



Community Health Needs Assessment

2024



**Cleveland Clinic Tradition Hospital
10000 SW Innovation Way Port St. Lucie, Florida 34987**

**2024 Community Health Needs Assessment
As required by Internal Revenue Code § 501(r)(3)**

Name and EIN of
Hospital Organizations
Operating Hospital Facilities: Martin Memorial Medical Center, Inc.
59-2307522
DBA: Martin Medical Center, Cleveland Clinic
Martin North Hospital, Cleveland Clinic Martin
South Hospital, Cleveland Clinic Tradition Hospital

Date Approved by
Authorized Governing Body: November 15, 2024

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Cleveland Clinic Tradition Hospital

2024 Community Health Needs Assessment

I. INTRODUCTION

Cleveland Clinic Tradition Hospital (CCTH) is part of Cleveland Clinic Martin Health which also includes Cleveland Clinic Martin North Hospital, Cleveland Clinic Martin South Hospital, a free-standing emergency center, and outpatient centers and clinics across Martin and St. Lucie counties on Florida's east coast. CCTH offers preventive, primary, and acute hospital care and a full array of specialty services. Our physicians include 71 medical specialties and subspecialties, working in integrated teams focused on specific organ or disease systems to provide collaborative, patient-centered care. We work in conjunction with community-based physicians to care for Treasure Coast residents and collaborate with our Cleveland Clinic colleagues in Ohio and across our five-hospital regional health system in Florida to ensure our patients have access to the most advanced levels of medicine and innovative care. Learn more at my.clevelandclinic.org/florida.

CCTH is part of the Cleveland Clinic health system, which includes an academic medical center near downtown Cleveland, Ohio, fifteen 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 the states of Ohio, Florida, and Nevada. Cleveland Clinic is one of the world's largest and best healthcare systems, with 80,642 caregivers, 23 hospitals, and 276 outpatient facilities in locations around the globe*.

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 novel techniques and participate in research trials no matter where they access care. Through education, Cleveland Clinic trains health professionals who provide access to health care across Ohio, Florida, and the United States.

Cleveland Clinic was at the forefront of modern medicine when its founders opened it as a multi-specialty group practice in 1921. In its first century, Cleveland Clinic introduced many medical firsts, opened facilities around the world, and is proud to be ranked among the top hospitals in the country. Now, 100 years later, the vision of the founders remains Cleveland Clinic's mission: caring for life, researching for health, and educating those who we serve. Additional information about Cleveland Clinic is available at my.clevelandclinic.org.

Cleveland Clinic is much more than a healthcare organization. We are part of the social fabric of the community, creating opportunities for those around us and making the communities we serve healthier. We are listening to our neighbors to understand their needs, now and in the future. The health of every individual affects the broader community.

*Please note: The statistics reflect official year-end totals as of Dec. 31, 2023.

According to the National Academy of Medicine, only 20% of a person's health is related to the medical care they receive. Other factors have a lifelong impact, accounting for 80% of a person's overall health. These social determinants of health are conditions in which people grow, work, and live – including employment, education, food security, housing, life expectancy, chronic diseases, infant mortality, substance use disorders, and several others.

To address health disparities, we lead efforts in clinical and non-clinical programming, advocacy, building partnerships, sponsorship, and community investment. We are actively partnering with community leaders to help strengthen community resources and mitigate the impact of these social determinants of health. Cleveland Clinic is optimistic that through implementing these long-term efforts, frequently re-assessing the community's needs, and remaining committed to addressing key social determinants of health, sustainable change can be made. CCTH recognizes that addressing social and economic challenges requires seeing the bigger picture and maintaining steady progress. The challenges to health disparities are historically rooted and thus require multi-faceted, long-term solutions to observe improved health outcomes over time, through many cycles of community health needs assessments and implementation strategies. Improving healthcare challenges today paves the way for better outcomes for future generations in the communities we serve. By engaging with partners who share our commitment, we can create better, healthier communities for everyone.

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 December 1, 2023, Cleveland Clinic Martin Health engaged Carnahan Group to conduct a Community Health Needs Assessment (CHNA) in 2024 as required by the Patient Protection and Affordable Care Act (PPACA). For more information on Carnahan Group, please refer to Appendix B: Carnahan Group Qualifications.

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 2024 CHNA findings, an implementation strategy addressing the identified community health needs will be developed and adopted by CCTH by May 15, 2025.

Collaborating Organizations

The facilities within Cleveland Clinic's five-hospital regional health system in Florida collaborate to share community health data and resources throughout the CHNA and implementation

strategy processes. For this assessment, the three Martin Health facilities collaborated with the following Cleveland Clinic hospitals: Weston and Indian River.

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 CCTH collaborated, if applicable, including their qualifications;
- A description of how CCTH took into account input from persons who represented the broad interests of the community served by CCTH, 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 CCTH; and,
- A prioritized description of all community health needs identified through the CHNA and 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 CCTH, 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 CCTH, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by CCTH; and,
- Consultation or input from other persons located in and/or serving CCTH'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 CCTH'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 CCTH. Commonly used data sources include Esri, the U.S. Census Bureau, and the Centers for Disease Control and Prevention (CDC). Martin and St. Lucie Counties define the community served by CCTH. Demographic and health indicators are presented for these areas. Initial secondary data collection was completed utilizing data available as of Jul 31, 2024.

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, CCTH defines the community as Martin County ZIP Codes and South St. Lucie County ZIP Codes, displayed in the map below. Demographic data by ZIP Code was analyzed by CCTH 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. CCTH acknowledges that additional patients served via telehealth may reside within a broader geographic area.

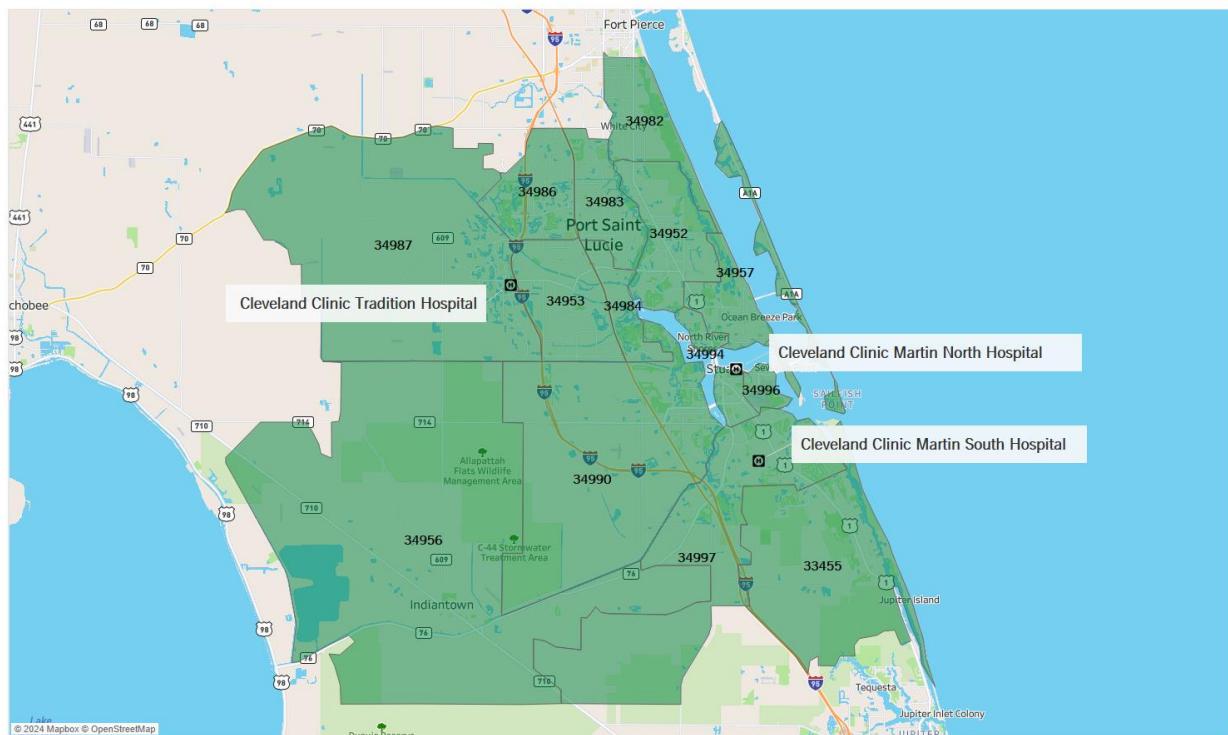


Figure 1 - Defined Community by ZIP Code, Source: CCH

Inpatient Discharges by ZIP Code

CCTH reviewed aggregated inpatient, outpatient, and emergency department discharge data for Cleveland Clinic Martin North Hospital, Cleveland Clinic Martin South Hospital, and Cleveland Clinic Tradition Hospital for the calendar year 2022. ZIP Codes reflecting the top 75% of inpatient, outpatient, and emergency department discharges within the most recent year of data were prioritized for inclusion within the defined community. The top patient discharges by ZIP Code for each facility are featured in Appendix F.

II. EXECUTIVE SUMMARY

A. Prioritized Community Health Needs

This Community Health Needs Assessment (CHNA) is constructed to serve as a tool for community program planning and act as a guide for allocating community resources and efforts where they are needed most. The overarching goals in conducting this CHNA are to identify significant health needs of the community, prioritize those health needs, and identify potential resources available to address those health needs.

An extensive list of the community's health concerns was established through analysis of both primary and secondary data. This list of needs was entered into a decision matrix to establish which priorities were most pressing for the community. 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).

The prioritized community health needs (listed in alphabetical order) identified during CCTH's 2024 CHNA are:

- Access to Care
- Behavioral Health
- Chronic Disease Prevention & Management
- Maternal and Child Health
- Socioeconomic Concerns



Figure 2 – Prioritized list of community health needs

Access to Care

Health insurance
Provider shortages
Awareness of resources

Affordability
Transportation
Fear

Access to care ranked as the most consistently mentioned health concern by community leaders, emphasizing the critical need for better access and delivery of care. Across the nation, many people do not have access to healthcare services, and 1 in 10 individuals are uninsured. These issues trickle down to the county level and Martin and St. Lucie Counties are no exception. Public health experts voiced that access to care is particularly problematic for certain sub-groups of the population, including the elderly, low- and middle-income families, veterans, and families experiencing housing insecurity.

Community leaders suggested that the locations of many clinics and hospitals are not convenient for the most vulnerable populations. Many of the clinics are outside of residential areas and are not easily accessed by public transportation. Leaders advocated for mobile clinics to help alleviate the barriers of place-based care. Interviewees acknowledged telehealth as an initiative to increase access to healthcare, which became increasingly popular during the pandemic; however, while telehealth eliminated transportation barriers, technological access challenges still exist.

While physical barriers to accessing care exist, many of the barriers discussed were financial like healthcare service coverage, prescription coverage, and the ability to afford copays. Additionally, interviewees cited mistrust of the healthcare system as a major deterrent to accessing care. The need for more empathetic, sensitive, and culturally appropriate care arose as a common theme during interviews. Key areas for training included diversity and cultural competency, LGBTQ+-informed training, trauma-informed care, and treating individuals who are non-native English speakers with respect.

Several interviewees made connections between economic stability and access to care, referencing the “ALICE” (Asset-limited, income-constrained, employed) population. Community leaders mentioned that working families are forced to prioritize food and rent over healthcare, creating economic barriers to accessing care.

The Healthy People 2030 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

When examining the provider supply closely, County Health Rankings data reveals the ratios of population to primary care physicians within Martin and St. Lucie counties were higher than the state and national benchmarks in 2022. Additionally, the ratio of population to mental health providers in St. Lucie County is higher than the state and national benchmarks. A higher

ratio is an indicator of less access to providers. An additional indicator of inequitable access to care is reflected in higher rates of preventable hospital stays which is seen among St. Lucie County residents when compared to Martin County, and the state and national benchmarks.

Access to health and human services is a priority area within Martin County's 2021 – 2026 Community Health Improvement Plan (CHIP), including a specific goal related to access to culturally and linguistically appropriate services. Access to care is also a strategic health priority within St. Lucie County's 2021-2025 CHIP.

Behavioral Health

Mental Health

Anxiety & Depression

Suicide

Substance Use Disorders

Toxic Stress

Behavioral health, which includes mental health and substance use, ranked as a major community health concern among community leaders. Mental health and substance use issues do not discriminate based on race, age, or socioeconomic status; however, some populations are disproportionately affected and are least likely to receive treatment. Additionally, it is important to note that behavioral health and physical illness are intrinsically linked, being that depression, anxiety, and substance use disorders can affect a person's desire and ability to make healthy choices. Major concerns regarding behavioral health included an increased number of Baker Acts among children and adolescents, indicating an increase in behavioral health issues among this population; maternal mental health; social isolation among the elderly population, and increasing access to behavioral health services for underserved populations such as those experiencing homelessness, veterans, racial minorities, and the LGBTQ+ population.

In a post-pandemic healthcare landscape, the looming aftereffects on behavioral health resonated as a reverberating theme among key informants. Community members expressed clear connections between the pandemic and increased levels of stress, anxiety, depression, and suicide. Community leaders expressed concerns that there are not enough treatment centers, crisis units, psychiatric beds, support groups, and detox centers to meet the growing demand for behavioral health services. Public health experts also voiced that the mental health system is siloed from the broader healthcare system, emphasizing the need for better comprehensive and coordinated care.

The Healthy People 2030 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

According to Florida Health Charts, both Martin and St. Lucie counties have higher rates of hospitalization for mood and depressive disorders when compared to the Florida benchmark. Of particular concern in the primary data, was an increased prevalence of behavioral health disorders among children and adolescents; the secondary data reflects this trend. Both Martin and St. Lucie counties have significantly higher rates of children aged 1-5 who are receiving mental health treatment services when compared to the Florida rates.

Examining the behavioral health provider supply reveals that both counties have lower rates of mental health counselors, as compared to the Florida state rate. St. Lucie County has a drastically lower supply of licensed psychologists when compared to the state average. In contrast, Martin County has consistently higher supplies of behavioral health resources when compared to the state benchmarks for licensed psychologists, clinical social workers, mental health professionals, and adult and child psychiatric beds.

Behavioral health, described as mental well-being and substance use prevention, is included as a priority area within the 2022-2026 State Health Improvement Plan for Florida. Mental health and substance use is also a priority area within Martin County's 2021-2026 CHIP and St. Lucie County's 2021-2025 CHIP.

Chronic Disease Prevention & Management

Prevention & Early Screening
Heart Disease & Stroke

Behavioral Risk Factors
Healthy Aging

Chronic disease prevention and management was identified as a leading health concern for Martin and St. Lucie counties. This concern is substantiated by secondary data, as cancer, heart disease, chronic lower respiratory disease, and stroke ranked as four of the top five leading causes of death in the community. Chronic diseases decrease one's quality of life substantially; however, they may be prevented and managed by controlling individuals' modifiable risk factors, like cholesterol and blood pressure. Interviewees specifically raised concerns regarding the prevalence of diabetes, stroke, and heart disease within the community, among other chronic illnesses. This concern is heightened by the growing elderly population in Martin and St. Lucie Counties, which have a higher median age, and a larger percentage of persons aged 65 and older when compared to Florida and U.S. benchmarks.

Stakeholders voiced that the prevalence of chronic conditions is directly related to the upward trend in obesity, noting that nutrition, physical activity, and chronic diseases are intrinsically connected. Community leaders stated that the pandemic drastically interrupted people's rhythm of life including physical activity habits, which has had a sustained effect on the health of communities today. Interviewees called for more effective public health programs to help people become more physically active, consume more healthy options, and maintain a healthy lifestyle.

The Healthy People 2030 leading health indicators include the following items related to Chronic Disease Management and Prevention:

- 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

Both Martin and St. Lucie counties have worse access to healthy foods, which may be related to the increased rates of adult obesity compared to the state average. Both counties also have higher rates of heart disease, cancer, stroke, and hypertension as compared to the state average. When examining age-adjusted heart disease incidence by race, statistics show that Black non-Hispanic populations have higher rates of heart disease compared to Florida's state average. When examining the community's access to physical activity opportunities, statistics show that both counties have a lower percentage of the population living within a half mile of a park. Access to parks, green spaces, and safe recreational facilities play a pivotal role in a community's built environment and opportunity to achieve optimal health.

Chronic disease prevention and management is listed as a priority area within the 2022-2026 State Health Improvement Plan for Florida. Chronic diseases and conditions are a priority in St. Lucie County's 2021-2025 CHIP.

Maternal and Child Health

Prenatal Care
Pregnancy Risk Factors

Maternal & Infant Mortality
Affordable Childcare

Maternal and child health is a major indicator of a community's health—after all, it determines the health of families and the health of the next generation. The health of mothers before, during, and post-pregnancy influences the health and well-being of infants. The differences in health outcomes for mothers and their children based on race, ethnicity, and socioeconomic status reflect a significant challenge within Martin and St. Lucie Counties. Several key informants indicated concerns regarding access to obstetrics services along with disproportionately poor health outcomes for Black and Hispanic populations, such as low birth weight, maternal and infant mortality, and rates of emergency cesarean sections.

The Healthy People 2030 leading health indicators include the following items related to maternal and child health:

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

- Maternal deaths

According to Florida Health Charts, St. Lucie, and Martin counties' infant mortality from 2018-2022 was much worse for Black and Hispanic populations when compared to other races and ethnicities within the county. Taking a closer look into the rates of emergency room visits for children ages 0-1, asthma hospitalizations for children ages 1-5, and deaths among children ages 1-5 reveals that St. Lucie County has significantly worse outcomes when compared to Martin, its neighboring county, and the Florida state benchmarks. Additionally, Florida Health Charts provides data on mothers who initiate breastfeeding, which depicts that for Martin and St. Lucie counties respectively, 90.9% and 85.7% of mothers self-initiated breastfeeding, as compared to the state average of 85.7%, showing a positive trend in the number of breastfeeding mothers.

Maternal and child health is included as a top priority within the 2022-2026 State Health Improvement Plan for Florida.

Socioeconomic Concerns

Affordable & Safe Housing
Food Insecurity
Economic Stability

Safety (gun violence)
Physical Activity Opportunities

Community leaders and public health experts expressed a profound understanding of social, economic, and environmental factors that impact population health. These factors include employment, income, the built environment, literacy skills, level of education, and systemic factors such as racism, transportation, access to healthy foods, and more. One of the greatest socioeconomic concerns for residents in Martin and St. Lucie counties is affordable housing. Many community members are forced to choose between paying rent and accessing healthcare due to the economic strain of rising housing costs. Unfortunately, many families with steady employment still do not earn a living wage that affords them access to care and the ability to afford goods and services needed to achieve optimum health.

Healthy People 2030 leading health indicators include the following items related to socioeconomic concerns:

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

Factors included within the assessment's secondary data, such as housing, transportation, food index, racial segregation, educational attainment, and environmental factors, provide a snapshot of the social-ecological conditions residents experience. Within St. Lucie County, the percentage of ALICE households, individuals below poverty, the 2023 unemployment rate, and the percentage of children below poverty exceed the corresponding state benchmarks.

An individual's level of education is strongly associated with one's quality of life, health outcomes, and life expectancy. It is a major determinant in shaping future opportunities, like employment, and income. Martin County has a greater percentage of persons who obtained college and advanced degrees than the state and national benchmarks. St. Lucie County, on the other hand, has a lower percentage of persons who have obtained graduate or professional degrees.

While housing affordability proves to be a challenge, statistics on environmental risk factors show that housing quality also poses a challenge for many residents of the defined community. Florida Health Charts published that from 2020 to 2022, St. Lucie County's rate of lead poisoning was higher than the state average. Both Martin and St. Lucie counties have greater populations of persons with disabilities compared to state and national benchmarks—requiring infrastructure and policies that will allow this disenfranchised population to access resources needed to live healthy lives.

Social and Economic Concerns is one of seven priority areas within the 2022-2026 State Health Improvement Plan for Florida and is a strategic health priority for St. Lucie County within the latest 2021-2025 CHIP. Martin County's CHIP for 2021-2026 features economic and social mobility as a priority area.

B. Health Equity

Cleveland Clinic Tradition Hospital (CCTH) acknowledges that the true strength and measure of a community's health is only as strong as the health of its most vulnerable populations. Across the nation, health inequities and disparities persist by race, gender, economic status, sexual orientation, and geographical location; Martin and St. Lucie Counties are no exception. The Office of Health Studies estimates that in 2022, clinical care impacted only 20 percent of county-level variation in health outcomes, while socioeconomic concerns affected as much as 50 percent. Many of these factors such as generational poverty, employment opportunities, access to healthy foods, and access to quality education are oftentimes beyond the individuals' control yet have the greatest impact on one's trajectory of health. These social disadvantages are reflected in health disparities for chronic diseases, infant and maternal mortality, mental illness, and substance use disorders, and overall life expectancy. CCTH is committed to improving these patterns of inequity and working with the community to alleviate health disparities.

With equity at the forefront of every decision, Cleveland Clinic recognizes that health equity should not merely serve as a strategic priority but exists as an embedded concept within the organization's mission, culture, and daily workflows. Healthy People 2030 asserts that if we are truly striving for health equity, we must "value everyone equally with...ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities." As a leader in global healthcare, Cleveland Clinic proactively assesses our system's practices and policies to determine where inequities are produced and where solutions can be implemented on a wide scale. To truly advance health equity and implement systematic change, Cleveland Clinic ingrains principles of health equity within each strategic priority and meaningfully considers root causes of inequities in all levels of decision-making.

CCTH is committed to extending care beyond the four walls of our hospitals and clinics to listen to residents' concerns and collaborate with community organizations, to address the pressing needs of the communities we serve. Our dedication to advancing health equity and institutionalizing organizational change is exemplified by our commitment to stakeholder collaboration, engaged leadership, and ongoing training and quality improvement efforts. By operating through an equity-focused lens, CCTH aims to embed equity as a common standard and approach to health, patient care, and community welfare, to support our communities in reaching their full potential.

III. SECONDARY DATA OVERVIEW

This section includes a snapshot of the community's demographics, indexes identifying areas of greatest need, and an environmental scan of other county and state-level community health assessments. Please refer to Appendix E for detailed secondary data on a wide variety of health risk factors, socioeconomic factors, and health outcomes.

A. Population Demographics

Population Growth

The community's population is projected to grow by 6.2% over the next five years. Significant population growth is expected for Port Saint Lucie ZIP Codes 34986 and 34987, while Stuart ZIP Code 34996 and Fort Pierce ZIP Code 34982 will experience a slight population decline.

ZIP Code	Community	2023 Population	2028 Population	5 Year Percentage Change
34996	Stuart	10,901	10,769	-1.2%
34982	Fort Pierce	26,572	26,469	-0.4%
34990	Palm City	31,651	31,695	0.1%
34956	Indiantown	10,416	10,440	0.2%
33455	Hobe Sound	20,724	20,773	0.2%
34997	Stuart	44,921	45,366	1.0%
34952	Port Saint Lucie	43,756	44,195	1.0%
34983	Port Saint Lucie	45,731	47,125	3.0%
34994	Stuart	18,342	18,986	3.5%
34984	Port Saint Lucie	18,323	19,444	6.1%
34957	Jensen Beach	24,380	26,169	7.3%
34953	Port Saint Lucie	85,481	92,141	7.8%
34986	Port Saint Lucie	34,109	42,918	25.8%
34987	Port Saint Lucie	21,738	27,586	26.9%
Grand Total		437,045	464,076	6.2%

Figure 3 - Population change by ZIP Code, Source: Esri 2023

The populations of residents aged 20-29 and 50-64 are expected to decrease slightly over the next five years. Significant population growth is expected for adults aged 30-39 and for adults over the age of 65. The median age within Martin County was 53.2 years, which far exceeded the St. Lucie County (45.3 years), Florida (42.4 years), and U.S. (38.5 years) median ages according to the U.S. Census Bureau American Community Survey 2018-2022 Five-Year Estimates.

Population Growth by Age Group and Gender

Age Group	Female			Male		
	2023 Population	2028 Population	5 Year Percentage Change	2023 Population	2028 Population	5 Year Percentage Change
Age 0-4	9,899	10,821	9.3%	10,213	11,230	10.0%
Age 5-9	10,877	11,433	5.1%	11,262	11,786	4.7%
Age 10-14	11,507	12,404	7.8%	12,044	12,922	7.3%
Age 15-19	10,781	11,212	4.0%	11,496	11,895	3.5%
Age 20-24	10,122	9,825	-2.9%	10,688	10,423	-2.5%
Age 25-29	12,023	11,855	-1.4%	12,770	12,131	-5.0%
Age 30-34	11,901	13,549	13.8%	12,574	14,218	13.1%
Age 35-39	11,394	13,606	19.4%	11,808	14,114	19.5%
Age 40-44	12,193	12,702	4.2%	11,894	12,917	8.6%
Age 45-49	12,093	12,847	6.2%	11,619	12,619	8.6%
Age 50-54	13,591	12,676	-6.7%	13,167	11,946	-9.3%
Age 55-59	15,038	14,420	-4.1%	14,330	13,381	-6.6%
Age 60-64	16,983	16,402	-3.4%	15,592	15,145	-2.9%
Age 65-69	17,467	18,662	6.8%	15,338	16,797	9.5%
Age 70-74	16,156	17,597	8.9%	14,680	15,631	6.5%
Age 75-79	13,091	15,286	16.8%	11,196	13,282	18.6%
Age 80-84	8,728	11,351	30.1%	7,552	9,194	21.7%
Age 85+	8,435	10,039	19.0%	6,543	7,758	18.6%
Grand Total	222,279	236,687	6.5%	214,766	227,389	5.9%

5 Year Percentage Change

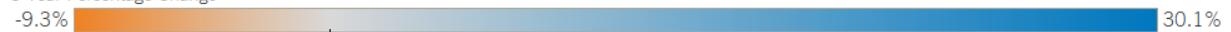
-9.3%  30.1%

Figure 4 - Population change by age group, Source: Esri 2023

Population Race/Ethnicity

The most common race/ethnicity in CCTH's community is white (61.5%) followed by Hispanic (19.9%), Black/African American (12.4%), individuals of two or more races (3.8%), Asian/Pacific Islander (1.7%), and other races (0.9%). Substantial population growth is expected for the Hispanic (11.2%) and Black/African American populations (11.2% and 10.9% growth, respectively) and individuals of two or more races (12.0%).

Race and Ethnicity	2023 Population	2028 Population	5 Year Percentage Change
Multiple Races	16,791	18,808	12.0%
Hispanic	87,020	96,742	11.2%
Black/African American	54,005	59,900	10.9%
Other Race	2,942	3,233	9.9%
Asian	7,451	7,866	5.6%
American Indian Alaska Native	657	691	5.2%
Pacific Islander	160	168	5.0%
White	268,019	276,668	3.2%
Grand Total	437,045	464,076	6.2%

Figure 5 - Population change by race/ethnicity, Source: Esri 2023

Language and Foreign-Born Population

Martin County had a slightly larger foreign-born population than the Florida average from 2018-2022. A lower percentage of residents spoke a language other than English within the home in Martin and St. Lucie counties compared to Florida.

	Martin County	St. Lucie County	Florida	United States
Foreign born population	21.5%	18.4%	20.7%	13.6%
Language other than English spoken at home	13.8%	23.4%	29.9%	21.7%

Figure 6 – Language and foreign-born population, Source: U.S. Census Bureau ACS 2018-2022, shading indicates the county measure was greater than or worse than the state benchmark value

Computer and Internet Access

A greater percentage of households within Martin and St. Lucie Counties had access to a computer or broadband internet than the state and national averages.

	Martin County	St. Lucie County	Florida	United States
Households with a computer	95.3%	95.6%	95.2%	94.0%
Households with broadband internet subscription	90.4%	90.9%	88.8%	88.3%

Figure 7 - Computer and internet access, Source: U.S. Census Bureau ACS 2018-2022

Veteran Population

According to the U.S. Census Bureau's 2018-2022 American Community Survey estimates, 9.7% of Martin and 9.6% of St. Lucie County residents were veterans, compared to 7.9% of Florida residents and 6.6% of the U.S. population.

	Martin County	St. Lucie County	Florida	United States
Veteran status	9.7%	9.6%	7.9%	6.6%
Verteran unemployment rate	3.5%	4.0%	4.1%	4.2%
Veteran poverty rate	7.3%	4.3%	7.1%	7.0%
Veteran disability status	29.7%	31.1%	30.1%	29.8%

Figure 8 - Veteran population, unemployment, poverty, and disability rates, Source: U.S. Census Bureau ACS 2018-2022, shading indicates the county measure was greater than the state benchmark value

Rural Population

According to County Health Rankings, 7.3% of Martin County residents and 3.5% of St. Lucie County residents were classified as rural, compared to 8.5% of Florida residents.

LGBT Population

According to the UCLA School of Law Williams Institute, 4.6% of Florida's population identified as lesbian, gay, bisexual, or transgender in 2019. The Florida LGBT population was 48% male and 52% female with an average age of 39.4 in 2017. Approximately 24% of Florida's LGBT population represented families with children. Race and ethnicity data for the LGBT population in 2017 shows that 51% of the population was white, 30% Latino/a, 12% Black/African American, 1% Asian, 4% more than one race, and 2% all other races.

The Florida LGBT population had an uninsured rate of 21% in 2017, which was greater than the non-LGBT population (15%). The community also experienced higher rates of food insecurity (27% compared to 16%) and were more likely to have incomes less than \$24,000 (27% compared to 21%).

According to the U.S. Census Bureau American Community Survey 2022 data, 62.6% of same-sex couples across the nation were homeowners, 54.8% of same-sex householders had at least a bachelor's degree and 78.7% of same-sex householders were employed.

It is important to note that many national demographic and community health surveys do not collect complete information related to sexual orientation and gender identity (SOGI). This leads to significant data limitations for measuring the prevalence of LGBT individuals and identifying specific health problems impacting the community.

B. Community Health Indexes

Multiple indexes compile demographic, health risk factor, and health outcome measures into ranked or scored indicators, enabling comparison of geographies within a state or nationwide. CCTH utilizes these indexes to identify health disparities and determine neighborhoods at greatest risk of poor health outcomes within the defined community.

Area Deprivation Index

The 2021 Area Deprivation Index (ADI) ranks neighborhoods by socioeconomic disadvantage and compares them to the state level. It includes factors related to income, education, employment, and housing quality. Each block group receives a state-level decile ranking, with group 1 having the lowest ADI (least disadvantaged) and 10 having the highest ADI (most disadvantaged). Within CCTH's defined community, high ADI (disadvantaged) neighborhoods were in Port Saint Lucie ZIP Codes 34952 and 34953, and Stuart ZIP Codes 34994 and 34997.

