	76.9
Bacterial pneumonia	85.6	100.1

Figure 78 - Preventable Hospitalizations Under Age 65 for Ambulatory Care Sensitive Conditions, Source: FL Health Charts 2019, rates are shown per 100,000 population under age 65, shading indicates the county measure was greater than or worse than the state benchmark value

County Health Rankings reports on data points from the Behavioral Risk Factor Surveillance System. In 2018, the percentage of individuals who reported poor or fair health was lower than the state benchmark within Indian River County but higher than the national average. The average number of poor physical health days reported in the prior 30 days was higher within Indian River County (4.1 days) than in Florida (4.0 days), and the United States (3.7 days). According to Mapping Medicare Disparities, Indian River County had a lower rate of preventable hospitalizations for Medicare enrollees than the state and national averages in 2018.

	Indian River County	Florida	United States
Poor or fair health <sup>1</sup>	18.6%	19.5%	17.0%
Poor physical health days <sup>1</sup>	4.1	4.0	3.7
Preventable hospitalization rate <sup>2</sup>	3,405	4,684	4,236

Figure 79 - Morbidity Indicators, Source: 1) BRFSS 2018, County Health Rankings, average days per month, 2) Mapping Medicare Disparities, 2018, per 100,000 Medicare enrollees, shading indicates the county measure was greater than or worse than the state benchmark value

## V. Environmental Health

FL Health CHARTS publishes data on exposures and poisonings, water quality, school environmental safety, and other environmental health measures. The rate of carbon monoxide poisoning within Indian River County exceeded the state rate from 2017-2019. During the same time frame, there were fewer instances of lead poisoning per 100,000 population within the community when compared to the state. All Indian River County residents received fluoridated water in 2018. Lastly, school environmental safety incidents, measured per 1,000 K-12 students, were less prevalent within the community than statewide.

	Indian River County	Florida
Lead poisoning, 2017-19	7.0	8.8
Carbon monoxide poisoning, 2017-19	2.2	1.4
Population receiving fluoridated water, 2018	100.0%	77.4%
School environmental safety incidents *	17.3	26.6

Figure 80 - Environmental Exposures and Incidents, Source: FL Health Charts, 2017-2019, rates per 100,000 population, \* rate per 1,000 K-12 students, shading indicates the county measure was greater than or worse than the state benchmark value

According to County Health Rankings, Indian River County had a lower level of air pollution as measured by particulate matter than the Florida and U.S. averages in 2016. There were no drinking water violations in 2019. Approximately 15% of residents in Indian River County experienced severe housing problems from 2013-2017. This indicator measures households with at least one in four of the following housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

	Indian River County	Florida	United States
Air pollution - particulate matter	6.6	7.7	7.2
Drinking water violations	No	N/A	N/A
Severe housing problems	15%	20%	18%

Figure 81 - Environmental Risk Factors, Source: County Health Rankings 2021, air pollution displayed as average daily density of fine particulate matter in micrograms per cubic meter

## W. Dignity Community Need Index

Dignity Health and Truven Health jointly developed a Community Need Index (“CNI”) in 2004 to assist in the process of gathering vital socio-economic factors in the community. The CNI is strongly linked to variations in community healthcare needs and is a strong indicator of a community’s demand for various healthcare services.

Based on a wide array of demographic and economic statistics, the CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need. The median CNI score for CCIRH’s community was 3.2.

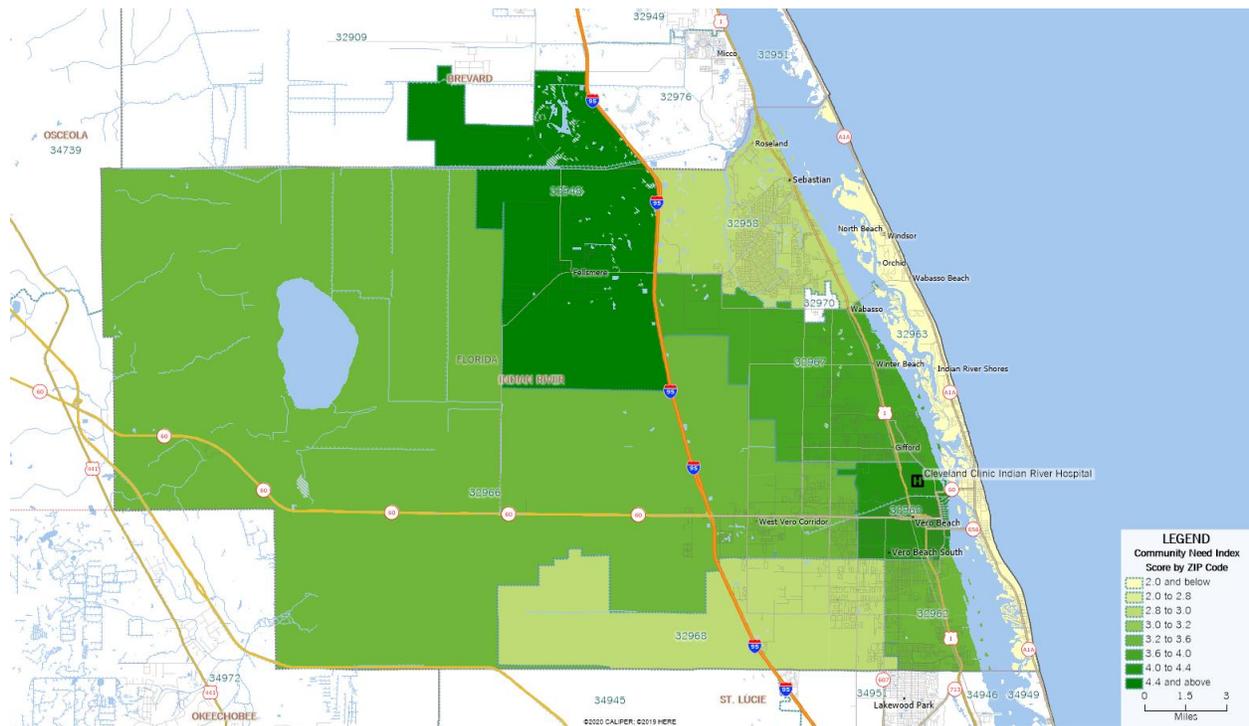


Figure 82 - Map of Dignity Community Need Index Score by ZIP Code, Source: Dignity Health 2021

## X. County and State Health Improvement Plans

### Indian River CHIP January 2016 - December 2021

The top health priorities within the most recent Community Health Improvement Plan (CHIP) for Indian River County, Florida include:

- Healthy weight
- Environmental health
- Mental health
- Infant mortality

### Florida SHIP 2017-2021

Florida's most recent State Health Improvement Plan (SHIP) includes the nine priority areas below:

- Health equity
- Maternal & child health
- Immunizations & influenza
- Injury, safety, & violence
- Healthy weight, nutrition, and physical activity
- Behavioral health (includes mental illness and substance abuse)
- Sexually transmitted disease (includes other infectious diseases)
- Chronic diseases & conditions (includes tobacco-related illnesses and cancer)
- Alzheimer's disease and related dementias

## IV. PRIMARY DATA

### A. Community Leader Interviews

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

#### Interview Methodology

Eighteen interviews were conducted from March 16 through April 13, 2021. Interviews required approximately 30 minutes to complete. Interviewers followed the same process for each interview. The complete list of interview questions and responses can be found in Appendix D.

#### Community Leader Interview Summary

When asked to discuss significant, overarching health concerns within the community, interviewees most frequently mentioned issues related to mental health and access to care.

Job loss, social isolation, and the overall disruptions to daily life associated with COVID-19 had a widespread negative impact on mental health for community members. Specific behavioral health issues described by many leaders included anxiety, depression, suicide, isolation, stress, substance use including opioid use, and stigma. Community leaders worry that some mental health conditions may be obscured by co-occurring substance abuse conditions and prone to stigma. Interviewees described stigma as varying according to cultural values and social norms, and many leaders feared that stigma leads to delays in seeking care and missed opportunities for early intervention. Those interviewed felt that additional behavioral health providers are needed, especially those specializing in certain treatments or conditions, and those treating children and young adults.