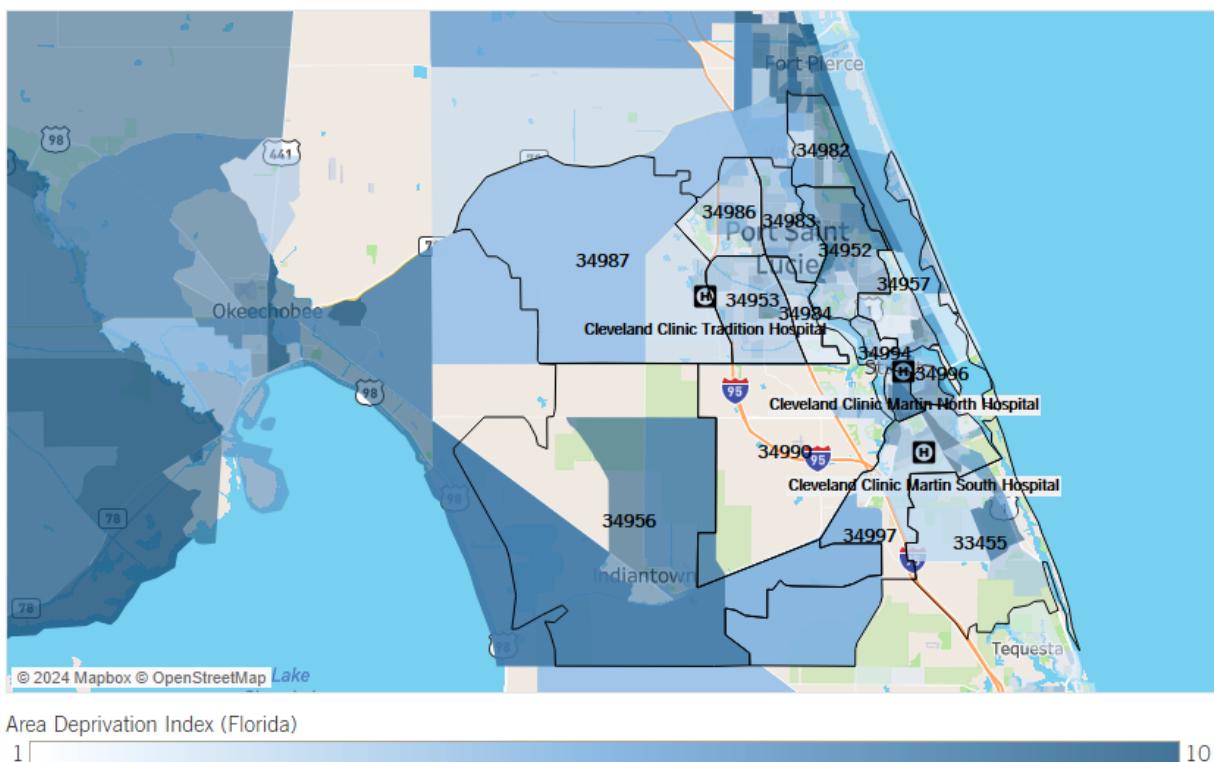


Figure 9 - Map of Area Deprivation Index (ADI) by census block group, Source: University of Wisconsin School of Medicine and Public Health 2021

Social Vulnerability Index

The Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index (SVI) is a place-based index that quantifies experiencing social vulnerability, defined as the demographic and socioeconomic factors that adversely affect communities that encounter hazards and other community-level stressors like disasters or disease outbreaks. The SVI scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Overall, Martin County had a score of 0.1212 and St. Lucie County had a score of 0.5908 when compared to counties across the state of Florida in 2022.

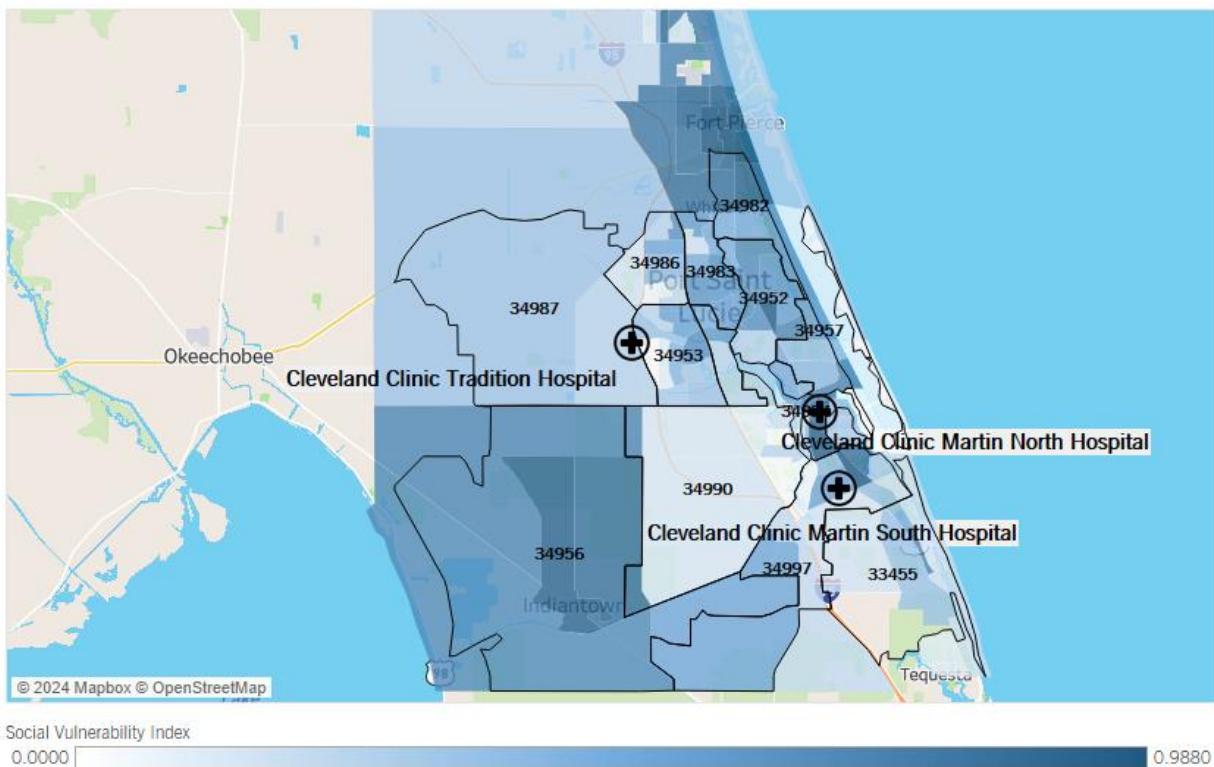


Figure 10 – Florida Social Vulnerability Index score by census tract, Source: CDC/ATSDR 2022

Child Opportunity Index

The Child Opportunity Index (COI) is a composite index of 44 measures that demonstrates how the neighborhood environment impacts children and families. The COI 3.0 captures differences in opportunity across U.S. neighborhoods and can be used to design and implement programs promoting equity. The 2021 child opportunity scores range from 1 to 100, with higher scores indicating that children in those neighborhoods experience the conditions they need to thrive. Scores are grouped in the map below according to the following categories: very low, low, moderate, high, or very high.

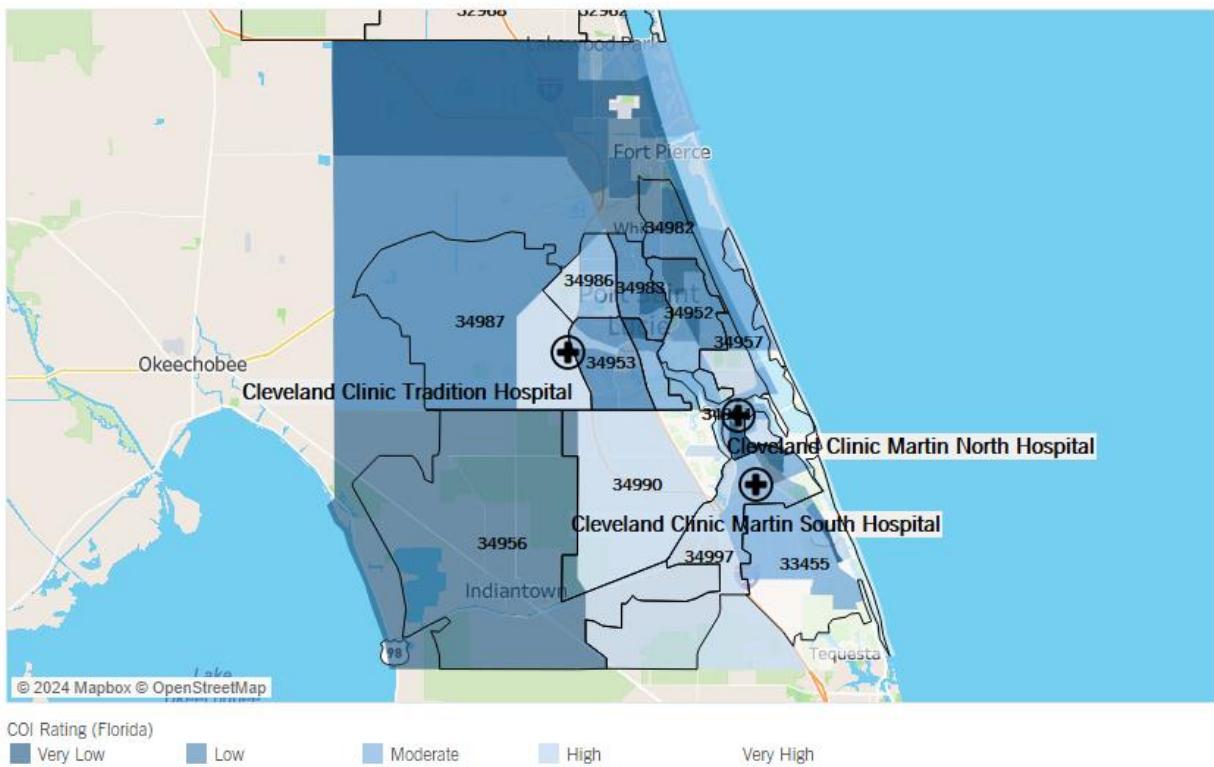


Figure 11 – Child Opportunity Index 3.0 (COI) ratings by census tract for Florida, Source: diversitydatakids.org

Environmental Justice Index

The Environmental Justice Index (EJI) is a tool for identifying and prioritizing areas that may require special attention or additional action to improve health and health equity. The index characterizes cumulative impacts and patterns of environmental injustice by ranking each census tract according to 36 environmental, social, and health factors. The EJI ranking ranges from 0 (lowest relative burden/vulnerability) to 1 (highest relative burden/vulnerability).

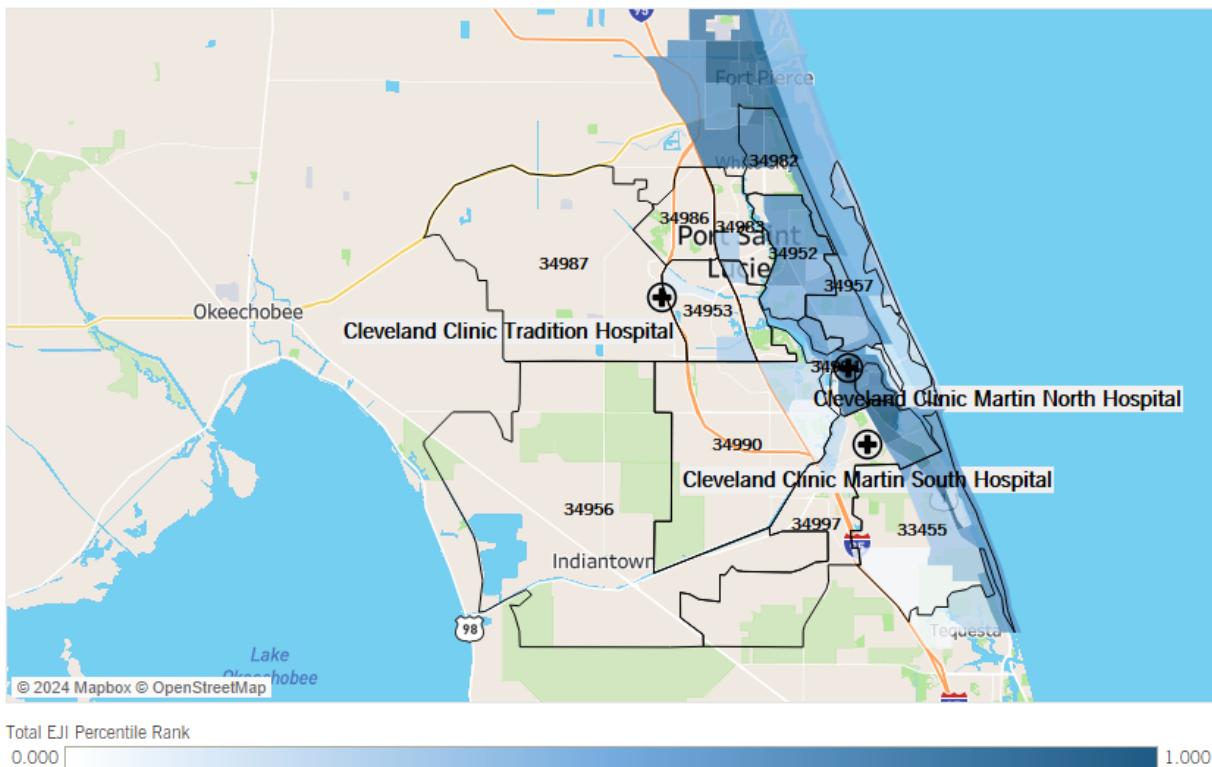


Figure 12 – Environmental Justice Index ranking by census tract 2022, Source: CDC and Agency for Toxic Substances Disease Registry

Healthcare Equality Index

The Human Rights Campaign's Healthcare Equality Index is a national benchmarking tool that evaluates healthcare facilities for their dedication to the equitable treatment and inclusion of LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) patients, visitors, and employees. In 2024 the three Cleveland Clinic Martin Health hospital facilities received an index score of 100 and were designated as LGBTQ+ Healthcare Equality Leaders.

IV. ENVIRONMENTAL SCAN – OTHER ASSESSMENTS

A. Summary of Other Needs Assessments

Martin County Health Improvement Plan 2021-2026

- Access to health and human services
- Mental health and substance use
- Economic and social mobility

St. Lucie County Health Improvement Plan 2021-2025

- Chronic diseases and conditions
- Access to care
- Mental health and substance abuse
- Health equity

Florida State Health Improvement Plan 2022-2026

- Alzheimer's disease and related dementias
- Chronic diseases & conditions
- Injury, safety, & violence
- Maternal & child health
- Behavioral health (includes mental illness and substance abuse)
- Social and economic conditions impacting health
- Transmissible and emerging diseases

ALICE Report for the State of Florida 2024 Update

- Cost of childcare
- Growing population of adults over 65
- Alleviating racial disparities in financial hardship
- Health policies related to public assistance
- Food insecurity
- Housing affordability
- Insufficient retirement savings
- Savings to cover unexpected expenses or crises
- Impact of financial hardship on mental health

V. 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 people who represent the broad interest of the community serviced by CCTH, as well as individuals providing input who have special knowledge or expertise in public health. It is intended to provide depth and richness to quantitative secondary data.

Interview Methodology and Key Themes

Seventeen video conference interviews were conducted from January 31 to March 6, 2024. Interviews required approximately 30 minutes to complete. Interviewers followed the same process and question guide for each interview. The complete list of interview questions and responses can be found in Appendix D. The following key themes emerged during interviews with community leaders:



Figure 13 - Word cloud of key community leader interview themes. Topics with 3 or more mentions were included.

Community Leader Interview Summary

Community leaders cited access to care, maternal and child health, obesity and nutrition, behavioral health disorders, and issues associated with healthy aging as major community health challenges. Leaders expressed that excessively long wait times for scheduling appointments, low provider supply, and difficulty obtaining appointments outside of regular business hours all contribute to the inability to access care. These barriers are further exacerbated by financial hurdles including reduced healthcare service coverage by insurers, lack of medical insurance, and inability to pay for medications. Several leaders candidly shared that the lack of family practitioners and a significant uninsured population has led to misuse of emergency room services, where individuals use hospital services instead of scheduling appointments with a primary care physician.

“In this post-pandemic environment, the need for behavioral health providers is more evident than ever before.”

- Community Leader, 2024

Martin and South St. Lucie Counties' community leaders placed great emphasis on behavioral health, including mental health and substance use, as a major community concern. Leaders expressed concerns that there are not enough treatment centers, crisis units, psychiatric beds, support groups, and detox centers to meet the growing demand for behavioral health services. Additionally, community leaders stated that the mental health system is siloed from the broader healthcare system, emphasizing the need for better integration between the two. Of particular concern is the rising prevalence of mental health and substance use issues among teenagers and adolescents. From an equity stance, community leaders advocated for improving access to mental health services and eliminating stigma regarding mental health treatment within the Black, Indigenous, and People of Color (BIPOC) communities. Interviewees expressed a profound need for more behavioral health providers in conjunction with the need for strong campaigns to combat the negative stigma associated with receiving treatment and care for behavioral health conditions.

When asked to discuss health disparities within the community, interviewees frequently cited a huge wealth gap within the community that is mirrored within the trends of health outcomes for low-income individuals. In addition to wealth disparities, stakeholders voiced that there are obvious racial, cultural, and age health disparities among the population. Many have deep concerns surrounding racial disparities in maternal and child health—particularly regarding poorer health outcomes historically associated with the African American population. Stakeholders asserted that language and cultural barriers appear to cause a major gap in health care services for the community's residents. Several community leaders expressed that the immigrant population faces many systemic barriers to accessing health care ranging from financial limitations to discrimination in healthcare settings. Interviewees expressed that the large immigrant population struggles with navigating the healthcare system. Leaders voiced concern that many immigrant families are often not aware of health resources and social

services that they may be eligible to receive. Leaders stated that the barriers to accessing equitable care result in poor health outcomes and health disparities particularly observed in areas of mental health and maternal and child health outcomes.

Martin and South St. Lucie counties include a large elderly population. With this vulnerable population comes a subset of health issues including a need for more home care services, transportation to medical appointments, and respite care services. Some community leaders mentioned the need for specialized geriatric care and additional facilities for long-term care.

Socioeconomic concerns were frequently mentioned as a call to action to address the root causes of health inequities that exist within the community. Obesity and poor nutrition were frequently mentioned as hurdles to obtaining optimal health. Community stakeholders attested that food deserts are found throughout the county and are most often located in low-income and underserved areas. In addition to the need for affordable and accessible fresh produce within the community, leaders also voiced that there is a need for nutrition education programs and more opportunities for physical activity. Some leaders furthered this assertion by stating that many parts of the community are not built to support healthy lifestyles (i.e., no bike paths or sidewalks) making the community more car-centric.

“We need to teach people that improving your health isn’t just about going to the doctor.”

-Community Leader, 2024

Given that the healthcare landscape is drastically different from three years ago when the world was coping with the SARS-CoV-2 2019 pandemic, interviewees were asked to compare the current health of their community to three years ago. 76.9% of interviewees stated that the health of the community has declined, 15.4% asserted that the health of the community has improved, and 7.7% shared that the health of the community has remained the same.

Finally, leaders were asked for suggestions on how the health and health equity of their community could be improved. Martin and St. Lucie County community leaders expressed a grave need for workforce housing and more subsidized housing opportunities to help alleviate the rising cost of living. Community leaders voiced that they would like to see concerted efforts towards improving maternal and child health. Examples of such efforts include providing free well-baby screenings for all mothers and babies, with an option to conduct the screenings within homes, placing greater emphasis on post-partum care and maternal mental health, and creating population-specific telehealth programs to provide prevention for high-risk populations. As an overall consensus, interviewees fervidly expressed that they look forward to more collaborative efforts, as there is a wealth of non-profits within the community that are working toward forwarding similar interests. Community leaders expressed their desire for more collaboration between healthcare and community support services for more effective and coordinated efforts.

VI. COMMUNITY RESOURCES

A. Community Resources Related to CHNA Priorities

Access to Care Resources

HANDS Clinic of St. Lucie County provides primary healthcare services and access to a continuum of healthcare to qualified, low-income, uninsured, adult residents of St. Lucie County. Services include primary care, adult and pediatric dental care, and health education classes.

Visiting Nurse Association provides home health and senior care and is headquartered in Stuart. 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.

Volunteers in Medicine Clinic offers free primary and specialty healthcare services and assistance to adults in Martin County with household incomes below 200 percent of the federal poverty level. The clinic also provides preventative and health education services.

Florida Department of Health – Martin County provides cancer screening, community wellness programs like “5-2-1-0 Let’s Go”, dental care, emergency preparedness, environmental health, healthy start, immunizations, insulin distribution program, school health, a teen clinic, Women Infants and Children (WIC) Program, and women’s health services.

Florida Department of Health – St. Lucie County provides adult health care, dental care, eligibility for pregnant women (PEPW), emergency preparedness, environmental health, family planning, immunizations, maternal and child health programming, school health, the Safe Kids St. Lucie program, STD and HIV/AIDS programs, a Tuberculosis program, the Tobacco Prevention Program, teen zone, and Women, Infants and Children (WIC) Program.

Florida Community Health Centers Stuart, Indiantown, and Port St. Lucie locations offer pediatrics, adult primary care, dental, behavioral health, laboratory, benefits assistance, women’s health, and care management services with a sliding fee scale available.

2-1-1 Palm Beach/Treasure Coast is a community helpline and crisis hotline that provides suicide prevention, crisis intervention, information, assessment, and referral to community services for people of all ages.

Behavioral Health Resources

Cleveland Clinic Indian River Hospital (CCIRH) provides inpatient services for children, adolescents, adults, and seniors at the 46-bed standalone Behavioral Health Center. The hospital is a designated Baker Act receiving facility and offers 24-hour screening and assessment services. As part of the Cleveland Clinic system, CCTH works closely with CCIRH to facilitate patient transfers and service delivery.

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 use 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.

Florida Community Health Centers offer behavioral health assessment, diagnosis, and outpatient treatment.

Henderson Behavioral Health provides healthcare, supported employment, advocacy, and housing services to over 30,000 individuals with behavioral health conditions per year.

Coral Shores Behavioral Health is an inpatient mental health facility located in Stuart that treats adults, seniors, children, and adolescents with mental health and addiction disorders.

Port St. Lucie Hospital is a 75-bed inpatient mental health facility that offers 24-hour services and a broad range of programs including crisis care, emergency care, a dual diagnosis program, family behavioral health services, a partial hospitalization program, and a senior adult program.

St. Lucie Medical Center offers an inpatient behavioral health unit, substance use treatment, an intensive outpatient program, and support groups related to behavioral health.

National Alliance on Mental Illness (NAMI) of Treasure Coast FL offers support for those living with mental health in all aspects of their lives. NAMI's goals include promoting community support programs for families and advocating for improvement in the quality and availability of treatment options.

Chronic Disease Prevention & Management Resources

Cleveland Clinic Martin Health Center for Diabetes and Nutrition provides diabetes education, diabetes support groups, Medicare Weight Management Program, nutritional counseling, and "Quit Smoking Now" tobacco cessation.

Area Agency on Aging of Palm Beach/Treasure Coast provides information on aging issues, advocacy, one-on-one assistance, and a host of services that help seniors maintain their independence and dignity.

Council on Aging of Martin County provides services tailored to the specific needs of seniors including Meals on Wheels, an adult day program, senior-focused primary medical care, care management, caregiver support, and a robust offering of educational, cultural, and wellness programs.

Council on Aging of St. Lucie provides a variety of programs and activities that promote independent living for seniors. Services include homemaking, nutrition including Meals on Wheels, adult daycare, personal care, respite care management, recreation, social activities, and transportation.

Healthy St. Lucie brings together diverse organizations and individuals to identify solutions for barriers to being healthy. Today, more than 44 organizations and community representatives actively participate in the Coalition. In partnership with the Florida Department of Health in St. Lucie County, the Coalition guides a community health assessment every 3-5 years.

Tobacco-Free Partnership of St. Lucie County is a community coalition of individuals who are committed to making St. Lucie County a safer, healthier place to live, work, and play.

Roundtable of St. Lucie County, Child and Adolescent Health Network focuses on injury prevention and promoting healthy eating habits for pre-school and school-aged children.

Maternal and Child Health Resources

Kids Connected by Design, Healthy Start Program allocates funding to local agencies to provide Healthy Start services including care coordination, breastfeeding, and childbirth education, parenting education and support, smoking cessation assistance, nutritional services, psychosocial counseling, and home visits.

Martin County Healthy Start Coalition is a collaboration of community partners and agencies who strive to establish a system of care in Martin County that ensures that all women have access to prenatal care and that all infants and children, up to the age of three, have access to services that promote healthy growth and development. The coalition offers support and education to pregnant women, infants, and their families. All services are provided free of charge.

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.

Early Learning Coalition of St. Lucie County oversees and funds early learning programs for all children, including at-risk and income-eligible children.

St. Lucie Children's Services Council provides programs and resources for local families that focus on ensuring every baby is a healthy baby, stopping child abuse before it happens, keeping kids off the stress, keeping kids in school, and keeping kids away from drugs, alcohol, and other risky behaviors.

Children's Services Council of Martin County funds programs that provide a healthy foundation for children, create strong, supportive families, foster a safe community, and offer children opportunities for success in school and life.

Infant Mortality Workgroup of St. Lucie County is hosted by the Florida Department of Health in St. Lucie County and focuses on the goal of improving birth outcomes and decreasing the number of babies who die before their first birthday.

Mary's Home is a faith-based transitional home that provides residential and non-residential services for homeless pregnant women.

Healthy Start of St. Lucie promotes prenatal health and good developmental outcomes for pregnant women and babies in St. Lucie County.

Socioeconomic Concerns Resources

United Way of St. Lucie County is committed to serving the community in the areas of education, financial stability, and health. To better serve the local community and invest in long-term, measurable change, the United Way is transitioning to the Collaborative Impact Model.

United Way of Martin County funds programs related to education, financial stability, and health. The United Way of Martin County Foundation is an independent public charity uniquely positioned to accept legacy gifts and build an endowment fund to meet the current and future unmet needs of Martin County.

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, in Indian River, St. Lucie, and Martin counties. The CoC meets bi-monthly to discuss issues related to homelessness, homeless services in the area, gaps, and funding, and it is a great networking opportunity for individuals and Agencies helping the homeless on the Treasure Coast.

Treasure Coast Community Action Agency (TCCAA) offers unique, targeted services to help St. Lucie, Martin, and Okeechobee County residents achieve self-sufficiency. Utilizing Community Service Block Grant (CSBG) funding, TCCAA offers various services to residents. The services provided by each county are based on a Community Needs Assessment.

Martin County Housing Program serves to meet the housing needs of the very low, low-, and moderate-income households of Martin County, to expand production of and preserve affordable housing, and further the housing element of Martin County's comprehensive plan specific to affordable housing. The program facilitated the State Housing Initiative Partnership (SHIP) Program, HOME Investment Partnerships Program, and Community Development Block Grant (CDBG) Program.

St. Lucie County Housing Division administers state and federal housing programs to preserve and create affordable housing by providing opportunities to low- and moderate-income households to purchase a home and to rehabilitate owner-occupied homes.

St. Lucie Transportation Planning Organization is a county-wide agency responsible for transportation planning, programming, and financing of State and Federal Transportation Funds for the City of Fort Pierce, City of Port St. Lucie, St. Lucie Village, and unincorporated areas of St. Lucie County.

House of Hope is a nonprofit agency that provides food, clothing, furniture, financial assistance, information & referral, and life-changing case management services to Martin County residents in need.

VII. IMPACT EVALUATION

The CHNA process should be viewed as a three-year cycle to evaluate the impact of actions taken to address priority areas. This step affirms organizations' focus and target efforts during the next CHNA cycle. The top health priorities for Cleveland Clinic Martin Health (Martin North, Martin South, and Tradition Hospital) communities from the 2021 CHNA were:

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

Implementation strategies for these health topics shifted in response to the COVID-19 pandemic. Innovative strategies were adopted to continue building capacity for addressing the community health needs.

A. Actions Taken Since Previous CHNA

Martin Health's previous Implementation Strategy Report (ISR) outlined a plan for addressing the priorities identified in the 2021 CHNA. Caring for our community is essential, and part of that is sharing accurate, up-to-date information on health-related topics with our community. Many of our hospital services were paused or deferred as we navigated the COVID-19 landscape. As we continue to serve our communities, we are committed to addressing the needs identified in our ISR.

Cleveland Clinic Martin Health uses evidence-based approaches in the delivery of healthcare services and educational outreach to achieve healthy outcomes for the community it serves. It undertakes periodic monitoring of its programs to measure and determine their effectiveness and ensure that best practices continue to be applied. Given that the process for evaluating the impact of various services and programs on population health is longitudinal by nature, significant changes in health outcomes may not manifest for several community health needs assessment cycles. We continue to evaluate the cumulative impact.

The narrative below describes the strategies, modifications made to the action plans, and highlighted impacts for each health need area from the 2021 CHNA.

COVID-19

- Continued to collaborate with local public health entities, the Martin County School District, long-term care facilities, and local community-based organizations to establish drive-through COVID-19 testing stations at CCTH facilities, distribute testing kits, and process COVID-19 tests.

- Martin Health provided multiple drive-through COVID-19 testing stations, testing kits, and processed tests by collaborating with local public health entities, the Martin County School District, long-term care facilities, and local community-based organizations.
- Continued to provide clinical expertise and community health education related to COVID-19 prevention, testing, infection control, vaccination, and treatment through collaboration with local media outlets, long-term care facilities, and community-based organizations.
- Multiple health education opportunities were hosted virtually and in person for COVID-19 prevention, testing, infection control, vaccination, and treatment, through a variety of media and community organizations.

Access to Care

- Patient Financial Advocates assisted patients in evaluating eligibility for financial assistance or public health insurance programs. Martin Health continued its partnership with the Volunteers in Medicine Clinic and HANDS of St. Lucie County.
- In 2022 Cleveland Clinic health system provided over \$212.2 million in financial assistance to its communities in Ohio, Florida, and Nevada.
- Utilized medically secure online and mobile platforms to connect patients with Cleveland Clinic providers for telehealth and virtual visits.
- In 2023, Cleveland Clinic provided 917,534 virtual visits.
- Supported local resource utilization with 211 Palm Beach/Treasure Coast directory.

Health Equity & Social Determinants of Health

- Provided diversity, equity, and inclusion training for Cleveland Clinic caregivers including training related to allyship, unconscious bias, and structural racism.
- Continued to explore opportunities to implement Community Health Worker programs and facilitate linkages to underserved communities and improve access to culturally and linguistically appropriate preventative services.
- Partnered with community-based organizations in efforts to improve equitable access to healthy foods, including access to greenhouses, foodbank support, and childhood nutrition.