Other provider shortages noted include Medicaid providers and specialists. However, provider supply is not the only access issue the county faces. Access to care varies significantly across different sub-populations within the community. One leader advised stakeholders to consider the “who” when discussing strategies to improve access to care. For example, seasonal residents may not choose to establish a regular source of care or primary care provider, which may cause them to utilize urgent cares or the emergency department more frequently. Individuals with variable work schedules or those who work multiple part-time jobs may be unable to access traditional walk-in clinics or urgent care services, which could bring them into the ED after hours.

In discussing access to care and the utilization of primary care, leaders also conveyed how black and brown community members experienced fear of being discriminated against while interacting with individual providers and the healthcare system as a whole. This distrust, and underlying systemic racism, relate directly to disproportionate levels of access and preventative care in the community.

Many community leaders considered how the social determinants of health represented root causes of access to care issues. The high cost of healthcare, the affordability of health insurance, and the ability to seek preventative care were discussed in relation to poverty. Many feel that affordable housing is lacking in the community and that there is a particular need for multi-family housing units. Employment and economic opportunity were also cited by interviewees as directly impacting health outcomes. One leader mentioned how low wages are a root cause of poverty and spoke about their concern for the health of the ALICE (Asset-Limited, Income-Constrained, and Employed) population. Another leader described how the social determinants of health impact mental health:

**“Educational gaps, unemployment, and overcrowding can lead to stress, which then exacerbates other mental health conditions.”**

In discussing the social determinants of health, issues related to the food environment were also shared, including access to healthy foods, nutrition, weight status, and food insecurity. Within the community, food insecurity is especially concerning for older adults and young children. Leaders worry about the ways the food environment impacts chronic disease and overall health.

Many of those interviewed described maternal and child health concerns including prenatal care, developmental screening, and infant mortality. One leader felt that since the county’s population is older on average and the region is very senior-friendly, the issues impacting young families may not be visible to many community members. Unsurprisingly, multiple leaders mentioned problems impacting older adults or topics related to healthy aging. Alzheimer’s disease, Parkinson’s disease, and falls prevention were some of the issues described that impact older residents. Chronic conditions were also discussed at length.

Interviewees felt that the current significant health concerns within the community, including behavioral health, access to care, the social determinants of health, maternal and child health, and chronic disease, were also present before the pandemic. However, COVID-19 did significantly exacerbate some community health issues and illuminated persistent needs, vulnerabilities, and gaps in services. Shelter-in-place requirements and closure of non-essential businesses created needs for assistance with housing, food insecurity, domestic violence, and mental health issues. The community’s existing social programs experienced a surge of demand for services and new local initiatives had to be established to support individuals dealing with the economic impacts of the pandemic. One interviewee felt that the unemployment caused by COVID-19 significantly worsened the already present income inequality within the community. The overall stress, economic instability, social isolation, and disruptions in daily life associated with the pandemic worsened mental health and substance use issues for many community members.

One community leader shared how COVID-19 prompted a mindset shift for many healthcare providers, causing them to closely consider patients' social needs and environmental risk factors. Those interviewed described how the increasing use of telemedicine may improve access to care for some populations but could miss the mark for certain patient subgroups like older adults.

**“The use of technology could be considered an emerging social determinant of health [specific to] older adults.”**

Moving forward, leaders worry about the lasting impacts of COVID-19 including missed early diagnoses due to delays in seeking care and postponed preventative care. They feel that an increase in outreach may be needed to have important touchpoints with individuals who may have fallen through the cracks during the pandemic. The COVID-19 pandemic has also highlighted nuances related to conducting public health outreach and health promotion within under-resourced communities of color.

Many leaders shared that communities of color were most affected by COVID-19, along with older adults, low-income individuals, and children. In addition to the disproportionate impacts of COVID-19, discussions also included ways in which other health disparities emerged or worsened during the pandemic.

Health disparities mentioned by community leaders during interviews included those related to access to care, chronic disease, cancer, sexually transmitted infections, and infant mortality. It is important to note that many interviewees also shared how the social determinants of health and environmental risk factors impact sub-populations disproportionately. Housing insecurity, food insecurity, and access to healthy foods were considered significant health disparities by multiple leaders. Income inequality was also top of mind, as one leader described:

**“Disparities of health and wealth go hand in hand.”**

The uninsured, under-insured, and low-income individuals face challenges in affording copays and accessing providers who accept self-pay or Medicaid patients, especially for specialty care. A lack of financial resources also impacts one's ability to seek primary care, wellness visits, and routine screenings. This can lead to later/advanced diagnoses or exacerbated chronic conditions for these individuals. One leader felt that wealthy patients are more able to get speedy and accurate diagnoses than low-income patients in the community.

Leaders were asked to share barriers to accessing healthcare services. Beyond financial barriers, many interviewees shared environmental factors like transportation, walkability, bikeability, water pollution, and the need for additional parks/green spaces. Transportation was mentioned as a significant barrier by most community leaders and is especially concerning for low-income individuals and older adults. Although the existing public transportation infrastructure was praised by some, many leaders feel that new routes, added buses, and extended scheduling are crucial to ensure that folks can access needed healthcare services.

Proximity to healthcare services was also cited as a barrier, as many of the inland residents of Indian River County have to travel great distances to reach the hospital or other service providers. Rather than requiring patients travel to the beach communities for care, leaders suggested continuing to add services within a broader geographic footprint across the region.

When asked what would improve the health of the community, numerous interviewees described approaches to increase access to care. Multiple stakeholders described the need for healthcare and public health providers to “meet people where they are” in terms of location of services and cultural competency to better serve this population. Furthermore, leaders believed obtaining additional providers, especially behavioral health ones, adding sliding fee scales and free healthcare services, developing new outreach clinics, and adding additional urgent care facilities with extended hours would benefit the community.

During interviews, leaders also communicated a variety of ideas for programs that might improve the health of community members. The most frequently mentioned programs involved prevention, health promotion, or health education. Leaders acknowledged the link between economic stability and health, and many of their improvement ideas included employment and job creation. Interviewees also desired housing interventions focused on assisting the ALICE population, older adults, and those who have experienced housing insecurity or homelessness. Some community leaders described the need for local social services and healthcare organizations to communicate more effectively and to collaborate to improve access to services for community members.

## V. Community Resources

### A. Community Resources Related to CHNA Priorities

#### Access to Care Resources

- Treasure Coast Community Health is a Federally Qualified Health Center (FQHC) that provides adult and child primary care services, behavioral health services, and dental services on a sliding fee scale. Services are offered at eight different locations within Fellsmere and Vero Beach.
- The Florida Department of Health in Indian River County provides family planning, HIV/AIDS care, communicable and sexually transmitted disease services, immunizations, school health, and the WIC nutrition program within Vero Beach. The Health Department also facilitates vital statistics, environmental health services, public health preparedness and response, outreach, and the County Human Services assistance program.
- United Against Poverty Indian River County provides crisis care, case management, education, food and household subsidy, employment training, and active referrals to social service providers.
- Visiting Nurse Association (VNA) provides home health and senior care. VNA provides mobile care including sports physicals for school-aged children, medical assistance for the uninsured or homeless, memory screenings for those experiencing early signs of Alzheimer's or dementia, and more.
- We Care provides free medical services and care coordination for uninsured and low-income Indian River County adults through a network of volunteer physicians and other healthcare professionals. The clinic also helps with prescriptions, transportation for medical appointments, and medical supplies.
- Whole Family Health Center is an FQHC lookalike clinic that provides adult primary care, pediatrics, behavioral health, patient navigation, chronic disease management, HIV screening, transportation, and pharmacy services.

#### Health Equity & Social Determinants of Health Resources

- United Way of Indian River County envisions a world where Indian River County is strong, with jobs that pay a livable wage, good schools, and a healthy environment. More than 24,000 of our friends and neighbors were helped by United Way of Indian River County partner agencies in 2020.
- Treasure Coast Food Bank serves Indian River, Martin, St. Lucie, and Okeechobee counties and has a network of over 300 partner agencies. The food bank assists nearly 100,000 individuals weekly and distributes 41,000,000 meals annually.
- Treasure Coast Homeless Services Council, Inc. is the Continuum of Care (CoC), a regional planning body that coordinates housing and services funding for homeless families and individuals, for Indian River, St. Lucie, and Martin counties. The CoC meets bi-monthly to discuss issues related to homelessness, homeless services in the area, gaps in services, funding sources, and it is a great networking opportunity for individuals and Agencies helping the homeless on the Treasure Coast.

- [2-1-1 Helpline Palm Beach and Treasure Coast](#) offers information on available social services, community services and resources like food assistance, medical clinics, foreclosure prevention, parenting and developmental concerns, senior services, services for teens and others.
- [Senior Resource Association](#) promotes an active, healthy, and independent lifestyle for older adults. SRA provides meals, social activities, respite, transportation, guardianship services, and information and referral services.
- [Hope for Families Center](#) provides shelter, food, essential supplies, case management, and education to families experiencing homelessness or housing insecurity.
- [Camp Haven](#) is a transitional home that provides supportive living opportunities, education, food, clothing, and vocational training to those experiencing homelessness.

## Chronic Disease Prevention & Management Resources

- [Cleveland Clinic Indian River Hospital Scully-Welsh Cancer Center](#) provides wrap-around services including cancer care coordination, diagnostic services, surgical oncology, radiation oncology, medical oncology and hematology, clinical trials, therapies, and genetic counseling.
- [Cleveland Clinic Indian River Hospital Welsh Heart Center](#) offers comprehensive cardiac care and includes two cardiac catheterization labs, a cardiovascular critical care unit, cardiac/pulmonary rehabilitation, heart valve clinic, and specialized cardiac ultrasound imaging.
- [Cleveland Clinic Indian River Hospital](#) provides a heart failure management clinic that offers patients tailored education, assistance with smoking cessation, medication management, and dietary consultations.
- [Healthy Communities, Healthy People Chronic Disease Prevention Program](#) is committed to implementing safe and accessible sidewalks, parks, and walking or biking trails, healthy vending and cafeteria options, policies promoting clean outdoor air, tobacco prevention and cessation education, and health education within faith-based settings.
- [Visiting Nurse Association \(VNA\)](#) offers wellness health clinics that provide blood pressure, blood sugar, and cholesterol screenings at no-cost throughout the county. The VNA also offers caregiver support meetings open to the public.

## Behavioral Health Resources

- [Cleveland Clinic Indian River Hospital](#) CCIRH's Behavioral Health Center is a 46-bed facility with an interdisciplinary team who provides inpatient services for children, adolescents, adults, and seniors. The center is also a designated Baker Act receiving facility, with trained professionals who offer 24/7 screening and assessment for behavioral health issues.
- [Mental Health Association](#) (MHA) provides crisis intervention, psychotherapy, and medication management services at the Walk-In and Counseling Center. MHA also offers information, referrals, case management, self-help groups, psycho-educational groups, and group therapy sessions. All services are offered on a sliding fee scale.
- [McCabe Connections Center](#) was launched by the Mental Health Collaborative in Indian River County. The Center is a central access point for behavioral health needs. Staff assist

patients with mental health and substance use disorders through screening, referrals, making appointments, and assisting with barriers to obtaining care.

- The Mental Health Collaborative of Indian River County convenes stakeholders to find solutions for unmet needs in the mental health continuum of care. The collaborative offers guidance, administrative support, recommendations related to funding sources, technical assistance, coordination, and advocacy to its partners.
- New Horizons is the most comprehensive mental health and substance use recovery agency in the region, with nine facilities across four counties serving 14,000 children and adults annually, regardless of their ability to pay. Services include crisis services for adults and children, adult mental health and substance abuse services, pediatric services, and a variety of special programs including a Transitional Group Home, injection clinic, primary care clinic, in-jail services, and mental health court.
- Suncoast Mental Health Center provides therapeutic and case management treatment services. The organization is dedicated to community-based and family-centered care to help ensure positive mental health for every child, adult, and family. Services are offered in a variety of settings including but not limited to community, home-based, activity centers, and school. The agency also offers family benefits services to eligible clients in need.
- Tykes and Teens provides quality mental health services for children with over 50 in-person locations across the region, case management, telehealth services, programming for children and families, counseling, prevention programs, home visiting, and in-school and community-based programs.
- Substance Awareness Center of Indian River County offers day treatment, outpatient substance use programs, a Recovery Assistance Program, educational programs, peer support, and counseling services.

## Maternal and Child Health Resources

- Indian River Healthy Start Coalition strengthens and enhances the local maternal and infant system of care by increasing awareness, streamlining services, and building partnerships. The coalition offers prenatal, childbirth, breastfeeding, and parenting classes and services.
- Women, Infants, and Children Nutrition Program provides food assistance, breastfeeding support, nutrition education, and referrals for health care and community services.
- Early Learning Coalition of Indian River, Martin, and Okeechobee Counties provides financial assistance for families and offers support, training, and resources to community providers who serve approximately 7,800 children daily through the School Readiness, VPK, and free Resource & Referral programs. The coalition serves children and families from all socio-economic backgrounds through a network of childcare and resource and referral programs. Along with free Resource and Referral services, the coalition also works to enhance both the quality and supply of care through recruitment and training programs.
- Boys & Girls Club of Indian River County programs for youth focus on the areas of education and career development, character and leadership development, health and life skills, sports and fitness, the arts, and community service.
- Big Brothers Big Sisters of St. Lucie, Indian River, and Okeechobee Counties provides mentoring with the support of donors and volunteers to develop positive relationships that impact the lives of young people.

## VI. Impact Evaluation

### A. Actions Taken Since Previous CHNA

CCIRH's previous Implementation Strategy outlined a plan for addressing the following priorities identified in the 2018 CHNA: skin cancer, mental health, and stroke. The table below describes the strategies completed by CCIRH and modifications made to the action plans for each health priority area.

#### Skin Cancer

##### Actions:

- a. Provided community education regarding how to identify skin lesions and how to reduce UV exposure/damage at health fairs and community events.
- b. A "Protect and Detect" education session for providers was hosted related to protecting skin from sun damage, detection of early cancers, and how to closely examine lesions.

##### Highlighted Impact:

- Provider education post-test indicated an increase in knowledge of preventing sun damage and identifying early cancers.

#### Mental Health

##### Actions:

- a. Integrated the Columbia-Suicide Severity Rating Scale (C-SSRS) within the electronic health record for CCIRH's emergency department, behavioral health, and medical/surgical units. Educated the Indian River County School District Mental Health team on how to utilize the C-SSRS.
- b. Participated in collaborative efforts and local task forces, workgroups, and committees, to provide community education related to behavioral health.
- c. Implemented a pilot program with the Indian River County School District to directly assess students' behavioral health needs.

##### Highlighted Impact:

- Improved identification of individuals at risk of suicide.
- Increased knowledge and understanding of behavioral health issues, risk factors, and available community resources.
- Improve access to behavioral health services.

## Stroke

### Actions:

- a. Provided stroke-related education through health fairs and community events.
- b. Provided “BEFAST” education materials to identify symptoms of stroke and promote early intervention.
- c. Collaborated with local EMS to implement a stroke alert program.

### Highlighted Impacts:

- Improved knowledge of stroke signs, symptoms, and access to medical treatment.
- Increased local EMS knowledge and skills related to identifying and assisting individuals with stroke symptoms.
- Increased efficiency in imaging and treating individuals with stroke symptoms who arrive at the emergency department.

## B. Comments Received on Previous CHNA

CCIRH solicited comments within the 2018 CHNA Report. No written comments were received regarding CCIRH’s 2018 CHNA or Implementation Strategy.