Chronic Disease Prevention and Management

- Martin Health provided screenings and health promotion events including the American Cancer Society Breast Cancer Walk, Healthy U, community conversations, and outreach with the House of Hope.
- Cleveland Clinic Martin Health partnered with United Way of Martin County to promote safe spaces to exercise, including Flagler Park, Shepard Park, and the Guy Davis Sports Complex.

Behavioral Health

- Continued to provide peer support to individuals who have experienced an opioid-related overdose.
- Cleveland Clinic provided caregivers access to the Opioid Awareness Center.
- Through provider partnerships and participation in the Treasure Coast Opioid Task Force and the Behavioral Health Task Force, continued to build a continuum of care.
- Utilized suicide or self-injury assessment for patients at all hospitals and locations.

Maternal & Child Health

- Hospital leadership and caregivers served as members of the Maternal Safety Team with Martin County Health Start. Partnered with Healthy Start on the Doula program and Nurse Family Partnership program.
- Supported local evidence-based home visiting programs like Nurse Family Partnership.
- Promoted infant and child safety through local programming, virtual education, and community events.

Medical Research and Health Professions Education

- Through the Florida Research and Innovation Center, advanced innovative translational research focused on the areas of cancer and infectious diseases, including COVID-19. In 2022, Cleveland Clinic provided \$128.9 million in medical research.
- Cleveland Clinic provided a wide range of high-quality medical education that included accredited training programs for residents, physicians, nurses, and allied health professionals. By educating medical professionals, we ensure that the public receives the highest level of medical care and will have access to highly trained health professionals in the future. For 2022, Cleveland Clinic's community benefit in support of education was \$338.2 million.

B. Comments Received on Previous CHNA

Community Health Needs Assessment reports from 2021 were published on the Martin North, Martin South, and Tradition websites. No community feedback has been received as of the drafting of this report. For more information regarding Cleveland Clinic Community Health Needs Assessments and Implementation Strategy reports, please contact CHNA@ccf.org or visit: www.clevelandclinic.org/CHNAreports.

C. Request for Public Comment

Comments and feedback about this 2024 CHNA report are welcomed. Please contact: chna@clevelandclinic.org

VIII. APPENDICES

A. Appendix - References

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B. Appendix - Carnahan Group Qualifications

Carnahan Group is an innovative, leading healthcare services firm that delivers tailored solutions to address our clients' ever-evolving strategic, valuation, and compliance challenges. With over two decades of experience, Carnahan has established partnerships with a diverse range of organizations, including large healthcare systems, academic medical centers, and community hospitals.

Carnahan Group's Strategic Services utilizes the latest technologies – in parallel with extensive expertise in public health, geographic information systems (GIS), and data visualization – to CLEVELAND CLINIC TRADITION HOSPITAL 2024 CHNA

deliver best-in-class consulting services, including Community Health Needs Assessments (CHNAs), implementation strategies, and community benefit consulting.

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 its methodology to stay ahead of the curve and adapt to emerging community health needs. As experts in community benefit reporting, our Strategic consultants take great care in documenting compliance with Treasury and IRS requirements and state-specific requirements for the CHNA and Implementation Strategy.

For more information about Carnahan Group or 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:

Type of Organization	Organization
Clinical provider	Elder Home Care Services
Local government	Board of County Commissioners - Martin County
Non-profit/community-based organization	Children's Services Council SLC Florida Dept of Health St Lucie County and member of the Council of Social Agencies Health Council of Southeast Florida Healthy Start Coalition MC Healthy Start Coalition SLC House of Hope NAMI Treasure Coast (National Alliance on Mental Illness)
Other	Economic Development Council of St. Lucie County
Public Health Expert	Florida Dept of Health Martin County Florida Dept of Health St Lucie County
Represents underserved, low-income, minority, or chronic disease population	ARC of Martin County Treasure Coast Food Bank United Way of Martin County United Way of St. Lucie and Okeechobee

Figure 14 - Organizations providing input via community leader interviews and supplemental interviews

D. Appendix - Interview Question Guide and Detailed Primary Data

Community Leader Interview Question Guide

The following questions were used as the basis for discussion during key stakeholder interviews with community leaders:

What are the most significant overarching health concerns in your community?

What community health problems are having the most significant impacts on the need for hospital healthcare services?

What barriers inhibit optimal health for individuals in your community?

What physical or environmental risk factors exist in the community that prevent optimal health?

Which health disparities appear most prevalent in your community?

What behavioral health (mental health and substance use) issues are concerns in the community?

What could be done to improve the health and health equity of your community?

If you could create any type(s) of programs to improve the health and health equity of community members, what would it/they be?

Do you see any emerging health needs or are there additional health concerns we have not covered?

Compared to three years ago, has the health of your community improved, declined, or stayed the same?

Interview Responses - Significant Overarching Health Concerns

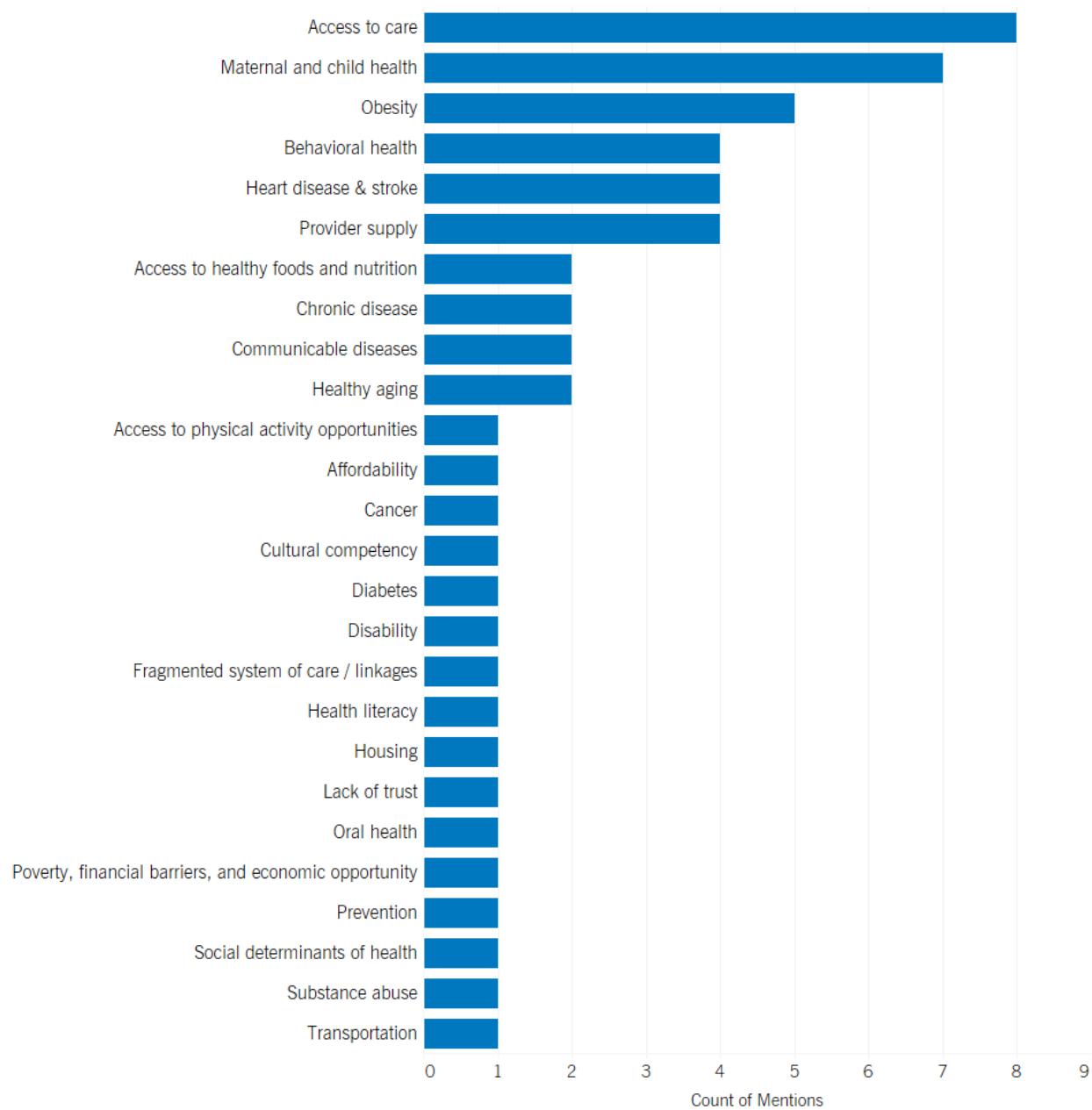


Figure 15 - Overarching Health Concerns Mentioned by Community Leaders

Interview Responses - Barriers

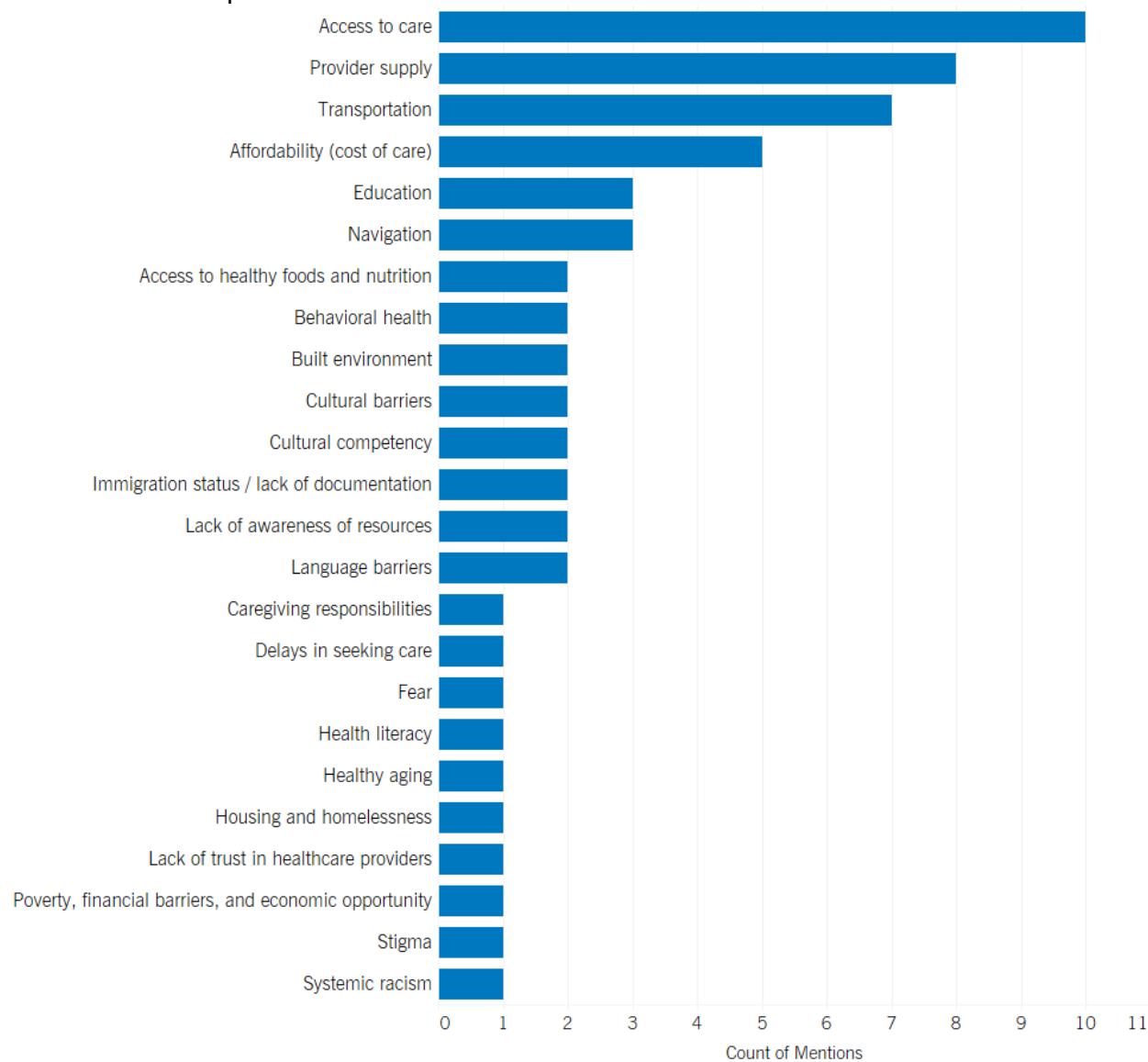


Figure 16 - Barriers Mentioned by Community Leaders

Interview Responses - Issues Impacting Need for Hospital Services

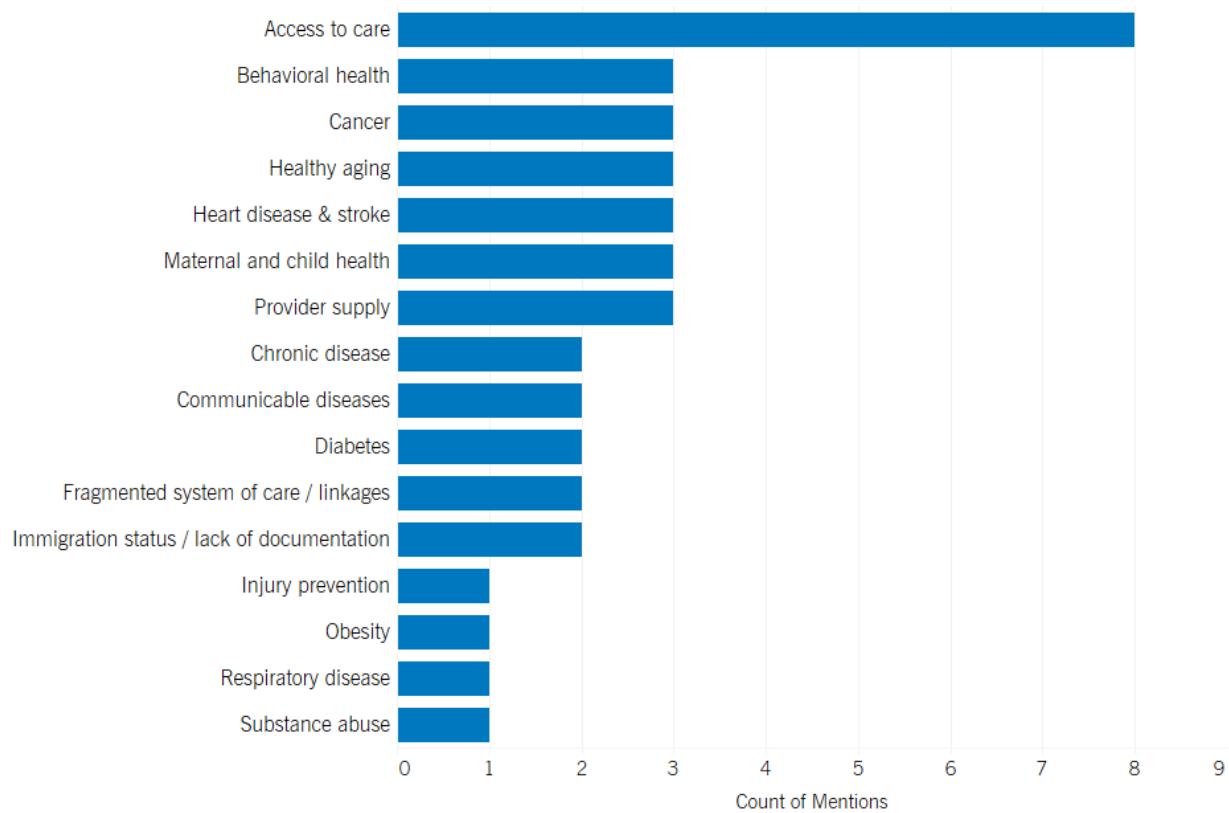


Figure 17 – Issues Impacting the Need for Hospital-Based Services Mentioned by Community Leaders

Interview Responses - Health Disparities

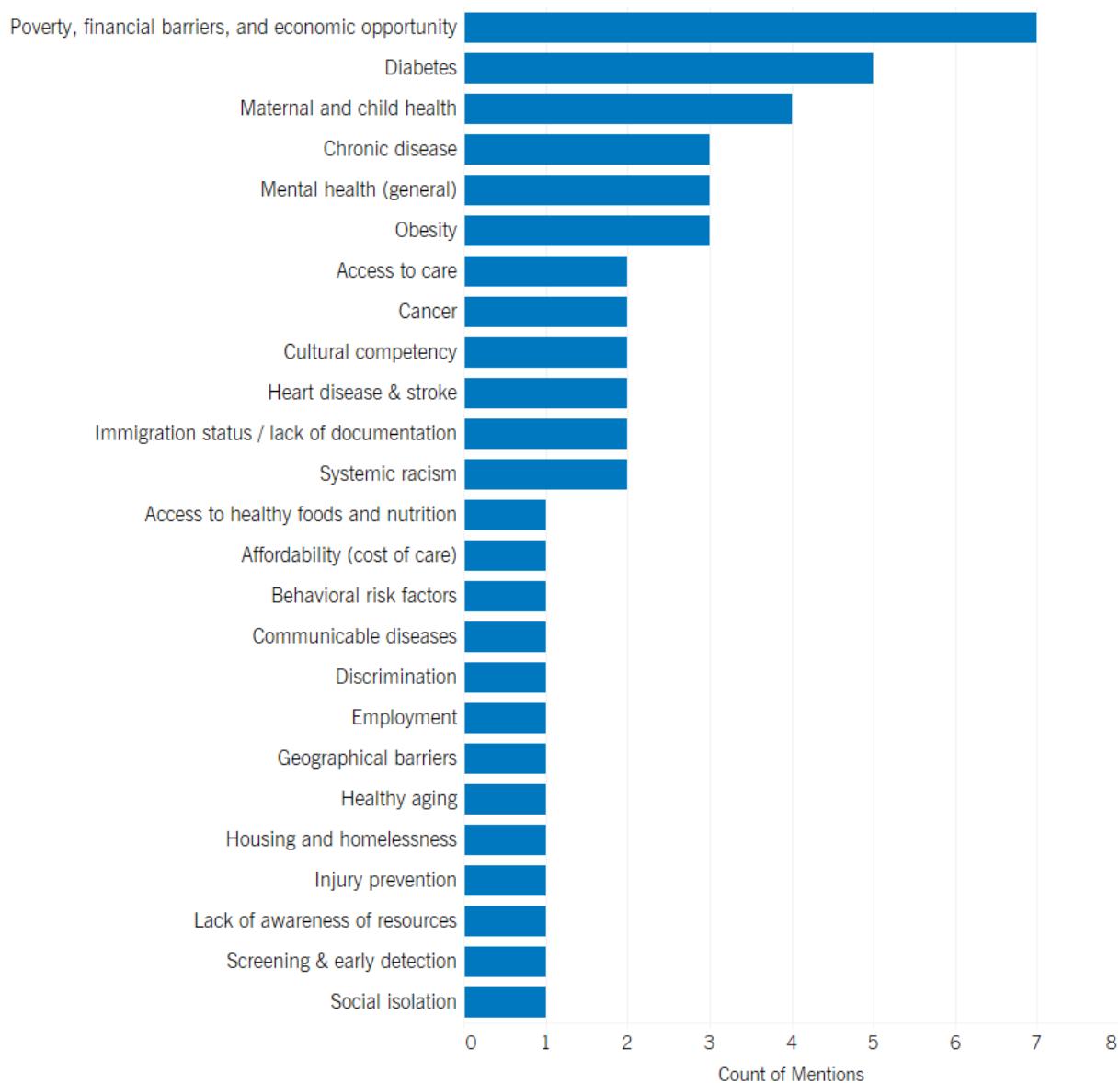


Figure 18 – Health Disparities Mentioned by Community Leaders

Interview Responses - Environmental Risk Factors

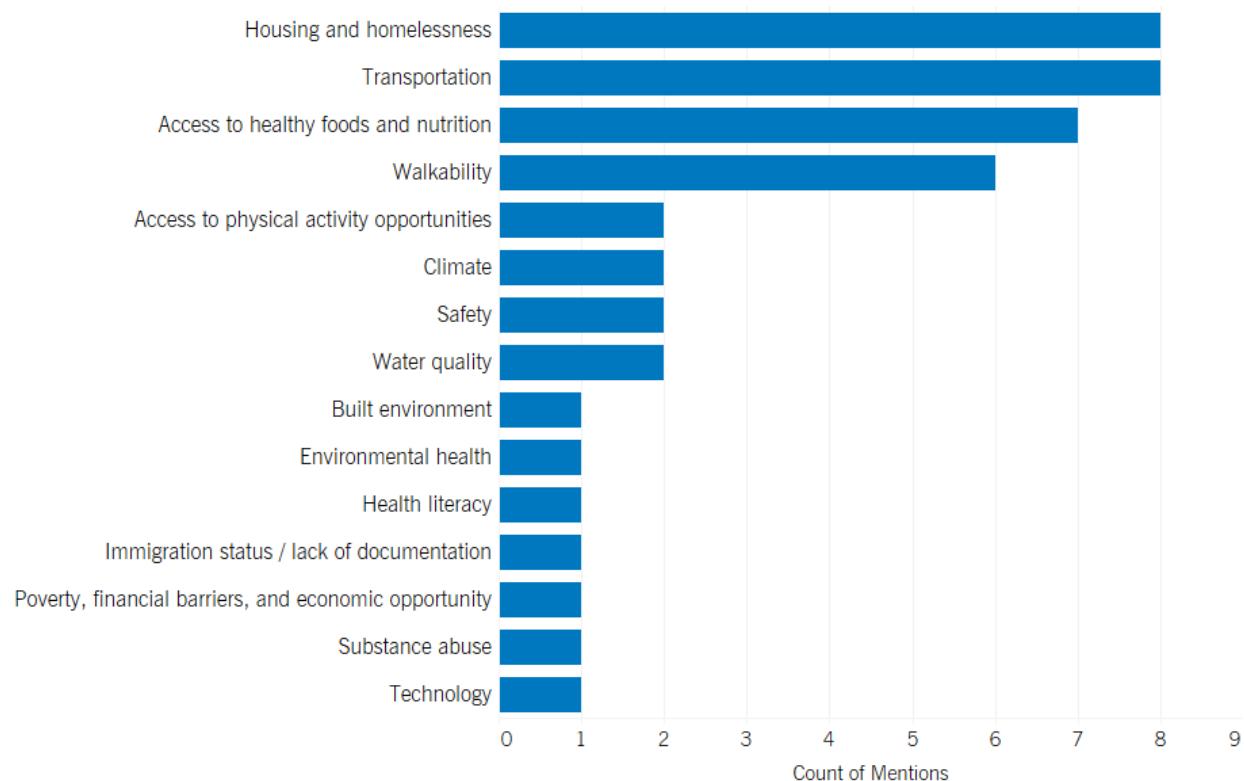


Figure 19 – Environmental/Physical Environment Risk Factors Mentioned by Community Leaders

Interview Responses - Emerging Issues

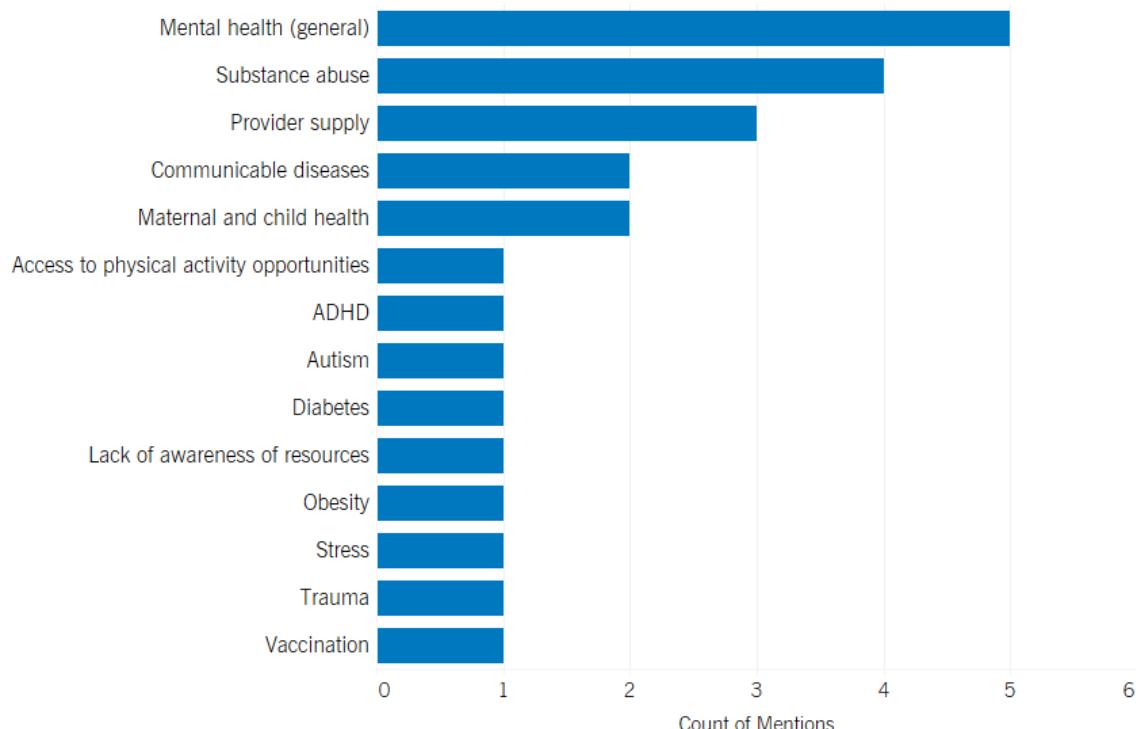


Figure 20 – Emerging Issues Mentioned by Community Leaders

Interview Responses - Behavioral Health Issues

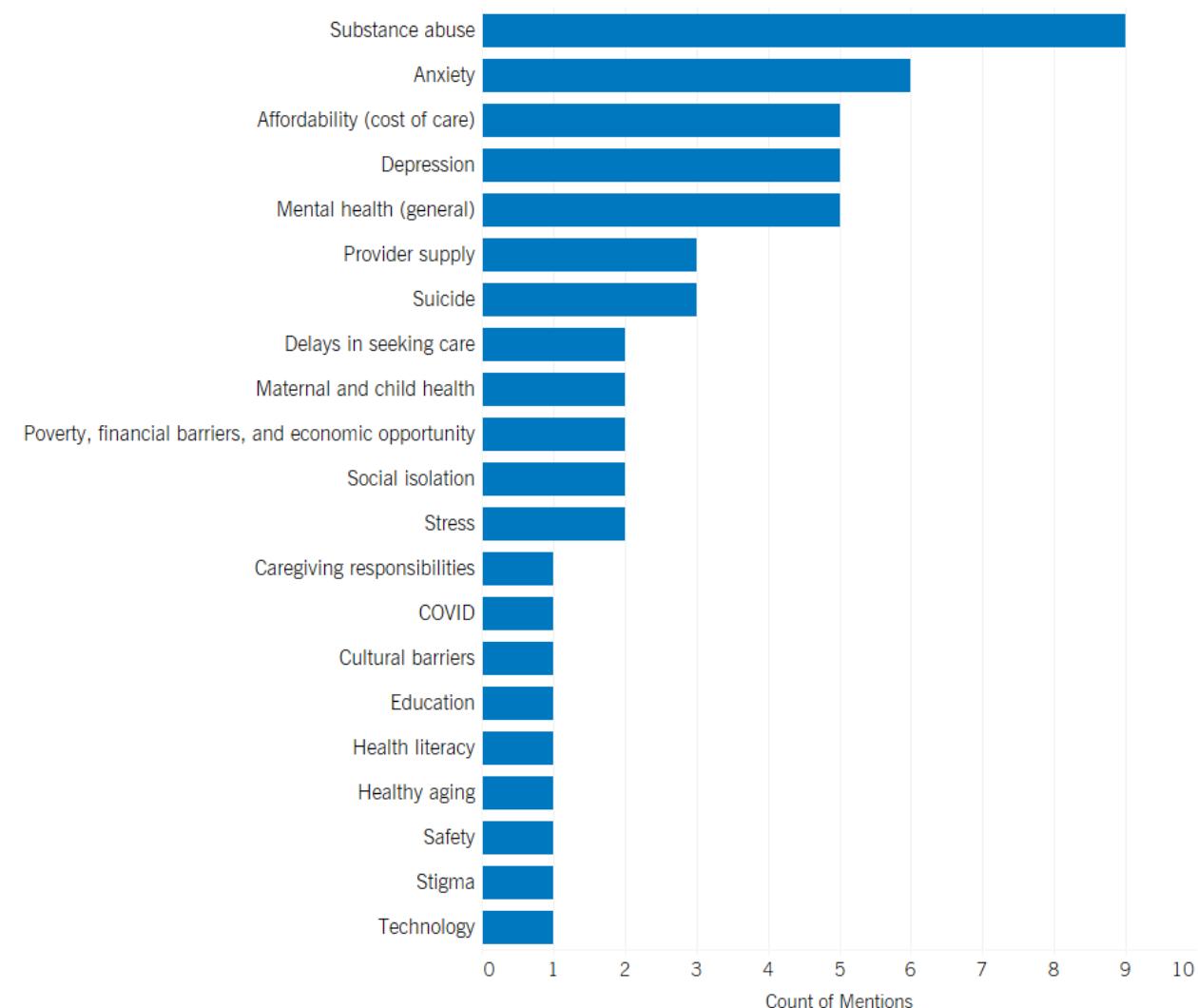


Figure 21 – Behavioral Health Issues Mentioned by Community Leaders

E. Appendix - Detailed Secondary Data

Access to Care

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:

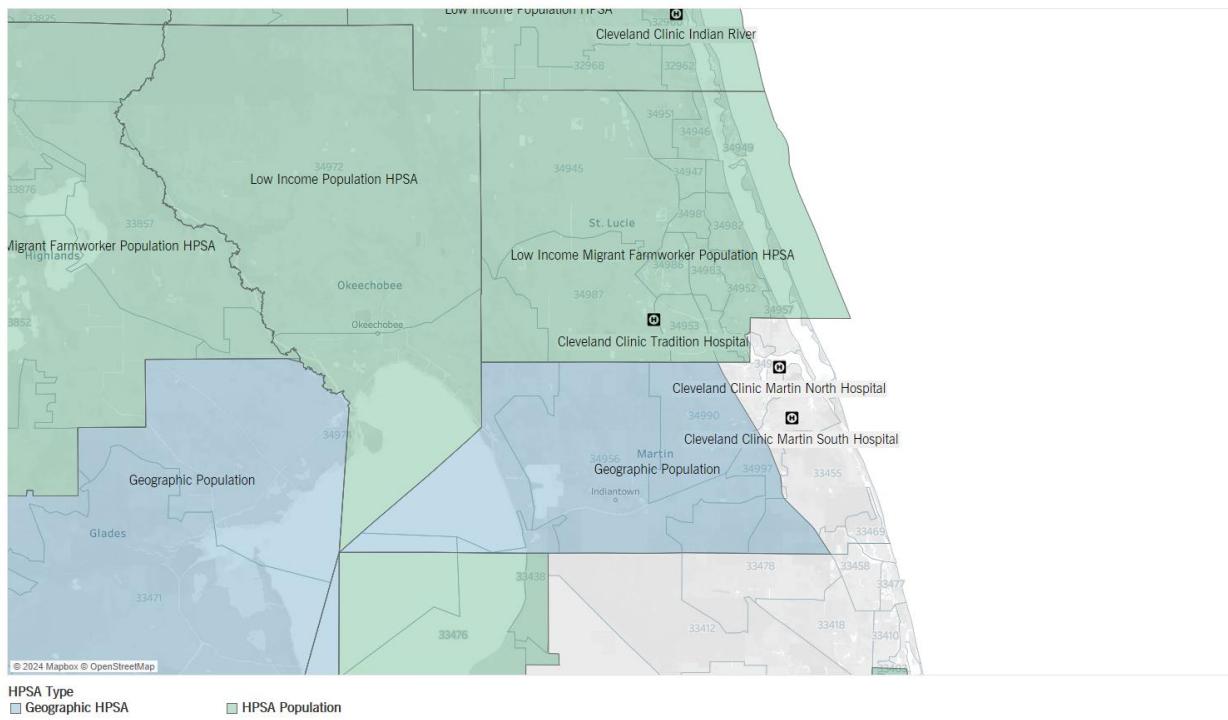


Figure 22 – Health Professional Shortage Areas, Source: Health Resources and Services Administration

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 map describes the MUA within the community:

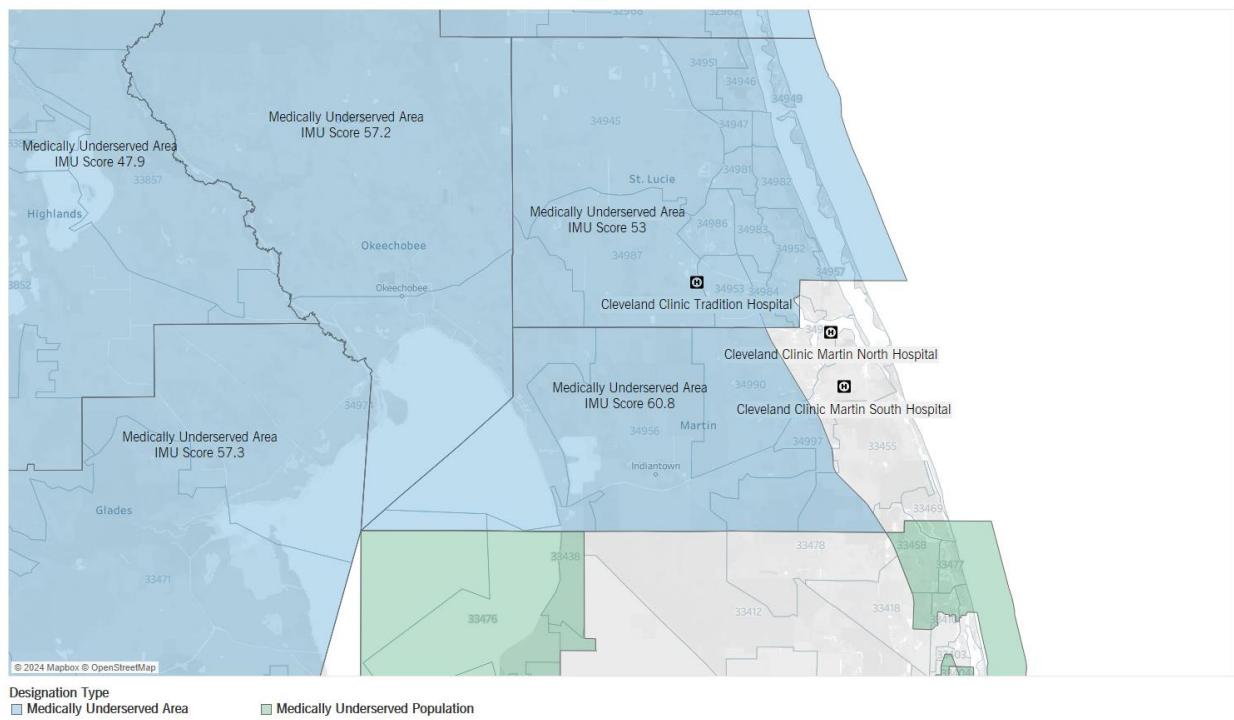


Figure 23 - Medically Underserved Areas, Source: Health Resources and Services Administration

Provider Supply

Residents of Martin and St. Lucie counties had worse access to primary care providers in 2021 than the Florida and United States averages, according to the ratio of physicians to population. St. Lucie County residents also had less access to mental health providers in 2023 compared to the state and national benchmarks.

	Martin County	St. Lucie County	Florida	United States
Ratio of primary care physicians to population	1440:1	2960:1	1370:1	1330:1
Ratio of mental health providers to population	420:1	550:1	490:1	320:1

Figure 24 - Provider to population ratios, Source: County Health Rankings 2024, shading indicates the county measure was greater than or worse than the state benchmark value

Dental Provider Supply

Florida Health Charts publishes information related to dental care and providers. The dentist and dental hygienist supply per 100,000 population was lower in St. Lucie County than in the state in 2022.

	Martin County	St. Lucie County	Florida
Total licensed Florida dental hygienists, 2022	79.9	54.9	62.2
Total licensed Florida dentists, 2022	92.4	27.6	59.0

Figure 25 - Dental providers per 100,000 population, Source: Florida 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

Access to Behavioral Health Care

Florida Health Charts provides an estimate of access to mental and behavioral health providers and psychiatric beds. Within Martin County, there were fewer psychologists, clinical social workers, and total behavioral health professionals per population when compared to the state benchmark values. The supply of adult and child/adolescent psychiatric beds per population was greater within Martin and St. Lucie Counties than in Florida.

	Martin County	St. Lucie County	Florida
Licensed mental health counselors	56.7	36.4	60.3
Licensed psychologists	23.8	6.6	23.4
Licensed clinical social workers	72.0	38.8	52.6
Total behavioral/mental health professionals	138.5	80.8	123.5
Adult psychiatric beds	34.2	25.1	20.1
Child and adolescent psychiatric beds	14.6	3.6	3.2

Figure 26 – Access to behavioral health services, Source: Florida Health Charts, 2021, rates per 100,000 population, shading indicates the county measure was greater than or worse than the state benchmark value

Well Visits

St. Lucie County adults were less likely to have a medical check-up during the prior year when compared to the state average for 2019.

	Martin County	St. Lucie County	Florida
Adults with medical check up past year, 2019	79.2%	74.3%	78.8%

Figure 27 - Adults with a medical check-up, Source: Florida Health Charts, shading indicates the county measure was greater than or worse than the state benchmark value

Health Insurance Coverage

According to the U.S. Census Bureau's 2018-2022 American Community Survey estimates, St. Lucie County residents were more likely to be uninsured than all Florida residents. Public insurance coverage was more common among Martin and St. Lucie Counties residents (42.7% and 43.3%) compared to all Florida residents (36.8%).

	Martin County	St. Lucie County	Florida	United States
Private insurance coverage	62.8%	59.3%	63.3%	67.6%
Public insurance coverage	42.7%	43.3%	36.8%	35.9%
No health insurance coverage	9.6%	12.6%	12.3%	8.9%
No health insurance coverage (children < 19 years)	6.3%	8.8%	7.5%	5.3%

Figure 28 - Health insurance coverage, Source: U.S. Census Bureau ACS 2018-2022, shading indicates the county measure was greater than or worse than the state benchmark value

Uninsured Population

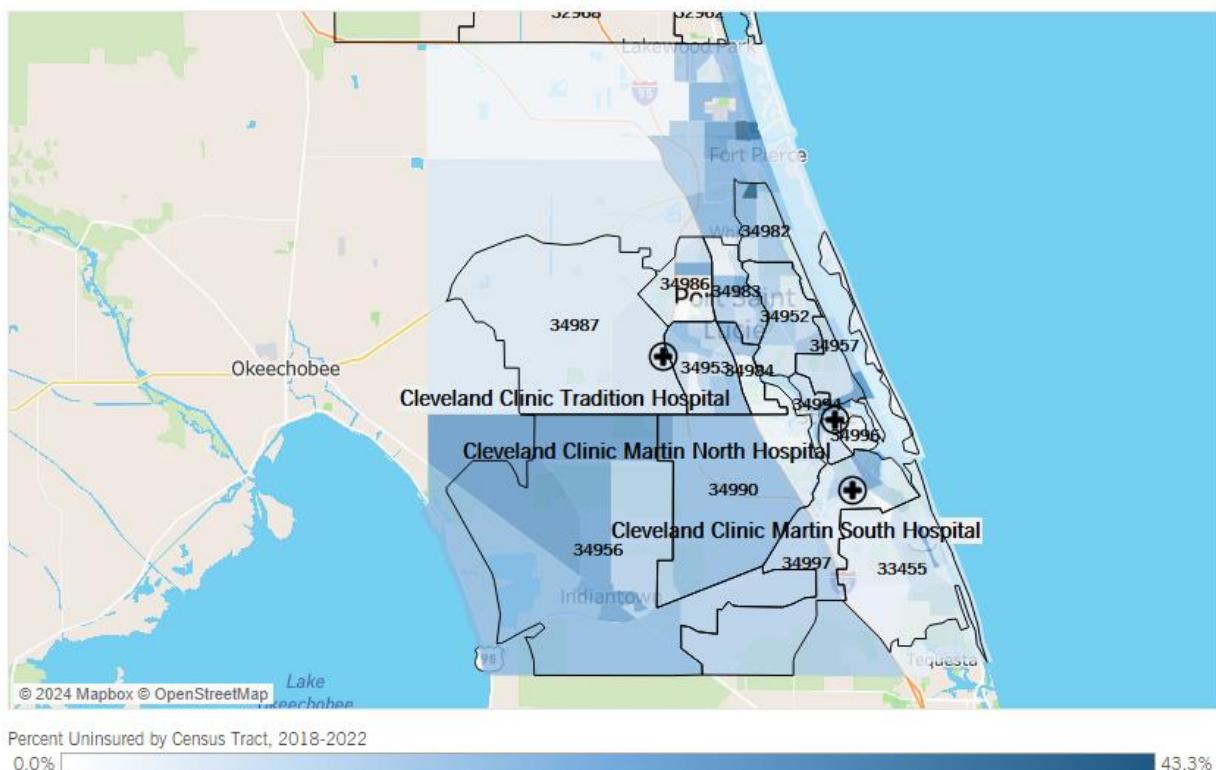


Figure 29 - Uninsured population by census tract, Source: U.S. Census Bureau ACS 2018-2022

Uninsured Population Over Time

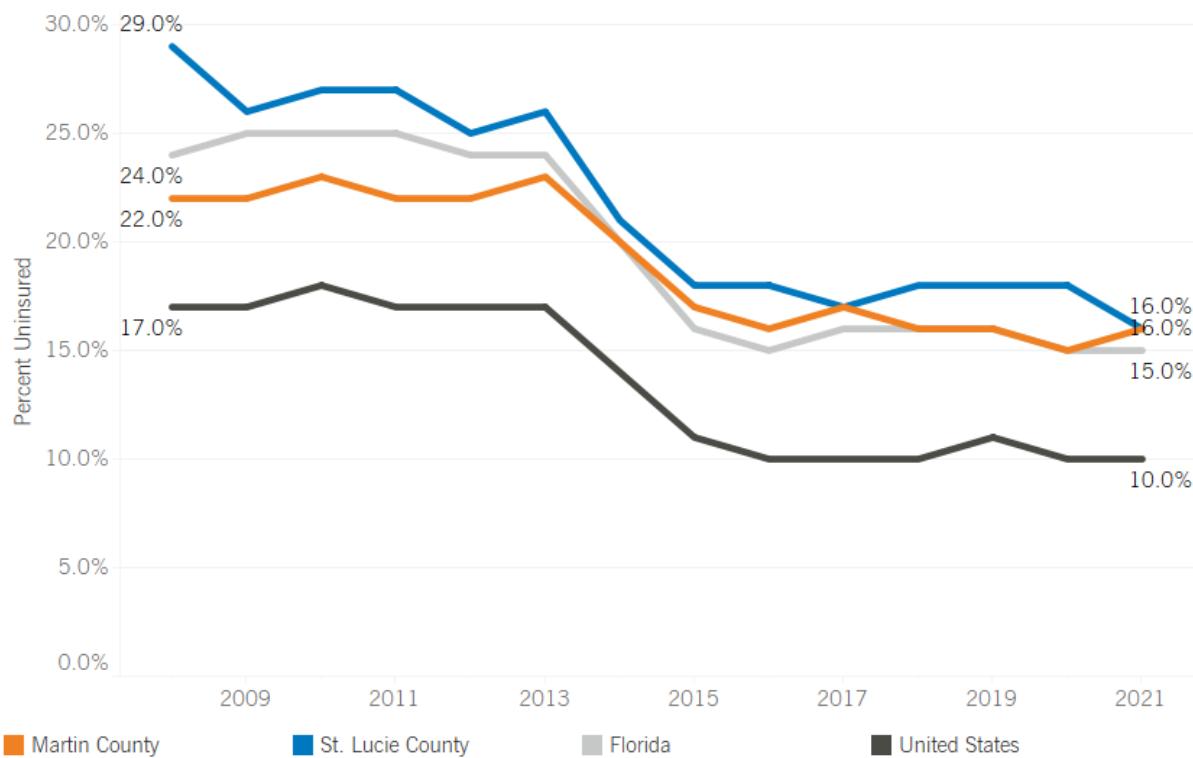


Figure 30 - Uninsured population over time, Source: County Health Rankings 2024

Economic Stability

Employment, Income, and Poverty

The 2023 annual unemployment average for St. Lucie County (3.9%) was higher than Florida's average (2.9%). According to the 2018-2022 U.S. Census Bureau American Community Survey estimates, the median household income in St. Lucie County was slightly lower than the Florida benchmark. Black, American Indian and Alaskan Native, and Hispanic individuals in the defined community had lower median household incomes than the Florida median household income for all races/ethnicities. 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 threshold. As of January 27, 2024, the federal poverty threshold for a family of four was \$31,200. The Census Bureau estimates indicate that St. Lucie County residents were more likely to live in poverty compared to Florida residents. Within Martin County, income inequality, or the gap between the highest- and lowest-earning households, was equal to the state ratio of 4.6.



Health Equity Highlight

According to Healthy People 2030, nearly one in ten individuals live in poverty in 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.

ALICE (asset-limited, income-constrained, employed) households are those earning above the federal poverty level but still facing difficulties affording basic expenses. The portion of households that fall within this category was greater within St. Lucie County than in the state of Florida. County Health Rankings provides data related to living wage, which represents the minimum income necessary to meet basic needs for an adequate standard of living without requiring public assistance. The measure reflects the wage for a household of three with one adult working full-time and two children. The living wage in St. Lucie County was slightly lower than the state average, while Martin County had a slightly higher living wage.

	Martin County	St. Lucie County	Florida	United States
2023 unemployment rate ¹	2.9%	3.9%	2.9%	3.6%
Median household income ²	\$ 77,894	\$ 66,154	\$ 67,917	\$ 75,149
Living wage ³	\$ 45.81	\$ 44.51	\$ 45.36	N/A
ALICE households ⁴	31.0%	37.0%	33.0%	29.0%
Individuals below poverty level ²	10.1%	13.4%	12.7%	11.5%
Children below poverty level ³	15.0%	19.0%	17.0%	16.0%
Income inequality ratio ³	4.6	4.1	4.6	4.9

Figure 31 - Socioeconomic indicators, Source: 1) Bureau of Labor Statistics, 2) U.S. Census Bureau ACS 2018-2022, 3) County Health Rankings, income inequality represented as a ratio of household income at the 80th percentile to that of the 20th percentile, 4) United Way ALICE Report, shading indicates the county measure was greater than or worse than the state benchmark value

Median Household Income by Census Tract

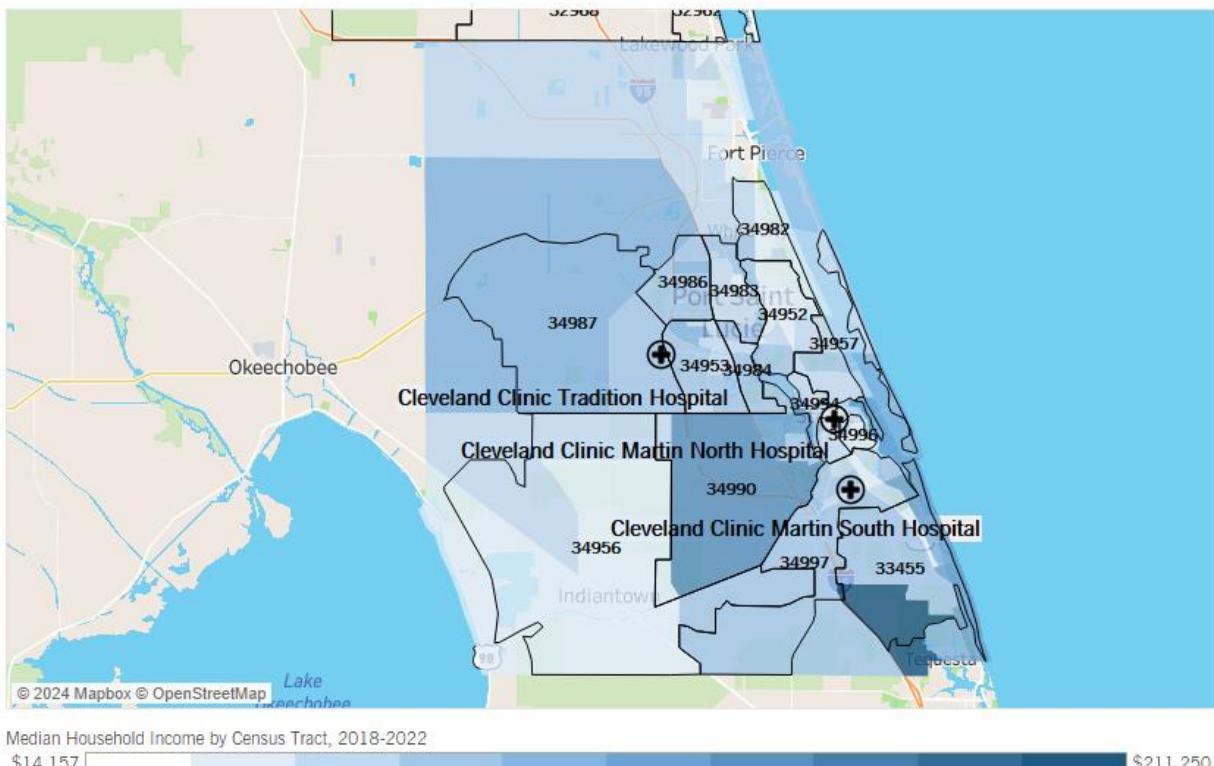


Figure 32 - Map of median household income by census tract, Source: U.S. Census Bureau ACS 2018-2022

Median Household Income by Race/Ethnicity

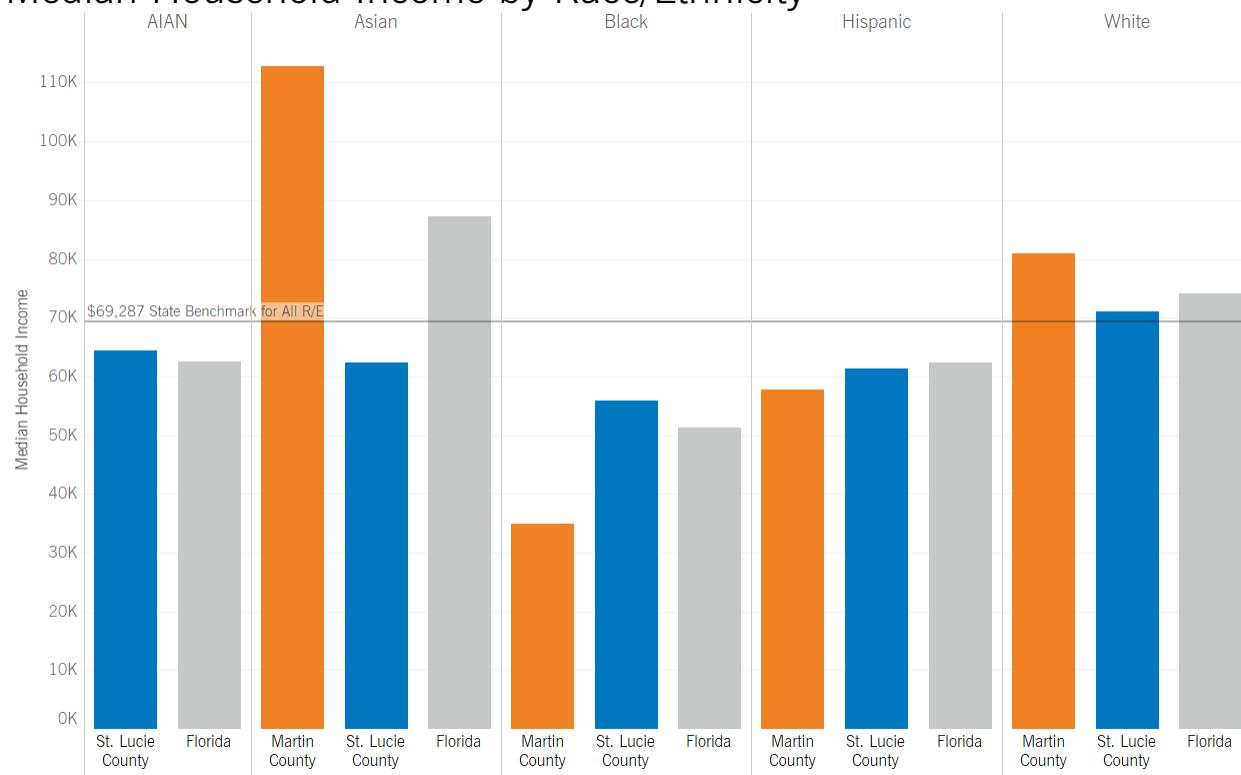


Figure 33 - Median household income by race/ethnicity 2018-2022, Source: County Health Rankings 2024

Children Below Federal Poverty Level Over Time

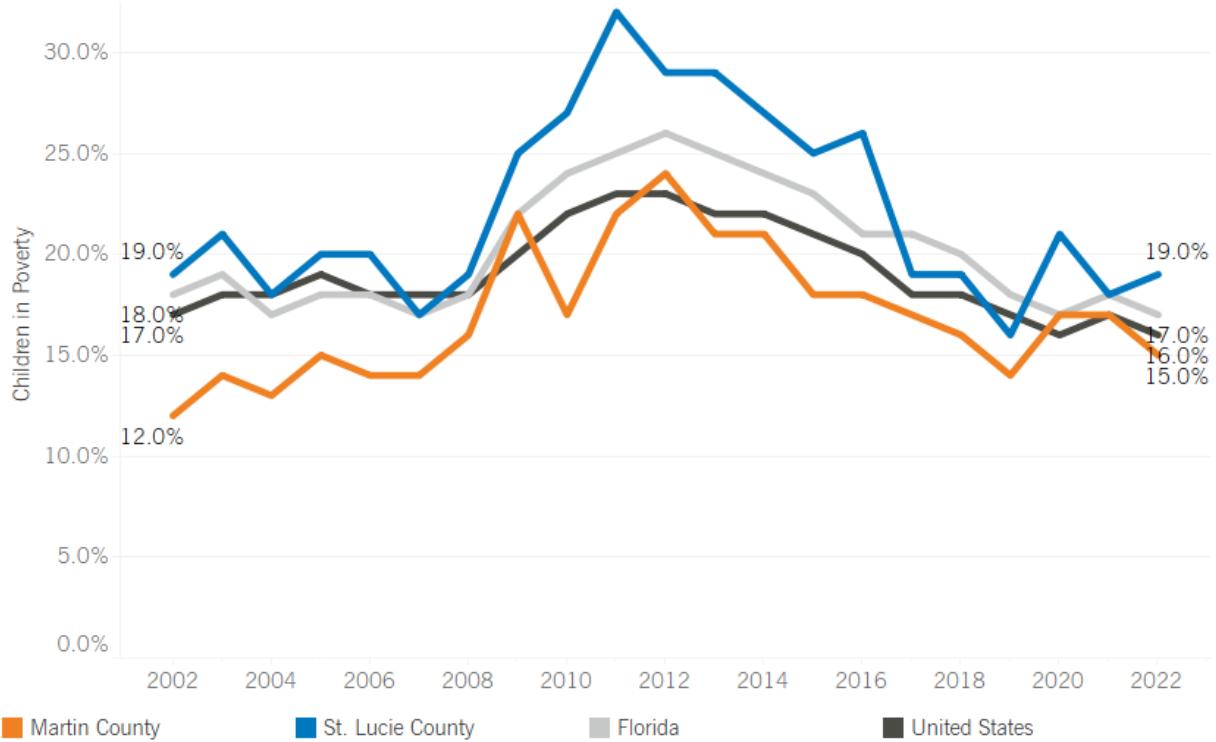


Figure 34 – Children below federal poverty level over time, Source: County Health Rankings 2024

Population Below Federal Poverty Level

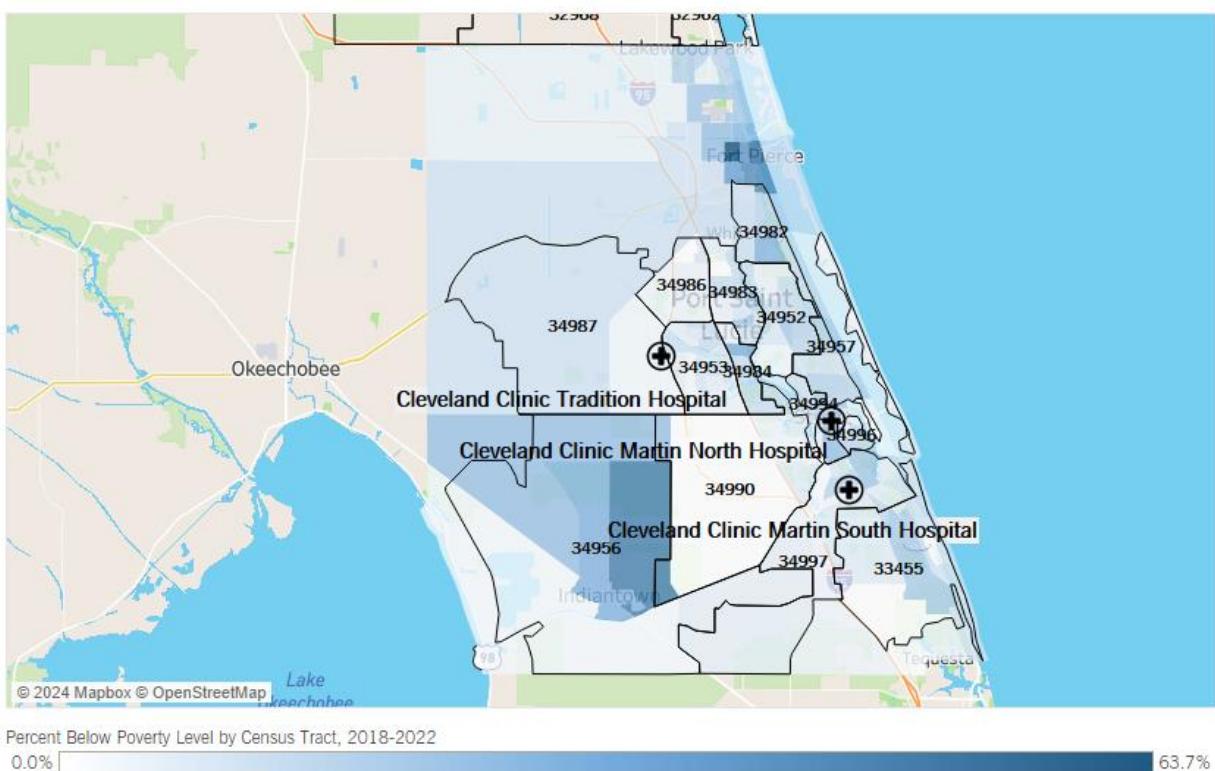


Figure 35 – Population below federal poverty level by census tract, Source: U.S. Census Bureau ACS 2018-2022

Unemployment Over Time

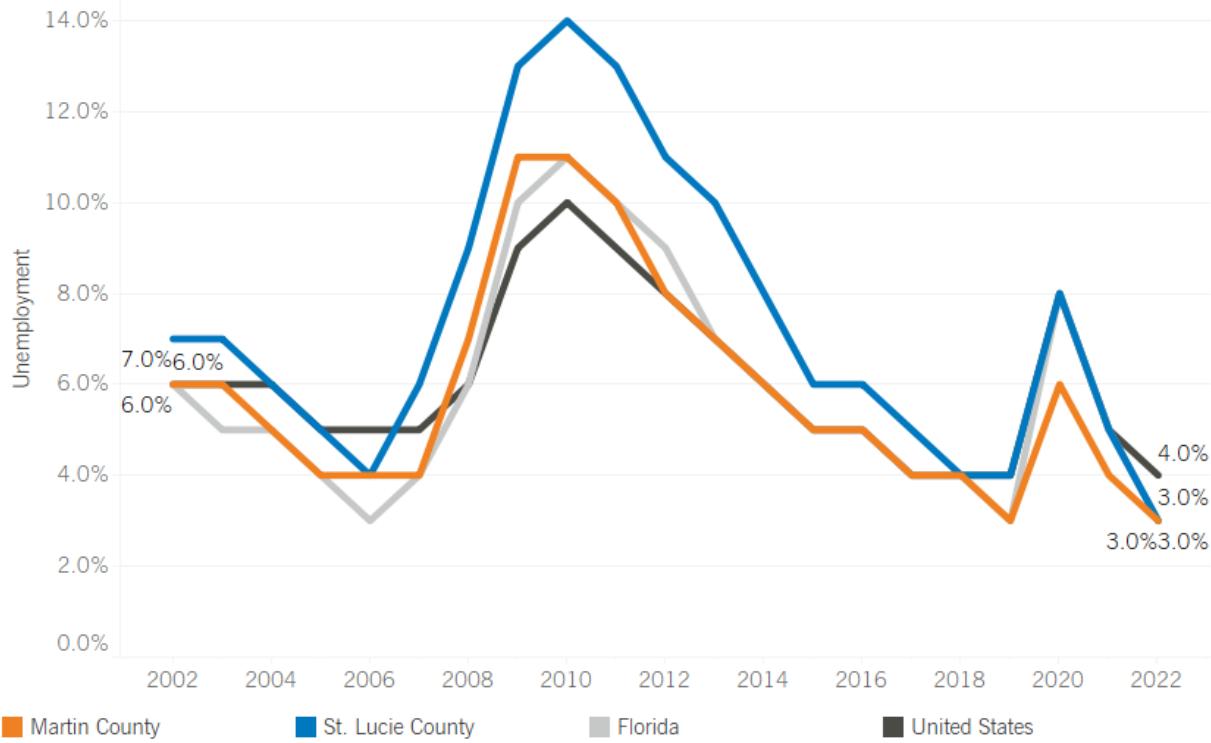


Figure 36 – Unemployment over time, Source: County Health Rankings 2024

Housing

The U.S. Census Bureau's 2018-2022 American Community Survey (ACS) estimates indicated that Martin and St. Lucie counties had a higher rate of homeownership than the state and national benchmarks. Of Martin and St. Lucie Counties residents, 89.0% and 89.6% occupied the same residences as one year prior. Martin County had a greater portion of adults over age 65 living alone (26.1%) than Florida's (24.3%) average.