## VII. Appendices

### A. APPENDIX - References

- Centers for Disease Control and Prevention (2021). COVID Data Tracker, COVID-19 Integrated County View. Retrieved from <https://covid.cdc.gov/covid-data-tracker/#county-view>
- Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention (2021). Interactive Atlas of Heart Disease and Stroke. Retrieved from <https://www.cdc.gov/dhdsp/maps/atlas/index.htm>
- Centers for Disease Control and Prevention, Division of Diabetes Translation (2021). U.S. Diabetes Surveillance System. Retrieved from <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html>
- Centers for Disease Control and Prevention, Division of Population Health (2021). Behavioral Risk Factor Surveillance System. Retrieved from <https://www.cdc.gov/brfss/brfssprevalence/index.html>
- Centers for Disease Control and Prevention, Division of Tuberculosis Elimination (2021). Trends in Tuberculosis, 2019. Retrieved from <https://www.cdc.gov/tb/publications/factsheets/statistics/tbtrends.htm>
- Centers for Disease Control and Prevention, National Center for Health Statistics (2021). Multiple Cause of Death 1999-2019 on CDC WONDER Online Database. Retrieved from <https://wonder.cdc.gov/mcd.html>
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2021). NCHHSTP AtlasPlus. Retrieved from <https://www.cdc.gov/nchhstp/atlas/index.htm>
- Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Division of Viral Diseases (2021). Science Brief: Evidence Used to Update the List of Underlying Medical Conditions that Increase a Person's Risk of Severe illness for COVID-19. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/underlying-evidence-table.html>
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (2021). Opioid Prescribing Rate Maps 2019. Retrieved from <https://www.cdc.gov/drugoverdose/rxrate-maps/index.html>
- Department of Health and Human Services, Health Resources and Services Administration (2021). Find Shortage Areas Tools. Retrieved from <https://data.hrsa.gov/tools/shortage-area>
- Department of Health and Human Services, Office of Disease Prevention and Health Promotion (2021). Healthy People 2030. Retrieved from <https://health.gov/healthypeople>
- Dignity Health (2021). Community Need Index. Retrieved from <http://cni.dignityhealth.org/>
- Esri (2021). Population Demographic Data. Retrieved from Intellimed IntelliClient Software.
- Federal Bureau of Investigation (2021). 2019 Crime in the United States. Retrieved from <https://ucr.fbi.gov/crime-in-the-u.s./2019/crime-in-the-u.s.-2019>
- Feeding America (2021). Map The Meal Gap 2019. Retrieved from <https://map.feedingamerica.org/>
- Florida Department of Education (2021). PK-20 Education Information Portal. Retrieved from <https://edstats.fldoe.org/SASPortal/main.do>
- Florida Department of Health, Community Health Improvement Planning Unit (2021). Community Health Improvement Plan for Indian River County. Retrieved from <https://floridahealthcovid19.gov/>

Florida Department of Health, COVID-19 Response (2021). COVID-19 Data and Surveillance Dashboard. Retrieved from <https://floridahealthcovid19.gov/>

Florida Department of Health, Division of Public Health Statistics & Performance Management (2021). FL Health CHARTS. Retrieved from <http://www.flhealthcharts.com/charts/default.aspx>

Florida Department of Health, Health Improvement Planning Team (2017). 2017-2021 State Health Improvement Plan. Retrieved from <http://www.floridahealth.gov/about/state-and-community-health-assessment/ship-process/index.html>

Florida Department of Law Enforcement (2021). Uniform Crime Report, 2019 Annual Report. Retrieved from <https://www.fdle.state.fl.us/FSAC/CJAB-Home/Uniform-Crime-Report/Data-Archives>

National Institutes of Health, National Cancer Institute (2021). State Cancer Profile for Florida (2014-2018). Retrieved from <https://statecancerprofiles.cancer.gov/>

National Institutes of Health, National Institute of Environmental Health Sciences (2021). COVID-19 Pandemic Vulnerability Index. Retrieved from <https://statecancerprofiles.cancer.gov/>

Treasure Coast Homeless Services Council (2021). Point in Time Homeless Count. Retrieved from <https://tchelpspot.org/>

University of North Carolina at Chapel Hill, Health Sciences Library (2021). Health Literacy Data Map. Retrieved from <https://hsl.lib.unc.edu/health-literacy>

University of Wisconsin Population Health Institute (2021). County Health Rankings. Retrieved from <https://www.countyhealthrankings.org/>

U.S. Census Bureau, Explore Census Data (2021). 2015-2019 American Community Survey, 5-Year Estimates. Retrieved from <https://data.census.gov/cedsci/>

U.S. Department of Agriculture, Economic Research Service (2021). Food Environment Atlas. Retrieved from <https://www.ers.usda.gov/data-products/food-environment-atlas/>

U.S. Department of Labor, Bureau of Labor Statistics (2021). Unemployment Rates for States, 2019 and 2020 Annual Averages. Retrieved from <https://www.bls.gov/lau/#cntyaa>

## B. APPENDIX - Carnahan Group Qualifications

Carnahan Group, Inc. is an ingenious healthcare services firm that employs revolutionary innovation and impeccable advisory services to tackle strategic, valuation, and compliance challenges. With nearly two decades of experience, Carnahan Group has partnered with large healthcare systems, academic medical centers, and community hospitals to successfully navigate through an array of complex issues.

The Strategic Services Department at Carnahan Group possesses extensive public health, geographic information system (GIS), and data visualization expertise and utilizes the latest technologies to deliver a range of exceptional services including community health needs assessments (CHNA), implementation strategies, and community benefit consulting. Strategic analysts at Carnahan Group also conduct combined CHNA and physician workforce assessments, and develop analyses to inform primary care plans, Certificate of Need applications, internal business plans, and fairness opinions.

As experts in community benefit reporting, Carnahan Group's consultants take great care in documenting the adherence to the Treasury and IRS requirements in addition to state-specific requirements for the CHNA and Implementation Strategy. Moreover, the community benefit team continuously refines their methodology to stay ahead of the curve and adapt to emerging community health needs like COVID-19.

For more information about Carnahan Group and to schedule a discovery call, please visit <http://carnahangroup.com> or call 813.289.2588.

## C. APPENDIX - Organizations Providing Input

The following individuals and organizations provided feedback during community leader interviews:

Organization	Title	Population(s) Represented
Boys & Girls Club of Indian River	Executive Director	Non-profit/community-based organization
Florida Department of Health in Indian River County	Health Officer	Public health expert
Florida Department of Health in Indian River County	Environmental Health Manager	Public health expert
Florida Department of Health in Indian River County	Community Health Improvement Manager	Public health expert
Indian River County Board of County Commissioners	County Administrator	Local government
Indian River County Community Development Department	Director	Local government
Indian River County Healthy Start Coalition	CEO	Non-profit/community-based organization
Indian River County Hospital District	Chairperson	Local government
Indian River County NAACP	President	Represents underserved, low-income, minority, or chronic disease population
Mental Health Collaborative of Indian River County	Executive Director	Clinical provider
Piper Aircraft	CEO	Other, community member
Senior Resource Association	CEO	Non-profit/community-based organization
Treasure Coast Community Health	CEO	Clinical provider
Treasure Coast Homeless Services Council, Inc.	Executive Director	Represents underserved, low-income, minority, or chronic disease
United Against Poverty Indian River County	Executive Director	Represents underserved, low-income, minority, or chronic disease
United Way of Indian River County	CEO	Represents underserved, low-income, minority, or chronic disease population
Visiting Nurse Association of the Treasure Coast	CEO	Clinical provider
Visiting Nurse Association of the Treasure Coast	Director of Strategic Alliances	Clinical provider
Whole Family Health Center	CEO	Clinical provider

Figure 83 - Organizations Providing Input via Community Leader Interviews and Supplemental Interviews

# D. APPENDIX - Community Leader Interview Question Guide and Data

## Community Leader Interview Question Guide

The following community-focused questions were used as the basis for discussion:

1. What are the most significant overarching health concerns in your community?
2. Prior to COVID-19 what were the most significant overarching health concerns?
3. What impacts have occurred because of the pandemic?
4. What populations have been most affected by COVID-19?
5. Which health disparities appear most prevalent in your community?
6. What community health problems are having the most significant impacts on the need for hospital healthcare services?
7. What barriers inhibit optimal health in your community?
8. What mental health issues are concerns in the community?
9. What physical/environmental factors exist in the community that prevent optimal health?
10. What could be done to improve the health of your community?
11. If you could create any type(s) of programs to improve the health of community members, what would it/they be?

Categories with two or more mentions by community leaders are included in the charts and tables below.