County Health Rankings publishes estimates of severe housing cost burden and segregation. Overall, Martin and St. Lucie Counties had a lower proportion of individuals with a severe housing cost burden when compared to Florida. From 2018-2022, the racial segregation index for Black/White households in Martin County was higher than the Florida indicator, while school segregation was lower than the state and national averages within the defined community.

	Martin County	St. Lucie County	Florida	United States
Homeownership	80.4%	77.1%	66.9%	64.8%
Same residence as 1 year ago	89.0%	89.6%	85.6%	86.9%
Percent of adults over age 65 who live alone	26.1%	22.0%	24.3%	26.6%
Severe housing cost burden	15.0%	17.0%	19.0%	17.0%
Residential segregation - Black/white	64.0	43.0	57.0	61.0
School segregation	0.13	0.03	0.22	0.24

Figure 37 - Homeownership and housing characteristics, Source: U.S. Census Bureau ACS 2018-2022, County Health Rankings 2024, shading indicates the county measure was greater than or worse than the state benchmark value

Rent

According to 2022 estimates by the U.S. Census Bureau, the median rental cost within Martin County exceeded the state and national benchmarks. Although St. Lucie County's median rent was lower than the statewide median, it surpassed the national benchmark. Martin County's median rent rose over 40% from 2018 to 2022.

	Martin County	St. Lucie County	Florida	United States
Median rent - 2022	\$ 1,652	\$ 1,339	\$ 1,525	\$ 1,300
Renter occupied housing units	19.6%	22.9%	35.2%	33.1%

Figure 38 – Renters and rent costs, Source: U.S. Census Bureau ACS 2018-2022, median rent reflects one-year estimates, shading indicates the county measure was greater than or worse than the state benchmark value

Rental Costs Over Time

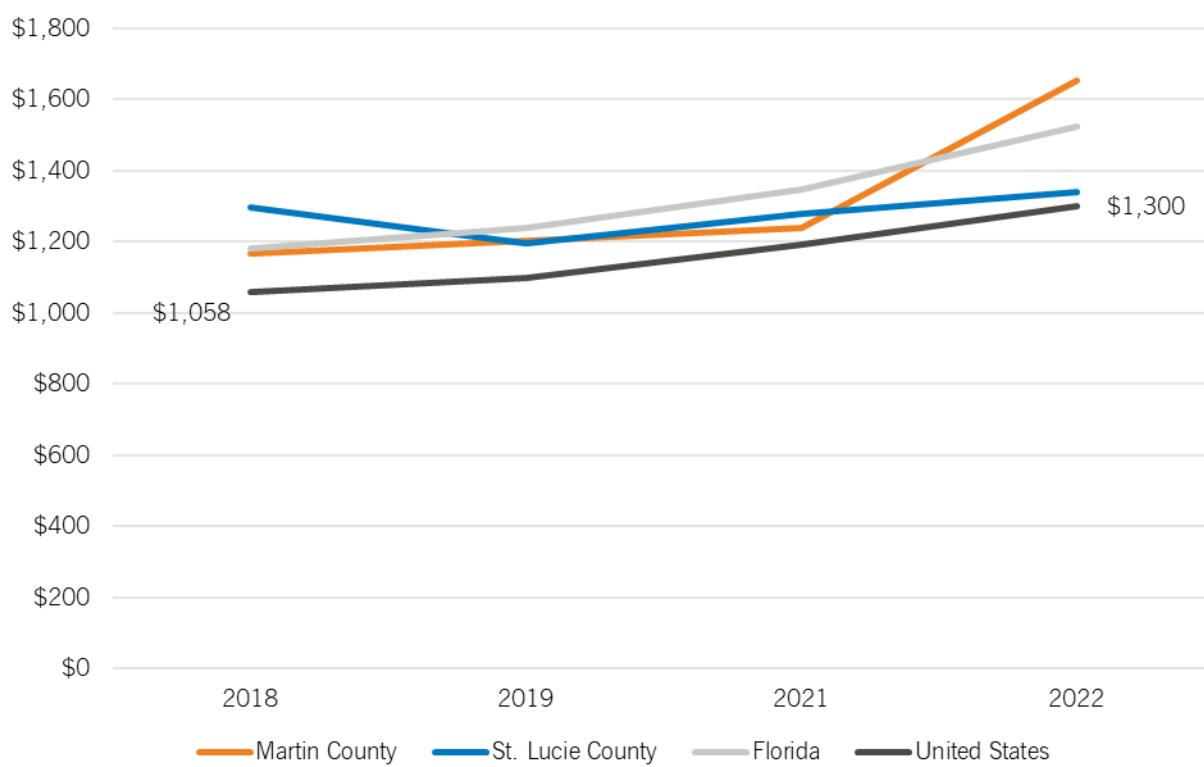


Figure 39 - Median rent over time, Source: U.S. Census Bureau ACS

Housing Cost Burden

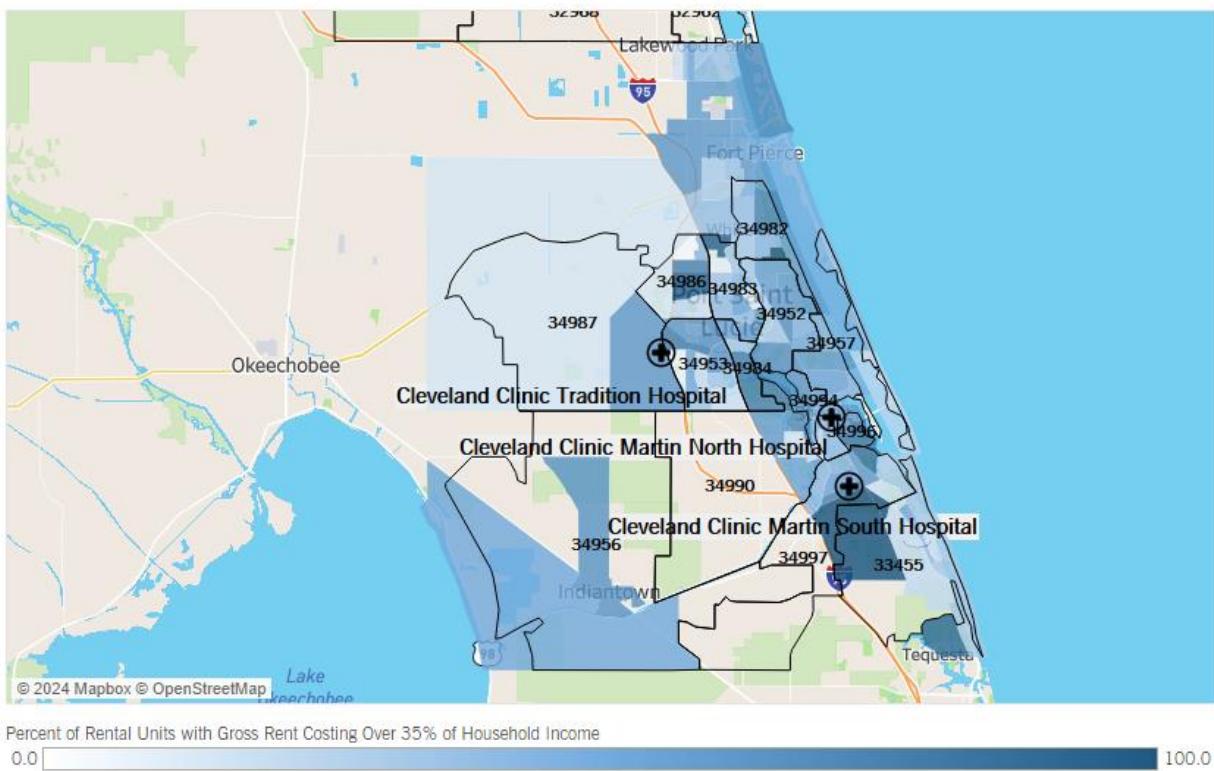


Figure 40 - Percent of rental units with gross rent greater than 35% of household income by census tract, Source: U.S. Census Bureau ACS

Homelessness

The Florida Department of Children and Families provides a Point-in-Time (PIT) count of sheltered and unsheltered homeless persons on a single night. The 2023 count included 246 individuals in Martin County, which reflected a slight decrease from the 2021 and 2022 counts. However, within St. Lucie County the homeless estimate increased yearly since 2021, with 338 individuals estimated in 2023.

	Martin County	St. Lucie County
Total homeless individuals January, 2023	246	338

Figure 41 - Point-in-time Homelessness Count, Source: Florida Health Charts, Florida Department of Children and Families

Food Insecurity

The food environment index reported by County Health Rankings is scored from 1 (worst) to 10 (best). In 2021, Martin and St. Lucie Counties' indexes were higher than the state value. A greater percentage of Martin and St. Lucie County residents experienced limited access to healthy foods than those in Florida and the United States in 2019. According to County Health

Rankings, the 2021 food insecurity rates in Martin and St. Lucie Counties were slightly lower than the state average.

Feeding America reported that when safety net programs expanded during the economic downturn caused by the COVID-19 pandemic, food insecurity levels were stable or declined. However, as the program expansions came to an end and food prices simultaneously rose, food insecurity levels increased significantly.

	Martin County	St. Lucie County	Florida	United States
Food environment index	7.8	7.3	7.2	7.7
Limited access to healthy foods	10.2%	15.2%	7.6%	6.1%
Food insecurity	9.5%	9.5%	10.6%	10.4%

Figure 42 - Food environment and food insecurity, Source: County Health Rankings 2024, shading indicates the county measure was greater than or worse than the state benchmark value

SNAP Benefits and Average Meal Costs

According to Map the Meal Gap, one in eight people, and one in five children in Florida face hunger. The Supplemental Nutrition Assistance Program (SNAP) provides temporary help for individuals to buy food. It is estimated that 38.3% of Florida households receiving SNAP benefits have children. Over a third of individuals who were food insecure did not meet the criteria for receiving SNAP benefits in 2022. The average meal costs in Martin and St. Lucie Counties were greater than the average meal cost in the state in 2022. Across all food-insecure individuals in Martin County, the annual food budget shortfall is estimated at over \$17.3 million. In St. Lucie County the annual food budget shortfall is estimated at over \$32.5 million.

	Martin County	St. Lucie County	Florida	United States
Percent of food insecure above (outside) SNAP threshold	42%	35%	46%	*
Percent of food insecure below (inside) SNAP threshold	58%	65%	54%	*
Average meal cost	\$ 4.81	\$ 4.22	\$ 4.13	\$ 3.99

Figure 43 - Food insecure SNAP benefits and average meal cost, Source: Feeding America Map the Meal Gap 2022, shading indicates the county measure was greater than or worse than the state benchmark value

Education

The U.S. Census Bureau 2018-2022 estimates indicate that St. Lucie County had a greater portion of individuals who did not finish high school, and a lower portion of adults over age 25 with a bachelor's or graduate/professional degree compared to the Florida benchmarks. In contrast, Martin County had more individuals who had completed a bachelor's or graduate/professional degree than the state averages.

Highest Level of Education Completed

	Martin County	St. Lucie County	Florida	United States
Less than 9th grade	3.0%	4.3%	4.4%	4.7%
9th to 12th grade, no diploma	4.6%	7.1%	6.4%	6.1%
High school degree or equivalent	24.8%	30.8%	27.7%	26.4%
Some college, no degree	23.2%	21.8%	19.2%	19.7%
Associate's degree	9.3%	10.9%	10.1%	8.7%
Bachelor's degree	22.4%	16.4%	20.2%	20.9%
Graduate or professional degree	12.7%	8.7%	12.1%	13.4%

Figure 44 - Highest level of education completed by persons 25 years and older, Source: U.S. Census Bureau ACS 2018-2022

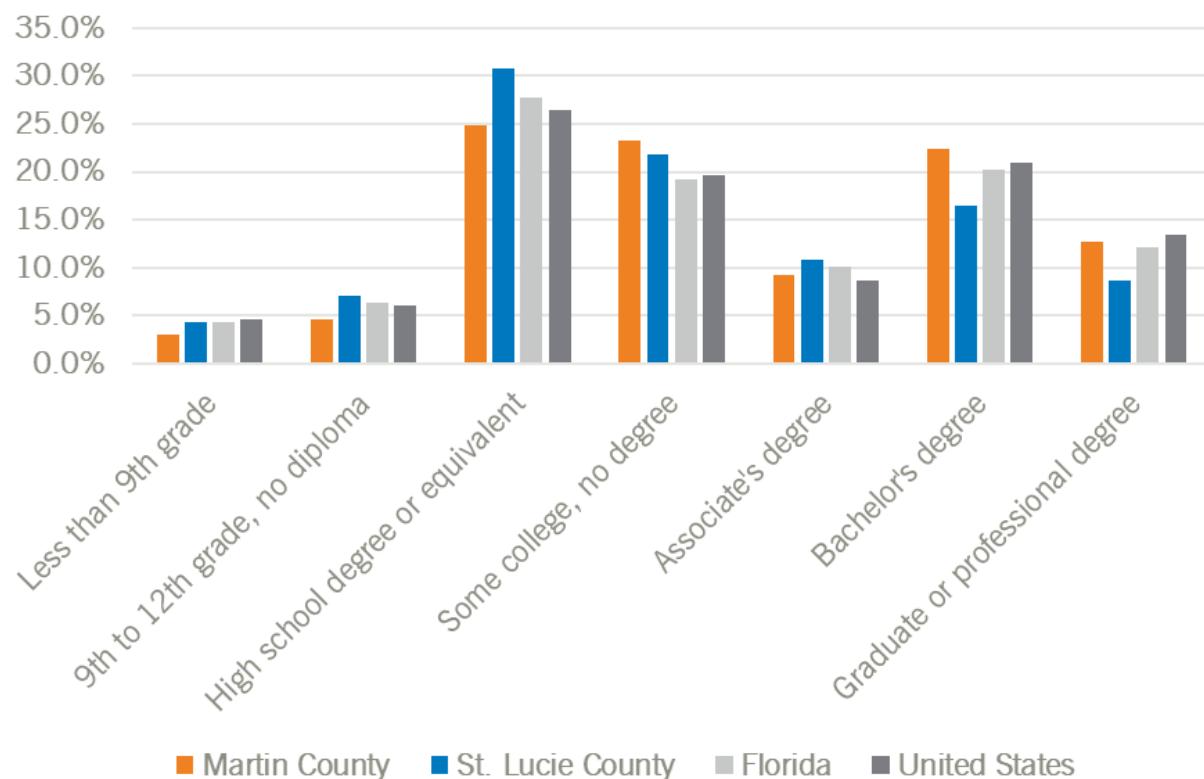


Figure 45 - Highest level of education completed by persons 25 years and older, Source: U.S. Census Bureau ACS 2018-2022

High School Graduation Rates by Race/Ethnicity

According to the Florida Department of Education, the high school graduation rates for Black and Hispanic students within Martin County were lower than the Florida benchmark rate for all students.

	Martin County	St. Lucie County	Florida
All Race/Ethnicities	90.3%	91.5%	88.0%
American Indian	*	93.3%	84.7%
Asian	100.0%	98.1%	96.9%
Black	87.2%	91.1%	83.2%
Hispanic	82.2%	91.1%	86.8%
Pacific Islander	*	*	87.1%
Two or More Races	91.1%	91.1%	88.4%
White	94.3%	92.4%	91.0%

Figure 46 - High school graduation rates by race/ethnicity, Source: Florida Dept. of Education, 2022-2023 * indicates suppressed data or no data, shading indicates the measure was worse than the benchmark value for all races/ethnicities



Health Equity Highlight

Unequal educational opportunities and lower educational attainment are intrinsically linked to disparities in health outcomes. Understanding the health benefits of educational attainment and the broader social context of its impact is integral to reducing health disparities.

Literacy and Numeracy

The National Center for Education Statistics publishes adult numeracy and literacy estimates by county. Scores below level 1 indicate adults are at risk of having difficulties using or comprehending written or numeric materials, while level 2 indicates adults are near proficient but may still struggle to perform tasks using written or numeric information. St. Lucie County had a greater portion of individuals below level 1 literacy and below level 1 numeracy than the state.

	Martin County	St. Lucie County	Florida
Literacy below level 1	17.0%	25.0%	24.0%
Literacy at level 2	33.0%	39.0%	34.0%
Literacy at or above level 3	51.0%	36.0%	42.0%
Numeracy below level 1	25.0%	38.0%	35.0%
Numeracy at level 2	36.0%	38.0%	35.0%
Numeracy at or above level 3	39.0%	25.0%	30.0%

Figure 47 - Literacy and numeracy scores for adults, Source: National Center for Education Statistics PIAAC Skills Map 2013-2017

Transportation

Transportation Indicators

According to the U.S. Census Bureau's 2018-2022 American Community Survey estimates, individuals in Martin and St. Lucie counties had better access to vehicles and experienced less traffic volume than the state. Martin County residents had a greater average commute time than the Florida benchmark, and both counties had a greater portion of residents driving alone to work than the state average.

	Martin County	St. Lucie County	Florida	United States
Housing units with no vehicles available	4.9%	4.5%	6.0%	8.3%
Traffic volume	72	90	145	108
Driving alone to work	76%	80%	74%	72%
Driving alone to work, long commute	40%	44%	43%	36%
Mean travel time to work (minutes)	30.4	27.6	28.0	26.4

Figure 48 - Transportation indicators, Source: U.S. Census Bureau ACS 2018-2022

Walkability

The Environmental Protection Agency's 2021 National Walkability Index dataset ranks each block group relative to all other block groups in the United States. Small areas within Stuart, Jensen Beach, and Port St. Lucie were rated with an above-average walkability score (index score of 10.51 to 15.25) while other portions of Martin and St. Lucie County were rated as less walkable (index score of 1 to 5.75) or below-average walkable (index score of 5.76 to 10.50).

Crime and Violence

According to the Florida Department of Law Enforcement, rates of crime from 2020 to 2021 were generally lower within Martin and St. Lucie Counties than the Florida and U.S. benchmark rates. The homicide rates for Black individuals in Martin and St. Lucie counties exceeded the state average for all races/ethnicities.

Violent & Property Crime Rates

	Martin County	St. Lucie County	Florida	United States
Total Crime Rate	1,143.6	1,243.9	1,952.3	*
Homicide	2.5	3.5	5.1	6.8
Rape	66.0	26.5	39.7	42.4
Robbery	11.9	23.8	50.9	65.5
Aggravated Assault	155.3	170.9	273.3	272.2
Burglary	103.7	120.9	201.9	270.9
Larceny/Theft	747.5	805.2	1,218.3	1,305.5
Motor Vehicle Theft	56.6	93.2	163.0	255.9

Figure 49 - Crime rates per 100,000 population, Source: Florida Dept. of Law Enforcement, Crime in Florida 2020-2021 and FBI Crime in the United States 2021, *comparable total unavailable

Homicides by Race/Ethnicity

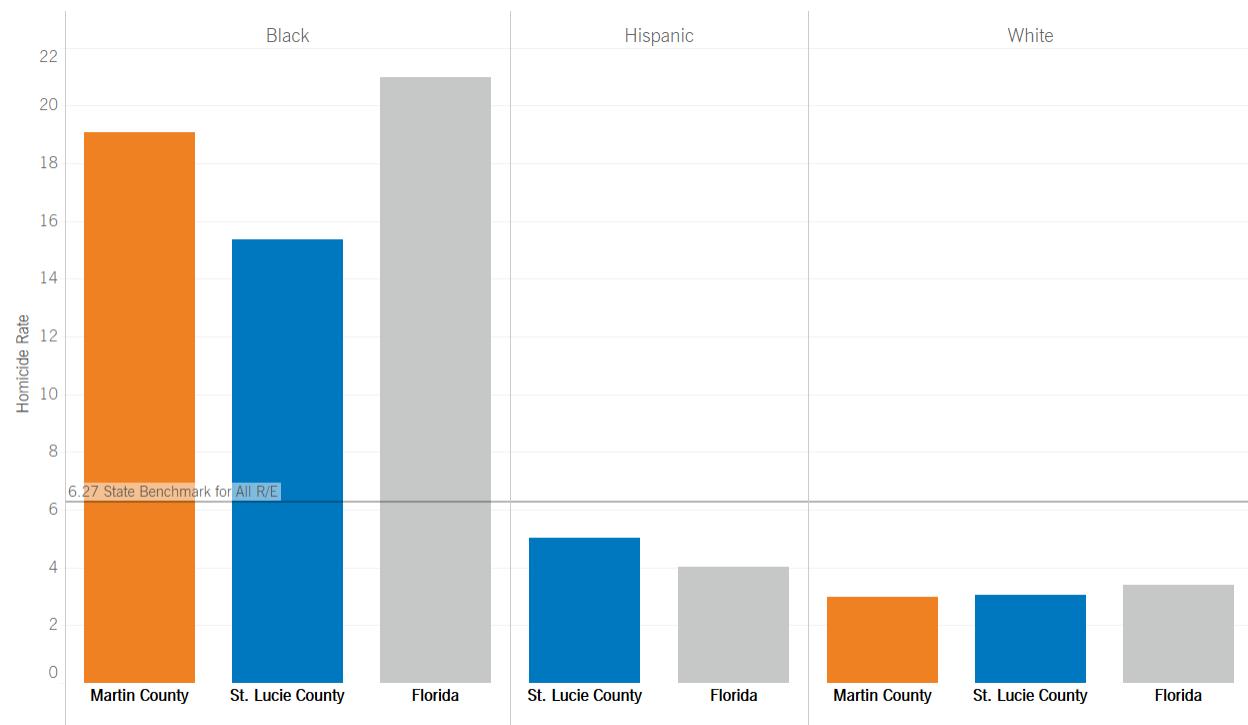


Figure 50 - Homicides by race/ethnicity, Source: County Health Rankings 2024

Rates of Child Abuse and Domestic Violence

Reported rates of child abuse for children ages 5-11 were more frequent in Martin and St. Lucie Counties than the state rate from 2021 to 2023. Domestic violence and child sexual abuse offenses within St. Lucie County greatly exceeded the state benchmarks.

	Martin County	St. Lucie County	Florida
Child abuse (age 5-11)*	515.1	503.3	483.8
Sexual violence (age 5-11)*	33.0	59.6	42.0
Domestic violence offenses**	213.3	390.1	300.9

Figure 51 - Child abuse and domestic violence rates *per 100,000 children 2021-2023 or ** per 100,000 population 2020-2022, Source: Florida Health Charts, shading indicates the county measure is worse than the state benchmark value

Human Trafficking

According to Florida Health Charts and the National Human Trafficking Hotline, the state of Florida had 1,253 human trafficking victims, 141 human trafficking-related hospitalizations, and 71 related emergency department visits in 2021.

Violence in Healthcare Settings

According to the Florida Hospital Association and U.S. Bureau of Labor Statistics, hospital workers are six times more likely to experience violence in the workplace than other private sector workers. Violence in healthcare settings can hinder the provision of high-quality healthcare and may tie up resources resulting in delayed care. Approximately 44% of nurses reported experiencing physical violence and 68% reported experiencing verbal abuse in the workplace during the pandemic.

Environmental Health

Toxic Exposures and Green Spaces

Florida Health Charts publishes data on toxic exposures and poisonings, water quality, school environmental safety, access to green spaces, and other environmental health measures. The rate of carbon monoxide poisoning within Martin County exceeded the state rate for the duration of 2020 to 2022. During the same time frame, there were fewer instances of lead poisoning per 100,000 population within the community when compared to the state. School environmental safety incidents were less prevalent within the community than statewide from 2021 to 2023. Only 12.5% of Martin County residents received fluoridated water from 2020 to 2022. Fewer individuals lived within a half mile of a park (considered walking distance) in the defined community compared to the state average in 2022.

	Martin County	St. Lucie County	Florida
Lead poisoning	3.9	8.4	7.4
Carbon monoxide poisoning	0.8	0.3	0.7
Population receiving fluoridated water	12.5%	96.3%	78.2%
School environmental safety incidents *	18.8	31.1	33.6
Population living within 0.5 miles of a park	41.7%	40.5%	43.0%

Figure 52 - Environmental exposures and incidents, Source: Florida Health Charts, 2020-2022, rates per 100,000 population, * rate per 1,000 K-12 students 2021-2023, shading indicates the county measure was greater than or worse than the state benchmark value

Biomedical Waste

Florida Health Charts and the Florida Bureau of Environmental Health report data on improper disposal of biomedical waste from facilities such as hospitals, clinics, laboratories, nursing homes, dental offices, and funeral homes. Unsatisfactory inspections of biomedical and group facilities indicate an enhanced risk of contracting diseases through environmental exposure to pathogens. Martin County had a higher percentage of unsatisfactory inspections of biomedical waste facilities, while St. Lucie had a higher percentage of unsatisfactory inspections of group care facilities when compared to the Florida state benchmark.

	Martin County	St. Lucie County	Florida
Unsatisfactory inspections of biomedical waste facilities	21.5%	11.3%	13.3%
Unsatisfactory inspections of group care facilities	4.6%	9.4%	9.0%

Figure 53 – Biomedical waste exposures, Source: Florida Health Charts, 2023, shading indicates the county measure is greater than the state benchmark value for unsatisfactory inspections

Pollution and Environmental Risk Factors

According to County Health Rankings, Martin and St. Lucie Counties had a lower level of air pollution (particulate matter) than the Florida and U.S. averages in 2019. There were no drinking water violations in 2022. Approximately 15% of residents in Martin and 17% of residents in St. Lucie County experienced severe housing problems from 2016-2020. 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.

	Martin County	St. Lucie County	Florida	United States
Air pollution - particulate matter	7.4	7.4	7.8	7.4
Drinking water violations	No	Yes	N/A	N/A
Severe housing problems	15%	17%	19%	17%

Figure 54 - Environmental risk factors, Source: County Health Rankings 2024, air pollution displayed as the average daily density of fine particulate matter in micrograms per cubic meter, shading indicates the county measure was greater than or worse than the state benchmark value

Community Resilience Estimates

The Census Bureau provides community resilience estimates (CRE) by census tract and county, which reflect the capacity of individuals and households to prepare, absorb, respond, and recover from a disaster. The percentage of community residents with three or more components of social vulnerability is featured in the map below.

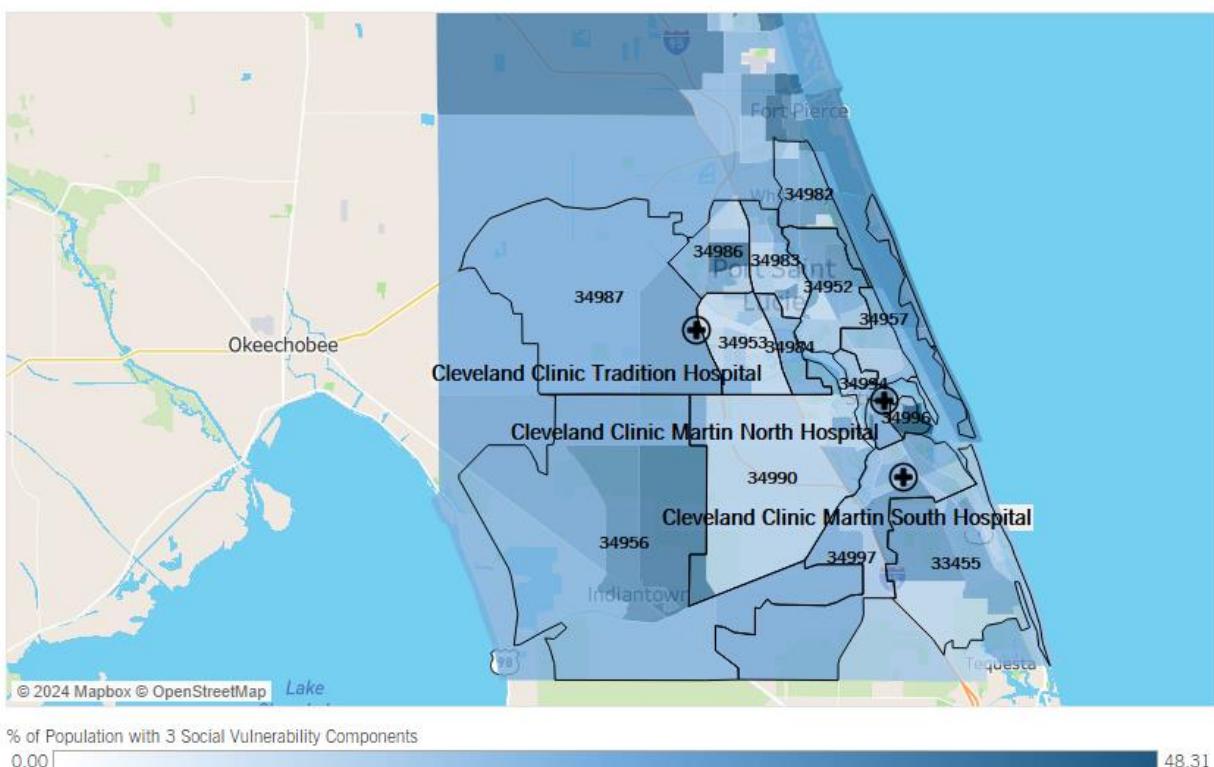


Figure 55 – Percent of population with 3 or more social vulnerability components by census tract, Source: U.S. Census Bureau 2022 Community Resilience Estimates

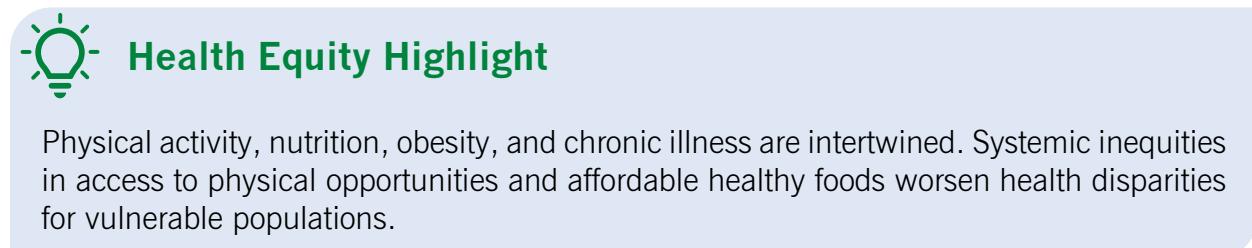
Health Behaviors & Obesity

Physical Activity, Food Environment

In 2022, Martin and St. Lucie counties had lower percentages of individuals living within a half mile of a fast-food restaurant compared to the state average. Compared to the Florida benchmark, adults in Martin County were slightly more likely to be sedentary.