### Significant Overarching Health Concerns

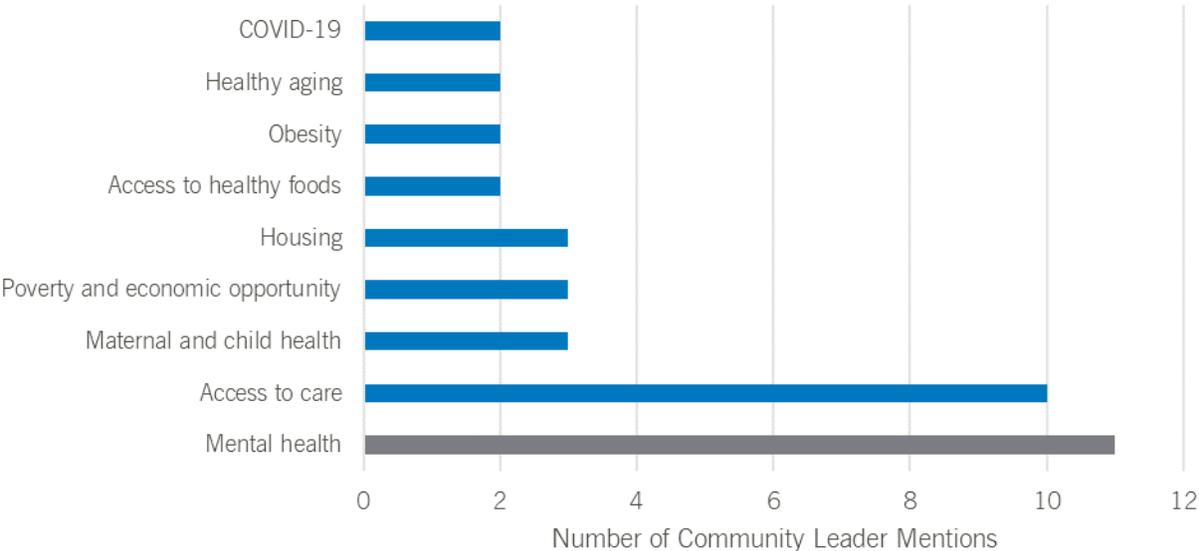


Figure 84 - Overarching Health Concerns Mentioned by Community Leaders

## Significant Overarching Health Concerns Prior to COVID-19

Response Categories	Number of Mentions
Mental health	7
Access to care	6
Same concerns as before COVID-19	4

Figure 85 - Significant Overarching Health Concerns Prior to COVID-19 Mentioned by Community Leaders

## Impacts of the Pandemic

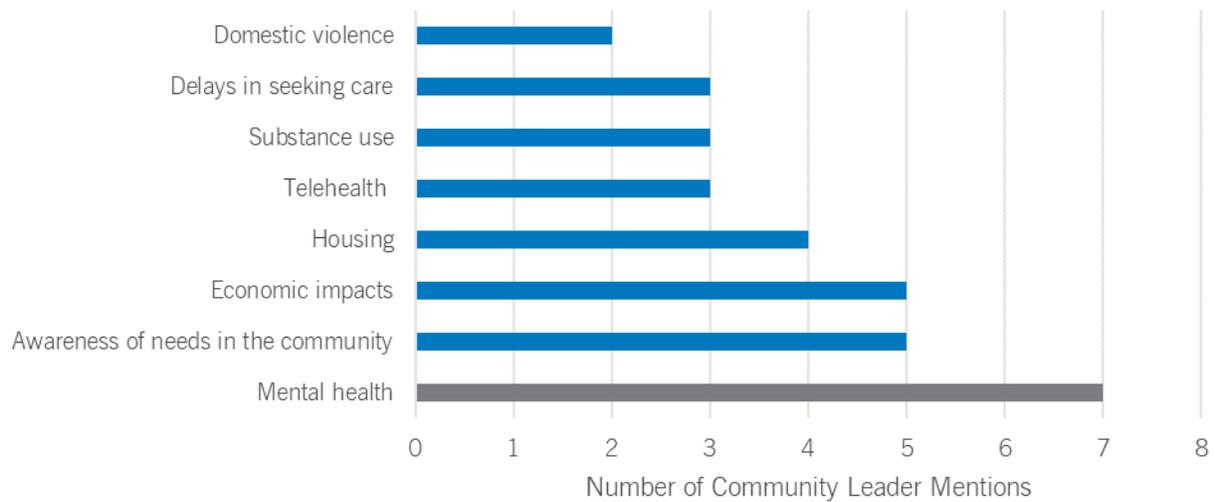


Figure 86 - Impacts of the Pandemic Mentioned by Community Leaders

## Populations Affected by COVID-19

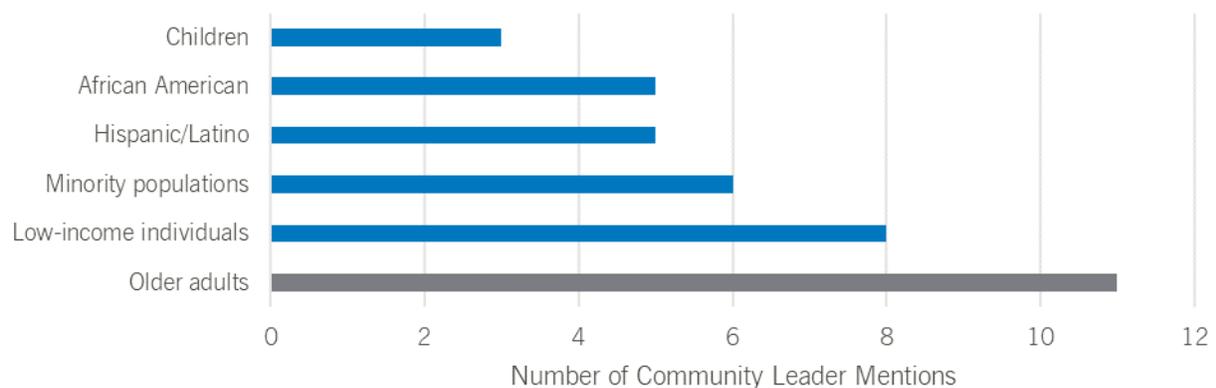


Figure 87 - Populations Affected by COVID-19 Mentioned by Community Leaders

## Health Disparities

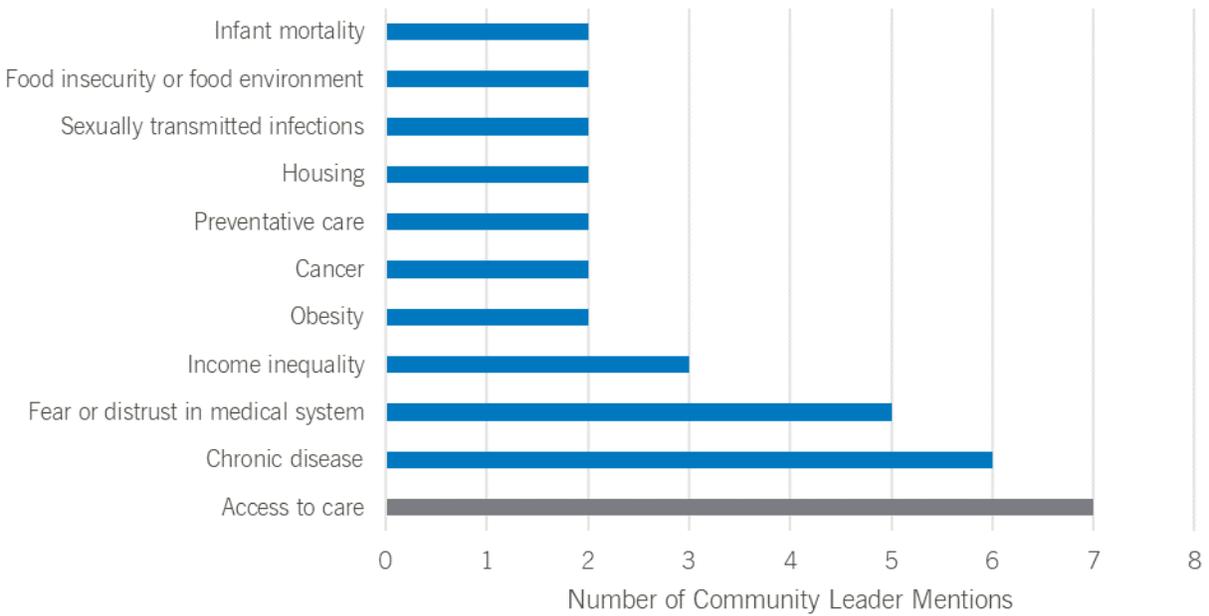


Figure 88 - Health Disparities Mentioned by Community Leaders

## Community Health Problems Impacting the Need for Hospital Services

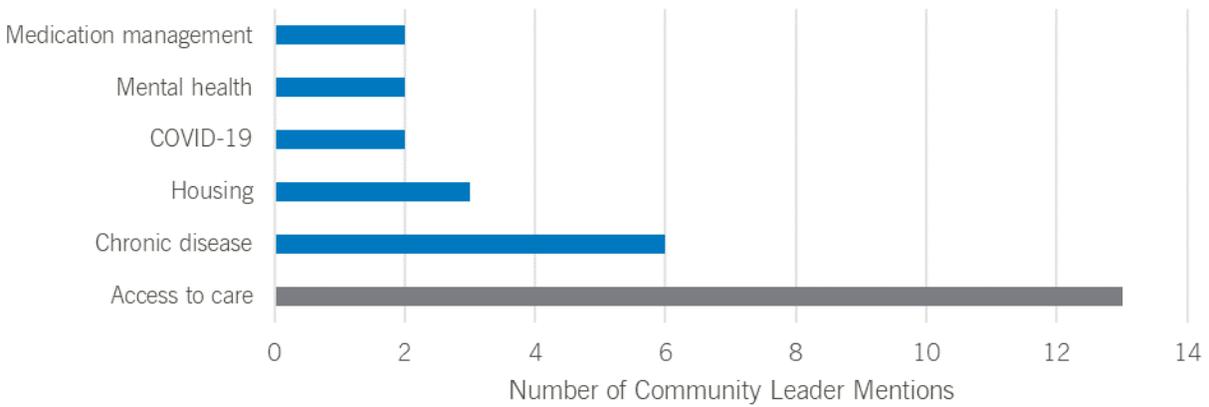


Figure 89 - Community Health Problems Impacting the Need for Hospital Services Mentioned by Community Leaders

# Barriers Inhibiting Optimal Health



Figure 90 - Barriers Inhibiting Optimal Health Mentioned by Community Leaders

# Mental Health Concerns

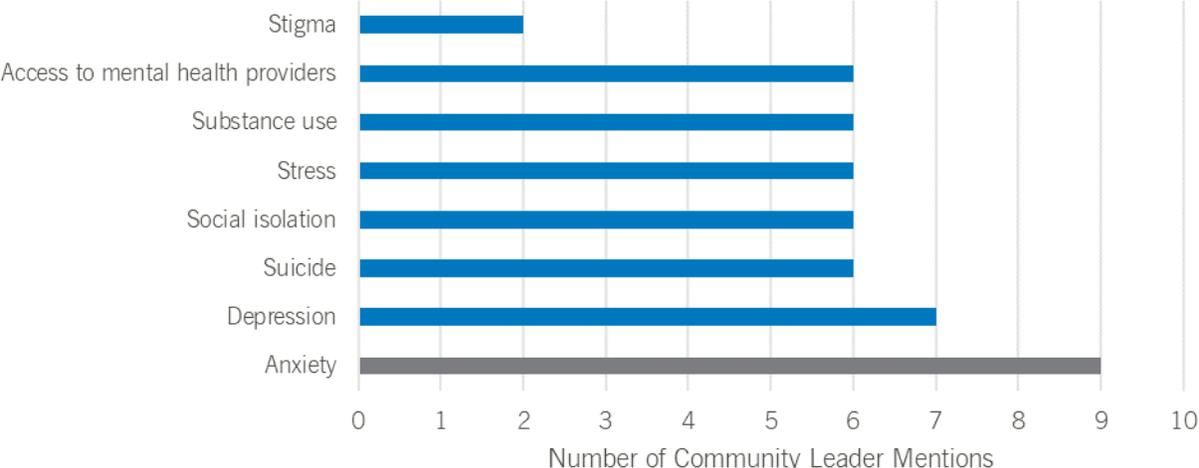


Figure 91 - Mental Health Concerns Mentioned by Community Leaders

# Physical/Environmental Factors that Prevent Optimal Health

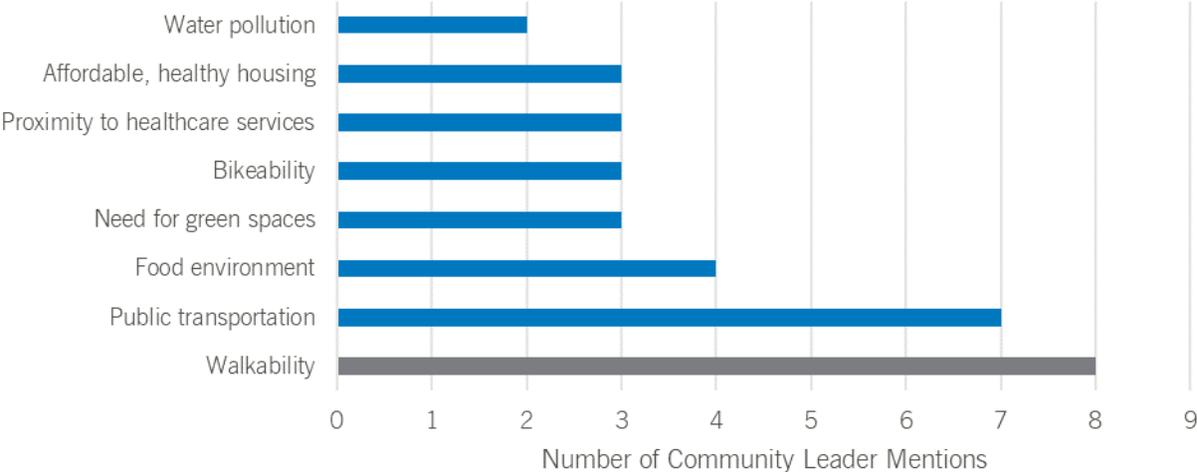
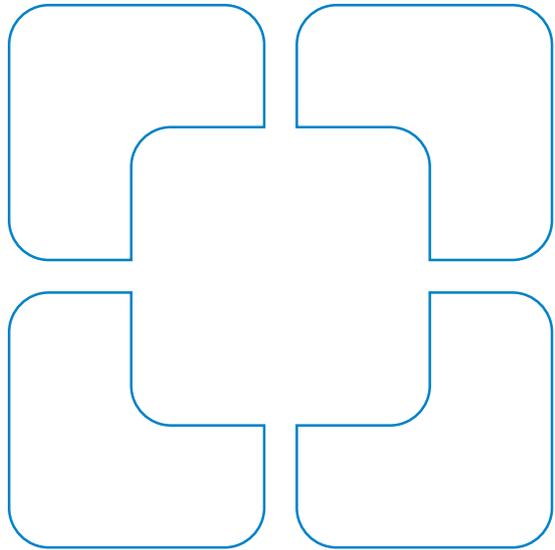


Figure 92 - Physical/Environmental Factors that Prevent Optimal Health Mentioned by Community Leaders