	Martin County	St. Lucie County	Florida
Living within 1/2 mile of a fast food restaurant, 2022	22.8%	21.0%	33.6%
Adults who are sedentary, 2019	26.6%	26.5%	26.5%

Figure 56 - Food environment and sedentary behavior, Source: Florida Health Charts, Behavioral Risk Factor Surveillance System, shading indicates the county measure was greater than or worse than the state benchmark value



Obesity

According to County Health Rankings, the adult obesity rates within both Martin (28.7%) and St. Lucie County (35.3%) exceeded the state benchmark rate in 2021.

	Martin County	St. Lucie County	Florida	United States
Adult obesity	28.7%	35.3%	28.3%	34.0%

Figure 57 – Adult obesity, Source: County Health Rankings 2024, shading indicates the county measure was greater than or worse than the state benchmark value

Sleep

Lack of sleep is linked to chronic conditions, mental health conditions, and risky behaviors. County Health Rankings reports on the portion of adults who report less than 7 hours of sleep per night on average. Individuals in St. Lucie County were more likely to report insufficient sleep than the state average in 2020.

	Martin County	St. Lucie County	Florida	United States
Insufficient sleep <7 hours	35.0%	37.0%	34.0%	33.0%

Figure 58 – Insufficient sleep, Source: County Health Rankings 2024, shading indicates the county measure was greater than or worse than the state benchmark value

Life Expectancy & Mortality

The premature death rate and indicator for St. Lucie County was worse than the Florida benchmarks from 2019 to 2021. Overall life expectancy was lower in St. Lucie County than in Martin County. Black residents in Martin and St. Lucie Counties and white individuals in St. Lucie County had lower life expectancies than the Florida average (78.5 years).

	Martin County	St. Lucie County	Florida	United States
Premature age-adjusted mortality	325.3	394.6	386.9	390.1
Premature death indicator (YPLL rate)	7,385.3	8,471.6	8,299.1	7,971.5
Life expectancy	80.7	78.7	78.5	77.6
AIAN life expectancy	*	*	93.6	72.8
Asian/Pacific Islander life expectancy	92.9	86.7	88.3	86.5
Black life expectancy	76.6	76.4	74.5	72.7
Hispanic life expectancy	82.3	83.1	81.9	80.3
White life expectancy	80.3	78.1	77.7	77.6

Figure 59 - Mortality indicators and life expectancy, Source: County Health Rankings 2024, mortality rate per 100,000 population, YPLL in years of potential life lost before age 75 per 100,000 population, shading indicates the county measure was greater than or worse than the state benchmark value

Premature Death Over Time

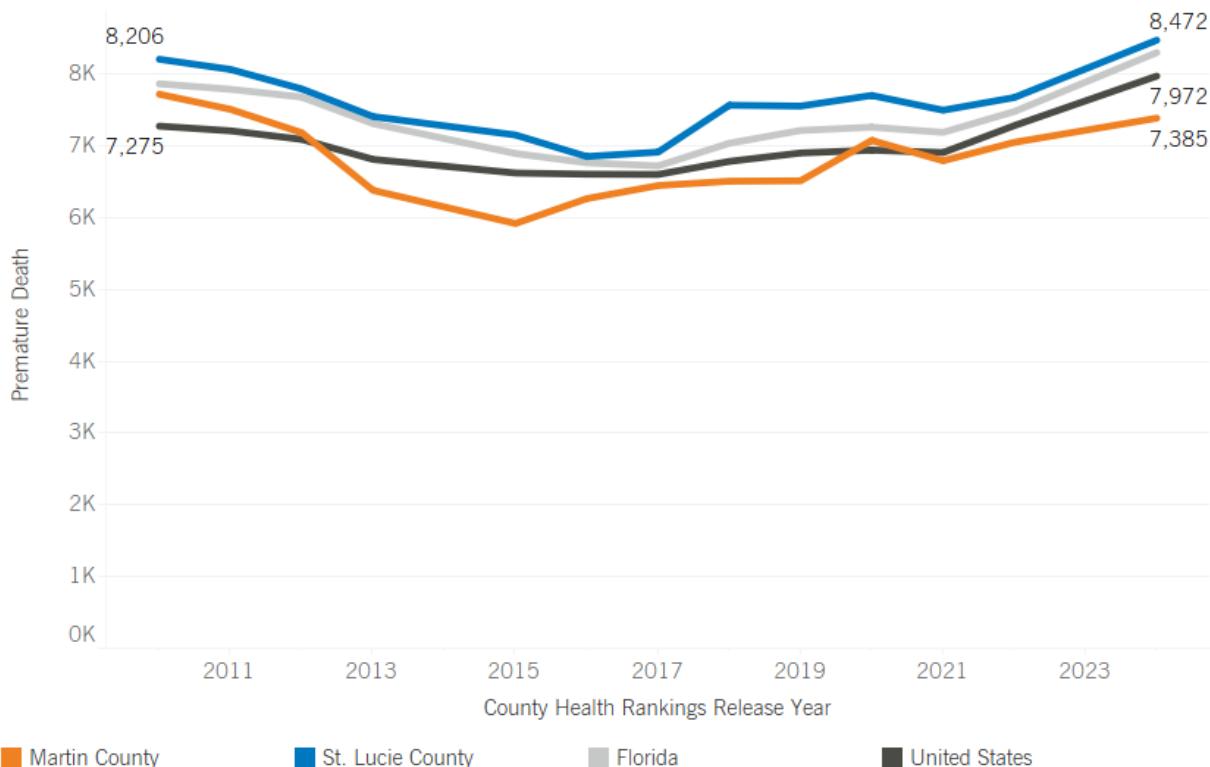


Figure 60 - Premature death in years of potential life lost (YPLL), Source: County Health Rankings

Life Expectancy by Race/Ethnicity

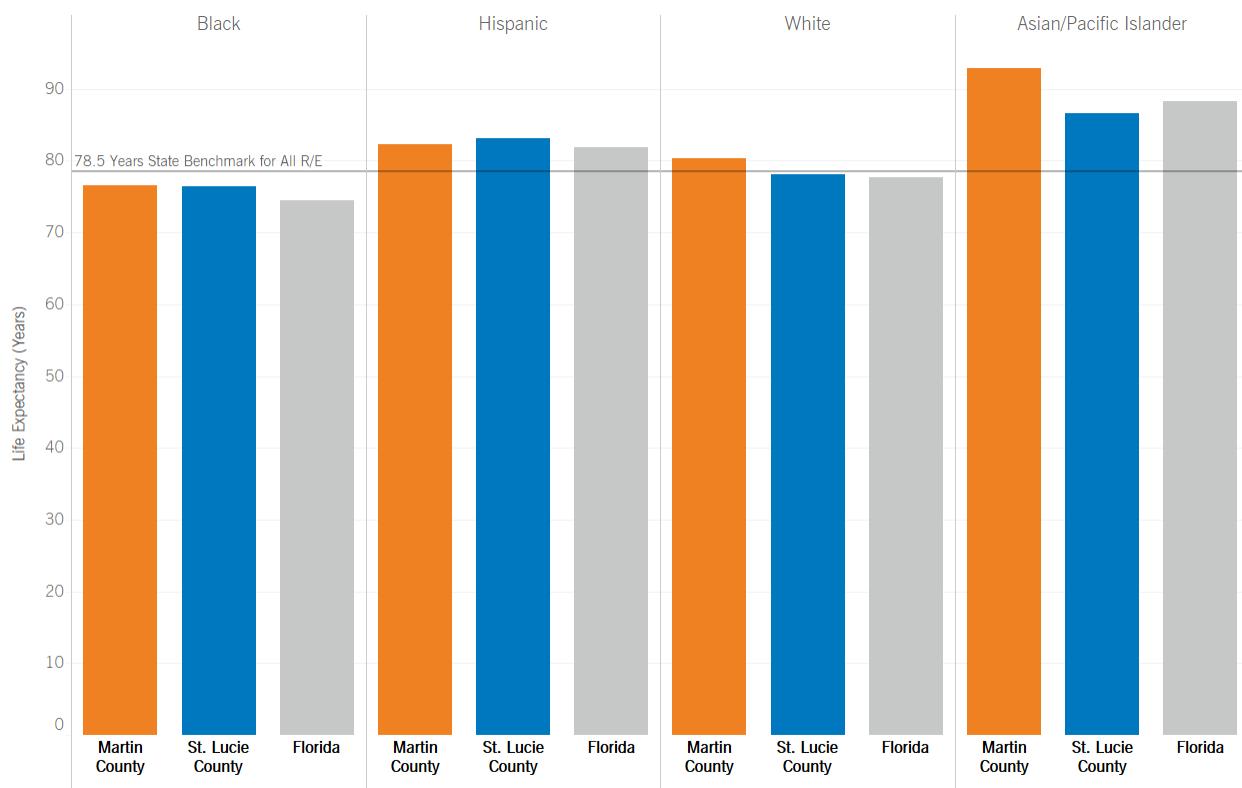


Figure 61 - Life Expectancy by race/ethnicity, Source: County Health Rankings 2024

Life Expectancy by Census Tract

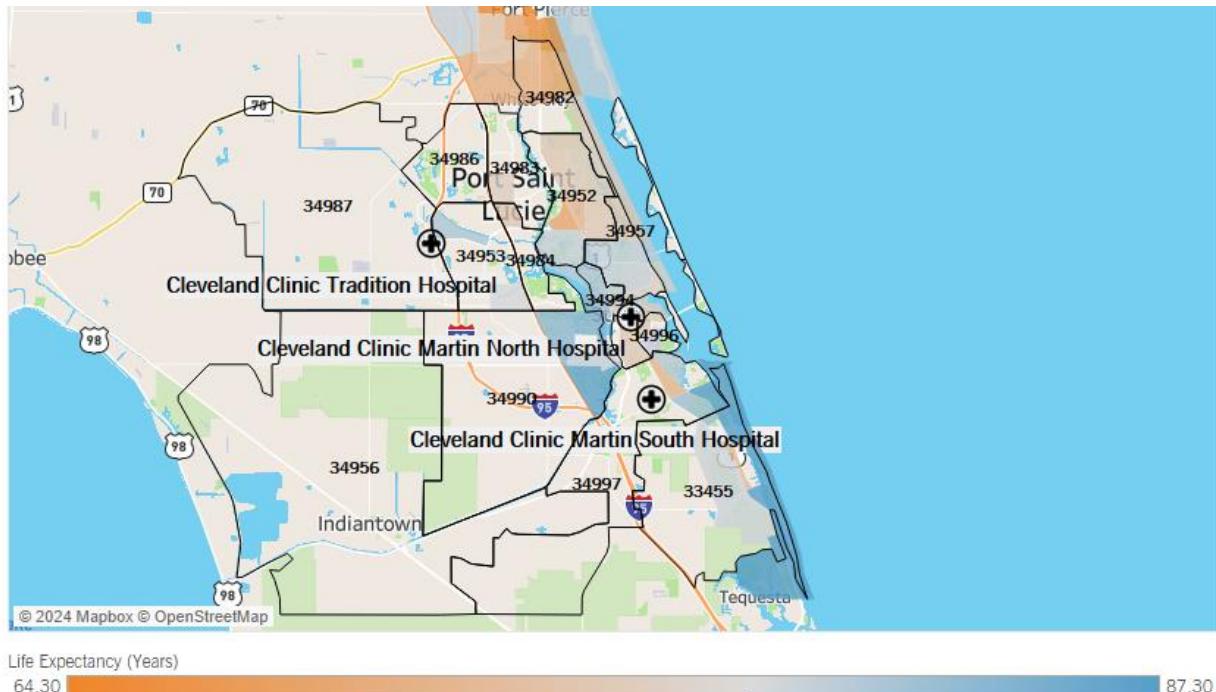


Figure 62 - Life Expectancy by Census Tract, Source: Florida Health Charts 2016-2020
CLEVELAND CLINIC TRADITION HOSPITAL 2024 CHNA

Leading Causes of Death

According to the Centers for Disease Control and Prevention, cancer, heart disease, and stroke were the top three causes of death within the community. Within Martin and St. Lucie Counties, death rates generally exceeded the state benchmarks. Martin County had lower rates of death from diabetes and kidney disease, while St. Lucie County had lower accident, Parkinson's, and influenza death rates when compared to the state average. From 2018 to 2022 COVID-19 represented the sixth leading cause of death in Martin County and the fifth leading cause of death in St. Lucie County.

	Martin County	St. Lucie County	Florida	United States
Heart disease	285.6	236.6	224.3	206.6
Cancer	296.2	248.6	212.5	182.7
(Unintentional injury) accident	125.8	98.8	68.6	47.7
Stroke	72.5	61.8	71.0	60.2
COVID-19	61.0	62.2	60.8	57.8
Chronic lower respiratory disease	77.5	67.5	53.7	46.0
Diabetes	31.5	41.1	32.7	29.0
Alzheimer's disease	58.4	33.1	31.0	37.4
Chronic liver disease and cirrhosis	21.6	16.3	15.6	14.5
Suicide	15.3	16.1	15.5	16.2
Kidney disease	21.5	17.3	16.6	15.2
Hypertension	20.1	12.1	13.7	11.4
Parkinson's disease	17.2	17.5	14.2	12.1
Influenza and pneumonia	14.5	12.4	13.6	15.2
Septicemia	14.3	15.4	12.3	12.3

Figure 63 - Age-adjusted death rates per 100,000 population, Source: CDC Wonder, Multiple Cause of Death 2018-2022, shading indicates the county measure was greater than or worse than the state benchmark value

Morbidity & Preventable Hospitalizations

Morbidity

In 2021, more individuals reported poor or fair health in the community compared to the state and national benchmarks. The average number of poor physical health days reported was also greater within Martin and St. Lucie Counties than in Florida. In 2021, St. Lucie County had a higher rate of preventable hospitalizations for Medicare enrollees compared to the state rate.

	Martin County	St. Lucie County	Florida	United States
Poor or fair health	13.4%	17.4%	13.3%	14.2%
Poor physical health days	3.3	3.7	3.0	3.3
Preventable hospitalization rate	2,486	3,318	3,035	2,681

Figure 64 - Indicators of morbidity and preventable hospitalization rate, Source: County Health Rankings 2024, shading indicates the county measure was greater than or worse than the state benchmark value

Preventable Hospitalizations

Florida Health Charts reports on hospitalizations associated with ambulatory care-sensitive conditions. Compared to the state benchmarks, Martin and St. Lucie Counties had higher hospitalization rates for all conditions for adults under age 65 compared to the state benchmark in 2022. Martin County also exceeded the Florida average for bacterial pneumonia, hypertension, and nutritional deficiencies hospitalizations. St. Lucie County generally had worse hospitalization rates than the state benchmark, except for kidney/urinary infections. Black and Hispanic individuals in the defined community experienced worse rates of preventable hospitalizations compared to the Florida rate for all races/ethnicities.

	Martin County	St. Lucie County	Florida
All conditions	785.4	1037.7	757.6
Asthma	42.2	50.5	44.1
Bacterial pneumonia	89.0	99.4	65.2
Chronic obstructive pulmonary disease	56.9	88.5	57.0
Congestive heart failure	73.4	90.8	79.8
Dental conditions	7.3	23.0	9.3
Diabetes	100.0	155.9	133.9
Hypertension	4.6	9.0	3.4
Kidney/urinary infection	15.6	17.7	18.2
Nutritional deficiencies	163.3	135.2	102.8

Figure 65 - Preventable hospitalizations under age 65 for ambulatory care sensitive conditions, Source: Florida Health Charts 2022, 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

Preventable Hospitalizations Over Time

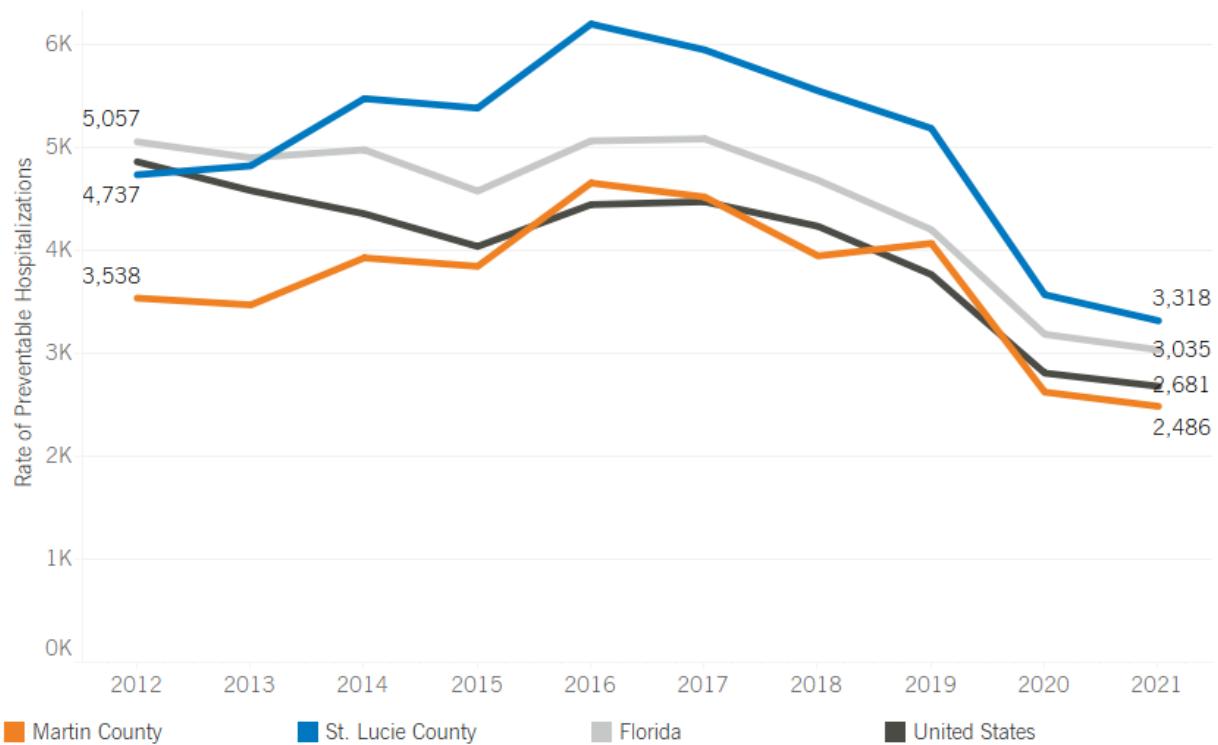


Figure 66 - Preventable hospitalizations over time, Source: County Health Rankings 2024

Preventable Hospitalizations by Race/Ethnicity

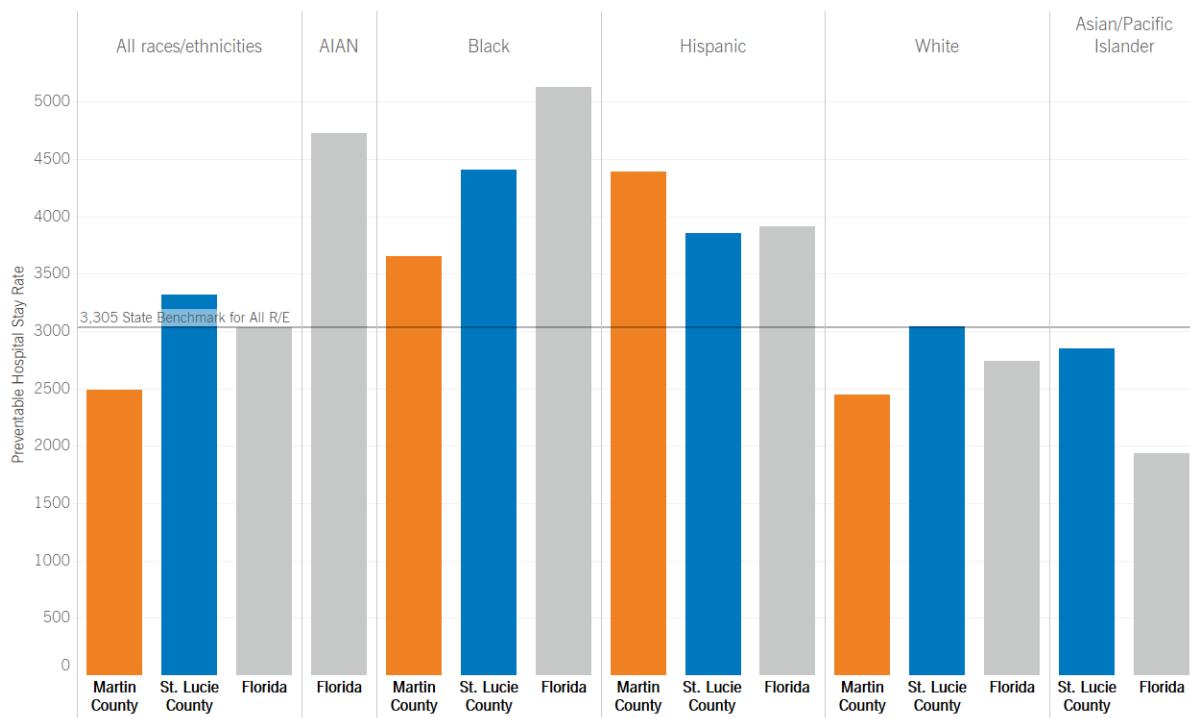


Figure 67 - Preventable hospital stays by race/ethnicity, Source: County Health Rankings 2024

Cancer

Cancer Risk Factors and Screening Rates

The National Cancer Institute reports on various cancer screenings and tests. Within St. Lucie County, the mammogram (breast cancer) screening rate for women over age 40 was lower than the state benchmark rate.

	Martin County	St. Lucie County	Florida	United States
Mammogram Past 2 Years (women over 40)	72.7%	70.0%	71.1%	70.2%
Pap test (women ages 21-65, past 3 years)	78.6%	76.9%	76.7%	77.7%
Sufficient colorectal screening (ages 50 to 75)	69.5%	67.5%	-	-

Figure 68 - Cancer screening rates, Source: National Cancer Institute 2017-2019, shading indicates the county measure was worse than the state benchmark value, comparable colorectal screening data unavailable for the state and nation

Cancer Incidence Rates

The National Cancer Institute reports cancer incidence rates at a state and county level. Martin and St. Lucie Counties had higher rates of prostate, melanoma, and brain cancers than the statewide incidence rates. Additionally, St. Lucie County had higher incidence rates of ovarian, cervical, and stomach cancers as compared to Florida's rates. For all cancer sites, the Martin and St. Lucie County incidence rates for white populations were higher than the respective statewide rates.

	Martin County	St. Lucie County	Florida	United States
Breast ³	118.6	113.7	121.3	127.0
Prostate ²	101.2	98.3	97.0	110.5
Lung and bronchus ¹	52.1	59.2	61.2	61.1
Colon and rectum ¹	35.8	37.3	40.1	41.7
Melanoma ¹	37.7	26.0	22.5	25.4
Pancreas ¹	12.1	12.8	12.9	13.2
Ovarian ³	10.5	11.9	10.9	10.1
Cervical ³	6.8	9.3	9.1	7.5
Brain ¹	5.7	5.8	5.5	5.3
Stomach ¹	5.7	7.9	7.5	8.3

Figure 69 - Age-adjusted cancer incidence rates, Source: National Cancer Institute 2016-2020, 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

	Martin County	St. Lucie County	Florida	United States
All Races (includes Hispanic)	432.4	438.4	434.4	442.3
White (includes Hispanic)	446.1	473.4	484.7	461.9
Black (includes Hispanic)	404.1	354.7	411.8	445.9
American Indian / Alaskan Native (includes Hispanic)	*	*	275.9	392.6
Asian / Pacific Islander (includes Hispanic)	190.9	187.1	243.6	290.3
Hispanic (any race)	356.1	336.2	376.7	339.6

Figure 70 - 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

Martin County had higher brain and skin cancer death rates than the state of Florida from 2016 to 2020. St. Lucie County exceeded the state death rates for lung, prostate, pancreatic, ovarian, brain, and cervical cancers during the same time frame. For all cancer sites, mortality rates for white and Hispanic populations in St. Lucie County were higher than the statewide mortality rate for all races/ethnicities. Within Martin County, the Black cancer mortality rate exceeded the Florida benchmark.

	Martin County	St. Lucie County	Florida	United States
Lung and bronchus ¹	29.3	36.4	33.9	35.0
Breast ³	15.7	18.2	18.5	19.6
Prostate ²	16.1	16.6	16.1	18.8
Colon and rectum ¹	14.1	13.0	14.8	15.7
Pancreas ¹	9.1	10.8	10.4	11.1
Ovarian ³	5.3	6.1	6.0	6.3
Brain ¹	4.8	5.0	4.2	4.4
Stomach ¹	2.1	2.3	2.6	3.8
Melanoma ¹	2.2	2.1	2.1	2.1
Cervical ³	*	4.0	2.7	2.2

Figure 71 - Age-adjusted cancer death rates, Source: National Cancer Institute 2016-2020, 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

	Martin County	St. Lucie County	Florida	United States
All Races (includes Hispanic)	127.9	150.9	149.4	141.4
White (includes Hispanic)	128.2	158.5	150.2	154.4
Black (includes Hispanic)	190.9	133.4	154.8	174.7
American Indian / Alaskan Native (includes Hispanic)	*	*	59.7	128.2
Asian / Pacific Islander (includes Hispanic)	*	73.7	83.9	94.5
Hispanic (any race)	91.9	110.8	108.7	108.2

Figure 72 - Age-adjusted all cancer site mortality rates by race and ethnicity, Source: National Cancer Institute 2016-2020, rates per 100,000 population, shading indicates the county measure was greater than or worse than the state benchmark value

Heart Disease

Heart Disease Mortality

According to the Centers for Disease Control and Prevention, the age-adjusted death rate for all heart disease per 100,000 population was greater in St. Lucie County than in Florida from 2019 to 2021. The death rates for Black populations in Martin and St. Lucie Counties were higher than the state benchmark rate for all races/ethnicities (203.0 per 100,000). White individuals in St. Lucie County experienced slightly greater mortality than the Florida rate. The heart disease mortality rate for females in St. Lucie County also exceeded the statewide female mortality rate.

	Martin County	St. Lucie County	Florida	United States
All heart disease, all races/ethnicities	172.7	205.6	203.0	223.0
All heart disease, Black (non-Hispanic)	245.1	265.3	275.8	308.0
All heart disease, white (non-Hispanic)	173.3	205.0	206.0	225.6
All heart disease, Hispanic	141.5	150.7	170.2	166.4
All heart disease, American Indian and Alaska Native	134.8	*	87.3	198.0
All heart disease, Asian	96.7	114.0	113.9	128.6
All heart disease, Native Hawaiian or Other Pacific Islander	*	*	118.5	245.0
All heart disease, more than one race	41.2	193.6	98.5	101.0
All heart disease, male	208.1	238.4	243.4	270.8
All heart disease, female	143.6	175.3	167.4	182.8

Figure 73 - Age-adjusted all heart disease death rate per 100,000 population, Source: CDC, 2019-2021 * indicates insufficient data, shading indicates the county measure was greater than or worse than the state benchmark value

Heart Attack Mortality

From 2019 to 2021, the age-adjusted death rate for heart attack per 100,000 population was lower within Martin and St. Lucie Counties than in Florida and the United States. However, heart attack rates for Black (non-Hispanic) individuals in Martin County exceeded the state benchmark for all races/ethnicities.

	Martin County	St. Lucie County	Florida	United States
Heart attack, all races/ethnicities	17.2	17.5	21.8	26.2
Heart attack, Black (non-Hispanic)	25.3	20.9	26.4	31.7
Heart attack, white (non-Hispanic)	17.3	18.7	21.7	27.2
Heart attack, Hispanic	10.2	11.5	22.6	21.0
Heart attack, American Indian & Alaska Native	*	*	12.1	24.6
Heart attack, Asian	10.7	0.9	13.3	15.5
Heart attack, Native Hawaiian or Other Pacific Islander	*	*	*	28.2
Heart attack, more than one race	13.3	6	12.4	11.0
Heart attack, male	22.9	23.5	28.5	35.3
Heart attack, female	12.8	12.3	15.9	18.6

Figure 74 - Age-adjusted heart attack mortality per 100,000 population, Source: CDC, 2019-2021 *indicates insufficient data, shading indicates the county measure was greater than or worse than the state benchmark value

Hypertension Mortality

Age-adjusted death rates for hypertension (high blood pressure) per 100,000 population were higher in St. Lucie County than the state and national benchmarks from 2019 to 2021. Hypertension death rates for Black non-Hispanic populations were higher in both Martin and St. Lucie counties when compared to the state benchmark for all races/ethnicities. St. Lucie County death rates among Hispanic, Asian, and more than one race populations also exceeded the state benchmark. Males and Females in St. Lucie County had greater hypertension death rates than the respective Florida rates.

	Martin County	St. Lucie County	Florida	United States
Hypertension, all races/ethnicities	103.5	181.1	135.1	153.9
Hypertension, Black (non-Hispanic)	199.0	258.7	217.9	242.4
Hypertension, white (non-Hispanic)	102.3	175.9	131.5	147.3
Hypertension, Hispanic	108.5	136.4	116.9	142.2
Hypertension, American Indian & Alaska Native	64.3	*	63.5	183.6
Hypertension, Asian	53.4	66.5	75.5	97.5
Hypertension, Native Hawaiian or Other Pacific Islander	*	*	82.1	176.2
Hypertension, more than one race	28.1	204.5	68.8	74.9
Hypertension, male	124.1	204.1	161.2	180.7
Hypertension, female	84.3	159.5	111.7	130.0

Figure 75 - Age-adjusted hypertension mortality per 100,000 population, Source: CDC, 2019-2021 * indicates insufficient data, shading indicates the county measure was greater than or worse than the state benchmark value

Stroke Mortality

Within Martin and St. Lucie counties, age-adjusted death rates for stroke per 100,000 population exceeded the state and national benchmarks. Black and white populations in the community had higher stroke death rates than the Florida benchmark for all races/ethnicities. The Hispanic population and individuals of more than one race in St. Lucie County also experienced a higher stroke mortality rate than the state rate. In the defined community, male and female stroke death rates exceeded the benchmark rates for Florida and the United States.

	Martin County	St. Lucie County	Florida	United States
All stroke, all races/ethnicities	47.1	55.4	43.4	39.0
All stroke, Black (non-Hispanic)	63.3	73.9	65.4	57.0
All stroke, white (non-Hispanic)	47.1	50.8	41.1	37.6
All stroke, Hispanic	40	52.2	43.8	34.8
All stroke, American Indian & Alaska Native	*	*	13.7	33.6
All stroke, Asian & Pacific Islander	21	19.5	30.4	31.5
All stroke, Native Hawaiian or Other Pacific Islander	*	*	*	48.5
All stroke, more than one race	20	95.3	23.8	19.1
All stroke, male	43.7	48.6	42.0	39.7
All stroke, female	48.1	56.7	43.9	37.8

Figure 76 - Age-adjusted stroke mortality per 100,000 population, Source: CDC, 2019-2021, * indicates insufficient data, shading indicates the county measure was greater than or worse than the state benchmark value

Other Chronic Diseases

Diabetes

According to Florida Health Charts, individuals in St. Lucie County had a greater prevalence of pre-diabetes and diabetes in 2019. The county also had higher rates of diabetes-related emergency room visits and hospitalizations from 2020 to 2022. The average age at which diabetes was diagnosed was slightly higher within Martin and St. Lucie Counties than in Florida.

	Martin County	St. Lucie County	Florida
Hospitalization rate from or with diabetes ¹	150.4	238.8	208.3
Rate of emergency room visits due to diabetes ¹	133.8	213.9	205.7
Adults who have been told they had pre-diabetes ²	7.3%	9.3%	9.1%
Adults who have been told they had diabetes ²	10.3%	12.2%	11.7%
Average age at which diabetes was diagnosed ²	52.0	51.0	50.0

Figure 77 - Diabetes indicators, Source: 1) Florida Health Charts, 2020-2022 rolling rates per 100,000 population 2) Florida Health Charts, Behavioral Risk Factor Surveillance System 2019, shading indicates the county measure was greater than or worse than the state benchmark value

Respiratory Disease

The hospitalization rates for chronic lower respiratory disease (CLRD) were greater within Martin and St. Lucie Counties than in the state of Florida from 2019 to 2021 according to Florida Health Charts. St. Lucie County also had a greater asthma hospitalization rate than the state average during the same time frame. Asthma was less prevalent among adults in the defined community compared to the Florida prevalence rate for 2019.

	Martin County	St. Lucie County	Florida
Age-adjusted hospitalization rate from CLRD, 2019-2021	201.8	233.2	183.7
Age-adjusted hospitalization rate from or with asthma, 2019-2021	443.8	658.3	630.1
Adults who currently have asthma, 2019	4.7%	6.2%	7.4%

Figure 78 - Select Chronic Lower Respiratory Disease indicators, Source: Florida Health Charts, rates are per 100,000 population, shading indicates the county measure was greater than or worse than the state benchmark value

Behavioral Health (Mental Health and Substance Use)

Adult Mental Health

According to County Health Rankings, adults in Martin and St. Lucie counties reported more poor mental health days on average than those in Florida in 2021. Adults in the community were also more likely to report frequent mental distress compared to the state benchmark.

	Martin County	St. Lucie County	Florida	United States
Average number of poor mental health days	4.7	5.3	4.2	4.8
Frequent mental distress	15.0%	16.3%	12.9%	15.2%

Figure 79 - Poor mental health indicators, Source: County Health Rankings 2024, shading indicates the county measure was greater than or worse than the state benchmark value

In 2021, the rate of those reporting poor mental health on 14 or more of the past 30 days was greater in St. Lucie County than the state average according to Florida Health Charts. Additionally, a greater portion of adults in St. Lucie County had been diagnosed with a depressive disorder than the Florida benchmark.

	Martin County	St. Lucie County	Florida
Adults with poor mental health on 14 or more of the past 30 days	9.0%	14.7%	13.8%
Adults ever told they have a depressive disorder	14.1%	17.9%	17.7%

Figure 80 – Poor mental health days and depressive disorders, Source: Florida Health Charts, 2021, shading indicates the county measure was greater than or worse than the state benchmark value



Health Equity Highlight

Racial/ethnic and geographically underserved populations disproportionately suffer from poor mental health outcomes due to many interconnected factors such as access to behavioral health services, lack of awareness of treatment options, discrimination, and cultural stigma surrounding mental health treatment.

Child and Youth Mental Health

Florida Health Charts reported that a greater portion of children in K-12 education had an emotional/behavioral disability within St. Lucie County than the state average in 2022. Over a third of students in the community ages 11-17 felt sad or depressed most days, and just under 30% had experienced cyberbullying. Within St. Lucie County, a greater portion of high school students had experienced 4 or more adverse childhood experiences (ACE) compared to the state average.

	Martin County	St. Lucie County	Florida
Children in K-12 with emotional/behavioral disability	0.2%	0.5%	0.4%
Students felt sad or depressed most days *	37.9%	43.2%	47.3%
Students missed school because felt unsafe (past 30 days) *	8.7%	8.6%	10.0%
Students who have been cyber-bullied *	29.6%	29.7%	30.1%
High School Students with at least one ACE	58.6%	64.0%	67.2%
High School Students with 4+ ACEs	15.3%	22.4%	21.4%

Figure 81 – Child and youth mental health and risk factors, Source: Florida Health Charts and Florida Youth Substance Abuse Survey, 2022, *refers to middle and high school students, shading indicates the county measure was greater than or worse than the state benchmark value

Mental Health for LGBTQ Young People

The Trevor Project publishes data from the U.S. National Survey on the Mental Health of LGBTQ Young People. According to findings from the 2023 survey, 56% of LGBTQ young people wanted mental health care in the prior year but were unable to access it. Within the population, 67% reported symptoms of anxiety and 54% reported experiencing depression. Roughly 41% of LGBTQ young people seriously considered attempting suicide in the past year and 14% attempted suicide in the past year.

Mental Disorder Emergency Visits and Hospitalizations

According to Florida Health Charts, there was a greater rate of emergency visits and hospitalizations for mental disorders across all age groups in Martin and St. Lucie counties than in the state of Florida from 2020 to 2022. Martin County also had a higher rate of hospitalization for mental disorders in children under age 18 than the state rate.

	Martin County	St. Lucie County	Florida
Mental disorder hospitalization rate, all ages	1,132.8	1,072.9	962.4
Mental disorder hospitalization rate, under age 18	826.0	609.9	672.9
Mental disorder emergency department visits, all ages	1,165.8	1,133.0	962.7
Mental disorder emergency department visits, under age 18	343.5	318.2	349.2

Figure 82 - Mental disorder emergency visits and hospitalizations, Source: Florida Health Charts, 2020-2022, shading indicates the county measure was greater than or worse than the state benchmark value

Intentional Self-Harm

Hospitalizations for intentional self-harm injuries were lower within Martin and St. Lucie County than in Florida in 2022.

	Martin County	St. Lucie County	Florida
Intentional self-harm hospitalizations, all ages	32.5	33.0	34.8
Intentional self-harm hospitalizations, under age 18	*	21.8	25.6

Figure 83 - Hospitalizations for non-fatal intentional self-harm injuries, Source: Florida Health Charts, 2022, rates per 100,000 population, * indicates rate is suppressed, shading indicates county measure is worse than the state benchmark value

Suicide

There were higher suicide death rates for all ages within Martin and St. Lucie counties than the Florida benchmark in 2022 according to Florida Health Charts. Within Martin County, the suicide death rates for adults aged 35 to 44 and 65 to 74 exceeded the state average for all ages. In St. Lucie County, suicide rates for children aged 10 to 14, adults 25 to 64, and 75 and older exceeded the state rate. The suicide rates for white individuals in Martin and St. Lucie counties exceeded the Florida benchmark for all races/ethnicities.

	Martin County	St. Lucie County	Florida
Suicide death rate - all ages	20.4	21.6	17.2
Suicide death rate ages 10-14	0.0	4.9	1.6
Suicide death rate ages 15-19	0.0	0.0	9.3
Suicide death rate ages 20-24	0.0	11.2	15.0
Suicide death rate ages 25-34	13.9	27.3	17.3
Suicide death rate ages 35-44	25.4	27.4	17.6
Suicide death rate ages 45-54	16.6	29.1	19.4
Suicide death rate ages 55-64	19.6	24.1	20.6
Suicide death rate ages 65-74	38.6	14.5	17.3
Suicide death rate ages 75 or older	23.7	32.0	24.6

Figure 84 - Suicide death rates by age group, Source: Florida Health Charts, 2022, rates per 100,000 population, shading indicates county measure is worse than the state benchmark value

Suicide by Race/Ethnicity

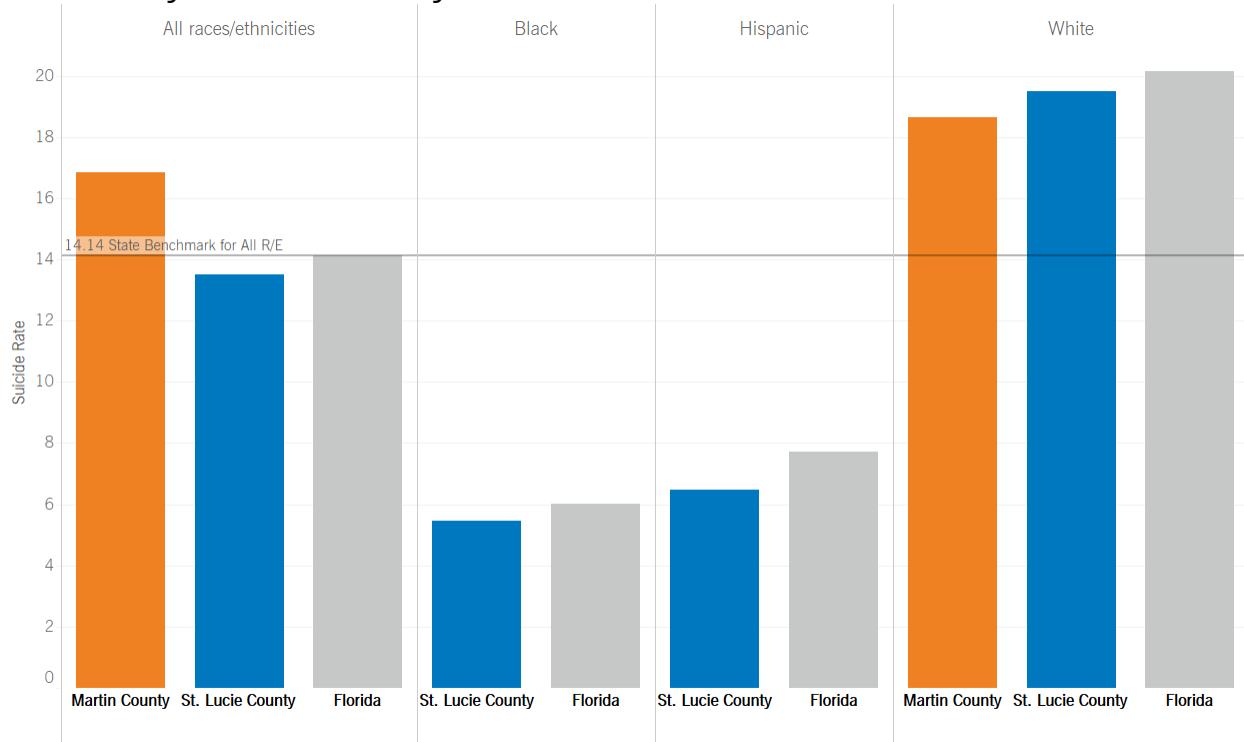


Figure 85 - Suicide rate by race/ethnicity, Source: County Health Rankings 2024

Alcohol

Florida Health Charts provides self-reported measures of alcohol use. Within Martin County, deaths from alcoholic liver disease were more common than in Florida from 2020 to 2022.

Middle and high school students in Martin County were more likely to indicate they drank alcohol in the past 30 days in 2022 compared to the state average.

	Martin County	St. Lucie County	Florida
Age-adjusted deaths from alcoholic liver disease	12.4	6.7	7.6
Students engaged in binge drinking	5.6%	4.4%	5.6%
Students who drank alcohol past 30 days	13.8%	6.0%	11.8%

Figure 86 – Teen alcohol use and alcoholic liver disease, Source: Florida Health Charts, 2020-2022, shading indicates county measure is worse than the state benchmark value

Excessive drinking was more prevalent in Martin and St. Lucie counties than in Florida and the United States in 2021. There was also a greater rate of alcohol-impaired driving deaths in Martin and St. Lucie counties than in Florida from 2017 to 2021.

	Martin County	St. Lucie County	Florida	United States
Excessive drinking	20.9%	18.3%	17.2%	18.1%
Alcohol-impaired driving deaths	25.4%	30.6%	21.6%	26.3%

Figure 87 – Alcohol use and related deaths, Source: County Health Rankings 2024, shading indicates county measure is worse than the state benchmark value

Tobacco and Vaping

In 2021, a greater percentage of adults in Martin and St. Lucie Counties smoked than in Florida and the United States according to County Health Rankings.

	Martin County	St. Lucie County	Florida	United States
Adult smoking	17.1%	19.2%	15.5%	15.0%

Figure 88 - Adult smoking, Source: County Health Rankings 2024, shading indicates the county measure was greater than or worse than the state benchmark value

Fewer adult smokers in the community tried to quit within the prior year compared to the state average in 2019. There were fewer e-cigarette/vape users in Martin and St. Lucie counties than in Florida in 2022 according to Florida Health Charts.

	Martin County	St. Lucie County	Florida
Adult smokers who tried to quit once or more in past year*	49.9%	58.9%	59.0%
Adults who are current e-cigarette users*	4.4%	5.1%	7.5%
Students who have ever smoked cigarettes	5.4%	3.4%	7.1%
Students who have ever vaped nicotine	18.3%	11.8%	20.2%
Students who have ever vaped marijuana	11.9%	6.8%	13.2%

Figure 89 - Tobacco use and vaping, Source: Florida Health Charts, 2022, *indicates 2019 data, shading indicates the county measure was greater than or worse than the state benchmark value

Opioid Use

The Centers for Disease Control and Prevention's National Center for Injury Prevention and Control provides estimates of the number of opioid prescriptions dispensed per person, per year. Within Martin County, the 2022 dispensing rate exceeded both the state and national benchmarks.

	Martin County	St. Lucie County	Florida	United States
Opioid dispensing rate	68.8	28.3	40.0	39.5

Figure 90 - Opioid prescribing rate per 100 population, Source: CDC 2022, shading indicates the county measure was greater than or worse than the state benchmark value

Drug Overdose Deaths by Race/Ethnicity

According to County Health Rankings, the overall drug overdose mortality rate within Martin and St. Lucie Counties was slightly lower than the Florida mortality rate from 2019 to 2021. Deaths for white residents were greater than the average death rates for all races/ethnicities.

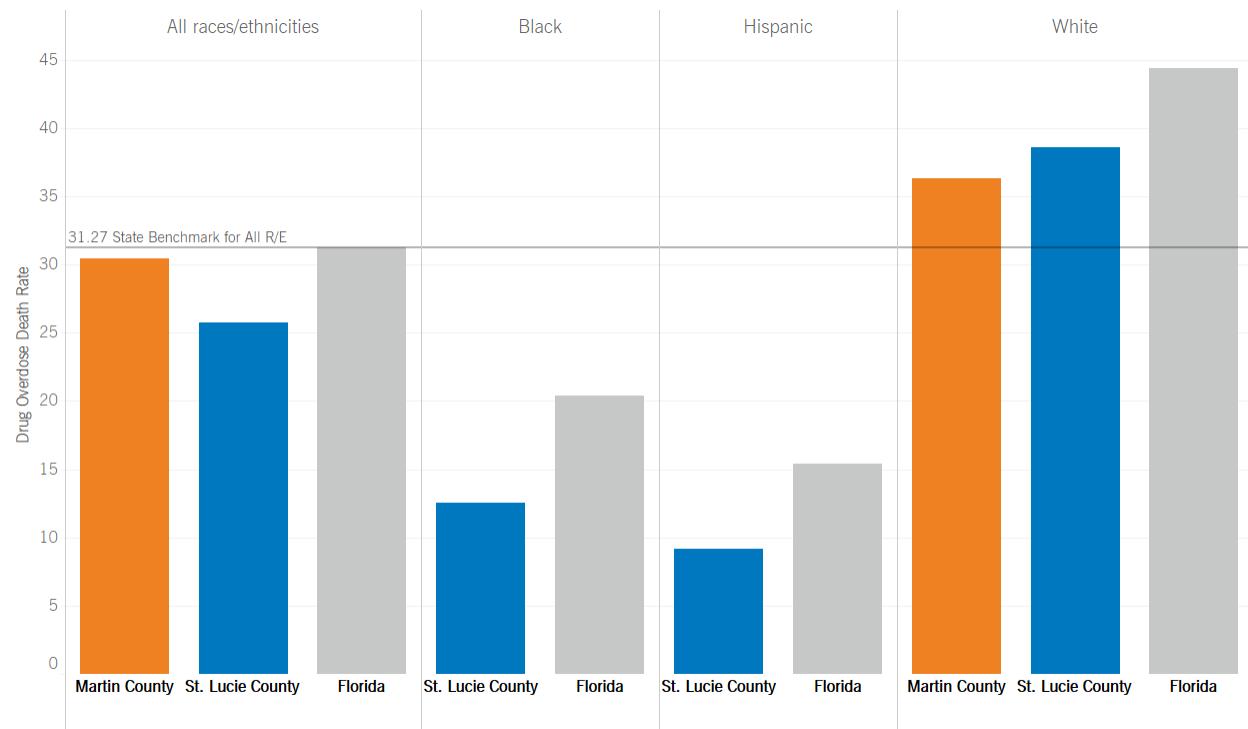


Figure 91 - Drug overdose rate by race/ethnicity, Source: County Health Rankings 2024

Maternal and Child Health

Birth Rate

Florida Health Charts publishes birth data and several maternal and child health indicators. In 2022 the total birth rate in St. Lucie County exceeded the Florida birth rate. The birth rates for

Black and Hispanic populations in St. Lucie County were also greater than the state average birth rate for all races/ethnicities. Within Martin County, birth rates for other races and Hispanic populations were higher than the Florida average birth rate for all races/ethnicities.

	Martin County	St. Lucie County	Florida
Total birth rate	8.1	10.6	10.0
White birth rate	7.3	9.6	9.3
Black birth rate	9.9	14.2	12.6
Other non-white birth rate	19.2	8.9	11.4
Hispanic birth rate	19.5	14.3	12.4
Non-Hispanic birth rate	6.1	9.6	9.1

Figure 92 - Birth rates by race/ethnicity, Source: Florida Health Charts, 2022, shading indicates the county measure is greater than the state benchmark value for the total birth rate

Teen Birth Rate and Interpregnancy Interval

From 2020 to 2022, St. Lucie County had a higher teen birth than the state benchmark and a higher percentage of repeat births for mothers aged 15 to 19. Black and Hispanic youth experienced greater rates of teen pregnancy than the state average rate for all races/ethnicities. The teen birth rate for Hispanic youth in Martin County was roughly 2.8 times greater than the state rate for all races/ethnicities, and nearly 9 times greater than the white teen pregnancy rate for Martin County. The portion of births with an interpregnancy interval of fewer than 18 months was higher in Martin and St. Lucie counties than in Florida during the same time frame.

	Martin County	St. Lucie County	Florida
Teen birth rate (per 1,000 women aged 15–19 years)	13.9	15.6	13.9
Repeat births to mothers aged 15-19	12.7%	13.7%	13.1%
Births with interpregnancy interval < 18 months	37.4%	36.3%	35.9%

Figure 93 - Teen birth rate and interpregnancy interval, Source: Florida Health Charts, 2020-2022, shading indicates the county measure was greater than or worse than the state benchmark value

Teen Birth Rate by Race/Ethnicity

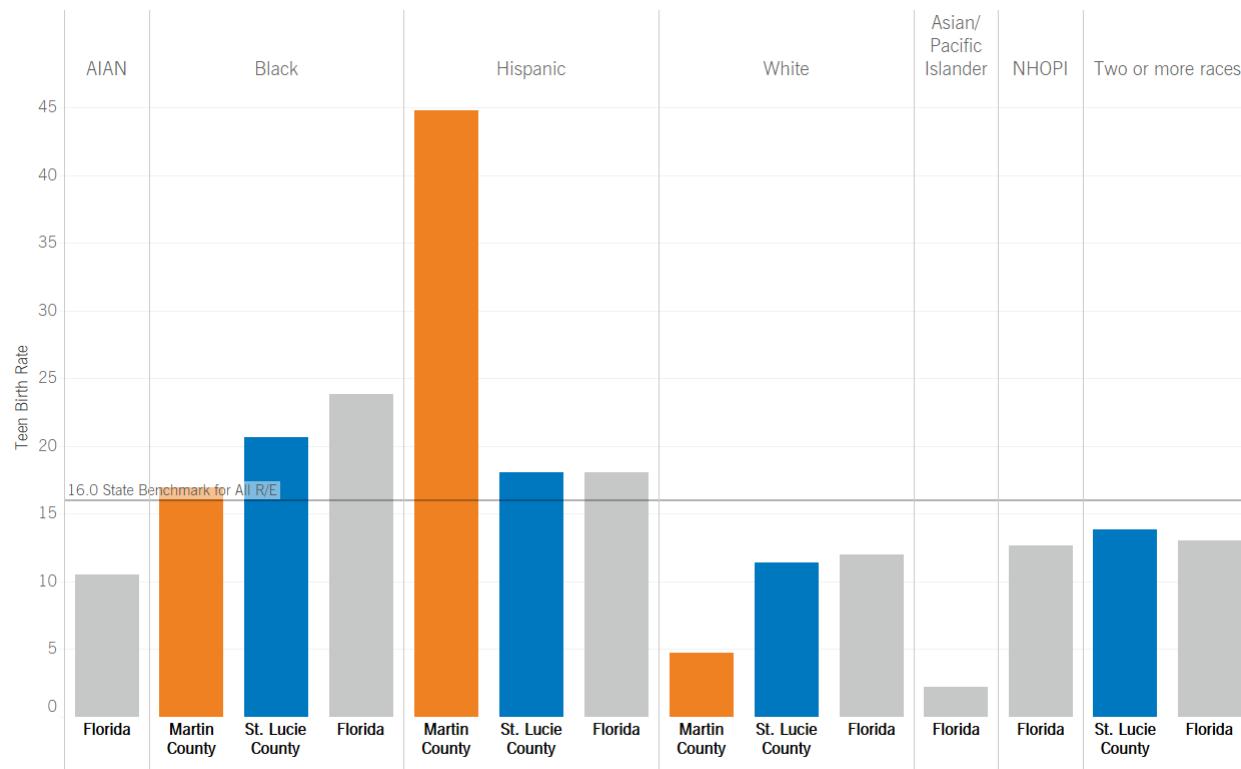


Figure 94 - Teen birth rate by race/ethnicity, Source: County Health Rankings 2024

Birth Outcomes and Risk Factors

According to Florida Health Charts, mothers in Martin and St. Lucie Counties were less likely to receive first-trimester prenatal care than the Florida average from 2020 to 2022. Mothers in St. Lucie County were less likely to have a healthy weight than the Florida benchmark, and maternal smoking during pregnancy was more prevalent in Martin and St. Lucie counties than statewide. St. Lucie County also had a greater incidence of low birth weight and very low birth weight births than the state benchmark.

	Martin County	St. Lucie County	Florida
Births to mothers with 1st trimester prenatal care	72.6%	70.4%	73.8%
Births to mothers with healthy weight	43.0%	33.2%	39.6%
Mothers who initiate breastfeeding	90.9%	85.7%	85.7%
Births to mothers who smoked during pregnancy	3.4%	3.3%	3.0%
Live births under 2,500 grams (per 1,000 live births)	7.0%	9.4%	8.9%
Live births under 1,500 grams (per 1,000 live births)	1.0%	1.7%	1.6%
Preterm births < 37 weeks	11.7%	14.1%	14.2%

Figure 95 - Birth outcomes and related risk factors, Source: Florida Health Charts 2017-2019, shading indicates the county measure was greater than or worse than the state benchmark value

Postpartum Depression

According to Florida's Pregnancy Risk Assessment Monitoring System (PRAMS), roughly 15.7% of women experienced depressive symptoms after giving birth in 2020. Younger women, those with lower household incomes, non-Hispanic Black, and Hispanic women, and those with lower education levels were more likely to experience depressive symptoms when compared to the overall rate. Approximately 10.3% of women had a healthcare provider tell them they had depression after giving birth.

Access to Maternal Care

The March of Dimes ranks U.S. counties as maternity care deserts, or those with low access, moderate access, or full access to maternity care. Both Martin and St. Lucie Counties were designated as "full access" counties, although neighboring Okeechobee County was described as a low-access county. On average, women in St. Lucie County must travel 13.9 miles for obstetric care, compared to 10.0 miles for women across Florida.

Maternal Mortality

Maternal mortality in St. Lucie County exceeded the Florida rate from 2020 to 2022. Black mothers in St. Lucie County died at a rate 4.5 times greater than white mothers. St. Lucie County also had a greater maternal mortality rate within the Hispanic population when compared to the state benchmark for all races/ethnicities. However, there were no maternal deaths in neighboring Martin County from 2020 to 2022.

	Martin County	St. Lucie County	Florida
Maternal mortality (per 100,000 live births)	0.0	29.6	25.5
Maternal mortality - white	0.0	15.0	15.8
Maternal mortality - Black	0.0	68.1	57.1
Maternal mortality - other	0.0	0.0	15.9
Maternal mortality - Hispanic	0.0	35.9	20.1
Maternal mortality - non-Hispanic	0.0	27.4	28.5

Figure 96 - Maternal mortality by race/ethnicity per 100,000 live births, Source: Florida Health Charts 2020-2022, shading indicates the county measure was greater than or worse than the state benchmark value



Health Equity Highlight

Differences in maternal health outcomes persist at disturbing rates, with Black, Hispanic, and Native American women experiencing significantly higher rates of maternal mortality than non-Hispanic White women. According to the CDC, these racial disparities persist regardless of educational and income levels.

Infant Mortality

According to Florida Health Charts, the infant mortality rates in Martin and St. Lucie counties were lower than the state benchmark from 2020 to 2022. However, infant mortality rates varied greatly by race/ethnicity. Within Martin and St. Lucie counties, the Hispanic infant mortality rate exceeded the state benchmark for all races/ethnicities and the counties' white and non-Hispanic death rates. St. Lucie County's Black infant mortality rate was nearly 2.9 times greater than the white infant mortality rate during this time frame.

	Martin County	St. Lucie County	Florida
Infant mortality (per 1,000 live births)	3.7	5.3	5.9
Infant mortality - white	4.1	3.3	4.2
Infant mortality - Black	0.0	9.5	11.1
Infant mortality - Hispanic	6.9	6.1	4.8
Infant mortality - non-Hispanic	2.0	4.8	6.2

Figure 97 - Infant mortality by race/ethnicity per 1,000 live births, Source: Florida Health Charts 2020-2022, shading indicates the county measure was greater than or worse than the state benchmark value

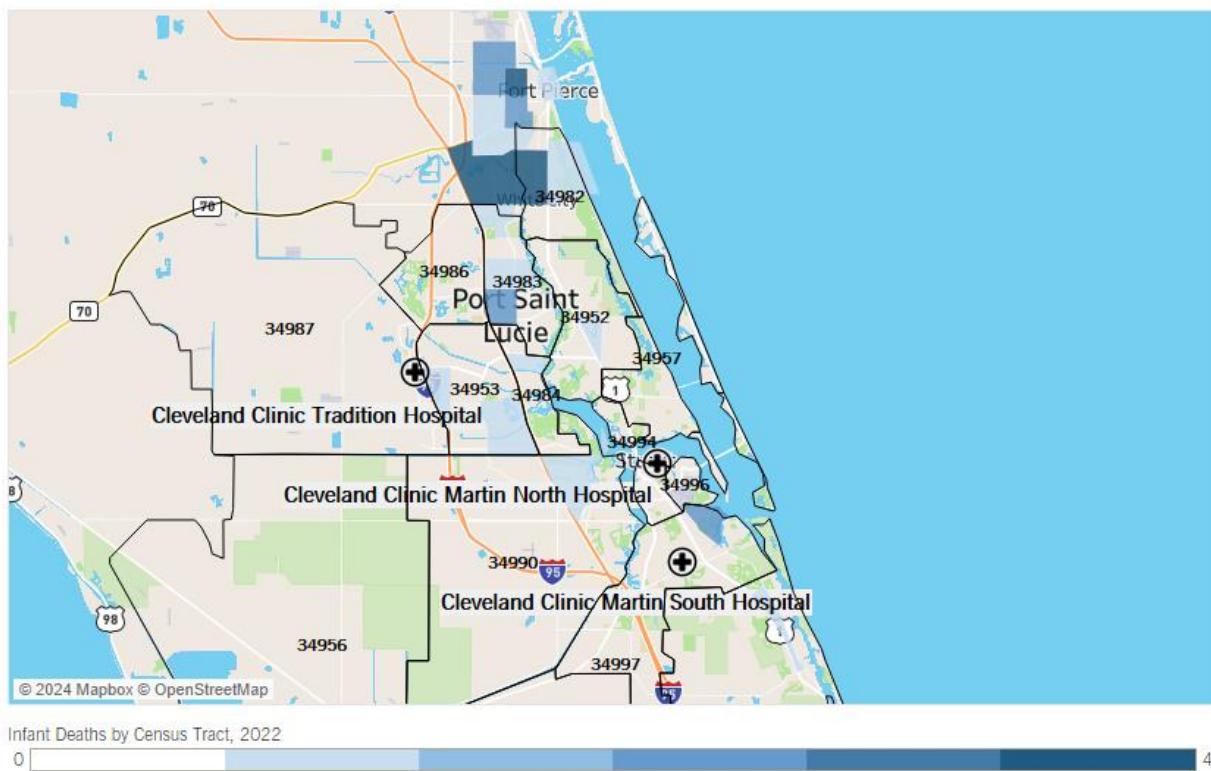


Figure 98 - Map of infant deaths by census tract, Source: Florida Health Charts 2022

Child Health Outcomes and Risk Factors

Florida Health Charts reports on a variety of risk factors and health outcomes for children under the age of five. St. Lucie County had a greater portion of pre-k students eligible for free or reduced lunch, while both counties had a greater portion of kindergarten students eligible when compared to the state averages. The percentage of kindergarten students who were fully immunized within Martin County was lower than the Florida immunization rate in 2022. Infants and young children under five within St. Lucie County had a higher emergency room visit rate (per 100,000 population under age five) than the state rate from 2020 to 2022.

St. Lucie County had a greater child death rate from 2020 to 2022 than the state average. Black children in St. Lucie County and the state of Florida died at a greater rate than all races/ethnicities combined.