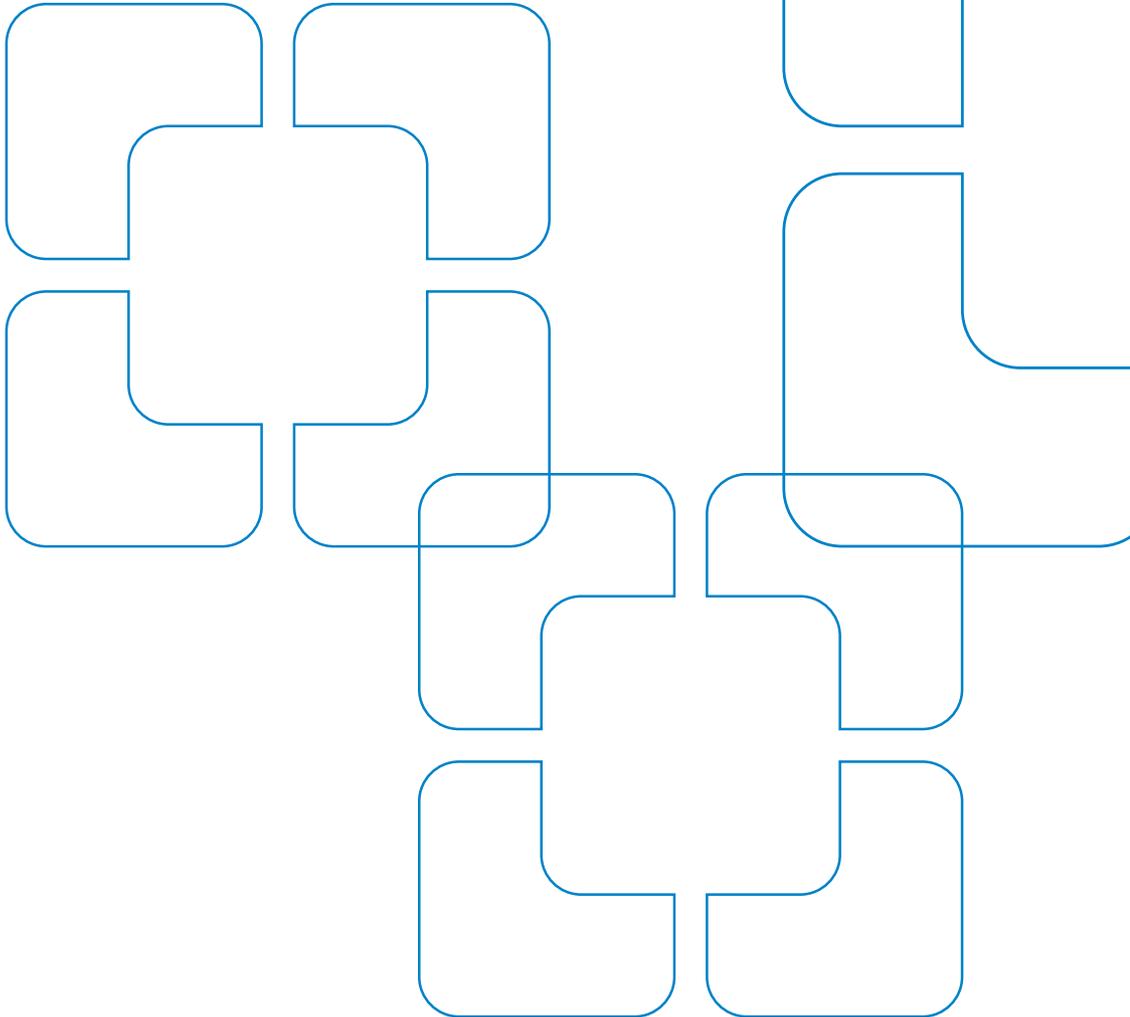


[clevelandclinic.org/CHNAReports](https://clevelandclinic.org/CHNAReports)



**Cleveland Clinic**  
Indian River Hospital

# Implementation Strategy Reports 2021



**Cleveland Clinic Indian River Hospital**  
**1000 36<sup>th</sup> Street**  
**Vero Beach, FL 32960**

2021 Community Health Needs Assessment  
Implementation Strategy for Years 2022 – 2024  
As required by Internal Revenue Code § 501(r)(3)

Name and EIN of Hospital Organizations Operating Hospital Facility:	Indian River Memorial Hospital Inc. 59-2496294 DBA: Cleveland Clinic Indian River Hospital
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Date Approved by Authorized Governing Body:	April 29, 2022
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Contact:	Cleveland Clinic chna@ccf.org
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# Cleveland Clinic Indian River Hospital

## 2021 IMPLEMENTATION STRATEGY

### I. INTRODUCTION AND PURPOSE

This written plan is intended to satisfy the requirements set forth in Internal Revenue Code Section 501(r)(3) regarding community health needs assessments and implementation strategies. The overall purpose of the Implementation Strategy is to align the hospital's limited resources, program services, and activities with the findings of the community health needs assessment ("CHNA").

#### A. Description of Hospital

Cleveland Clinic Indian River Hospital (CCIRH) is part of the Cleveland Clinic Florida region. CCIRH is a 332-bed, not-for-profit hospital offering comprehensive medical services to the Treasure Coast community. Healthcare professionals represent specialties including orthopedic services, minimally invasive vascular surgery, neurosurgery, stroke services, robotic surgery, a state-of-the-art wound healing center, and the only maternity wing in the area. Learn more at [ccirh.org](http://ccirh.org).

The hospital is part of the Cleveland Clinic health system, which includes an academic medical center, eleven regional hospitals in northeast Ohio, a children's hospital, a children's rehabilitation hospital, five southeast Florida hospitals, and several other facilities and services across Ohio, Florida, and Nevada. Additional information about Cleveland Clinic is available at <https://my.clevelandclinic.org/>.

#### B. Hospital Mission

Cleveland Clinic Indian River Hospital's mission is:

*Caring for life, researching for health, and educating those who serve.*

## II. COMMUNITY DEFINITION

For purposes of this report, Cleveland Clinic Indian River Hospital's community is defined as Indian River County. The defined community accounted for over 81 percent of the hospital's recent inpatient volumes. The community was defined by considering aggregated inpatient discharge data for calendar year 2019 for Cleveland Clinic Indian River Hospital. The community's total population was 163,175 in 2020.

## III. HOW IMPLEMENTATION STRATEGY WAS DEVELOPED

This Implementation Strategy was developed by a team of members of senior leadership at Cleveland Clinic Indian River Hospital and Cleveland Clinic representing several departments of the organizations, including clinical administration, medical operations, nursing, finance, population health, and community relations. This team incorporated input from the hospital's community and local non-profit organizations to prioritize selected strategies and determine possible collaborations. Alignment with county Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP) was also considered. Each year, senior leadership at Cleveland Clinic Indian River Hospital and Cleveland Clinic will review this Implementation Strategy to determine whether changes should be made to better address the health needs of its communities.

## IV. SUMMARY OF THE COMMUNITY HEALTH NEEDS IDENTIFIED

CCIRH's significant community health needs as determined by analyses of quantitative and qualitative data include:

### Community Health Initiatives

- COVID-19
- Health Equity & Social Determinants of Health
- Chronic Disease Prevention & Management
- Behavioral Health
- Maternal & Child Health

### Other Identified Needs

- Access to Care
- Medical Research and Health Professions Education

See the 2021 Cleveland Clinic Indian River Hospital CHNA for more information:  
<https://my.clevelandclinic.org/florida/about/community>

## V. NEEDS HOSPITAL WILL ADDRESS

### A. Cleveland Clinic Community Health Initiatives

Each Cleveland Clinic hospital provides numerous services and programs in efforts to address the health needs of the community. Implementation of our services focuses on addressing structural factors important for community health, strengthening trust with residents and stakeholders, ensuring community voice in developing strategies, and evaluating our strategies and programs.

Strategies within the ISRs are included according to the prioritized list of needs developed during the 2021 CHNA. These hospital's community health initiatives combine Cleveland Clinic and local non-profit organizations' resources in unified efforts to improve health and health equity for our community members, especially low-income, underserved, and vulnerable populations.

### B. Cleveland Clinic Indian River Hospital 2021 Implementation Strategy

The Implementation Strategy Report includes the priority community health needs identified during the 2021 Cleveland Clinic Indian River CHNA and hospital-specific strategies to address those needs from 2022 through 2024.

# COVID-19

Cleveland Clinic Indian River Hospital’s 2021 CHNA identified COVID-19, an infectious disease caused by the SARS-CoV-2 virus, as a significant community health need. Cleveland Clinic Indian River Hospital is committed to improving prevention, testing, vaccination, and treatment of COVID-19 through collaborative community partnerships and innovative medical and population health research.

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p><b>A</b> Collaborate with local public health entities, long term care facilities, schools, emergency responders, and community-based organizations to establish COVID-19 testing stations at CCIRH facilities, and process COVID-19 tests</p>	<p>Improve access to testing and early identification</p>
<p><b>B</b> Provide clinical expertise and community health education related to COVID-19 prevention, testing, infection control, vaccination, and treatment through collaboration with local communication outlets, long term care facilities, and community-based organizations</p>	<p>Improve knowledge and understanding, prevent outbreaks</p>
<p><b>C</b> Facilitate vaccination clinics and assist partner organizations in the storage, transport, and provision of COVID-19 vaccines</p>	<p>Increase vaccination rates, reduce death and hospitalization rates</p>

# Health Equity & Social Determinants of Health

Cleveland Clinic Indian River Hospital’s 2021 CHNA demonstrated that health needs are multifaceted, involving medical as well as socioeconomic concerns. The assessment identified structural racism, poverty, housing, employment, transportation, health literacy, access to healthy foods, and environmental risk factors as significant concerns. Further, the primary and secondary impacts of COVID-19 have exacerbated many health disparities and barriers that were present before the pandemic. According to the Department of Health and Human Services, the social determinants of health (SDOH) are defined as “conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” The World Health Organization expands upon that definition, adding that the SDOH “include economic policies and systems, development agendas, social norms, social policies, and political systems.”

Cleveland Clinic Indian River Hospital is committed to promoting health equity and healthy behaviors in our communities. The hospital addresses socioeconomic concerns through a variety of services and initiatives including cross-sector health and economic improvement collaborations, local hiring for hospital workforce, mentoring of community residents, in-kind donation of time and sponsorships, anchor institution commitment, and caregiver training for inclusion and diversity.

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p><b>A</b> Provide diversity, equity, and inclusion training for Cleveland Clinic caregivers including training related to allyship, unconscious bias, and structural racism</p>	<p>Improve provider biases, improve the provision of culturally and linguistically appropriate care, improve trust in providers</p>
<p><b>B</b> Partner with community-based organizations to improve equitable access to healthy foods</p>	<p>Improve self-efficacy associated with healthy eating, improve nutrition</p>
<p><b>C</b> Contribute to the development of the local workforce through job creation initiatives in partnership with United Against Poverty</p>	<p>Improve poverty rates, increase the proportion of individuals with health insurance coverage</p>

# Chronic Disease Prevention & Management

Cleveland Clinic Indian River Hospital’s CHNA identified chronic disease and other health conditions as prevalent in the community (ex. heart disease, stroke, diabetes, respiratory diseases, hypertension, obesity, cancer). Prevention and management of chronic disease initiatives seek to increase healthy behaviors in nutrition, physical activity, and tobacco cessation.

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p><b>A</b> Implement health promotion, health education, support groups, and outreach events related to heart disease and stroke, cancer, respiratory disease, and obesity therefore reducing behavioral risk factors</p> <p>Continue to partner with the American Cancer Society, American Lung Association, Indian River School District, and local fire &amp; rescue</p>	<p>Decrease smoking, improve physical activity and nutrition</p> <p>Increase cancer screening rates</p>
<p><b>B</b> Promote the use of local walking trails and the establishment of additional safe spaces to exercise</p>	<p>Improve physical activity</p>

# Behavioral Health

Cleveland Clinic Indian River Hospital’s 2021 CHNA identified substance use disorders, anxiety, depression, suicide, stigma surrounding behavioral health, trauma, stress, social isolation, and access to specialty behavioral health providers as community health concerns.

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p>A Continue to provide peer support to individuals who have experienced an opioid-related overdose</p>	<p>Reduced rate of relapse, decreased overdose death rates</p>
<p>B Through provider partnerships and participation in the Mental Health Collaborative and the Baker Act Task Force, continue to build a continuum of care and implement health promotion, health education, and outreach events</p>	<p>Increase the number of individuals with behavioral health conditions who participate in treatment</p>
<p>C Cleveland Clinic will develop suicide and self-harm policies procedures and screening tools for patients in a variety of care settings</p>	<p>Reduce suicide rates</p>
<p>D Provide Mental Health First Aid trainings</p>	<p>Improve mental wellness; increase knowledge of signs, symptoms, and risk factors for behavioral health issues; increase the proportion of individuals with behavioral health conditions who receive treatment</p>

# Maternal & Child Health

Cleveland Clinic Indian River Hospital’s 2021 CHNA identified infant mortality, prenatal care, the impacts of COVID-19, and developmental screening, as maternal and child health concerns. Indian River County had heightened rates of teen pregnancy, smoking during pregnancy, and preterm births than the statewide averages from 2017-2019. Infant mortality rates at the local, state, and national levels have been particularly high for Black infants.

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p><b>A</b> Participate in coalitions and task forces to align programs, share best practices, and coordinate a systemic approach to improving quality of care and birth outcomes</p> <p>Partner with the Florida Perinatal Quality Collaborative</p>	<p>Reduce infant mortality inequity, improve the preterm birth rate, increase pregnancy spacing, decrease rates of low-birth-weight pregnancies, reduce c-section rates among low-risk first-birth deliveries, increase breastfeeding rates</p>
<p><b>B</b> Promote maternal, infant, and child safety through evidence-based programs, virtual education, community events, and health promotion</p> <p>Continue to partner with local fire rescue services, Safe Kids, and Indian River County Healthy Start Coalition</p>	<p>Improve rates of road traffic, bicycle, child passenger, pedestrian, and drowning injuries; prevent sudden infant death syndrome, improve maternal and infant health outcomes</p>
<p><b>C</b> In partnership with the Indian River County Healthy Start Coalition, develop and refine a replicable, facility-level community doula program model for implementation across Florida</p>	<p>Improve preterm birth rate, improve breastfeeding rates, reduce infant and maternal mortality</p>

## VI. OTHER IDENTIFIED NEEDS

In addition to the community health needs identified in the CHNA, the hospital's 2021 CHNA also prioritize the needs of Access to Care and Medical Research and Health Professions Education.

### Access to Care

Access to affordable health care is challenging for some residents, particularly access to primary care, mental health, and addiction treatment services. Access barriers are many and include cost, health insurance, geographical barriers, seasonal residency, scheduling difficulties, racism or discrimination, lack of trust, and an undersupply of providers. Cleveland Clinic continues to evaluate methods to improve patient access to care.

All Cleveland Clinic hospitals will continue to provide medically necessary services to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. [Cleveland Clinic Financial Assistance](#).

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A Patient Financial Advocates and Scully-Welsh Cancer Center patient navigators assist patients in evaluating eligibility for financial assistance or public health insurance programs	Increase the proportion of eligible individuals who are enrolled in various assistance programs, improve access to primary care
B Utilizing medically secure online and mobile platforms, connect patients with Cleveland Clinic providers for telehealth and virtual visits	Overcome geographical and transportation barriers, improve access to specialized care
C Promote 211 Palm Beach/Treasure Coast and Mental Health Collaborative local resource directories	Improve awareness of existing resources, improve access to social services and community supports

# Medical Research and Health Professions Education

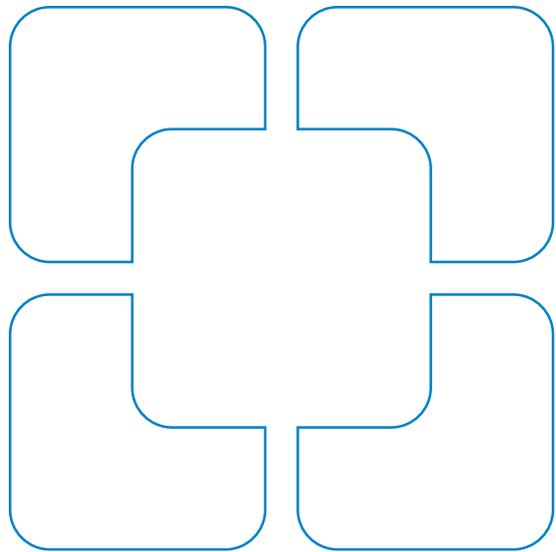
Cleveland Clinic cares for our communities by discovering tomorrow’s treatments and educating future caregivers. Cures for disease and the provision of quality health care are part of Cleveland Clinic’s mission.

Cleveland Clinic’s Lerner Research Institute (LRI) is home to a complete spectrum of laboratory, translational, and clinical-based research. In collaboration with the LRI, the Cleveland Clinic Florida Research and Innovation Center (FRIC) conducts innovative translational research focused on immuno-oncology and infectious diseases, including COVID-19. The FRIC is located in Port St. Lucie, Florida, and features a biosafety level 3 laboratory. Scientific programs at the FRIC address local and international health challenges and the state-of-the-art facility provides an exceptional training environment for researchers.

Cleveland Clinic is committed to education, taking pride in a wide range of high-quality medical education that includes accredited training programs for residents, physicians, nurses, and allied health professionals. By educating medical professionals, we ensure that the public is receiving the highest standard of medical care and will have highly trained health professionals to care for them in the future.

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p>A Through the Florida Research and Innovation Center, advance innovative translational research focused on the areas of cancer, immunobiology, and infectious diseases, including COVID-19</p>	<p>Improve understanding of emerging pathogens, cancer, immunobiology, vaccines, treatment efficacy, and reduce morbidity and mortality</p>
<p>B Sponsor high-quality medical education training programs for physicians, advance practice professionals, nurses, pharmacy students, respiratory therapists, and allied health professionals</p>	<p>Reduce provider shortages, increase diversity within the healthcare workforce, improve trust in providers</p>

For more information regarding Cleveland Clinic Community Health Needs Assessments and Implementations Strategy Reports, please visit [www.clevelandclinic.org/CHNARports](http://www.clevelandclinic.org/CHNARports) or contact [CHNA@ccf.org](mailto:CHNA@ccf.org).



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