	Martin County	St. Lucie County	Florida
Children in pre-k eligible for free or reduced lunch	30.2%	64.2%	62.9%
Children in kindergarten eligible for free or reduced lunch	56.7%	66.7%	55.0%
Kindergarten children fully immunized	90.5%	92.0%	91.7%
Emergency room visits age 0-5*	37,074.7	59,865.4	54,718.1
Deaths all causes ages 1-5**	10.0	29.7	25.8

Figure 99 - Health outcomes and risk factors for young children, Source: Florida Health Charts, 2020-2022, * 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

Child Mortality Rate by Race/Ethnicity

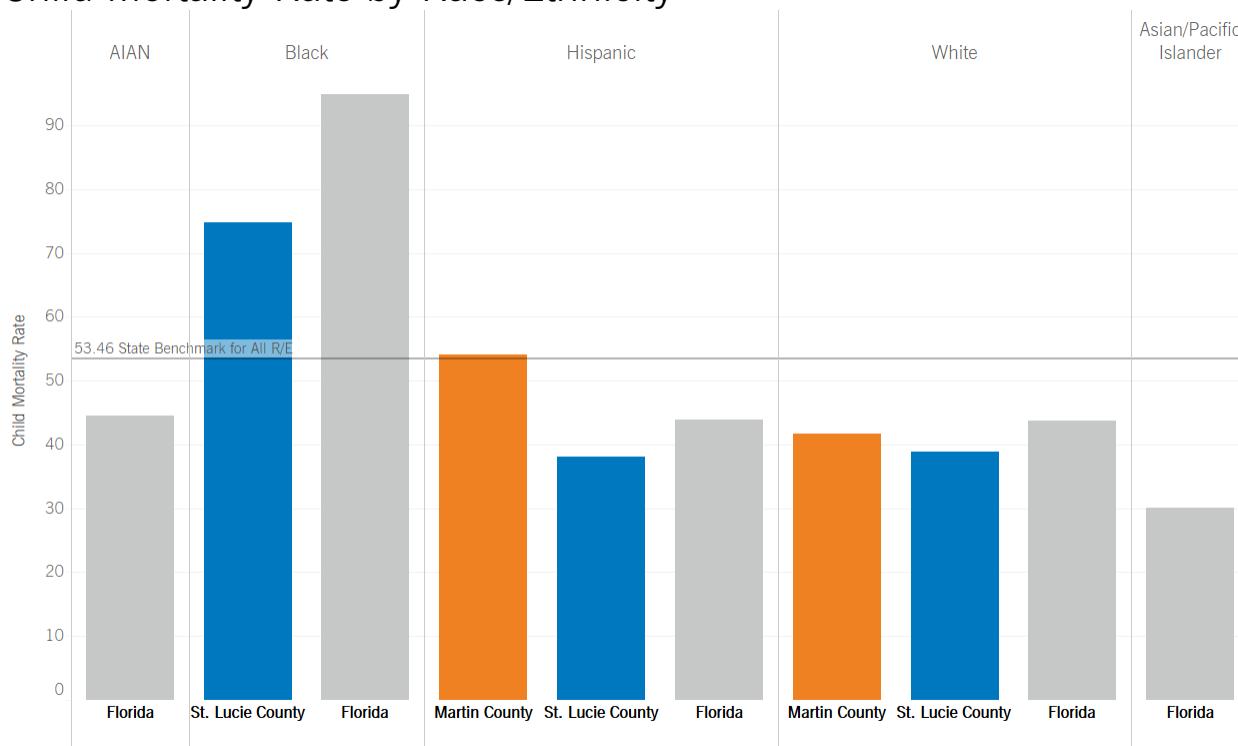


Figure 100 - Child mortality rate by race/ethnicity, Source: County Health Rankings 2024
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Communicable Diseases & Sexually Transmitted Infections

Tuberculosis and Hepatitis A

The 2022 case rates for tuberculosis within Martin and St. Lucie Counties were greater than the state case rate according to Florida Health Charts. The community had lower rates of Hepatitis A compared to the state and national rates in 2022.

	Martin County	St. Lucie County	Florida	United States
Tuberculosis case rate	3.1	2.5	2.4	2.5
Hepatitis A case rate	0.6	0.6	1.4	0.7

Figure 101 - Tuberculosis and hepatitis a rates per 100,000 population, Source: Florida Health Charts, CDC, 2022

Sexually Transmitted Infections

According to the Centers for Disease Control and Prevention, Martin and St. Lucie Counties had significantly lower chlamydia, gonorrhea, and syphilis rates than Florida and the United States in 2022.

	Martin County	St. Lucie County	Florida	United States
Chlamydia	190.1	348.5	480.4	495.0
Gonorrhea	50.0	114.3	199.3	194.4
Primary and secondary syphilis	11.1	15.1	20.8	17.7

Figure 102 - Reported case rate for sexually transmitted infections per 100,000 population, Source: CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022

HIV Prevalence and Diagnosis Rates

The diagnosis and prevalence rates for HIV within Martin and St. Lucie counties were lower than the state and national benchmark rates in 2022. However, St. Lucie County had a greater age-adjusted HIV death rate when compared to Florida's mortality rate.

	Martin County	St. Lucie County	Florida	United States
HIV diagnosis rate	9	17.7	22.3	13.3
HIV prevalence rate	274.2	596.2	626.0	368.6
Age-adjusted HIV death rate	0.3	3.2	2.5	-

Figure 103 - Reported prevalence and infection rates for HIV per 100,000 population, Source: CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022

Injuries

Unintentional Injuries

The age-adjusted death rate for unintentional injuries was lower in Martin and St. Lucie Counties than in Florida in 2022 according to Florida Health Charts. From 2017 to 2021, white individuals across the defined community had greater injury death rates compared to the Florida rate for all races/ethnicities. Martin and St. Lucie counties had greater rates of hospitalization for non-fatal unintentional falls than the Florida average rate. There were more hospitalizations for non-fatal unintentional firearm injuries in St. Lucie County than in Florida during the same time frame. Black and white individuals in the defined community had greater rates of firearm fatalities than the state benchmark for all races/ethnicities from 2017 to 2021.

	Martin County	St. Lucie County	Florida
Age-adjusted deaths from unintentional injuries	61.6	64.0	69.4
Hospitalizations for non-fatal unintentional falls	267.3	315.7	247.7
Hospitalizations for non-fatal unintentional firearm injuries	4.0	13.7	6.3

Figure 104 – Injury hospitalizations and deaths, Source: Florida Health Charts, 2022, rates per 100,000 population, shading indicates the county measure was greater than or worse than the state benchmark value

Injury Deaths by Race/Ethnicity

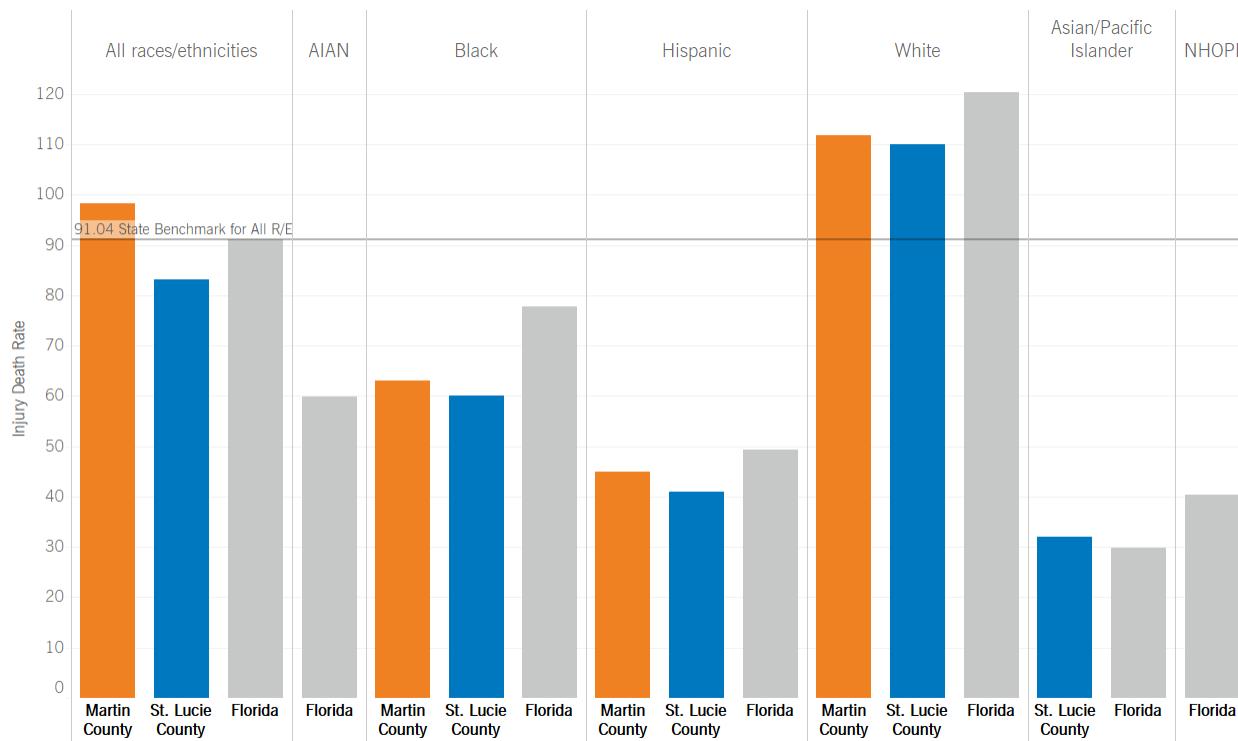


Figure 105 - Injury death rate over time, Source: County Health Rankings 2024

Firearm Fatalities by Race/Ethnicity

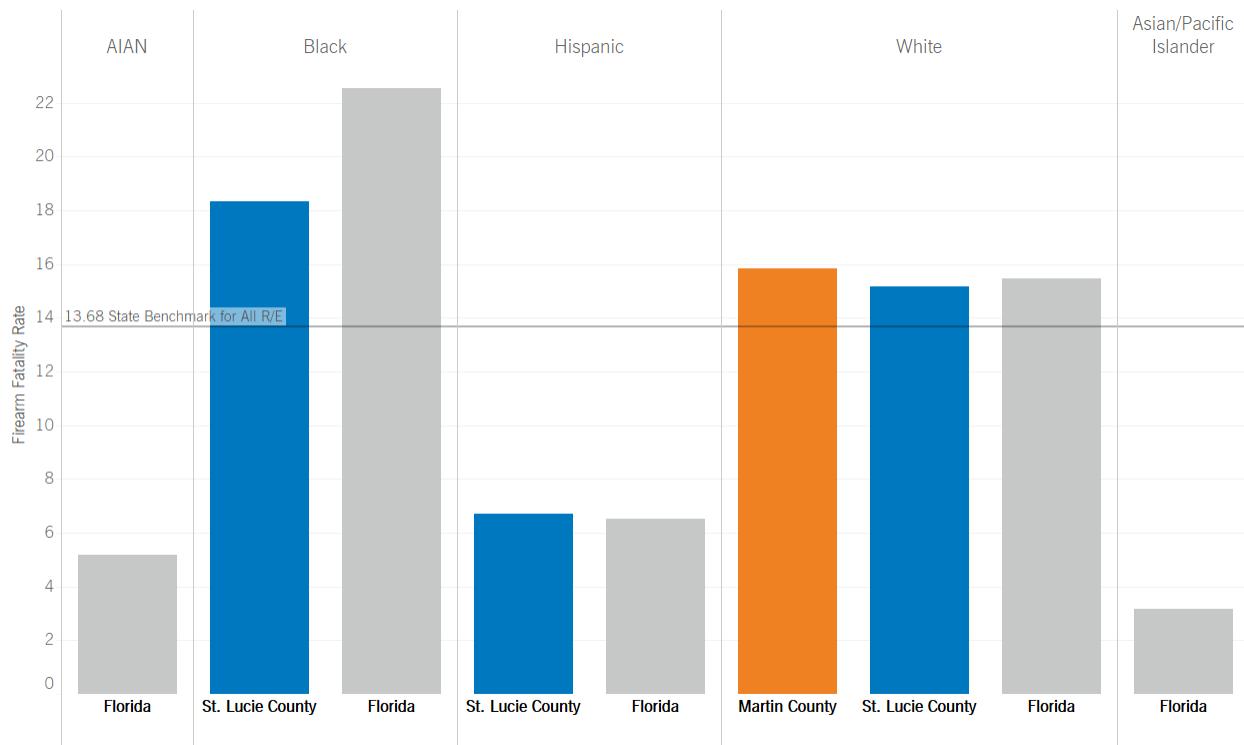


Figure 106 – Firearm fatalities by race/ethnicity, Source: County Health Rankings 2024

Disability & Caregiving

Disability

According to the U.S. Census Bureau's 2018-2022 American Community Survey estimates, a greater portion of Martin and St. Lucie counties' populations had a disability than the populations in Florida or the United States. The percentages of individuals with specific difficulties were higher than state benchmarks in St. Lucie County. In Martin County, hearing difficulties and ambulatory difficulties were more common than the state average rates.

	Martin County	St. Lucie County	Florida	United States
Population with a disability	14.2%	15.2%	13.5%	12.9%
Population with a hearing difficulty	4.7%	4.8%	3.8%	3.6%
Population with a vision difficulty	2.4%	2.7%	2.5%	2.4%
Population with a cognitive difficulty	4.6%	5.8%	5.3%	5.3%
Population with an ambulatory difficulty	7.8%	8.9%	7.3%	6.7%
Population with a self-care difficulty	2.3%	3.1%	2.7%	2.6%
Population with an independent living difficulty	5.6%	6.0%	5.8%	5.8%

Figure 107- Disability prevalence rates, Source: U.S. Census Bureau ACS 2018-2022, shading indicates the county measure was greater than or worse than the state benchmark value

Caregiving

The Centers for Disease Control and Prevention Alzheimer's Disease and Healthy Aging Program provides data on caregiving at the state level. Within Florida, one in five adults are caregivers providing regular care or assistance to a friend or family member with a health problem or disability. Approximately 58% of caregivers are women, and 25% of caregivers are age 65 or older. Care has lasted at least two years for over half of caregivers, while over a third provide care for at least 20 hours per week.

Caregiving leads to an increased risk of multiple chronic diseases. Across the U.S. roughly 40.7% of caregivers report having two or more chronic diseases. Additionally, 33.0% of caregivers report having a disability.

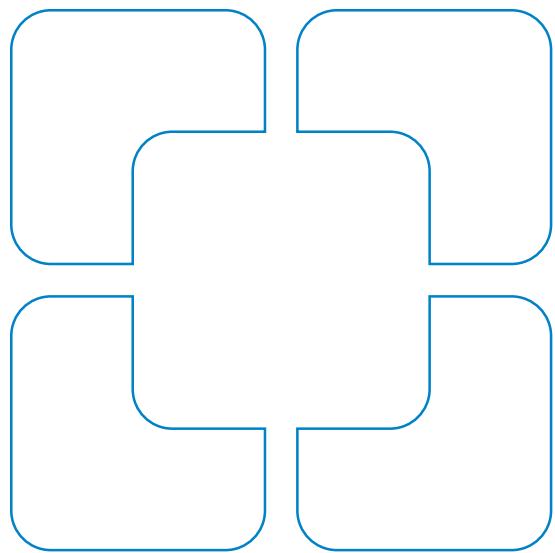
F. Appendix - Facility Discharge Data

Cleveland Clinic Tradition Hospital Discharges

The top discharges by ZIP Code for Cleveland Clinic Tradition Hospital are featured in the table below. Data reflects 2022 inpatient, outpatient, and emergency department visits combined.

		Visits/Cases	% of Total	Running Sum
34953	Port Saint Lucie	16,961	34.1%	34.1%
34987	Port Saint Lucie	5,720	11.5%	45.6%
34986	Port Saint Lucie	5,709	11.5%	57.1%
34983	Port Saint Lucie	4,553	9.2%	66.2%
34952	Port Saint Lucie	2,430	4.9%	71.1%
34984	Port Saint Lucie	2,267	4.6%	75.7%
34982	Fort Pierce	1,308	2.6%	78.3%
34990	Palm City	843	1.7%	80.0%
34997	Stuart	769	1.5%	81.6%
34947	Fort Pierce	703	1.4%	83.0%
34974	Okeechobee	691	1.4%	84.4%
34950	Fort Pierce	612	1.2%	85.6%
34956	Indiantown	605	1.2%	86.8%
34957	Jensen Beach	468	0.9%	87.8%
34945	Fort Pierce	410	0.8%	88.6%
34951	Fort Pierce	382	0.8%	89.3%
34994	Stuart	374	0.8%	90.1%
34972	Okeechobee	325	0.7%	90.8%
34981	Fort Pierce	296	0.6%	91.3%
34946	Fort Pierce	282	0.6%	91.9%
33455	Hobe Sound	239	0.5%	92.4%
34996	Stuart	175	0.4%	92.7%
34949	Fort Pierce	160	0.3%	93.1%
32962	Vero Beach	140	0.3%	93.4%
32960	Vero Beach	105	0.2%	93.6%
00261	Unknown	100	0.2%	93.8%
32966	Vero Beach	90	0.2%	93.9%
32967	Vero Beach	89	0.2%	94.1%
32968	Vero Beach	67	0.1%	94.3%
32958	Sebastian	56	0.1%	94.4%
FLAL9	FL State Wide	54	0.1%	94.5%
34985	Port Saint Lucie	45	0.1%	94.6%
34988	Port Saint Lucie	44	0.1%	94.7%
33458	Jupiter	33	0.1%	94.7%
33461	Lake Worth	28	0.1%	94.8%
32963	Vero Beach	28	0.1%	94.8%
33418	Palm Beach Gardens	26	0.1%	94.9%
33404	West Palm Beach	23	0.0%	94.9%
33407	West Palm Beach	22	0.0%	95.0%

Figure 108 - Top discharges by ZIP Code for Cleveland Clinic Tradition Hospital. Source: CCH 2022



clevelandclinic.org/CHNAReports



Implementation Strategy Report

2024



**Cleveland Clinic Tradition Hospital
10000 SW Innovation Way
Port St. Lucie, Florida 34987**

**2024 Community Health Needs Assessment
Implementation Strategy for Years 2025 – 2027
As required by Internal Revenue Code § 501(r)(3)**

Name and EIN of
Hospital Organizations
Operating Hospital Facilities: Martin Memorial Medical Center, Inc.
59-2307522
DBA: Martin Medical Center, Cleveland Clinic
Martin North Hospital, Cleveland Clinic Martin
South Hospital, Cleveland Clinic Tradition Hospital

Date Approved by
Authorized Governing Body: April 15, 2025

Contact: Cleveland Clinic
chna@ccf.org

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Cleveland Clinic Tradition Hospital

2024 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 Tradition Hospital (CCTH) is part of Cleveland Clinic Martin Health which also includes Cleveland Clinic Martin North Hospital, Cleveland Clinic Martin South Hospital, a free-standing emergency center, and outpatient centers and clinics across Martin and St. Lucie counties on Florida's east coast. CCTH offers preventive, primary, and acute hospital care and a full array of specialty services. Our physicians include 71 medical specialties and subspecialties, working in integrated teams focused on specific organ or disease systems to provide collaborative, patient-centered care. We work in conjunction with community-based physicians to care for Treasure Coast residents and collaborate with our Cleveland Clinic colleagues in Ohio and across our five-hospital regional health system in Florida to ensure our patients have access to the most advanced levels of medicine and innovative care. Learn more at my.clevelandclinic.org/florida.

CCTH is part of the Cleveland Clinic health system, which includes an academic medical center near downtown Cleveland, Ohio, fifteen 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 the states of Ohio, Florida, and Nevada. Additional information about Cleveland Clinic is available at my.clevelandclinic.org/.

B. Hospital Mission

Cleveland Clinic Tradition 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 Tradition Hospital defines the community as Martin County ZIP Codes and South St. Lucie County ZIP Codes, displayed in the map below. Demographic data by ZIP Code was analyzed by CCTH 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. CCTH acknowledges that additional patients served via telehealth may reside within a broader geographic area.

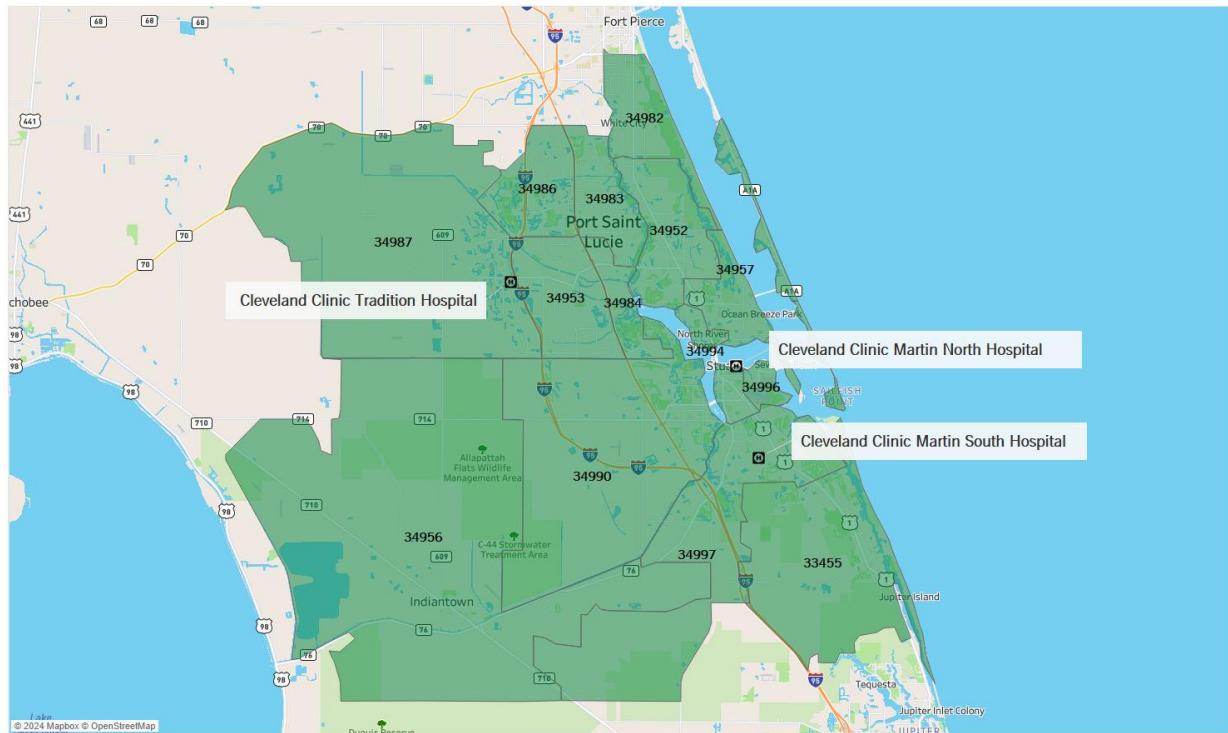


Figure 1 - Defined Community by ZIP Code, Source: CCTH

III. HOW IMPLEMENTATION STRATEGY WAS DEVELOPED

This Implementation Strategy was developed by a team of members of senior leadership at Cleveland Clinic Tradition 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 the County Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP) was also considered. Each year, senior leadership at Cleveland Clinic Tradition 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.

Collaborating Organizations

The facilities within Cleveland Clinic's five-hospital regional health system in Florida collaborate to share community health data and resources throughout the CHNA and implementation strategy processes. For this implementation strategy, the three Martin Health facilities collaborated with the following Cleveland Clinic hospitals: Weston and Indian River.

IV. SUMMARY OF THE COMMUNITY HEALTH NEEDS IDENTIFIED

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

Community Health Needs

- Access to Care
- Behavioral Health
- Chronic Disease Prevention & Management
- Maternal & Child Health
- Socioeconomic Concerns

See the 2024 Cleveland Clinic Tradition 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. The 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 2024 CHNA. The hospital's community health initiatives combine Cleveland Clinic and local non-profit organizations' resources in unified efforts to improve health for all community members, ensure equal access to healthcare, and provide quality healthcare for individuals from all backgrounds.

We recognize that to truly serve and improve the community, members of the community must be informed and involved. In an effort to better engage the community in the CHNA and

implementation strategy process, Cleveland Clinic has introduced community conversations to leverage the strengths of the existing network of collaborators and resources within the community. Members of the community, non-profit organizations, local government, and key community stakeholders have been invited to participate. By convening with the community and intentionally allocating resources where they are needed the most, it is our hope to make sustainable changes towards building healthier communities.

B. Cleveland Clinic Tradition Hospital Implementation Strategy 2022-2024

The Implementation Strategy Report includes the priority community health needs identified during the 2024 Cleveland Clinic Tradition Hospital CHNA and hospital-specific strategies to address those needs from 2025 through 2027.

Access to Care

Access to affordable, quality health care is particularly problematic for individuals and may include barriers of health insurance, affordability, provider shortages, transportation, geographical barriers, and a lack of awareness regarding available resources. Cleveland Clinic continues to evaluate methods to improve community members' 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 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
B Promote 211 Palm Beach/Treasure Coast as a local resource directory	Improve awareness of existing resources, improve access to social services and community supports
C Collaborate with partners like HANDS of St. Lucie County to improve access to primary care and screenings through mobile care units and community outreach services	Improve access to primary care, reduce patient costs, increase the portion of individuals who report a recent well check, increase screening rates
D Partner with community-based organizations (e.g. United Way) to provide transportation via ride share programs	Improve the portion of individuals who had a well-visit in the past year, improve follow-up and referral completion

Behavioral Health

Cleveland Clinic Tradition Hospital's 2024 CHNA identified mental health, substance use disorders, anxiety, depression, toxic stress and suicide as significant behavioral health concerns. Certain populations within the community are disproportionately affected by behavioral health issues. Specific concerns included an increased number of Baker Acts among children and adolescents, indicating an increase in behavioral health issues among this population; maternal mental health; social isolation among the elderly population, and increasing access to behavioral health services for patients from all backgrounds.

CCTH does not offer behavioral health or chemical dependency services. The 2025 - 2027 priority strategy will focus on the hospital's efforts to build lasting partnerships with community-based organizations and providers of behavioral health services.

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A Through provider partnerships and participation in local taskforces, workgroups, and coalitions continue to build a continuum of care and implement health promotion, health education, and outreach events	Increase the number of individuals with behavioral health conditions who participate in treatment, reduce stigma, improve early identification of behavioral health conditions
B Continue to partner with community-based organizations to provide K-12 programming related to promoting social emotional growth and mental wellbeing	Increase resilience and coping skills, improve mental wellbeing, improve school attendance

Chronic Disease Prevention & Management

Cleveland Clinic Tradition Hospital's 2024 CHNA identified chronic disease and other health conditions as prevalent in the community (ex. heart disease, stroke, diabetes, respiratory diseases, hypertension, obesity, cancer). Initiatives related to the prevention and management of chronic diseases seek to improve behavioral risk factors, promote screening and early identification, and support healthy aging across the lifespan.

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A Continue to implement health promotion, health education, support groups, outreach events, and health screenings, focusing on providing resources to underserved populations and those experiencing differences in health outcomes	Improve physical activity, improve nutrition, increase screening rates for heart disease risk factors, improve screening follow-up rates, reduce skin cancer incidence and death rates

Maternal & Child Health

Cleveland Clinic Tradition Hospital's 2024 CHNA identified prenatal care, maternal and infant mortality, pregnancy risk factors, and affordable childcare as maternal and child health concerns within the community.

Beginning in 2025, Cleveland Clinic Tradition Hospital will serve as a centralized hub for mother and baby care across Martin and St. Lucie Counties, including high-risk obstetrics and round-the-clock obstetrics coverage. Martin North Hospital will feature expanded women's health service offerings, including treatment for a variety of gynecological issues and access to specialized physicians and surgeons.

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A Participate in coalitions and task forces, and partner with the Florida Department of Health in St. Lucie County to align programs, share best practices, and coordinate a systemic approach to improving quality of care and birth outcomes	Reduce differences in maternal and infant mortality and related health outcomes
B Collaborate with partners to deliver prenatal education and parenting skills programming	Improve prenatal care, increase breastfeeding rates, reduce maternal and infant mortality, prevent child abuse and neglect, promote early identification of developmental problems
C Partner with community-based organizations (e.g. Boys and Girls Club of St. Lucie County) to provide K-12 programming related to promoting healthy behaviors	Increase physical activity, improve nutrition, improve knowledge and skills related to skin cancer prevention

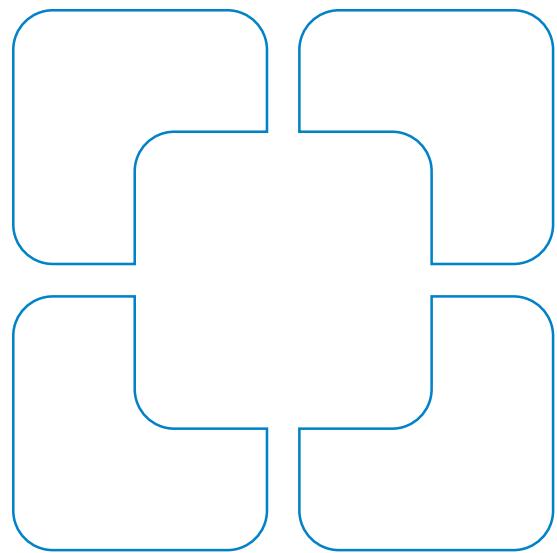
Socioeconomic Concerns

Cleveland Clinic Tradition Hospital's 2024 CHNA identified social drivers that impact population health. One of the greatest concerns for residents in Martin and St. Lucie counties is affordable housing.

Cleveland Clinic is committed to promoting access and inclusion for all. To address differences in health outcomes, we lead efforts in clinical and non-clinical programming, advocacy, building partnerships, sponsorship, and community investment. We are actively partnering with community leaders to help strengthen community resources. Cleveland Clinic is optimistic that through implementing these long-term efforts, frequently re-assessing the community's needs, and remaining committed to addressing key social drivers of health, sustainable change can be made.

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A Continue to explore opportunities to support Community Health Worker programs to facilitate linkages to preventive services and caregivers who reflect the communities we serve	Improve access to care, improve the provision of culturally and linguistically appropriate care
B Partner with community-based organizations to improve access to healthy foods	Improve self-efficacy associated with healthy eating, improve nutrition
C Explore the adoption of technology platforms for seamlessly referring and tracking patients across multiple healthcare and social service organizations	Improve care coordination, improve tracking of health outcomes
D Establish a Community Advisory Council comprised of individuals representing local community-based organizations that will provide a mechanism for the continued integration of community voice into community benefit programming	Increase collaboration with community-based organizations, develop sustainable initiatives
The Community Advisory Council will collaborate to establish additional strategies and action items related to social drivers of health	

For more information regarding Cleveland Clinic Community Health Needs Assessments and Implementations Strategy Reports, please visit www.clevelandclinic.org/CHNAReports or contact CHNA@ccf.org.



clevelandclinic.org/CHNAReports